

HealthChoices

MCO Pay for Performance (P4P) Program

Seven Year Progress Review

July 2005 – December 2011

Agenda

- Section I** Executive Summary
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- Section III** Overview of the Current Pennsylvania P4P Program
- Section IV** P4P Performance Measures
- Section V** Impact of P4P Program Changes
- Section VI** Program Data Summary and Analysis
- Section VII** P4P Survey and Workshop
- Section VIII** Future of the P4P Program

Section I

Executive Summary

HealthChoices Program

- The HealthChoices program is Pennsylvania's mandatory Medicaid managed care program that:
 - Operates in all counties in Pennsylvania across five zones: Southeast, Southwest, Lehigh/Capital, New East and New West¹
 - Has approximately 1.4 million enrollees in mandatory managed care²
- DPW implemented the Pennsylvania MCO Pay for Performance (P4P) program for HealthChoices in July 2005

¹ Zone information provided as of May 2013. P4P data included in this presentation represents only the Southeast, Southwest and Lehigh/Capital zones. The New West zone was implemented on 10/1/2012. The New East zone was implemented on 3/1/2013.

²Source: Data provided as of the March 2013 DPW enrollment report, which includes the Southeast, Southwest, Lehigh/Capital, and New West zones.

HealthChoices Expansion Since P4P Implementation

- The CY 2011 P4P program includes only the Southeast, Southwest and Lehigh/Capital zones.

New West

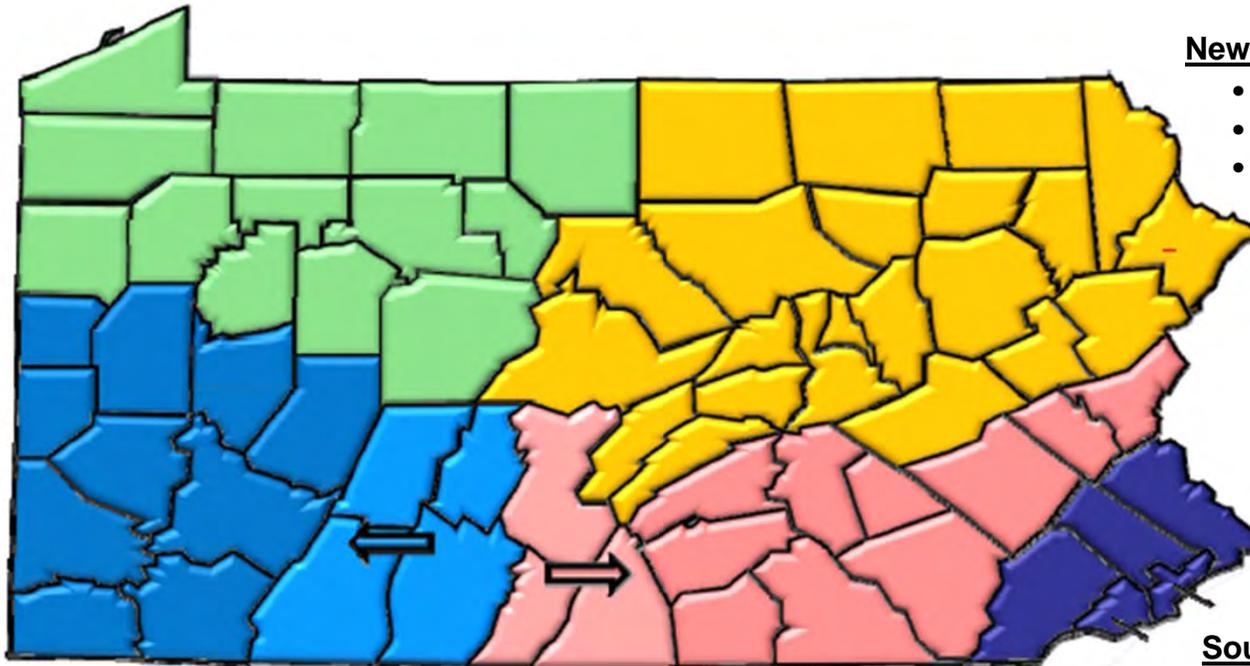
- AmeriHealth
- CoventryCares
- Gateway
- UPMC

New East

- AmeriHealth NE
- CoventryCares
- Geisinger

Southwest

- CoventryCares
- Gateway
- United
- UPMC



- **Southeast**
- **Expanded Southwest**
- **Expanded Lehigh/Capital**
- **New West**
- **New East**

Lehigh/Capital

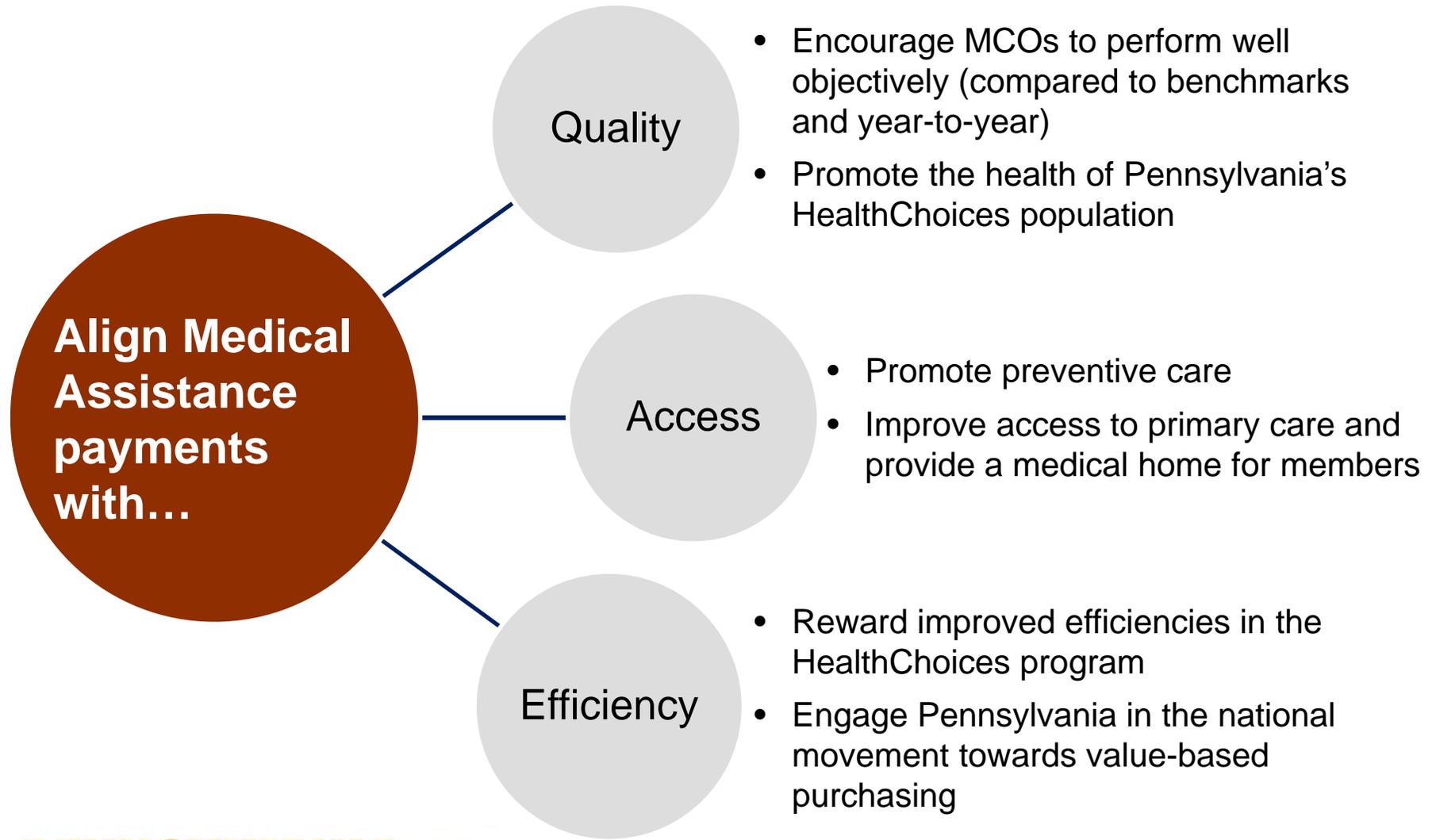
- Aetna
- AmeriHealth
- Gateway
- United
- UPMC

Southeast

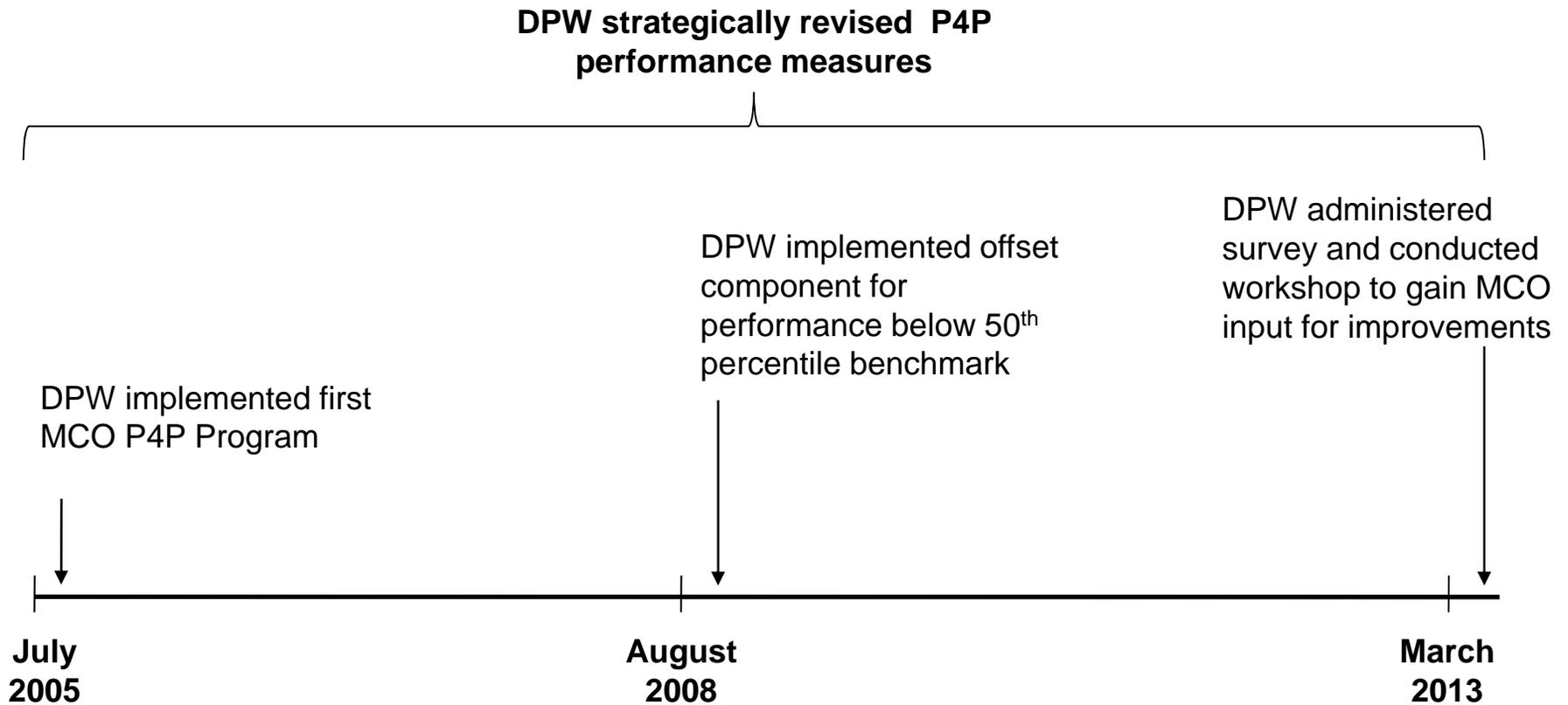
- Aetna
- CoventryCares
- Health Partners
- Keystone Mercy
- United

Note: Effective June 2013, Keystone Mercy changed its name to Keystone First and AmeriHealth changed its name to AmeriHealth Caritas Pennsylvania.

P4P Program Objectives



P4P Program Timeline of Strategic Updates



CY 2011 P4P Program Performance: Statistical Significance

- Although the HealthChoices weighted average improved for 11 of 12 P4P measures between the baseline year and CY 2011, there have been a minimal number of significant increases in the last three years:¹
 - 9 of 11 measures experienced no statistically significant change from CY 2010 to CY 2011²
 - Annual Dental Visits is the only measure that experienced a statistically significant increase from CY 2010 to CY 2011

Statistically Significant Change	Change from Previous Year		
	CY 2009	CY 2010	CY 2011
Increase	5	2	1
Decrease	2	0	1
No Change	4	9	9
Total²	11	11	11

¹ The baseline year represents the year prior to the year that the measure was included in the P4P program.

² The counts of CY 2011 do not include the Emergency Room Utilization measure.

CY 2011 P4P Program Performance: National Benchmarks

- Between the baseline year and CY 2011, the HealthChoices weighted average improved **compared to national benchmarks** for 4 of the 12 P4P measures¹.

No.	2012 P4P Measure	HealthChoices Weighted Average Compared To National Benchmarks		Improved to Next Percentile?
		Baseline Year ²	CY 2011	
1	Adolescent Well-Care Visits	Above 50th	Above 75th	Y
2	Annual Dental Visits	Below 50th	Above 50th	Y
3	Breast Cancer Screening	Below 50th	Above 50th	Y
4	Cervical Cancer Screening	Below 50th	Below 50th	
5	Cholesterol Management: LDL Control < 100	Above 50th	Above 50th	
6	Comp. Diabetes Monitoring: HbA1c Poor Control	Above 50th	Above 50th	
7	Comp. Diabetes Monitoring: LDL Control < 100	Above 50th	Above 50th	
8	Controlling High Blood Pressure	Below 50th	Above 50th	Y
9	Emergency Room Utilization ³	Above 75th	Above 75th	
10	Frequency of Prenatal Care: >=81%	Above 50th	Above 50th	
11	Lead Screening in Children	Above 50th	Above 50th	
12	Prenatal Care in 1st Trimester	Above 50th	Above 50th	

¹ HEDIS® national benchmarks allow DPW to compare HealthChoices MCO performance against Medicaid MCOs nationwide.

² The baseline year represents the year prior to the year that the measure was included in the P4P program.

³ Rates at lower benchmarks indicate higher performance for this measure.

CY 2011 P4P Program Performance By MCO

Performance on P4P Measures Varies by MCO:

CY 2011 MCO Performance ¹	AHP	AMHP	CCHP	GHP	HP	KMHP	UHC	UPMC
Exceeded 90 th Percentile	0	1	0	1	0	0	0	2
Exceeded 75 th Percentile	0	5	0	5	3	4	0	3
Exceeded 50 th Percentile	0	5	3	4	4	6	4	4
Below 50 th Percentile	11	0	8	1	4	1	7	2
Total	11							

CY 2011 MCO Performance ²	AHP	AMHP	CCHP	GHP	HP	KMHP	UHC	UPMC
Statistically Significant Improvement		10		4	11	7	5	5
No Statistically Significant Change		1		5	0	3	4	5
Statistically Significant Decline		0		2	0	1	2	1
Total	NA	11	NA	11	11	11	11	11

¹ The counts of CY 2011 rates above the HEDIS® benchmarks do not include the Emergency Room Utilization measure. Therefore, the total number of measures for each MCO is 11.

² Statistical significance was calculated for each P4P measure by comparing each MCO's rate in the baseline year compared to the MCO's rate in CY 2011.

CY 2011 P4P Program Performance By MCO (*Continued*)

Achievements:

- In CY 2011, three HealthChoices MCOs (AmeriHealth, Gateway and UPMC) have at least 1 measure exceeding the HEDIS[®] 90th percentile national benchmark. Additionally, these MCOs have each exceeded the 75th percentile benchmark in at least 3 measures.
- Comparing CY 2011 to the baseline year, Health Partners achieved statistically significant improvements in all 11 P4P measures. AmeriHealth achieved statistically significant improvements in 10 out of 11 measures.

Opportunities for Improvement:

- In CY 2011, Aetna did not exceed the 50th percentile benchmark in any of the 11 measures. CoventryCares did not exceed the 50th percentile benchmark in 8 out of 11 measures.
- Comparing CY 2011 to the baseline year, Gateway and United each experienced statistically significant declines in two P4P measures.

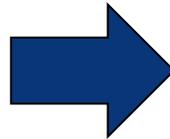
MCO Satisfaction with CY 2011 P4P Program

- In June 2012, DPW administered a survey to MCOs to seek feedback on ways to improve the P4P program
- All MCOs agreed:
 - They are satisfied with the CY 2011 MCO P4P program structure
 - The MCO P4P program helps MCOs prioritize their resources
 - The MCO P4P program is a significant incentive for MCOs to improve their HEDIS[®] rates

P4P Program Objectives and Accomplishments

P4P Program Objectives

- Encourage MCOs to perform well objectively (compared to benchmarks and year-to-year)
- Promote the health of Pennsylvania's HealthChoices population
- Promote preventive care
- Improve access to primary care and provide a medical home for members
- Reward improved efficiencies in the HealthChoices program
- Engage Pennsylvania in the national movement towards value-based purchasing



Selected Program Accomplishments

- 10 of 11 P4P measures meet or exceed the NCQA 50th percentile benchmark in CY 2011
- Between baseline year and CY 2011, 4 out of 12 P4P measures improved to the next percentile as compared to national benchmarks
- Between the baseline and CY 2011, the rate for children ages 2 – 21 years old who received an annual dental visit increased by 12 percentage points
- Between the baseline and CY 2011, the rate for women receiving 81 percent or more of their expected prenatal visits increased by 14 percentage points
- In March 2013, DPW conducted a workshop on the CY 2011 P4P program to gain MCO input on improvements to be made to the program

Future of the P4P Program

- In March 2013, DPW conducted a MCO workshop requesting recommendations for improvements to the P4P program in four topic areas:

Topic Area	Description
Changing P4P performance measures	Changes to the measures included in the P4P program (e.g., additions, deletions, bundling measures, etc.)
Changing P4P payout methodology	Changes to the payout methodology (e.g., graduated payout scale, benchmark vs. improvement, weighting measures, etc.)
Adding a regional or statewide performance component to P4P methodology	Inclusion of a regional or statewide performance component to methodology (e.g., top performing MCO in a zone receives bonus payout; if HealthChoices weighted average for the zone reaches a performance target, all MCOs in the zone receive a bonus payout, etc.)
Developing a regional or statewide performance improvement collaborative	Performance improvement collaborative with all MCOs statewide (or within a zone) focused on selected P4P measures or category of measures (e.g., diabetes, prenatal care)

- DPW is currently researching and evaluating MCO recommendations to determine future improvements to the P4P program

Section II

History and Background of the Pennsylvania P4P Program

History of P4P Program

- P4P program implemented in July 2005 to encourage continuous quality improvement among MCOs
- Concept discussed and refined with multiple stakeholders, including members, HealthChoices MCOs, Medical Assistance Advisory Committee, industry experts and DPW staff
- Collaborative approach to major design questions, including:
 - Number and type of performance measures
 - Fair and effective methodology
 - Reasonable performance expectations (goals)
 - Amount of incentive dollars at stake
 - Consideration of unintended consequences

P4P Program Development (*Continued*)

- In the CY 2011 P4P program, there are 12 P4P measures
- In the initial P4P program, DPW separated the P4P measures into Core and Sustaining Measures:¹
 - The Core Measures were selected based on historical program-wide need for improvement, breadth of impact across the HealthChoices population and consideration of high-profile indicators for chronic diseases with large potential for impact on quality and savings
 - The Sustaining Measures were selected based on historically solid performance program-wide and breadth and significance of impact across HealthChoices

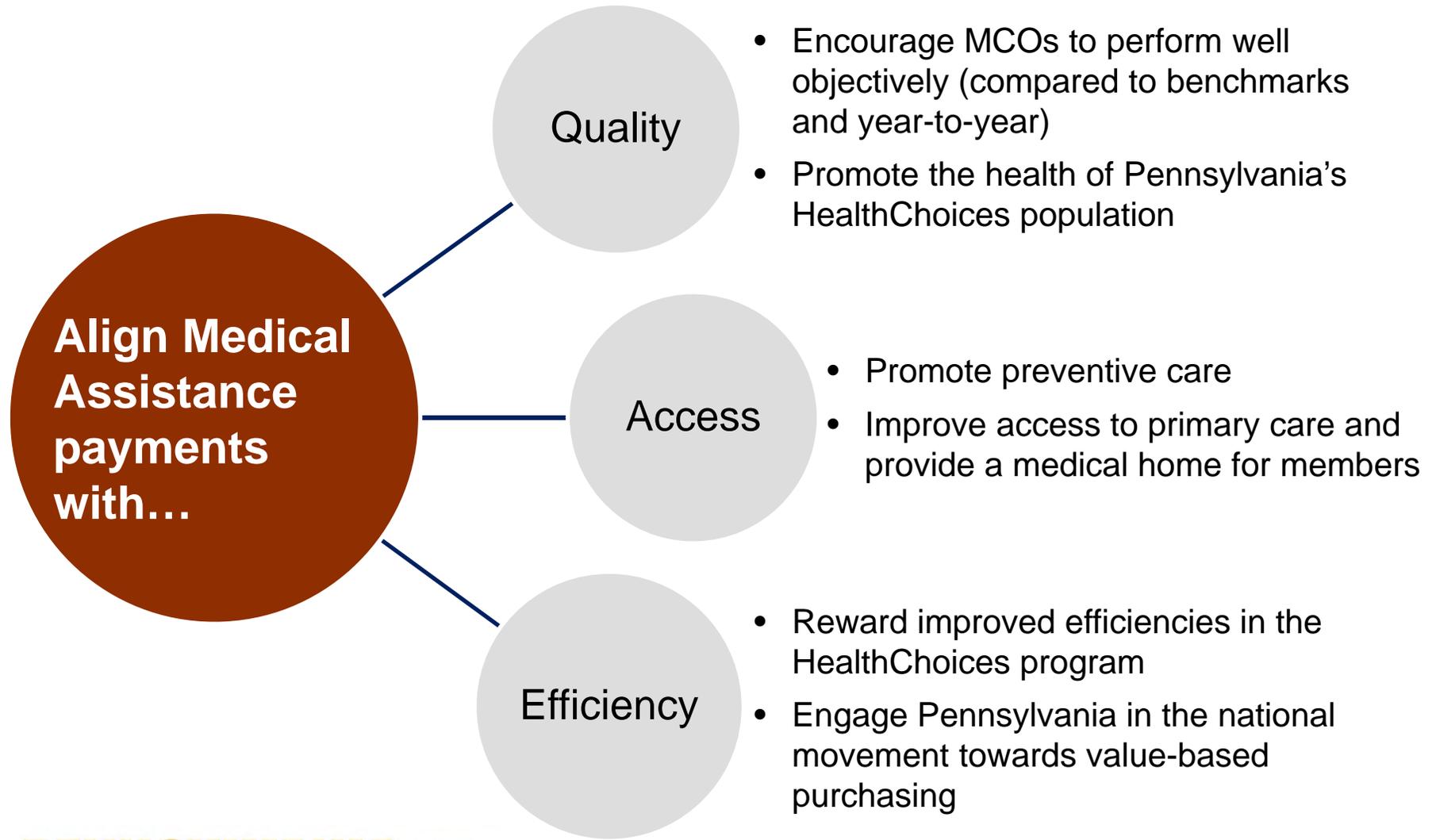
¹ Beginning with the CY 2008 P4P program, DPW no longer separates the P4P measures into Core and Sustaining Measures.

P4P Program Development *(Continued)*

- Payouts based on:
 - MCO performance relative to National Committee for Quality Assurance (NCQA) HEDIS® benchmarks¹
 - MCO improvements compared to previous year performance
- Payouts are financial incentives to MCOs

¹ DPW included Pennsylvania Performance Measures (PAPM) in the P4P program prior to CY 2008.

P4P Program Objectives



Section III

Overview of the Current Pennsylvania P4P Program

Measuring Quality: Overview of HEDIS®

HEDIS® **(Healthcare Effectiveness Data and Information Set)**

1

A set of standardized performance measures designed to allow purchasers and members to reliably compare the performance of managed healthcare MCOs

2

The most widely used set of performance measures in the managed care industry

3

Sets of data that NCQA maintains and uses to develop national benchmarks for Medicaid, Medicare and commercial managed care MCOs

Performance Measures Used in the CY 2011 P4P Program

HEDIS® P4P Measures

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Cholesterol Management for People with Cardiovascular Conditions: LDL Control <100
4. Comprehensive Diabetes Care: LDL Control <100
5. Comprehensive Diabetes Care: HbA1c Poorly Controlled
6. Controlling High Blood Pressure
7. Frequency of Ongoing Prenatal Care: ≥81% of the Expected Number of Prenatal Care Visits
8. ER Utilization
9. Adolescent Well-Care Visits
10. Prenatal Care in the First Trimester
11. Lead Screening in Children¹
12. Annual Dental Visits

¹ The HEDIS® Lead Screening in Children measure will be removed from the CY 2012 P4P program and replaced with the PAPM measure Reducing Potentially Preventable Readmissions.

CY 2011 P4P Payout Methodology

Total P4P Incentive Pool

Methodology Component	Percentage of CY 2011 MCO PMPM Revenue
Comparison to National Benchmarks ¹	1%
Year Over Year Improvement ²	.5%
Total Incentive Pool	1.5%

- The P4P program determines MCO payouts based on the performance of MCOs compared to MCOs nationally and compared to any improvements the MCO made from the previous year.

¹ MCOs can earn up to one percent of their annual total PMPM revenue based on how they perform compared to HEDIS® national benchmarks.

² MCOs can earn up to one half of one percent of their annual total PMPM revenue based on their current year performance compared to their performance in the previous year.

Benchmark Component

Benchmark Comparison	Percentage of Relevant Incentive Pool Per P4P Measure
At or above 90th Percentile	125.0%
At or above 75th Percentile	100.0%
At or above 50th Percentile	25.0%
Below 50th Percentile	-25.0%

Improvement Component

Year Over Year Improvement	Percentage of Relevant Incentive Pool Per P4P Measure
≥ 5 Percentage Points	100.0%
≥ 4 and < 5 Percentage Points	80.0%
≥ 3 and < 4 Percentage Points	60.0%
≥ 2 and < 3 Percentage Points	40.0%
≥ 1 and < 2 Percentage Points	20.0%
< 1 Percentage Point	0.0%

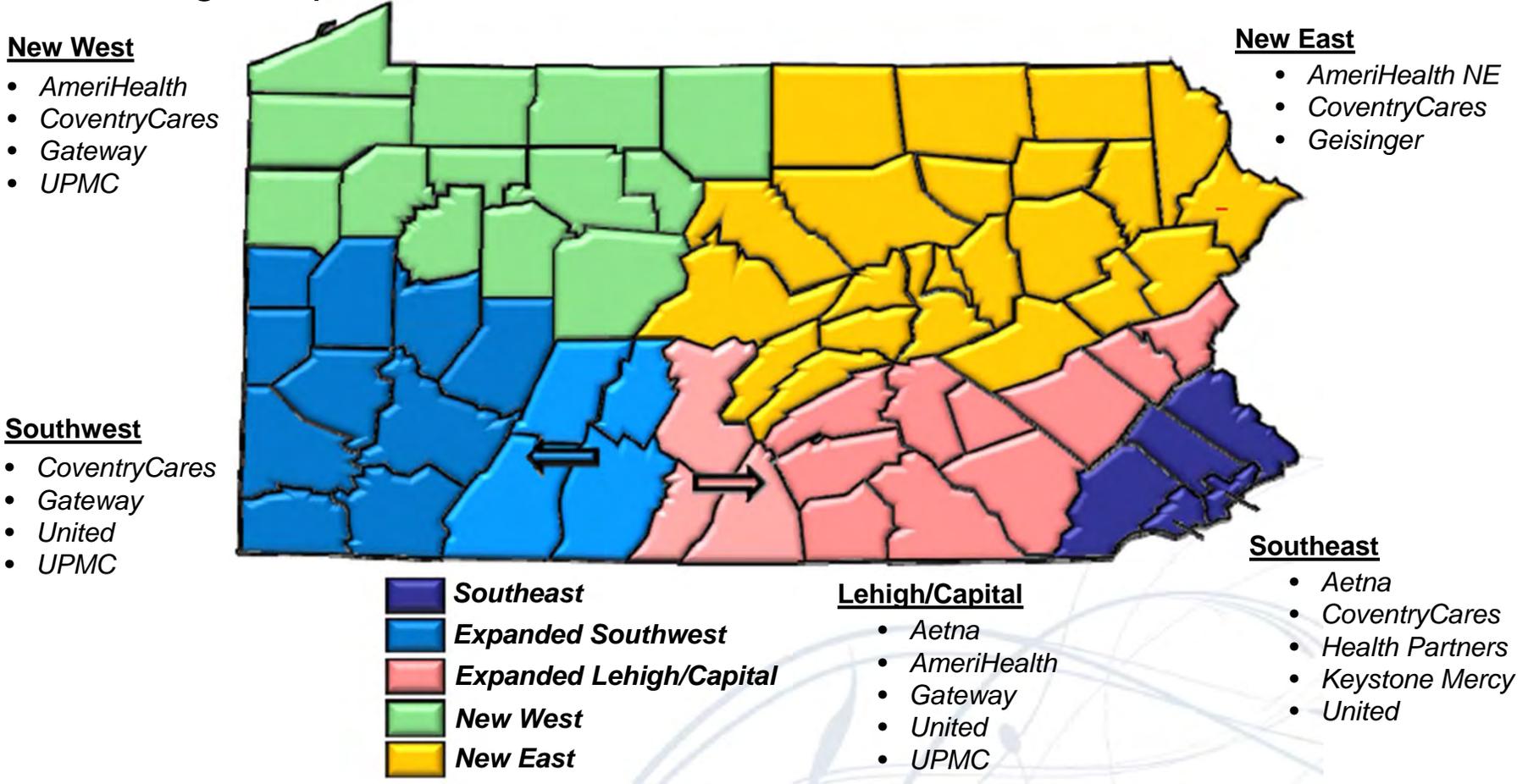
MCO Changes Since P4P Implementation

- During CY 2010, two new Medicaid MCOs began to provide services to HealthChoices members, Aetna and CoventryCares
 - The new MCOs participated in a separate CY 2010 New MCO P4P program where the payout was based on each MCO's performance regarding data collection and reporting
 - CY 2011 is the first year of reported HEDIS[®] rates for these new MCOs
- AmeriChoice and Unison merged to form United Healthcare¹ and began reporting combined rates in CY 2010

¹ For purposes of this presentation, the rates for United Healthcare for CY 2004 to CY 2009 equal the combined HEDIS[®] weighted average rates of AmeriChoice and Unison.

MCO Changes Since P4P Implementation (Continued)

- The CY 2011 P4P program includes only the Southeast, Southwest and Lehigh/Capital zones.



Note: Effective June 2013, Keystone Mercy changed its name to Keystone First and AmeriHealth changed its name to AmeriHealth Caritas Pennsylvania.

Section IV

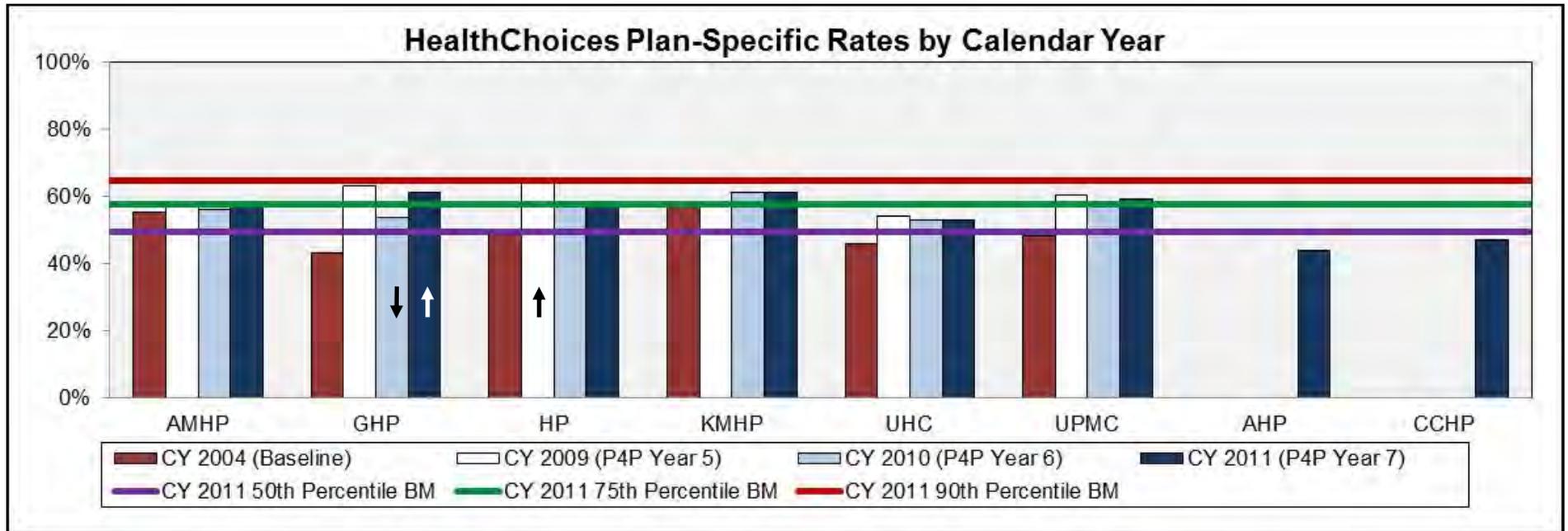
P4P Performance Measures

Adolescent Well-Care Visits

Measure Description:

The percentage of adolescents ages 12 to 21 who received a well-care visit with a PCP or OB/GYN during the measurement year.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	45.3%	58.8%	56.8%	58.4%
50 th Percentile BM	39.1%	46.9%	46.2%	49.7%
75 th Percentile BM	47.6%	55.9%	56.9%	57.6%
90 th Percentile BM	55.3%	63.2%	64.1%	64.7%



1. Arrows indicate a statistically significant change from the previous year.

Adolescent Well-Care Visits *(Continued)*

- All MCOs (excluding Aetna and CoventryCares) improved their rates from CY 2010 to CY 2011
- In CY 2011, rates for 6 of 8 MCOs met or exceeded national benchmarks:
 - 2 MCOs exceeded the 50th percentile benchmark
 - 4 MCOs exceeded the 75th percentile benchmark

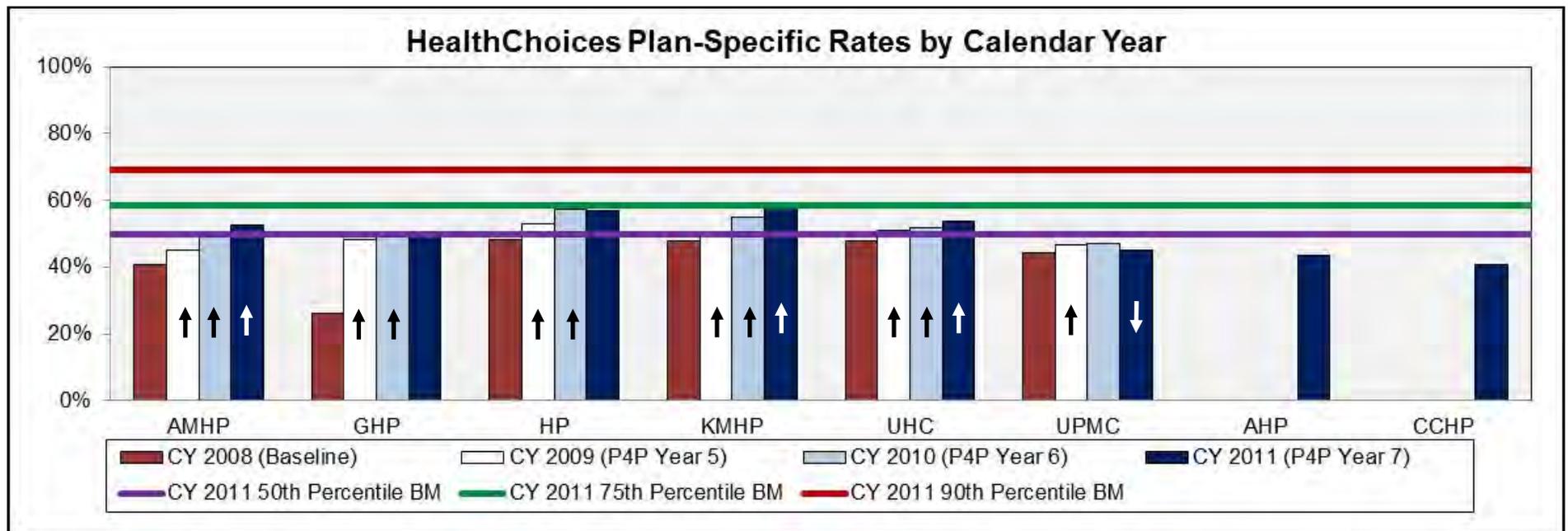
- **In CY 2011, the HealthChoices weighted average exceeded the 75TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average increased from 57 percent to 58 percent.**

Annual Dental Visits

Measure Description:

The percentage of members ages 2 to 21 who had an annual dental visit during the measurement year.

Rate (CY)	2008 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	41.8%	49.5%	52.4%	53.4%
50 th Percentile BM	47.1%	49.2%	51.6%	49.6%
75 th Percentile BM	52.8%	54.8%	57.6%	58.3%
90 th Percentile BM	59.8%	64.1%	64.5%	69.1%



- Arrows indicate a statistically significant change from the previous year.
- This was a new P4P measure in CY 2009 during the fifth year of the P4P program, therefore, CY 2008 serves as the baseline year for this measure.

Annual Dental Visits *(Continued)*

- The HealthChoices weighted average for this measure has increased every year since baseline CY 2008
- From CY 2010 to CY 2011, 3 MCOs had statistically significant improvements in their rates¹
- In CY 2011, rates for 5 of 8 MCOs met or exceeded national benchmarks:
 - 5 MCOs exceeded the 50th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average increased from 52 percent to 53 percent.**

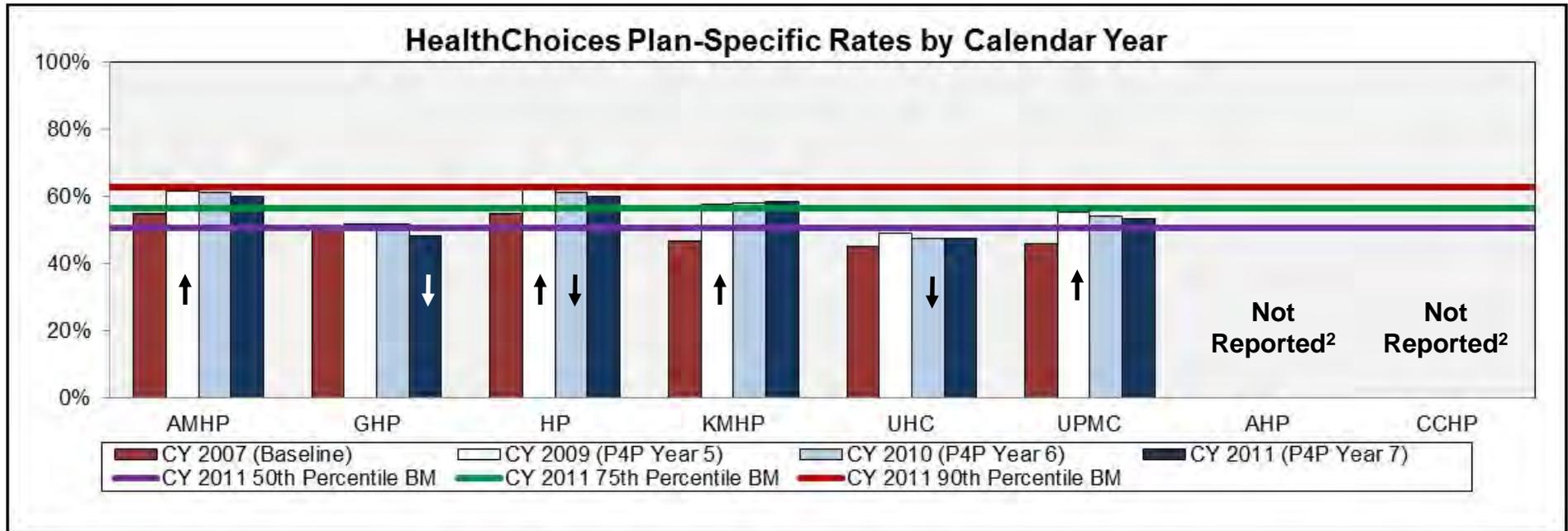
1. *Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.*

Breast Cancer Screening

Measure Description:

The percentage of women ages 42 to 69 who received a mammogram during the measurement year or prior year.

Rate (CY)	2007 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	49.1%	56.1%	55.7%	54.8%
50 th Percentile BM	50.0%	52.0%	52.4%	50.5%
75 th Percentile BM	56.1%	59.6%	57.4%	56.6%
90 th Percentile BM	61.2%	63.8%	62.9%	62.8%



1. Arrows indicate a statistically significant change from the previous year.
2. This performance measure requires members to be continuously enrolled for two years; therefore, Aetna and CoventryCares are unable to report this measure for CY 2011.

Breast Cancer Screening *(Continued)*

- From CY 2010 to CY 2011, rates decreased for 4 MCOs, with a statistically significant decrease for 1 of these MCOs¹
- In CY 2011, rates for 4 of 8 MCOs met or exceeded national benchmarks:
 - 1 MCO exceeded the 50th percentile benchmark
 - 3 MCOs exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average decreased from 56 percent to 55 percent.**

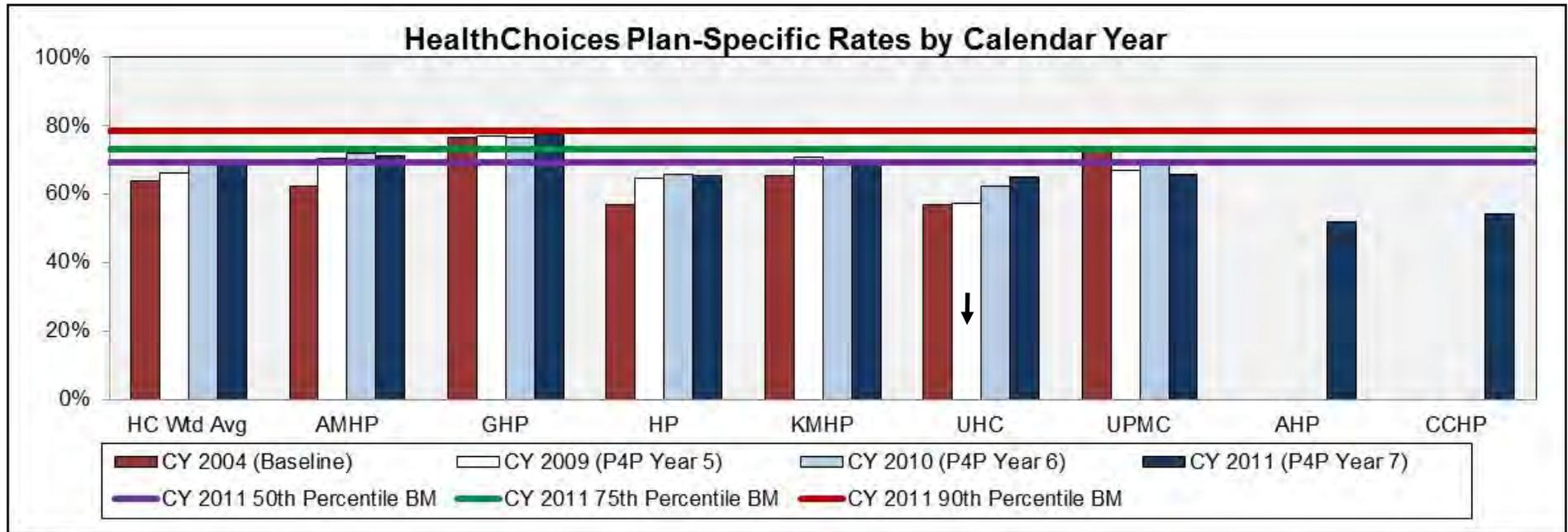
1. This performance measure requires members to be continuously enrolled for two years; therefore, Aetna and CoventryCares are unable to report this measure for CY 2011.

Cervical Cancer Screening

Measure Description:

The percentage of women ages 24 to 64 who received one or more Pap tests during the measurement year or prior two years.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	64.0%	66.2%	69.1%	69.0%
50 th Percentile BM	64.5%	67.8%	69.7%	69.1%
75 th Percentile BM	72.3%	72.9%	74.2%	73.2%
90 th Percentile BM	76.6%	78.9%	78.7%	78.5%



- Arrows indicate a statistically significant change from the previous year.
- HEDIS® technical specifications changed the lower age limit to 24 years (previously 21-64 yrs old) in CY 2006. This change did not appear to have a material effect on rates.

Cervical Cancer Screening *(Continued)*

- The HealthChoices weighted average has remained below the 50th percentile benchmark in each year of the P4P program and experienced its first year-over-year decrease in CY 2011
- The rates for 2 MCOs increased from CY 2010 to CY 2011 – however, no changes have been identified as statistically significant during this period¹
- In CY 2011, rates for 3 of 8 MCOs met or exceeded national benchmarks:
 - 2 MCOs exceeded the 50th percentile benchmark
 - 1 MCO exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average was below the 50th percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average stayed constant at 69 percent².**

1. Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.

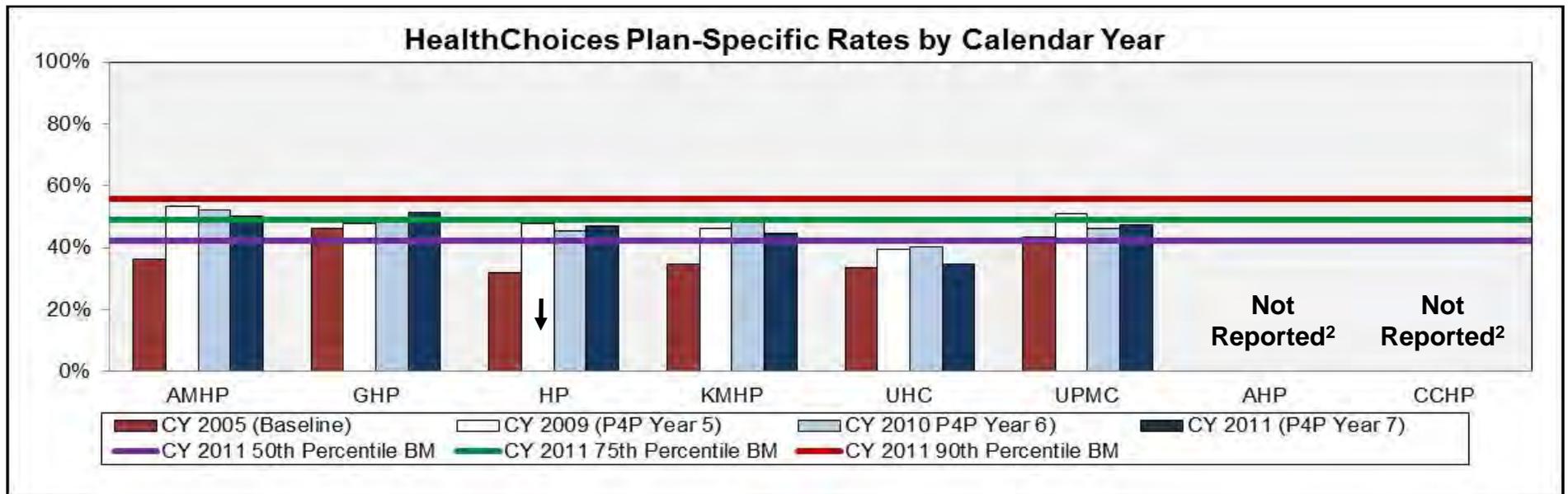
2. The percentage is rounded to the nearest percent and does not reflect the decline of less than one percent for this measure.

Cholesterol Management for People with Cardiovascular Conditions: LDL Control <100

Measure Description:

The percentage of adults with cardiovascular conditions whose cholesterol level was adequately controlled (LDL-C <100mg/dL) during the measurement year.

Rate (CY)	2005 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	37.2%	46.9%	46.9%	45.8%
50 th Percentile BM	32.0%	43.2%	44.0%	42.4%
75 th Percentile BM	38.5%	50.0%	50.0%	49.2%
90 th Percentile BM	42.6%	54.4%	57.1%	55.6%



- Arrows indicate a statistically significant change from the previous year.
- This performance measure requires members to be continuously enrolled for two years; therefore, Aetna and CoventryCares are unable to report this measure for CY 2011.

Cholesterol Management for People with Cardiovascular Conditions: LDL Control <100 (*Continued*)

- The HealthChoices weighted average declined from CY 2010 to CY 2011 after experiencing continual improvement since P4P implementation – however, it remains above the 50th percentile national benchmark in CY 2011
- From CY 2010 to CY 2011 there were no statistically significant changes in MCO rates¹
- In CY 2011, rates for 5 of 8 MCOs met or exceeded national benchmarks:
 - 3 MCOs exceeded the 50th percentile benchmark
 - 2 MCOs exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average decreased from 47 percent to 46 percent.**

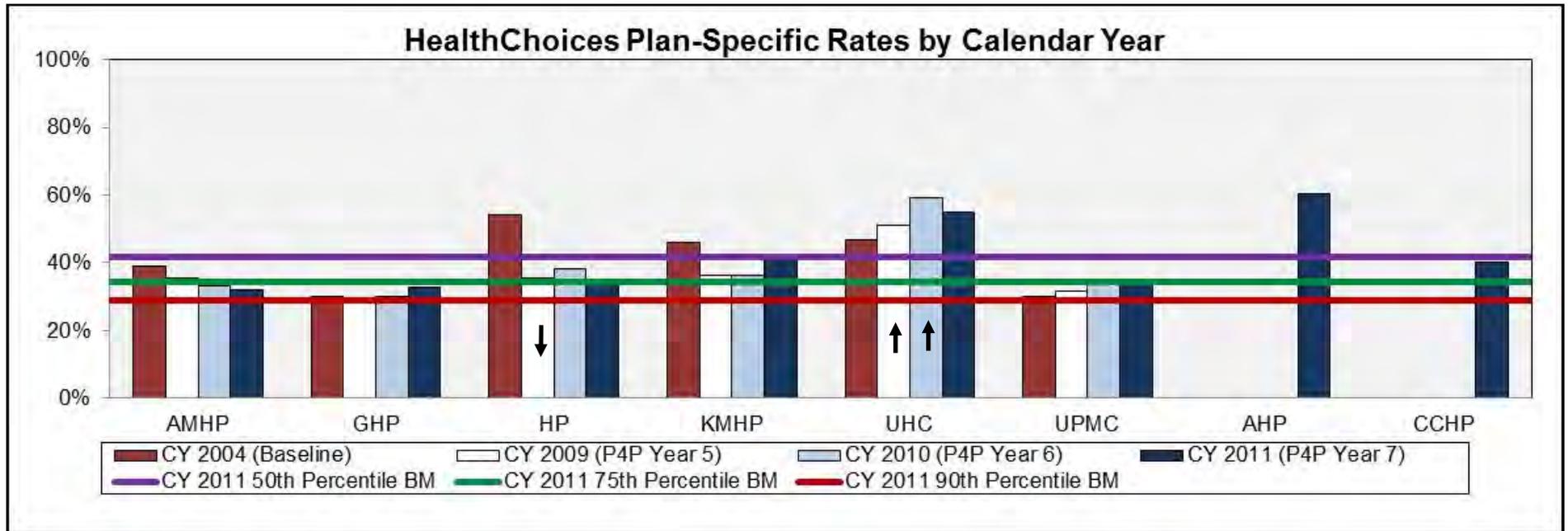
1. This performance measure requires members to be continuously enrolled for two years; therefore, Aetna and CoventryCares are unable to report this measure for CY 2011.

Comprehensive Diabetes Care: HbA1c Poor Control

Measure Description:

The percentage of adults with Diabetes whose blood sugar was poorly controlled (HbA1c >9.0%) during the measurement year.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	41.9%	38.5%	38.5%	39.0%
50 th Percentile BM	47.5%	43.2%	42.6%	41.7%
75 th Percentile BM	37.7%	33.8%	35.0%	34.3%
90 th Percentile BM	31.1%	27.7%	29.2%	29.0%



- Arrows indicate a statistically significant change from the previous year. For this measure, an arrow pointing down indicates a statistically significant performance improvement.
- This is a low-rate measure; lower rates are more desirable.

Comprehensive Diabetes Care: HbA1c Poor Control (Continued)

- The HealthChoices weighted average has exceeded the 50th percentile benchmark in each year of the P4P program
- From CY 2010 to CY 2011 there were no statistically significant changes in MCO rates
- In CY 2011, rates for 6 of 8 MCOs met or exceeded national benchmarks:
 - 3 MCOs exceeded the 50th percentile benchmark
 - 3 MCOs exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average increased from 38 percent to 39 percent².**

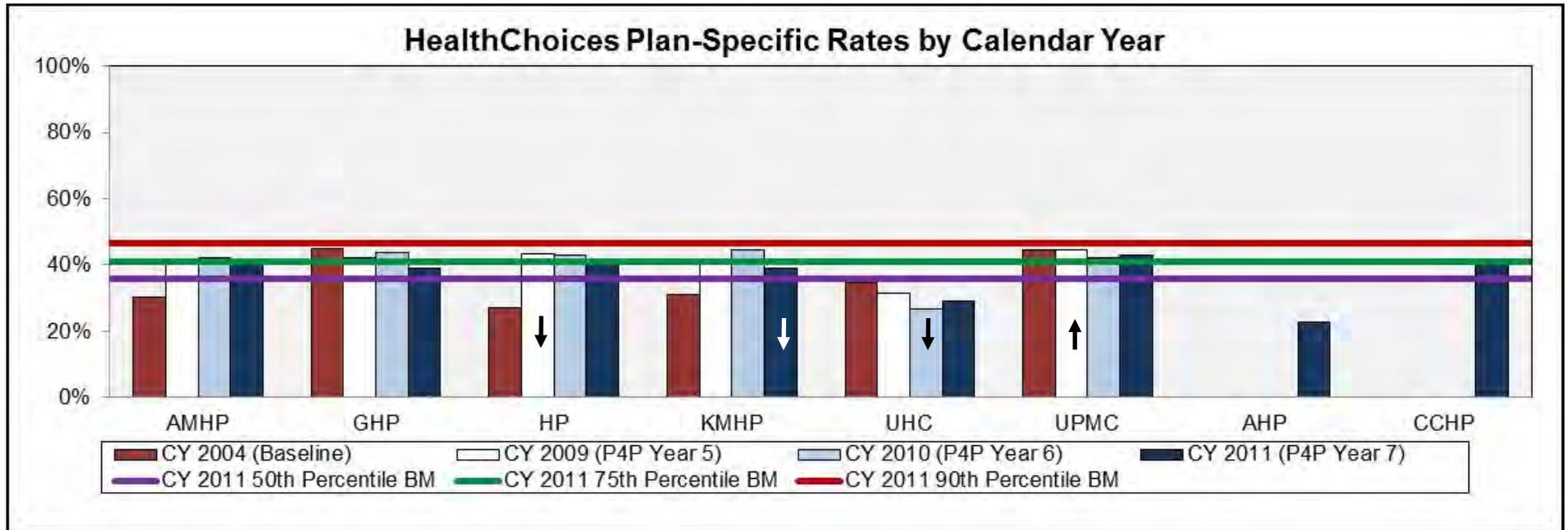
1. *Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.*
2. *This is a low-rate measure; therefore, an increase in rates represents a decline in performance.*

Comprehensive Diabetes Care: LDL Control <100

Measure Description:

The percentage of adults with Diabetes whose cholesterol level was adequately controlled (LDL-C <100mg/dL) during the measurement year.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	35.2%	39.3%	40.5%	38.4%
50 th Percentile BM	32.0%	33.6%	35.2%	35.9%
75 th Percentile BM	36.5%	40.9%	41.5%	41.0%
90 th Percentile BM	41.6%	45.5%	45.9%	46.4%



1. Arrows indicate a statistically significant change from the previous year.

Comprehensive Diabetes Care: LDL Control <100 (Continued)

- The HealthChoices weighted average has remained above the 50th percentile benchmark in all years of the P4P program
- From CY 2010 to CY 2011, the rates for 4 MCOs exhibited decreases, one of which was statistically significant¹
- In CY 2011, rates for 6 of 8 MCOs met or exceeded national benchmarks:
 - 4 MCOs exceeded the 50th percentile benchmark
 - 2 MCOs exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average decreased from 41 percent to 38 percent.**

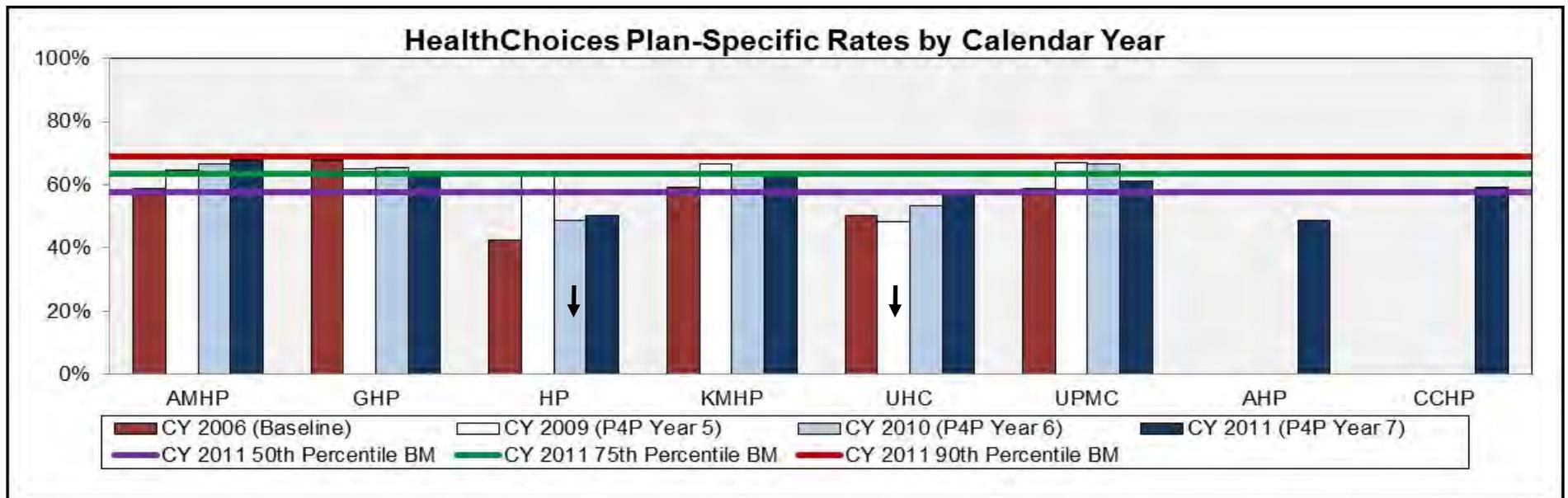
1. This excludes Aetna and CoventryCares, as CY 2011 is the first year these MCOs reported rates.

Controlling High Blood Pressure

Measure Description:

The percentage of adults with hypertension whose blood pressure was adequately controlled (BP <140/90) during the measurement year.

Rate (CY)	2006 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	55.5%	60.5%	60.6%	59.8%
50 th Percentile BM	55.4%	56.9%	56.4%	57.5%
75 th Percentile BM	59.9%	63.2%	63.7%	63.7%
90 th Percentile BM	65.8%	67.2%	67.6%	69.1%



1. Arrows indicate a statistically significant change from the previous year.
2. This measure required the use of the hybrid reporting method in beginning in CY 2006.

Controlling High Blood Pressure *(Continued)*

- The HealthChoices weighted average decreased between CY 2010 and CY 2011 – however, this change was not statistically significant
- There were no statistically significant increases or decreases in MCO rates between CY 2010 and CY 2011¹
- In CY 2011, rates for 6 of 8 MCOs met or exceeded national benchmarks:
 - 4 MCOs exceeded the 50th percentile benchmark
 - 2 MCOs exceeded the 75th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average decreased from 61 percent to 60 percent.**

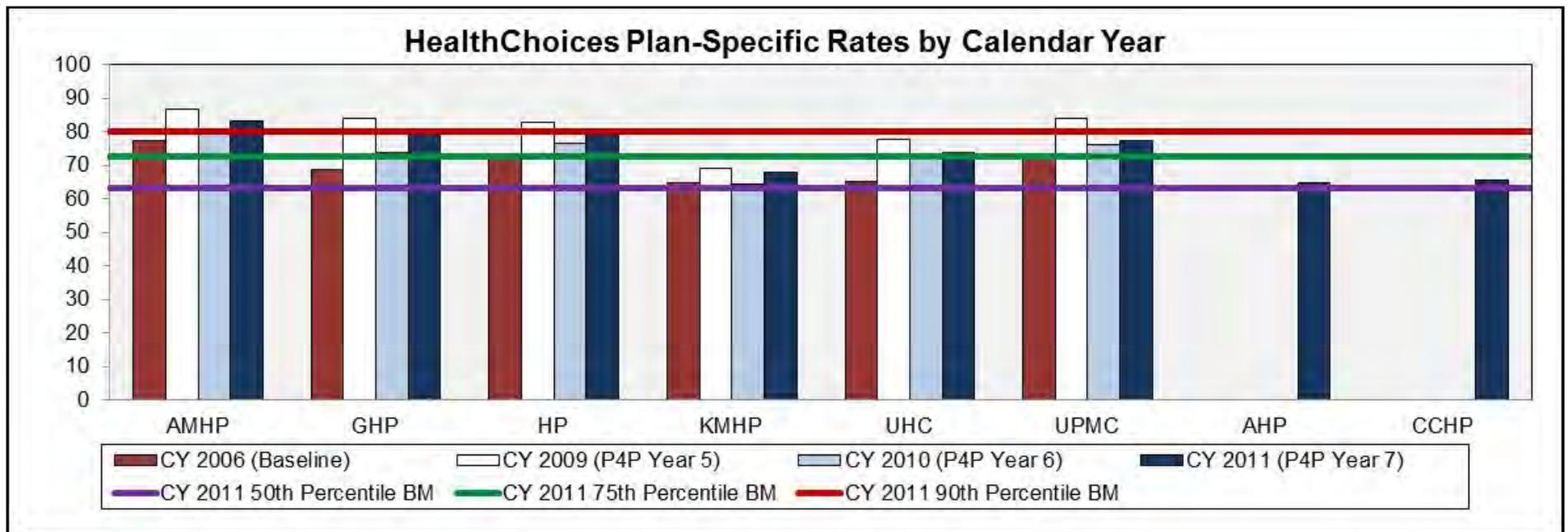
1. *Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.*

Emergency Room Utilization

Measure Description:

The number of member visits to the emergency room per 1,000 member months.

Rate (CY)	2006 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	68.5	78.9	72.5	75.2
<i>50th Percentile BM</i>	57.1	67.7	63.3	63.2
<i>75th Percentile BM</i>	67.9	77.2	70.5	72.8
<i>90th Percentile BM</i>	77.5	84.7	76.6	80.0



1. This was a new P4P measure in CY 2007. Therefore, the baseline year is CY 2006.
2. DPW did not calculate statistically significant changes for this measure because the measure is not reported on a percentage basis.

Emergency Room Utilization *(Continued)*

- While this is not a low-rate measure, only MCOs with rates below the 50th percentile benchmark receive a P4P payout
- In CY 2011, all MCOs exceeded the 50th percentile benchmark - therefore, no MCOs received payouts for this measure in the CY 2011 P4P program
- All 6 MCOs exhibited increases in ER utilization from CY 2010 to CY 2011¹

- **In CY 2011, the HealthChoices weighted average exceeded the 75TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average increased from 72 visits 1,000 member months to 75 visits per 1,000 member months.**

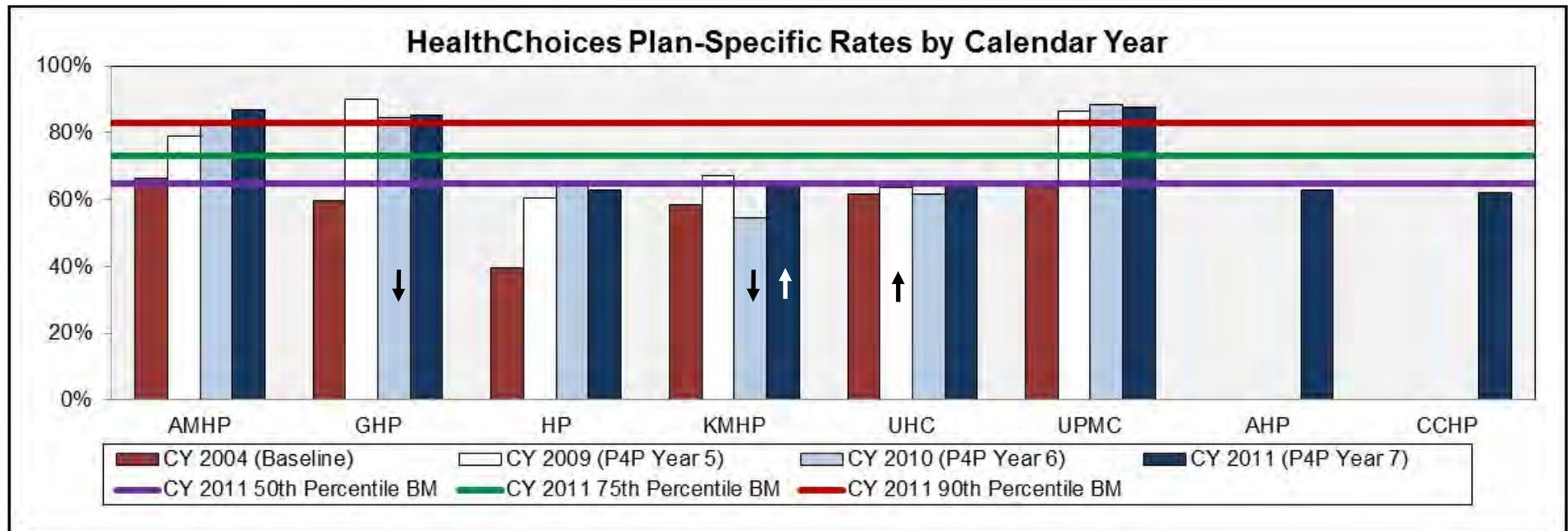
1. *This excludes Aetna and CoventryCares, as CY 2011 is the first year these MCOs reported rates.*

Frequency of Ongoing Prenatal Care: $\geq 81\%$ of the Expected Number of Prenatal Care Visits

Measure Description:

The percentage of pregnant women who received 81% or more of the expected number of prenatal care visits.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	59.3%	72.8%	72.6%	72.9%
50 th Percentile BM	57.5%	64.2%	64.4%	64.7%
75 th Percentile BM	67.6%	73.7%	74.9%	73.0%
90 th Percentile BM	80.0%	82.2%	81.8%	82.8%



1. Arrows indicate a statistically significant change from the previous year.

Frequency of Ongoing Prenatal Care: $\geq 81\%$ of the Expected Number of Prenatal Care Visits *(Continued)*

- The HealthChoices weighted average has exceeded the 50th percentile benchmark in each year of the P4P program
- From CY 2010 to CY 2011, 4 MCOs showed improved performance, with 1 MCO having statistically significant improvement¹
- In CY 2011, rates for 4 of 8 MCOs met or exceeded national benchmarks:
 - 1 MCO exceeded the 50th percentile benchmark
 - 3 MCOs exceeded the 90th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average stayed constant at 73 percent.**

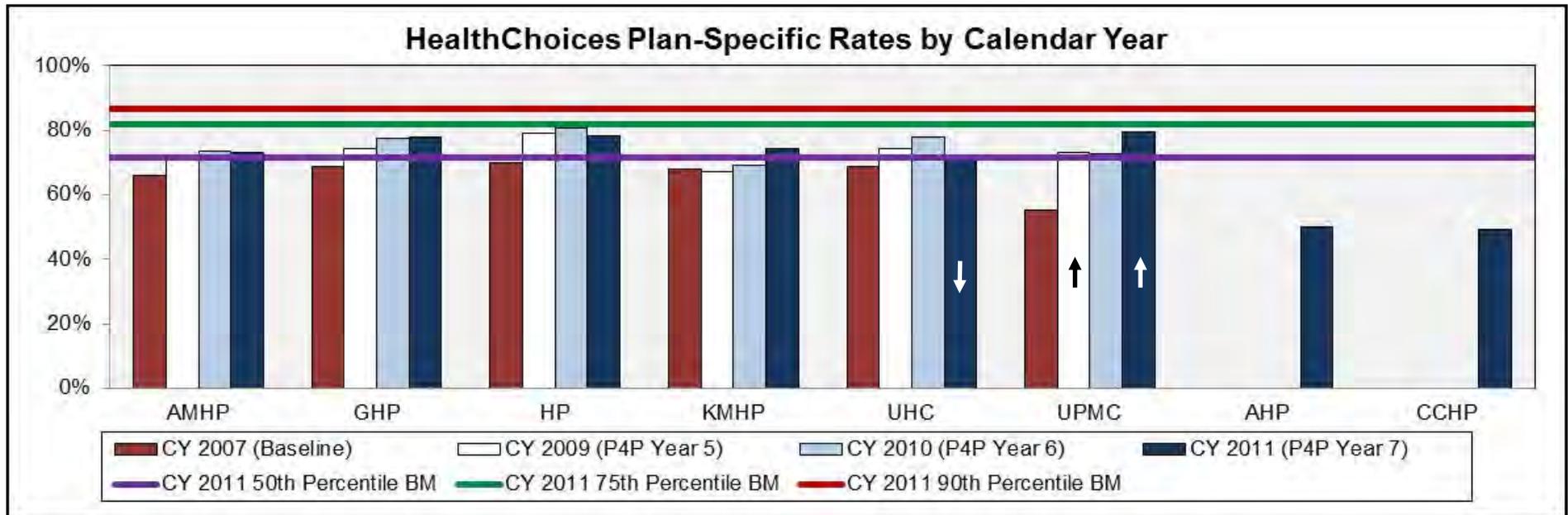
1. Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.

Lead Screening in Children

Measure Description:

The percentage of children 2 years of age who received one or more capillary or venous lead blood tests for lead poisoning in the measurement year.

Rate (CY)	2007 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	68.0%	73.4%	75.0%	75.5%
50 th Percentile BM		71.6%	72.2%	71.4%
75 th Percentile BM		81.0%	80.5%	81.9%
90 th Percentile BM		88.4%	87.6%	86.6%



1. Arrows indicate a statistically significant change from the previous year.
2. This measure became a P4P measure in CY 2008 during the fourth year of the P4P program, therefore, CY 2007 serves as the baseline for this measure. This measure will not be included in the CY 2012 P4P program
3. There were no benchmarks available for this measure until CY 2008.

Lead Screening in Children *(Continued)*

- The HealthChoices weighted average increased between CY 2010 and 2011, with 6 of 8 MCOs exhibiting rates above the 50th percentile benchmark
- Between CY 2010 and CY 2011, 3 MCOs exhibited increasing rates, although not statistically significant¹

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average stayed constant at 75 percent.**

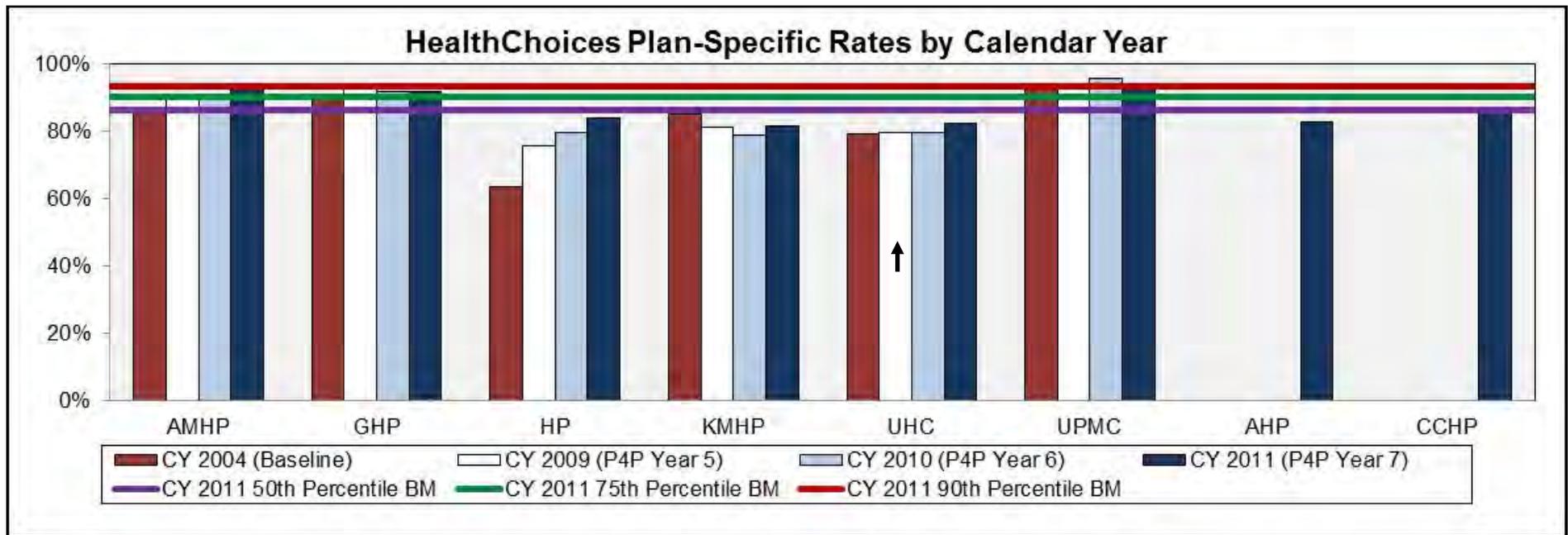
1. *Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.*

Prenatal Care in the First Trimester

Measure Description:

The percentage of women who received prenatal care during their first trimester of pregnancy.

Rate (CY)	2004 (Baseline)	2009 (P4P Year 5)	2010 (P4P Year 6)	2011 (P4P Year 7)
HC Wtd Avg	82.3%	84.5%	85.9%	86.7%
50 th Percentile BM	81.3%	85.9%	86.0%	86.1%
75 th Percentile BM	86.4%	90.0%	90.0%	90.4%
90 th Percentile BM	89.5%	92.7%	93.2%	93.3%



1. Arrows indicate a statistically significant change from the previous year.

Prenatal Care in the First Trimester *(Continued)*

- The HealthChoices weighted average is above the 50th percentile in CY 2011 – this is the first time since CY 2005
- The rate for 4 MCOs increased from CY 2010 to CY 2011
- In CY 2011, rates for 3 of 8 MCOs met or exceeded national benchmarks:
 - 2 MCOs exceeded the 75th percentile benchmark
 - 1 MCO exceeded the 90th percentile benchmark

- **In CY 2011, the HealthChoices weighted average exceeded the 50TH percentile national benchmark.**
- **Between CY 2010 and CY 2011, the HealthChoices weighted average increased from 86 percent to 87 percent.**

1. *Because Aetna and CoventryCares are new MCOs, there is no data to indicate any statistically significant change between CY 2010 and CY 2011.*

Section V

Impact of P4P Program Changes

Impact of P4P Program Offset Implementation

- To discourage poor performance, DPW implemented an offset component in the P4P program for measures with rates below the 50th percentile benchmark:
 - In the CY 2008 P4P program, DPW applied an offset equal to 5.0% of each measure's incentive amount
 - For the CY 2009, CY 2010 and CY 2011 P4P programs, DPW increased the offset to 25.0% of each measure's incentive amount
- The number of MCOs where at least 1 measure has a rate below the 50th percentile benchmark has increased since the implementation of the offset component:
 - For the first year of the offset, 4 MCOs had 1 or more measures receiving an offset
 - In the program's most recent year, 5 MCOs had 1 or more measures receiving an offset

Impact of P4P Program Offset Implementation *(Continued)*

- The offset amount (in total and for each MCO) has been **less than 1 percent** of MCO revenues in each year since implementation of the offset component
- The number of measures with rates below the 50th percentile benchmark since implementation of the offset component **increased** for 1 MCO and **remained the same** for 3 MCOs
- From CY 2010 to CY 2011, 4 MCOs **decreased** the number of measures with rates below the 50th percentile benchmark: AmeriHealth, Gateway, Keystone Mercy and United

Section VI

Program Data Summary and Analysis

Overall HealthChoices Program Performance

DPW conducted weighted average comparisons across all P4P measures:

- HealthChoices weighted averages between the baseline year and CY 2011
- HealthChoices weighted averages between CY 2010 and CY 2011
- HealthChoices weighted averages to national benchmarks

These weighted average comparisons show:

- Statistically significant improvements for 11 measures between the baseline year and CY 2011
- No statistically significant declines between the baseline year and CY 2011
- Statistically significant improvement for 1 measure between CY 2010 and CY 2011
- 10 of 11 HEDIS® measures meet or exceed the NCQA 50th percentile benchmark in CY 2011¹

- 1 DPW did not calculate statistically significant changes for Emergency Room Utilization because the measure is not reported on a percentage basis. Therefore, the total number of measures for each MCO is 11. Cervical Cancer Screening is the only measure that did not meet or exceed the NCQA 50th percentile benchmark.*
- 2 The count of measures exceeding the 50th percentile benchmark does not include the Emergency Room Utilization measure.*

Performance in the P4P Program Varies by MCO: Statistically Significant Changes

Statistically significant changes are one indicator of the P4P program's success in driving performance improvement.

CY 2011 MCO Performance	AHP	AMHP	CCHP	GHP	HP	KMHP	UHC ¹	UPMC
Statistically Significant Improvement between Baseline Year Rate and CY 2011 Rate		10		4	11	7	5	5
No Statistically Significant Change between Baseline Year Rate and CY 2011 Rate		1		5	0	3	4	5
Statistically Significant Decline between Baseline Year Rate and CY 2011 Rate		0		2	0	1	2	1
Total²	NA	11	NA	11	11	11	11	11

¹ For United Healthcare, the baseline year rates equal the weighted average of AmeriChoice's and Unison's rates for each measure.

² DPW did not calculate statistically significant changes for Emergency Room Utilization because the measure is not reported on a percentage basis. Therefore, the total number of measures for each MCO is 11.

Performance on the P4P Program Varies by MCO: Comparisons to HEDIS® Benchmarks

HEDIS® benchmarks allow DPW to compare HealthChoices MCO performance against MCOs nationwide.

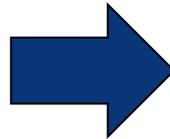
CY 2011 MCO Performance	AHP	AMHP	CCHP	GHP	HP	KMHP	UHC	UPMC
Exceeded 90 th Percentile Benchmark (HEDIS®)	0	1	0	1	0	0	0	2
Exceeded 75 th Percentile Benchmark (HEDIS®)	0	5	0	5	3	4	0	3
Exceeded 50 th Percentile Benchmark (HEDIS®)	0	5	3	4	4	6	4	4
Below 50 th Percentile Benchmark (HEDIS®)	11	0	8	1	4	1	7	2
Total¹	11							

¹ The counts of CY 2011 rates above the HEDIS® benchmarks do not include the Emergency Room Utilization measure. Therefore, the total number of measures for each MCO is 11.

P4P Program Objectives and Accomplishments

P4P Program Objectives

- Encourage MCOs to perform well objectively (compared to benchmarks and year-to-year)
- Promote the health of Pennsylvania's HealthChoices population
- Promote preventive care
- Improve access to primary care and provide a medical home for members
- Reward improved efficiencies in the HealthChoices program
- Engage Pennsylvania in the national movement towards value-based purchasing



Selected Program Accomplishments

- 10 of 11 P4P measures meet or exceed the NCQA 50th percentile benchmark in CY 2011
- Between baseline year and CY 2011, 4 out of 12 P4P measures improved to the next percentile as compared to national benchmarks
- Between the baseline and CY 2011, the rate for children ages 2 – 21 years old who received an annual dental visit increased by 12 percentage points
- Between the baseline and CY 2011, the rate for women receiving 81 percent or more of their expected prenatal visits increased by 14 percentage points
- In March 2013, DPW conducted a workshop on the CY 2011 P4P program to gain MCO input on improvements to be made to the program

Opportunities for Improvement: All MCOs

- Investigate underlying causes of poor performance and work with all MCOs to implement solutions, specifically for these measures:
 - *Cervical Cancer Screening*: The HealthChoices weighted average has consistently remained below the 50th percentile benchmark
 - *Emergency Room Utilization*: Between CY 2010 and CY 2011, all MCOs experienced increases in their rates. Additionally, the HealthChoices weighted average exceeds the 75th percentile national benchmark¹.
- Improve the percentage of members receiving Adolescent Well-Care Visits (only 58 percent of eligible members are currently receiving Adolescent Well-Care Visits)

¹ The CY 2011 P4P program only rewards MCOs for performance below the 50th percentile national benchmark in this measure.

Opportunities for Improvement: All MCOs *(Continued)*

- Increase the communication and collaboration between DPW and the MCOs to assist with improvement across all P4P measures
 - Investigate whether successful approaches implemented by a MCO to improve specific measures or areas can be applied to other MCOs
 - Monitor and communicate with new MCOs to ensure an understanding of the P4P program
- Increase MCO accountability for poor performance *(DPW initiated this effort through an offset component in the CY 2008 P4P program and increased the offset beginning with the CY 2009 P4P program)*

Analysis of Racial Disparities: General Observations

- HealthChoices Zones show disparities between African Americans and Whites in CY 2011 for selected measures. Generally, the following types of measures show the greatest disparities:
 - Prenatal Care
 - Cervical Cancer Screening
 - Emergency Room Utilization
 - Lead Screening in Children
 - Controlling High Blood Pressure

Analysis of Racial Disparities: Prenatal Care

- For prenatal care rates, all HealthChoices Zones show disparities between African Americans and Whites for CY 2011¹.

HealthChoices Zone	CY 2011 Rates					
	Prenatal Care in the First Trimester			Frequency of Ongoing Prenatal Care		
	African American	White	% Point Difference	African American	White	% Point Difference
Southeast	78.9%	84.2%	5.3	54.2%	71.3%	17.1
Southwest	89.5%	92.6%	3.1	72.4%	86.8%	14.4
Lehigh/Capital	87.6%	94.5%	6.9	78.4%	85.4%	7.0
All HealthChoices	81.5%	90.4%	8.9	59.2%	81.1%	21.9

¹ Prenatal care measures are: *Prenatal Care in the First Trimester* and *Frequency of Ongoing Prenatal Care*: $\geq 81\%$ of the Expected Number of Prenatal Care Visits.

Analysis of Racial Disparities: Other Measures

- For the *Cervical Cancer Screening* measure, CY 2011 rates for African Americans were 8 percentage points higher on average than rates for White members for the **Southwest Zone** and 5 percentage points higher for the **Southeast** and **Lehigh/Capital Zones**.
- In the **Southeast Zone**, rates for African American members were 27% higher for *Emergency Room Utilization* than rates for White members in CY 2011.
- For the *Lead Screening in Children* measure, CY 2011 rates for African American members were 13 percentage points higher on average than rates for White members for the **Southeast Zone** and 7 percentage points higher on average than rates for White members for the **Southwest** and **Lehigh/Capital Zones**.

Analysis of Racial Disparities: Other Measures (*Continued*)

- For *Controlling High Blood Pressure*, the HealthChoices weighted average rates for African American members were 15 percentage points lower on average than rates for White members:
 - Rates for African American members were 15 percentage points lower on average than rates for White members in the **Southwest Zone**
 - Rates for African American members were 14 percentage points lower on average than rates for White members in the **Southeast Zone**
 - Rates for African American members were 14 percentage points lower on average than rates for White members in the **Lehigh/Capital Zone**

Section VII

P4P Survey and Workshop

P4P Program Survey Description

- In June 2012, DPW administered a survey to all HealthChoices MCOs to seek their input on ways to improve the P4P program
- The survey consisted of five sections:
 - About Your Managed Care Organization
 - Overall Assessment of the Current MCO P4P Program
 - Selected Performance Measures
 - Incentives
 - Enhancements and Next Generation P4P Model
- In October 2012, DPW conducted survey follow-up calls with MCOs to seek clarification on MCO responses and ask additional questions in preparation for the MCO Workshop that took place in March 2013

P4P Program Survey Results

- DPW found that MCOs are willing to collaborate with DPW and with each other to achieve better results for the HealthChoices program as a whole

Collaboration and Knowledge Sharing

No	Question/Statement	Count of MCO Responses				
		Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1	Our MCO is interested in collaborating with DPW and the other MCOs on regional and statewide quality improvement projects.	0	0	0	7	1
2	Our MCO is interested in sharing best practices and “lessons learned” with DPW and the other HealthChoices MCOs	0	0	1	5	2

P4P Program MCO Workshop

- DPW conducted a workshop with MCOs in March 2013 to further develop the improvement ideas that MCOs presented in the survey

Topic Area	Description
Changing P4P performance measures	Changes to the measures included in the P4P program (e.g., additions, deletions, bundling measures, etc.)
Changing P4P payout methodology	Changes to the payout methodology (e.g., graduated payout scale, benchmark vs. improvement, weighting measures, etc.)
Adding a regional or statewide performance component to P4P methodology	Inclusion of a regional or statewide performance component to methodology (e.g., top performing MCO in a zone receives bonus payout; if HealthChoices weighted average for the zone reaches a performance target, all MCOs in the zone receive a bonus payout, etc.)
Developing a regional or statewide performance improvement collaborative	Performance improvement collaborative with all MCOs statewide (or within a zone) focused on selected P4P measures or category of measures (e.g., diabetes, prenatal care)

Section VIII

Future of the P4P Program

P4P Program: Looking Ahead

- DPW will remove the HEDIS® measure “Lead Screening in Children” from the CY 2012 MCO P4P program.
- DPW will add the PAPM measure “Reducing Potentially Preventable Readmissions” to the CY 2012 P4P program.
- DPW is currently researching and evaluating MCO recommendations to determine future improvements to the P4P program.