

## Cabinet and Governor Appointed Agencies' Performance Audit Action Item(s) & Status

### Lead Testing For Children Enrolled in Medicaid

(See also [cabinet agency response](#) for full context to Washington State Auditor's Office (SAO) [report](#), December 2023)

The Department of Health (Health) and the Health Care Authority (HCA) were included for this performance audit.

#### SAO Recommendations to Health Care Authority (Rec) Summary:

1. Develop and use internal performance measures that capture and track whether all children enrolled in Medicaid are receiving all required blood lead tests.
2. Update contracts with MCOs to establish clear expectations and internal performance measures and thresholds regarding Medicaid testing requirements.
3. Work with the Department of Health (DOH) to ensure all guidance that providers receive from the state about this requirement is clear and consistent and includes contact information for who to contact if a provider has questions about the requirements.
4. Work with DOH to create a communication plan to ensure providers statewide understand this requirement and how to implement it.
5. Educate Medicaid providers to help them understand how in-office lead testing can increase testing rates.
6. Educate Medicaid providers to help them understand how system prompts to health care providers while they are at point-of-care with a patient can help increase compliance with required testing.

#### SAO Recommendations to Health (Rec) Summary:

7. Create a plan to regularly (at least annually) identify and assess Washington communities (at the census tract or zip code level) that are most at risk for lead exposure. Also, ensure providers have access to community level risk assessments.
8. Work with HCA to finalize a data-sharing agreement (DSA) to conduct a coordinated analysis, at least annually, to determine the extent to which children enrolled in Medicaid are receiving required lead tests, and whether children at the highest risk (based on the risk analysis performed in the previous recommendation) are receiving required testing.
9. Implement its current testing promotion plan and continue to update it at least annually.

The table below shows the current status of action items the agency initiated to address issues identified in the performance audit report. Please see the [cabinet agency response](#) for additional context and any additional steps already taken.

For an explanation of the columns below, [see the legend](#).

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources?	Budget Impact?	Legislation Required?	Notes
Rec 1	Complete	To better align the existing national tracking of lead screening in children with Medicaid requirements, HCA	HCA	12/31/25	Yes, staff.	No.	No, not at this time.	Feedback was given in writing outside the usual measure change cycle and NCQA acknowledged the comments. Further, they indicated interest in more discussion

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		will provide feedback to the measure sponsor on alignment when the measure is next open for public comment. While there is an annual measure review process, the measure is not required to be opened up for comment as part of that process. Because of this, we do not have an anticipated completion date but will monitor annually and provide feedback when we are able.						on the topic. We will monitor the annual feedback process to support this messaging again to NCQA to reaffirm our earlier message.
1	Complete	Convene a work group to explore the feasibility of additional utilization tracking that aligns with the Medicaid requirements.	HCA	<del>6/30/24</del> 5/28/2025	Yes, staff.	No, not at this time.	No, not at this time.	An initial meeting was held between HCA and DOH in August 2024. HCA's internal workgroup has met multiple times to plan and address issues related to lead testing for children enrolled in Medicaid. HCA is working with DOH to schedule an HCA/DOH coordinated workgroup.  5/25 Update: This is now complete. HCA data team is now engaged with this workgroup. Data Share Agreement is almost complete.  HCA has reached out to NCQA multiple times to discuss updating their measure specifications to align with the CMS requirement.
2	Complete	Update the language in the Managed Care Organization contracts to clarify expectations for blood lead testing.	HCA	1/31/25	No.	No.	No.	The Managed Care contracts were amended with an effective date of 7/31/2024.

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3-4	In-progress	Work with DOH to establish a work group that will develop a plan to address recommendations 3 & 4.	HCA	6/30/24 12/31/25	Yes, staff.	No, not at this time.	No, not at this time.	<p>An initial meeting was held between HCA and DOH in August 2024. HCA's internal workgroup has met multiple times to plan and address issues related to lead testing for children enrolled in Medicaid. HCA is working with DOH to schedule an HCA/DOH coordinated workgroup.</p> <p>5/25 Update: DOH will be providing education to providers. They have also hired a communication consultant. The MCO contract has already been updated. HCA is the subject matter experts and are part of the workgroup to review education materials. HCA will provide communication through established pathways (GOV delivery and MCOs.).</p>
5-6	In-progress	Establish a work group that will develop a plan to address recommendations 5 & 6.	HCA	6/30/24 12/31/25	Yes, staff.	No, not at this time.	No, not at this time.	<p>An initial meeting was held between HCA and DOH in August 2024. HCA's internal workgroup has met multiple times to plan and address issues related to lead testing for children enrolled in Medicaid. HCA is working with DOH to schedule an HCA/DOH coordinated workgroup.</p> <p>5/25 Update: DOH will be providing education to providers. They have also hired a communication consultant. The MCO contract has already been updated. HCA is the subject matter experts and are part of the workgroup to review education materials. HCA will provide communication through established pathways (GOV delivery and MCOs.).</p>
7	Complete	Work to identify a funding source for a new epidemiologist.	Health	6/30/24 12/31/24	Yes, staff.	Yes	No, not at this time.	DOH worked with HCA to update the interagency agreement to include an epidemiologist to do this work. This

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								provides a 50% match for foundational public health funding for the new position. The new epidemiologist was hired and started on January 1, 2025.
7	In progress	Review existing risks, definitions and analysis to identify opportunities to improve existing risk factors displayed on WTN.	Health	<del>6/30/25</del> 7/31/25	Yes, staff.	Yes	No, not at this time.	Over the past year CLPPP staff have worked with the WTN team to add the percentage of children under 72 months of age tested for blood lead levels at the county level. This map is now available as an overlay to the <a href="#">Lead Exposure Risk map</a> on WTN's Information by Location tool. In addition, 1 km proximity to airports has been added to the map.  The new Epidemiologist has reviewed the existing data on WTN to determine if there is opportunity for improvement in current measures. They are also exploring additional sources of risk data to determine feasibility of incorporating them into WTN. In addition to the risk data, they hope to show risk, testing rates, Medicaid enrollment, and gaps in testing, at the census tract level by region.
7	In progress	Develop an action plan to integrate changes to WTN.	Health	12/31/25	No, not at this time.	Yes	No, not at this time.	The Epidemiologist has reviewed the fields we will be receiving from HCA and developed an analysis plan that outlines what types of data we will be able to produce for potential performance measures.
7	In Progress	Identify and assess Washington communities that are most at risk for lead exposure at the census tract or zip code level as available in WTN, as part of updating	Health	<del>12/31/24</del> 5/31/25	Yes, staff.	No, not at this time.	No, not at this time.	The current testing plan includes a WTN overview in Appendix B. Risk by county, smelter plume and former orchard lands are highlighted in the plan. As mentioned above the county-level testing overlay is now available. Additionally, information

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		the Testing Promotion Plan. Continue annually thereafter.						generated from WTN is used to identify priority testing in the plan.  As information on risk grow in WTN, this will be included in updates to the testing promotion plan as part of recommendation 9. The testing promotion plan is in final edits and will be published by the end of May.
8	In Progress	Fully execute the data sharing agreement.	Health	<del>3/31/24</del> 6/30/25	Yes, staff.	No, not at this time.	No, not at this time.	DOH and HCA are still in the process of finalizing HCA Medicaid Data Sharing Agreement. DOH has completed initial review. We are now waiting for HCA to revise and submit updated draft for DOH's final review and approval.
8	In Progress	Identify work group members from HCA and DOH.	Health	<del>3/31/24</del> 5/31/25	Yes, staff.	No, not at this time.	No, not at this time.	In early 2024 DOH initiated an email to HCA to identify group members. We then held off due to the DSA's status. In April of 2025 we reinitiated the activity to find new workgroup members. We are waiting for HCA to finalize their members.
8	Not started	Begin work group meetings.	Health	<del>6/1/24</del> 6/30/25	Yes, staff.	No, not at this time.	No, not at this time.	DOH has drafted the workgroup charter has been drafted and DOH has started planning. Meetings between agencies will start when members are identified.
8	In Progress	Review and solidify an initial set of core performance measures, as well as a reporting format that would be beneficial for both agencies.	Health	<del>12/31/24</del> 12/31/25	Yes, staff.	Yes	No, not at this time.	DOH has started reviewing data and measures that are currently available and being used. DOH and HCA have discussed the relationship between this work and measures with the performance measures from Recommendation 1.  Some potential areas of investigation for performance measure inclusion include: breaking down testing data by age group (12 vs 24 month), by Managed Care

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								<p>Organization, by language, and by geographic regions.</p> <p>For the geographic regions, we should be able to show census tract level data for testing rates and enrollment, and coupling this with the risk data that exists we can highlight gaps where children at higher risk should be getting tested at higher rates.</p>
9	Complete	Finalize and communicate the testing promotion plan.	Health	1/31/24	Yes, staff.	No, not at this time.	No, not at this time.	<p>Testing promotion plan was finalized in December 2023 and published on the DOH website- <a href="#">Washington State Child Lead Screening and Testing Plan January 2024</a></p> <p>We have monitored our implementation of the plan.</p>
9	Complete	Launch and implement the testing promotion plan.	Health	12/31/24	Yes, staff.	No, not at this time.	No, not at this time.	<p>The testing promotion plan was posted early 2024. All identified activities in the testing promotion plan have been implemented.</p>
9	In Progress	Identify HCA contact(s) to assist with the test plan review and modification.	Health	<del>6/30/24</del> 6/30/25	Yes, staff.	No, not at this time.	No, not at this time.	<p>After this year's update of the Testing Promotion Plan, DOH will identify and invite HCA review and input into the updated plan.</p>
9	In Progress	Update and publish the testing plan. Continue annually thereafter.	Health	<del>12/31/24</del> 6/30/25	Yes, staff.	No, not at this time.	No, not at this time.	<p>The updated plan is set to be published by June 30, 2025. We plan to revise the format and approach for the next version to include more work with managed care organizations.</p> <p>The testing promotion coordinator position was vacant for four months this last year causing delay with updating the plan.</p>