



## STATE OF WASHINGTON

November 22, 2023

Honorable Pat McCarthy  
Washington State Auditor  
P.O. Box 40021  
Olympia, WA 98504-0021

Dear Auditor McCarthy:

Thank you for the opportunity to review and respond to the State Auditor's Office performance audit report, "*Lead Testing for Children Enrolled in Medicaid.*" The Department of Health (DOH), Health Care Authority (HCA), and Office of Financial Management (OFM) worked together to provide this response.

We appreciate the State Auditor Office's (SAO) efforts to assess barriers to testing and to identify opportunities to improve testing rates. While DOH and HCA have different roles, responsibilities, and areas of influence on systems affecting children enrolled in Medicaid, both agencies have integral and interrelated responsibilities to improve lead testing rates. The only way to reliably know if a child has been exposed to lead is to test their blood.

We agree that childhood lead exposure and poisoning is preventable and that testing rates should be improved. Both DOH and HCA commit to working together, to continue to identify strategies and opportunities to improve, and to partner on the recommendations SAO identified.

We appreciate that the report recognized Washington's improved test rates and a higher confirmed test rate than a peer state. We also acknowledge that we can do better to help individuals most vulnerable to lead exposure be identified, tested, and connected to the care and resources needed to help reduce long-term impacts.

We also agree on the importance of leveraging communication, education, and structural accountabilities – such as contracts – to change behaviors and systems to help improve lead testing rates. DOH receives a federal Centers for Disease Control and Prevention grant that enables foundational support for program efforts around increasing testing rates. Without these funds the program would not function in the same way and would be much more limited in nature.

HCA has already enhanced its efforts and made additional contract expectations for the Medicaid Managed Care Organizations (MCO) that will be effective January 1, 2024. These changes include testing of all children in the home if one child has elevated levels; proactive messaging and provider education regarding lead testing; care gap reporting; and creation of a referral procedure for the DOH childhood lead poisoning prevention team or local health jurisdictions.

HCA is also considering additional amendments to MCO contract terms but recognizes that managed care plans may not be in an effective position to demand provider change without resources and capacity in the health care system. We have limited ability to address these barriers. HCA will work internally and with DOH to strengthen billing guidance language and issue provider communications to reiterate the federal requirement for lead testing in children insured by Medicaid. DOH looks forward to partnering with HCA to support these efforts to update MCO contracts, analyze and provide data, and connect with providers.

HCA will also explore measure tracking. However, the available national Healthcare Effectiveness Data and Information Set (HEDIS) quality measures do not fully match the federal government requirements. Otherwise, state-based measures proposed in the report will not be nearly as effective to implement. The state must follow federal requirements.

The lead testing rates for children identifying as American Indian and Alaska Native (AIAN) and those whose families did not speak or write English as their first language were developed by the SAO and neither HCA nor DOH were able to verify their accuracy.

Laboratories operated by Tribal entities are not subject to the notifiable conditions in Washington law that requires reporting test results to DOH. Tribes have sovereignty over their own data. Given this, we would hesitate to make conclusions about testing rates for children identifying as AIAN. The cost of missing or wrong information has negative impacts on public health planning, policy creation, and the wider sharing of resources that impact AIAN health.

Furthermore, children arriving in Washington State as refugees or other humanitarian entrants are eligible for a medical screening examination (including lead testing). Per a program monitoring and evaluation report for federal fiscal year 2022 from DOH, 91% of eligible children received blood lead level screening at the time of the domestic medical examination. While efforts are underway to test children born in this country to parents who do not speak or write English as their first language, the universal testing requirements for children entering the country are key to these numbers.

Lastly, it is worth noting that the pandemic put a huge burden on both the medical and public health systems in the state, as well as across the nation and world. We are emerging with new perspectives and are well-positioned to increase testing rates for all children in Washington, including those enrolled in Medicaid.

Please thank your team for their work on this audit. We will use the information and recommendations as an opportunity to improve. Many improvements are well underway.

Sincerely,



Umair Shah, MD, MPH  
Secretary  
Department of Health



David Schumacher  
Director  
Office of Financial Management



Sue Birch, MBA, MSN, RN  
Director  
Health Care Authority

cc: Jamila Thomas, Chief of Staff, Office of the Governor  
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The Department of Health (DOH), Health Care Authority (HCA) and Office of Financial Management (OFM) provide this management response to the State Auditor’s Office (SAO) performance audit report received on October 24, 2023.

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**SAO PERFORMANCE AUDIT OBJECTIVES**

The SAO’s performance audit addressed three questions:

1. To what extent are children enrolled in Medicaid receiving required lead testing?
  2. If enrolled children are not receiving required tests, what are the causes for this?
  3. What should the state do to ensure children at highest risk receive tests?
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**Recommendations to HCA in brief:**

**SAO Recommendations 1-2:** To address the need for increased analysis and monitoring to ensure the state meets the Medicaid lead testing requirement:

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.

**STATE RESPONSE:** The current performance measure in place does not track testing rates in a manner that exactly aligns with the Medicaid rules. We agree that better alignment between the measures and requirements could be beneficial; however, that measure is established at the federal level and is not one that we have the authority to change. Developing a concurrent process to track the testing utilization data required by the Medicaid rule would require additional resources since the current measure must still be used.

We agree that language in the contracts with the MCOs can be clarified around the expectations for blood lead testing.

**Action Steps and Time Frame**

- To better align the existing national tracking of lead screening in children with Medicaid requirements, HCA 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. *By December 31, 2025.*
  - HCA will convene a work group to explore the feasibility of additional utilization tracking that aligns with the Medicaid requirements. *By June 30, 2024.*
  - HCA will update the language in the MCO contracts to clarify expectations for blood lead testing. *By January 31, 2025.*
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**SAO Recommendations 3-4:** To improve provider understanding of the Medicaid blood lead testing requirement:

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.

**STATE RESPONSE:** HCA agrees with the recommendations to work with DOH to improve guidance and communications around blood lead testing.

#### **Action Steps and Time Frame**

- HCA will work with DOH to establish a work group that will develop a plan to address both of these recommendations. *By June 30, 2024.*
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**SAO Recommendations 5-6:** To increase awareness and improve understanding of steps providers can take to increase testing rates:

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.

**STATE RESPONSE:** HCA agrees with the recommendations to provide additional guidance and information to providers on blood lead testing requirements, including suggestions on how to increase compliance.

#### **Action Steps and Time Frame**

- HCA will establish a work group that will develop a plan to address both of these recommendations. *By June 30, 2024.*
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#### **Recommendations to DOH in brief:**

**SAO Recommendation 7:** To improve provider understanding of lead exposure risks for their patients:

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.

**STATE RESPONSE:** We concur with this recommendation.

Identifying communities most at risk for lead exposure and communicating information to providers, families and communities can help improve understanding of lead exposure risks and testing. DOH has done substantial work in this area with the Washington Tracking Network (WTN), which includes most all risk factors included by SAO, though with different definitions.

DOH will review risks, definitions and methodology identified by SAO to determine opportunities for inclusion in WTN. It will take time and resources to fully review, assess and develop an implementation plan. DOH looks forward to improving and refining our efforts moving forward.

As part of developing the Childhood Lead Testing Promotion Plan (Recommendation 9), we used the WTN lead risk map to identify communities most at risk for lead exposure to focus testing promotion. We will continue to integrate community level risk assessments into the annual Testing Promotion Plan update.

### **Action Steps and Time Frame**

- Work to identify a funding source for a new epidemiologist. *By June 30, 2024.*
- Review existing risks, definitions and analysis to identify opportunities to improve existing risk factors displayed on WTN. *By June 30, 2025.*
- Develop an action plan to integrate changes to WTN. *By December 31, 2025.*
- 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 the Testing Promotion Plan. *By December 31, 2024, and annually thereafter.*

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**SAO Recommendation 8:** To address the need for increased analysis and monitoring to ensure the state meets the Medicaid lead testing requirement:

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.

**STATE RESPONSE:** We concur with this recommendation.

Both DOH and HCA have been working diligently to finalize the data sharing agreement (DSA) which we hope to be fully executed by early next year. We will collaborate with HCA to determine the extent to which children enrolled in Medicaid are receiving required lead tests and if the children at the highest risk are receiving required testing.

To ensure analysis is valuable to both agencies, we propose creating a cross-agency work group comprised of members who are knowledgeable about the data analysis as well as those involved in programmatic efforts to increase lead testing. These data analysis efforts align with HCA efforts in Recommendation 1. In addition, we will:

- Develop and use internal performance measures that capture and track whether all children enrolled in Medicaid are receiving all required blood lead tests.
- Update contracts with MCOs to establish clear expectations and internal performance measures and thresholds regarding Medicaid testing requirements.

### **Action Steps and Time Frame**

- Fully execute the data sharing agreement. *By March 31, 2024.*
- Identify work group members from HCA and DOH. *By March 31, 2024.*
- Begin work group meetings. *By June 1, 2024.*
- Review and solidify an initial set of core performance measures, as well as a reporting format that would be beneficial for both agencies. *By December 31, 2024.*

**SAO Recommendation 9:** To improve provider understanding of the Medicaid testing requirement and the lead exposure risks in Washington in order to ensure children are receiving the required lead tests:

9. Implement its current testing promotion plan and continue to update it at least annually.

**STATE RESPONSE:** We concur with this recommendation.

The testing promotion plan will be finalized and released by early next year. To develop the plan, DOH incorporated findings from the lead risk map on the Washington Tracking Network and we also worked with the Lead Advisory Committee. We delayed final review and publishing of the plan to incorporate major findings from this audit.

Moving forward we will continue to improve the testing promotion plan annually, incorporating elements from the recommendations above. To ensure that we are appropriately reaching Medicaid providers in an effective manner, we will work to include HCA during plan update efforts in future years.

**Action Steps and Time Frame**

- Finalize and communicate the testing promotion plan. *By January 31, 2024.*
  - Launch and implement the testing promotion plan. *By December 31, 2024.*
  - Identify HCA contact(s) to assist with the test plan review and modification. *By June 30, 2024.*
  - Update and publish the testing plan. *By December 31, 2024, and annually thereafter.*
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