



**Commonwealth of Pennsylvania
Department of Public Welfare
Office of Mental Health and Substance
Abuse Services**

**Follow-Up After Hospitalization for Mental
Illness - External Quality Review,
Performance Measure Validation, and
Reporting
Measurement Years 2011 and 2012
FINAL REPORT**

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GLOSSARY OF TERMS

Average (i.e., arithmetic mean or mean)	The sum of all items divided by the number of items in the list. All items have an equal contribution to the calculation therefore this is un-weighted.
BHHC	Behavioral Health HealthChoices Contract. A county or primary contractor that contracts directly with a BH-MCO for the Behavioral Health HealthChoices benefit.
Confidence Interval	Confidence intervals (CIs) are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% CI indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would be within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the CI 95 times, or 95% of the time.
HealthChoices Aggregate Rate	The sum of all Behavioral Health (BH) Managed Care Organization (MCO) numerators divided by the sum of all BH-MCO denominators.
HealthChoices BH-MCO Average	The sum of the individual BH-MCO rates divided by the total number of BH-MCOs (five BH-MCOs). Each BH-MCO has an equal contribution to the HealthChoices BH-MCO Average value.
HealthChoices BHHC Average	The sum of the individual BHHC rates divided by the total number of BHHCs (37). Each BHHC has an equal contribution to the HealthChoices BHHC Average value.
Rate	A proportion indicated as a percentage of members who received services out of the total population of identified eligible members.
Percentage Point Difference	The arithmetic difference between two rates.
Weighted Average	Similar to an arithmetic mean (the most common type of average), where instead of each of the data points contributing equally to the final average, some data points contribute more than others.
Statistical Significance	A result that is unlikely to have occurred by chance. The use of the word significance in statistics is different from the standard one, which suggests that something is important or meaningful.
Z-ratio	The z-ratio expresses how far and in what direction the calculated rate diverged from the most probable result (i.e., the distribution's mean). Statistically significant differences (SSD) at the .05 level between groups are noted, as well as the percentage point difference (PPD) between the rates.

CHAPTER I : EXECUTIVE SUMMARY

Purpose and background

The final rule of the Balanced Budget Act (BBA) of 1997 requires that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs). IPRO (Island Professional Review Organization) serves as the independent EQRO for the Commonwealth of Pennsylvania, Department of Public Welfare (DPW). The HealthChoices Program is the DPW's mandatory managed care program for Medical Assistance recipients, and within the program, there is separate administration of physical health services, behavioral health services and long term living services. DPW's Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the behavioral health (BH) component of the HealthChoices Program

This EQR activity evaluated services provided to individuals with mental illnesses enrolled in the HealthChoices BH Program. The study focus is follow-up care after an acute inpatient hospitalization for mental illness. The review purpose is to evaluate the current level of performance against national benchmarks, to identify variances in performance for subsets of the population, and to provide recommendations regarding next steps. Evaluation of 2013 review year [measurement year (MY) 2012] data includes comparisons to both the 2012 review year (MY 2011) and 2011 review year (MY 2010). Comparisons to prior years' rates are also available in the report's appendices.

This study examines behavioral health services provided to members participating in the HealthChoices BH Program in all 67 Counties of the Commonwealth. Five BH-MCOs are subcontracted across the 67 Counties: Community Behavioral Health (CBH), Community Behavioral HealthCare Network of Pennsylvania (CBHNP), Community Care Behavioral Health (CCBH), Magellan Behavioral Health (MBH), and Value Behavioral Health of Pennsylvania (VBH).

Methodology

The study indicators were based on the Healthcare Effectiveness Data and Information Set (HEDIS[®]) 2013 Follow-up After Hospitalization for Mental Illness measure. Quality Indicator (QI) 1 assesses ambulatory or day/night follow-up after hospitalization within seven days of discharge. QI 2 assesses ambulatory or day/night follow-up within 30 days of discharge. In addition to the HEDIS indicators, two additional Pennsylvania (PA)-specific indicators were collected – QI A (a seven-day measure) and QI B (a 30-day measure). The 2013 PA-specific measure includes 19 additional service codes (including 5 CPT codes and 12 HCPCS codes) and an additional Place of Service (POS) code (to be used in conjunction with 2 CPT codes), to distinguish the PA-specific measure from the HEDIS measure. Refer to the appendix for more detailed information.

In May 2013, the Counties and BH-MCOs received draft indicator specifications for the MY 2012 performance measures. Before the indicators were finalized, feedback was solicited from County and BH-MCO staff. The feedback was considered and incorporated into the final specifications as applicable. The final indicator specifications were distributed on May 21, 2013.

IPRO received data files and source code directly from the BH-MCOs for validation. In addition to validation of the data, IPRO conducted quantitative and qualitative analyses to assess differences in rates for race, age, gender, and Counties, as well as year-to-year changes among the reported groups for the indicators where comparisons were available.

Findings

The study population for the MY 2012 study included 35,972 cases. This is a slight decrease from the MY 2011 study, which consisted of 36,036 cases, but the MY 2012 population maintained similar demographic characteristics as MY 2011. Rates for both the HEDIS and PA-specific indicators were based on the same study population.

HealthChoices Rates. The MY 2012 aggregate HealthChoices rate for QI 1 (i.e., HEDIS seven-day) was 47.2% (95% CI 46.7%, 47.7%). The MY 2012 aggregate rate for QI 2 (i.e., HEDIS 30-day) was 67.8% (95% CI 67.3%, 68.3%). Both HEDIS indicator rates fell between the 50th and 75th percentiles as compared to the *HEDIS 2013 Audit Means, Percentiles & Ratios*. The MY 2012 rates for QI A and QI B (PA-specific seven and 30-day) were 58.7% (95% CI 58.1%, 59.2%) and 75.0% (95% CI 74.6%, 75.4%), respectively. The QI 1, QI 2, and QI A rates were statistically significantly higher in MY 2012 than MY 2011.

Rates by Race. From MY 2011 to MY 2012, statistically significant increases were noted for QI 1 and QI 2 for the Black/African American population. Rate changes for the other racial categories across indicators were not statistically significant. In MY 2012, rates for Black/African Americans were statistically significantly lower than rates observed for White members on all four indicators. The percentage point differences between the rates for Black/African Americans as compared to Whites in MY 2012 were 4.1, 7.7, 3.0, and 5.5 for QIs 1, 2, A, and B, respectively.

Rates by Ethnicity. From MY 2011 to MY 2012, rates for the Non-Hispanic group statistically significantly increased for the QI 1 indicator. There were no statistically significant changes in any of the four indicators for the Hispanic group; however, the rates did decrease for all four indicators. For QI 1 and QI2, Hispanics had statistically significantly higher rates than non-Hispanics. For QI A and QI B there is no statistical difference between Hispanics and non-Hispanics.

Rates by Age. The MY 2012 QI 1 and QI A rates for the Ages 21-64 years group statistically significantly increased from MY 2011. Similar to the MY 2010 study, there was a statistically significant disparity in follow-up care for recipients under age 20 as compared to over age 20. The younger members had statistically significantly higher follow-up rates than older members for all four indicators. The percentage point differences in the rates for the younger population as compared to the older population were 13.2 for QI 1, 12.3 for QI 2, 10.4 for QI A, and 9.0 for QI B.

Rates by Gender. From MY 2011 to MY 2012, all four rates for females statistically significantly increased, while there was no statistically significant change for males in any of the four rates. The MY 2012 rates for males were statistically significantly lower than rates for females for all four rates. In MY 2012, the percentage point differences between the males and females were 3.4, 4.4, 1.4, and 3.2 for QIs 1, 2, A, and B, respectively.

Rates by BH-MCO. Comparing MY 2011 to MY 2012, CBH had statistically significant increases for both HEDIS indicators, while MBH had statistically significant decreases for both HEDIS indicators. Rate changes for the remaining three BH-MCOs were not statistically significant. The HEDIS BH-MCO Averages were 46.7% for QI 1 and 67.4% for QI 2.

When comparing BH-MCO rates to the MY 2012 HealthChoices BH-MCO Average for QI 1, the rate for CCBH was statistically significantly higher than the average, the rates for CBH and VBH were statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average.

For QI 2, rates for CBHNP, CCBH, and VBH were statistically significantly higher than the average, and the rates for CBH and MBH were statistically significantly lower than the average.

As compared to the *HEDIS 2013 Audit Means, Percentiles & Ratios*, the HealthChoices BH-MCO Average rates for QI 1 and QI 2 each fell between the respective 50th and 75th percentiles. The individual

performance rates of each BH-MCO as compared to the HEDIS 2013 percentiles varied. For QI 1, CBH's rate was between the 25th and 50th percentile, and the other four BH-MCOs rates were between the 50th and 75th percentile. For QI 2, CBH's and MBH's rates were between the 25th and 50th percentile, CBHNP, CCBH, and VBH rates were between the 50th and 75th percentile.

With regard to the PA-specific indicators, the QI A and QI B rates for CBH were statistically significantly higher in MY 2012 as compared to MY 2011. MBH's QI A and QI B rates were statistically significantly lower in MY 2012 as compared to MY 2011. Rate changes for the remaining BH-MCOs and indicators were not statistically significant.

In MY 2012, the HealthChoices BH-MCO Average for QI A and QI B were 58.2% and 74.8%, respectively. When comparing BH-MCO rates to the MY 2012 HealthChoices BH-MCO Average for QI A, the rate for CCBH was statistically significantly above the average, the rates for CBH and VBH were statistically significantly lower than the average, and the rates for CBHNP and MBH were not statistically significantly different from the average. For QI B, rates for CBHNP, and CCBH were statistically significantly above the average, the rates for CBH and MBH were statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average.

Rates by BHC. Individual BHC rates for MY 2012 and MY 2011 were compared for statistical significance. Both statistically significant increases and decreases were noted among the BHCs for the four indicator rates. Table 1A shows the BHCs where the rate statistically significantly changed from MY 2011 to MY 2012. Table 1B shows the BHCs where the MY 2012 rate was statistically different from the HealthChoices BHC average.

Table 1A: Summary of BHCs with Statistically Significant MY 2012 Rates Compared to MY 2011

Statistically Significant Difference in Year-to-Year Rates				
Indicator	Rate Statistically Significantly <i>Increased</i>		Rate Statistically Significantly <i>Decreased</i>	
	Between MY 2011 and MY 2012		Between MY 2011 and MY 2012	
QI 1 (HEDIS 7-day)	Philadelphia		Armstrong-Indiana Delaware	Westmoreland NCSO-4
QI 2 (HEDIS 30-day)	Cambria Philadelphia		Delaware Montgomery	NCSO-4
QI A (PA-specific 7-day)	Greene NCSO-1	Philadelphia	Armstrong-Indiana Delaware	
QI B (PA-specific 30-day)	Philadelphia			

Table 1B: Summary of BHCs with Statistically Significant MY 2012 Rates Compared to BHC Average

Statistically Significant Difference Compared to HealthChoices BHC Average				
Indicator	MY 2012 Rate Statistically Significantly <i>Above</i> HealthChoices BHC Average		MY 2012 Rate Statistically Significantly <i>Below</i> HealthChoices BHC Average	
	QI 1 (HEDIS 7-day) HealthChoices BHC Average (47.7%)	Beaver	NBHCC	Cambria
	Berks	NCSO-1	Dauphin	Philadelphia
	Chester	Northampton	Delaware	Westmoreland
	Franklin-Fulton	Lebanon	Erie	York
			Lancaster	
QI 2 (HEDIS 30-day) HealthChoices BHC Average (70.5%)	Armstrong-Indiana	NBHCC	Allegheny	Lycoming-Clinton
	Beaver	NCSO-1	Bucks	Philadelphia
	Berks	NCSO-2	Cambria	Montgomery
	Franklin-Fulton	NCSO-3	Delaware	Washington
	Lebanon		Lehigh	York
QI A (PA-specific 7-day) HealthChoices BHC Average (58.8%)	Allegheny	Greene	Cambria	NWBHP
	Berks	NBHCC	CMP	Philadelphia
	Blair	NCSO-1	Lancaster	Washington
	Dauphin	NCSO-2	Lycoming-Clinton	York
	Franklin-Fulton			
QI B (PA-specific 30- day) HealthChoices BHC Average (76.6%)	NBHCC	NCSO-2	Bucks	Washington
	Armstrong-Indiana	NCSO-1	York	Cambria
	Berks	Franklin-Fulton	Philadelphia	Lehigh
	Lebanon		Lycoming-Clinton	Delaware

Recommendations

Despite a number of years of data collection and interventions, FUH rates have not increased meaningfully, and FUH for the Medicaid Managed Care (MMC) population continues to be an area of concern for OMHSAS. As a result, many recommendations previously proposed remain pertinent. Additionally, OMHSAS continues to examine strategies that may facilitate improvement in this area. In consideration of preliminary work conducted, the recommendations may assist in future discussions.

Recommendation 1: The purpose of this re-measurement study is to inform OMHSAS, the BHCs and the BH-MCOs of the effectiveness of the interventions implemented during 2010, 2011 and 2012 to promote continuous quality improvement with regard to follow-up care after psychiatric hospitalization. The information contained within this study should be used to **further develop strategies for improving** the likelihood that **at-risk members** will receive follow-up care. The BHCs and BH-MCOs participating in this study should continue to **evaluate the current interventions in place** with respect to their follow-up rates to assess how these interventions affected change in follow-up rates from the prior measurement years MY 2011 and MY 2012. The BHCs and BH-MCOs should continue to **conduct additional root cause and barrier analyses** to identify further impediments in receiving follow-up care and then **implement action and monitoring plans** to further increase their rates.

Recommendation 2: The findings of this re-measurement indicate that disparities in rates between demographic populations continue to persist as seen in prior studies. It is clear that the OMHSAS contracted BHHCs and their subcontracted BH-MCOs are working to improve their overall follow-up rates, as based on the decrease in the absolute rate differences between the White and Black/African American groups, but it is important for these entities to **continue to target the demographic populations that do not perform as well as their counterparts**. BH-MCOs should also investigate root causes for populations where the rate disparities are constant or increasing, (i.e. males vs. females). It is essential to **ensure that improvements are consistent, sustained across measurement years, and applicable to all groups**. It is recommended that BH-MCOs and BHHCs continue to **focus interventions on populations that continue to exhibit lower follow-up rates** (e.g., Black/African American population). Possible reasons for these rate disparities include access, cultural differences and financial factors, which should all be considered and evaluated to determine their potential impact on performance. Additionally, the BH-MCOs should be encouraged to initiate targeted interventions to address disparate rates between study populations.

Recommendation 3: BH-MCOs and BHHCs are encouraged to **review the findings of the follow-up study in conjunction with inpatient psychiatric readmission rates**. **Focused review of those individuals** that had an inpatient psychiatric readmission in less than 30 days is recommended to determine the extent to which those individuals either had or did not have evidence of ambulatory follow-up/aftercare visit(s) during the interim period.

Recommendation 4: Additional analyses of each BH-MCO's data should be conducted in order to **determine** if any **other trends** are noted. For example, lower follow-up rates may be associated with individuals with particular diagnoses, or with co-occurring conditions such as substance abuse and/or addiction. **After evaluating the BH-MCO data** for trends, **subject-specific findings should be transmitted to BH-MCO and/or BHHC care managers for implementation of appropriate action**.

CHAPTER II: PURPOSE AND BACKGROUND

Purpose

This EQR evaluated a specific area of services provided through the HealthChoices BH Program to members with mental illness; that is, timely follow-up care after an acute inpatient hospitalization. This report is designed to provide information that will assist OMHSAS, the BHHCs and the BH-MCOs to: (1) evaluate current performance across the HealthChoices BH Program, (2) facilitate the increase in members' access to needed care, (3) foster improvement in the quality of care provided to Medicaid members, and (4) set future directions for BH-MCOs to provide timely care to MMC members.

Background

IPRO serves as the independent external quality review organization (EQRO) for DPW in accordance with the final rule of the Balanced Budget Act (BBA) of 1997. In this capacity, IPRO performs an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs) under the physical and behavioral health HealthChoices program.

This study examines behavioral health services provided to members participating in the HealthChoices BH Program in 67 Counties of the Commonwealth of Pennsylvania. For the purpose of this analysis, the 67 counties are grouped into 34 Behavioral Health HealthChoices Contracts (BHHCs). One BHHC Contract, the North Central State Option (NCSO) is divided into four regions: NCSO-1, NCSO-2, NCSO-3, and NCSO-4. The NCSO comprises 23 counties that OMHSAS contracts directly with the BH-MCO to provide services for members residing in those counties. Each BHHC contracts with a BH-MCO to provide the HealthChoices services, with the exception of Philadelphia, which operates as a single county providing services through CBH. Table 2 below lists the BHHCs and their contracted BH-MCOs.

Table 2: MY 2012 Participating BHHCs by BH-MCO

MCO	BHHC		
CBH	Philadelphia		
CBHNP	Bedford-Somerset	Dauphin	Lebanon
	Blair	Franklin-Fulton	Lycoming-Clinton
	Cumberland	Lancaster	Perry
CCBH	Adams	Chester	NCSO-2
	Allegheny	Erie	NCSO-3
	Berks	NBHCC	NCSO-4
	CMP	NCSO-1	York
MBH	Bucks	Lehigh	Northampton
	Delaware	Montgomery	NWBHP
VBH	Armstrong-Indiana	Erie	Washington
	Beaver	Fayette	Westmoreland
	Butler	Greene	
	Cambria	Lawrence	

For the past several years, OMHSAS has included Follow-up after Hospitalization for Mental Illness as a performance measure for validation. This measure continues to be of interest to OMHSAS for the purposes of comparing County and BH MCO rates to available national benchmarks and to prior years' rates.

MY 2002 was the first year follow-up rates were reported. QI 1 and QI 2 utilize the HEDIS methodology for this measure. The PA-specific indicators were added to include services with high utilization in the HealthChoices BH Program that could not be mapped to any of the standard coding used in the HEDIS measure to identify follow-up office visits. Each year the QI 1 and QI 2 specifications are aligned with the HEDIS Follow-up after Mental Health Hospitalization measure. The PA-specific codes that are not included in the HEDIS measure are also reviewed for accuracy on an annual basis.

The last major change to the PA-specific measures was in MY 2006. Codes added to the measures as per suggestions from OMHSAS, the Counties, and BH MCOs changed the measures substantially, and rates for these indicators were no longer comparable to those from preceding measurement years. Consequently, these indicators were renamed to QI A and QI B, respectively. As these indicators represented a significant deviation from HEDIS measure specifications, comparisons to HEDIS rates were not made. In addition, for MY 2006 the follow-up measure was collected for the newly implemented HealthChoices Northeast Counties, and these Counties were asked to collect data for the six-month time frame that they were in service for 2006.

For MY 2007, all PA local codes previously mapped to standard CPT and HCPCS codes as per HIPAA requirements were retired and removed. Additionally, the measure was initiated for the 23 North/Central State Option Counties implemented in January 2007. As with the Northeast Counties for MY 2006, the North/Central County Option Counties were asked to collect data for the six-month time frame that they were in service for 2007.

For MY 2008, two procedure codes to identify eligible follow-up visits were added to the PA-specific measures per suggestions from OMHSAS, the Counties, and the BH MCOs. Additionally, as requested by OMHSAS, the MY 2008 findings by age were presented as three cohorts: Ages 6-20 years, Ages 21-64 years, and Ages 65 years and over. The Ages 21-64 years cohort was reported as two age ranges (Ages 21-59 years and Ages 60-64 years) in prior measurements.

For MY 2009, indicators in the study had few changes. As requested by OMHSAS, all data analyses by region were removed, since the regional characteristics had become increasingly geographically diverse and the associated Counties are non-contiguous as the HealthChoices BH Program expanded beyond the initial legacy regions over the years of re-measurement.

For MY 2010, indicators had very few changes based on the HEDIS 2011 Volume 2: Technical Specifications. One revenue code was removed from the criteria to identify non-acute care exclusions.

For MY 2011, there was one minor change to the HEDIS specifications. An additional place of service code was added to the numerator specifications. There was no narrative report produced for MY 2011; however, aggregate and demographic rates were provided, and recommendations were submitted to OMHSAS.

For MY 2012, indicators again had minor changes based on the HEDIS 2013 Volume 2: Technical Specifications. A clarification was added to only use facility claims, not professional claims, to identify discharges. As requested by OMHSAS, the county analysis has been removed, and replaced by analysis by BHHC.

CHAPTER III : QUALITY INDICATOR SIGNIFICANCE¹

According to the *Global Burden of Disease: 2004 Update* released by the World Health Organization (WHO) in 2008, mental illnesses and mental disorders represent six of the 20 leading causes of disability worldwide. Among developed nations, depression is the leading cause of disability for people aged 0-59 years, followed by drug and alcohol use disorders and psychoses (e.g., bipolar disorder and schizophrenia)¹. Mental disorders also contribute to excess mortality from suicide, one of the leading preventable causes of death in the United States. Additionally, patients with schizophrenia or bipolar disorder have elevated rates of preventable medical co-morbidities^{2,3} such as obesity, cardiovascular diseases and diabetes, partly attributed to the epidemiology of the disorder, antipsychotic prescription patterns^{4,5}, reduced use of preventive services⁶ and substandard medical care that they receive^{7,8,9}. Moreover, these patients are five times more likely to become homeless than those without these disorders¹⁰. On the whole, serious mental illnesses account for more than 15 percent of overall disease burden in the U.S.¹¹, and they incur a growing estimate of \$317 billion in economic burden through direct (e.g. medication, clinic visits, or hospitalization) and indirect (e.g., reduced productivity and income) channels¹². For these reasons, timely and appropriate treatment for mental illnesses is essential.

It has long been recognized that continuity of care is critical to positive outcome and to prevent long-term deterioration in people with severe and persistent mental illness¹³. As noted in its 2007 *The State of Health Care Quality* report by the National Committee for Quality Assurance (NCQA), appropriate treatment and follow-up care can reduce the duration of disability from mental illnesses, and the likelihood of recurrence¹⁴. An outpatient visit within at least 30 days (ideally seven days) of discharge ensures that the patient's transition to home and/or work is supported and that gains made during hospitalization are maintained. These types of contacts specifically allow physicians to ensure medication effectiveness and compliance, and identify complications early on to avoid more inappropriate and costly use of hospitals and emergency departments¹⁵. With the expansion of evidence-based practice in the recent decade, continuity has become a core principle in care delivery and in performance measurement for mental health services¹⁶. And one way to improve continuity of care is to provide greater readiness of aftercare by shortening the time between discharge from the hospital and the first day of outpatient contact¹⁷.

The difficulty in engaging psychiatric patients after inpatient hospitalization, however, has been a long standing concern of behavioral health care systems with some researchers having estimated that 40 to 60 percent of patients fail to connect with an outpatient clinician¹⁸. Research has suggested that patients who do not have an outpatient appointment after discharge were two times more likely to be re-hospitalized in the same year than patients who kept at least one outpatient appointment¹⁹. Over the course of a year, patients who have kept appointments have been shown to have a decreased chance of being re-hospitalized than those who do not follow-up with outpatient care²⁰. Patients who received follow-up care were also found to have experienced better quality of life at endpoint, better community function, lower severity of symptoms, and greater service satisfaction²¹. Patients with higher functioning in turn had significantly lower community costs, and improved provider continuity was associated with lower hospital²² and Medicaid costs²³.

There are various measures of treatment efficacy, such as service satisfaction, functional status and health outcomes. Among them, re-hospitalization rates continue to be used as a reliable indicator of the effectiveness of inpatient treatment²⁴. Inpatient readmission is clearly a step backward in treatment and a costly alternative to effective and efficient ambulatory care. Timely follow-up care, therefore, is an important component of comprehensive care, and is an effective means to control the cost and maximize the quality of mental health services.

IPRO and OMHSAS jointly selected four key indicators to measure this critical component of comprehensive care, with an objective to assess and improve the quality and timeliness of care furnished to people receiving mental health services under the behavioral health HealthChoices program. This

¹ Cited references can be found on page A57 of this report.

measure is based on NCQA's HEDIS methodology. Quality indicators (QIs) 1 and 2 are calculated by MCOs nationally. Each indicator measures the percentage of discharges for members six years and older who were hospitalized for treatment of selected mental health disorders and seen on an ambulatory basis or were in day/night treatment with a mental health provider:

I: HEDIS Indicators

Quality Indicator 1 (QI 1):

Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Calculation based on Industry Standard codes used in HEDIS)

Quality Indicator 2 (QI 2):

Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on Industry Standard codes used in HEDIS)

II: PA Indicators

Quality Indicator A (QI A):

Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Calculation based on QI 1 codes and additional PA-specific codes not used in HEDIS).

Quality Indicator B (QI B):

Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on QI 1 codes and additional PA-specific codes not used in HEDIS).

As noted, this measure and the issue of follow-up have been and remain of interest to OMHSAS, and results are reviewed for potential trends each year. While factors such as those outlined in this section may persist and continue to impact follow-up rates, OMHSAS is exploring new and related areas of research as well as the factors that may impact optimal follow-up. OMHSAS will continue to discuss the development of new or enhanced initiatives with the goal of continual improvement of care.

CHAPTER IV : METHODOLOGY

Introduction

A cross-sectional quality improvement study design was employed. As indicated previously, the source for all information was administrative data provided to IPRO by the BH-MCOs for each County participating in the current study. The source for all administrative data was the BH-MCOs' transactional claims systems. Each BH-MCO was required to submit their member level data files for validation purposes and verification of reported rates. Table 3 provides additional details on each of the four QIs. Complete indicator specifications can be found in the Appendix.

Table 3: Quality Indicator Summary

Eligible Population	<p>Inclusion: Members six years and older with one (or more) hospital discharge from any acute care facility with a discharge date occurring between January 1 and December 1, 2012, and a principal ICD-9-CM diagnosis code indicating one of the select mental health disorders (see Appendix).</p> <p>Exclusion: Members with discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays); members discharged from an acute hospitalization followed by a readmission within 30 days, or a direct transfer to a non-acute mental health facility.</p>
HEDIS Quality Indicators	
Quality Indicator	Criteria
<p>QI 1: HEDIS Follow-up After Hospitalization for Mental Illness within seven days after discharge (Calculation based on Industry Standard codes used in HEDIS)</p>	<p>Denominator: Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p>Numerator: An ambulatory visit with a mental health practitioner on the date of discharge or up to seven days after hospital discharge with one of the qualifying industry standard ambulatory service codes (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>
<p>QI 2: HEDIS Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on Industry Standard codes used in HEDIS)</p>	<p>Denominator: Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p>Numerator: An ambulatory visit with a mental health practitioner on the date of discharge or up to 30 days after hospital discharge with one of the qualifying industry standard ambulatory service codes (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>
PA-Specific Quality Indicators	
Quality Indicator	Criteria
<p>QI A: PA-Specific Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Expanded calculation based on QI 1 codes and additional PA-specific codes <u>not</u> used in HEDIS)</p>	<p>Denominator: Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p>Numerator: An ambulatory visit with a mental health practitioner or peer support network on the date of discharge or up to seven days after hospital discharge</p>

	with one of the qualifying industry standard <u>or</u> PA-specific ambulatory service codes provided (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.
<p>QI B: PA-Specific Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (<i>Expanded calculation based on QI 1 codes and additional PA-specific codes <u>not</u> used in HEDIS</i>)</p>	<p><u>Denominator:</u> Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p><u>Numerator:</u> An ambulatory visit with a mental health practitioner or peer support network on the date of discharge or up to 30 days after hospital discharge with one of the qualifying industry standard <u>or</u> PA-specific ambulatory service codes provided (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>

Performance Goals

Since the initial implementation of this measure, performance goals had been set at the OMHSAS designated gold standard of 90% for all indicators. In addition, the HEDIS measures have been compared to industry benchmarks, where the aggregate and BH-MCO indicator rates are compared to the HEDIS 2013 Audit Means, Percentiles & Ratios. These benchmarks contain means, 10th, 25th, 50th (median), 75th and 90th percentiles, and the enrollment ratios for nearly all HEDIS measures. There are tables published by product line (i.e., Commercial, Medicaid, and Medicare). The appropriate Medicaid benchmarks available for the measurement year were used for comparison in the findings section of this report. The PA-specific measures are not comparable to these industry benchmarks. At the conclusion of the validation process for MY 2011, OMHSAS began re-examination of the benchmarks. This discussion was based on several years of performance data from this measure as well as the comparisons to the HEDIS benchmarks. As a result of this discussion, OMHSAS adopted HEDIS benchmarks as the goals for the HEDIS indicators. The 3-year OMHSAS goal is to achieve the 75th percentile for ages 6-64, based on the annual HEDIS published benchmarks for 7-day and 30-day FUH. Following MY 2012, performance goals will be established for each county or primary BHC based on the HEDIS published benchmarks for the previous year.

Eligible Population

The entire eligible population was used for in this study.

Eligible cases were defined as those members in the HealthChoices BH Program who met the following criteria:

- Members who have had one (or more) hospital discharges from any acute care facility with a discharge date occurring between January 1 and December 1, 2012,
- A principal ICD-9-CM diagnosis code indicating one of the specified mental health disorders;
- Six years old and over as of the date of discharge; and
- Continuously enrolled from the date of hospital discharge through 30 days after discharge, with no gaps in enrollment.

Members with multiple discharges on or before December 1, 2012, greater than 30 days apart, with a principal diagnosis indicating one of the mental health disorders specified, are counted more than once in the eligible population. If a readmission or direct transfer followed a discharge for one of the selected mental health disorders to an acute mental health facility within 30 days after discharge, only the

subsequent discharge is counted in the denominator, as long as the subsequent discharge is on or before December 1st, 2012. The methodology for identification of the eligible population for these indicators was consistent with the HEDIS 2013 methodology for the Follow-up After Hospitalization for Mental Illness measure.

Each of the five BH-MCOs provided IPRO with the source code used to generate their own and each of their respective County's eligible populations and numerator hits for each QI. IPRO's programming and analytical staff reviewed the source code and data, offering technical assistance to BH-MCO staff on programming issues, as necessary. This source code review entailed continued communication between IPRO and the BH-MCOs in order to clarify misinterpretations of the technical specifications or other errors in execution. In combination with the source code review, IPRO validated accompanying member level data files by running several checks on each file. The BH-MCOs were given the opportunity to re-submit data as time permitted. The validation process is discussed in detail in the following section. For the final analysis, 37,093 records met denominator criteria and were included in the final calculation of rates. The BH-MCOs were asked to provide the data sources from which the files were extracted and sign off on final rates for each indicator.

Validation Process

In May 2013, the Counties and BH-MCOs received a draft of the modifications and updates for the 2012 re-measurement. As done with prior studies, the MY 2012 indicator specifications were separated into two documents:

- (1) the HEDIS Indicators 1 and 2, and
- (2) the PA-Specific Indicators A and B.

Each indicator specification included the following: a summary of changes made to the specifications from the last measurement (as applicable), a general description of the indicator, a description of the eligible population, denominator and numerator requirements, a description of the required documentation for the source code review and a file layout of the required data format. The PA-specific documents also included a list of the additional procedure codes that distinguish the measure from the HEDIS measure, along with their corresponding service descriptions. Before the indicators were finalized, feedback was solicited from both County and BH-MCO Staff. Given that no changes were made to the draft specifications, a Question and Answer document was not developed. All BH-MCO-specific inquiries were responded to and addressed directly with the BH-MCO. The final indicator specifications and notice of key dates for the project were distributed to the Counties and BH-MCOs on May 21, 2013. The final indicator specifications and flow charts that were provided to the Counties and BH-MCOs are presented in the Appendix.

Once the validation process began, IPRO provided technical assistance and other support as necessary. Close contact was maintained with the Counties and BH-MCOs during the portion of the project when the BH-MCOs were required to programmatically identify their eligible populations and determine the study denominator and numerators. To facilitate this validation process, IPRO was in contact with the person identified at each respective BH-MCO as the one most familiar with the source code and programming logic used to produce the measures. As the source code review was conducted, IPRO provided feedback via a detailed validation tool. Along with comments, each BH-MCO was provided with those cases for which these issues were found. The BH-MCOs were given the opportunity to revise and resubmit both source code and data until validation was finalized. Final review results were provided to each of the BH-MCOs along with a final e-mail indicating when the submissions were approved. Final rate sheets were sent to and signed off on by each of the BH-MCOs to indicate agreement with the calculated rates. The rates and member level data from the BH-MCOs' final validated submission were used by IPRO in the analysis and reporting phase of the measures.

In July 2013, after the BH-MCOs submitted their results, IPRO and OMHSAS conducted an encounter data validation of each BH-MCO. Part of this validation was a complete review of how each MCO produced and validated their performance measures. Based on these reviews, minor inconsistencies

were found in how each BH-MCO produces their PM results. It was found that not all BH-MCOs include denied claims in their submission, and there are differences in how BH-MCOs identify transfers. Based on the results of these validations, the specifications will be clarified, and modifications will be made to the data validation process. These changes are anticipated for MY2013. This will result in more accurate data for future submissions.

Data Analysis

The quality indicators were defined as rates, based on a numerator and a denominator. The denominator equaled the number of discharges eligible for the quality indicator, while the numerator was the total number of members for which the particular event occurred. The overall, or aggregate, performance rate for each indicator was the total numerator divided by the total denominator, which represented the rate derived from the total population of discharges that qualified for the indicator. Year-to-year comparisons to MY 2011 data were provided where applicable, and findings were analyzed by topics based on OMHSAS interest (e.g., race, ethnicity, age, and gender). As appropriate, disparate rates were calculated for various categories in the current study. The significance of the difference between two independent proportions was determined by calculating the z-ratio. Statistically significant differences (SSD) at the .05 level between groups are noted, as well as the percentage point difference (PPD) between the rates.

In addition to the presentation of the aggregate data by topic, the results are also presented at the BH-MCO and County level. The BH-MCO-specific rates were calculated using the numerator and denominator for that particular BH-MCO (i.e., across Counties with the same contracted BH-MCO). The County-specific rates were calculated using the numerator and denominator for that particular County. For each of these rates, the 95% CI was reported. Both the HealthChoices BH-MCO Average and HealthChoices BHHC Average rates were also calculated for the indicators.

BH-MCO-specific rates were compared to the HealthChoices BH-MCO Average to determine if they were statistically significantly above or below that value. Whether or not a BH-MCO performed statistically significantly below or above the average was determined by whether or not that BH-MCO's 95% CI included the HealthChoices BH-MCO Average for the indicator. Statistically significant BH-MCO differences are noted.

BHHC-specific rates were compared to the HealthChoices BHHC Average to determine if they were statistically significantly above or below that value. Whether or not a BHHC performed statistically significantly below or above the average was determined by whether or not that BHHC 95% CI included the HealthChoices BHHC Average for the indicator. Statistically significant county-specific differences are noted.

Performance Goals

Since the initial implementation of this measure, performance goals had been set at the OMHSAS designated gold standard of 90% for all indicators. In addition, the HEDIS measures have been compared to industry benchmarks, where the aggregate and BH-MCO indicator rates are compared to the HEDIS 2013 Audit Means, Percentiles & Ratios. These benchmarks contain means, 10th, 25th, 50th (median), 75th and 90th percentiles, and the enrollment ratios for nearly all HEDIS measures. There are tables published by product line (i.e., Commercial, Medicaid, and Medicare). The appropriate Medicaid benchmarks available for the measurement year were used for comparison in the findings section of this report. As noted previously, the PA-specific measures are not comparable to these industry benchmarks. At the conclusion of the validation process for MY 2011, OMHSAS began re-examination of the benchmarks. This discussion was based on several years of performance data from this measure as well as the comparisons to the HEDIS benchmarks. As a result of this discussion, OMHSAS adopted HEDIS benchmarks as the goals for the HEDIS indicators. The 3-year OMHSAS goal is to achieve the 75th percentile for ages 6-64, based on the annual HEDIS published benchmarks for 7-day and 30-day FUH. Following MY 2012, performance goals will be established for each county or primary BHHC based on the HEDIS published benchmarks for the previous year.

CHAPTER V : FINDINGS

The denominator did not vary for any of the four individual QIs. Numerator compliance for each indicator varied with regard to:

- (1) the specified time period (seven-day or 30-day criteria),
- (2) those codes that met the qualifications for ambulatory services with a mental health practitioner under the HEDIS specifications for QIs 1 and 2, and
- (3) those codes that met the qualifications for ambulatory visits with a mental health practitioner or peer support network under the PA-specific requirements for QIs A and B.

The respective numerator criteria are detailed in Chapter 4, Table 3. The eligible population for this measure was based on discharges, not members. As stated previously, it was possible for this measure to contain multiple discharge records for the same member.

The MY 2012 results for these indicators are presented in this chapter. MY 2010 and MY 2011 data are also displayed, although year-to-year comparisons are made primarily between MY 2012 and MY 2011.

I. Overall Population

Demographics

The demographic characteristics of the 35,972 discharges in the eligible population included in the 2013 (MY 2012) study are presented in Table 4. Data for both the HEDIS and PA-specific indicators are extracted from the same study population. The population decreased by 66 discharges for MY 2012 from the MY 2011 study, but the population maintained similar demographic characteristics as previous studies. The population had a higher proportion of females (51.8%) than males (48.2%). The majority of members (71.4%) fell between 21 and 64 years of age at the time of their hospital discharge. Most (66.9%) of the eligible population was White, with Black/African Americans being the next largest racial group at 24.5%. Approximately 90% of the study population was designated as Non-Hispanic ethnicity.

Table 4: Study Population Characteristics – Distribution by Age, Gender & Race

AGE CATEGORY	FREQUENCY	PERCENT
Ages 6 – 20 Years	9,700	27.0%
Ages 21 – 64 Years	25,681	71.4%
Ages 65 Years and Over	591	1.6%
GENDER	FREQUENCY	PERCENT
Female	18,619	51.8%
Male	17,353	48.2%
RACE	FREQUENCY	PERCENT
Black/African American	8,822	24.5%
American Indian/Alaskan Native	64	0.2%
Asian	238	0.7%
White	24,079	66.9%
Other/Chose not to Respond	2,769	7.7%
Hawaiian/Pacific Islander	0	0.0%
ETHNICITY	FREQUENCY	PERCENT
Non-Hispanic	32,137	89.3%
Hispanic	1,912	5.3%
Missing or Not Available	1,923	5.3%

The distribution of eligible study members across the participating Counties is presented in Table 5A. The largest percentages of discharges were for members from Philadelphia and Allegheny Counties, which accounted for 20.5% and 9.8% of the study population, respectively. The smallest percentage of discharges was for members from Sullivan County, which accounted for 0.0% of the total population. Among the five BH-MCOs, by enrollment, CCBH served the largest population of members in the eligible population, with 37.1% of the overall population, and CBHNP the smallest, with 11.3%.

Table 5A: Study Population Characteristics – Distribution by County and BH-MCO

BH-MCO	FREQUENCY	PERCENT	COUNTY	FREQUENCY	PERCENT
CBH	7,392	20.5%	Philadelphia	7,392	20.5%
CBHNP	4,081	11.3%	Bedford	90	0.3%
			Blair	473	1.3%
			Clinton	111	0.3%
			Cumberland	297	0.8%
			Dauphin	842	2.3%
			Franklin	267	0.7%
			Fulton	19	0.1%
			Lancaster	1,063	3.0%
			Lebanon	337	0.9%
			Lycoming	332	0.9%
			Perry	70	0.2%
CCBH	13,351	37.1%	Somerset	180	0.5%
			Adams	96	0.3%
			Allegheny	3,525	9.8%
			Berks	1,081	3.0%
			Bradford	181	0.5%
			Cameron	24	0.1%
			Carbon	236	0.7%
			Centre	250	0.7%
			Chester	686	1.9%
			Clarion	140	0.4%
			Clearfield	374	1.0%
			Columbia	182	0.5%
			Elk	108	0.3%
			Erie	1,079	3.0%
			Forest	20	0.1%
			Huntingdon	126	0.4%
Jefferson	238	0.7%			
Juniata	44	0.1%			
Lackawanna	693	1.9%			

BH-MCO	FREQUENCY	PERCENT	COUNTY	FREQUENCY	PERCENT
			Luzerne	1,066	3.0%
			McKean	132	0.4%
			Mifflin	232	0.6%
			Monroe	288	0.8%
			Montour	54	0.2%
			Northumberland	267	0.7%
			Pike	66	0.2%
			Potter	44	0.1%
			Schuylkill	574	1.6%
			Snyder	65	0.2%
			Sullivan	18	0.1%
			Susquehanna	53	0.1%
			Tioga	97	0.3%
			Union	70	0.2%
			Warren	171	0.5%
			Wayne	106	0.3%
Wyoming	55	0.2%			
York	910	2.5%			
MBH	5,573	15.5%	Bucks	871	2.4%
			Delaware	1,151	3.2%
			Lehigh	1,380	3.8%
			Montgomery	1,360	3.8%
			Northampton	811	2.3%
VBH	5,575	15.5%	Armstrong	256	0.7%
			Beaver	509	1.4%
			Butler	432	1.2%
			Cambria	593	1.6%
			Crawford	345	1.0%
			Fayette	526	1.5%
			Greene	151	0.4%
			Indiana	229	0.6%
			Lawrence	306	0.9%
			Mercer	428	1.2%
			Venango	210	0.6%
			Washington	616	1.7%
Westmoreland	974	2.7%			

Table 5B below shows the frequency and percentage of discharges by BHHC. Philadelphia County had the highest percentage of discharges (20.5%), and Perry County had the lowest (0.2%).

Table 5B: Study Population Characteristics – Distribution by BHHC and BH-MCO

BH-MCO	FREQUENCY	PERCENT	COUNTY	FREQUENCY	PERCENT
CBH	7392	20.5%	Philadelphia	7392	20.5%
CBHNP	4081	11.3%	Bedford-Somerset	270	0.8%
			Blair	473	1.3%
			Cumberland	297	0.8%
			Dauphin	842	2.3%
			Franklin-Fulton	286	0.8%
			Lancaster	1063	3.0%
			Lebanon	337	0.9%
			Lycoming-Clinton	443	1.2%
			Perry	70	0.2%
CCBH	13351	37.1%	Adams	96	0.3%
			Allegheny	3525	9.8%
			Berks	1081	3.0%
			Chester	686	1.9%
			CMP	590	1.6%
			Erie	1079	3.0%
			NBHCC	1867	5.2%
			NCSO-1	652	1.8%
			NCSO-2	1251	3.5%
			NCSO-3	1212	3.4%
			NCSO-4	402	1.1%
			York	910	2.5%
MAGELLAN	5573	15.5%	Bucks	871	2.4%
			Delaware	1151	3.2%
			Lehigh	1380	3.8%
			Montgomery	1360	3.8%
			Northampton	811	2.3%
VBH-PA	5575	15.5%	Armstrong-Indiana	485	1.3%
			Beaver	509	1.4%
			Butler	432	1.2%
			Cambria	593	1.6%
			Fayette	526	1.5%
			Greene	151	0.4%
			Lawrence	306	0.9%
			NWBHP	983	2.7%
			Washington	616	1.7%
			Westmoreland	974	2.7%

II. Overall Quality Indicator Rates

For each denominator event (discharge), the follow-up visit must occur on or after the applicable discharge date to count towards the numerator. The seven-day follow-up measures (QIs 1 and A) account for an aftercare visit occurring up to seven days after the hospital discharge, with the date of discharge counting as day zero. The 30-day follow-up measures (QIs 2 and B) are based on the same criteria up to 30-days. The procedure codes that meet the qualifications for inclusion in each of the measures are included in the indicator specifications provided in the Appendix.

From MY 2011 to MY 2012, aggregate follow-up rates for the HealthChoices population statistically significantly increased for both QI 1 and QI 2. A total of 16,978 of the 35,972 discharges in this study met the criteria for QI 1, a rate of 47.2% (95% CI 46.7%, 47.7%). For the 30-day HEDIS measure, QI 2, 24,388 discharges were compliant, a rate of 67.8% (95% CI 67.3%, 68.3%). The overall rates for QIs 1 and 2 for the three most recent measurement years, MY 2010, MY 2011, and MY 2012 are presented in Figure 1. Quantitative and statistical differences between the MY 2012 indicator rates and those from prior years' studies are presented in Table 6A. The table also identifies the percentage point different (PPD) and whether the changes in rates represent statistically significant differences (SSD).

Figure 1: HEDIS Year-to-Year Aggregate Follow-up Rates

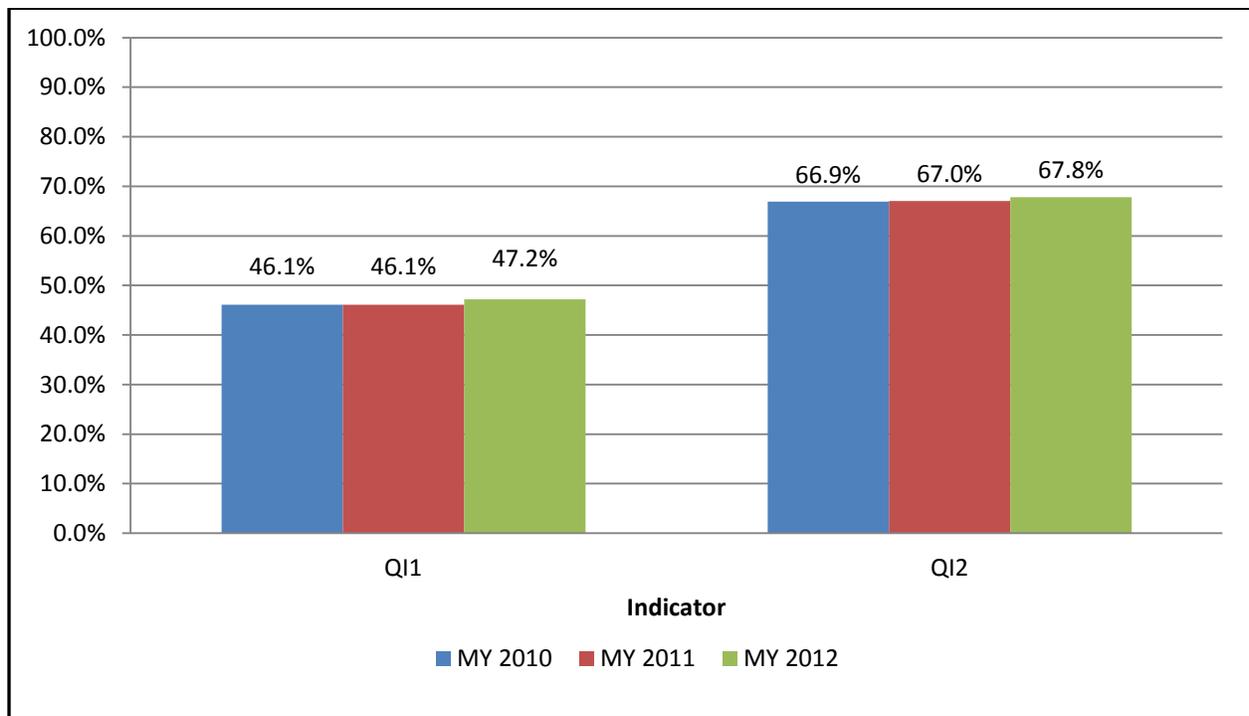


Table 6A: HEDIS MY 2012 Aggregate Rates and Year-to-Year Comparisons

QI	MY 2010	Comparison		MY 2011	Comparison		MY 2012
	%	PPD	SSD	%	PPD	SSD	%
QI 1	46.1%	1.1	YES	46.1%	1.1	YES	47.2%
QI 2	66.9%	0.9	YES	67.0%	0.8	YES	67.8%

For the PA-specific measures, the QI A aggregate rate had a statistically significant increase, but QI B did not. In MY 2012, 21,096 of the 35,972 discharges were compliant for QI A, a rate of 58.7% (95% CI 58.1%, 59.2%). For QI B, 27,978 discharges met the criteria for the measure. This indicates a QI B rate of 75.0% (95% CI 74.6%, 75.4%). The overall rates for QIs A and B are presented in Figure 2, and the quantitative and statistical differences between the MY 2012 indicator rates and those from prior years' studies are presented in Table 6B.

Figure 2: PA-Specific Year-to-Year Aggregate Follow-up Rates

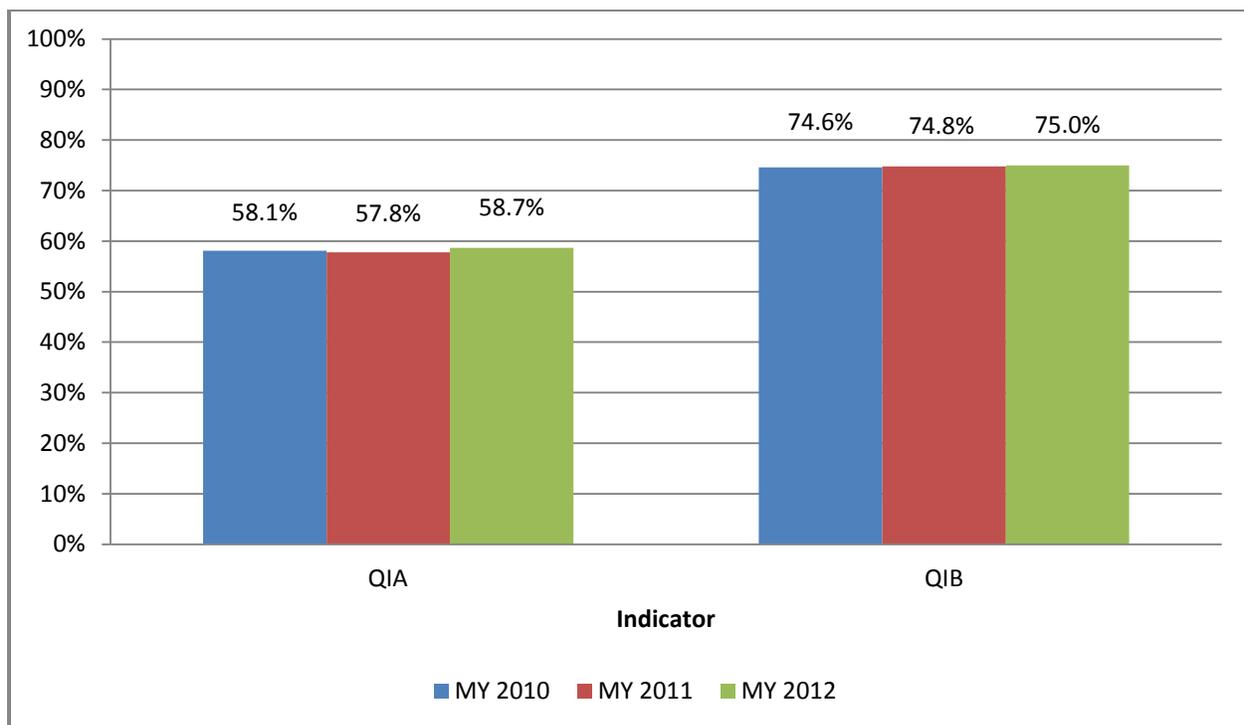


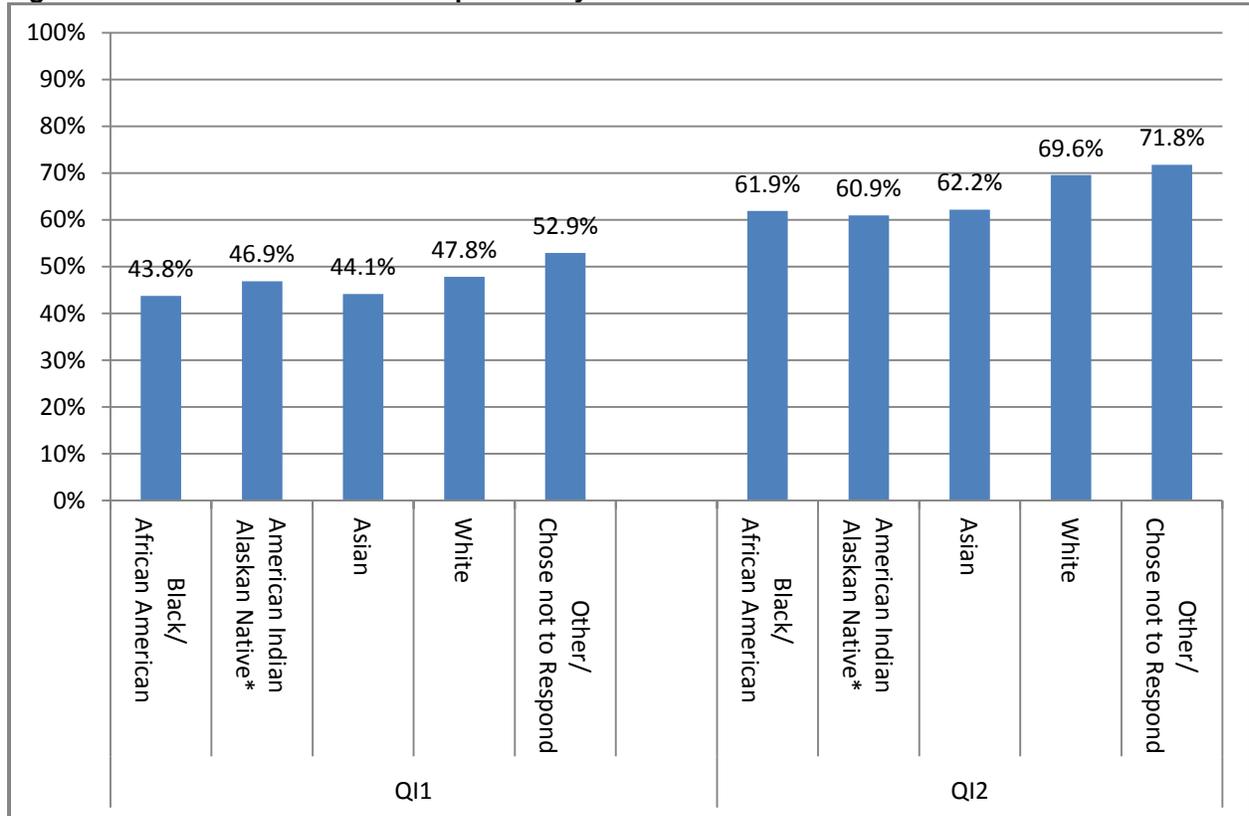
Table 6B: PA-Specific MY 2012 Aggregate Rates and Year-to-Year Comparisons

QI	MY 2010	Comparison		MY 2011	Comparison		MY 2012
	%	PPD	SSD	%	PPD	SSD	%
QI A	58.1%	0.55	NO	57.8%	0.85	YES	58.7%
QI B	74.6%	0.40	NO	74.8%	0.25	NO	75.0%

III. Follow-up Rates by Race Category

Follow-up rates were assessed for the study population to determine if differential rates were observed by race. The race categories included the following: Black/African American, American Indian/Alaskan Native, Asian, White, and Other/Recipient Chose Not to Respond. In the MY 2012 data, there were no members of Hawaiian/Pacific Islander origin.

Figure 3A: MY 2012 HEDIS Follow-up Rates by Race



*There were fewer than 100 discharges in this population

Table 7A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by Race

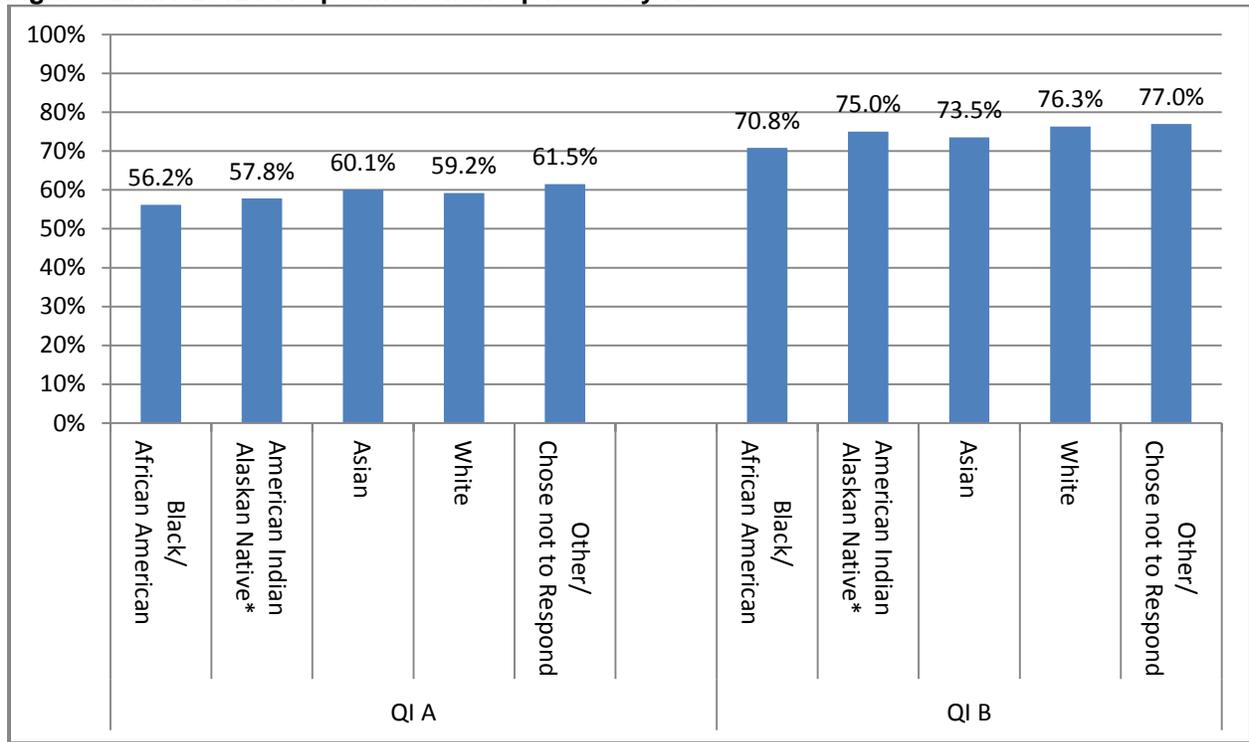
RACE CATEGORY	QI	MY 2010	MY 2011			MY 2012			Comparison MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
Black/African American	QI 1	39.7%	3,639	8,900	40.9%	3,860	8,822	43.8%	2.9	YES
	QI 2	58.0%	5,239	8,900	58.9%	5,462	8,822	61.9%	3.1	YES
American Indian/Alaskan Native	QI 1	38.2%	28	70	40.0%	30	64	46.9%	6.9	NO
	QI 2	58.8%	43	70	61.4%	39	64	60.9%	-0.5	NO
Asian	QI 1	42.3%	117	240	48.8%	105	238	44.1%	-4.6	NO
	QI 2	66.9%	162	240	67.5%	148	238	62.2%	-5.3	NO
White	QI 1	48.0%	11,110	23,528	47.2%	11,517	24,079	47.8%	0.61	NO
	QI 2	69.9%	16,368	23,528	69.6%	16,752	24,079	69.6%	0.0	NO
Other/Chose Not to Respond	QI 1	52.2%	1,727	3,300	52.3%	1,466	2,769	52.9%	0.6	NO
	QI 2	71.0%	2,347	3,300	71.1%	1,987	2,769	71.8%	0.6	NO
Hawaiian/Pacific Islander	QI 1	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A
	QI 2	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A

Note: Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable. Rates produced from small denominators are subject to greater variability, or greater margin of error.

Table 7A presents the HEDIS follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2010, MY 2011, and MY 2012.

For the HEDIS measures, the rates for both QIs 1 and 2 increased statistically significantly for the Black/African American population by 2.9 and 3.1 percentage points, respectively. The rate changes for the other racial populations across HEDIS indicators were not statistically significant between the two most recent measurement years.

Figure 3B: MY 2012 PA-Specific Follow-up Rates by Race



*There were fewer than 100 discharges in this population

Table 7B: PA-Specific MY 2012 Rates and Year-to-Year Comparisons by Race

RACE CATEGORY	QI	MY 2010	MY 2011			MY 2012			Comparison MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
Black/African American	QI A	52.4%	4,760	8,900	53.5%	4,958	8,822	56.2%	2.7	YES
	QI B	67.8%	6,123	8,900	68.8%	6,245	8,822	70.8%	2.0	YES
American Indian/Alaskan Native	QI A	52.9%	34	70	48.6%	37	64	57.8%	9.2	NO
	QI B	73.5%	48	70	68.6%	48	64	75.0%	6.4	NO
Asian	QI A	62.9%	152	240	63.3%	143	238	60.1%	-3.2	NO
	QI B	80.7%	189	240	78.8%	175	238	73.5%	-5.2	NO
White	QI A	60.1%	13,876	23,528	59.0%	14,255	24,079	59.2%	0.2	NO
	QI B	77.1%	18,034	23,528	76.6%	18,378	24,079	76.3%	-0.3	NO
Other/Chose Not to Respond	QI A	59.6%	2,008	3,300	60.8%	1,703	2,769	61.5%	0.7	NO
	QI B	75.7%	2,545	3,300	77.1%	2,132	2,769	77.0%	-0.1	NO
Hawaiian/Pacific Islander	QI A	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A
	QI B	N/A	N/A	NA	N/A	N/A	N/A	N/A	N/A	N/A

Table 7B presents the PA-Specific follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2010, MY 2011, and MY 2012. The QI A and QI B rates for the Black / African American population had statistically significant increases, of 2.7 and 2.0 percentage points respectively.

The observed percentage point differences between the Black/African American and White populations in the MY 2012 study were 4.4 and 7.7 for QI 1 and QI 2, respectively. As in prior studies, the aggregate rates are statistically significantly different.

Performance rates by BH-MCOs and for race groups within each BH-MCO were generated. The intent of doing so was to determine if disparities were noted within BH-MCOs regardless of the overall performance of each specific BH-MCO. Tables 8A and 8B show the performance by BH-MCO for both the HEDIS and PA-specific indicators, respectively, outlining the overall indicator rate for each BH-MCO, and for their corresponding Black/African American and White racial groups.

Table 8A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by BH-MCO

		Overall	BLACK/AFRICAN AMERICAN				WHITE				Comparison Black/African American to White	
		MY 2012	MY 2011	MY 2012			MY 2011	MY 2012				
BH- MCO	QI	%	%	(N)	(D)	%	%	(N)	(D)	%	PPD	SSD
TOTAL	QI 1	47.2%	40.9%	3,860	8,822	43.8%	47.2%	11,517	24,079	47.8%	4.1	YES
	QI 2	67.8%	58.9%	5,462	8,822	61.9%	69.6%	16,752	24,079	69.6%	7.7	YES
CBH	QI 1	44.5%	37.6%	2,014	4,600	43.8%	37.9%	774	1,833	42.2%	-1.6	NO
	QI 2	59.7%	54.1%	2,734	4,600	59.4%	53.5%	1,036	1,833	56.5%	-2.9	YES
CBHNP	QI 1	45.2%	36.7%	229	597	38.4%	46.2%	1,454	2,978	48.8%	10.5	YES
	QI 2	69.9%	60.3%	381	597	63.8%	71.5%	2,173	2,978	73.0%	9.1	YES
CCBH	QI 1	49.3%	45.8%	969	2,124	45.6%	49.4%	5,126	10,238	50.1%	4.4	YES
	QI 2	71.7%	65.7%	1,401	2,124	66.0%	72.8%	7,443	10,238	72.7%	6.7	YES
MBH	QI 1	49.7%	49.7%	456	1032	44.2%	48.3%	1,883	4,007	47.0%	2.8	NO
	QI 2	67.9%	65.2%	642	1032	62.2%	67.4%	2,586	4,007	64.5%	2.3	NO
VBH	QI 1	45.6%	40.1%	192	469	40.9%	46.3%	2,280	5,023	45.4%	4.5	NO
	QI 2	69.0%	62.5%	304	469	64.8%	69.8%	3,514	5,023	70.0%	5.1	YES

As seen in Table 8A, differences were noted for each BH-MCO between the Black/African American populations for QI 1 and QI 2 in varying amounts. Black/African Americans had lower rates across four of the five BH-MCOs. Black/African Americans in the CBH population had higher rates than whites. For QI 2, the difference was statistically significant.

For QI 1, the aggregate rates for Black/African American and White populations were 43.8% and 47.8%, respectively. Among the five BH-MCOs, the performance rate for CBHNP was the lowest for Black/African Americans (38.4%), and that for CBH was the lowest for the Whites (42.2%). The CCBH rates for both groups, at 45.6% for Black/African Americans and 50.1% for Whites, were the highest. The largest disparity was observed for CBHNP, with a statistically significant difference of 10.5 percentage points between Black/African Americans and Whites. Two BH-MCOs had statistically significant differences between the Black/African American and White populations, CBHNP and CCBH. The rate differences for CBH MBH and VBH were not statistically significant.

For QI 2, the aggregate rates for the Black/African American and White populations were 61.9% and 69.6%, respectively. CBH had the lowest rate for both Black/African Americans and Whites at 59.4% and 56.5% respectively. CCBH had the highest rate for Black/African Americans at 66.0%; CBHNP had the highest rate for Whites at 73.0%. The aggregate rates for Black/African Americans and Whites were statistically significant: Whites had a 7.7 percentage point higher rate of follow-up than Black/African Americans. Four of the five BH-MCOs also had statistically significant differences in their rates, with MBH being the only one with no difference. CBHNP had the highest difference in rates (9.1 percentage points higher for Whites). CBH was the only BH-MCO with higher a Black/African American rate than for Whites (2.9 percentage points higher)

There was no correlation between overall BH-MCO performance and the rates observed for the two racial groups. There was also no apparent relationship between BH-MCO performance and the magnitude of

the disparity. The lowest and highest performing MCOs all evidenced differences in the rates for these groups.

Table 8B: PA-specific MY 2012 Rates and Year-to-Year Comparisons by BH-MCO

		Overall	BLACK/AFRICAN AMERICAN				WHITE				Comparison Black/African American to White	
		MY 2012	MY 2011	MY 2012			MY 2011	MY 2012				
BH-MCO	QI	%	%	(N)	(D)	%	%	(N)	(D)	%	PPD	SSD
TOTAL	QI A	58.6%	53.5%	4,958	8,822	56.2%	59.0%	14,255	24,079	59.2%	3.0	YES
	QI B	75.0%	68.8%	6,245	8,822	70.8%	76.6%	18,378	24,079	76.3%	5.5	YES
CBH	QI A	55.8%	49.8%	2,530	4,600	55.0%	52.2%	991	1,833	54.1%	-0.9	NO
	QI B	69.7%	65.6%	3,164	4,600	68.8%	67.3%	1,255	1,833	68.5%	-0.3	NO
CBHNP	QI A	57.4%	54.8%	334	597	55.9%	58.2%	1,800	2,978	60.4%	4.5	YES
	QI B	76.7%	72.1%	437	597	73.2%	77.9%	2,361	2,978	79.3%	6.1	YES
CCBH	QI A	60.3%	57.9%	1247	2,124	58.7%	60.6%	6,290	10,238	61.4%	2.7	YES
	QI B	77.5%	72.9%	1,565	2,124	73.7%	78.4%	8,039	10,238	78.5%	4.8	YES
MBH	QI A	62.1%	61.1%	604	1032	58.5%	61.4%	2,360	4,007	58.9%	0.4	NO
	QI B	75.6%	72.6%	753	1032	73.0%	75.5%	2,911	4,007	72.6%	-0.3	NO
VBH	QI A	57.0%	54.9%	243	469	51.8%	57.3%	2,814	5,023	56.0%	4.2	NO
	QI B	76.3%	71.4%	326	469	69.5%	76.8%	3,812	5,023	75.9%	6.4	YES

Table 8B shows that for the PA-specific indicator QI A, the aggregate rates for the Black/African American and White population were 56.2% and 59.2%, respectively. In MY 2012, the lowest rate for the Black/African Americans was noted for VBH (51.8%), and the lowest rate for Whites was noted for CBH (54.1%). The rates for CCBH for Black/African Americans (58.7%) and Whites (61.4%) were the highest. CBHNP exhibited the greatest disparity between groups. The rate for Black/African Americans was statistically significantly lower than the rate for Whites by 3.0 percentage points. The rates for MBH and VBH were not statistically significantly different between the two race groups.

For QI B, the aggregate rates for the Black/African American and White populations were 70.8% and 76.3%, respectively. As with MY 2011, the QI B rates for CBH were the lowest, at 68.8% for Black/African Americans and 68.5% for Whites. CCBH had the highest rate of 73.7% for Black/African Americans and CBHNP had the highest rate for Whites at 79.3%. CBHNP had the greatest difference in rates, with the rate for Black/African Americans being statistically significantly lower than the rate for Whites by 6.1 percentage points. CCBH, CBHNP, and VBH had statistically significant differences in their rates, while CBH and MBH did not. CBH and MBH both had slightly higher rates for Black/African Americans than for Whites (0.3 percentage points).

Table 8C: Percentage Point Differences of the Black/African American and White populations

	MY 2010	MY 2011	MY 2012
QI 1	8.3	6.3	4.1
QI 2	11.9	10.7	7.7
QI A	7.7	5.5	3.0
QI B	9.3	7.9	5.5

Table 8C shows the aggregate percentage point differences of the Black/African American and White populations for the last three measurement years. All differences indicate higher rates for the White population. The differences were 11.9 to 8.3 percentage points in MY 2010, and have decreased to 7.7 to 3.0 percentage points in MY 2012.

In general, findings for all four indicators in this study suggest that racial disparity was present regardless of the overall BH-MCO performance; however, the disparity is less than in previous reports. MBH did not have any significant differences in its rates for any of the four indicators. CBH had higher rates for Black/African Americans than for Whites for all four indicators (QI 2 was statistically significant). VBH had no significant differences in the 7 day indicators. CBHNP and CCBH had statistically significantly higher rates for Whites in all four indicators.

IV. Follow-up Rates by Ethnicity

Follow-up rates were assessed to determine if there were differences in rates between Hispanic and Non-Hispanic ethnic groups.

Table 9A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by Ethnicity

ETHNICITY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
HISPANIC	QI 1	54.0%	1,325	2,480	53.4%	995	1,912	52.0%	-1.4	NO
	QI 2	72.3%	1,783	2,480	71.9%	1,350	1,912	70.6%	-1.3	NO
NON-HISPANIC	QI 1	46.4%	14,685	31,787	46.2%	15,201	32,137	47.3%	1.1	YES
	QI 2	67.5%	21,482	31,787	67.6%	21,948	32,137	68.3%	0.7	NO

Table 9A represents a year-to-year comparison of HEDIS rates by ethnicity. From MY 2011 to MY 2012, the QI 1 rate for the Non-Hispanic group increased statistically significantly. The QI 1 and 2 rates for the Hispanic group showed no statistical difference.

Table 9B: PA-Specific MY 2012 Rates and Year-to-Year Comparisons by Ethnicity

ETHNICITY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
HISPANIC	QI A	61.5%	1,527	2,480	61.6%	1,162	1,912	60.8%	-0.8	NO
	QI B	76.8%	1,928	2,480	77.7%	1,462	1,912	76.5%	-1.3	NO
NON-HISPANIC	QI A	58.8%	18,523	31,787	58.3%	18,982	32,137	59.1%	0.8	YES
	QI B	75.4%	23,928	31,787	75.3%	24,260	32,137	75.5%	0.2	NO

Table 9B presents the PA-specific follow-up rates for MY 2011 and MY 2012 by ethnicity. The results are identical to the HEDIS indicators. The QI 1 rate for the Non-Hispanic group increased statistically significantly while the QI 1 and 2 rates for the Hispanic group showed no statistical difference.

Table 10A: HEDIS MY 2012 Rates by Ethnicity

QI	HISPANICS MY 2012					NON-HISPANICS MY 2012					COMPARISON Hispanics to Non-Hispanics	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI 1	995	1,912	52.0%	49.8%	54.3%	15,201	32,137	47.3%	46.8%	47.8%	4.7	YES
QI 2	1,350	1,912	70.6%	68.5%	72.7%	21,948	32,137	68.3%	67.8%	68.8%	2.3	YES

Table 10B: PA-Specific MY 2012 Rates by Ethnicity

QI	HISPANICS MY 2012					NON-HISPANICS MY 2012					COMPARISON Hispanics to Non-Hispanics	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI A	1,162	1,912	60.8%	58.6%	63.0%	18,982	32,137	59.1%	58.5%	59.6%	1.7	NO
QI B	1,462	1,912	76.5%	74.5%	78.4%	24,260	32,137	75.5%	75.0%	76.0%	1.0	NO

As shown in Tables 10A and 10B, the MY 2012 rates for Hispanics for QI 1 and QI 2 were statistically significantly higher than those rates for Non-Hispanics by 4.7 and 2.3 percentage points, respectively. There was no statistical difference in rates for either of the PA-specific indicators.

V. Follow-up Rates by Age Category

Table 11A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by Age Category

AGE CATEGORY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 6 – 20 YEARS	QI 1	56.7%	5,303	9,495	55.9%	5,404	9,700	55.7%	-0.1	NO
	QI 2	76.5%	7,222	9,495	76.1%	7,454	9,700	76.8%	0.8	NO
AGES 21 – 64 YEARS	QI 1	42.5%	11,175	26,010	43.0%	11,406	25,681	44.4%	1.4	YES
	QI 2	63.7%	16,710	26,010	64.2%	16,656	25,681	64.9%	0.6	NO
AGES 65 YEARS and OVER	QI 1	28.4%	143	533	26.8%	168	591	28.4%	1.6	NO
	QI 2	48.0%	227	533	42.6%	278	591	47.0%	4.4	NO
AGES 21+ (COMBINED)	QI 1	42.2%	11,318	26,543	42.6%	11,574	26,272	44.1%	1.4	YES
	QI 2	63.3%	16,937	26,543	63.8%	16,934	26,272	64.5%	0.6	NO

Table 11B: PA-Specific MY 2012 Rates and Year-to-Year Comparisons by Age Category

AGE CATEGORY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 6 – 20 YEARS	QI A	56.7%	6,216	9,495	65.5%	6,380	9,700	65.8%	0.3	NO
	QI B	76.5%	7,727	9,495	81.4%	7,956	9,700	82.0%	0.6	NO
AGES 21 – 64 YEARS	QI A	42.5%	14,396	26,010	55.3%	14,473	25,681	56.4%	1.0	YES
	QI B	63.7%	18,920	26,010	72.7%	18,692	25,681	72.8%	0.0	NO
AGES 65 YEARS and OVER	QI A	28.4%	218	533	40.9%	243	591	41.1%	0.2	NO
	QI B	48.0%	292	533	54.8%	330	591	55.8%	1.1	NO
AGES 21+ (COMBINED)	QI A	42.2%	14,614	26,543	55.1%	14,716	26,272	56.0%	1.0	YES
	QI B	63.3%	19,212	26,543	72.4%	19,022	26,272	72.4%	0.0	NO

Table 11A shows the HEDIS follow-up rates by age category for the three most recent MYs. A comparison of rates between MY 2012 and MY 2011 rates is presented as well. Table 11B displays the MY 2012 PA-specific rates and the applicable comparisons to MY 2011.

As shown in both tables, the highest rates were observed for the Ages 6-20 years group, whereas the lowest rates were noted for the Ages 65 years and over population across the four indicators. These findings are consistent with both MY 2011 and MY 2010. When comparing MY 2012 to MY 2011, there were statistically significant increases in QI 1 and QI A for the Ages 21-64 years group. Because the 21-64 group is by far the largest age group, there is also a statistically significant increase in the Ages 21+ group.

Table 12A: HEDIS MY 2012 Rates by Age Category

QI	AGES 6 – 20 YEARS					AGES 21 YEARS and OVER (COMBINED)					COMPARISON	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI 1	5,404	9,700	55.7%	54.7%	56.7%	11,574	26,272	44.1%	43.5%	44.7%	11.7	YES
QI 2	7,454	9,700	76.8%	76.0%	77.7%	16,934	26,272	64.5%	63.9%	65.0%	12.4	YES

Table 12B: PA-Specific MY 2012 Rates by Age Category

QI	AGES 6 – 20 YEARS					AGES 21 YEARS and OVER (COMBINED)					COMPARISON	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI A	6,380	9,700	65.8%	64.8%	66.7%	14,716	26,272	56.0%	55.4%	56.6%	9.8	YES
QI B	7,956	9,700	82.0%	81.3%	82.8%	19,022	26,272	72.4%	71.9%	72.9%	9.6	YES

Tables 12A and 12B compare the follow-up rates for members in the Ages 6-20 years category with those calculated for a combined population of all members, ages 21 years and above.

As shown in both tables, there was a statistically significant difference in follow-up care between recipients under 21 years of age and 21 years and over for all four QIs. This was also observed for MY 2010 and MY 2011. For MY 2012, rates for the Ages 6-20 years group were statistically significantly higher than those for the 21 years and over group by 11.7 percentage points for QI 1, and 12.4 percentage points for QI 2. For the PA-specific indicators, the QI A rate for the under 21 years population was statistically significantly higher than that for the 21 years and over population by 9.8 percentage points. The QI B rate for the under 21 years population was also statistically significantly higher than that for the 21 years and over population by 9.6 percentage points.

The statistically significant disparity in rates observed between the Ages 6-20 years population and the 21 years and over population is consistent with findings from prior studies. It should be noted that because the derived rates are calculated based on administrative data provided by the BH-MCOs for claims that the BH-MCO had a payment responsibility, any appointment within that time frame that was not captured within the BH-MCOs' claims systems would not be captured. Third Party Liability (TPL) eligibility is therefore a potential confounding factor that can contribute to the lower rates observed for members over 21 years of age. The potential impact of TPL coverage on ambulatory follow-up rates for this population, however, is not measured in this study.

Table 13A: HEDIS MY 2010-2012 Rates by Age Category (15-20, 21-25 Years)

AGE CATEGORY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 15 – 20 YEARS	QI 1	50.9%	2,232	4,438	50.3%	2,318	4,572	50.7%	0.4	NO
	QI 2	71.0%	3,136	4,438	70.7%	3,269	4,572	71.5%	0.8	NO
AGES 21 – 25 YEARS	QI 1	43.8%	1,263	2,815	44.9%	1,229	2,667	46.1%	1.2	NO
	QI 2	65.5%	1,855	2,815	65.9%	1,781	2,667	66.8%	0.9	NO

Table 13B: PA-Specific MY 2010-2012 Rates by Age Category (15-20, 21-25 Years)

AGE CATEGORY	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 15 – 20 YEARS	QI A	59.9%	2,610	4,438	58.8%	2,717	4,572	59.4%	0.6	NO
	QI B	76.8%	3,377	4,438	76.1%	3,515	4,572	76.9%	0.8	NO
AGES 21 – 25 YEARS	QI A	54.6%	1,561	2,815	55.5%	1,523	2,667	57.1%	1.7	NO
	QI B	71.8%	2,055	2,815	73.0%	1,956	2,667	73.3%	0.3	NO

Tables 13A and 13B show the follow-up rates for the 15-20 and 21-25 year old age groups for the 2010-2012 MYs.

As shown in the tables above, the 15-20 age group has higher rates in MY 2012 than the 21-25 age group for all four measures. These differences are consistent for MY 2011 and MY 2010. Comparing MY 2011 to MY 2012, there were no statistical differences for any age group.

Table 14A: HEDIS MY 2012 Rates by Age Category

QI	AGES 15 – 20 YEARS					AGES 21-25 YEARS					COMPARISON	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI 1	2,318	4,572	50.7%	49.2%	52.2%	1,229	2,667	46.1%	44.2%	48.0%	4.6	YES
QI 2	3,269	4,572	71.5%	70.2%	72.8%	1,781	2,667	66.8%	65.0%	68.6%	4.7	YES

Table 14B: PA-Specific MY 2012 Rates by Age Category

QI	AGES 15 – 20 YEARS					AGES 21-25 YEARS					COMPARISON	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI A	2,717	4,572	59.4%	58.0%	60.9%	1,523	2,667	57.1%	55.2%	59.0%	2.3	NO
QI B	3,515	4,572	76.9%	75.6%	78.1%	1,956	2,667	73.3%	71.6%	75.0%	3.5	YES

Tables 14A and 14B below show the MY 2012 follow up rates for the 15-20 age group compared to the 21-25 age group.

The tables above show that for three measures (QI 1, QI 2, and QI B) the 15-20 year age group has statistically significantly higher rates than the 21-25 age group. There was no statistical difference for the QI A measure.

VI. Follow-up Rates by Gender

Table 15A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by Gender

GENDER	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
FEMALES	QI 1	46.8%	8,791	18,709	47.0%	9,093	18,619	48.8%	1.8	YES
	QI 2	68.0%	12,776	18,709	68.3%	13,018	18,619	69.9%	1.6	YES
MALES	QI 1	45.4%	7,830	17,329	45.2%	7,885	17,353	45.4%	0.3	NO
	QI 2	65.8%	11,383	17,329	65.7%	11,370	17,353	65.5%	-0.2	NO

Table 15B: PA-Specific MY 2012 Rates and Year-to-Year Comparisons by Gender

GENDER	QI	MY 2010	MY 2011			MY 2012			COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
FEMALES	QI A	58.2%	10,838	18,709	57.9%	11,045	18,619	59.3%	1.4	YES
	QI B	75.5%	14,111	18,709	75.4%	14,252	18,619	76.5%	1.1	YES
MALES	QI A	58.1%	9,992	17,329	57.7%	10,051	17,353	57.9%	0.3	NO
	QI B	73.7%	12,828	17,329	74.0%	12,726	17,353	73.3%	-0.7	NO

Tables 15A and 15B presents the respective HEDIS and PA-specific rates by gender. From MY 2011 to MY 2012, statistically significant increases were noted for all four indicators for the female group, while there were no statistically significant changes for the male group for any indicator.

Table 16A: HEDIS MY 2012 Rates by Gender

QI	FEMALES MY 2012					MALES MY 2012					COMPARISON Females to Males	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI 1	9,093	18,619	48.8%	48.1%	49.6%	7,885	17,353	45.4%	44.7%	46.2%	3.4	YES
QI 2	13,018	18,619	69.9%	69.3%	70.6%	11,370	17,353	65.5%	64.8%	66.2%	4.4	YES

Table 16B: PA-Specific MY 2012 Rates by Gender

QI	FEMALES MY 2012					MALES MY 2012					COMPARISON Females to Males	
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
QI A	11,045	18,619	59.3%	58.6%	60.0%	10,051	17,353	57.9%	57.2%	58.7%	1.4	YES
QI B	14,252	18,619	76.5%	75.9%	77.2%	12,726	17,353	73.3%	72.7%	74.0%	3.2	YES

As shown in Tables 16A and 16B, for MY 2012, the rates for females were statistically significantly higher than those for males for four indicators. The gender disparity has been increasing for all indicators from

MY 2010 to MY 2012. In MY 2012, the difference between the two groups is greater than 3 percentage points for three indicators (QI 1, QI2 and QI B). In MY 2010, the greatest difference was 2.2 percentage points (QI 2). Table 16C shows the percentage point difference in follow-up rates for the last 3 measurement years.

Table 16C: Percentage Point Differences by Gender

	MY 2010	MY 2011	MY 2012
QI 1	1.4%	1.8%	3.4%
QI 2	2.2%	2.6%	4.4%
QI A	0.1%	0.3%	1.4%
QI B	1.8%	1.4%	3.2%

Table 16C shows the aggregate percentage point differences of the male and female populations for the last three measurement years. All differences indicate higher rates for the female population. The differences were 1.8 to 0.1 percentage points in MY 2010, and have increased to 4.4 to 1.4 percentage points in MY 2012.

VII. Performance by BH-MCO

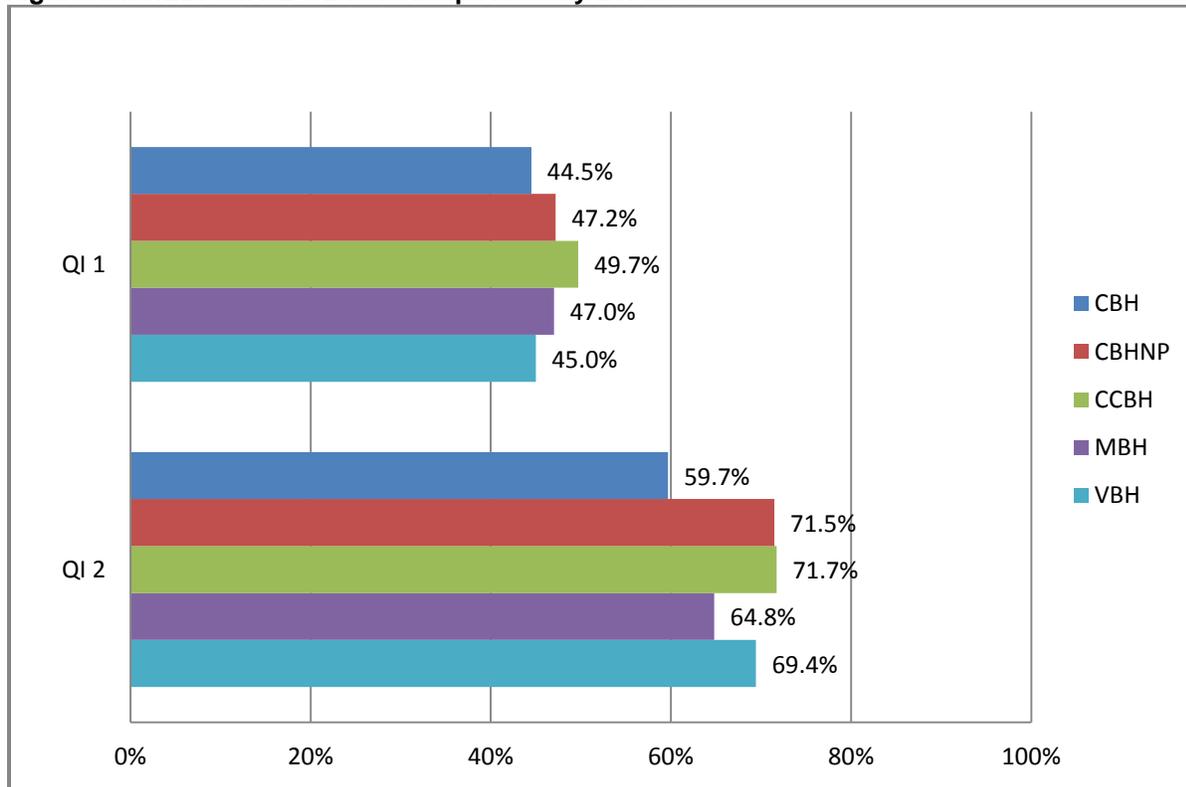
Table 17A: HEDIS MY 2012 Rates and Year-to-Year Comparisons by BH-MCO

BY MCO	QI	MY 2010	MY 2011			MY 2012			RATE COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
CBH	QI 1	38.8%	2,990	7,642	39.1%	3,289	7,392	44.5%	5.4	YES
	QI 2	55.6%	4,239	7,642	55.5%	4,412	7,392	59.7%	4.2	YES
CBHNP	QI 1	41.7%	1,796	3,977	45.2%	1,926	4,081	47.2%	2.0	NO
	QI 2	65.5%	2,781	3,977	69.9%	2,917	4,081	71.5%	1.6	NO
CCBH	QI 1	51.3%	6,302	12,788	49.3%	6,635	13,351	49.7%	0.4	NO
	QI 2	73.2%	9,172	12,788	71.7%	9,576	13,351	71.7%	0.0	NO
MBH	QI 1	50.8%	2,749	5,532	49.7%	2,620	5,573	47.0%	-2.7	YES
	QI 2	68.5%	3,757	5,532	67.9%	3,612	5,573	64.8%	-3.1	YES
VBH	QI 1	44.4%	2,784	6,099	45.6%	2,508	5,575	45.0%	-0.7	NO
	QI 2	68.4%	4,210	6,099	69.0%	3,871	5,575	69.4%	0.4	NO

Table 17A shows the respective HEDIS follow-up rates by BH-MCO and rate comparisons. The percentage point changes and statistically significant differences between the MY 2012 and MY 2011 rates are noted. Between MY 2011 and MY 2012, CBH demonstrated statistically significant rate increases for both HEDIS indicators. MBH had statistically significant decreases for both HEDIS indicators. Rate changes for the remaining three BH-MCOs were not statistically significant.

BH-MCO-specific performance rates for the MY 2012 HEDIS indicators are presented in Figure 4A.

Figure 4A: HEDIS MY 2012 Follow-up Rates by BH-MCO



The MY 2012 HealthChoices BH-MCO Average for Q1 was 46.7%. This Q1 average is a 0.9 percentage point increase from the MY 2011 HealthChoices BH-MCO Average of 45.8%. In this study, the Q1 rate for CCBH was the highest at 49.7%, while the rate for CBH at 44.5% was the lowest. Using the BH-MCO rates' upper and lower 95% Confidence Intervals to determine statistically significant differences from the HealthChoices BH-MCO Average, for MY 2012, the Q1 rates for CBH and VBH were statistically significantly lower than the Q1 HealthChoices BH-MCO Average. The Q1 rate for CCBH was statistically significantly higher than the Q1 HealthChoices BH-MCO Average. The Q1 follow-up rates for CBHNP and MBH were not statistically significantly different from the Q1 HealthChoices BH-MCO Average. Compared to MY 2011, the Q1 rate for CBH statistically significantly increased by 5.4 percentage points, and the Q1 rate for MBH statistically significantly decreased by 2.7 percentage points. Q1 rate changes for the other three BH-MCOs were not statistically significant.

The MY 2012 HealthChoices BH-MCO Average for Q2 across the five BH-MCOs was 67.4%. This Q2 average is a 0.6 percentage point increase from the Q2 MY 2011 HealthChoices BH-MCO Average of 66.8%. For this indicator, the Q2 rate for CCBH was highest at 71.7%, while the Q2 rate for CBH at 59.7% was the lowest. Q2 rates for CBHNP, CCBH, and VBH were statistically significantly higher than the Q2 HealthChoices BH-MCO Average, while the Q2 rates for CBH and MBH were statistically significantly lower. Compared to MY 2011, the Q2 rate for CBH statistically significantly increased by 4.2 percentage points and the Q2 rate for MBH statistically significantly decreased by 3.1 percentage points. The Q2 rate changes for the other three BH-MCOs were not statistically significant.

Across the two HEDIS indicators measured in this study, Q1 and Q2 rates for CBH were both statistically significantly lower than the HealthChoices BH-MCO Average. Q1 and Q2 indicator rates for CCBH were statistically significantly above the BH-MCO Average.

MY 2012 BH-MCO-specific performance rates for the PA-specific measures with comparisons to MY 2011 data are presented in Table 17B. BH-MCO-specific performance rates for the MY 2012 PA-specific indicators with 95% confidence intervals are presented in Figure 4B.

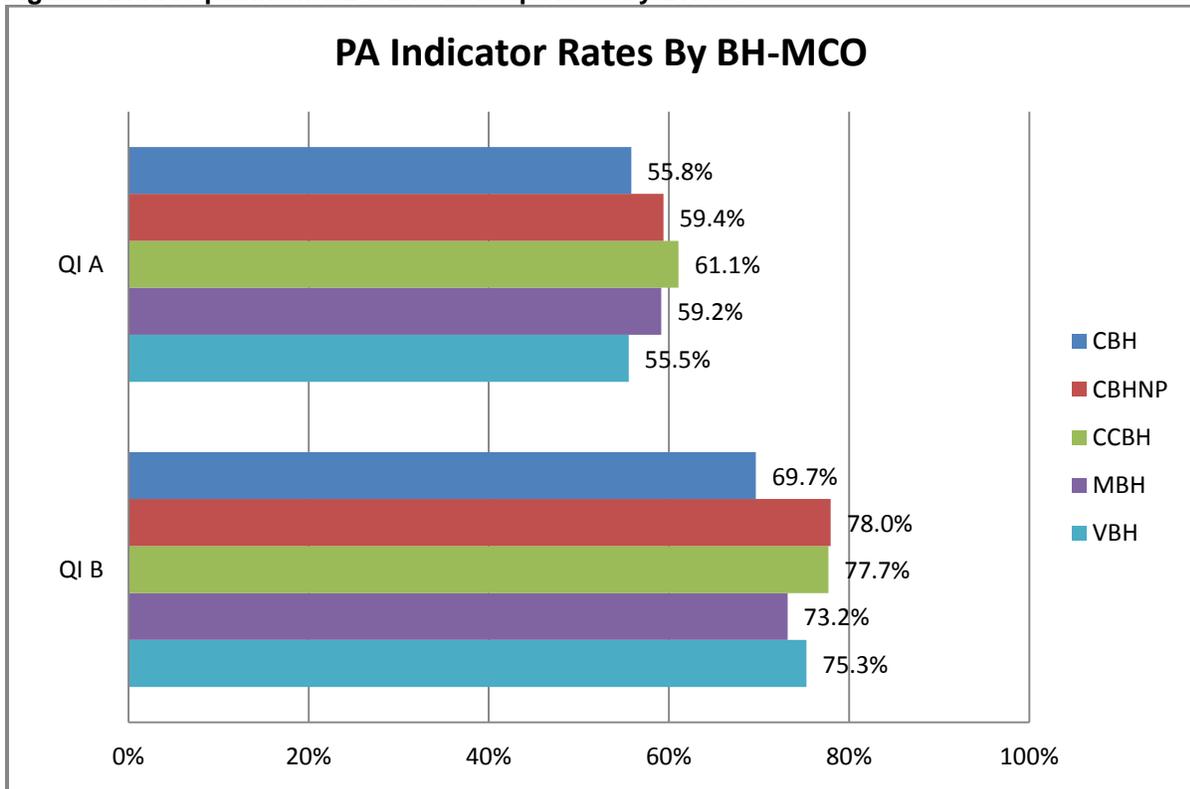
Table 17B: PA-Specific MY 2012 Rates and Year-to-Year Comparisons by BH-MCO

BY MCO	QI	MY 2010	MY 2011			MY 2012			RATE COMPARISON MY 2012 to MY 2011	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
CBH	QI A	51.2%	3,927	7,642	51.4%	4,126	7,392	55.8%	4.4	YES
	QI B	66.6%	5,136	7,642	67.2%	5,149	7,392	69.7%	2.4	YES
CBHNP	QI A	54.2%	2,283	3,977	57.4%	2,424	4,081	59.4%	2.0	NO
	QI B	72.8%	3,050	3,977	76.7%	3,182	4,081	78.0%	1.3	NO
CCBH	QI A	62.5%	7,712	12,788	60.3%	8,153	13,351	61.1%	0.8	NO
	QI B	78.9%	9,917	12,788	77.5%	10,373	13,351	77.7%	0.1	NO
MBH	QI A	62.8%	3,434	5,532	62.1%	3,297	5,573	59.2%	-2.9	YES
	QI B	76.0%	4,184	5,532	75.6%	4,078	5,573	73.2%	-2.5	YES
VBH	QI A	56.9%	3,474	6,099	57.0%	3,096	5,575	55.5%	-1.4	NO
	QI B	76.3%	4,652	6,099	76.3%	4,196	5,575	75.3%	-1.0	NO

Table 17B shows the PA-Specific results by BH-MCO. The MY 2012 HealthChoices BH-MCO Average for QI A was 58.2%. The MY 2012 QI A average is a 0.6 percentage point increase from the MY 2011 QI A HealthChoices BH-MCO Average of 57.6%. The QI A rate for CCBH was the highest at 61.1%, and the QI A rate for VBH at 55.5% was the lowest. The QI A rate for CCBH was statistically significantly higher than the QI A HealthChoices BH-MCO Average. QI A rates for CBH and VBH, in contrast, were statistically significantly lower than the QI A HealthChoices BH-MCO Average. The QI A follow-up rates for CBHNP and MBH were not statistically significantly different from the QI A HealthChoices BH-MCO Average. Compared to MY 2011, the QI A rate for CBH statistically significantly increased by 4.4 percentage points, and the QI A rate for MBH statistically significantly decreased by 2.9 percentage points. QI A rate changes for the remaining three BH-MCOs were not statistically significant.

The MY 2012 HealthChoices BH-MCO Average for QI B was 74.8%. This QI B average is a 0.1 percentage point increase from the MY 2011 QI B HealthChoices BH-MCO Average of 74.7%. The QI B rate for CBHNP was the highest at 78.0%, while the QI B rate for CBH at 69.7% was the lowest. The QI B rates for CBHNP and CCBH were statistically significantly higher than the QI B HealthChoices BH-MCO Average, while the QI B rates for CBH and MBH were statistically significantly lower. Compared to MY 2011, the QI B rate for CBH statistically significantly increased by 2.4 percentage points, and the QI B rate for MBH statistically significantly decreased by 2.5 percentage points. QI B rate changes for the remaining three BH-MCOs were not statistically significant.

Figure 4B: PA-Specific MY 2012 Follow-up Rates by BH-MCO



VIII. Performance by BHHC

All 37 BHHCs in Pennsylvania were evaluated in this study. In this analysis, the individual BHHC rates were first compared to MY 2011 rates to identify year-to-year differences as applicable, then to the HealthChoices BHHC Average. Statistically significant differences were determined using each BHHC's upper and lower 95% confidence intervals. Tables 18A, 18B, 18C and 18D list the BHHCs that had statistically significant rate changes for each of the four study indicators as compared to MY 2011 rates. Figures 5A, 5C, 5E, and 5G respectively present the HealthChoices BHHC Averages for QI 1, QI 2, QI A, and QI B, as well as the individual BHHCs that had rates statistically significantly above or below each respective HealthChoices Average. The percentage point differences between the BHHC rate and the HealthChoices BHHC Average are also indicated. Figures 5B, 5D, 5F, and 5H respectively present the MY 2012 BHHC rates and 95% confidence intervals for each of the QIs, and display the statistically significant differences in BHHC performances.

Table 18A: Year-to-Year QI 1 Rate Comparisons by BHHC

	Rate Statistically Significantly Increased Between MY 2011 and MY 2012	Rate Statistically Significantly Decreased Between MY 2011 and MY 2012
QI 1	Philadelphia	Armstrong – Indiana Delaware NCSO-4 Westmoreland

Figure 5A: QI 1 BHHC Rates Compared to QI 1 HealthChoices BHHC Average

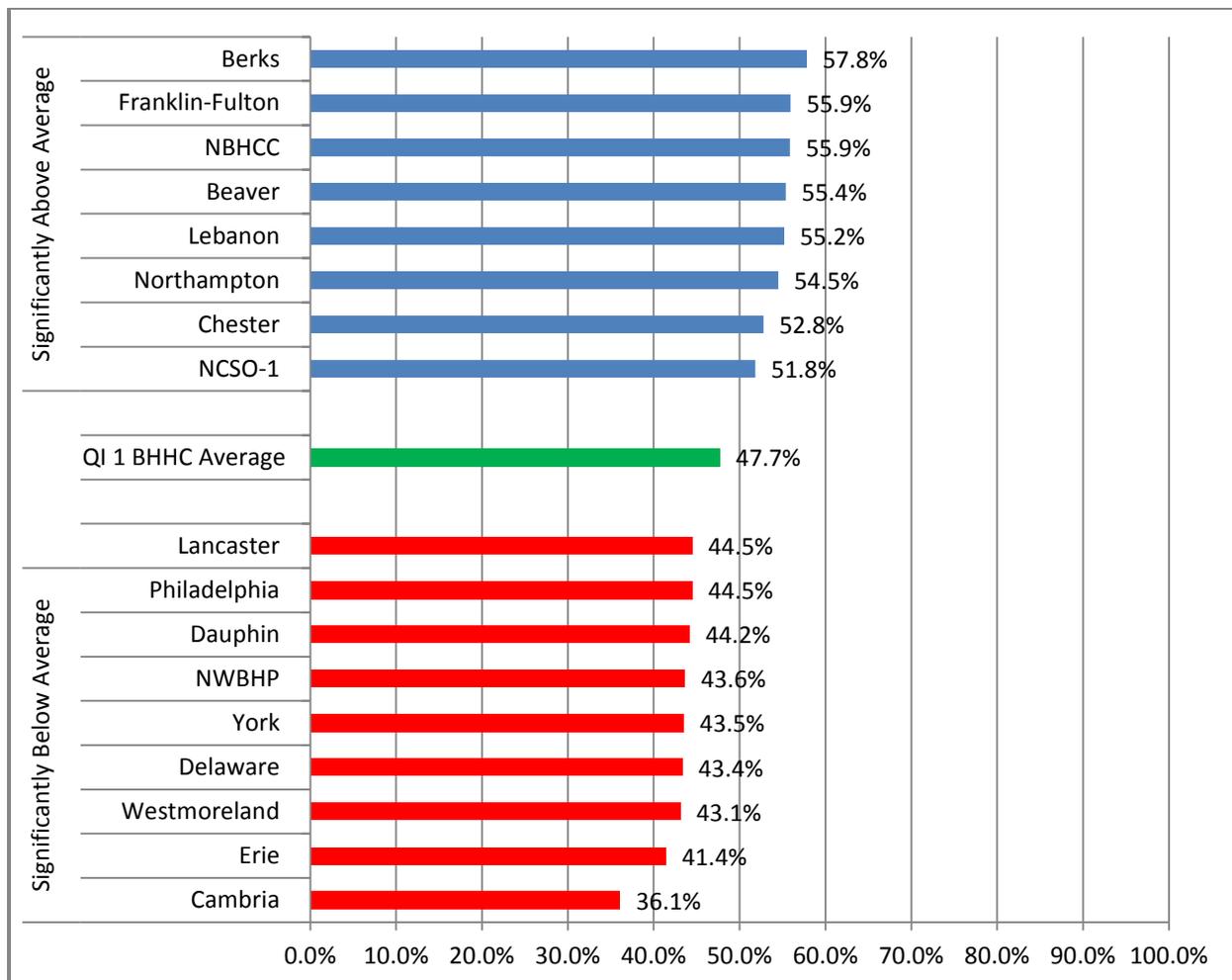


Figure 5B: MY 2012 QI 1 BHHC Rates

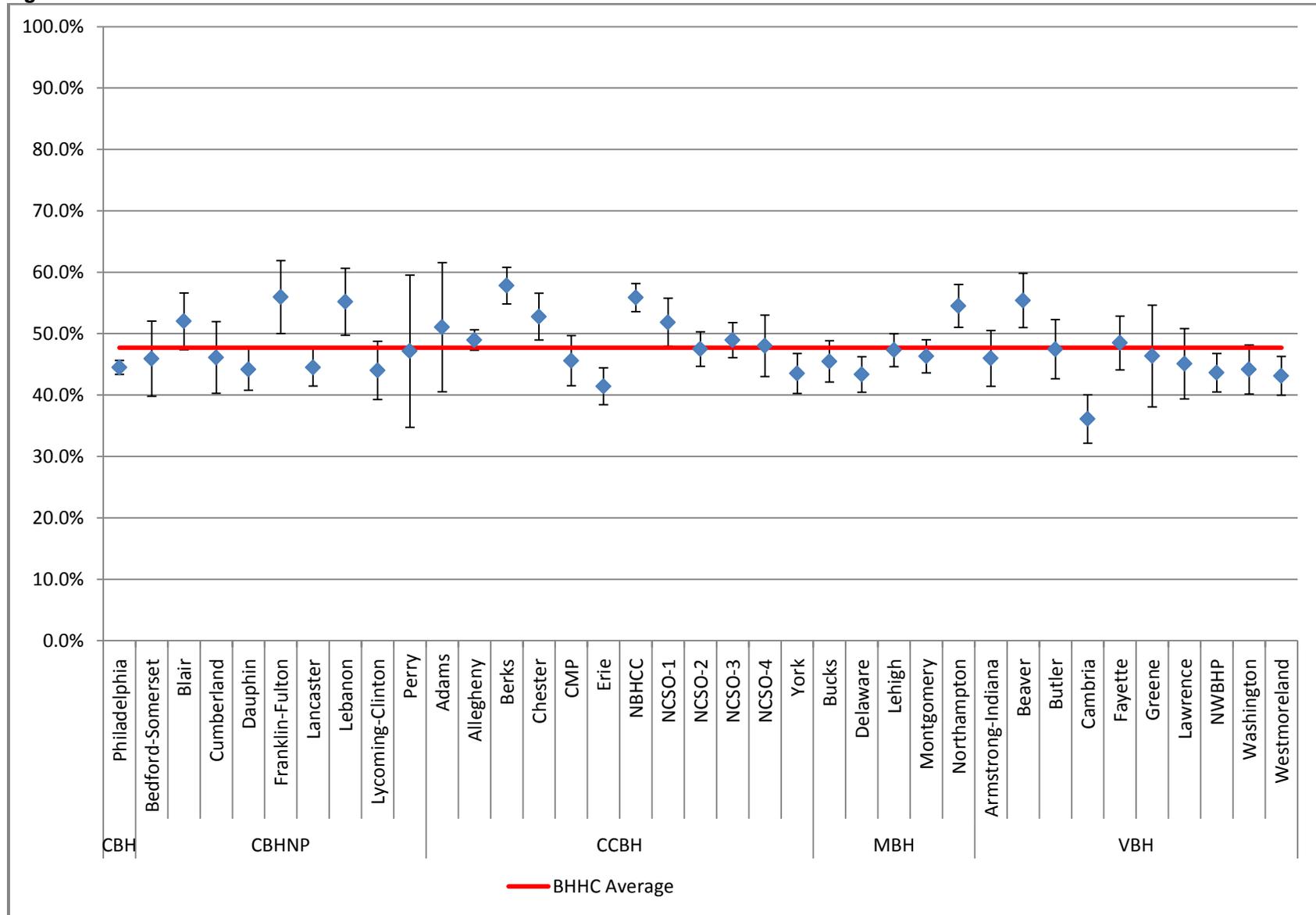


Table 16B: Year-to-Year QI 2 Rate Comparisons by BHC

	Rate Statistically Significantly Increased Between MY 2011 and MY 2012		Rate Statistically Significantly Decreased Between MY 2011 and MY 2012	
QI 2	Cambria	Philadelphia	Delaware Montgomery	NCSO-4

Figure 5C: QI 2 BHC Rates Compared to QI 2 HealthChoices BHC Average

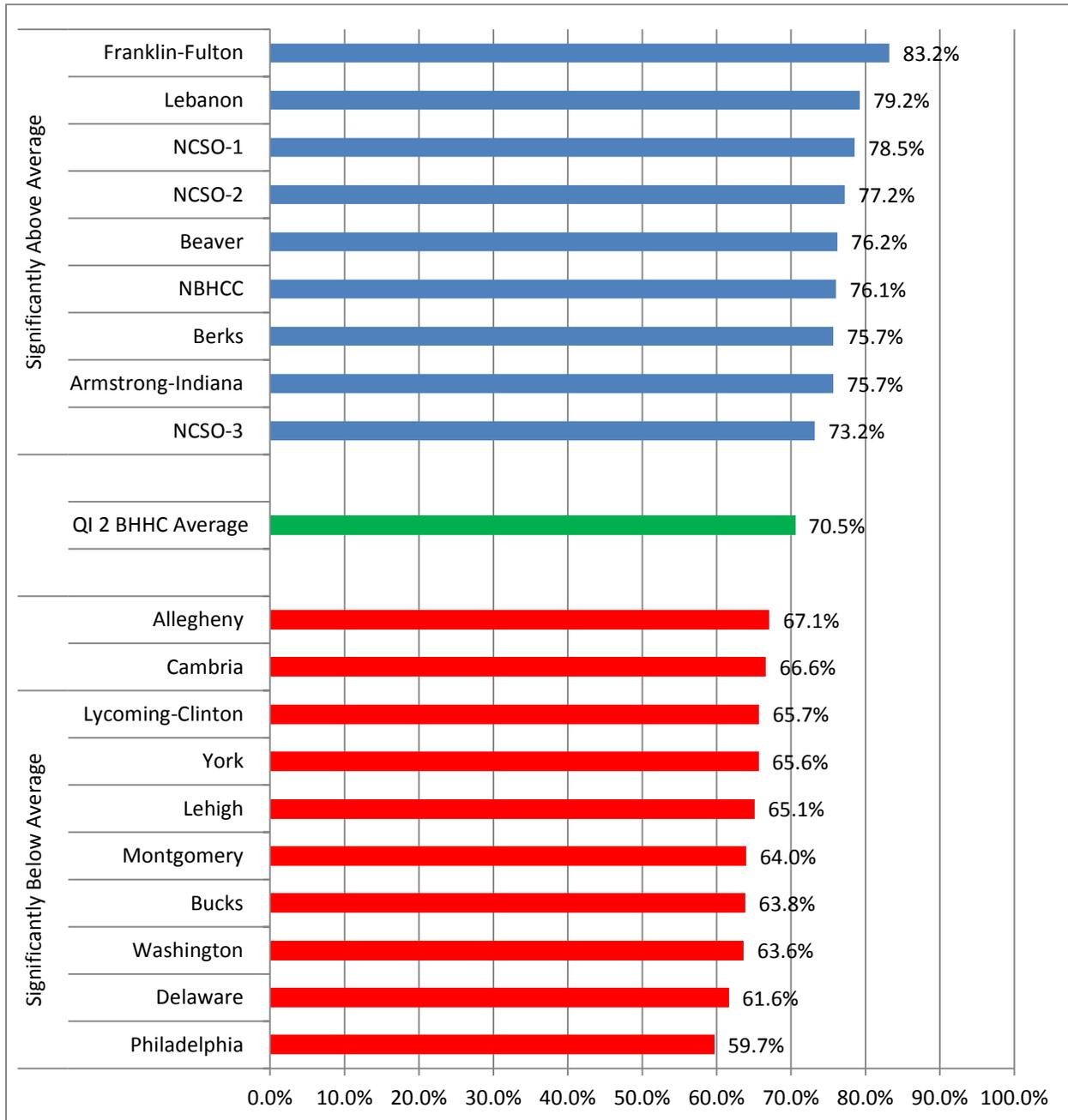


Figure 5D: MY 2012 QI 2 BHHC Rates

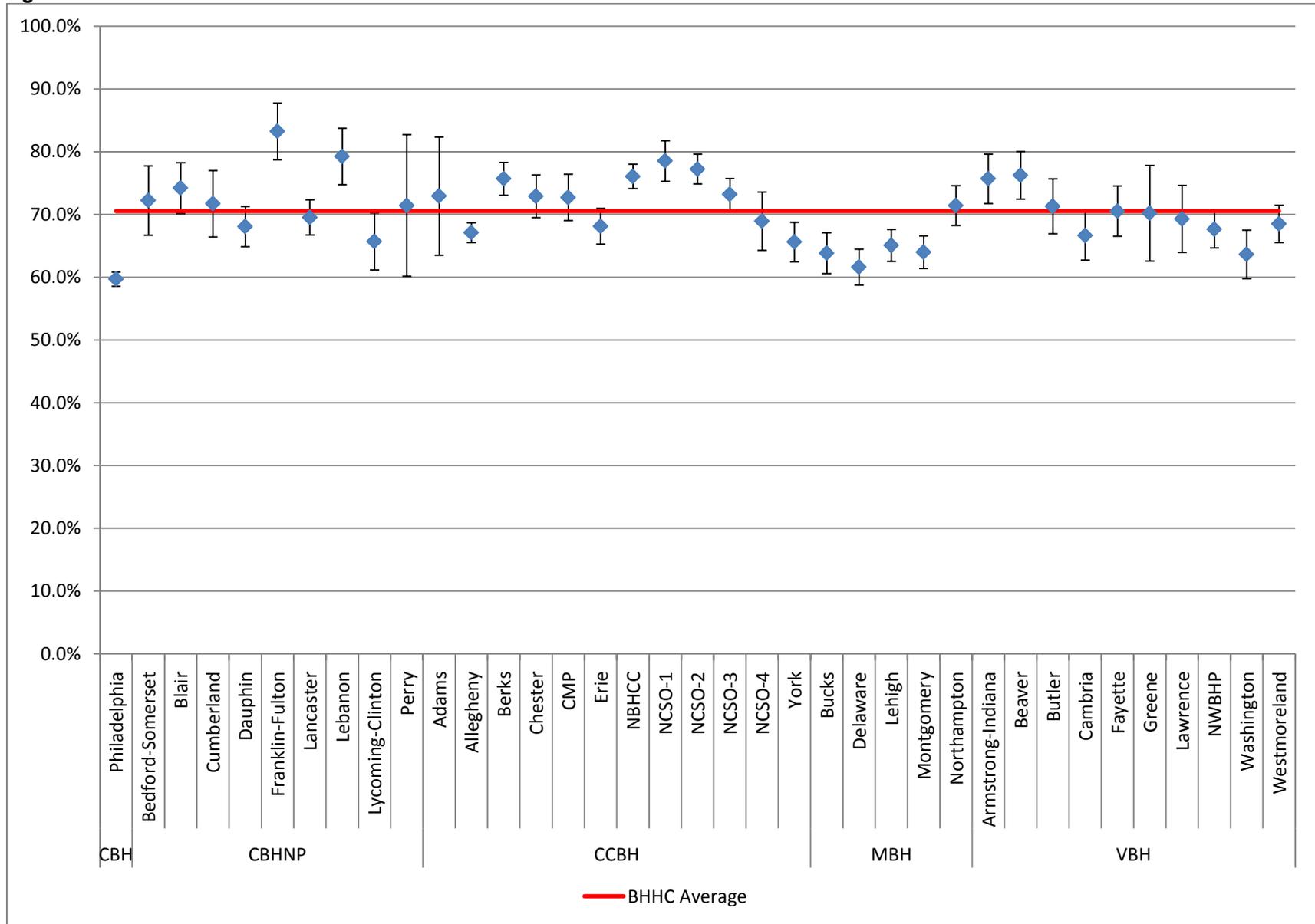


Table 18C: Year-to-Year QI A Rate Comparisons by BHC

QI A	Rate Statistically Significantly Increased Between MY 2011 and MY 2012		Rate Statistically Significantly Decreased Between MY 2011 and MY 2012	
		Greene NCSO-1	Philadelphia	Armstrong – Indiana

Figure 5E: QI A BHC Rates Compared to QI A HealthChoices BHC Average

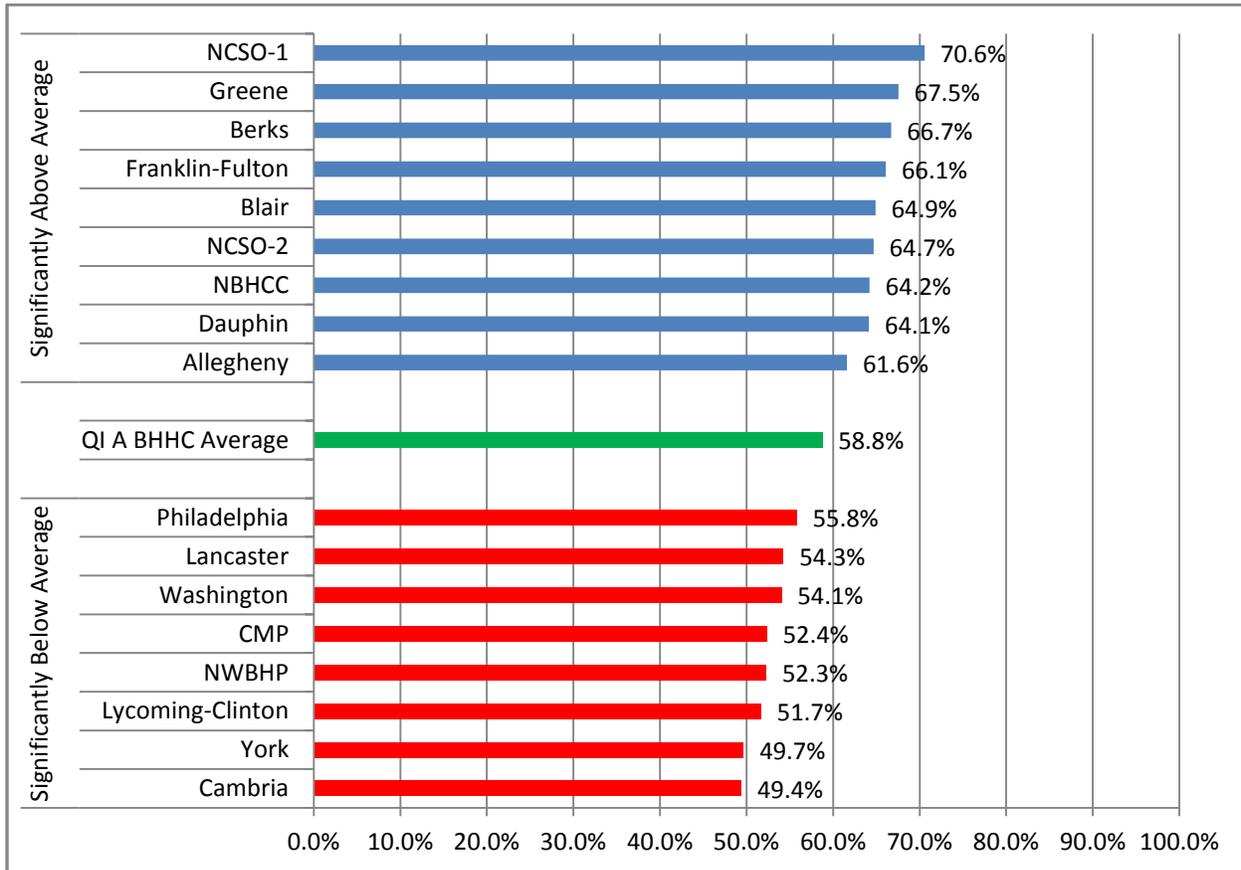


Figure 5F: MY 2012 QI A BHHC Rates

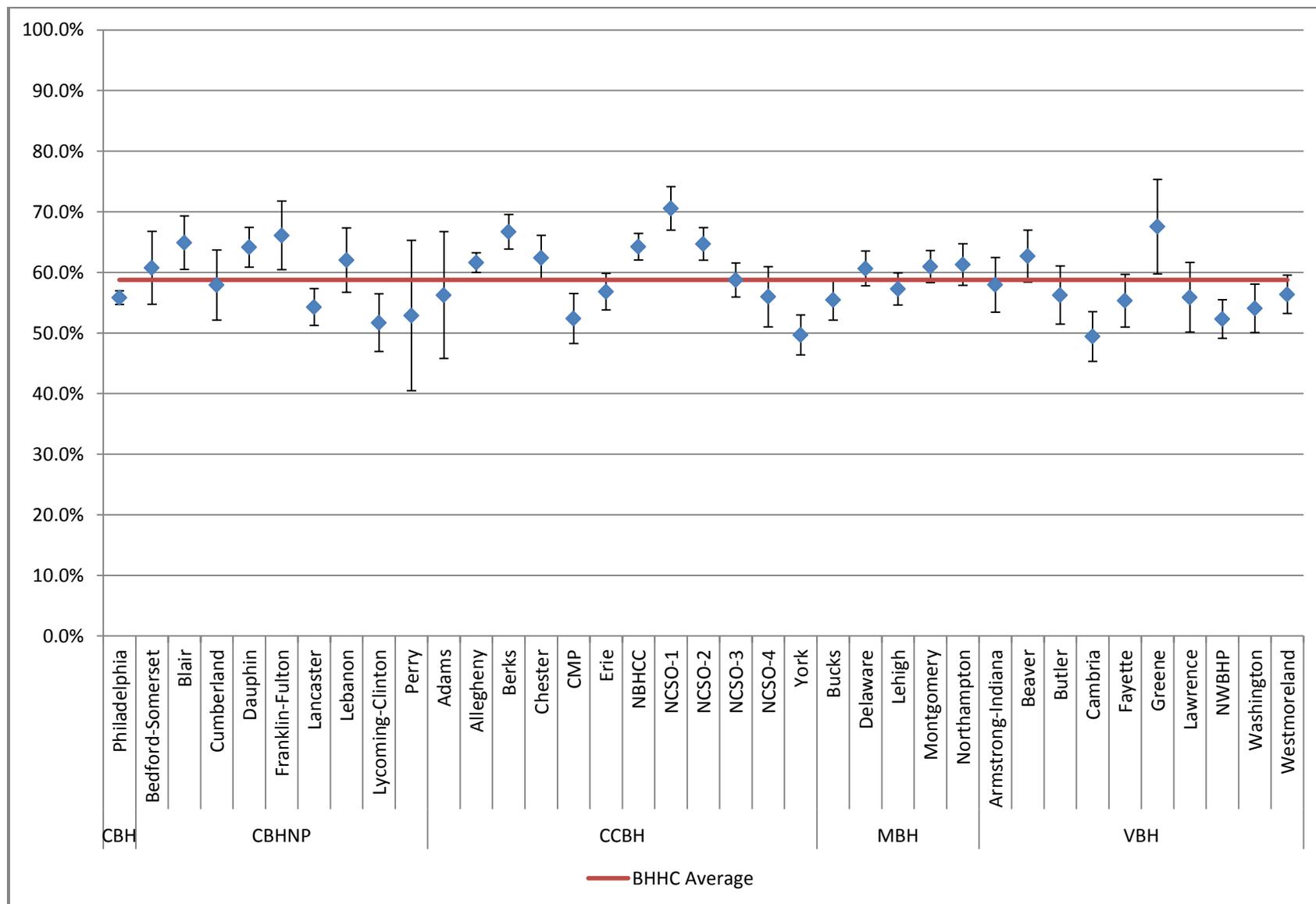


Table 18D: Year-to-Year QI B Rate Comparisons by BHC

	Rate Statistically Significantly Increased Between MY 2011 and MY 2012	Rate Statistically Significantly Decreased Between MY 2011 and MY 2012
QI B	Philadelphia	

Figure 5G: QI B BHC Rates Compared to QI B HealthChoices BHC Average

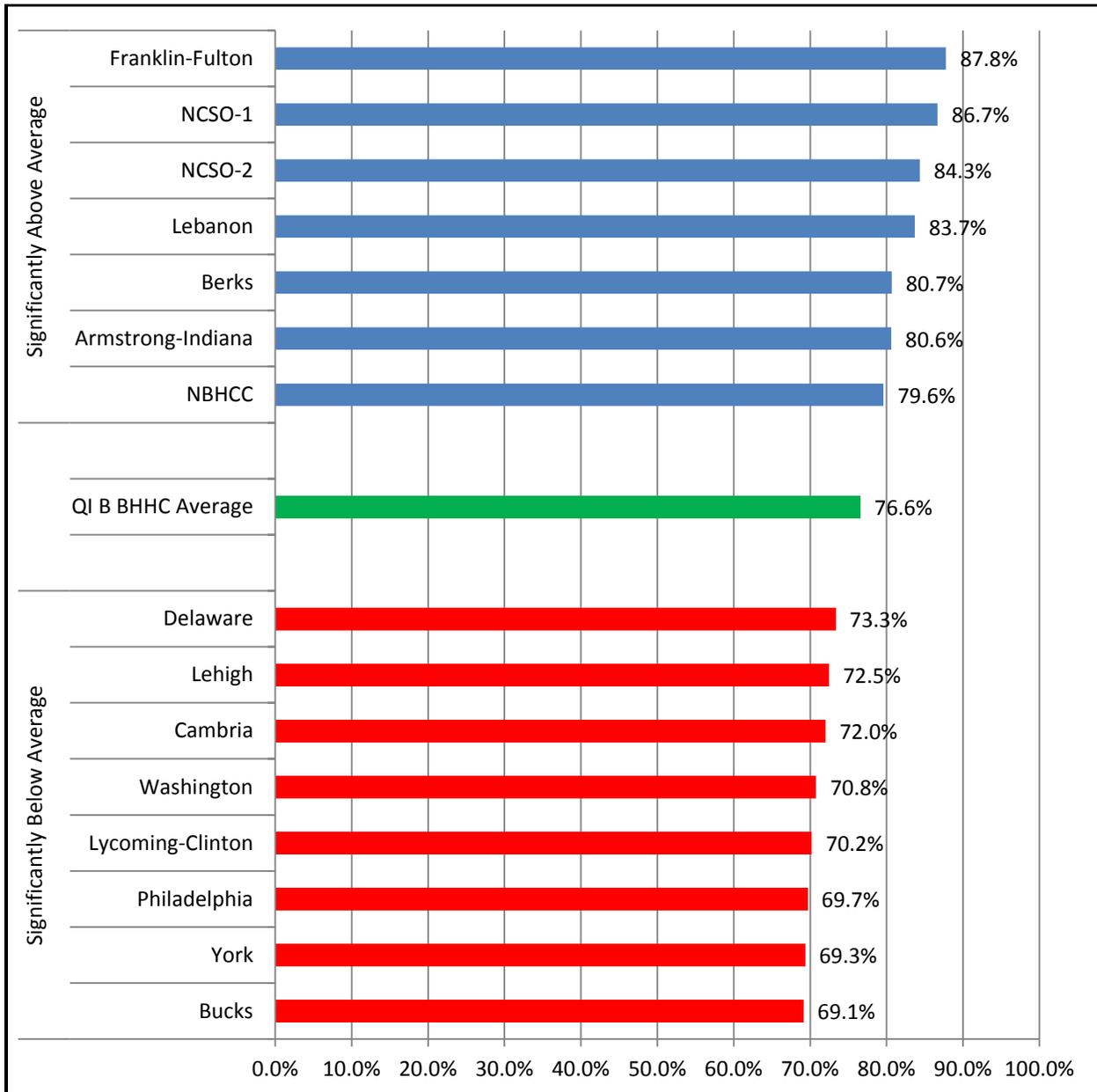
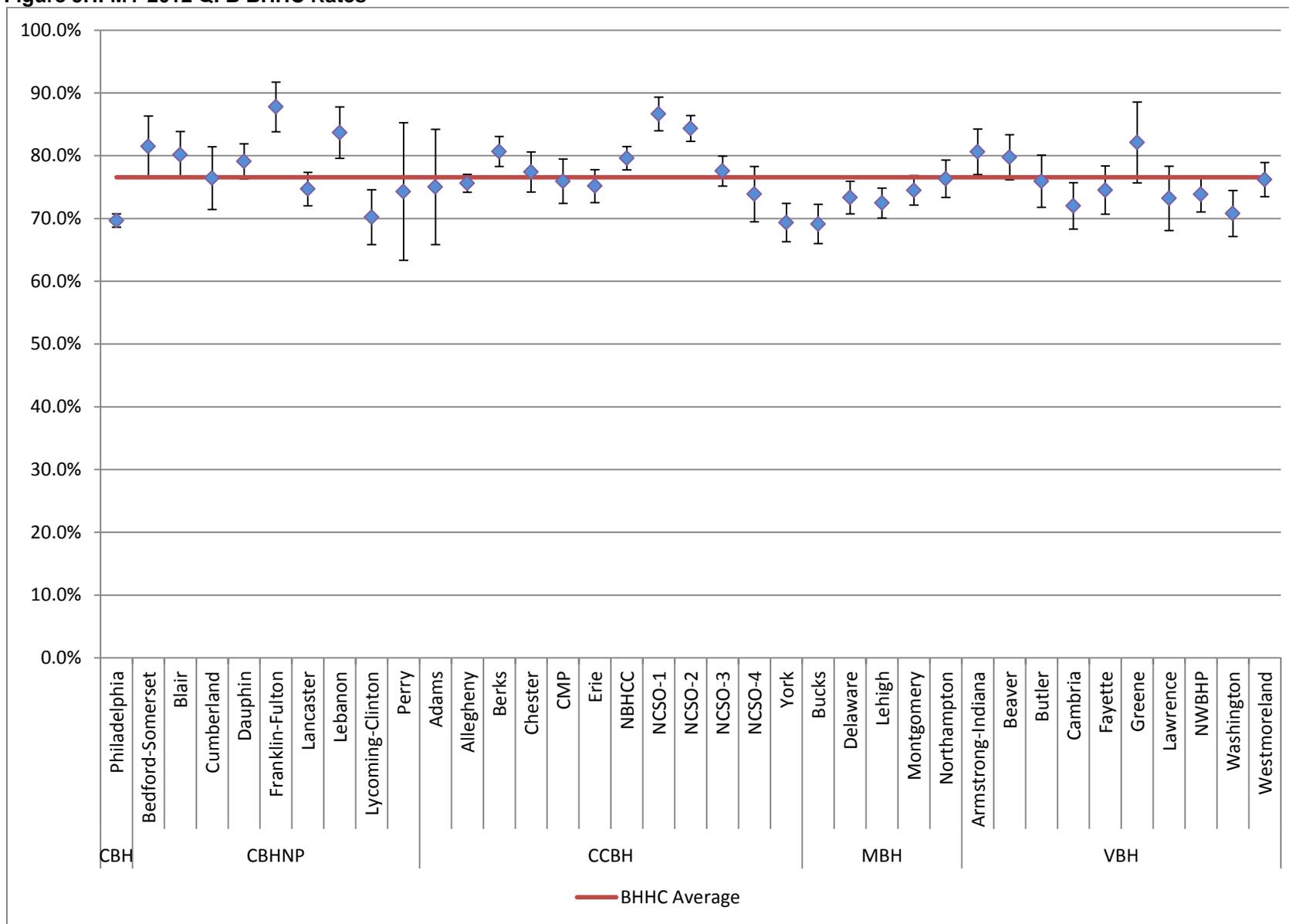


Figure 5H: MY 2012 QI B BHHC Rates



BHHC-specific performance rates for MY 2012 with the 95% confidence intervals are presented in Tables 19A and 19B for the HEDIS and PA-specific measures, respectively. The tables also include individual BHHC rates from MY 2011 as available, and identify whether year-to-year changes between MY 2012 and MY 2011 are statistically significant. Figures of the observed rates by BHHC are included in the Appendix.

Table 19A: HEDIS MY 2012 Rates and MY 2011 Comparisons by BHHC

HEDIS SPECIFICATIONS																
	QUALITY INDICATOR 1								QUALITY INDICATOR 2							
	MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011		MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011	
BY BHHC	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
Adams	50.0%	49	96	51.0%	40.5%	61.6%	1.04	NO	76.8%	70	96	72.9%	63.5%	82.3%	-3.87	NO
Allegheny	49.5%	1,726	3,525	49.0%	47.3%	50.6%	-0.49	NO	69.0%	2,365	3,525	67.1%	65.5%	68.7%	-1.92	NO
Armstrong-Indiana	52.7%	223	485	46.0%	41.4%	50.5%	-6.68	YES	77.5%	367	485	75.7%	71.7%	79.6%	-1.79	NO
Beaver	49.3%	282	509	55.4%	51.0%	59.8%	6.14	NO	71.7%	388	509	76.2%	72.4%	80.0%	4.56	NO
Bedford-Somerset	39.2%	124	270	45.9%	39.8%	52.1%	6.75	NO	68.4%	195	270	72.2%	66.7%	77.8%	3.84	NO
Berks	55.0%	625	1,081	57.8%	54.8%	60.8%	2.82	NO	75.2%	818	1,081	75.7%	73.1%	78.3%	0.52	NO
Blair	46.9%	246	473	52.0%	47.4%	56.6%	5.12	NO	77.8%	351	473	74.2%	70.2%	78.3%	-3.57	NO
Bucks	46.8%	396	871	45.5%	42.1%	48.8%	-1.29	NO	65.5%	556	871	63.8%	60.6%	67.1%	-1.64	NO
Butler	51.9%	205	432	47.5%	42.6%	52.3%	-4.46	NO	73.5%	308	432	71.3%	66.9%	75.7%	-2.18	NO
CMP	45.6%	269	590	45.6%	41.5%	49.7%	0.01	NO	70.1%	429	590	72.7%	69.0%	76.4%	2.57	NO
Cambria	33.7%	214	593	36.1%	32.1%	40.0%	2.42	NO	59.8%	395	593	66.6%	62.7%	70.5%	6.77	YES
Chester	51.0%	362	686	52.8%	49.0%	56.6%	1.80	NO	73.0%	500	686	72.9%	69.5%	76.3%	-0.07	NO
Cumberland	49.0%	137	297	46.1%	40.3%	52.0%	-2.90	NO	70.3%	213	297	71.7%	66.4%	77.0%	1.45	NO
Dauphin	40.4%	372	842	44.2%	40.8%	47.6%	3.75	NO	64.0%	573	842	68.1%	64.8%	71.3%	4.04	NO
Delaware	51.8%	499	1151	43.4%	40.4%	46.3%	-8.41	YES	67.9%	709	1151	61.6%	58.7%	64.5%	-6.27	YES
Erie	38.6%	447	1079	41.4%	38.4%	44.4%	2.87	NO	66.5%	735	1079	68.1%	65.3%	70.9%	1.59	NO
Fayette	49.9%	255	526	48.5%	44.1%	52.8%	-1.43	NO	68.3%	371	526	70.5%	66.5%	74.5%	2.26	NO

HEDIS SPECIFICATIONS

	QUALITY INDICATOR 1								QUALITY INDICATOR 2							
	MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011		MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011	
	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
BY BHHC																
Franklin-Fulton	47.6%	160	286	55.9%	50.0%	61.9%	8.39	NO	80.1%	238	286	83.2%	78.7%	87.7%	3.15	NO
Greene	38.2%	70	151	46.4%	38.1%	54.6%	8.19	NO	63.4%	106	151	70.2%	62.6%	77.8%	6.76	NO
Lancaster	45.6%	473	1063	44.5%	41.5%	47.5%	-1.13	NO	67.6%	739	1063	69.5%	66.7%	72.3%	1.93	NO
Lawrence	45.1%	138	306	45.1%	39.4%	50.8%	0.04	NO	74.1%	212	306	69.3%	63.9%	74.6%	-4.79	NO
Lebanon	60.5%	186	337	55.2%	49.7%	60.7%	-5.32	NO	77.8%	267	337	79.2%	74.7%	83.7%	1.39	NO
Lehigh	49.1%	653	1,380	47.3%	44.6%	50.0%	-1.81	NO	66.1%	898	1,380	65.1%	62.5%	67.6%	-1.02	NO
Lycoming-Clinton	39.3%	195	443	44.0%	39.3%	48.8%	4.76	NO	65.7%	291	443	65.7%	61.2%	70.2%	0.01	NO
Montgomery	49.8%	630	1,360	46.3%	43.6%	49.0%	-3.50	NO	69.7%	870	1,360	64.0%	61.4%	66.6%	-5.74	YES
NBHCC	53.8%	1043	1867	55.9%	53.6%	58.1%	2.09	NO	75.9%	1420	1867	76.1%	74.1%	78.0%	0.17	NO
NCSO-1	48.6%	338	652	51.8%	47.9%	55.8%	3.23	NO	77.6%	512	652	78.5%	75.3%	81.8%	0.95	NO
NCSO-2	45.5%	594	1251	47.5%	44.7%	50.3%	2.03	NO	74.1%	966	1251	77.2%	74.9%	79.6%	3.15	NO
NCSO-3	49.1%	593	1212	48.9%	46.1%	51.8%	-0.20	NO	70.2%	887	1212	73.2%	70.6%	75.7%	3.02	NO
NCSO-4	56.1%	193	402	48.0%	43.0%	53.0%	-8.11	YES	75.3%	277	402	68.9%	64.3%	73.6%	-6.38	YES
NWBHP	44.9%	429	983	43.6%	40.5%	46.8%	-1.25	NO	67.6%	665	983	67.7%	64.7%	70.6%	0.05	NO
Northampton	50.7%	442	811	54.5%	51.0%	58.0%	3.80	NO	70.7%	579	811	71.4%	68.2%	74.6%	0.67	NO
Perry	34.5%	33	70	47.1%	34.7%	59.6%	12.66	NO	56.9%	50	70	71.4%	60.1%	82.7%	14.53	NO
Philadelphia	39.1%	3289	7392	44.5%	43.4%	45.6%	5.36	YES	55.5%	4412	7392	59.7%	58.6%	60.8%	4.22	YES
Washington	43.7%	272	616	44.2%	40.2%	48.2%	0.45	NO	65.6%	392	616	63.6%	59.8%	67.5%	-1.92	NO
Westmoreland	48.2%	420	974	43.1%	40.0%	46.3%	-5.09	YES	69.5%	667	974	68.5%	65.5%	71.4%	-1.06	NO
York	40.1%	396	910	43.5%	40.2%	46.8%	3.47	NO	65.9%	597	910	65.6%	62.5%	68.7%	-0.33	NO
HealthChoices BHHC Average	46.8%	47.7%							69.9%	70.5%						

Table 19B: PA-Specific MY 2012 Rates and MY 2011 Comparisons by BHC

PA-SPECIFICATIONS																
	QUALITY INDICATOR A							QUALITY INDICATOR B								
	MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011		MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011	
BY BHC	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
Adams	56.25%	54	96	56.25%	45.81%	66.69%	0.00	NO	78.57%	72	96	75.00%	65.82%	84.18%	-3.57	NO
Allegheny	62.41%	2,171	525	61.59%	59.97%	63.21%	-0.82	NO	76.71%	2,665	3,525	75.60%	74.17%	77.03%	-1.11	NO
Armstrong-Indiana	64.34%	281	485	57.94%	53.44%	62.43%	-6.40	YES	82.38%	391	485	80.62%	77.00%	84.24%	-1.76	NO
Beaver	56.85%	319	509	62.67%	58.37%	66.97%	5.82	NO	75.93%	406	509	79.76%	76.18%	83.35%	3.83	NO
Bedford-Somerset	55.33%	164	270	60.74%	54.73%	66.75%	5.41	NO	77.66%	220	270	81.48%	76.66%	86.30%	3.82	NO
Berks	64.01%	721	1,081	66.70%	63.84%	69.55%	2.69	NO	78.78%	872	1,081	80.67%	78.27%	83.07%	1.89	NO
Blair	60.26%	307	473	64.90%	60.50%	69.31%	4.64	NO	81.73%	379	473	80.13%	76.42%	83.83%	-1.60	NO
Bucks	59.19%	483	871	55.45%	52.10%	58.81%	-3.74	NO	73.32%	602	871	69.12%	65.99%	72.24%	-4.20	NO
Butler	62.25%	243	432	56.25%	51.46%	61.04%	-6.00	NO	78.88%	328	432	75.93%	71.78%	80.07%	-2.95	NO
CMP	53.36%	309	590	52.37%	48.26%	56.49%	-0.99	NO	74.56%	448	590	75.93%	72.40%	79.47%	1.37	NO
Cambria	46.25%	293	593	49.41%	45.30%	53.52%	3.16	NO	71.60%	427	593	72.01%	68.31%	75.70%	0.41	NO
Chester	61.66%	428	686	62.39%	58.69%	66.09%	0.73	NO	77.41%	531	686	77.41%	74.20%	80.61%	0.00	NO
Cumberland	57.53%	172	297	57.91%	52.13%	63.70%	0.38	NO	75.68%	227	297	76.43%	71.44%	81.43%	0.75	NO
Dauphin	59.95%	540	842	64.13%	60.83%	67.43%	4.18	NO	76.55%	666	842	79.10%	76.29%	81.90%	2.55	NO
Delaware	66.58%	698	1,151	60.64%	57.78%	63.51%	-5.94	YES	76.86%	844	1,151	73.33%	70.73%	75.93%	-3.53	NO
Erie	55.04%	613	1,079	56.81%	53.81%	59.81%	1.77	NO	76.02%	811	1,079	75.16%	72.54%	77.79%	-0.86	NO
Fayette	54.36%	291	526	55.32%	50.98%	59.67%	0.96	NO	73.47%	392	526	74.52%	70.71%	78.34%	1.05	NO
Franklin-Fulton	63.29%	189	286	66.08%	60.42%	71.75%	2.79	NO	85.31%	251	286	87.76%	83.79%	91.74%	2.45	NO
Greene	56.45%	102	151	67.55%	59.75%	75.35%	11.10	YES	74.73%	124	151	82.12%	75.68%	88.56%	7.39	NO
Lancaster	52.09%	577	1,063	54.28%	51.24%	57.32%	2.19	NO	71.67%	794	1,063	74.69%	72.03%	77.35%	3.02	NO

PA-SPECIFICATIONS																
	QUALITY INDICATOR A								QUALITY INDICATOR B							
	MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011		MY 2011	MY 2012					RATE COMPARISON MY 2012 to MY 2011	
BY BHHC	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
Lawrence	59.26%	171	306	55.88%	50.16%	61.61%	-3.38	NO	79.63%	224	306	73.20%	68.08%	78.33%	-6.43	NO
Lebanon	68.75%	209	337	62.02%	56.69%	67.35%	-6.73	NO	83.52%	282	337	83.68%	79.59%	87.77%	0.16	NO
Lehigh	59.23%	790	1,380	57.25%	54.60%	59.89%	-1.98	NO	73.02%	1,000	1,380	72.46%	70.07%	74.86%	-0.56	NO
Lycoming-Clinton	51.60%	229	443	51.69%	46.93%	56.46%	0.09	NO	72.59%	311	443	70.20%	65.83%	74.58%	-2.39	NO
Montgomery	62.27%	829	1,360	60.96%	58.33%	63.59%	-1.31	NO	77.38%	1,013	1,360	74.49%	72.13%	76.84%	-2.89	NO
NBHCC	61.24%	1,199	1,867	64.22%	62.02%	66.42%	2.98	NO	79.01%	1,486	1,867	79.59%	77.74%	81.45%	0.58	NO
NCSO-1	64.65%	460	652	70.55%	66.98%	74.13%	5.90	YES	83.31%	565	652	86.66%	83.97%	89.34%	3.35	NO
NCSO-2	61.06%	809	1,251	64.67%	61.98%	67.36%	3.61	NO	81.96%	1,055	1,251	84.33%	82.28%	86.39%	2.37	NO
NCSO-3	60.71%	712	1,212	58.75%	55.93%	61.56%	-1.96	NO	78.33%	940	1,212	77.56%	75.17%	79.95%	-0.77	NO
NCSO-4	61.89%	225	402	55.97%	50.99%	60.95%	-5.92	NO	77.83%	297	402	73.88%	69.46%	78.30%	-3.95	NO
NWBHP	56.35%	514	983	52.29%	49.12%	55.46%	-4.06	NO	75.03%	726	983	73.86%	71.06%	76.65%	-1.17	NO
Northampton	63.12%	497	811	61.28%	57.87%	64.70%	-1.84	NO	77.82%	619	811	76.33%	73.34%	79.31%	-1.49	NO
Perry	41.38%	37	70	52.86%	40.45%	65.27%	11.48	NO	63.79%	52	70	74.29%	63.33%	85.24%	10.50	NO
Philadelphia	51.39%	4,126	7,392	55.82%	54.68%	56.96%	4.43	YES	67.21%	5,149	7,392	69.66%	68.60%	70.71%	2.45	YES
Washington	56.47%	333	616	54.06%	50.04%	58.08%	-2.41	NO	74.83%	436	616	70.78%	67.11%	74.45%	-4.05	NO
Westmoreland	58.39%	549	974	56.37%	53.20%	59.53%	-2.02	NO	76.33%	742	974	76.18%	73.45%	78.91%	-0.15	NO
York	45.91%	452	910	49.67%	46.37%	52.97%	3.76	NO	68.74%	631	910	69.34%	66.29%	72.39%	0.60	NO
HealthChoices County Average	58.1%	58.7%							76.4%	76.6%						

IX. Comparisons to HEDIS Medicaid Benchmarks

The aggregate HEDIS indicator rates and the BH-MCO rates were compared to the *HEDIS 2013 Audit Means, Percentiles & Ratios* published by NCQA. The reference rates for national normative data contain means, 10th, 25th, 50th, 75th and 90th percentiles, and the enrollment ratios for nearly all HEDIS measures. There are tables by product lines (i.e., Commercial, Medicaid, and Medicare), so that the appropriate Medicaid benchmarks were used for comparison. NCQA's means and percentiles for each product line are generated annually using HMO, POS, and HMO/POS combined products from MCOs that underwent a HEDIS Compliance Audit™. Data were included from MCOs, regardless of whether the MCO did or did not report individual HEDIS rates publicly. The means and percentiles displayed in the *HEDIS 2013 Audit Means, Percentiles & Ratios* tables are based on data from the 2012 measurement year. The benchmark values for HEDIS 2013 and HEDIS 2012 are presented in Table 20A and 20B.

Table 20A: HEDIS 2013 Medicaid Benchmarks

MEDICAID – HEDIS 2013	SUMMARY STATISTICS FOR RATES ACROSS MCOS					
	Mean	10 th %ile	25 th %ile	Median	75 th %ile	90 th %ile
Follow-up After Hospitalization for Mental Illness - Seven Days	43.83%	21.33%	31.28%	44.66%	54.80%	68.79%
Follow-up After Hospitalization for Mental Illness - 30 Days	63.75%	38.13%	57.21%	65.85%	75.68%	82.01%

Table 20B: HEDIS 2012 Medicaid Benchmarks

MEDICAID – HEDIS 2012	SUMMARY STATISTICS FOR RATES ACROSS MCOS					
	Mean	10 th %ile	25 th %ile	Median	75 th %ile	90 th %ile
Follow-up After Hospitalization for Mental Illness - Seven Days	46.50%	24.03%	32.20%	46.06%	57.68%	69.57%
Follow-up After Hospitalization for Mental Illness - 30 Days	64.99%	36.04%	57.29%	67.65%	77.47%	84.28%

For the MY 2012 study, the aggregate HealthChoices rate for QI 1 was 47.2% and for QI 2 was 67.8%. The performance rates for QI 1 and QI 2 both fell between the 50th and 75th percentiles of the respective HEDIS 2013 Medicaid benchmarks. In MY 2011, the QI 1 rate of 46.1% was between the 50th and 75th percentiles of the HEDIS 2012 Medicaid benchmarks; however, the QI 2 rate of 67.0% was below the HEDIS 2012 Medicaid 50th percentile of 67.7%

When comparing the BH-MCOs' MY 2012 QI 1 rates to the seven-day HEDIS benchmark, the rates for CBHNP, CCBH, MBH, and VBH fell between the 50th and 75th percentiles, while CBH was between the 25th and 50th percentiles. In MY 2011, the QI 1 rates for CCBH and MBH were between the 50th and 75th percentiles, while the rates for CBH, CBHNP, and VBH were between the 25th and 50th percentiles.

For QI 2 in MY 2012, rates for CBHNP, CCBH, and VBH fell between the 50th and 75th percentiles, whereas the rates for CBH and MBH fell between the 25th and 50th percentiles. In MY 2011, the QI 2 rates for CBHNP, CCBH, MBH and VBH were between the 50th and 75th percentiles, while the rate for CBH was between the 10th and 25th percentiles.

CHAPTER VI : CONCLUSIONS AND RECOMMENDATIONS

Conclusions

For MY 2012, a total of 16,978 of the 35,972 (47.2%) discharges had a follow-up visit that met the criteria for QI 1, the seven-day HEDIS indicator. For the corresponding 30-day measure, QI 2, 67.8% of discharges had a follow-up visit. As compared to the *HEDIS 2013 Audit Means, Percentiles & Ratios*, the performance rates for QI 1 and QI 2 both fell between the respective 50th and 75th percentiles. For QI A, the PA-specific seven-day measure, 21,096 (58.7%) discharges had a follow-up visit that met the PA-specific criteria. For QI B, the PA-specific 30-day measure, 26,978 (75.0%) discharges had a follow-up visit. The MY 2012 rates for QI 1, QI 2, and QI A statistically significantly increased, while the rate for QI B had no statistically significant change as compared to the corresponding MY 2011 rates. Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that may not be clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful.

As compared to MY 2011, statistically significant increases were noted for the HEDIS and PA-specific indicator rates for the Black/African American population in MY 2012. As with previous measurements, the rates for the Black/African Americans continued to be lower than those for the White population for all QIs. While the disparity between the White and Black/African American populations remained statistically significant for all four QIs in MY 2012, the absolute difference in rates has been steadily decreasing from MY 2010 to MY 2012.

The QI 1 rate for the Non-Hispanic group statistically significantly increased in MY 2012 as compared to MY 2011. All other rates for the Non-Hispanic group, and all rates for the Hispanic group, had no statistically significant differences from MY 2011 to MY 2012. Comparing MY 2012 rates for Hispanics and Non-Hispanics, Hispanics had statistically significantly higher rates for QI 1 and QI 2. The QI A and QI B rates had no significant differences.

For MY 2012, there were statistically significant increases in QI 1 and QI A rates for the Ages 21-64 years category when compared to MY 2011. No other rates had statistically significant differences. In MY 2012, the 6-20 years old group had statistically significantly higher rates than the 21+ years old group for all four measures. This is consistent with previous studies.

Additional analysis was done to compare members 15-20 years old to members 21-25 years old. There was no significant differences in either of the age groups when comparing the MY 2011 to MY 2012 rates for any of the four indicators. Members in the 15-20 year old age group had statistically significantly higher rates in MY 2012 for QI 1, QI 2, and QI B than the 21-25 year old age group.

From MY 2011 to MY 2012, statistically significant increases were noted for all four rates for the female group. There were no statistically significant changes in any rates for the male group. In MY 2012, females had statistically significantly higher rates than males for all four rates. Overall, the gender disparity indicated by the HEDIS and PA-specific indicators has increased from MY 2010 to MY 2012.

For MY 2012, rates varied among the five BH-MCOs. The BH-MCO rates for QI 1 ranged from 44.5% to 49.7%, and from 59.7% to 71.7% for QI 2. When comparing MY 2012 to MY 2011, both HEDIS rates for CBH increased statistically significantly, while both rates for MBH decreased statistically significantly. The QI 1 rates for CCBH was statistically significantly higher than the HealthChoices BH-MCO Average, while the rates for CBH and VBH were statistically significantly lower. As for QI 2, rates for CCBH, CBHNP, and VBH were statistically significantly higher than the HealthChoices BH-MCO Average, while the rates for CBH and MBH were statistically significantly lower.

With regard to the PA-specific indicators, the QI A rates by BH-MCO ranged from 55.8% to 61.1%, and from 69.7% and 78.0% for QI B. As compared to MY 2011, CBH had statistically significant increases for

both rates, and MBH had statistically significant decreases for both rates. Comparing MCO rates to the BH-MCO average shows that CBH was statistically significantly lower than the BH-MCO average for QI A and QI B, CCBH was statistically significantly higher for QI A and QI B. VBH was statistically significantly lower for QI A only. CBHNP was statistically significantly higher for QI B, and MBH was statistically significantly lower for QI B.

For the HEDIS indicators, the HealthChoices BHC Averages for QI 1 and QI 2 were 47.7% and 70.5%, respectively. For QI 1, rates for 8 BHCs were statistically significantly above the QI 1 HealthChoices County Average, while rates for 9 BHCs were statistically significantly below this average. From MY 2011 to MY 2012, QI 1 rates for 1 BHC (Philadelphia) statistically significantly increased, and the rates for four BHCs statistically significantly decreased. With regard to QI 2, rates for 9 BHCs were statistically significantly above the QI 2 HealthChoices County Average, and 10 were statistically significantly below. Compared to MY 2011, the rate for two BHCs statistically increased, and the rates for three BHCs statistically significantly decreased.

As for the PA-specific indicators, the HealthChoices BHC Average for QI A and QI B were 58.7% and 76.6%, respectively. For QI A, rates for 9 BHCs were statistically significantly above the QI A HealthChoices County Average, whereas rates for another 7 BHCs were statistically significantly below this average. Between MY 2011 and MY 2012, QI A rates for three BHCs statistically significantly increased, while rates for two BHCs statistically significantly decreased. With regard to QI B, MY 2012 rates for 7 BHCs were statistically significantly above the QI B HealthChoices County Average, and 8 were statistically significantly below. Compared to MY 2011, a statistically significant increase was noted for one BHC (Philadelphia), and no BHCs had statistically significant decreases.

Recommendations

Despite a number of years of data collection and interventions, FUH rates have not increased meaningfully, and FUH for the Medicaid Managed Care (MMC) population continues to be an area of concern for OMHSAS. As a result, many recommendations previously proposed remain pertinent. Additionally, OMHSAS continues to examine strategies that may facilitate improvement in this area. In consideration of preliminary work conducted, the following recommendations may assist in future discussions.

Recommendation 1: The purpose of this re-measurement study is to inform OMHSAS, the BHCs and the BH-MCOs of the effectiveness of the interventions implemented between MY 2010 and MY 2012 to promote continuous quality improvement with regard to follow-up care after psychiatric hospitalization. The information contained within this study should be used to **further develop strategies for improving** the likelihood that **at-risk members** will receive follow-up care. The BHCs and BH-MCOs participating in this study should continue to **evaluate the current interventions in place** with respect to their follow-up rates to assess how these interventions affected change in follow-up rates from the prior measurement years MY 2011 and MY 2012. The BHCs and BH-MCOs should continue to **conduct additional root cause and barrier analyses** to identify further impediments in receiving follow-up care and then **implement action and monitoring plans** to further increase their rates.

Recommendation 2: The findings of this re-measurement indicate that disparities in rates between demographic populations continue to persist as seen in prior studies. It is clear that the OMHSAS contracted BHCs and their subcontracted BH-MCOs are working to improve their overall follow-up rates, as based on the decrease in the absolute rate differences between the White and Black/African American groups, but it is important for these entities to **continue to target the demographic populations that do not perform as well as their counterparts**. BH-MCOs should also investigate root causes for populations where the rate disparities are constant or increasing, (i.e. males vs. females). It is essential to **ensure that improvements are consistent, sustained across measurement years, and applicable to all groups**. It is recommended that BH-MCOs and BHCs continue to **focus interventions on populations that continue to exhibit lower follow-up rates** (e.g., Black/African American population). Possible reasons for these rate disparities include access, cultural differences and financial factors, which should all be considered and evaluated to determine their potential impact on performance. Additionally,

the BH-MCOs should be encouraged to initiate targeted interventions to address disparate rates between study populations.

Recommendation 3: BH-MCOs and BHCs are encouraged to **review the findings of the follow-up study in conjunction with inpatient psychiatric readmission rates. Focused review of those individuals** that had an inpatient psychiatric readmission in less than 30 days is recommended to determine the extent to which those individuals either had or did not have evidence of ambulatory follow-up/aftercare visit(s) during the interim period.

Recommendation 4: Additional analyses of each BH-MCO's data should be conducted in order to **determine** if any **other trends** are noted. For example, lower follow-up rates may be associated with individuals with particular diagnoses, or with co-occurring conditions such as substance abuse and/or addiction. **After evaluating the BH-MCO data** for trends, **subject-specific findings should be transmitted to BH-MCO and/or BHC care managers for implementation of appropriate action.**

APPENDIX

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS SPECIFICATIONS

HEDIS 2013 Specifications.....	A2
PA-Specific 2013 Specifications.....	A11

STATEWIDE RATES

Total.....	A22
Race.....	A23
Ethnicity.....	A25
Age	A27
Gender.....	A29
BH-MCO.....	A31

BH-MCO RATES

Race.....	A33
Ethnicity.....	A35
Age.....	A36
Gender.....	A38

BHHC RATES

Race.....	A39
Ethnicity.....	A43
Gender.....	A47
Age.....	A51

COUNTY TO BHHC CROSSWALK.....	A55
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REFERENCES.....	A57
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HEDIS 2013 SPECIFICATIONS

Commonwealth of Pennsylvania Department of Public Welfare
Office of Mental Health and Substance Abuse Services
2013 Behavioral Health Performance Measure (Measurement Year 2012)

HEDIS® FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications

SUMMARY OF CHANGES TO 2013 MEASURE

- Dates updated to reflect current time period of interest.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2013 technical specifications.
 - Added instructions to use only facility claims (not professional claims) to identify discharges with a principal mental health diagnosis.

Description: This HEDIS indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of members who received follow-up within seven days of discharge.
2. The percentage of members who received follow-up within 30 days of discharge.

STEP 1: IDENTIFY ELIGIBLE POPULATION

Definition

Product Line: Pennsylvania HealthChoices Medicaid. Non-HealthChoices members should not be included in the eligible group.

Ages: Six years and older as of the date of discharge.

Continuous Enrollment: Date of discharge through 30 days after discharge.

Allowable gap: No gaps in enrollment.

Anchor Date: None.

Event/diagnosis: Discharged alive from an acute inpatient setting with a principal mental health diagnosis (as listed in Table 1.1) on or between January 1st 2012 and December 1st, 2012. Use only facility claims to identify discharges with a principal mental health diagnosis. Do not use diagnoses from professional claims to identify discharges.

The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge on or between January 1st 2012 and December 1st, 2012.

BH-MCOs should not count discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays). Refer to Table 1.2 for codes to identify non-acute care.

Mental health readmission or direct transfers:

If the discharge is followed by a readmission or a direct transfer to an acute facility for any mental health principal diagnosis within the 30-day follow-up period, count only the readmission discharge from the facility to which the member was transferred.

Exclude discharges followed by a readmission or a direct transfer to a non-acute facility for any mental health principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because the readmission or transfer may prevent an outpatient follow-up visit from taking place.

Non-mental health readmission or direct transfer:

Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or non-acute facility for a non-mental health principal diagnosis. These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.

DENIED CLAIMS:

Inpatient stay claim denials should be included in the eligible population of this measure, as appropriate. Denials due to lack of utilization review, inpatient non-authorization or late claims submission should be included (i.e., when services were rendered regardless of MCO non-payment). Denials due to duplicate billing should be excluded.

Table 1.1 Codes to Identify Applicable Mental Health Diagnoses (From HEDIS 2013, Volume 2, Table FUH-A, page 191)

ICD-9-CM Codes
295-299, 300.3, 300.4, 301, 308, 309, 311-314

TABLE 1.2 CODES TO IDENTIFY NON-ACUTE CARE EXCLUSIONS (FROM HEDIS 2013, VOLUME 2, TABLE FUH-B, PAGE 192)*

Description	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice		0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF		019x	21x, 22x, 28x	31, 32
Hospital transitional care, swing bed or rehabilitation			18x	
Rehabilitation		0118, 0128, 0138, 0148, 0158		
Respite		0655		
Intermediate care facility				54
Residential substance abuse treatment facility		1002		55
Psychiatric residential treatment center	T2048, H0017-H0019	1001		56
Comprehensive inpatient rehabilitation facility				61
Other non-acute care facilities that do not use the UB revenue or type of bill codes for billing (e.g., ICF, SNF)				

*Codes included in this table are intended as a guide to identify non-acute care exclusions. The table is not a comprehensive list of all qualifying exclusions. MCOs and Counties are advised to use all the codes listed, along with other codes that are consistent with those provided in Table 1.2.

STEP 2: IDENTIFY DENOMINATOR AND NUMERATOR POSITIVES USING ADMINISTRATIVE DATA

There are two rates that are calculated for this indicator. Both utilize the same denominator, but have different numerators:

Denominator: The eligible population

Numerators: **Numerator 1 – HEDIS 7 Day Follow-up**

An outpatient visit, intensive outpatient visit, or partial hospitalization (Table 1.3) with a mental health practitioner within seven days of discharge. Include visits that occur on the date of discharge.

Numerator 2 – HEDIS 30 Day Follow-up

An outpatient visit, intensive outpatient visit, or partial hospitalization (Table 1.3) with a mental health practitioner within 30 days of discharge. Include visits that occur on the date of discharge.

Note: Look for the earliest qualifying ambulatory visit. It is important to ensure that follow-up visits occur on dates after corresponding inpatient discharges. The indicator measures the proportion of patients who follow-up with a mental health practitioner within seven days, and the proportion of patients who follow-up with a mental health practitioner within 30 days. Therefore, a patient who is a numerator positive for the seven-day follow-up rate is automatically a numerator positive for the 30-day follow-up rate. There is no requirement for two visits within the 30-day time frame.

For a visit to meet the numerator requirements of this measure, it must satisfy the following criteria:

- (1) The date of service for the qualifying follow-up visit must be between 1/1/2012 and 12/31/2012,
- (2) The date of service must have occurred within seven days of the hospital discharge (on the date of discharge up to seven days after discharge) for Numerator 1 and within 30 days for Numerator 2 (on the date of discharge up to 30 days after discharge), and
- (3) The date of service must clearly indicate a qualifying visit/treatment with a mental health practitioner as defined by either:
 - A qualifying CPT code (Table 1.3) delivered by a mental health practitioner.
 - OR**
 - A qualifying CPT code *with* a qualifying place of service (POS) code (Table 1.3) delivered by a mental health practitioner.
 - OR**
 - A qualifying UB Revenue Code (Table 1.3) delivered by a mental health practitioner.
 - OR**
 - A qualifying UB Revenue Code (Table 1.3) that does not require determination of the practitioner type.
 - OR**
 - A qualifying HCPCS (Table 1.3) delivered by a mental health practitioner.

Please refer to Appendix 3, page 3-1 of HEDIS 2013, Volume 2: Technical Specifications for the definition of a mental health practitioner.

- A qualifying follow visit determined by validated data entered in a acceptable supplemental database

An acceptable administrative database related to numerator events would be a spreadsheet which included the type of service received, the date of service, the patient seen and the provider

of the service. Such a spreadsheet could be derived from a care management system. All required elements for reporting must be present in the supplemental database. In this case, the type of service rendered could be a text field. This field would then be mapped to a standard code.

Validation of this database would require validation of the use of descriptions of services. The MCO should produce definitions of the services included in any given description. It would also include primary source validation of a sample of records drawn from the database. For these records, chart evidence of the occurrence of the service would be required and reviewed. It is imperative that supplemental databases contain all required elements at the appropriate level of date specificity. For example, a database that indicated that follow-up had occurred, but did not provide a specific date, could not be used. Similarly, scheduling or appointment databases cannot be used as evidence of services rendered.

Table 1.3 Codes to Identify Visits (From HEDIS 2013, Volume 2, Table FUH-C, page 193)

INCLUDED IN BOTH NUMERATORS (1 and 2)		
CPT		
Follow-up visits identified by the following CPT codes must be with a mental health practitioner.		
90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510		
CPT*	POS	
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.		
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	<i>WITH</i>	52, 53
UB Revenue		
The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.		
0513, 0900-0905, 0907, 0911-0917, 0919		
Visits identified by the following Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table 1.1.		
0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983		
HCPCS		
Follow-up visits identified by the following HCPCS codes must be with a mental health practitioner.		
G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485		

* Follow-up visits identified through these CPT codes must be identified in conjunction with applicable POS codes.

SUBMISSION REQUIREMENTS

- All BH-MCOs are required to submit one data file with the eligible population, numerator positives, and source code for identification of both the eligible population and numerator events to IPRO for validation.
- MCOs are requested to post the information to IPRO's secure FTP site by the scheduled due date. MCOs should notify the designated IPRO contact when files are posted and cc: County Contacts on all deliverables.
- BH-MCOs that contract with multiple County entities should provide a consolidated data file for all contracted Counties (i.e., one BH-MCO file). Separate County files will not be accepted.
- BH-MCO data files should be named according to the following file naming convention:
FUH_MY2012_HEDIS_BHMCOName_v# (e.g., *FUH_MY2012_HEDIS_ABCHP_v1*)
- BH-MCOs must identify the two-digit County code initials designated for each County as specified in the file layout document.

PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2013
HEDIS FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications

File Format: Fixed width text file

File Record Length = 445

Filename: FUH_MY2012_HEDIS_BHMCOName_v# (v indicates version number v1 would be used for the first submission)

BH-MCOs with multiple County contracts should provide one aggregate file

DENOMINATOR INFORMATION

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
1	BH-MCO Name	Char	15	1	15	BH-MCO Name
2	County Identifier	Char	2	16	17	Two digit Alpha Code
3	Enrollee Product Line	Char	1	18	18	M = Mandatory Medicaid V = Voluntary Medicaid
4	Enrollee Medicare Primary Insurer	Char	1	19	19	Y = Yes - enrollee has Medicare as primary insurer N = No - enrollee does not have Medicare primary
5	Enrollee Commercial Primary Insurer	Char	1	20	20	Y = Yes - enrollee has Commercial as primary insurer N = No - enrollee does not have Commercial primary
6	Enrollee Last Name	Char	35	21	55	Concatenate name length to 35 characters max
7	Enrollee First Name	Char	15	56	70	Concatenate name length to 15 characters max
8	Enrollee Date of Birth	Char	8	71	78	YYYYMMDD
9	Enrollee CIS #	Char	10	79	88	Include check digit
10	Enrollee Gender	Char	1	89	89	M = Male F = Female
11	Enrollee Zip Code	Char	5	90	94	5-digit zip code
12	Enrollee Race	Char	2	95	96	Two digit race code from DPW eligibility data: 01 = Black or African American 03 = American Indian or Alaskan Native 04 = Asian 05 = White 06 = Other or Not Volunteered by the Recipient 07 = Native Hawaiian or Other Pacific Islander 08 = Missing or Not Available
13	Enrollee Ethnicity	Char	2	97	98	Two digit ethnicity code from DPW eligibility data: 01 = Non Hispanic 02 = Hispanic 03 = Missing or Not Available
14	Qualifying Enrollment Date	Char	8	99	106	YYYYMMDD
15	Disenrollment Date	Char	8	107	114	YYYYMMDD - use 99999999 if still enrolled
16	Hospital/Facility ID #	Char	15	115	129	MCO assigned hospital/facility identifier

17	Hospital PROMISe Provider ID	Char	9	130	138	
18	Hospital NPI	Char	10	139	148	If available
19	Hospital Name	Char	100	149	248	If necessary, concatenate name length to 100 characters max
20	Date of Hospital Admission	Char	8	249	256	YYYYMMDD
21	Date of Hospital Discharge	Char	8	257	264	YYYYMMDD
22	Qualifying Principal Diagnosis Code	Char	6	265	270	DO NOT INCLUDE DECIMALS ICD-9-CM from Table 1.1
23	Procedure Code	Char	5	271	275	
24	Place of Service (POS) Code	Char	2	276	277	
25	Qualifying or Disqualifying Discharge Status Code	Char	2	278	279	
26	UB Type of Bill Code	Char	3	280	282	

NUMERATOR INFORMATION

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
27	Numerator 1 Compliance Indicator	Char	1	283	283	1 = met Numerator 1 requirements 0 = did not meet Numerator 1 requirements
28	Numerator 2 Compliance Indicator	Char	1	284	284	1 = met Numerator 2 requirements 0 = did not meet Numerator 2 requirements
29	Date of Earliest Qualifying Service	Char	8	285	292	YYYYMMDD
30	Procedure Code for the Qualifying Follow-up Visit	Char	5	293	297	CPT, UB-Revenue or HCPCS from Table 1.3
31	POS Code for the Qualifying Follow-up Visit	Char	2	298	299	POS from Table 1.3, if applicable
32	Principal ICD-9-CM Code	Char	5	300	304	DO NOT INCLUDE DECIMALS
33	Secondary ICD-9-CM Code	Char	5	305	309	DO NOT INCLUDE DECIMALS
34	Provider Name	Char	100	310	409	If necessary, concatenate name length to 100 characters max
35	MCO Provider ID #	Char	15	410	424	MCO assigned provider number
36	PROMISe Provider ID	Char	9	425	433	
37	NPI	Char	10	434	443	If available
38	PROMISe Provider Type	Char	2	444	445	

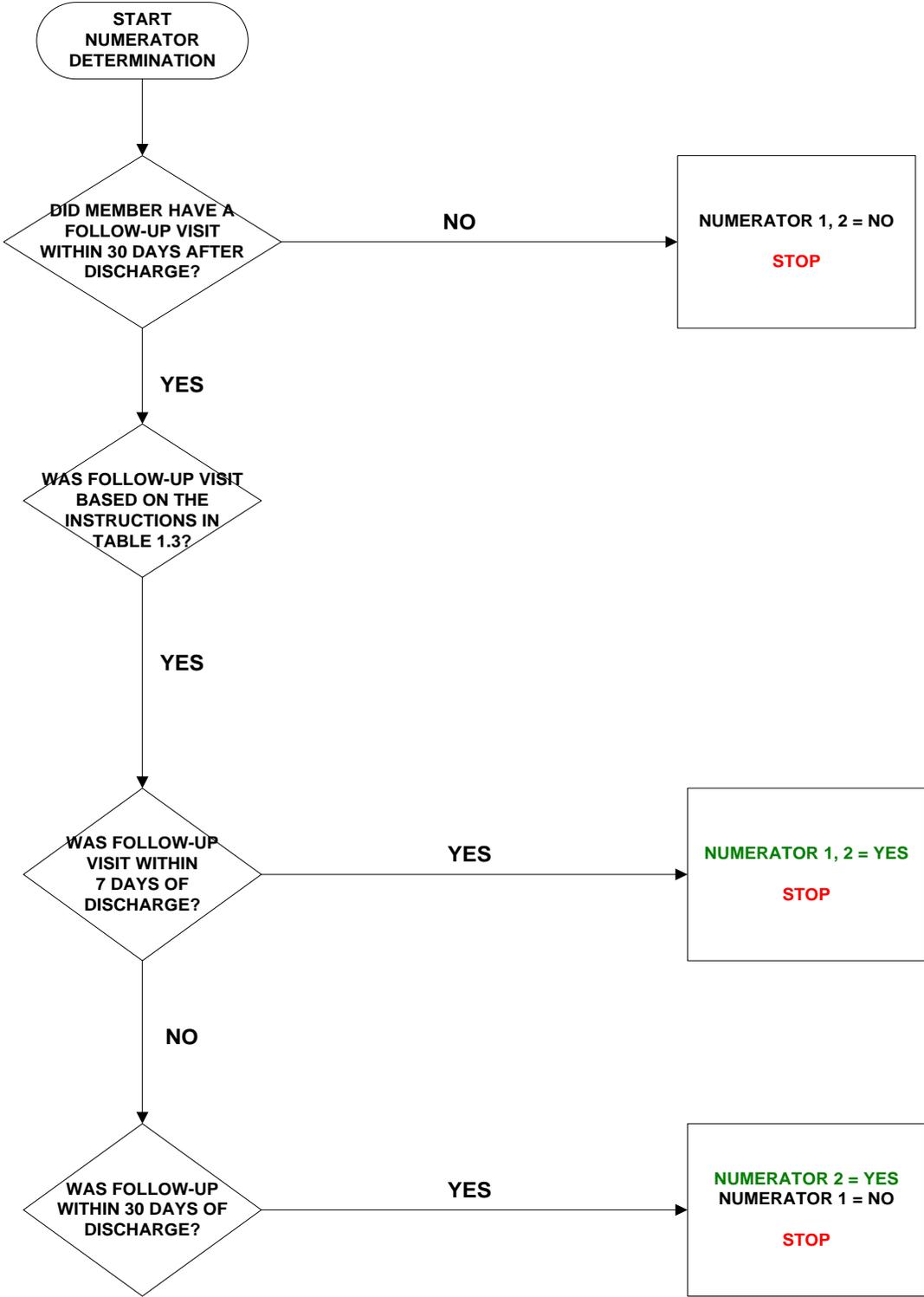
NOTES:

(fields 29 – 38 will be blank for discharges without a subsequent numerator hit [qualifying follow-up appointment])

For each file, use a separate row for every discharge identified as meeting denominator requirements.

Only one row per discharge should be included. Include all discharges for members who have more than one discharge as a separate row.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2013
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
 HEDIS MEASURE NUMERATOR COMPLIANCE DETERMINATION**



PA-SPECIFIC 2013 SPECIFICATIONS

Commonwealth of Pennsylvania Department of Public Welfare
Office of Mental Health and Substance Abuse Services
2013 Behavioral Health Performance Measure (Measurement Year 2012)

PENNSYLVANIA SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications

SUMMARY OF CHANGES TO 2013 MEASURE

- Dates updated to reflect current time period of interest.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2013 technical specifications.
 - Added instructions to use only facility claims (not professional claims) to identify discharges with a principal mental health diagnosis.

Description: This Pennsylvania (PA) specific indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, partial hospitalization with a mental health practitioner or peer support network meeting. Two rates are reported.

3. The percentage of members who received follow-up within seven days of discharge.
4. The percentage of members who received follow-up within 30 days of discharge.

STEP 1: IDENTIFY ELIGIBLE POPULATION

Definition

Product Line: Pennsylvania HealthChoices Medicaid. Non-HealthChoices members should not be included in the eligible group.

Ages: Six years and older as of the date of discharge.

Continuous Enrollment: Date of discharge through 30 days after discharge.

Allowable Gap: No gaps in enrollment.

Anchor Date: None.

Event/diagnosis: Discharged alive from an acute inpatient setting with a principal mental health diagnosis (as listed in Table 1.1) on or between January 1st, 2012 and December 1st, 2012. Use only facility claims to identify discharges with a principal mental health diagnosis. Do not use diagnoses from professional claims to identify discharges.

The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge on or between January 1st, 2012 and December 1st, 2012.

MCOs should not count discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays). Refer to Table A.2 for

codes to identify non-acute care.

Mental Health
Readmission or Direct
Transfers:

If the discharge is followed by a readmission or a direct transfer to an acute facility for any mental health principal diagnosis within the 30-day follow-up period, count only the readmission discharge from the facility to which the member was transferred.

Exclude discharges followed by a readmission or a direct transfer to a non-acute facility for any mental health principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because the readmission or transfer may prevent an outpatient follow-up visit from taking place.

Non-mental Health
Readmission or Direct
Transfer:

Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or non-acute facility for a non-mental health principal diagnosis. These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.

DENIED CLAIMS:

Inpatient stay claim denials should be included in the eligible population of this measure, as appropriate. Denials due to lack of utilization review, inpatient non-authorization or late claims submission should be included (i.e., when services were rendered regardless of MCO non-payment). Denials due to duplicate billing should be excluded.

Table A.1 Codes to Identify Applicable Mental Health Diagnoses
(From HEDIS 2013, Volume 2, Table FUH-A, page 191)

ICD-9-CM Codes
295-299, 300.3, 300.4, 301, 308, 309, 311-314

TABLE A.2 CODES TO IDENTIFY NON-ACUTE CARE EXCLUSIONS (FROM HEDIS 2013, VOLUME 2, TABLE FUH-B, PAGE 192)*

Description	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice		0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF		019x	21x, 22x, 28x	31, 32
Hospital transitional care, swing bed or rehabilitation			18x	
Rehabilitation		0118, 0128, 0138, 0148, 0158		
Respite		0655		
Intermediate care facility				54
Residential substance abuse treatment facility		1002		55
Psychiatric residential treatment center	T2048, H0017-H0019	1001		56
Comprehensive inpatient rehabilitation facility				61
Other non-acute care facilities that do not use the UB revenue or type of bill codes for billing (e.g., ICF, SNF)				

*Codes included in this table are intended as a guide to identify non-acute care exclusions. The table is not a comprehensive list of all qualifying exclusions. MCOs and Counties are advised to use all the codes listed, along with other codes that are consistent with those provided in Table A.2.

STEP 2: IDENTIFY DENOMINATOR AND NUMERATOR POSITIVES USING ADMINISTRATIVE DATA

There are two rates that are calculated for this indicator. Both utilize the same denominator, but have different numerators:

Denominator: The eligible population

Numerators: **Numerator A – PA-Specific 7 Day**

An outpatient visit, intensive outpatient visit, or partial hospitalization (Table A.3) with a mental health practitioner or peer support network meeting within seven days of discharge. Include visits that occur on the date of discharge.

Numerator B – PA-Specific 30 Day

An outpatient visit, intensive outpatient visit, or partial hospitalization (Table A.3) with a mental health practitioner or peer support network meeting within 30 days of discharge. Include visits that occur on the date of discharge.

Note: Look for the earliest qualifying ambulatory visit. It is important to ensure that follow-up visits occur on dates after corresponding inpatient discharges. The indicator is measuring the proportion of patients who follow-up with a mental health practitioner or peer support network meeting within seven days, and the proportion of patients who follow-up with a mental health practitioner or peer support network meeting within 30 days. Therefore, a patient who is a numerator positive for the seven-day follow-up rate is automatically a numerator positive for the 30-day follow-up rate. There is no requirement for two visits within the 30-day time frame.

For a visit to meet the numerator requirements of this measure, it must satisfy the following criteria:

- (1) The date of service for the qualifying follow-up visit must be between 1/1/2012 and 12/31/2012,
- (2) The date of service must have occurred within seven days of the hospital discharge (on the date of discharge up to seven days after discharge) for Numerator A and within 30 days for Numerator B (on the date of discharge up to 30 days after discharge), and
- (3) The date of service must clearly indicate a qualifying visit/treatment with a mental health practitioner or peer support service meeting as defined by either:
 - A qualifying CPT code (Table A.3) delivered by a mental health practitioner or peer support network.
OR
 - A qualifying CPT code **with** a qualifying place of service (POS) code (Table A.3) delivered by a mental health practitioner or peer support network.
OR
 - A qualifying UB Revenue Code (Table A.3) delivered by a mental health practitioner or peer support network.
OR
 - A qualifying UB Revenue Code (Table A.3) that does not require determination of the practitioner type.
OR
 - A qualifying HCPCS (Table A.3) delivered by a mental health practitioner or peer support network.

Please refer to Appendix 3, page 3-1 of HEDIS 2013, Volume 2: Technical Specifications for the definition of a mental health practitioner.

OR

- A qualifying follow-up visit determined by validated data entered in an acceptable supplemental database

An acceptable administrative database related to numerator events would be a spreadsheet which included the type of service received, the date of service, the patient seen and the provider of the service. Such a spreadsheet could be derived from a care management system. All required elements for reporting must be present in the supplemental database. In this case, the type of service rendered could be a text field. This field would then be mapped to a standard code.

Validation of this database would require validation of the use of descriptions of services. The BH-MCO should produce definitions of the services included in any given description. It would also include primary source validation of a sample of records drawn from the database. For these records, chart evidence of the occurrence of the service would be required and reviewed. It is imperative that supplemental databases contain all required elements at the appropriate level of date specificity. For example, a database that indicated that follow-up had occurred, but did not provide a specific date, could not be used. Similarly, scheduling or appointment databases cannot be used as evidence of services rendered.

Table A.3 Codes to Identify Visits (From HEDIS 2013, Volume 2, Table FUH-C, page 193, with additional codes for Pennsylvania-specific measure).

INCLUDED IN BOTH NUMERATORS (A and B)**		
CPT		
Follow-up visits identified by the following CPT codes must be with a mental health practitioner.		
90804-90815, 90899 , 96101, 96116, 96118, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510		
CPT***		POS
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.		
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845-90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
90801, 90802 ²	<i>WITH</i>	99
99221-99223, 99231-99233, 99238, 99239, 99251-99255	<i>WITH</i>	52, 53
UB Revenue		
The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.		
0513, 0900-0905, 0907, 0911-0917, 0919		
Visits identified by the following UB Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table A.1.		
0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983		
HCPCS		
Follow-up visits identified by the following HCPCS codes must be with a mental health practitioner.		
G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0015, H0020, H0031, H0032, H0034-H0037, H0038, H0039, H0040, H0046, H0047, H2000, H2001, H2010-H2021, H2030, H2035, M0064, S0201, S9480, S9484, S9485, T1015, T1016, T1017		

**This includes HCPCS and other industry standard CPT codes and represents a deviation from the HEDIS measure methodology. These indicators cannot be compared to HEDIS benchmarks.

***Follow-up visits identified through these CPT codes must be identified in conjunction with applicable POS codes.

² Follow-up visits identified through CPT codes 90801 and 90802 can also be identified in conjunction with POS code 99.

Table A.4 Narrative Description of Codes in PA-Specific Measure Not Included in HEDIS Measure

90899	Unlisted Psychiatric Service or Procedure
96101	Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report
96116	96116 - Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Evaluation with Personality Assessment)
96118	Neuropsychological Testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report
90801 with POS 99 (other POS)	Psychiatric Diagnostic Interview Examination
90802 with POS 99 (other POS)	Interactive Psychiatric Diagnostic Interview Examination Using Play Equipment, Physical Devices, Language Interpreter, or Other Mechanisms Of Communication
90846	Family Psychotherapy
H0015	Alcohol and/or Drug Services; Intensive Outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), Including Assessment, Counseling, Crisis Intervention, and Activity Therapies Or Education
H0020	Alcohol and/or Drug Services; Methadone Administration and/or Service
H0032	Mental Health Service Plan Development by Non-physician
H0038	Self Help/Peer Services, Per 15 Minutes
H0046	Mental Health Services, Not Otherwise Specified
H0047	Alcohol and/or Other Drug Abuse Services, Not Otherwise Specified
H2021	Community-based Wraparound Services (TSS)
H2030	Mental Health Clubhouse Services
H2035	Alcohol and/or Drug Treatment Program
T1015	Clinic Visit/Encounter, All-inclusive
T1016	Case Management
T1017	Targeted Case Management

SUBMISSION REQUIREMENTS

- All BH-MCOs are required to submit one data file with the eligible population, numerator positives, and source code for identification of both the eligible population and numerator events to IPRO for validation.
- BH-MCOs are requested to post the information to IPRO's secure FTP site by the scheduled due date. BH-MCOs should notify the designated IPRO contact when files are posted and cc: County Contacts on all deliverables.
- BH-MCOs that contract with multiple County entities should provide a consolidated data file for all contracted Counties (i.e., one BH-MCO file). Separate County files will not be accepted.
- BH-MCO data files should be named according to the following file naming convention:
FUH_MY2012_PA_BHMCOName_v# (e.g., *FUH_MY2012_PA_ABCHP_v1*)
- BH-MCOs must identify the two-digit County code initials designated for each County as specified in the file layout document.

PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2013
PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications

File Format: Fixed width text file

File Record Length = 445

Filename: FUH_MY2012_PA_BHMCOName_v# (v indicates version number v1 would be used for the first submission)

BH-MCOs with multiple County contracts should provide one aggregate file

DENOMINATOR INFORMATION

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
1	BH-MCO Name	Char	15	1	15	BH-MCO Name
2	County Identifier	Char	2	16	17	Two digit Alpha Code
3	Enrollee Product Line	Char	1	18	18	M = Mandatory Medicaid V = Voluntary Medicaid
4	Enrollee Medicare Primary Insurer	Char	1	19	19	Y = Yes - enrollee has Medicare as primary insurer N = No - enrollee does not have Medicare primary
5	Enrollee Commercial Primary Insurer	Char	1	20	20	Y = Yes - enrollee has Commercial as primary insurer N = No - enrollee does not have Commercial primary
6	Enrollee Last Name	Char	35	21	55	Concatenate name length to 35 characters max
7	Enrollee First Name	Char	15	56	70	Concatenate name length to 15 characters max
8	Enrollee Date of Birth	Char	8	71	78	YYYYMMDD
9	Enrollee CIS #	Char	10	79	88	Include check digit
10	Enrollee Gender	Char	1	89	89	M = Male F = Female
11	Enrollee Zip Code	Char	5	90	94	5-digit zip code
12	Enrollee Race	Char	2	95	96	Two digit race code from DPW eligibility data: 01 = Black or African American 03 = American Indian or Alaskan Native 04 = Asian 05 = White 06 = Other or Not Volunteered by the Recipient 07 = Native Hawaiian or Other Pacific Islander 08 = Missing or Not Available
13	Enrollee Ethnicity	Char	2	97	98	Two digit ethnicity code from DPW eligibility data: 01 = Non Hispanic 02 = Hispanic 03 = Missing or Not Available
14	Qualifying Enrollment Date	Char	8	99	106	YYYYMMDD
15	Disenrollment Date	Char	8	107	114	YYYYMMDD - use 99999999 if still enrolled

16	Hospital/Facility ID #	Char	15	115	129	MCO assigned hospital/facility identifier
17	Hospital PROMISe Provider ID	Char	9	130	138	
18	Hospital NPI	Char	10	139	148	If available
19	Hospital Name	Char	100	149	248	If necessary, concatenate name length to 100 characters max
20	Date of Hospital Admission	Char	8	249	256	YYYYMMDD
21	Date of Hospital Discharge	Char	8	257	264	YYYYMMDD
22	Qualifying Principal Diagnosis Code	Char	6	265	270	DO NOT INCLUDE DECIMALS ICD-9-CM from Table A.1
23	Procedure Code	Char	5	271	275	
24	Place of Service (POS) Code	Char	2	276	277	
25	Qualifying or Disqualifying Discharge Status Code	Char	2	278	279	
26	UB Type of Bill Code	Char	3	280	282	

NUMERATOR INFORMATION

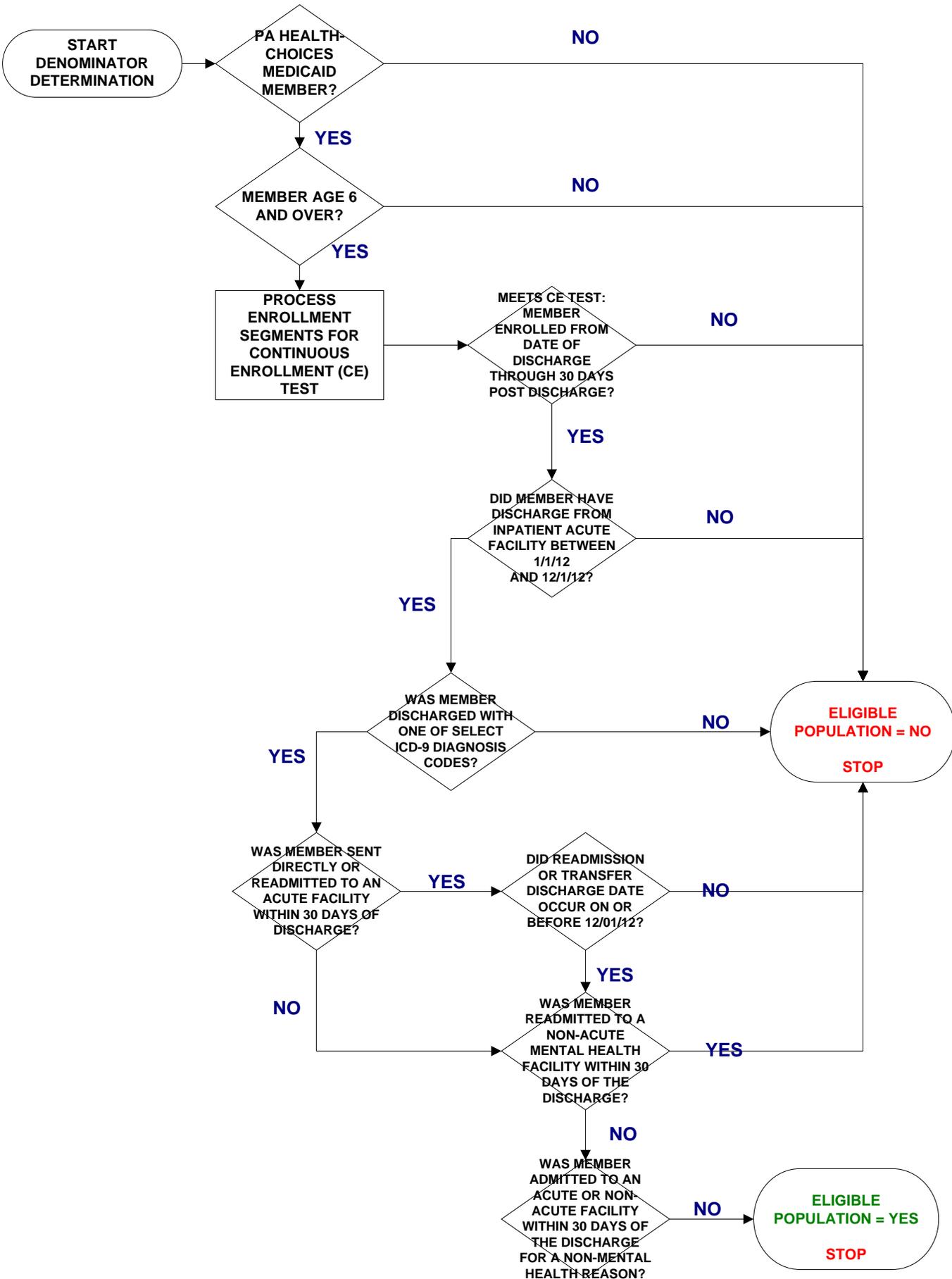
#	DATA ELEMENT	FIELD POSITIONS				DESCRIPTION
		FORMAT	LENGTH	START	END	
27	Numerator A Compliance Indicator	Char	1	283	283	1 = met Numerator A requirements 0 = did not meet Numerator A requirements
28	Numerator B Compliance Indicator	Char	1	284	284	1 = met Numerator B requirements 0 = did not meet Numerator B requirements
29	Date of Earliest Qualifying Service	Char	8	285	292	YYYYMMDD
30	Procedure Code for the Qualifying Follow-up Visit	Char	5	293	297	CPT, UB-Revenue or HCPCS from Table A.3
31	POS Code for the Qualifying Follow-up Visit	Char	2	298	299	POS from Table A.3, if applicable
32	Principal ICD-9-CM Code	Char	5	300	304	DO NOT INCLUDE DECIMALS
33	Secondary ICD-9-CM Code	Char	5	305	309	DO NOT INCLUDE DECIMALS
34	Provider Name	Char	100	310	409	If necessary, concatenate name length to 100 characters max
35	MCO Provider ID #	Char	15	410	424	MCO assigned provider number
36	PROMISe Provider ID	Char	9	425	433	
37	NPI	Char	10	434	443	If available
38	PROMISe Provider Type	Char	2	444	445	

NOTES:

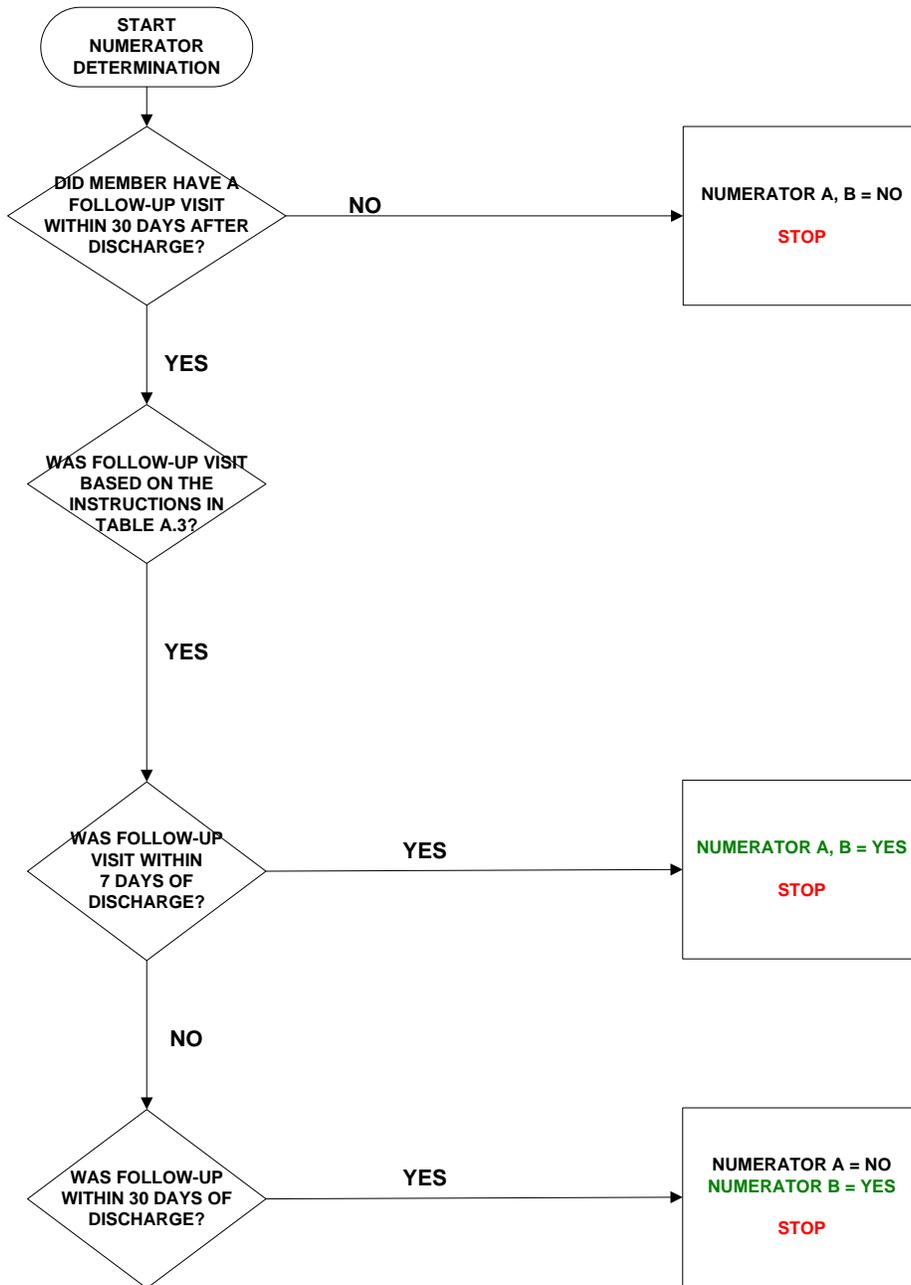
(fields 29 – 38 will be blank for discharges without a subsequent numerator hit [qualifying follow-up appointment])

For each file, use a separate row for every discharge identified as meeting denominator requirements. Only one row per discharge should be included. Include all discharges for members who have more than one discharge as a separate row.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2013
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS &
 PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
 DENOMINATOR DETERMINATION**



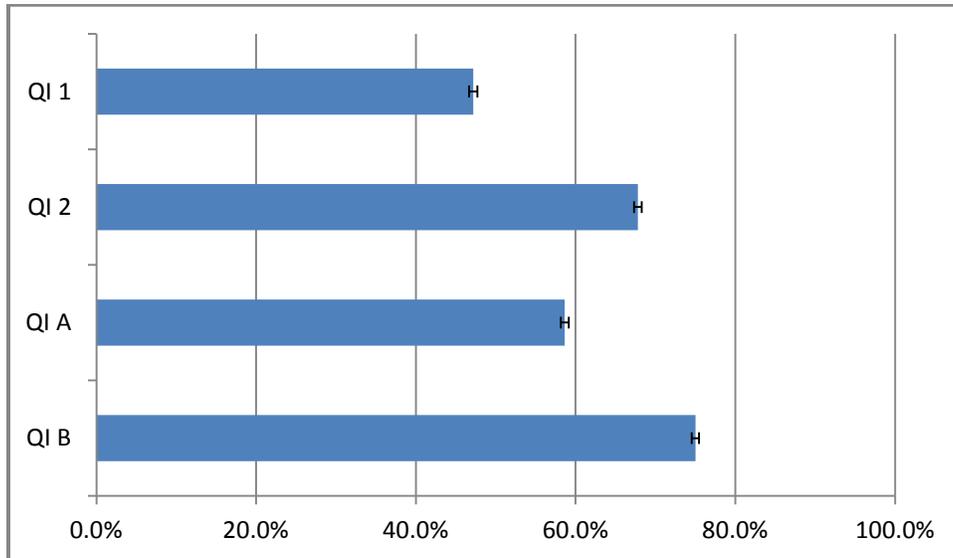
PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2013
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
PENNSYLVANIA-SPECIFIC NUMERATOR COMPLIANCE DETERMINATION



This is for the **Pennsylvania-specific** Follow-up After Hospitalization for Mental Illness measure only.

MY 2012 FOLLOW-UP RATES - STATEWIDE

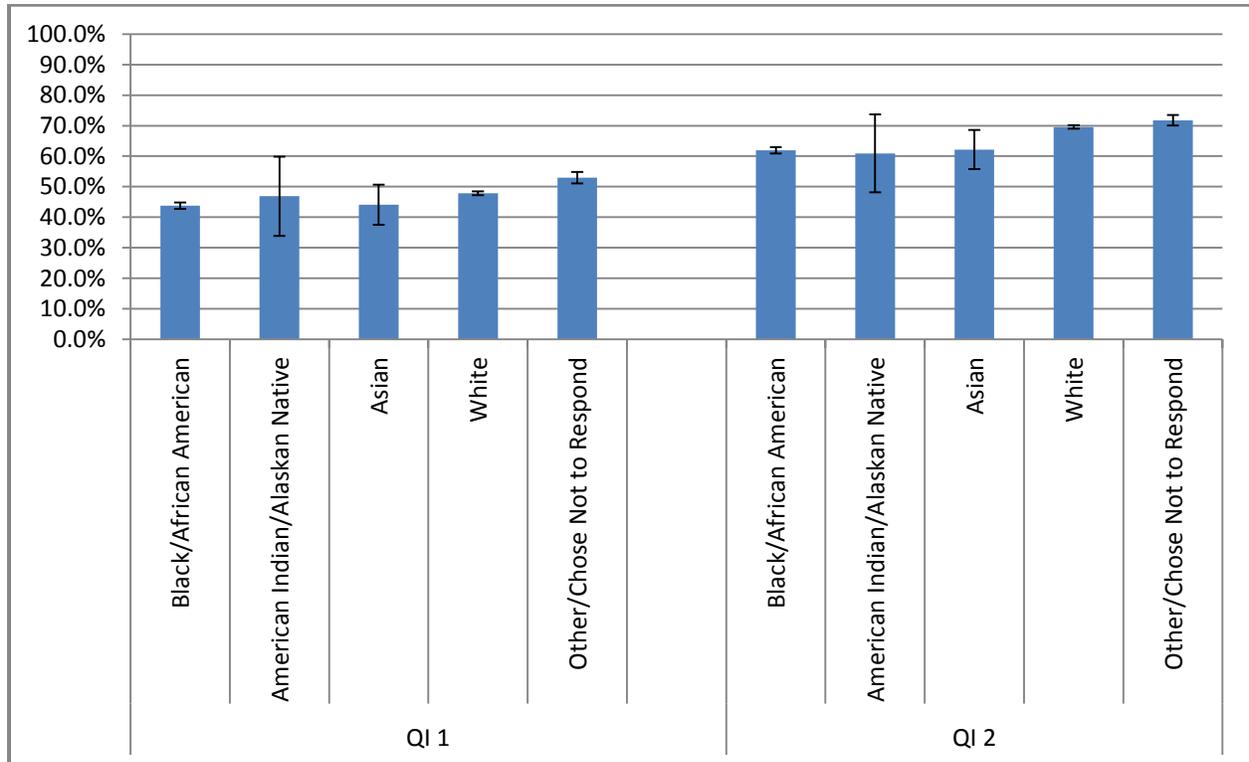
MY 2012 – Aggregate Indicators



	MY 2012				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI
QI 1	16,978	35,972	47.2%	46.7%	47.7%
QI 2	24,388	35,972	67.8%	67.3%	68.3%
QI A	21,096	35,972	58.7%	58.1%	59.2%
QI B	26,978	35,972	75.0%	74.6%	75.4%

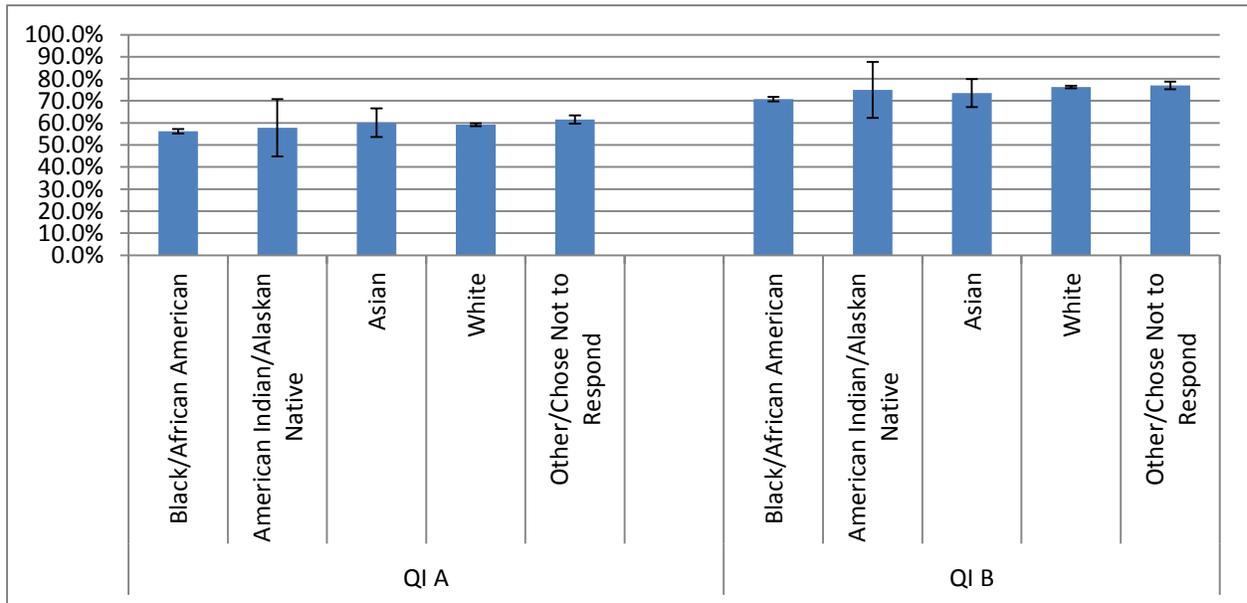
MY 2012 FOLLOW-UP RATES – STATEWIDE BY RACE

MY 2012 – Indicators Q1 and Q2 by Race



RACE CATEGORY	QI	MY 2012				
		(N)	(D)	%	95% CI	95% CI
Black/African American	QI 1	3,860	8,822	43.75%	42.7%	44.8%
	QI 2	5,462	8,822	61.91%	60.9%	62.9%
American Indian/Alaskan Native	QI 1	30	64	46.88%	33.9%	59.9%
	QI 2	39	64	60.94%	48.2%	73.7%
Asian	QI 1	105	238	44.12%	37.6%	50.6%
	QI 2	148	238	62.18%	55.8%	68.6%
White	QI 1	11,517	24,079	47.83%	47.2%	48.5%
	QI 2	16,752	24,079	69.57%	69.0%	70.2%
Other/Chose Not to Respond	QI 1	1,466	2,769	52.94%	51.1%	54.8%
	QI 2	1,987	2,769	71.76%	70.1%	73.5%
Hawaiian/Pacific Islander	QI 1	N/A	N/A	N/A		
	QI 2	N/A	N/A	N/A		

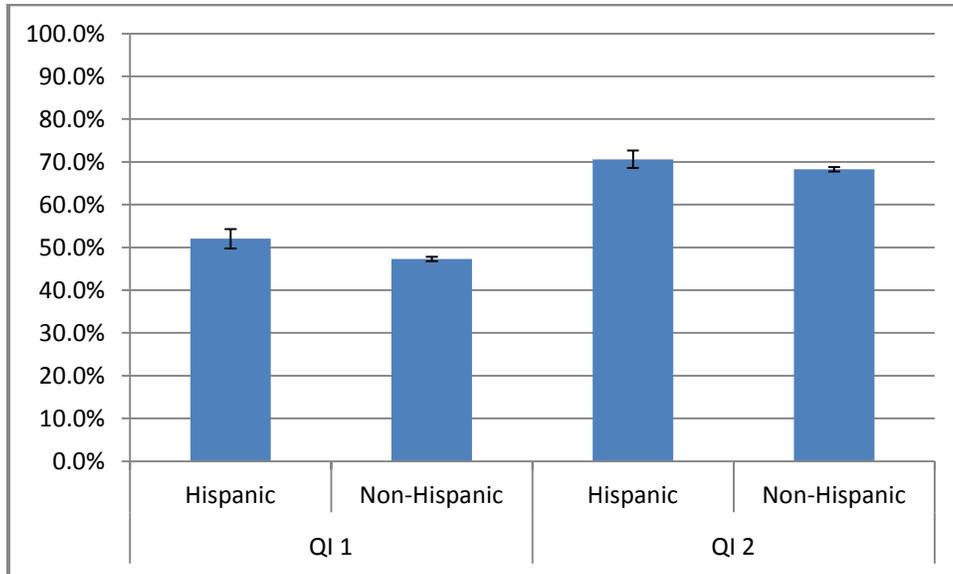
MY 2012 – QA and QB by Race



RACE CATEGORY	QI	MY 2012				
		(N)	(D)	%	95% CI	95% CI
Black/African American	QI A	4,958	8,822	56.2%	55.2%	57.2%
	QI B	6,245	8,822	70.8%	69.8%	71.7%
American Indian/ Alaskan Native	QI A	37	64	57.8%	44.9%	70.7%
	QI B	48	64	75.0%	63.6%	86.4%
Asian	QI A	143	238	60.1%	53.7%	66.5%
	QI B	175	238	73.5%	67.7%	79.3%
White	QI A	14,255	24,079	59.2%	58.6%	59.8%
	QI B	18,378	24,079	76.3%	75.8%	76.9%
Other/Chose Not to Respond	QI A	1,703	2,769	61.5%	59.7%	63.3%
	QI B	2,132	2,769	77.0%	75.4%	78.6%
Hawaiian/ Pacific Islander	QI A	N/A	N/A	N/A		
	QI B	N/A	N/A	N/A		

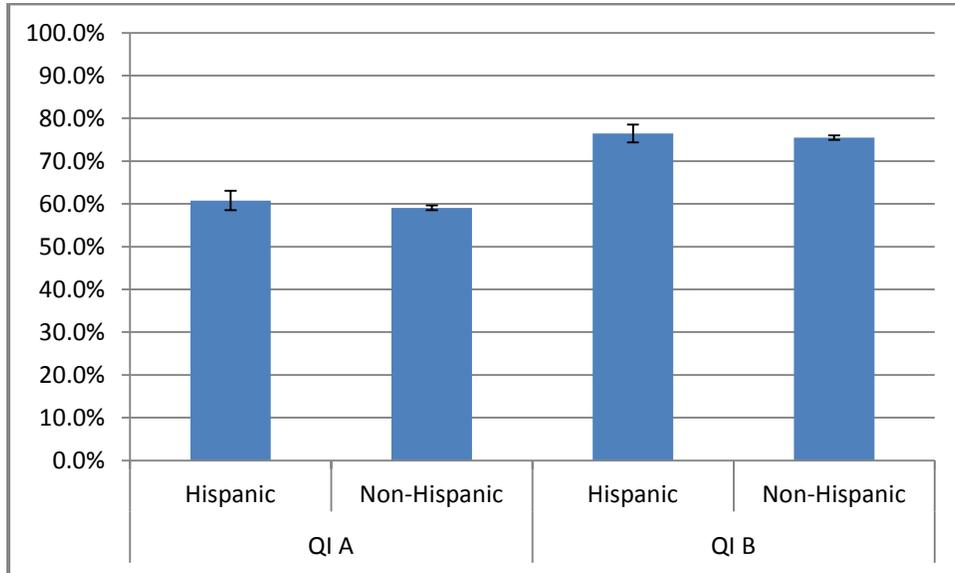
MY 2012 FOLLOW-UP RATES – STATEWIDE BY ETHNICITY

MY 2012 – Indicators Q1 and Q2 by Ethnicity



ETHNICITY	QI	MY 2012				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
HISPANIC	QI 1	995	1,912	52.0%	49.8%	54.3%
	QI 2	1,350	1,912	70.6%	68.5%	72.7%
NON-HISPANIC	QI 1	15,201	32,137	47.3%	46.8%	47.8%
	QI 2	21,948	32,137	68.3%	67.8%	68.8%

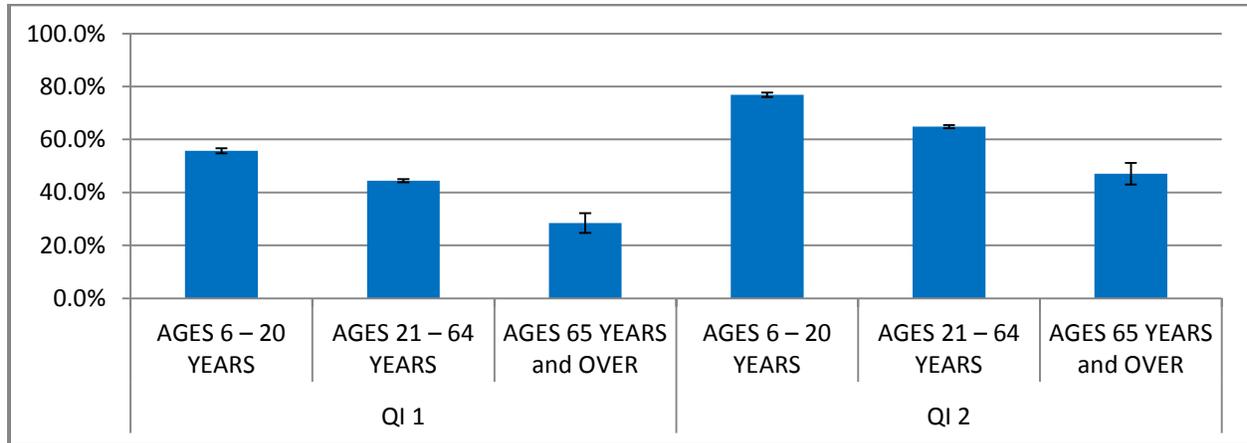
MY 2012 – Indicators QA and QB by Ethnicity



		MY 2012				
ETHNICITY	QI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
HISPANIC	QI A	1,162	1,912	60.8%	58.6%	63.0%
	QI B	1,462	1,912	76.5%	74.5%	78.4%
NON-HISPANIC	QI A	18,982	32,137	59.1%	58.5%	59.6%
	QI B	24,260	32,137	75.5%	75.0%	76.0%

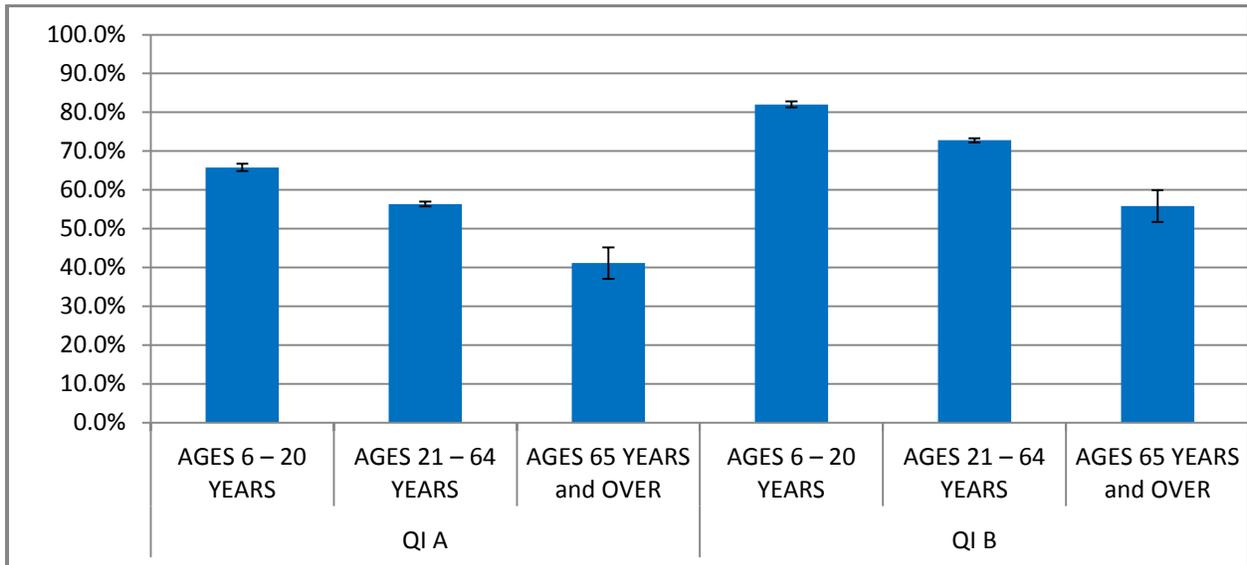
MY 2012 FOLLOW-UP RATES – STATEWIDE BY AGE

MY 2012 – Indicators Q1 and Q2 by Age



AGE CATEGORY	QI	MY 2012				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
AGES 6 – 20 YEARS	QI 1	5,404	9,700	55.7%	54.7%	56.7%
	QI 2	7,454	9,700	76.8%	76.0%	77.7%
AGES 21 – 64 YEARS	QI 1	11,406	25,681	44.4%	43.8%	45.0%
	QI 2	16,656	25,681	64.9%	64.3%	65.4%
AGES 65 YEARS and OVER	QI 1	168	591	28.4%	24.7%	32.1%
	QI 2	278	591	47.0%	42.9%	51.1%
AGES 21+ (COMBINED)	QI 1	11,574	26,272	44.1%	43.5%	44.7%
	QI 2	16,934	26,272	64.5%	63.9%	65.0%

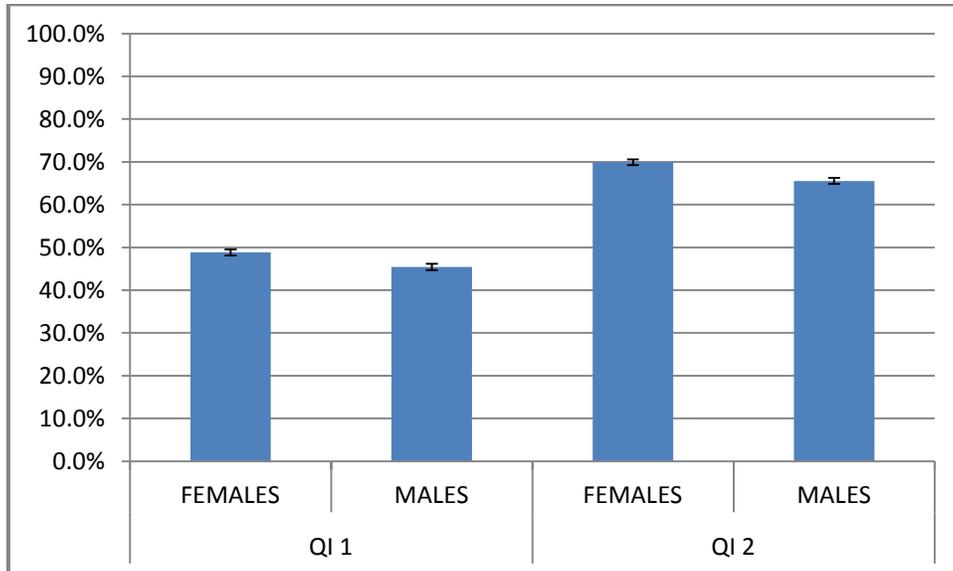
MY 2012 – Indicators QA and QB by Age



AGE CATEGORY	QI	MY 2012				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
AGES 6 – 20 YEARS	QI A	6,380	9,700	65.8%	64.8%	66.7%
	QI B	7,956	9,700	82.0%	81.3%	82.8%
AGES 21 – 64 YEARS	QI A	14,473	25,681	56.4%	55.7%	57.0%
	QI B	18,692	25,681	72.8%	72.2%	73.3%
AGES 65 YEARS and OVER	QI A	243	591	41.1%	37.1%	45.2%
	QI B	330	591	55.8%	51.7%	59.9%
AGES 21+ (COMBINED)	QI A	14,716	26,272	56.0%	55.4%	56.6%
	QI B	19,022	26,272	72.4%	71.9%	72.9%

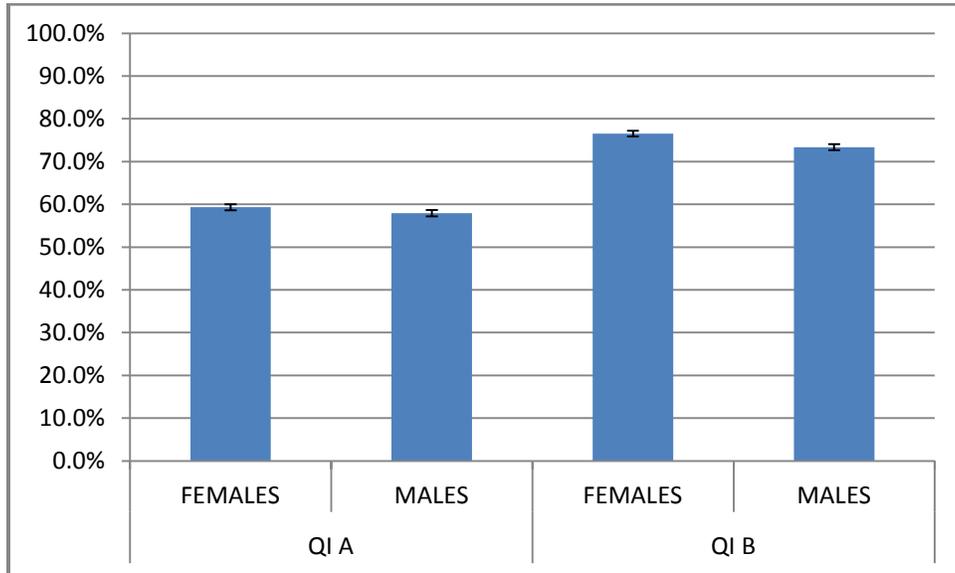
MY 2012 FOLLOW-UP RATES – STATEWIDE BY GENDER

MY 2012 – Indicators Q1 and Q2 by Gender



GENDER	MY 2012					
	QI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
FEMALES	QI 1	9,093	18,619	48.8%	48.1%	49.6%
	QI 2	13,018	18,619	69.9%	69.3%	70.6%
MALES	QI 1	7,885	17,353	45.4%	44.7%	46.2%
	QI 2	11,370	17,353	65.5%	64.8%	66.2%

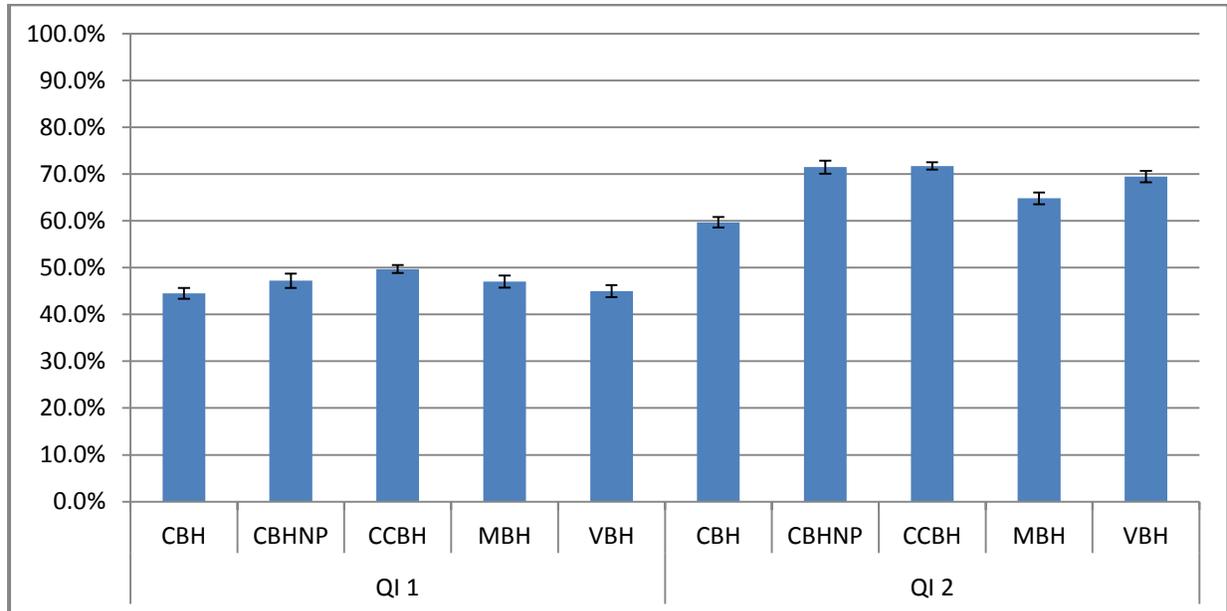
MY 2012 – Indicators QA and QB by Gender



	MY 2012					
GENDER	QI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
FEMALES	QI A	11,045	18,619	59.3%	58.6%	60.0%
	QI B	14,252	18,619	76.5%	75.9%	77.2%
MALES	QI A	10,051	17,353	57.9%	57.2%	58.7%
	QI B	12,726	17,353	73.3%	72.7%	74.0%

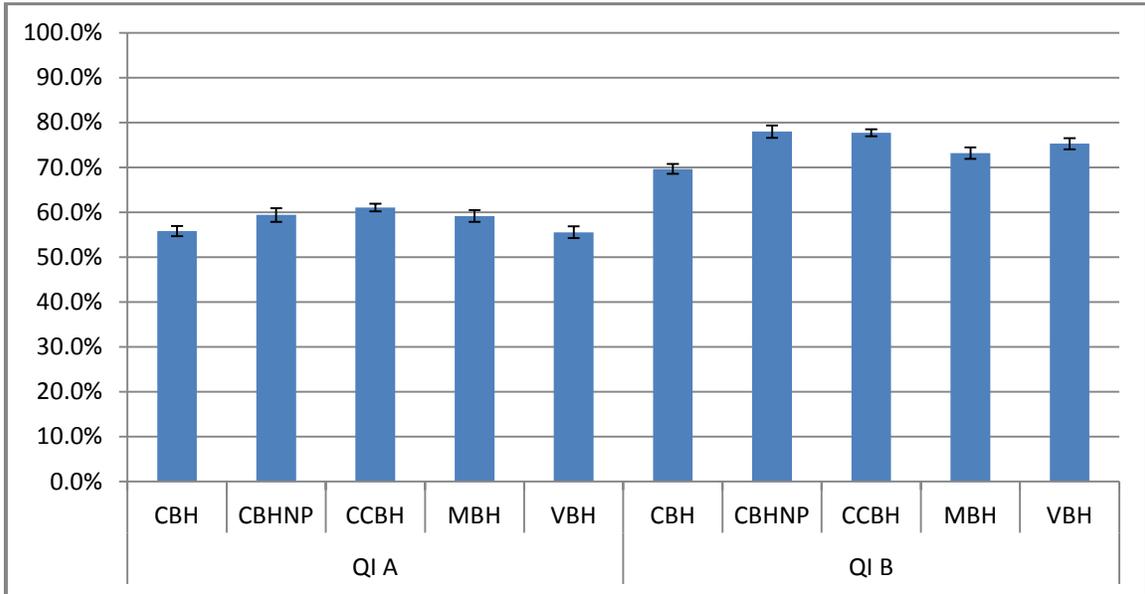
MY 2012 FOLLOW-UP RATES – STATEWIDE BY BH-MCO

MY 2012 – Indicators Q1 and Q2 by BH-MCO



BY MCO	QI	MY 2012				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	QI 1	3,289	7,392	44.5%	43.4%	45.6%
	QI 2	4,412	7,392	59.7%	58.6%	60.8%
CBHNP	QI 1	1,926	4,081	47.2%	45.7%	48.7%
	QI 2	2,917	4,081	71.5%	70.1%	72.9%
CCBH	QI 1	6,635	13,351	49.7%	48.8%	50.5%
	QI 2	9,576	13,351	71.7%	71.0%	72.5%
MBH	QI 1	2,620	5,573	47.0%	45.7%	48.3%
	QI 2	3,612	5,573	64.8%	63.5%	66.1%
VBH	QI 1	2,508	5,575	45.0%	43.7%	46.3%
	QI 2	3,871	5,575	69.4%	68.2%	70.7%

MY 2012 – Indicators QA and QB by BH-MCO



BH MCO	QI	MY 2012				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	QI A	4,126	7,392	55.8%	54.7%	57.0%
	QI B	5,149	7,392	69.7%	68.6%	70.7%
CBHNP	QI A	2,424	4,081	59.4%	57.9%	60.9%
	QI B	3,182	4,081	78.0%	76.7%	79.3%
CCBH	QI A	8,153	13,351	61.1%	60.2%	61.9%
	QI B	10,373	13,351	77.7%	77.0%	78.4%
MBH	QI A	3,297	5,573	59.2%	57.9%	60.5%
	QI B	4,078	5,573	73.2%	72.0%	74.3%
VBH	QI A	3,096	5,575	55.5%	54.2%	56.8%
	QI B	4,196	5,575	75.3%	74.1%	76.4%

MY 2012 BH-MCO FOLLOW-UP RATES – BY RACE

QI 1																				
Race	CBH				CBHNP				CCBH				MBH				VBH			
	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI
Black/African American	4,600	43.8%	42.3%	45.2%	597	38.4%	34.4%	42.3%	2,124	45.6%	43.5%	47.8%	1,032	44.2%	41.1%	47.3%	469	40.9%	36.4%	45.5%
American Indian/ Alaskan Native	4	50.0%	0.0%	100.0%	5	60.0%	7.1%	100.0%	32	40.6%	22.0%	59.2%	8	62.5%	22.7%	100.0%	15	46.7%	18.1%	75.2%
Asian	95	42.1%	31.7%	52.6%	17	47.1%	20.4%	73.7%	65	47.7%	34.8%	60.6%	42	42.9%	26.7%	59.0%	19	42.1%	17.3%	66.9%
White	1,833	42.2%	39.9%	44.5%	2,978	48.8%	47.0%	50.6%	10,238	50.1%	49.1%	51.0%	4,007	47.0%	45.4%	48.6%	5,023	45.4%	44.0%	46.8%
Other/Chose Not to Respond	860	53.4%	50.0%	56.8%	484	47.9%	43.4%	52.5%	892	55.6%	52.3%	58.9%	484	53.3%	48.8%	57.9%	49	42.9%	28.0%	57.7%

QI 2																				
Race	CBH				CBHNP				CCBH				MBH				VBH			
	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI
Black/African American	4,600	59.4%	58.0%	60.9%	597	63.8%	59.9%	67.8%	2,124	66.0%	63.9%	68.0%	1,032	62.2%	59.2%	65.2%	469	64.8%	60.4%	69.2%
American Indian/ Alaskan Native	4	50.0%	0.0%	100.0%	5	60.0%	7.1%	100.0%	32	53.1%	34.3%	72.0%	8	87.5%	58.3%	100.0%	15	66.7%	39.5%	93.9%
Asian	95	54.7%	44.2%	65.3%	17	76.5%	53.4%	99.6%	65	69.2%	57.2%	81.2%	42	66.7%	51.2%	82.1%	19	52.6%	27.5%	77.7%
White	1,833	56.5%	54.2%	58.8%	2,978	73.0%	71.4%	74.6%	10,238	72.7%	71.8%	73.6%	4,007	64.5%	63.0%	66.0%	5,023	70.0%	68.7%	71.2%
Other/Chose Not to Respond	860	68.4%	65.2%	71.5%	484	71.7%	67.6%	75.8%	892	75.1%	72.2%	78.0%	484	72.1%	68.0%	76.2%	49	67.3%	53.2%	81.5%

QI A																				
Race	CBH				CBHNP				CCBH				MBH				VBH			
	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI
Black/African American	4,600	55.0%	53.6%	56.4%	597	55.9%	51.9%	60.0%	2,124	58.7%	56.6%	60.8%	1,032	58.5%	55.5%	61.6%	469	51.8%	47.2%	56.4%
American Indian/Alaskan Native	4	50.0%	0.0%	100.0%	5	60.0%	7.1%	100.0%	32	59.4%	40.8%	78.0%	8	75.0%	38.7%	100.0%	15	46.7%	18.1%	75.2%
Asian	95	65.3%	55.2%	75.4%	17	58.8%	32.5%	85.2%	65	55.4%	42.5%	68.2%	42	59.5%	43.5%	75.6%	19	52.6%	27.5%	77.7%
White	1,833	54.1%	51.8%	56.4%	2,978	60.4%	58.7%	62.2%	10,238	61.4%	60.5%	62.4%	4,007	58.9%	57.4%	60.4%	5,023	56.0%	54.6%	57.4%
Other/Chose Not to Respond	860	62.9%	59.6%	66.2%	484	57.2%	52.7%	61.7%	892	62.9%	59.7%	66.1%	484	62.4%	58.0%	66.8%	49	44.9%	30.0%	59.8%

QI B																				
Race	CBH				CBHNP				CCBH				MBH				VBH			
	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI	(D)	%	Lower 95% CI	Upper 95% CI
Black/African American	4,600	68.8%	67.4%	70.1%	597	73.2%	69.6%	76.8%	2,124	73.7%	71.8%	75.6%	1,032	73.0%	70.2%	75.7%	469	69.5%	65.2%	73.8%
American Indian/Alaskan Native	4	75.0%	20.1%	100.0%	5	60.0%	7.1%	100.0%	32	71.9%	54.7%	89.0%	8	87.5%	58.3%	100.0%	15	80.0%	56.4%	100.0%
Asian	95	75.8%	66.6%	84.9%	17	76.5%	53.4%	99.6%	65	69.2%	57.2%	81.2%	42	76.2%	62.1%	90.3%	19	68.4%	44.9%	92.0%
White	1,833	68.5%	66.3%	70.6%	2,978	79.3%	77.8%	80.8%	10,238	78.5%	77.7%	79.3%	4,007	72.6%	71.3%	74.0%	5,023	75.9%	74.7%	77.1%
Other/Chose Not to Respond	860	76.2%	73.3%	79.1%	484	76.0%	72.1%	79.9%	892	78.6%	75.8%	81.3%	484	77.5%	73.7%	81.3%	49	67.3%	53.2%	81.5%

MY 2012 BH-MCO FOLLOW-UP RATES – BY ETHNICITY

Q1 1										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,043	4,615	44.3%	42.8%	45.7%	492	914	53.8%	50.5%	57.1%
CBHNP	1,689	3,577	47.2%	45.6%	48.9%	209	444	47.1%	42.3%	51.8%
CCBH	6,407	12,941	49.5%	48.6%	50.4%	228	410	55.6%	50.7%	60.5%
MBH	2,560	5,442	47.0%	45.7%	48.4%	60	131	45.8%	36.9%	54.7%
VBH	2,502	5,562	45.0%	43.7%	46.3%	6	13	46.2%	15.2%	77.1%

Q1 2										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,725	4,615	59.0%	57.6%	60.5%	640	914	70.0%	67.0%	73.0%
CBHNP	2,570	3,577	71.8%	70.4%	73.3%	304	444	68.5%	64.0%	72.9%
CCBH	9,267	12,941	71.6%	70.8%	72.4%	309	410	75.4%	71.1%	79.7%
MBH	3,525	5,442	64.8%	63.5%	66.1%	87	131	66.4%	57.9%	74.9%
VBH	3,861	5,562	69.4%	68.2%	70.6%	10	13	76.9%	50.2%	100.0%

Q1 A										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,628	4,615	56.9%	55.5%	58.4%	577	914	63.1%	59.9%	66.3%
CBHNP	2,148	3,577	60.1%	58.4%	61.7%	245	444	55.2%	50.4%	59.9%
CCBH	7,896	12,941	61.0%	60.2%	61.9%	257	410	62.7%	57.9%	67.5%
MBH	3,220	5,442	59.2%	57.9%	60.5%	77	131	58.8%	50.0%	67.6%
VBH	3,090	5,562	55.6%	54.2%	56.9%	6	13	46.2%	15.2%	77.1%

Q1 B										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	3,232	4,615	70.0%	68.7%	71.4%	707	914	77.4%	74.6%	80.1%
CBHNP	2,812	3,577	78.6%	77.3%	80.0%	324	444	73.0%	68.7%	77.2%
CCBH	10,049	12,941	77.7%	76.9%	78.4%	324	410	79.0%	75.0%	83.1%
MBH	3,981	5,442	73.2%	72.0%	74.3%	97	131	74.0%	66.2%	81.9%
VBH	4,186	5,562	75.3%	74.1%	76.4%	10	13	76.9%	50.2%	100.0%

MY 2012 BH-MCO FOLLOW-UP RATES – BY AGE

Q1															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	842	1,621	51.9%	49.5%	54.4%	2,415	5,648	42.8%	41.5%	44.1%	32	123	26.0%	17.9%	34.2%
CBHNP	775	1,249	62.0%	59.3%	64.8%	1,135	2,766	41.0%	39.2%	42.9%	16	66	24.2%	13.1%	35.3%
CCBH	2,212	3,747	59.0%	57.4%	60.6%	4,358	9,412	46.3%	45.3%	47.3%	65	192	33.9%	26.9%	40.8%
MBH	740	1,527	48.5%	45.9%	51.0%	1,845	3,940	46.8%	45.3%	48.4%	35	106	33.0%	23.6%	42.4%
VBH	835	1,556	53.7%	51.2%	56.2%	1,653	3,915	42.2%	40.7%	43.8%	20	104	19.2%	11.2%	27.3%

Q2															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,159	1,621	71.5%	69.3%	73.7%	3,213	5,648	56.9%	55.6%	58.2%	40	123	32.5%	23.8%	41.2%
CBHNP	1,027	1,249	82.2%	80.1%	84.4%	1,855	2,766	67.1%	65.3%	68.8%	35	66	53.0%	40.2%	65.8%
CCBH	3,004	3,747	80.2%	78.9%	81.5%	6,462	9,412	68.7%	67.7%	69.6%	110	192	57.3%	50.0%	64.5%
MBH	1,039	1,527	68.0%	65.7%	70.4%	2,526	3,940	64.1%	62.6%	65.6%	47	106	44.3%	34.4%	54.3%
VBH	1,225	1,556	78.7%	76.7%	80.8%	2,600	3,915	66.4%	64.9%	67.9%	46	104	44.2%	34.2%	54.3%

QI A															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,015	1,621	62.6%	60.2%	65.0%	3,061	5,648	54.2%	52.9%	55.5%	50	123	40.7%	31.6%	49.7%
CBHNP	869	1,249	69.6%	67.0%	72.2%	1,529	2,766	55.3%	53.4%	57.1%	26	66	39.4%	26.8%	51.9%
CCBH	2,572	3,747	68.6%	67.1%	70.1%	5,494	9,412	58.4%	57.4%	59.4%	87	192	45.3%	38.0%	52.6%
MBH	937	1,527	61.4%	58.9%	63.8%	2,312	3,940	58.7%	57.1%	60.2%	48	106	45.3%	35.3%	55.2%
VBH	987	1,556	63.4%	61.0%	65.9%	2,077	3,915	53.1%	51.5%	54.6%	32	104	30.8%	21.4%	40.1%

QI B															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,275	1,621	78.7%	76.6%	80.7%	3,817	5,648	67.6%	66.4%	68.8%	57	123	46.3%	37.1%	55.6%
CBHNP	1,068	1,249	85.5%	83.5%	87.5%	2,076	2,766	75.1%	73.4%	76.7%	38	66	57.6%	44.9%	70.3%
CCBH	3,153	3,747	84.1%	83.0%	85.3%	7,095	9,412	75.4%	74.5%	76.3%	125	192	65.1%	58.1%	72.1%
MBH	1,171	1,527	76.7%	74.5%	78.8%	2,848	3,940	72.3%	70.9%	73.7%	59	106	55.7%	45.7%	65.6%
VBH	1,289	1,556	82.8%	80.9%	84.7%	2,856	3,915	73.0%	71.5%	74.4%	51	104	49.0%	38.9%	59.1%

MY 2012 BH-MCO FOLLOW-UP RATES – BY GENDER

QI 1										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,727	3,806	45.4%	43.8%	47.0%	1,562	3,586	43.6%	41.9%	45.2%
CBHNP	1,061	2,182	48.6%	46.5%	50.7%	865	1,899	45.6%	43.3%	47.8%
CCBH	3,522	6,847	51.4%	50.2%	52.6%	3,113	6,504	47.9%	46.6%	49.1%
MBH	1,438	2,927	49.1%	47.3%	51.0%	1,182	2,646	44.7%	42.8%	46.6%
VBH	1,345	2,857	47.1%	45.2%	48.9%	1,163	2,718	42.8%	40.9%	44.7%

QI 2										
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,320	3,806	61.0%	59.4%	62.5%	2,092	3,586	58.3%	56.7%	60.0%
CBHNP	1,612	2,182	73.9%	72.0%	75.7%	1,305	1,899	68.7%	66.6%	70.8%
CCBH	5,041	6,847	73.6%	72.6%	74.7%	4,535	6,504	69.7%	68.6%	70.9%
MBH	1,989	2,927	68.0%	66.2%	69.7%	1,623	2,646	61.3%	59.5%	63.2%
VBH	2,056	2,857	72.0%	70.3%	73.6%	1,815	2,718	66.8%	65.0%	68.6%

QI A										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,119	3,806	55.7%	54.1%	57.3%	2,007	3,586	56.0%	54.3%	57.6%
CBHNP	1,304	2,182	59.8%	57.7%	61.8%	1,120	1,899	59.0%	56.7%	61.2%
CCBH	4,242	6,847	62.0%	60.8%	63.1%	3,911	6,504	60.1%	58.9%	61.3%
MBH	1,757	2,927	60.0%	58.2%	61.8%	1,540	2,646	58.2%	56.3%	60.1%
VBH	1,623	2,857	56.8%	55.0%	58.6%	1,473	2,718	54.2%	52.3%	56.1%

QI B										
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	2,679	3,806	70.4%	68.9%	71.9%	2,470	3,586	68.9%	67.3%	70.4%
CBHNP	1,740	2,182	79.7%	78.0%	81.5%	1,442	1,899	75.9%	74.0%	77.9%
CCBH	5,411	6,847	79.0%	78.1%	80.0%	4,962	6,504	76.3%	75.3%	77.3%
MBH	2,206	2,927	75.4%	73.8%	76.9%	1,872	2,646	70.7%	69.0%	72.5%
VBH	2,216	2,857	77.6%	76.0%	79.1%	1,980	2,718	72.8%	71.2%	74.5%

MY 2012 BHHC FOLLOW-UP RATES – BY RACE

BHHC	Q1 1									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	2	3	66.7%	0.0%	100.0%	44	87	50.6%	39.5%	61.7%
Allegheny	618	1,303	47.4%	44.7%	50.2%	1,053	2,120	49.7%	47.5%	51.8%
Armstrong-Indiana	4	9	44.4%	6.4%	82.5%	214	463	46.2%	41.6%	50.9%
Beaver	43	83	51.8%	40.5%	63.2%	235	421	55.8%	51.0%	60.7%
Bedford-Somerset	1	1	100.0%	50.0%	100.0%	122	265	46.0%	39.8%	52.2%
Berks	57	109	52.3%	42.5%	62.1%	308	560	55.0%	50.8%	59.2%
Blair	7	17	41.2%	14.8%	67.5%	232	449	51.7%	46.9%	56.4%
Bucks	36	92	39.1%	28.6%	49.6%	338	733	46.1%	42.4%	49.8%
Butler	3	8	37.5%	0.0%	77.3%	201	416	48.3%	43.4%	53.2%
CMP	19	42	45.2%	29.0%	61.5%	229	499	45.9%	41.4%	50.4%
Cambria	20	61	32.8%	20.2%	45.4%	191	524	36.5%	32.2%	40.7%
Chester	70	146	47.9%	39.5%	56.4%	269	504	53.4%	48.9%	57.8%
Cumberland	12	20	60.0%	36.0%	84.0%	110	246	44.7%	38.3%	51.1%
Dauphin	130	338	38.5%	33.1%	43.8%	180	384	46.9%	41.8%	52.0%
Delaware	197	461	42.7%	38.1%	47.4%	278	632	44.0%	40.0%	47.9%
Erie	67	202	33.2%	26.4%	39.9%	345	802	43.0%	39.5%	46.5%
Fayette	22	48	45.8%	30.7%	61.0%	229	470	48.7%	44.1%	53.3%
Franklin-Fulton	8	21	38.1%	14.9%	61.2%	142	244	58.2%	51.8%	64.6%
Greene	0	0				69	149	46.3%	38.0%	54.7%
Lancaster	42	122	34.4%	25.6%	43.3%	315	687	45.9%	42.1%	49.7%
Lawrence	14	42	33.3%	17.9%	48.8%	124	261	47.5%	41.3%	53.8%
Lebanon	6	13	46.2%	15.2%	77.1%	151	269	56.1%	50.0%	62.2%
Lehigh	73	147	49.7%	41.2%	58.1%	502	1,085	46.3%	43.3%	49.3%
Lycoming-Clinton	23	65	35.4%	23.0%	47.8%	171	368	46.5%	41.2%	51.7%
Montgomery	117	272	43.0%	36.9%	49.1%	462	986	46.9%	43.7%	50.0%
NBHCC	56	118	47.5%	38.0%	56.9%	935	1,645	56.8%	54.4%	59.3%
NCSO-1	14	26	53.8%	32.8%	74.9%	311	605	51.4%	47.3%	55.5%
NCSO-2	7	20	35.0%	11.6%	58.4%	577	1,210	47.7%	44.8%	50.5%
NCSO-3	9	26	34.6%	14.4%	54.8%	571	1,155	49.4%	46.5%	52.4%
NCSO-4	1	2	50.0%	0.0%	100.0%	191	396	48.2%	43.2%	53.3%
NWBHP	33	83	39.8%	28.6%	50.9%	390	888	43.9%	40.6%	47.2%
Northampton	33	60	55.0%	41.6%	68.4%	303	571	53.1%	48.9%	57.2%
Perry	0	0				31	66	47.0%	34.2%	59.8%
Philadelphia	2,014	4,600	43.8%	42.3%	45.2%	774	1,833	42.2%	39.9%	44.5%
Washington	19	54	35.2%	21.5%	48.8%	249	553	45.0%	40.8%	49.3%
Westmoreland	34	81	42.0%	30.6%	53.3%	378	878	43.1%	39.7%	46.4%
York	49	127	38.6%	29.7%	47.4%	293	655	44.7%	40.8%	48.6%

BHHC	Q1 2									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	2	3	66.7%	0.0%	100.0%	65	87	74.7%	65.0%	84.4%
Allegheny	845	1,303	64.9%	62.2%	67.5%	1,451	2,120	68.4%	66.4%	70.4%
Armstrong-Indiana	5	9	55.6%	17.5%	93.6%	354	463	76.5%	72.5%	80.4%
Beaver	62	83	74.7%	64.7%	84.7%	322	421	76.5%	72.3%	80.7%
Bedford-Somerset	1	1	100.0%	50.0%	100.0%	191	265	72.1%	66.5%	77.7%
Berks	80	109	73.4%	64.6%	82.1%	405	560	72.3%	68.5%	76.1%
Blair	11	17	64.7%	39.0%	90.4%	333	449	74.2%	70.0%	78.3%
Bucks	51	92	55.4%	44.7%	66.1%	470	733	64.1%	60.6%	67.7%
Butler	5	8	62.5%	22.7%	100.0%	298	416	71.6%	67.2%	76.1%
CMP	30	42	71.4%	56.6%	86.3%	362	499	72.5%	68.5%	76.6%
Cambria	46	61	75.4%	63.8%	87.0%	345	524	65.8%	61.7%	70.0%
Chester	113	146	77.4%	70.3%	84.5%	359	504	71.2%	67.2%	75.3%
Cumberland	16	20	80.0%	60.0%	100.0%	174	246	70.7%	64.8%	76.6%
Dauphin	219	338	64.8%	59.6%	70.0%	273	384	71.1%	66.4%	75.8%
Delaware	276	461	59.9%	55.3%	64.5%	395	632	62.5%	58.6%	66.4%
Erie	124	202	61.4%	54.4%	68.3%	559	802	69.7%	66.5%	72.9%
Fayette	31	48	64.6%	50.0%	79.2%	335	470	71.3%	67.1%	75.5%
Franklin-Fulton	15	21	71.4%	49.7%	93.1%	207	244	84.8%	80.1%	89.5%
Greene	0	0				105	149	70.5%	62.8%	78.1%
Lancaster	72	122	59.0%	49.9%	68.2%	485	687	70.6%	67.1%	74.1%
Lawrence	25	42	59.5%	43.5%	75.6%	187	261	71.6%	66.0%	77.3%
Lebanon	12	13	92.3%	74.0%	100.0%	211	269	78.4%	73.3%	83.5%
Lehigh	97	147	66.0%	58.0%	74.0%	700	1,085	64.5%	61.6%	67.4%
Lycoming-Clinton	35	65	53.8%	41.0%	66.7%	253	368	68.8%	63.9%	73.6%
Montgomery	172	272	63.2%	57.3%	69.1%	624	986	63.3%	60.2%	66.3%
NBHCC	80	118	67.8%	58.9%	76.7%	1,266	1,645	77.0%	74.9%	79.0%
NCSO-1	21	26	80.8%	63.7%	97.8%	475	605	78.5%	75.2%	81.9%
NCSO-2	17	20	85.0%	66.9%	100.0%	932	1,210	77.0%	74.6%	79.4%
NCSO-3	13	26	50.0%	28.9%	71.1%	853	1,155	73.9%	71.3%	76.4%
NCSO-4	2	2	100.0%	75.0%	100.0%	271	396	68.4%	63.7%	73.1%
NWBHP	51	83	61.4%	50.4%	72.5%	604	888	68.0%	64.9%	71.1%
Northampton	46	60	76.7%	65.1%	88.2%	397	571	69.5%	65.7%	73.4%
Perry	0	0				46	66	69.7%	57.9%	81.5%
Philadelphia	2,734	4,600	59.4%	58.0%	60.9%	1,036	1,833	56.5%	54.2%	58.8%
Washington	29	54	53.7%	39.5%	67.9%	356	553	64.4%	60.3%	68.5%
Westmoreland	50	81	61.7%	50.5%	72.9%	608	878	69.2%	66.1%	72.4%
York	74	127	58.3%	49.3%	67.2%	445	655	67.9%	64.3%	71.6%

BHHC	QI A									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	2	3	66.7%	0.0%	100.0%	49	87	56.3%	45.3%	67.3%
Allegheny	799	1,303	61.3%	58.6%	64.0%	1,310	2,120	61.8%	59.7%	63.9%
Armstrong-Indiana	5	9	55.6%	17.5%	93.6%	271	463	58.5%	53.9%	63.1%
Beaver	51	83	61.4%	50.4%	72.5%	264	421	62.7%	58.0%	67.4%
Bedford-Somerset	1	1	100.0%	50.0%	100.0%	162	265	61.1%	55.1%	67.2%
Berks	70	109	64.2%	54.8%	73.7%	371	560	66.3%	62.2%	70.3%
Blair	8	17	47.1%	20.4%	73.7%	292	449	65.0%	60.5%	69.6%
Bucks	45	92	48.9%	38.2%	59.7%	411	733	56.1%	52.4%	59.7%
Butler	3	8	37.5%	0.0%	77.3%	239	416	57.5%	52.6%	62.3%
CMP	21	42	50.0%	33.7%	66.3%	262	499	52.5%	48.0%	57.0%
Cambria	32	61	52.5%	39.1%	65.8%	258	524	49.2%	44.9%	53.6%
Chester	83	146	56.8%	48.5%	65.2%	321	504	63.7%	59.4%	68.0%
Cumberland	13	20	65.0%	41.6%	88.4%	141	246	57.3%	50.9%	63.7%
Dauphin	206	338	60.9%	55.6%	66.3%	253	384	65.9%	61.0%	70.8%
Delaware	275	461	59.7%	55.1%	64.2%	384	632	60.8%	56.9%	64.6%
Erie	110	202	54.5%	47.3%	61.6%	460	802	57.4%	53.9%	60.8%
Fayette	27	48	56.3%	41.2%	71.3%	260	470	55.3%	50.7%	59.9%
Franklin-Fulton	13	21	61.9%	38.8%	85.1%	165	244	67.6%	61.5%	73.7%
Greene	0	0				101	149	67.8%	59.9%	75.6%
Lancaster	59	122	48.4%	39.1%	57.6%	383	687	55.7%	52.0%	59.5%
Lawrence	17	42	40.5%	24.4%	56.5%	153	261	58.6%	52.5%	64.8%
Lebanon	6	13	46.2%	15.2%	77.1%	170	269	63.2%	57.2%	69.1%
Lehigh	84	147	57.1%	48.8%	65.5%	619	1,085	57.1%	54.1%	60.0%
Lycoming-Clinton	28	65	43.1%	30.3%	55.9%	200	368	54.3%	49.1%	59.6%
Montgomery	163	272	59.9%	53.9%	65.9%	602	986	61.1%	58.0%	64.1%
NBHCC	62	118	52.5%	43.1%	62.0%	1,073	1,645	65.2%	62.9%	67.6%
NCSO-1	20	26	76.9%	58.8%	95.0%	424	605	70.1%	66.4%	73.8%
NCSO-2	13	20	65.0%	41.6%	88.4%	781	1,210	64.5%	61.8%	67.3%
NCSO-3	10	26	38.5%	17.8%	59.1%	683	1,155	59.1%	56.3%	62.0%
NCSO-4	1	2	50.0%	0.0%	100.0%	222	396	56.1%	51.0%	61.1%
NWBHP	44	83	53.0%	41.7%	64.4%	464	888	52.3%	48.9%	55.6%
Northampton	37	60	61.7%	48.5%	74.8%	344	571	60.2%	56.1%	64.3%
Perry	0	0				34	66	51.5%	38.7%	64.3%
Philadelphia	2,530	4,600	55.0%	53.6%	56.4%	991	1,833	54.1%	51.8%	56.4%
Washington	22	54	40.7%	26.7%	54.8%	307	553	55.5%	51.3%	59.7%
Westmoreland	42	81	51.9%	40.4%	63.4%	497	878	56.6%	53.3%	59.9%
York	56	127	44.1%	35.1%	53.1%	334	655	51.0%	47.1%	54.9%

BHHC	QI B									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	2	3	66.7%	0.0%	100.0%	67	87	77.0%	67.6%	86.4%
Allegheny	965	1,303	74.1%	71.6%	76.5%	1,625	2,120	76.7%	74.8%	78.5%
Armstrong-Indiana	7	9	77.8%	45.1%	100.0%	375	463	81.0%	77.3%	84.7%
Beaver	67	83	80.7%	71.6%	89.8%	335	421	79.6%	75.6%	83.5%
Bedford-Somerset	1	1	100.0%	50.0%	100.0%	216	265	81.5%	76.6%	86.4%
Berks	86	109	78.9%	70.8%	87.0%	446	560	79.6%	76.2%	83.1%
Blair	11	17	64.7%	39.0%	90.4%	361	449	80.4%	76.6%	84.2%
Bucks	57	92	62.0%	51.5%	72.4%	509	733	69.4%	66.0%	72.8%
Butler	5	8	62.5%	22.7%	100.0%	318	416	76.4%	72.2%	80.6%
CMP	32	42	76.2%	62.1%	90.3%	379	499	76.0%	72.1%	79.8%
Cambria	48	61	78.7%	67.6%	89.8%	374	524	71.4%	67.4%	75.3%
Chester	118	146	80.8%	74.1%	87.6%	385	504	76.4%	72.6%	80.2%
Cumberland	16	20	80.0%	60.0%	100.0%	188	246	76.4%	70.9%	81.9%
Dauphin	261	338	77.2%	72.6%	81.8%	312	384	81.3%	77.2%	85.3%
Delaware	337	461	73.1%	68.9%	77.3%	464	632	73.4%	69.9%	76.9%
Erie	148	202	73.3%	66.9%	79.6%	607	802	75.7%	72.7%	78.7%
Fayette	32	48	66.7%	52.3%	81.0%	355	470	75.5%	71.5%	79.5%
Franklin-Fulton	17	21	81.0%	61.8%	100.0%	218	244	89.3%	85.3%	93.4%
Greene	0	0				123	149	82.6%	76.1%	89.0%
Lancaster	81	122	66.4%	57.6%	75.2%	524	687	76.3%	73.0%	79.5%
Lawrence	25	42	59.5%	43.5%	75.6%	197	261	75.5%	70.1%	80.9%
Lebanon	12	13	92.3%	74.0%	100.0%	224	269	83.3%	78.6%	87.9%
Lehigh	108	147	73.5%	66.0%	80.9%	785	1,085	72.4%	69.6%	75.1%
Lycoming-Clinton	38	65	58.5%	45.7%	71.2%	270	368	73.4%	68.7%	78.0%
Montgomery	204	272	75.0%	69.7%	80.3%	726	986	73.6%	70.8%	76.4%
NBHCC	82	118	69.5%	60.8%	78.2%	1,324	1,645	80.5%	78.5%	82.4%
NCSO-1	23	26	88.5%	74.3%	100.0%	525	605	86.8%	84.0%	89.6%
NCSO-2	17	20	85.0%	66.9%	100.0%	1,019	1,210	84.2%	82.1%	86.3%
NCSO-3	14	26	53.8%	32.8%	74.9%	903	1,155	78.2%	75.8%	80.6%
NCSO-4	2	2	100.0%	75.0%	100.0%	291	396	73.5%	69.0%	78.0%
NWBHP	57	83	68.7%	58.1%	79.3%	659	888	74.2%	71.3%	77.1%
Northampton	47	60	78.3%	67.1%	89.6%	427	571	74.8%	71.1%	78.4%
Perry	0	0				48	66	72.7%	61.2%	84.2%
Philadelphia	3,164	4,600	68.8%	67.4%	70.1%	1,255	1,833	68.5%	66.3%	70.6%
Washington	31	54	57.4%	43.3%	71.5%	398	553	72.0%	68.1%	75.8%
Westmoreland	54	81	66.7%	55.8%	77.6%	678	878	77.2%	74.4%	80.1%
York	76	127	59.8%	50.9%	68.8%	468	655	71.5%	67.9%	75.0%

MY 2012 BHHC FOLLOW-UP RATES – BY ETHNICITY

BHHC	Q1 1									
	Non Hispanics					Hispanics				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	54	94	57.4%	46.9%	68.0%	0	2	0.0%	0.0%	25.0%
Allegheny	2,164	3,511	61.6%	60.0%	63.3%	7	14	50.0%	20.2%	79.8%
Armstrong-Indiana	279	481	58.0%	53.5%	62.5%	2	4	50.0%	0.0%	100.0%
Beaver	319	509	62.7%	58.4%	67.0%	0	0			
Bedford-Somerset	161	264	61.0%	54.9%	67.1%	3	6	50.0%	1.7%	98.3%
Berks	579	875	66.2%	63.0%	69.4%	142	206	68.9%	62.4%	75.5%
Blair	300	465	64.5%	60.1%	69.0%	5	5	100.0%	90.0%	100.0%
Bucks	481	866	55.5%	52.2%	58.9%	2	5	40.0%	0.0%	92.9%
Butler	243	432	56.3%	51.5%	61.0%	0	0			
CMP	299	573	52.2%	48.0%	56.4%	10	17	58.8%	32.5%	85.2%
Cambria	292	592	49.3%	45.2%	53.4%	1	1	100.0%	50.0%	100.0%
Chester	414	662	62.5%	58.8%	66.3%	14	24	58.3%	36.5%	80.1%
Cumberland	163	276	59.1%	53.1%	65.0%	5	12	41.7%	9.6%	73.7%
Dauphin	475	740	64.2%	60.7%	67.7%	57	89	64.0%	53.5%	74.6%
Delaware	688	1,132	60.8%	57.9%	63.7%	10	19	52.6%	27.5%	77.7%
Erie	595	1,048	56.8%	53.7%	59.8%	18	31	58.1%	39.1%	77.0%
Fayette	291	526	55.3%	51.0%	59.7%	0	0			
Franklin-Fulton	181	271	66.8%	61.0%	72.6%	6	12	50.0%	17.5%	82.5%
Greene	102	151	67.5%	59.8%	75.3%	0	0			
Lancaster	440	797	55.2%	51.7%	58.7%	127	247	51.4%	45.0%	57.9%
Lawrence	171	306	55.9%	50.2%	61.6%	0	0			
Lebanon	168	264	63.6%	57.6%	69.6%	37	62	59.7%	46.7%	72.7%
Lehigh	765	1,333	57.4%	54.7%	60.1%	25	47	53.2%	37.9%	68.5%
Lycoming-Clinton	223	431	51.7%	46.9%	56.6%	5	11	45.5%	11.5%	79.4%
Montgomery	806	1,326	60.8%	58.1%	63.4%	23	34	67.6%	50.5%	84.8%
NBHCC	1,173	1,827	64.2%	62.0%	66.4%	26	40	65.0%	49.0%	81.0%
NCSO-1	456	645	70.7%	67.1%	74.3%	4	7	57.1%	13.3%	100.0%
NCSO-2	802	1,243	64.5%	61.8%	67.2%	7	8	87.5%	58.3%	100.0%
NCSO-3	708	1,199	59.0%	56.2%	61.9%	4	13	30.8%	1.8%	59.7%
NCSO-4	224	400	56.0%	51.0%	61.0%	1	2	50.0%	0.0%	100.0%
NWBHP	513	979	52.4%	49.2%	55.6%	1	4	25.0%	0.0%	79.9%
Northampton	480	785	61.1%	57.7%	64.6%	17	26	65.4%	45.2%	85.6%
Perry	37	69	53.6%	41.1%	66.1%	0	0			
Philadelphia	2,628	4,615	56.9%	55.5%	58.4%	577	914	63.1%	59.9%	66.3%
Washington	333	615	54.1%	50.1%	58.2%	0	1	0.0%	0.0%	50.0%
Westmoreland	547	971	56.3%	53.2%	59.5%	2	3	66.7%	0.0%	100.0%
York	428	864	49.5%	46.1%	52.9%	24	46	52.2%	36.7%	67.7%

BHHC	Q1 2									
	Non Hispanics					Hispanics				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	72	94	76.6%	67.5%	85.7%	0	2	0.0%	0.0%	25.0%
Allegheny	2,654	3,511	75.6%	74.2%	77.0%	11	14	78.6%	53.5%	100.0%
Armstrong-Indiana	387	481	80.5%	76.8%	84.1%	4	4	100.0%	87.5%	100.0%
Beaver	406	509	79.8%	76.2%	83.4%	0	0			
Bedford-Somerset	215	264	81.4%	76.6%	86.3%	5	6	83.3%	45.2%	100.0%
Berks	700	875	80.0%	77.3%	82.7%	172	206	83.5%	78.2%	88.8%
Blair	372	465	80.0%	76.3%	83.7%	5	5	100.0%	90.0%	100.0%
Bucks	600	866	69.3%	66.2%	72.4%	2	5	40.0%	0.0%	92.9%
Butler	328	432	75.9%	71.8%	80.1%	0	0			
CMP	431	573	75.2%	71.6%	78.8%	17	17	100.0%	97.1%	100.0%
Cambria	426	592	72.0%	68.3%	75.7%	1	1	100.0%	50.0%	100.0%
Chester	515	662	77.8%	74.6%	81.0%	16	24	66.7%	45.7%	87.6%
Cumberland	212	276	76.8%	71.7%	82.0%	7	12	58.3%	26.3%	90.4%
Dauphin	589	740	79.6%	76.6%	82.6%	65	89	73.0%	63.3%	82.8%
Delaware	831	1,132	73.4%	70.8%	76.0%	13	19	68.4%	44.9%	92.0%
Erie	788	1,048	75.2%	72.5%	77.9%	23	31	74.2%	57.2%	91.2%
Fayette	392	526	74.5%	70.7%	78.3%	0	0			
Franklin-Fulton	240	271	88.6%	84.6%	92.5%	8	12	66.7%	35.8%	97.5%
Greene	124	151	82.1%	75.7%	88.6%	0	0			
Lancaster	600	797	75.3%	72.2%	78.3%	180	247	72.9%	67.1%	78.6%
Lawrence	224	306	73.2%	68.1%	78.3%	0	0			
Lebanon	227	264	86.0%	81.6%	90.4%	49	62	79.0%	68.1%	90.0%
Lehigh	964	1,333	72.3%	69.9%	74.8%	36	47	76.6%	63.4%	89.8%
Lycoming-Clinton	305	431	70.8%	66.4%	75.2%	5	11	45.5%	11.5%	79.4%
Montgomery	987	1,326	74.4%	72.0%	76.8%	26	34	76.5%	60.7%	92.2%
NBHCC	1,454	1,827	79.6%	77.7%	81.5%	32	40	80.0%	66.4%	93.6%
NCSO-1	560	645	86.8%	84.1%	89.5%	5	7	71.4%	30.8%	100.0%
NCSO-2	1,047	1,243	84.2%	82.2%	86.3%	8	8	100.0%	93.8%	100.0%
NCSO-3	935	1,199	78.0%	75.6%	80.4%	5	13	38.5%	8.2%	68.8%
NCSO-4	295	400	73.8%	69.3%	78.2%	2	2	100.0%	75.0%	100.0%
NWBHP	724	979	74.0%	71.2%	76.8%	2	4	50.0%	0.0%	100.0%
Northampton	599	785	76.3%	73.3%	79.3%	20	26	76.9%	58.8%	95.0%
Perry	52	69	75.4%	64.5%	86.3%	0	0			
Philadelphia	3,232	4,615	70.0%	68.7%	71.4%	707	914	77.4%	74.6%	80.1%
Washington	436	615	70.9%	67.2%	74.6%	0	1	0.0%	0.0%	50.0%
Westmoreland	739	971	76.1%	73.4%	78.8%	3	3	100.0%	83.3%	100.0%
York	598	864	69.2%	66.1%	72.3%	33	46	71.7%	57.6%	85.8%

BHHC	QI A									
	Non Hispanics					Hispanics				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	54	94	57.4%	46.9%	68.0%	0	2	0.0%	0.0%	25.0%
Allegheny	2,164	3,511	61.6%	60.0%	63.3%	7	14	50.0%	20.2%	79.8%
Armstrong-Indiana	279	481	58.0%	53.5%	62.5%	2	4	50.0%	0.0%	100.0%
Beaver	319	509	62.7%	58.4%	67.0%	0	0			
Bedford-Somerset	161	264	61.0%	54.9%	67.1%	3	6	50.0%	1.7%	98.3%
Berks	579	875	66.2%	63.0%	69.4%	142	206	68.9%	62.4%	75.5%
Blair	300	465	64.5%	60.1%	69.0%	5	5	100.0%	90.0%	100.0%
Bucks	481	866	55.5%	52.2%	58.9%	2	5	40.0%	0.0%	92.9%
Butler	243	432	56.3%	51.5%	61.0%	0	0			
CMP	299	573	52.2%	48.0%	56.4%	10	17	58.8%	32.5%	85.2%
Cambria	292	592	49.3%	45.2%	53.4%	1	1	100.0%	50.0%	100.0%
Chester	414	662	62.5%	58.8%	66.3%	14	24	58.3%	36.5%	80.1%
Cumberland	163	276	59.1%	53.1%	65.0%	5	12	41.7%	9.6%	73.7%
Dauphin	475	740	64.2%	60.7%	67.7%	57	89	64.0%	53.5%	74.6%
Delaware	688	1,132	60.8%	57.9%	63.7%	10	19	52.6%	27.5%	77.7%
Erie	595	1,048	56.8%	53.7%	59.8%	18	31	58.1%	39.1%	77.0%
Fayette	291	526	55.3%	51.0%	59.7%	0	0			
Franklin-Fulton	181	271	66.8%	61.0%	72.6%	6	12	50.0%	17.5%	82.5%
Greene	102	151	67.5%	59.8%	75.3%	0	0			
Lancaster	440	797	55.2%	51.7%	58.7%	127	247	51.4%	45.0%	57.9%
Lawrence	171	306	55.9%	50.2%	61.6%	0	0			
Lebanon	168	264	63.6%	57.6%	69.6%	37	62	59.7%	46.7%	72.7%
Lehigh	765	1,333	57.4%	54.7%	60.1%	25	47	53.2%	37.9%	68.5%
Lycoming-Clinton	223	431	51.7%	46.9%	56.6%	5	11	45.5%	11.5%	79.4%
Montgomery	806	1,326	60.8%	58.1%	63.4%	23	34	67.6%	50.5%	84.8%
NBHCC	1,173	1,827	64.2%	62.0%	66.4%	26	40	65.0%	49.0%	81.0%
NCSO-1	456	645	70.7%	67.1%	74.3%	4	7	57.1%	13.3%	100.0%
NCSO-2	802	1,243	64.5%	61.8%	67.2%	7	8	87.5%	58.3%	100.0%
NCSO-3	708	1,199	59.0%	56.2%	61.9%	4	13	30.8%	1.8%	59.7%
NCSO-4	224	400	56.0%	51.0%	61.0%	1	2	50.0%	0.0%	100.0%
NWBHP	513	979	52.4%	49.2%	55.6%	1	4	25.0%	0.0%	79.9%
Northampton	480	785	61.1%	57.7%	64.6%	17	26	65.4%	45.2%	85.6%
Perry	37	69	53.6%	41.1%	66.1%	0	0			
Philadelphia	2,628	4,615	56.9%	55.5%	58.4%	577	914	63.1%	59.9%	66.3%
Washington	333	615	54.1%	50.1%	58.2%	0	1	0.0%	0.0%	50.0%
Westmoreland	547	971	56.3%	53.2%	59.5%	2	3	66.7%	0.0%	100.0%
York	428	864	49.5%	46.1%	52.9%	24	46	52.2%	36.7%	67.7%

BHHC	QI B									
	Non Hispanics					Hispanics				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	72	94	76.6%	67.5%	85.7%	0	2	0.0%	0.0%	25.0%
Allegheny	2,654	3,511	75.6%	74.2%	77.0%	11	14	78.6%	53.5%	100.0%
Armstrong-Indiana	387	481	80.5%	76.8%	84.1%	4	4	100.0%	87.5%	100.0%
Beaver	406	509	79.8%	76.2%	83.4%	0	0			
Bedford-Somerset	215	264	81.4%	76.6%	86.3%	5	6	83.3%	45.2%	100.0%
Berks	700	875	80.0%	77.3%	82.7%	172	206	83.5%	78.2%	88.8%
Blair	372	465	80.0%	76.3%	83.7%	5	5	100.0%	90.0%	100.0%
Bucks	600	866	69.3%	66.2%	72.4%	2	5	40.0%	0.0%	92.9%
Butler	328	432	75.9%	71.8%	80.1%	0	0			
CMP	431	573	75.2%	71.6%	78.8%	17	17	100.0%	97.1%	100.0%
Cambria	426	592	72.0%	68.3%	75.7%	1	1	100.0%	50.0%	100.0%
Chester	515	662	77.8%	74.6%	81.0%	16	24	66.7%	45.7%	87.6%
Cumberland	212	276	76.8%	71.7%	82.0%	7	12	58.3%	26.3%	90.4%
Dauphin	589	740	79.6%	76.6%	82.6%	65	89	73.0%	63.3%	82.8%
Delaware	831	1,132	73.4%	70.8%	76.0%	13	19	68.4%	44.9%	92.0%
Erie	788	1,048	75.2%	72.5%	77.9%	23	31	74.2%	57.2%	91.2%
Fayette	392	526	74.5%	70.7%	78.3%	0	0			
Franklin-Fulton	240	271	88.6%	84.6%	92.5%	8	12	66.7%	35.8%	97.5%
Greene	124	151	82.1%	75.7%	88.6%	0	0			
Lancaster	600	797	75.3%	72.2%	78.3%	180	247	72.9%	67.1%	78.6%
Lawrence	224	306	73.2%	68.1%	78.3%	0	0			
Lebanon	227	264	86.0%	81.6%	90.4%	49	62	79.0%	68.1%	90.0%
Lehigh	964	1,333	72.3%	69.9%	74.8%	36	47	76.6%	63.4%	89.8%
Lycoming-Clinton	305	431	70.8%	66.4%	75.2%	5	11	45.5%	11.5%	79.4%
Montgomery	987	1,326	74.4%	72.0%	76.8%	26	34	76.5%	60.7%	92.2%
NBHCC	1,454	1,827	79.6%	77.7%	81.5%	32	40	80.0%	66.4%	93.6%
NCSO-1	560	645	86.8%	84.1%	89.5%	5	7	71.4%	30.8%	100.0%
NCSO-2	1,047	1,243	84.2%	82.2%	86.3%	8	8	100.0%	93.8%	100.0%
NCSO-3	935	1,199	78.0%	75.6%	80.4%	5	13	38.5%	8.2%	68.8%
NCSO-4	295	400	73.8%	69.3%	78.2%	2	2	100.0%	75.0%	100.0%
NWBHP	724	979	74.0%	71.2%	76.8%	2	4	50.0%	0.0%	100.0%
Northampton	599	785	76.3%	73.3%	79.3%	20	26	76.9%	58.8%	95.0%
Perry	52	69	75.4%	64.5%	86.3%	0	0			
Philadelphia	3,232	4,615	70.0%	68.7%	71.4%	707	914	77.4%	74.6%	80.1%
Washington	436	615	70.9%	67.2%	74.6%	0	1	0.0%	0.0%	50.0%
Westmoreland	739	971	76.1%	73.4%	78.8%	3	3	100.0%	83.3%	100.0%
York	598	864	69.2%	66.1%	72.3%	33	46	71.7%	57.6%	85.8%

MY 2012 BHHC FOLLOW-UP RATES – BY GENDER

BHHC	Q1 1									
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	32	61	52.5%	39.1%	65.8%	17	35	48.6%	30.6%	66.6%
Allegheny	893	1,769	50.5%	48.1%	52.8%	833	1,756	47.4%	45.1%	49.8%
Armstrong-Indiana	115	237	48.5%	41.9%	55.1%	108	248	43.5%	37.2%	49.9%
Beaver	169	268	63.1%	57.1%	69.0%	113	241	46.9%	40.4%	53.4%
Bedford-Somerset	67	146	45.9%	37.5%	54.3%	57	124	46.0%	36.8%	55.1%
Berks	335	558	60.0%	55.9%	64.2%	290	523	55.4%	51.1%	59.8%
Blair	129	243	53.1%	46.6%	59.6%	117	230	50.9%	44.2%	57.5%
Bucks	229	469	48.8%	44.2%	53.5%	167	402	41.5%	36.6%	46.5%
Butler	125	235	53.2%	46.6%	59.8%	80	197	40.6%	33.5%	47.7%
CMP	145	314	46.2%	40.5%	51.9%	124	276	44.9%	38.9%	51.0%
Cambria	103	286	36.0%	30.3%	41.8%	111	307	36.2%	30.6%	41.7%
Chester	200	335	59.7%	54.3%	65.1%	162	351	46.2%	40.8%	51.5%
Cumberland	71	149	47.7%	39.3%	56.0%	66	148	44.6%	36.2%	52.9%
Dauphin	204	456	44.7%	40.1%	49.4%	168	386	43.5%	38.4%	48.6%
Delaware	284	618	46.0%	41.9%	50.0%	215	533	40.3%	36.1%	44.6%
Erie	228	531	42.9%	38.6%	47.2%	219	548	40.0%	35.8%	44.2%
Fayette	131	259	50.6%	44.3%	56.9%	124	267	46.4%	40.3%	52.6%
Franklin-Fulton	98	162	60.5%	52.7%	68.3%	62	124	50.0%	40.8%	59.2%
Greene	34	73	46.6%	34.4%	58.7%	36	78	46.2%	34.4%	57.9%
Lancaster	264	572	46.2%	42.0%	50.3%	209	491	42.6%	38.1%	47.0%
Lawrence	76	159	47.8%	39.7%	55.9%	62	147	42.2%	33.9%	50.5%
Lebanon	95	172	55.2%	47.5%	63.0%	91	165	55.2%	47.3%	63.0%
Lehigh	347	704	49.3%	45.5%	53.1%	306	676	45.3%	41.4%	49.1%
Lycoming-Clinton	112	240	46.7%	40.1%	53.2%	83	203	40.9%	33.9%	47.9%
Montgomery	345	716	48.2%	44.5%	51.9%	285	644	44.3%	40.3%	48.2%
NBHCC	551	947	58.2%	55.0%	61.4%	492	920	53.5%	50.2%	56.8%
NCSO-1	184	334	55.1%	49.6%	60.6%	154	318	48.4%	42.8%	54.1%
NCSO-2	333	690	48.3%	44.5%	52.1%	261	561	46.5%	42.3%	50.7%
NCSO-3	310	626	49.5%	45.5%	53.5%	283	586	48.3%	44.2%	52.4%
NCSO-4	102	212	48.1%	41.2%	55.1%	91	190	47.9%	40.5%	55.3%
NWBHP	215	480	44.8%	40.2%	49.3%	214	503	42.5%	38.1%	47.0%
Northampton	233	420	55.5%	50.6%	60.3%	209	391	53.5%	48.4%	58.5%
Perry	21	42	50.0%	33.7%	66.3%	12	28	42.9%	22.7%	63.0%
Philadelphia	1,727	3,806	45.4%	43.8%	47.0%	1,562	3,586	43.6%	41.9%	45.2%
Washington	151	336	44.9%	39.5%	50.4%	121	280	43.2%	37.2%	49.2%
Westmoreland	226	524	43.1%	38.8%	47.5%	194	450	43.1%	38.4%	47.8%
York	209	470	44.5%	39.9%	49.1%	187	440	42.5%	37.8%	47.2%

BHHC	Q1 2									
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	43	61	70.5%	58.2%	82.8%	27	35	77.1%	61.8%	92.5%
Allegheny	1,210	1,769	68.4%	66.2%	70.6%	1,155	1,756	65.8%	63.5%	68.0%
Armstrong-Indiana	186	237	78.5%	73.0%	83.9%	181	248	73.0%	67.3%	78.7%
Beaver	223	268	83.2%	78.5%	87.9%	165	241	68.5%	62.4%	74.5%
Bedford-Somerset	106	146	72.6%	65.0%	80.2%	89	124	71.8%	63.4%	80.1%
Berks	437	558	78.3%	74.8%	81.8%	381	523	72.8%	68.9%	76.8%
Blair	189	243	77.8%	72.3%	83.2%	162	230	70.4%	64.3%	76.5%
Bucks	311	469	66.3%	61.9%	70.7%	245	402	60.9%	56.1%	65.8%
Butler	179	235	76.2%	70.5%	81.8%	129	197	65.5%	58.6%	72.4%
CMP	228	314	72.6%	67.5%	77.7%	201	276	72.8%	67.4%	78.3%
Cambria	191	286	66.8%	61.1%	72.4%	204	307	66.4%	61.0%	71.9%
Chester	259	335	77.3%	72.7%	81.9%	241	351	68.7%	63.7%	73.7%
Cumberland	108	149	72.5%	65.0%	80.0%	105	148	70.9%	63.3%	78.6%
Dauphin	316	456	69.3%	65.0%	73.6%	257	386	66.6%	61.7%	71.4%
Delaware	402	618	65.0%	61.2%	68.9%	307	533	57.6%	53.3%	61.9%
Erie	374	531	70.4%	66.5%	74.4%	361	548	65.9%	61.8%	69.9%
Fayette	182	259	70.3%	64.5%	76.0%	189	267	70.8%	65.1%	76.4%
Franklin-Fulton	145	162	89.5%	84.5%	94.5%	93	124	75.0%	67.0%	83.0%
Greene	57	73	78.1%	67.9%	88.3%	49	78	62.8%	51.5%	74.2%
Lancaster	410	572	71.7%	67.9%	75.5%	329	491	67.0%	62.7%	71.3%
Lawrence	113	159	71.1%	63.7%	78.4%	99	147	67.3%	59.4%	75.3%
Lebanon	143	172	83.1%	77.3%	89.0%	124	165	75.2%	68.3%	82.0%
Lehigh	486	704	69.0%	65.5%	72.5%	412	676	60.9%	57.2%	64.7%
Lycoming-Clinton	164	240	68.3%	62.2%	74.4%	127	203	62.6%	55.7%	69.5%
Montgomery	471	716	65.8%	62.2%	69.3%	399	644	62.0%	58.1%	65.8%
NBHCC	745	947	78.7%	76.0%	81.3%	675	920	73.4%	70.5%	76.3%
NCSO-1	275	334	82.3%	78.1%	86.6%	237	318	74.5%	69.6%	79.5%
NCSO-2	538	690	78.0%	74.8%	81.1%	428	561	76.3%	72.7%	79.9%
NCSO-3	467	626	74.6%	71.1%	78.1%	420	586	71.7%	67.9%	75.4%
NCSO-4	147	212	69.3%	62.9%	75.8%	130	190	68.4%	61.5%	75.3%
NWBHP	341	480	71.0%	66.9%	75.2%	324	503	64.4%	60.1%	68.7%
Northampton	319	420	76.0%	71.7%	80.2%	260	391	66.5%	61.7%	71.3%
Perry	31	42	73.8%	59.3%	88.3%	19	28	67.9%	48.8%	86.9%
Philadelphia	2,320	3,806	61.0%	59.4%	62.5%	2,092	3,586	58.3%	56.7%	60.0%
Washington	218	336	64.9%	59.6%	70.1%	174	280	62.1%	56.3%	68.0%
Westmoreland	366	524	69.8%	65.8%	73.9%	301	450	66.9%	62.4%	71.3%
York	318	470	67.7%	63.3%	72.0%	279	440	63.4%	58.8%	68.0%

BHHC	QI A									
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	33	61	54.1%	40.8%	67.4%	21	35	60.0%	42.3%	77.7%
Allegheny	1,097	1,769	62.0%	59.7%	64.3%	1,074	1,756	61.2%	58.9%	63.5%
Armstrong-Indiana	143	237	60.3%	53.9%	66.8%	138	248	55.6%	49.3%	62.0%
Beaver	184	268	68.7%	62.9%	74.4%	135	241	56.0%	49.5%	62.5%
Bedford-Somerset	88	146	60.3%	52.0%	68.6%	76	124	61.3%	52.3%	70.3%
Berks	381	558	68.3%	64.3%	72.2%	340	523	65.0%	60.8%	69.2%
Blair	160	243	65.8%	59.7%	72.0%	147	230	63.9%	57.5%	70.3%
Bucks	273	469	58.2%	53.6%	62.8%	210	402	52.2%	47.2%	57.2%
Butler	144	235	61.3%	54.8%	67.7%	99	197	50.3%	43.0%	57.5%
CMP	165	314	52.5%	46.9%	58.2%	144	276	52.2%	46.1%	58.2%
Cambria	132	286	46.2%	40.2%	52.1%	161	307	52.4%	46.7%	58.2%
Chester	222	335	66.3%	61.1%	71.5%	206	351	58.7%	53.4%	64.0%
Cumberland	87	149	58.4%	50.1%	66.6%	85	148	57.4%	49.1%	65.7%
Dauphin	288	456	63.2%	58.6%	67.7%	252	386	65.3%	60.4%	70.2%
Delaware	379	618	61.3%	57.4%	65.2%	319	533	59.8%	55.6%	64.1%
Erie	298	531	56.1%	51.8%	60.4%	315	548	57.5%	53.3%	61.7%
Fayette	144	259	55.6%	49.4%	61.8%	147	267	55.1%	48.9%	61.2%
Franklin-Fulton	113	162	69.8%	62.4%	77.1%	76	124	61.3%	52.3%	70.3%
Greene	51	73	69.9%	58.7%	81.1%	51	78	65.4%	54.2%	76.6%
Lancaster	316	572	55.2%	51.1%	59.4%	261	491	53.2%	48.6%	57.7%
Lawrence	92	159	57.9%	49.9%	65.9%	79	147	53.7%	45.3%	62.1%
Lebanon	106	172	61.6%	54.1%	69.2%	103	165	62.4%	54.7%	70.1%
Lehigh	401	704	57.0%	53.2%	60.7%	389	676	57.5%	53.7%	61.3%
Lycoming-Clinton	123	240	51.3%	44.7%	57.8%	106	203	52.2%	45.1%	59.3%
Montgomery	446	716	62.3%	58.7%	65.9%	383	644	59.5%	55.6%	63.3%
NBHCC	629	947	66.4%	63.4%	69.5%	570	920	62.0%	58.8%	65.1%
NCSO-1	242	334	72.5%	67.5%	77.4%	218	318	68.6%	63.3%	73.8%
NCSO-2	459	690	66.5%	62.9%	70.1%	350	561	62.4%	58.3%	66.5%
NCSO-3	368	626	58.8%	54.9%	62.7%	344	586	58.7%	54.6%	62.8%
NCSO-4	116	212	54.7%	47.8%	61.7%	109	190	57.4%	50.1%	64.7%
NWBHP	260	480	54.2%	49.6%	58.7%	254	503	50.5%	46.0%	55.0%
Northampton	258	420	61.4%	56.7%	66.2%	239	391	61.1%	56.2%	66.1%
Perry	23	42	54.8%	38.5%	71.0%	14	28	50.0%	29.7%	70.3%
Philadelphia	2,119	3,806	55.7%	54.1%	57.3%	2,007	3,586	56.0%	54.3%	57.6%
Washington	178	336	53.0%	47.5%	58.5%	155	280	55.4%	49.4%	61.4%
Westmoreland	295	524	56.3%	52.0%	60.6%	254	450	56.4%	51.8%	61.1%
York	232	470	49.4%	44.7%	54.0%	220	440	50.0%	45.2%	54.8%

BHHC	QI B									
	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	43	61	70.5%	58.2%	82.8%	29	35	82.9%	68.9%	96.8%
Allegheny	1,339	1,769	75.7%	73.7%	77.7%	1,326	1,756	75.5%	73.5%	77.6%
Armstrong-Indiana	200	237	84.4%	79.6%	89.2%	191	248	77.0%	71.6%	82.5%
Beaver	227	268	84.7%	80.2%	89.2%	179	241	74.3%	68.5%	80.0%
Bedford-Somerset	123	146	84.2%	78.0%	90.5%	97	124	78.2%	70.6%	85.9%
Berks	466	558	83.5%	80.3%	86.7%	406	523	77.6%	74.0%	81.3%
Blair	207	243	85.2%	80.5%	89.9%	172	230	74.8%	69.0%	80.6%
Bucks	338	469	72.1%	67.9%	76.2%	264	402	65.7%	60.9%	70.4%
Butler	188	235	80.0%	74.7%	85.3%	140	197	71.1%	64.5%	77.7%
CMP	235	314	74.8%	69.9%	79.8%	213	276	77.2%	72.0%	82.3%
Cambria	207	286	72.4%	67.0%	77.7%	220	307	71.7%	66.5%	76.9%
Chester	270	335	80.6%	76.2%	85.0%	261	351	74.4%	69.6%	79.1%
Cumberland	117	149	78.5%	71.6%	85.5%	110	148	74.3%	66.9%	81.7%
Dauphin	355	456	77.9%	73.9%	81.8%	311	386	80.6%	76.5%	84.6%
Delaware	464	618	75.1%	71.6%	78.6%	380	533	71.3%	67.4%	75.2%
Erie	402	531	75.7%	72.0%	79.4%	409	548	74.6%	70.9%	78.4%
Fayette	193	259	74.5%	69.0%	80.0%	199	267	74.5%	69.1%	79.9%
Franklin-Fulton	150	162	92.6%	88.3%	96.9%	101	124	81.5%	74.2%	88.7%
Greene	62	73	84.9%	76.0%	93.8%	62	78	79.5%	69.9%	89.1%
Lancaster	438	572	76.6%	73.0%	80.1%	356	491	72.5%	68.5%	76.6%
Lawrence	119	159	74.8%	67.8%	81.9%	105	147	71.4%	63.8%	79.1%
Lebanon	149	172	86.6%	81.3%	92.0%	133	165	80.6%	74.3%	86.9%
Lehigh	524	704	74.4%	71.1%	77.7%	476	676	70.4%	66.9%	73.9%
Lycoming-Clinton	168	240	70.0%	64.0%	76.0%	143	203	70.4%	63.9%	77.0%
Montgomery	545	716	76.1%	72.9%	79.3%	468	644	72.7%	69.2%	76.2%
NBHCC	780	947	82.4%	79.9%	84.8%	706	920	76.7%	74.0%	79.5%
NCSO-1	299	334	89.5%	86.1%	93.0%	266	318	83.6%	79.4%	87.9%
NCSO-2	591	690	85.7%	83.0%	88.3%	464	561	82.7%	79.5%	85.9%
NCSO-3	498	626	79.6%	76.3%	82.8%	442	586	75.4%	71.9%	79.0%
NCSO-4	156	212	73.6%	67.4%	79.8%	141	190	74.2%	67.7%	80.7%
NWBHP	367	480	76.5%	72.6%	80.4%	359	503	71.4%	67.3%	75.4%
Northampton	335	420	79.8%	75.8%	83.7%	284	391	72.6%	68.1%	77.2%
Perry	33	42	78.6%	65.0%	92.2%	19	28	67.9%	48.8%	86.9%
Philadelphia	2,679	3,806	70.4%	68.9%	71.9%	2,470	3,586	68.9%	67.3%	70.4%
Washington	239	336	71.1%	66.1%	76.1%	197	280	70.4%	64.8%	75.9%
Westmoreland	414	524	79.0%	75.4%	82.6%	328	450	72.9%	68.7%	77.1%
York	332	470	70.6%	66.4%	74.9%	299	440	68.0%	63.5%	72.4%

MY 2012 BHHC FOLLOW-UP RATES – BY AGE

BHHC	Q1									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	25	46	54.3%	38.9%	69.8%	24	50	48.0%	33.2%	62.8%
Allegheny	454	767	59.2%	55.6%	62.7%	1,272	2,758	46.1%	44.2%	48.0%
Armstrong-Indiana	91	142	64.1%	55.8%	72.3%	132	343	38.5%	33.2%	43.8%
Beaver	79	132	59.8%	51.1%	68.6%	203	377	53.8%	48.7%	59.0%
Bedford-Somerset	48	82	58.5%	47.3%	69.8%	76	188	40.4%	33.1%	47.7%
Berks	195	276	70.7%	65.1%	76.2%	430	805	53.4%	49.9%	56.9%
Blair	88	137	64.2%	55.8%	72.6%	158	336	47.0%	41.5%	52.5%
Bucks	109	230	47.4%	40.7%	54.1%	287	641	44.8%	40.8%	48.7%
Butler	73	125	58.4%	49.4%	67.4%	132	307	43.0%	37.3%	48.7%
CMP	105	202	52.0%	44.8%	59.1%	164	388	42.3%	37.2%	47.3%
Cambria	73	138	52.9%	44.2%	61.6%	141	455	31.0%	26.6%	35.3%
Chester	137	219	62.6%	55.9%	69.2%	225	467	48.2%	43.5%	52.8%
Cumberland	52	90	57.8%	47.0%	68.5%	85	207	41.1%	34.1%	48.0%
Dauphin	136	214	63.6%	56.9%	70.2%	236	628	37.6%	33.7%	41.4%
Delaware	150	347	43.2%	37.9%	48.6%	349	804	43.4%	39.9%	46.9%
Erie	149	269	55.4%	49.3%	61.5%	298	810	36.8%	33.4%	40.2%
Fayette	62	120	51.7%	42.3%	61.0%	193	406	47.5%	42.6%	52.5%
Franklin-Fulton	64	100	64.0%	54.1%	73.9%	96	186	51.6%	44.2%	59.1%
Greene	15	30	50.0%	30.4%	69.6%	55	121	45.5%	36.2%	54.7%
Lancaster	195	335	58.2%	52.8%	63.6%	278	728	38.2%	34.6%	41.8%
Lawrence	32	66	48.5%	35.7%	61.3%	106	240	44.2%	37.7%	50.7%
Lebanon	96	134	71.6%	63.6%	79.6%	90	203	44.3%	37.3%	51.4%
Lehigh	193	372	51.9%	46.7%	57.1%	460	1,008	45.6%	42.5%	48.8%
Lycoming-Clinton	77	130	59.2%	50.4%	68.1%	118	313	37.7%	32.2%	43.2%
Montgomery	157	346	45.4%	40.0%	50.8%	473	1,014	46.6%	43.5%	49.8%
NBHCC	385	611	63.0%	59.1%	66.9%	658	1,256	52.4%	49.6%	55.2%
NCSO-1	141	223	63.2%	56.7%	69.8%	197	429	45.9%	41.1%	50.8%
NCSO-2	190	345	55.1%	49.7%	60.5%	404	906	44.6%	41.3%	47.9%
NCSO-3	221	395	55.9%	50.9%	61.0%	372	817	45.5%	42.1%	49.0%
NCSO-4	73	125	58.4%	49.4%	67.4%	120	277	43.3%	37.3%	49.3%
NWBHP	178	331	53.8%	48.3%	59.3%	251	652	38.5%	34.7%	42.3%
Northampton	131	232	56.5%	49.9%	63.1%	311	579	53.7%	49.6%	57.9%
Perry	19	27	70.4%	51.3%	89.4%	14	43	32.6%	17.4%	47.7%
Philadelphia	842	1,621	51.9%	49.5%	54.4%	2,447	5,771	42.4%	41.1%	43.7%
Washington	95	176	54.0%	46.3%	61.6%	177	440	40.2%	35.5%	44.9%
Westmoreland	137	296	46.3%	40.4%	52.1%	283	678	41.7%	38.0%	45.5%
York	137	269	50.9%	44.8%	57.1%	259	641	40.4%	36.5%	44.3%

BHHC	Q1 2									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	36	46	78.3%	65.3%	91.3%	34	50	68.0%	54.1%	81.9%
Allegheny	611	767	79.7%	76.7%	82.6%	1,754	2,758	63.6%	61.8%	65.4%
Armstrong-Indiana	121	142	85.2%	79.0%	91.4%	246	343	71.7%	66.8%	76.6%
Beaver	111	132	84.1%	77.5%	90.7%	277	377	73.5%	68.9%	78.1%
Bedford-Somerset	69	82	84.1%	75.6%	92.7%	126	188	67.0%	60.0%	74.0%
Berks	228	276	82.6%	78.0%	87.3%	590	805	73.3%	70.2%	76.4%
Blair	121	137	88.3%	82.6%	94.1%	230	336	68.5%	63.3%	73.6%
Bucks	154	230	67.0%	60.7%	73.3%	402	641	62.7%	58.9%	66.5%
Butler	99	125	79.2%	71.7%	86.7%	209	307	68.1%	62.7%	73.5%
CMP	150	202	74.3%	68.0%	80.5%	279	388	71.9%	67.3%	76.5%
Cambria	112	138	81.2%	74.3%	88.0%	283	455	62.2%	57.6%	66.8%
Chester	173	219	79.0%	73.4%	84.6%	327	467	70.0%	65.8%	74.3%
Cumberland	68	90	75.6%	66.1%	85.0%	145	207	70.0%	63.6%	76.5%
Dauphin	173	214	80.8%	75.3%	86.3%	400	628	63.7%	59.9%	67.5%
Delaware	220	347	63.4%	58.2%	68.6%	489	804	60.8%	57.4%	64.3%
Erie	213	269	79.2%	74.1%	84.2%	522	810	64.4%	61.1%	67.8%
Fayette	93	120	77.5%	69.6%	85.4%	278	406	68.5%	63.8%	73.1%
Franklin-Fulton	87	100	87.0%	79.9%	94.1%	151	186	81.2%	75.3%	87.1%
Greene	24	30	80.0%	64.0%	96.0%	82	121	67.8%	59.0%	76.5%
Lancaster	267	335	79.7%	75.2%	84.2%	472	728	64.8%	61.3%	68.4%
Lawrence	48	66	72.7%	61.2%	84.2%	164	240	68.3%	62.2%	74.4%
Lebanon	118	134	88.1%	82.2%	93.9%	149	203	73.4%	67.1%	79.7%
Lehigh	277	372	74.5%	69.9%	79.0%	621	1,008	61.6%	58.6%	64.7%
Lycoming-Clinton	99	130	76.2%	68.4%	83.9%	192	313	61.3%	55.8%	66.9%
Montgomery	221	346	63.9%	58.7%	69.1%	649	1,014	64.0%	61.0%	67.0%
NBHCC	510	611	83.5%	80.4%	86.5%	910	1,256	72.5%	69.9%	75.0%
NCSO-1	188	223	84.3%	79.3%	89.3%	324	429	75.5%	71.3%	79.7%
NCSO-2	279	345	80.9%	76.6%	85.2%	687	906	75.8%	73.0%	78.7%
NCSO-3	316	395	80.0%	75.9%	84.1%	571	817	69.9%	66.7%	73.1%
NCSO-4	101	125	80.8%	73.5%	88.1%	176	277	63.5%	57.7%	69.4%
NWBHP	249	331	75.2%	70.4%	80.0%	416	652	63.8%	60.0%	67.6%
Northampton	167	232	72.0%	66.0%	78.0%	412	579	71.2%	67.4%	74.9%
Perry	25	27	92.6%	80.9%	100.0%	25	43	58.1%	42.2%	74.0%
Philadelphia	1,159	1,621	71.5%	69.3%	73.7%	3,253	5,771	56.4%	55.1%	57.7%
Washington	136	176	77.3%	70.8%	83.7%	256	440	58.2%	53.5%	62.9%
Westmoreland	232	296	78.4%	73.5%	83.2%	435	678	64.2%	60.5%	67.8%
York	199	269	74.0%	68.5%	79.4%	398	641	62.1%	58.3%	65.9%

BHHC	QI A									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	29	46	63.0%	48.0%	78.1%	25	50	50.0%	35.1%	64.9%
Allegheny	518	767	67.5%	64.2%	70.9%	1,653	2,758	59.9%	58.1%	61.8%
Armstrong-Indiana	102	142	71.8%	64.1%	79.6%	179	343	52.2%	46.8%	57.6%
Beaver	87	132	65.9%	57.4%	74.4%	232	377	61.5%	56.5%	66.6%
Bedford-Somerset	55	82	67.1%	56.3%	77.9%	109	188	58.0%	50.7%	65.3%
Berks	212	276	76.8%	71.7%	82.0%	509	805	63.2%	59.8%	66.6%
Blair	106	137	77.4%	70.0%	84.7%	201	336	59.8%	54.4%	65.2%
Bucks	139	230	60.4%	53.9%	67.0%	344	641	53.7%	49.7%	57.6%
Butler	81	125	64.8%	56.0%	73.6%	162	307	52.8%	47.0%	58.5%
CMP	116	202	57.4%	50.4%	64.5%	193	388	49.7%	44.6%	54.8%
Cambria	80	138	58.0%	49.4%	66.6%	213	455	46.8%	42.1%	51.5%
Chester	167	219	76.3%	70.4%	82.1%	261	467	55.9%	51.3%	60.5%
Cumberland	60	90	66.7%	56.4%	77.0%	112	207	54.1%	47.1%	61.1%
Dauphin	156	214	72.9%	66.7%	79.1%	384	628	61.1%	57.3%	65.0%
Delaware	208	347	59.9%	54.6%	65.2%	490	804	60.9%	57.5%	64.4%
Erie	167	269	62.1%	56.1%	68.1%	446	810	55.1%	51.6%	58.5%
Fayette	67	120	55.8%	46.5%	65.1%	224	406	55.2%	50.2%	60.1%
Franklin-Fulton	73	100	73.0%	63.8%	82.2%	116	186	62.4%	55.1%	69.6%
Greene	20	30	66.7%	48.1%	85.2%	82	121	67.8%	59.0%	76.5%
Lancaster	212	335	63.3%	58.0%	68.6%	365	728	50.1%	46.4%	53.8%
Lawrence	44	66	66.7%	54.5%	78.8%	127	240	52.9%	46.4%	59.4%
Lebanon	99	134	73.9%	66.1%	81.7%	110	203	54.2%	47.1%	61.3%
Lehigh	224	372	60.2%	55.1%	65.3%	566	1,008	56.2%	53.0%	59.3%
Lycoming-Clinton	87	130	66.9%	58.5%	75.4%	142	313	45.4%	39.7%	51.0%
Montgomery	219	346	63.3%	58.1%	68.5%	610	1,014	60.2%	57.1%	63.2%
NBHCC	458	611	75.0%	71.4%	78.5%	741	1,256	59.0%	56.2%	61.8%
NCSO-1	167	223	74.9%	69.0%	80.8%	293	429	68.3%	63.8%	72.8%
NCSO-2	231	345	67.0%	61.8%	72.1%	578	906	63.8%	60.6%	67.0%
NCSO-3	268	395	67.8%	63.1%	72.6%	444	817	54.3%	50.9%	57.8%
NCSO-4	84	125	67.2%	58.6%	75.8%	141	277	50.9%	44.8%	57.0%
NWBHP	208	331	62.8%	57.5%	68.2%	306	652	46.9%	43.0%	50.8%
Northampton	147	232	63.4%	56.9%	69.8%	350	579	60.4%	56.4%	64.5%
Perry	21	27	77.8%	60.2%	95.3%	16	43	37.2%	21.6%	52.8%
Philadelphia	1,015	1,621	62.6%	60.2%	65.0%	3,111	5,771	53.9%	52.6%	55.2%
Washington	113	176	64.2%	56.8%	71.6%	220	440	50.0%	45.2%	54.8%
Westmoreland	185	296	62.5%	56.8%	68.2%	364	678	53.7%	49.9%	57.5%
York	155	269	57.6%	51.5%	63.7%	297	641	46.3%	42.4%	50.3%

BHHC	Q1 B									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	38	46	82.6%	70.6%	94.6%	34	50	68.0%	54.1%	81.9%
Allegheny	645	767	84.1%	81.4%	86.7%	2,020	2,758	73.2%	71.6%	74.9%
Armstrong-Indiana	127	142	89.4%	84.0%	94.8%	264	343	77.0%	72.4%	81.6%
Beaver	114	132	86.4%	80.1%	92.6%	292	377	77.5%	73.1%	81.8%
Bedford-Somerset	70	82	85.4%	77.1%	93.6%	150	188	79.8%	73.8%	85.8%
Berks	236	276	85.5%	81.2%	89.8%	636	805	79.0%	76.1%	81.9%
Blair	127	137	92.7%	88.0%	97.4%	252	336	75.0%	70.2%	79.8%
Bucks	166	230	72.2%	66.2%	78.2%	436	641	68.0%	64.3%	71.7%
Butler	105	125	84.0%	77.2%	90.8%	223	307	72.6%	67.5%	77.8%
CMP	156	202	77.2%	71.2%	83.3%	292	388	75.3%	70.8%	79.7%
Cambria	116	138	84.1%	77.6%	90.5%	311	455	68.4%	64.0%	72.7%
Chester	188	219	85.8%	81.0%	90.7%	343	467	73.4%	69.3%	77.6%
Cumberland	70	90	77.8%	68.6%	86.9%	157	207	75.8%	69.8%	81.9%
Dauphin	185	214	86.4%	81.6%	91.3%	481	628	76.6%	73.2%	80.0%
Delaware	258	347	74.4%	69.6%	79.1%	586	804	72.9%	69.8%	76.0%
Erie	220	269	81.8%	77.0%	86.6%	591	810	73.0%	69.8%	76.1%
Fayette	95	120	79.2%	71.5%	86.8%	297	406	73.2%	68.7%	77.6%
Franklin-Fulton	91	100	91.0%	84.9%	97.1%	160	186	86.0%	80.8%	91.3%
Greene	26	30	86.7%	72.8%	100.0%	98	121	81.0%	73.6%	88.4%
Lancaster	273	335	81.5%	77.2%	85.8%	521	728	71.6%	68.2%	74.9%
Lawrence	51	66	77.3%	66.4%	88.1%	173	240	72.1%	66.2%	78.0%
Lebanon	121	134	90.3%	84.9%	95.7%	161	203	79.3%	73.5%	85.1%
Lehigh	296	372	79.6%	75.3%	83.8%	704	1,008	69.8%	67.0%	72.7%
Lycoming-Clinton	105	130	80.8%	73.6%	87.9%	206	313	65.8%	60.4%	71.2%
Montgomery	269	346	77.7%	73.2%	82.3%	744	1,014	73.4%	70.6%	76.1%
NBHCC	534	611	87.4%	84.7%	90.1%	952	1,256	75.8%	73.4%	78.2%
NCSO-1	198	223	88.8%	84.4%	93.2%	367	429	85.5%	82.1%	89.0%
NCSO-2	296	345	85.8%	82.0%	89.6%	759	906	83.8%	81.3%	86.2%
NCSO-3	328	395	83.0%	79.2%	86.9%	612	817	74.9%	71.9%	77.9%
NCSO-4	105	125	84.0%	77.2%	90.8%	192	277	69.3%	63.7%	74.9%
NWBHP	263	331	79.5%	75.0%	84.0%	463	652	71.0%	67.5%	74.6%
Northampton	182	232	78.4%	72.9%	84.0%	437	579	75.5%	71.9%	79.1%
Perry	26	27	96.3%	87.3%	100.0%	26	43	60.5%	44.7%	76.2%
Philadelphia	1,275	1,621	78.7%	76.6%	80.7%	3,874	5,771	67.1%	65.9%	68.3%
Washington	141	176	80.1%	73.9%	86.3%	295	440	67.0%	62.5%	71.6%
Westmoreland	251	296	84.8%	80.5%	89.1%	491	678	72.4%	69.0%	75.9%
York	209	269	77.7%	72.5%	82.9%	422	641	65.8%	62.1%	69.6%

BHHC TO COUNTY CROSSWALK

BHHC	County
Armstrong-Indiana	Armstrong
	Indiana
Bedford-Somerset	Bedford
	Somerset
CMP	Carbon
	Monroe
	Pike
Franklin-Fulton	Franklin
	Fulton
Lycoming-Clinton	Clinton
	Lycoming
NBHCC	Lackawanna
	Luzerne
	Susquehanna
	Wyoming
NCSO-1	Centre
	Huntingdon
	Juniata
	Mifflin
NCSO-2	Cameron
	Clarion
	Clearfield
	Elk
	Forest
	Jefferson
	McKean
	Potter
	Warren
NCSO-3	Columbia
	Montour
	Northumberland
	Schuylkill
	Snyder
	Union
NCSO-4	Bradford
	Sullivan
	Tioga
	Wayne

BHHC	County
NWBHP	Crawford
	Mercer
	Venango
Adams	Adams
Allegheny	Allegheny
Beaver	Beaver
Berks	Berks
Blair	Blair
Bucks	Bucks
Butler	Butler
Cambria	Cambria
Chester	Chester
Cumberland	Cumberland
Dauphin	Dauphin
Delaware	Delaware
Erie	Erie
Fayette	Fayette
Greene	Greene
Lancaster	Lancaster
Lawrence	Lawrence
Lebanon	Lebanon
Lehigh	Lehigh
Montgomery	Montgomery
Northampton	Northampton
Perry	Perry
Philadelphia	Philadelphia
Washington	Washington
Westmoreland	Westmoreland
York	York

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