



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 Year 2010
FINAL REPORT

Completed on: November 9, 2011

REPORT CONTENT

| | |
|--|--------------|
| Glossary of Terms..... | p. 3 |
| Chapter I: Executive Summary..... | p. 4 |
| Chapter II: Purpose and Background..... | p. 9 |
| Chapter III: Quality Indicator Significance..... | p. 12 |
| Chapter IV: Methodology..... | p. 14 |
| Chapter V: Findings..... | p. 18 |
| I. Overall Population | p. 18 |
| II. Overall Quality Indicator Rates | p. 20 |
| III. Follow-up Rates by Race Category | p. 22 |
| IV. Follow-up Rates by Ethnicity | p. 27 |
| V. Follow-up Rates by Age Category | p. 28 |
| VI. Follow-up Rates by Gender | p. 39 |
| VII. Follow-up Rates by BH MCO | p. 30 |
| VIII. Follow-up Rates by County | p. 33 |
| IX. Comparison to HEDIS Medicaid Benchmarks | p. 47 |
| Chapter VI: Conclusions and Recommendations | p. 49 |
| References..... | p. 51 |
| Appendices..... | A1 |

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. |
| 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 the total numerator divided by the sum of the total denominator. |
| HealthChoices BH MCO Average | The sum of the individual Behavioral Health (BH) Managed Care Organization (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 County Average | The sum of the individual County rates divided by the total number of Counties (67 Counties). Each County has an equal contribution to the HealthChoices County Average value. |
| Rate | A proportion indicated as a percentage. |
| 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 | In statistics, a result is described as statistically significant if it 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. Statistically significant differences (SSD) at the .05 level between groups are noted. |
| 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). |

CHAPTER I : EXECUTIVE SUMMARY

Purpose and background

IPRO serves as the independent external quality review agent for the Commonwealth of Pennsylvania Department of Public Welfare (DPW) in accordance with Title XIX of the Social Security Act, Section 1902(a), (30), (c). In this capacity, IPRO performs an annual review of the quality of services furnished under the HealthChoices Medicaid Managed Care behavioral health program. The Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the behavioral health component of the HealthChoices program.

This external quality review (EQR) activity evaluated services provided to individuals with mental illnesses enrolled in the HealthChoices 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 2011 review year [measurement year (MY) 2010] data includes comparisons to the 2010 review year (MY 2009), and 2009 review year (MY 2008). Comparisons to prior years' rates are also available in the report Appendices.

This study examines behavioral health services provided to members participating in the HealthChoices Mandatory Medicaid Managed Care (MMC) behavioral health program in all 67 Counties of the Commonwealth. This includes the Lehigh/Capital, North/Central County Option, North/Central State Option, Northeast, Southeast, and Southwest regions of the Commonwealth of Pennsylvania. Forty-three of the 67 Counties subcontract directly with BH MCOs to administer behavioral health services. The Counties provide monitoring and oversight of the BH MCOs. The remaining County contracts are managed by OMHSAS since the Counties elected not to bid directly on the HealthChoices contract. 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[®]) 2011 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), which included five CPT and 12 HCPCS service codes used only in the PA-specific measure, and not included in the HEDIS measure. One additional Place of Service (POS) code was also assigned to two CPT codes that must be identified in conjunction with a POS code in the PA-specific measure. The 19 additional service codes that distinguished the PA-specific measure from the HEDIS measure, along with their corresponding service descriptions, are presented in Appendix I.

In March 2011, the Counties and BH MCOs received draft indicator specifications for the MY 2010 performance measures. Before the indicators were finalized, feedback was solicited from County and BH MCO staff. Suggestions made by the BH MCOs were considered and incorporated into the final specifications as applicable. The final indicator specifications were distributed on March 30, 2011.

IPRO received data files and source code directly from the BH MCOs for validation. In addition to validation of the data provided by the BH MCOs, 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 2010 study included 37,093 cases. This is an increase from the MY 2009 study, which consisted of 35,975 cases, but the MY 2010 population maintained similar demographic characteristics as MY 2009. Rates for both the HEDIS and PA-specific indicators were based on the same study population.

HealthChoices Rates. The MY 2010 aggregate HealthChoices rate for QI 1 (i.e., HEDIS seven-day) was 46.1% (95% CI 45.6%, 46.6%). The MY 2010 aggregate rate for QI 2 (i.e., HEDIS 30-day) was 66.9% (95% CI 66.4%, 67.4%). Both HEDIS indicator rates fell between the 50th and 75th percentiles as compared to the *HEDIS 2010 Audit Means, Percentiles & Ratios*. The MY 2010 rates for QI A and QI B PA-specific seven and 30-day) were 58.1% (95% CI 57.6%, 58.6%) and 74.6% (95% CI 74.2%, 75.1%), respectively. The QI 2 rate was statistically significantly higher, and QI A was statistically significantly lower, than the corresponding MY 2009 rates.

Rates by Race. From MY 2009 to MY 2010, 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 2010, 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 2010 were 8.2, 11.9, 7.7 and 9.3 for QIs 1, 2, A, and B, respectively.

Rates by Ethnicity. From MY 2009 to MY 2010, rates for the Non-Hispanic group statistically significantly increased for QIs 1 and 2. Rate changes for the PA-specific indicators, as well as those for the Hispanic group were not statistically significant. The MY 2010 QI 1, 2, and A rates for the Hispanic group were statistically significantly higher than those for Non-Hispanics.

Rates by Age. The MY 2010 QI 2 rates for the Ages 21-64 years and Ages 65 years and over groups statistically significantly increased from MY 2009. The QI A rate for the Ages 21-64 years group statistically significantly decreased as compared to MY 2009. Similar to the MY 2009 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 14.5 for QI 1, 13.2 for QI 2, 11.4 for QI A, and 10.0 for QI B.

Rates by Gender. From MY 2009 to MY 2010, QI 1 and 2 rates for males statistically increased, while the QI A rate for females statistically significantly decreased. As in MY 2009, the MY 2010 rates for males were statistically significantly lower than rates for females for QI 1, QI 2, and QI B. In MY 2010, the percentage point differences between the males and females were 1.4, 2.2, 0.1, and 1.8 for QIs 1, 2, A, and B, respectively.

Rates by BH MCO. In MY 2010, rates varied by BH MCO. As compared to MY 2009, both MY 2010 HEDIS rates for CBH increased statistically significantly. Rate changes for the remaining four BH MCOs were not statistically significant. The HealthChoice BH MCO Averages were 45.4% for QI 1 and 66.2% for QI 2. When comparing BH MCO rates to the MY 2010 HealthChoices BH MCO Average for QI 1, the rates for CCBH and MBH were statistically significantly higher than the average, the rates for CBH and CBHNP 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 CCBH, MBH, and VBH were statistically significantly higher than the average, the rate for CBH was statistically significantly lower than the average, and the rate for CBHNP was not statistically significantly different from the average. As compared to the *HEDIS 2010 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 2010 percentiles varied. Specific QI 1 and QI 2 rate comparisons to the HEDIS 2010 benchmarks are presented on pages 47 and 48 of this report (Chapter V: Findings, Section IX: Comparison to HEDIS Medicaid Benchmarks).

With regard to the PA-specific indicators, the QI A rate for CBH, and QI B rate for CBHNP were statistically significantly lower in MY 2010 as compared to MY 2009. Rate changes for the remaining BH MCOs and indicators were not statistically significant. In MY 2010, the HealthChoices BH MCO Average for QI A and QI B were 57.5% and 74.1%, respectively. When comparing BH MCO rates to the MY 2010 HealthChoices BH MCO Average for QI A, the rates for CCBH and MBH were statistically significantly above the average, the rates for CBH and CBHNP were statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average. For QI B, rates for CCBH, MBH, and VBH were statistically significantly above the average, the rate for CBH was statistically significantly lower than the average, and the rate for CBHNP was not statistically significantly different from the average.

Rates by County. As with previous years' findings, there were variations in indicator rates among the Counties. For MY 2010 as compared to MY 2009, both statistically significant increases and decreases were noted among the Counties for the four indicator rates. These changes are displayed in Table 1. For MY 2010, the HealthChoices County Averages were 48.9% for QI 1, 72.5% for QI 2, 60.6% for QI A, and 78.9% for QI B. County-level differences as compared to the HealthChoices County Average are indicated in Table 1.

Table 1: Summary of Counties with Statistically Significant MY 2010 Rates

| Statistically Significant Difference in Year-to-Year Rates | | | | |
|---|--|---|---|---|
| Indicator | Rate Statistically Significantly <i>Increased</i> Between MY 2009 and MY 2010 | | Rate Statistically Significantly <i>Decreased</i> Between MY 2009 and MY 2010 | |
| QI 1 (HEDIS 7-day) | Erie Franklin Philadelphia | | Delaware Lackawanna Luzerne | Monroe (Wyoming) |
| QI 2 (HEDIS 30-day) | Philadelphia | | Lackawanna Luzerne | |
| QI A (PA-specific 7-day) | (Pike) (Union) | | Lackawanna Luzerne | Philadelphia (Wyoming) |
| QI B (PA-specific 30-day) | (Pike) | | Luzerne | |
| Statistically Significant Difference Compared to HealthChoices County Average | | | | |
| Indicator | MY 2010 Rate Statistically Significantly <i>Above</i> HealthChoices County Average | | MY 2010 Rate Statistically Significantly <i>Below</i> HealthChoices County Average | |
| QI 1 (HEDIS 7-day) HealthChoices County Average (48.9%) | Berks Bucks Centre Chester Columbia Lackawanna Luzerne Mifflin (Montour) | Northampton (Susquehanna) Tioga (Union) Wayne | (Bedford) Cambria Carbon Cumberland Dauphin Erie Fayette Greene Lancaster | Lycoming McKean Mercer Philadelphia Schuylkill Somerset Washington York |
| QI 2 (HEDIS 30-day) HealthChoices County Average (72.5%) | Armstrong Berks Centre Clearfield Columbia Elk Franklin Huntingdon Jefferson | (Juniata) Lackawanna Lawrence Luzerne Mifflin (Montour) (Union) | Allegheny Bucks Cambria Carbon Dauphin Delaware Erie Fayette Greene | Lancaster Lehigh Lycoming Monroe Montgomery Philadelphia Somerset Washington York |

| Statistically Significant Difference Compared to HealthChoices County Average | | | | |
|---|---|---|--|---|
| Indicator | MY 2010 Rate Statistically Significantly Above HealthChoices County Average | | MY 2010 Rate Statistically Significantly Below HealthChoices County Average | |
| | QI A (PA-specific 7-day) HealthChoices County Average (60.6%) | Berks Bucks Centre Chester Columbia Elk Huntingdon Jefferson | (Juniata) Lackawanna Luzerne Mifflin (Montour) (Union) Wayne | Cambria Carbon Crawford Fayette Lancaster Lycoming Mercer Philadelphia |
| QI B (PA-specific 30-day) HealthChoices County Average (78.9%) | Centre Columbia Elk Huntingdon Jefferson (Juniata) Lackawanna | Mifflin (Montour) (Union) | Allegheny Cambria Chester Dauphin Delaware Fayette Lancaster | Lehigh Lycoming Monroe Philadelphia Somerset Venango York |

Note: Counties with rates determined by less than 100 members are presented within parentheses.

Recommendations

Recommendation 1: The purpose of this re-measurement study is to inform OMHSAS, the Counties and the MCOs of the effectiveness of the interventions implemented between MY 2009 and MY 2010 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 Counties 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 2009 and MY 2008. The Counties 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 Counties and their subcontracted BH MCOs are working to improve their overall follow-up rates, but it is important for these entities to **continue to target the demographic populations that do not perform as well as their counterparts**. Furthermore, 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 Counties 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 Counties 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 County 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 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 Counties and the BH MCOs to: (1) evaluate current performance across the HealthChoices 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 MCOs to provide timely care to MMC members.

Background

IPRO serves as the independent external quality review organization (EQRO) for DPW in accordance with Title XIX of the Social Security Act, Section 1902(a), (30), (c). In this capacity, IPRO performs an annual review of the quality and timeliness of services furnished under the physical and behavioral health HealthChoices program.

This study examines behavioral health services provided to members participating in the HealthChoices mandatory MMC behavioral health program in 67 Counties across six regions of the Commonwealth of Pennsylvania. The six regions as designated by OMHSAS include Lehigh/Capital, North/Central County Option, North/Central State Option, Northeast, Southeast, and Southwest. Forty-three of the 67 Counties in PA subcontract with BH MCOs directly to administer behavioral health services within the County. The Counties provide monitoring and oversight of the BH MCOs. Twenty-four Counties' contracts are managed directly by OMHSAS since these Counties elected not to bid on the HealthChoices contract. OMHSAS contracts with VBH to administer services in Greene County, whereas OMHSAS contracts with CCBH to administer services in 23 North/Central Counties (i.e., the North/Central State Option Counties). Among the 67 Counties included in this study, five BH MCOs are represented: CBH, CBHNP, CCBH, MBH, and VBH. The participating Counties grouped by BH MCO are presented in Table 2.

Table 2: MY 2009 Participating Counties by BH MCO

| MCO | Counties | | |
|-------|---|---|---|
| CBH | Philadelphia | | |
| CBHNP | Bedford Blair Clinton Cumberland | Dauphin Franklin Fulton Lancaster | Lebanon Lycoming Perry Somerset |
| CCBH | Adams Allegheny Berks Bradford Cameron Carbon Centre Chester Clarion Clearfield Columbia Elk | Forest Huntingdon Jefferson Juniata Lackawanna Luzerne McKean Mifflin Monroe Montour Northumberland Pike | Potter Schuylkill Snyder Sullivan Susquehanna Tioga Union Warren Wayne Wyoming York |
| MBH | Bucks Delaware | Lehigh Montgomery | Northampton |

| MCO | Counties | | |
|-----|--|--|---|
| VBH | Armstrong Beaver Butler Cambria Crawford | Erie Fayette Greene Indiana Lawrence | Mercer Venango Washington Westmoreland |

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.

In MY 2002, the initial measurement year, IPRO and OMHSAS worked together to adapt the measures from the HEDIS methodology, allowing for a significant reduction in the time period needed for indicator development. Senior medical staff at IPRO reviewed the adapted methodology in detail to ensure consistency was maintained with regard to the specifications. Project management staff at both IPRO and OMHSAS also collaborated extensively during the indicator development phase, especially with regard to which local PA codes were considered for inclusion in the list of qualifying procedure codes, while still maintaining consistency with the HEDIS measure specifications. In addition to the adapted indicators, OMHSAS expanded the measures to include services with high utilization in the HealthChoices program. For MY 2002, since two codes of interest could not be mapped to any of the standard coding used in the HEDIS measure to identify follow-up office visits, QI 3 and QI 4 were developed to capture these codes, while still generating rates for measures (i.e., QIs 1 and 2) that could be compared to national benchmarks. For the second re-measure in MY 2004, the indicator specifications were updated to reflect changes in the HEDIS 2005 Volume 2, Technical Specifications and four more local codes were added – to bring the total to six – to QIs 3 and 4. OMHSAS staff provided IPRO with a PA local code to national code mapping document to assist in this regard. The MY 2005 re-measure saw very few changes to the measure specifications, of which the main change to the methodology involved the exclusion of an expired PA local code. The MY 2006 re-measure, however, saw significant changes to QI 3 and QI 4 from prior years. 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 updated 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 – Lackawanna, Luzerne, Susquehanna, and Wyoming. These Counties were asked to collect data for the six-month time frame that they were in service for 2006 (July to December). In effect, MY 2006 was a baseline measurement year for collection of QIs A and B, and for the Northeast region across all indicators.

For MY 2007, the indicator specifications were updated to reflect changes in the HEDIS 2008 Volume 2, Technical Specifications. The primary change was the addition of a POS code requirement to select CPT codes in the HEDIS and PA-specific measure specifications. In addition, all PA local codes previously mapped to standard CPT and HCPCS codes as per HIPAA requirements were retired and removed. For the study, the follow-up measure was implemented for the 23 North/Central State Option Counties implemented in January 2007, and the 15 North/Central County Option Counties implemented in July 2007. The North/Central State option Counties were requested to collect data for the full measurement year. 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 (July to December).

For MY 2008, indicator specifications were again aligned to the HEDIS 2009 Volume 2, Technical Specifications. Two DRG codes were removed, and one UB type of bill code was added to the criteria to identify non-acute care exclusions. Additionally, five POS codes were added to select CPT codes. Two procedure codes (one CPT and one HCPCS code) to identify eligible follow-up visits were added to the PA-specific measures per suggestions from OMHSAS, the Counties, and the BH MCOs. These codes

were added to the existing 17 PA-specific codes, totaling 19 additional service codes that distinguish the PA-specific measure from the HEDIS measure in the MY 2008 study. Furthermore, as requested by OMHSAS, the MY 2008 findings by age are 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 studies including MY 2007. As a result, the population previously reported as two cohorts are combined for comparative purposes.

For MY 2009, indicators in the study had few changes based on the HEDIS 2010 Volume 2: Technical Specifications. The primary change was the removal of CPT codes that were no longer valid, and the addition of several HCPCS codes. As requested by OMHSAS, all data analyses by region were removed, since the regional characteristics have become increasingly geographically diverse and the associated Counties are non-contiguous as the HealthChoices program has expanded beyond the initial legacy regions (Leigh/Capital, Southeast, and Southwest) over the years of re-measuring this performance indicator.

For the current study, indicators again 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. In all, MY 2010 is the fourth re-measurement for QIs A and B, and is the third re-measurement for the Counties in the North/Central County and State Options regions across all indicators.

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 measure is based on NCQA's HEDIS methodology. Quality indicators (QIs) 1 and 2 are calculated by

¹ Cited references can be found on page 51 of this report.

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).

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 Appendix II.

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, 2010, and a principal ICD-9-CM diagnosis code indicating one of the select mental health disorders (see Appendix II).</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 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 II). 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 II). 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 II). 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 II). 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

Performance goals were set for this review year at the OMHSAS designated gold standard of 90% for all measures. In addition, the HEDIS measures are compared to industry benchmarks, where the aggregate and BH MCO indicator rates are compared to the *HEDIS 2010 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.

Eligible Population

The entire eligible population was used for all 67 Counties participating in this study.

Eligible cases were defined as those members in the HealthChoices 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, 2010,
- 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, 2010, 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 discharge from the readmission or direct transfer was counted if that readmission discharge date occurred on or before December 1, 2010. The methodology for identification of the eligible population for these indicators was consistent with the HEDIS 2011 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 March 2011, the Counties and BH MCOs received a draft of the modifications and updates for the 2011 re-measurement. As done with prior studies, the MY 2010 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 March 30, 2011. The final indicator specifications and flow charts that were provided to the Counties and BH MCOs are presented in Appendix II.

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.

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 2009 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 County 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.

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

Performance Goals

Performance goals were set for this review year at the OMHSAS designated gold standard of 90% for all measures. In addition, the HEDIS measures were compared to industry benchmarks, in that the aggregate and BH MCO indicator rates were compared to the *HEDIS 2010 Audit Means, Percentiles and Ratios*. These benchmarks contained means, 10th, 25th, 50th (median), 75th and 90th percentiles, and the enrollment ratios for nearly all HEDIS measures. There were tables published by product line (i.e., Commercial, Medicaid, and Medicare). The appropriate Medicaid benchmarks available for the measurement year were used for comparison. As indicated previously, the PA-specific measures were not comparable to these industry benchmarks.

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 2010 results for these indicators are presented in this chapter. MY 2008 and MY 2009 data are also displayed, although year-to-year comparisons are made primarily between MY 2010 and MY 2009.

I. Overall Population

Demographics

The demographic characteristics of the 37,093 discharges in the eligible population included in the 2011 (MY 2010) study are presented in Table 4. Data for both the HEDIS and PA-specific indicators are extracted from the same study population. The population increased for MY 2010 from the MY 2009 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 (71.1%) fell between 21 and 64 years of age at the time of their hospital discharge. Most (66.3%) of the eligible population was White, with Black/African Americans being the next largest racial group at 25.5%. 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 | 10,131 | 27.3% |
| Ages 21 – 64 Years | 26,374 | 71.1% |
| Ages 65 Years and Over | 588 | 1.6% |
| GENDER | FREQUENCY | PERCENT |
| Female | 19,197 | 51.8% |
| Male | 17,896 | 48.2% |
| RACE | FREQUENCY | PERCENT |
| Black/African American | 9,451 | 25.5% |
| American Indian/Alaskan Native | 68 | 0.2% |
| Asian | 248 | 0.7% |
| White | 24,601 | 66.3% |
| Other/Chose not to Respond | 2,725 | 7.3% |
| Hawaiian/Pacific Islander | 0 | 0.0% |

| ETHNICITY | FREQUENCY | PERCENT |
|--------------------------|-----------|---------|
| Hispanic | 1,855 | 5.0% |
| Non-Hispanic | 33,510 | 90.3% |
| Missing or Not Available | 1,728 | 4.7% |

The distribution of eligible study members across the participating Counties is presented in Table 5. The largest percentages of discharges were for members from Philadelphia and Allegheny Counties, which accounted for 21.8% and 9.7% of the study population, respectively. The smallest percentage of discharges was for members from Sullivan County, which accounted for 0.02% of the total population. Among the five BH MCOs, by enrollment, CCBH served the largest population of members in the eligible population, with 33.5% of the overall population, and CBHNP the smallest, with 11.1%.

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

| BH MCO | FREQUENCY | PERCENT | COUNTY | FREQUENCY | PERCENT |
|--------|-----------|---------|--------------|-----------|---------|
| CBH | 8,100 | 21.8% | Philadelphia | 8,100 | 21.8% |
| CBHNP | 4,111 | 11.1% | Bedford | 95 | 0.3% |
| | | | Blair | 555 | 1.5% |
| | | | Clinton | 89 | 0.2% |
| | | | Cumberland | 278 | 0.7% |
| | | | Dauphin | 832 | 2.2% |
| | | | Franklin | 266 | 0.7% |
| | | | Fulton | 28 | 0.1% |
| | | | Lancaster | 1,082 | 2.9% |
| | | | Lebanon | 315 | 0.8% |
| | | | Lycoming | 303 | 0.8% |
| | | | Perry | 70 | 0.2% |
| | | | Somerset | 198 | 0.5% |
| CCBH | 12,440 | 33.5% | Adams | 120 | 0.3% |
| | | | Allegheny | 3,615 | 9.7% |
| | | | Berks | 1,089 | 2.9% |
| | | | Bradford | 178 | 0.5% |
| | | | Cameron | 17 | 0.0% |
| | | | Carbon | 186 | 0.5% |
| | | | Centre | 239 | 0.6% |
| | | | Chester | 687 | 1.9% |
| | | | Clarion | 127 | 0.3% |
| | | | Clearfield | 384 | 1.0% |
| | | | Columbia | 199 | 0.5% |
| | | | Elk | 140 | 0.4% |
| | | | Forest | 13 | 0.0% |
| | | | Huntingdon | 132 | 0.4% |
| | | | Jefferson | 251 | 0.7% |
| | | | Juniata | 55 | 0.1% |
| | | | Lackawanna | 748 | 2.0% |
| | | | Luzerne | 1,071 | 2.9% |
| | | | McKean | 195 | 0.5% |
| | | | Mifflin | 240 | 0.6% |

| BH MCO | FREQUENCY | PERCENT | COUNTY | FREQUENCY | PERCENT |
|--------------|-----------|---------|----------------|-----------|---------|
| | | | Monroe | 292 | 0.8% |
| | | | Montour | 57 | 0.2% |
| | | | Northumberland | 278 | 0.7% |
| | | | Pike | 82 | 0.2% |
| | | | Potter | 51 | 0.1% |
| | | | Schuylkill | 585 | 1.6% |
| | | | Snyder | 75 | 0.2% |
| | | | Sullivan | 8 | 0.0% |
| | | | Susquehanna | 65 | 0.2% |
| | | | Tioga | 110 | 0.3% |
| | | | Union | 70 | 0.2% |
| | | | Warren | 139 | 0.4% |
| | | | Wayne | 101 | 0.3% |
| | | | Wyoming | 51 | 0.1% |
| | | | York | 790 | 2.1% |
| MBH | 5,493 | 14.8% | Bucks | 890 | 2.4% |
| | | | Delaware | 1,197 | 3.2% |
| | | | Lehigh | 1,246 | 3.4% |
| | | | Montgomery | 1,365 | 3.7% |
| | | | Northampton | 795 | 2.1% |
| VBH | 6,949 | 18.7% | Armstrong | 223 | 0.6% |
| | | | Beaver | 539 | 1.5% |
| | | | Butler | 383 | 1.0% |
| | | | Cambria | 513 | 1.4% |
| | | | Crawford | 398 | 1.1% |
| | | | Erie | 1,259 | 3.4% |
| | | | Fayette | 592 | 1.6% |
| | | | Greene | 210 | 0.6% |
| | | | Indiana | 212 | 0.6% |
| | | | Lawrence | 308 | 0.8% |
| | | | Mercer | 459 | 1.2% |
| | | | Venango | 213 | 0.6% |
| | | | Washington | 594 | 1.6% |
| Westmoreland | 1,046 | 2.8% | | | |

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 Appendix II.

From MY 2009 to MY 2010, aggregate follow-up rates for the HealthChoices population statistically significantly increased for QI 2, but not QI 1. A total of 17,109 of the 37,093 discharges in this study met the criteria for QI 1, a rate of 46.1% (95% CI 45.6%, 46.6%). For the 30-day HEDIS measure, QI 2,

24,820 discharges were compliant, a rate of 66.9% (95% CI 66.4%, 67.4%). The overall rates for QIs 1 and 2 for the three most recent measurement years, MY 2008, MY 2009, and MY 2010 are presented in Figure 1. Quantitative and statistical differences between the MY 2010 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). Rates for earlier years are available in Appendix V.

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

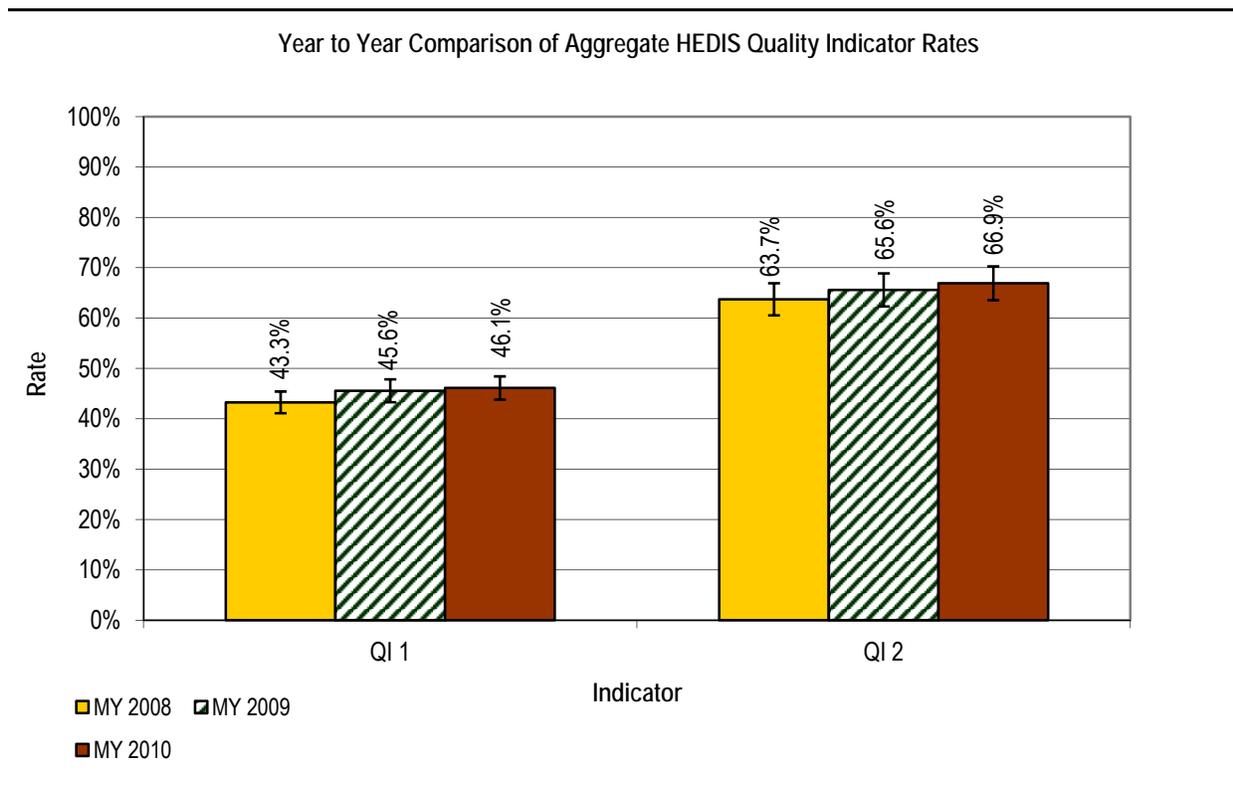


Table 6A: HEDIS MY 2010 Aggregate Rates and Year-to-Year Comparisons

| QI | MY 2008 | Comparison MY 2010 to MY 2008 | | MY 2009 | Comparison MY 2010 to MY 2009 | | MY 2010 |
|------|---------|-------------------------------|-----|---------|-------------------------------|-----|---------|
| | % | PPD | SSD | | PPD | SSD | % |
| QI 1 | 43.3% | 2.8 | YES | 45.6% | 0.5 | NO | 46.1% |
| QI 2 | 63.7% | 3.2 | YES | 65.6% | 1.3 | YES | 66.9% |

For the PA-specific measures, aggregate rates for both QI A and QI B decreased from the prior year, although only the decrease in QI A was statistically significant. In MY 2010, 21,551 of the 37,093 discharges were compliant for QI A, a rate of 58.1% (95% CI 57.6%, 58.6%). For QI B, 27,679 discharges met the criteria for the measure. This indicates a QI B rate of 74.6% (95% CI 74.2%, 75.1%). The overall rates for QIs A and B are presented in Figure 2, and the quantitative and statistically differences between the MY 2010 indicator rates and those from prior years' studies are presented in Table 6B.

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

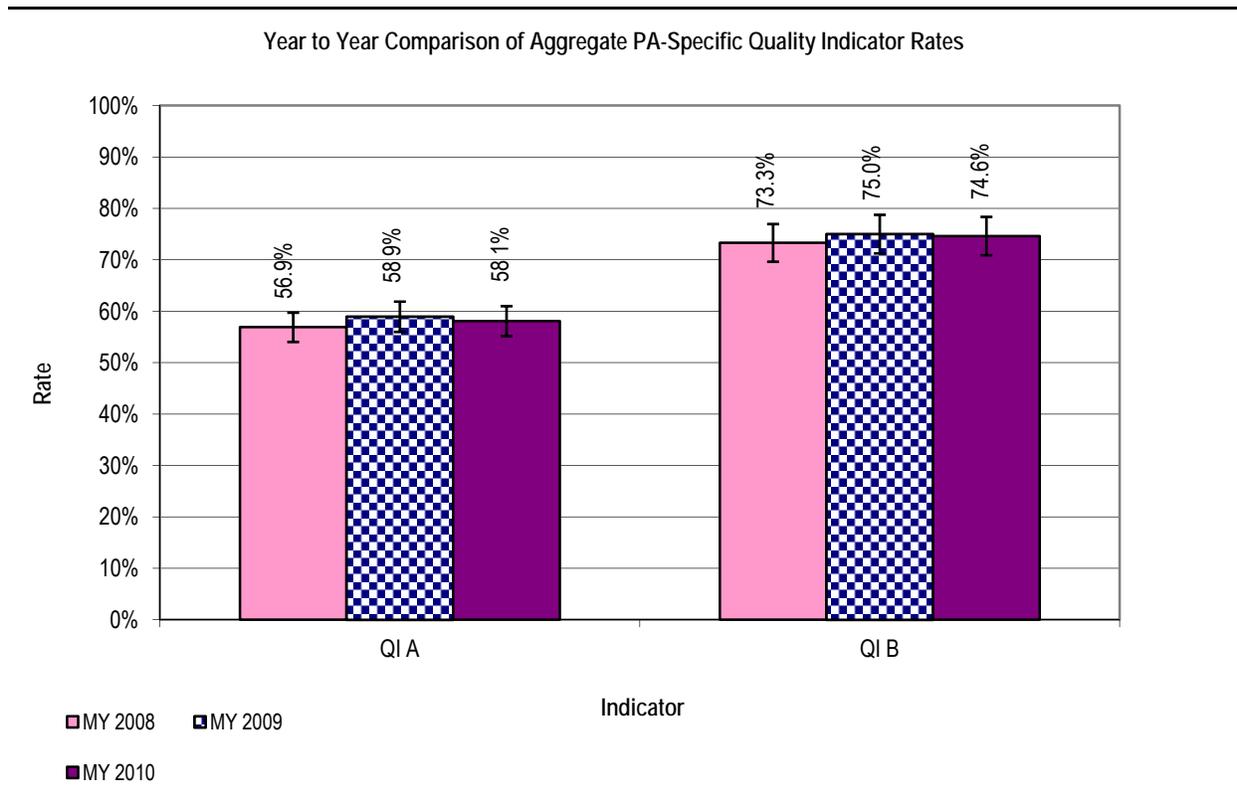


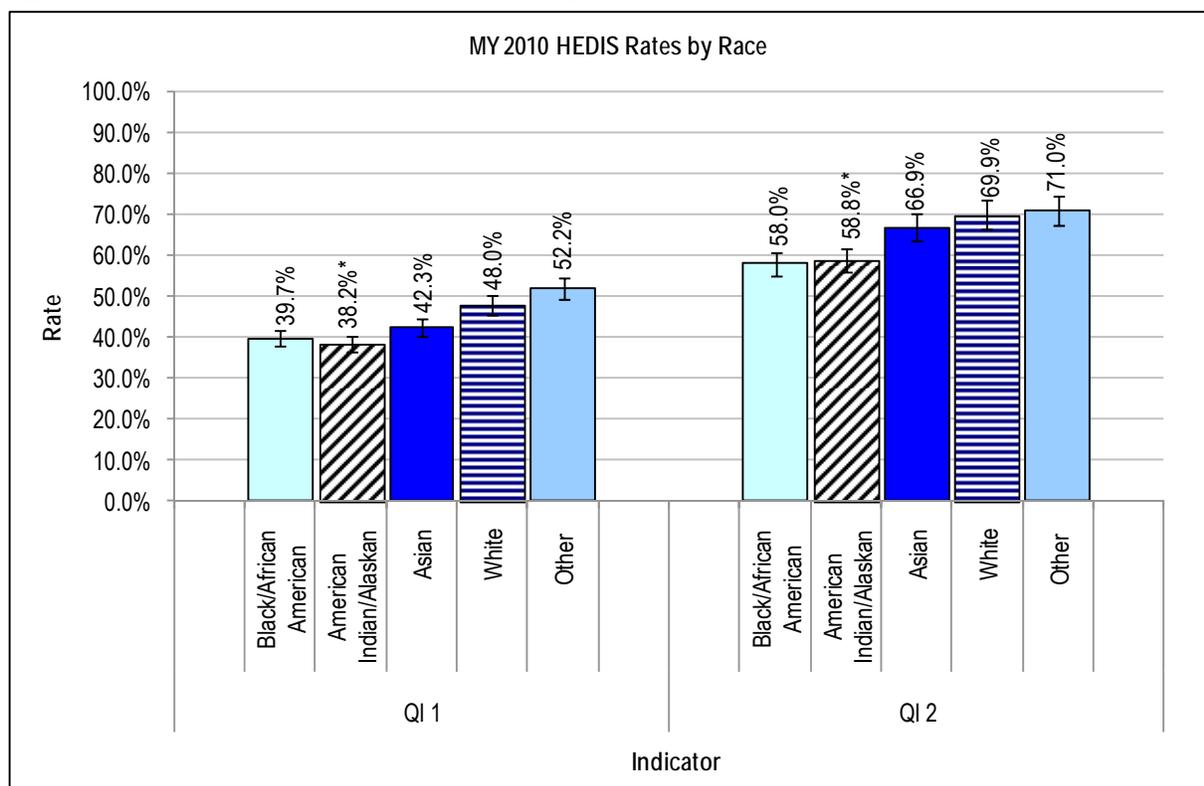
Table 6B: PA-Specific MY 2010 Aggregate Rates and Year-to-Year Comparisons

| QI | MY 2008 | Comparison MY 2010 to MY 2008 | | MY 2009 | Comparison MY 2010 to MY 2009 | | MY 2010 |
|------|---------|-------------------------------|-----|---------|-------------------------------|-----|---------|
| | % | PPD | SSD | % | PPD | SSD | % |
| QI A | 56.9% | 1.2 | YES | 58.9% | -0.8 | YES | 58.1% |
| QI B | 73.3% | 1.3 | YES | 75.0% | -0.4 | NO | 74.6% |

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 2010 data, there were no members of Hawaiian/Pacific Islander origin.

Figure 3A: MY 2010 HEDIS Follow-up Rates by Race



* There were fewer than 100 members in the American Indian/Alaskan population.

Table 7A presents the HEDIS follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2008, MY 2009, and MY 2010.

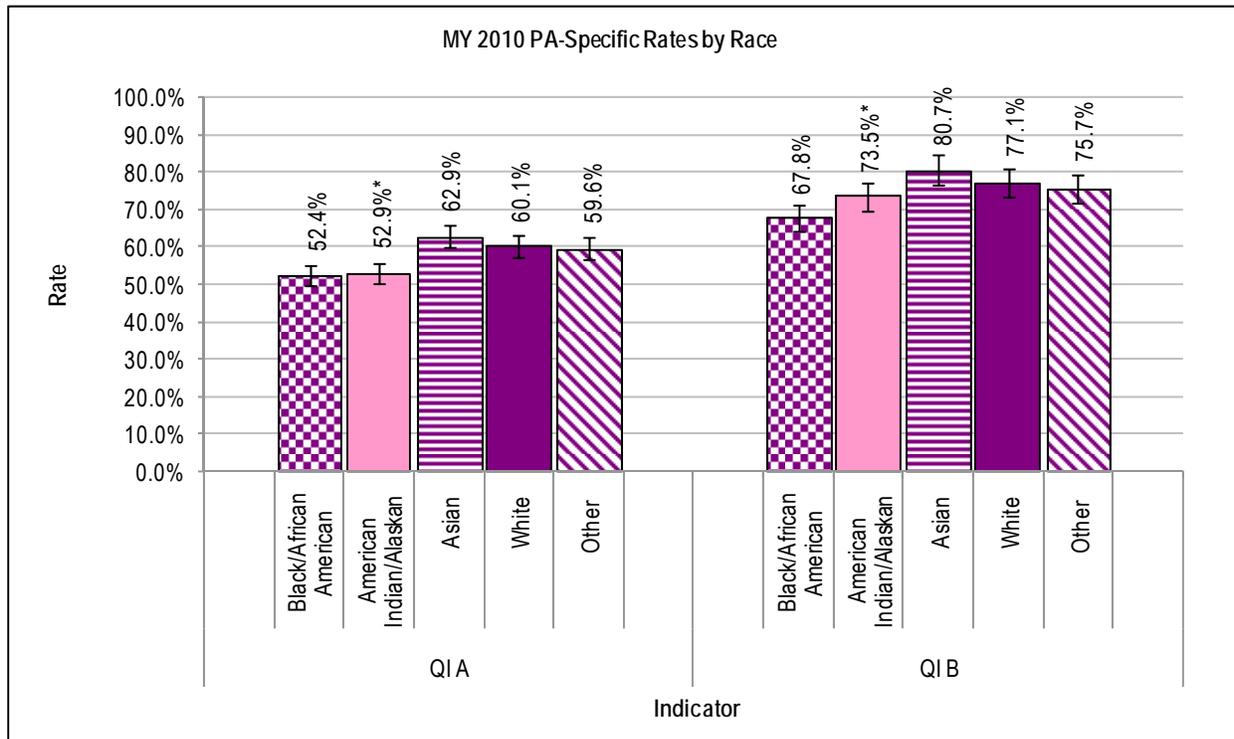
Table 7A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by Race

| RACE CATEGORY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | Comparison MY 2010 to MY 2009 | |
|--------------------------------|------|---------|---------|--------|-------|---------|--------|-------|-------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| Black/African American | QI 1 | 34.7% | 3,281 | 9,135 | 35.9% | 3,755 | 9,451 | 39.7% | 3.8 | YES |
| | QI 2 | 52.4% | 4,891 | 9,135 | 53.5% | 5,483 | 9,451 | 58.0% | 4.5 | YES |
| American Indian/Alaskan Native | QI 1 | 47.9% | 31 | 70 | 44.3% | 26 | 68 | 38.2% | -6.1 | NO |
| | QI 2 | 63.4% | 42 | 70 | 60.0% | 40 | 68 | 58.8% | -1.2 | NO |
| Asian | QI 1 | 38.4% | 94 | 230 | 40.9% | 105 | 248 | 42.3% | 1.4 | NO |
| | QI 2 | 58.8% | 145 | 230 | 63.0% | 166 | 248 | 66.9% | 3.9 | NO |
| White | QI 1 | 46.1% | 11,255 | 23,196 | 48.5% | 11,802 | 24,601 | 48.0% | -0.5 | NO |
| | QI 2 | 67.7% | 16,181 | 23,196 | 69.8% | 17,197 | 24,601 | 69.9% | 0.1 | NO |
| Other/Chose Not to Respond | QI 1 | 49.8% | 1,732 | 3,344 | 51.8% | 1,421 | 2,725 | 52.2% | 0.4 | NO |
| | QI 2 | 69.8% | 2,342 | 3,344 | 70.0% | 1,934 | 2,725 | 71.0% | 1.0 | NO |
| Hawaiian/Pacific Islander | QI 1 | N/A | 0 | 0 | N/A | 0 | 0 | N/A | N/A | N/A |
| | QI 2 | N/A | 0 | 0 | N/A | 0 | 0 | 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.

For the HEDIS measures, the rates for both QIs 1 and 2 increased statistically significantly for the Black/African American population by 3.8 and 4.5 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 2010 PA-Specific Follow-up Rates by Race



* There were fewer than 100 members in the American Indian/Alaskan population.

Table 7B presents the PA-Specific follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2008, MY 2009, and MY 2010. As shown, the rate changes between MY 2009 and MY 2010 were not statistically significant for any of the racial populations.

Table 7B: PA-Specific MY 2010 Rates and Year-to-Year Comparisons by Race

| RACE CATEGORY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | Comparison MY 2010 to MY 2009 | |
|--------------------------------|------|---------|---------|--------|-------|---------|--------|-------|-------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| Black/African American | QI A | 52.1% | 4,871 | 9,135 | 53.3% | 4,955 | 9,451 | 52.4% | -0.9 | NO |
| | QI B | 67.2% | 6,245 | 9,135 | 68.4% | 6,406 | 9,451 | 67.8% | -0.6 | NO |
| American Indian/Alaskan Native | QI A | 57.8% | 42 | 70 | 60.0% | 36 | 68 | 52.9% | -7.1 | NO |
| | QI B | 70.4% | 47 | 70 | 67.1% | 50 | 68 | 73.5% | 6.4 | NO |
| Asian | QI A | 56.9% | 134 | 230 | 58.3% | 156 | 248 | 62.9% | 4.6 | NO |
| | QI B | 74.5% | 171 | 230 | 74.4% | 200 | 248 | 80.7% | 6.3 | NO |
| White | QI A | 58.7% | 14,137 | 23,196 | 61.0% | 14,780 | 24,601 | 60.1% | -0.9 | NO |
| | QI B | 75.6% | 17,964 | 23,196 | 77.4% | 18,961 | 24,601 | 77.1% | -0.3 | NO |

| RACE CATEGORY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | Comparison MY 2010 to MY 2009 | |
|----------------------------|------|---------|---------|-------|-------|---------|-------|-------|-------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| Other/Chose Not to Respond | QI A | 57.9% | 2,019 | 3,344 | 60.4% | 1,624 | 2,725 | 59.6% | -0.8 | NO |
| | QI B | 75.4% | 2,557 | 3,344 | 76.5% | 2,062 | 2,725 | 75.7% | -0.8 | NO |
| Hawaiian/Pacific Islander | QI A | N/A | 0 | 0 | N/A | 0 | 0 | N/A | N/A | N/A |
| | QI B | N/A | 0 | 0 | N/A | 0 | 0 | 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 8A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by BH MCO

| BH MCO | QI | Overall | BLACK/AFRICAN AMERICAN | | | WHITE | | | Comparison Black/African American to White | | | |
|-----------|------|---------|------------------------|---------|-------|---------|---------|-------|--|-------|-------|-----|
| | | MY 2010 | MY 2009 | MY 2010 | | MY 2009 | MY 2010 | | | | | |
| | | % | % | (N) | (D) | % | % | (N) | (D) | % | PPD | SSD |
| AGGREGATE | QI 1 | 46.1% | 35.9% | 3,755 | 9,451 | 39.7% | 48.5% | 4,955 | 9,451 | 52.4% | -12.7 | YES |
| | QI 2 | 66.9% | 53.5% | 5,483 | 9,451 | 58.0% | 69.8% | 6,406 | 9,451 | 67.8% | -9.8 | YES |
| CBH | QI 1 | 38.8% | 30.7% | 1,881 | 5,135 | 36.6% | 38.2% | 753 | 1,952 | 38.6% | -2.0 | NO |
| | QI 2 | 55.6% | 47.5% | 2,754 | 5,135 | 53.6% | 52.5% | 1,083 | 1,952 | 55.5% | -1.9 | NO |
| CBHNP | QI 1 | 41.7% | 34.0% | 176 | 598 | 29.4% | 44.6% | 1,335 | 3,031 | 44.0% | -14.6 | YES |
| | QI 2 | 65.5% | 53.5% | 310 | 598 | 51.8% | 68.3% | 2,065 | 3,031 | 68.1% | -16.3 | YES |
| CCBH | QI 1 | 51.3% | 44.8% | 971 | 2,029 | 47.9% | 52.8% | 4,931 | 9,539 | 51.7% | -3.8 | YES |
| | QI 2 | 73.2% | 62.0% | 1,358 | 2,029 | 66.9% | 74.2% | 7,092 | 9,539 | 74.4% | -7.5 | YES |
| MBH | QI 1 | 50.8% | 47.8% | 465 | 977 | 47.6% | 51.4% | 2,039 | 4,011 | 50.8% | -3.2 | NO |
| | QI 2 | 68.5% | 64.5% | 634 | 977 | 64.9% | 68.7% | 2,750 | 4,011 | 68.6% | -3.7 | YES |
| VBH | QI 1 | 44.4% | 34.9% | 262 | 712 | 36.8% | 45.6% | 2,744 | 6,068 | 45.2% | -8.4 | YES |
| | QI 2 | 68.4% | 59.7% | 427 | 712 | 60.0% | 69.7% | 4,207 | 6,068 | 69.3% | -9.3 | YES |

The observed percentage point differences between the Black/African American and White populations in the MY 2010 study were 12.7 and 9.8 for QI 1 and QI 2, respectively. The rate disparity between the Black/African American and White racial groups is consistent with findings from prior studies, where although there were increases in follow-up rates from year to year, the rates between Black/African American and White members remained 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.

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 consistently had lower rates across all BH MCOs.

For QI 1, the aggregate rates for the Black/African American and White populations were 39.7% and 52.4%, respectively. Among the five BH MCOs, the performance rate for CBHNP was the lowest for the Black/African Americans (29.4%), and that for CBH was the lowest for the Whites (38.6%). The CCBH

rates for both groups, at 47.9% for Black/African Americans and 51.7% for Whites, were the highest. The largest disparity was observed for CBHNP, with a statistically significant difference of 14.6 percentage points between the Black/African Americans and Whites. The only BH MCOs for which the rate between Black/African Americans and Whites was not statistically significant was for CBH and MBH.

For QI 2, the aggregate rates for the Black/African American and White populations were 58.0% and 67.8%, respectively. As with QI 1, the QI 2 rate for CBHNP was the lowest for the Black/African Americans (51.8%), and that for CBH was the lowest for the Whites (55.5%). The CCBH rates for both groups, at 66.9% for Black/African Americans and 74.4% for Whites, were the highest. The rate differences between the two populations were statistically significant for all of the BH MCOs, with the exception of CBH. A 16.3 percentage point difference for CBHNP was the highest, and a 1.9 percentage point difference for CBH was the lowest.

Table 8B: PA-specific MY 2010 Rates and Year-to-Year Comparisons by BH MCO

| BH MCO | QI | Overall | BLACK/AFRICAN AMERICAN | | | | WHITE | | | | Comparison Black/African American to White | |
|-----------|------|---------|------------------------|---------|-------|---------|---------|--------|--------|-------|--|-----|
| | | MY 2010 | MY 2009 | MY 2010 | | MY 2009 | MY 2010 | | | | | |
| | | % | % | (N) | (D) | % | % | (N) | (D) | % | PPD | SSD |
| AGGREGATE | QI A | 58.1% | 53.3% | 4,955 | 9,451 | 52.4% | 61.0% | 14,780 | 24,601 | 60.1% | -7.7 | YES |
| | QI B | 74.6% | 68.4% | 6,406 | 9,451 | 67.8% | 77.4% | 18,961 | 24,601 | 77.1% | -9.3 | YES |
| CBH | QI A | 51.2% | 51.1% | 2,471 | 5,135 | 48.1% | 55.6% | 1,074 | 1,952 | 55.0% | -6.9 | YES |
| | QI B | 66.6% | 66.7% | 3,294 | 5,135 | 64.2% | 68.4% | 1,358 | 1,952 | 69.6% | -5.4 | YES |
| CBHNP | QI A | 54.2% | 51.3% | 286 | 598 | 47.8% | 57.7% | 1,694 | 3,031 | 55.9% | -8.1 | YES |
| | QI B | 72.8% | 67.0% | 391 | 598 | 65.4% | 76.5% | 2,261 | 3,031 | 74.6% | -9.2 | YES |
| CCBH | QI A | 62.5% | 57.8% | 1,226 | 2,029 | 60.4% | 63.9% | 6,021 | 9,539 | 63.1% | -2.7 | YES |
| | QI B | 78.9% | 70.4% | 1,500 | 2,029 | 73.9% | 80.2% | 7,626 | 9,539 | 80.0% | -6.1 | YES |
| MBH | QI A | 62.8% | 59.5% | 588 | 977 | 60.2% | 63.2% | 2,524 | 4,011 | 62.9% | -2.7 | NO |
| | QI B | 76.0% | 72.7% | 712 | 977 | 72.9% | 76.5% | 3,059 | 4,011 | 76.3% | -3.4 | YES |
| VBH | QI A | 56.9% | 50.7% | 384 | 712 | 53.9% | 58.4% | 3,467 | 6,068 | 57.1% | -3.2 | NO |
| | QI B | 76.3% | 70.4% | 509 | 712 | 71.5% | 77.0% | 4,657 | 6,068 | 76.8% | -5.3 | YES |

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.

For the PA-specific indicator QI A, the aggregate rates for the Black/African American and White population were 52.4% and 60.1%, respectively. In MY 2010, the lowest rate for the Black/African Americans was noted for CBHNP (47.8%), and the lowest rate for Whites was noted for CBH (55.0%). The rates for CCBH for Black/African Americans (60.4%) and Whites (63.1%) 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 8.1 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 67.8% and 77.1%, respectively. As with MY 2009, the QI B rates for CBH were the lowest, at 64.2% for Black/African Americans and 69.6% for Whites. On the other hand, the CCBH rates at 73.9% for Black/African Americans and 80.0% for Whites were the highest. Although disparities were noted for all BH MCOs, the greatest difference in rates between the groups was noted for CBHNP, with the rate for

Black/African Americans being statistically significantly lower than the rate for Whites by 9.2 percentage points.

In general, findings for all four indicators in this study suggest that racial disparity was present regardless of the overall BH MCO performance. This is consistent with findings from prior studies. Furthermore, those BH MCOs that served a larger population of Black/African Americans than Whites, such as CBH, also had a statistically significant racial disparity. Overall, the study findings continue to suggest that the presence or absence of service inequality is not dictated by the overall composition of the member population. Furthermore, there was no consistent correlation between overall or categorical performance rates and the degree of disparity observed for the Black/African American and White populations that each BH MCO serves.

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 represents a year-to-year comparison of HEDIS rates by ethnicity. From MY 2009 to MY 2010, the QI 1 and QI 2 rates for the Non-Hispanic group increased statistically significantly, but not for the Hispanic group.

Table 9A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by Ethnicity

| ETHNICITY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|--------------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| HISPANIC | QI 1 | 51.0% | 1,400 | 2,642 | 53.0% | 1,002 | 1,855 | 54.0% | 1.0 | NO |
| | QI 2 | 70.6% | 1,881 | 2,642 | 71.2% | 1,341 | 1,855 | 72.3% | 1.1 | NO |
| NON-HISPANIC | QI 1 | 42.9% | 14,977 | 33,294 | 45.0% | 15,548 | 33,510 | 46.4% | 1.4 | YES |
| | QI 2 | 63.4% | 21,696 | 33,294 | 65.2% | 22,633 | 33,510 | 67.5% | 2.3 | YES |

Table 9B presents the PA-specific follow-up rates for MY 2009 and MY 2010 by ethnicity. Compared to MY 2009, none of the MY 2010 rates showed statistically significant changes.

Table 9B: PA-Specific MY 2010 Rates and Year-to-Year Comparisons by Ethnicity

| ETHNICITY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|--------------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| HISPANIC | QI A | 58.6% | 1,621 | 2,642 | 61.4% | 1,140 | 1,855 | 61.5% | 0.1 | NO |
| | QI B | 76.9% | 2,050 | 2,642 | 77.6% | 1,424 | 1,855 | 76.8% | 0.8 | NO |
| NON-HISPANIC | QI A | 56.8% | 19,563 | 33,294 | 58.8% | 19,709 | 33,510 | 58.8% | 0.0 | NO |
| | QI B | 73.1% | 24,908 | 33,294 | 74.8% | 25,271 | 33,510 | 75.4% | 0.6 | NO |

As shown in Tables 10A and 10B, the MY 2010 rates for Hispanics for QI 1, QI 2, and QI A were statistically significantly higher than those rates for Non-Hispanics by 7.6, 4.8, and 2.7 percentage points, respectively.

Table 10A: HEDIS MY 2010 Rates by Ethnicity

| QI | HISPANICS MY 2010 | | | | | NON-HISPANICS MY 2010 | | | | | 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 | 1,002 | 1,855 | 54.0% | 51.7% | 56.3% | 15,548 | 33,510 | 46.4% | 45.9% | 46.9% | 7.6 | YES |
| QI 2 | 1,341 | 1,855 | 72.3% | 70.2% | 74.4% | 22,633 | 33,510 | 67.5% | 67.0% | 68.0% | 4.8 | YES |

Table 10B: PA-Specific MY 2010 Rates by Ethnicity

| QI | HISPANICS MY 2010 | | | | | NON-HISPANICS MY 2010 | | | | | 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 | 1,140 | 1,855 | 61.5% | 59.2% | 63.7% | 19,709 | 33,510 | 58.8% | 58.3% | 59.3% | 2.7 | YES |
| QI B | 1,424 | 1,855 | 76.8% | 74.8% | 78.7% | 25,271 | 33,510 | 75.4% | 74.9% | 75.9% | 1.4 | NO |

V. Follow-up Rates by Age Category

Table 11A shows the HEDIS follow-up rates by age category for the three most recent MYs. A comparison of rates between MY 2010 and MY 2009 rates is presented as well. Table 11B displays the MY 2010 PA-specific rates and the applicable comparisons to MY 2009.

Table 11A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by Age Category

| AGE CATEGORY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|---------------------------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| AGES 6 – 20 YEARS | QI 1 | 55.4% | 5,353 | 9,507 | 56.3% | 5,743 | 10,131 | 56.7% | 0.4 | NO |
| | QI 2 | 75.3% | 7,271 | 9,507 | 76.5% | 7,752 | 10,131 | 76.5% | 0.0 | NO |
| AGES 21 – 64 YEARS | QI 1 | 39.4% | 10,885 | 25,877 | 42.1% | 11,199 | 26,374 | 42.5% | 0.4 | NO |
| | QI 2 | 60.3% | 16,087 | 25,877 | 62.2% | 16,786 | 26,374 | 63.7% | 1.5 | YES |
| AGES 65 YEARS and OVER | QI 1 | 24.2% | 155 | 591 | 26.2% | 167 | 588 | 28.4% | 2.2 | NO |
| | QI 2 | 36.9% | 243 | 591 | 41.1% | 282 | 588 | 48.0% | 6.9 | YES |
| AGES 21+ (COMBINED) | QI 1 | 39.1% | 11,040 | 26,468 | 41.7% | 11,366 | 26,962 | 42.2% | 0.5 | NO |
| | QI 2 | 59.7% | 16,330 | 26,468 | 61.7% | 17,068 | 26,962 | 63.3% | 1.6 | YES |

Table 11B: PA-Specific MY 2010 Rates and Year-to-Year Comparisons by Age Category

| AGE CATEGORY | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|---------------------------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| AGES 6 – 20 YEARS | QI A | 65.1% | 6,339 | 9,507 | 66.7% | 6,728 | 10,131 | 66.4% | -0.3 | NO |
| | QI B | 80.7% | 7,829 | 9,507 | 82.4% | 8,297 | 10,131 | 81.9% | -0.5 | NO |
| AGES 21 – 64 YEARS | QI A | 54.3% | 14,598 | 25,877 | 56.4% | 14,548 | 26,374 | 55.2% | -1.2 | YES |
| | QI B | 71.1% | 18,820 | 25,877 | 72.7% | 19,023 | 26,374 | 72.1% | -0.6 | NO |
| AGES 65 YEARS and OVER | QI A | 42.6% | 266 | 591 | 45.0% | 275 | 588 | 46.8% | 1.8 | NO |
| | QI B | 54.2% | 335 | 591 | 56.7% | 359 | 588 | 61.1% | 4.4 | NO |
| AGES 21+ (COMBINED) | QI A | 54.1% | 14,864 | 26,468 | 56.2% | 14,823 | 26,962 | 55.0% | -1.2 | YES |
| | QI B | 70.8% | 19,155 | 26,468 | 72.4% | 19,382 | 26,962 | 71.9% | -0.5 | NO |

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 2009 and MY 2008. When comparing MY 2010 to MY 2009, there were statistically significant increases in QI 2 for the Ages 21-64 years and Ages 65 years and over categories. With regards to the PA-specific indicators, a statistically significant decrease in QI A was noted for the Ages 21-64 years group.

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.

Table 12A: HEDIS MY 2010 Rates by Age Category

| QI | AGES 6 – 20 YEARS MY 2010 | | | | | AGES 21 YEARS and OVER (COMBINED) MY 2010 | | | | | COMPARISON Ages 6-20 to Ages 21 years + | |
|------|------------------------------|--------|-------|-----------------|-----------------|---|--------|-------|-----------------|-----------------|--|-----|
| | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| QI 1 | 5,743 | 10,131 | 56.7% | 55.7% | 57.7% | 11,366 | 26,962 | 42.2% | 41.6% | 42.8% | 14.5 | YES |
| QI 2 | 7,752 | 10,131 | 76.5% | 75.7% | 77.4% | 17,068 | 26,962 | 63.3% | 62.7% | 63.9% | 13.2 | YES |

Table 12B: PA-Specific MY 2010 Rates by Age Category

| QI | AGES 6 – 20 YEARS MY 2010 | | | | | AGES 21 YEARS and OVER (COMBINED) MY 2010 | | | | | COMPARISON Ages 6-20 to Ages 21 years + | |
|------|------------------------------|--------|-------|-----------------|-----------------|---|--------|-------|-----------------|-----------------|--|-----|
| | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| QI A | 6,728 | 10,131 | 66.4% | 65.5% | 67.3% | 14,823 | 26,962 | 55.0% | 54.4% | 55.6% | 11.4 | YES |
| QI B | 8,297 | 10,131 | 81.9% | 81.1% | 82.7% | 19,382 | 26,962 | 71.9% | 71.4% | 72.4% | 10.0 | YES |

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 2008 and MY 2009. For MY 2010, rates for the Ages 6-20 years group were statistically significantly higher than those for the 21 years and over group by 14.5 percentage points for QI 1, and 13.2 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 11.4 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 10.0 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.

VI. Follow-up Rates by Gender

Tables 13A and 13B presents the respective HEDIS and PA-specific rates by gender. From MY 2009 to MY 2010, statistically significant increases were noted in QIs 1 and 2 for the male group, while a statistically significant decrease in QI A was noted for the female group.

Table 13A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by Gender

| GENDER | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|---------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| FEMALES | QI 1 | 44.4% | 8,697 | 18,637 | 46.7% | 8,978 | 19,197 | 46.8% | 0.1 | NO |
| | QI 2 | 65.8% | 12,591 | 18,637 | 67.6% | 13,046 | 19,197 | 68.0% | 0.4 | NO |
| MALES | QI 1 | 42.1% | 7,696 | 17,338 | 44.4% | 8,131 | 17,896 | 45.4% | 1.0 | YES |
| | QI 2 | 61.6% | 11,010 | 17,338 | 63.5% | 11,774 | 17,896 | 65.8% | 2.3 | YES |

Table 13B: PA-Specific MY 2010 Rates and Year-to-Year Comparisons by Gender

| GENDER | QI | MY 2008 | MY 2009 | | | MY 2010 | | | COMPARISON MY 2010 to MY 2009 | |
|---------|------|---------|---------|--------|-------|---------|--------|-------|----------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| FEMALES | QI A | 57.2% | 11,030 | 18,637 | 59.2% | 11,163 | 19,197 | 58.2% | -1.0 | YES |
| | QI B | 74.7% | 14,198 | 18,637 | 76.2% | 14,494 | 19,197 | 75.5% | -0.7 | NO |
| MALES | QI A | 56.6% | 10,173 | 17,338 | 58.7% | 10,388 | 17,896 | 58.1% | -0.6 | NO |
| | QI B | 71.8% | 12,786 | 17,338 | 73.8% | 13,185 | 17,896 | 73.7% | -0.1 | NO |

For MY 2010, as with findings from MY 2009, the rates for females were statistically significantly higher than those for males for both HEDIS indicators and QI B. These findings are displayed in Tables 14A and 14B. The magnitude of the gender disparity has not been sustained across measurement years as can be observed by the varying increases and decreases in percentage point differences between rates for the two genders in MY 2009 and MY 2010.

Table 14A: HEDIS MY 2010 Rates by Gender

| QI | FEMALES MY 2010 | | | | | MALES MY 2010 | | | | | COMPARISON Females to Males | |
|------|--------------------|--------|-------|-----------------|-----------------|------------------|--------|-------|-----------------|-----------------|--------------------------------|-----|
| | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| QI 1 | 8,978 | 19,197 | 46.8% | 46.1% | 47.5% | 8,131 | 17,896 | 45.4% | 44.7% | 46.2% | 1.4 | YES |
| QI 2 | 13,046 | 19,197 | 68.0% | 67.3% | 68.6% | 11,774 | 17,896 | 65.8% | 65.1% | 66.5% | 2.2 | YES |

Table 14B: PA-Specific MY 2010 Rates by Gender

| QI | FEMALES MY 2010 | | | | | MALES MY 2010 | | | | | COMPARISON Females to Males | |
|------|--------------------|--------|-------|-----------------|-----------------|------------------|--------|-------|-----------------|-----------------|--------------------------------|-----|
| | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| QI A | 11,163 | 19,197 | 58.2% | 57.4% | 58.9% | 10,388 | 17,896 | 58.1% | 57.3% | 58.8% | 0.1 | NO |
| QI B | 14,494 | 19,197 | 75.5% | 74.9% | 76.1% | 13,185 | 17,896 | 73.7% | 73.0% | 74.3% | 1.8 | YES |

VII. Performance by BH MCO

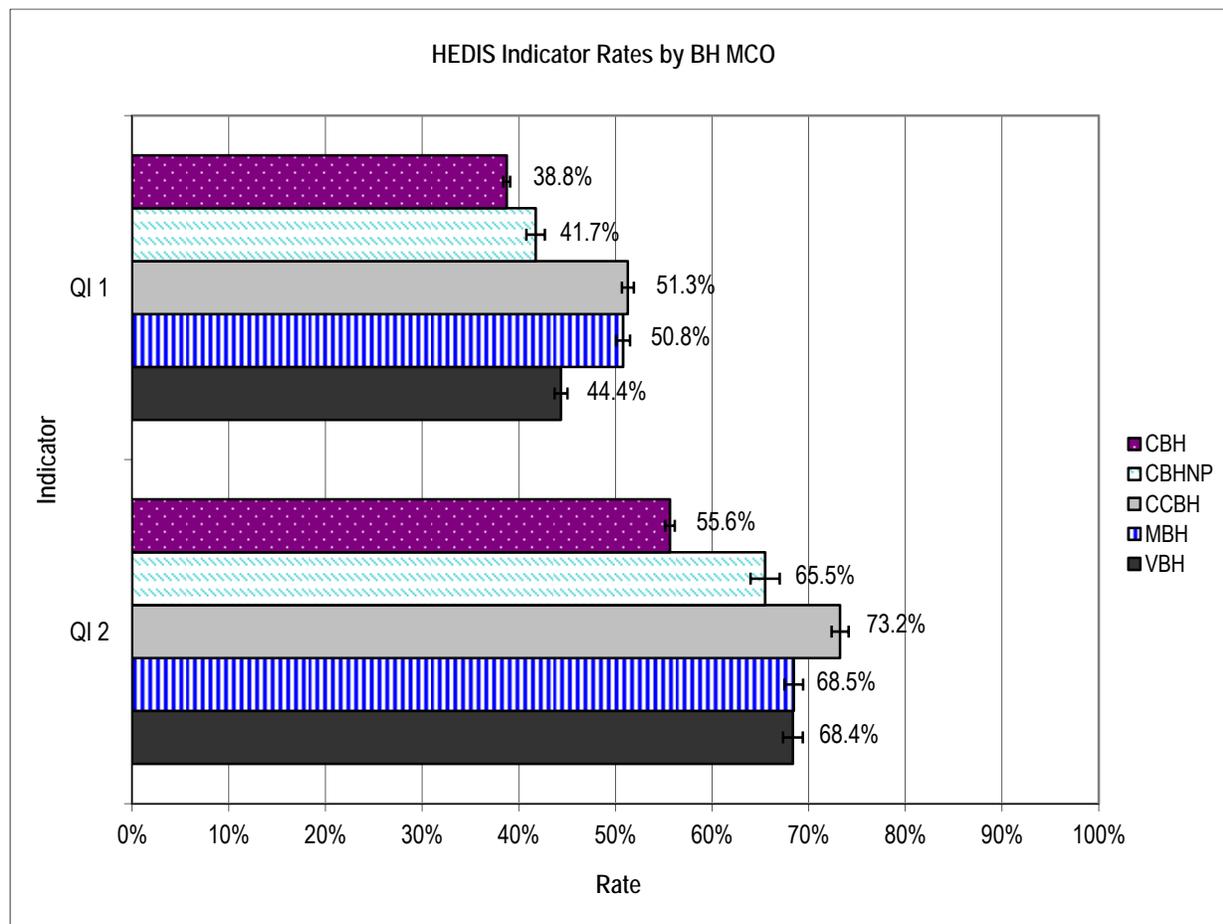
Table 15A shows the respective HEDIS follow-up rates by BH MCO. The percentage point changes and statistically significant differences between the MY 2010 and MY 2009 rates are noted. Between MY 2009 and MY 2010, CBH demonstrated statistically significant rate increases for both HEDIS indicators. Rate changes for the remaining four BH MCOs were not statistically significant.

Table 15A: HEDIS MY 2010 Rates and Year-to-Year Comparisons by BH MCO

| BY MCO | QI | MY 2008 | MY 2009 | | | MY 2010 | | | RATE COMPARISON MY 2010 to MY 2009 | |
|--------|------|---------|---------|--------|-------|---------|--------|-------|---------------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| CBH | QI 1 | 34.8% | 2,854 | 8,215 | 34.7% | 3,139 | 8,100 | 38.8% | 4.1 | YES |
| | QI 2 | 51.2% | 4,196 | 8,215 | 51.1% | 4,507 | 8,100 | 55.6% | 4.5 | YES |
| CBHNP | QI 1 | 42.7% | 1,657 | 3,838 | 43.2% | 1,716 | 4,111 | 41.7% | -1.5 | NO |
| | QI 2 | 66.7% | 2,541 | 3,838 | 66.2% | 2,692 | 4,111 | 65.5% | -0.7 | NO |
| CCBH | QI 1 | 47.2% | 6,247 | 12,125 | 51.5% | 6,381 | 12,440 | 51.3% | -0.2 | NO |
| | QI 2 | 68.7% | 8,747 | 12,125 | 72.1% | 9,111 | 12,440 | 73.2% | 1.1 | NO |
| MBH | QI 1 | 52.0% | 2,671 | 5,115 | 52.2% | 2,790 | 5,493 | 50.8% | -1.4 | NO |
| | QI 2 | 67.7% | 3,537 | 5,115 | 69.2% | 3,760 | 5,493 | 68.5% | -0.7 | NO |
| VBH | QI 1 | 40.6% | 2,964 | 6,682 | 44.4% | 3,083 | 6,949 | 44.4% | 0.0 | NO |
| | QI 2 | 65.8% | 4,580 | 6,682 | 68.5% | 4,750 | 6,949 | 68.4% | -0.1 | NO |

BH MCO-specific performance rates for the MY 2010 HEDIS indicators with 95% confidence intervals are presented in Figure 4A.

Figure 4A: HEDIS MY 2010 Follow-up Rates by BH MCO



The MY 2010 HealthChoices BH MCO Average for QI 1 was 45.4%. This QI 1 average is a 0.2 percentage point increase from the MY 2009 HealthChoices BH MCO Average of 45.2%. In this study, the QI 1 rate for CCBH was the highest at 51.3%, while the rate for CBH at 38.8% 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 2010, the QI 1 rates for CCBH and MBH were statistically significantly higher than the QI 1 HealthChoices BH MCO Average. QI 1 rates for CBH and CBHNP, in contrast, were statistically significantly lower than the QI 1 HealthChoices BH MCO Average. The QI 1 follow-up rate for VBH was not statistically significantly different from the QI 1 HealthChoices BH MCO Average. Compared to MY 2009, the QI 1 rate for CBH statistically significantly increased by 4.1 percentage points. QI 1 rate changes for the other four BH MCOs were not statistically significant. The MY 2009 and MY 2010 QI 1 rate comparisons for all BH MCOs are noted in Table 15A.

The MY 2010 HealthChoices BH MCO Average for QI 2 across the five BH MCOs was 66.2%. This QI 2 average is a 0.8 percentage point increase from the QI 2 MY 2009 HealthChoices BH MCO Average of 65.4%. For this indicator, the QI 2 rate for CCBH was highest at 73.1%, while the QI 2 rate for CBH at 55.6% was the lowest. QI 2 rates for CCBH, MBH, and VBH were statistically significantly higher than the QI 2 HealthChoices BH MCO Average, while the QI 2 rate for CBH was statistically significantly lower. Compared to MY 2009, the QI 2 rate for CBH statistically significantly increased by 4.5 percentage points. QI 2 rate changes for the remaining four BH MCOs were not statistically significant.

Across the two HEDIS indicators measured in this study, QI 1 and QI 2 rates for CBH were both statistically significantly lower than the HealthChoices BH MCO Average. QI 1 and QI 2 indicator rates for CCBH and MBH were statistically significantly above the BH MCO Average.

MY 2010 BH MCO-specific performance rates for the PA-specific measures with comparisons to MY 2009 data are presented in Table 15B. BH MCO-specific performance rates for the MY 2010 PA-specific indicators with 95% confidence intervals are presented in Figure 4B.

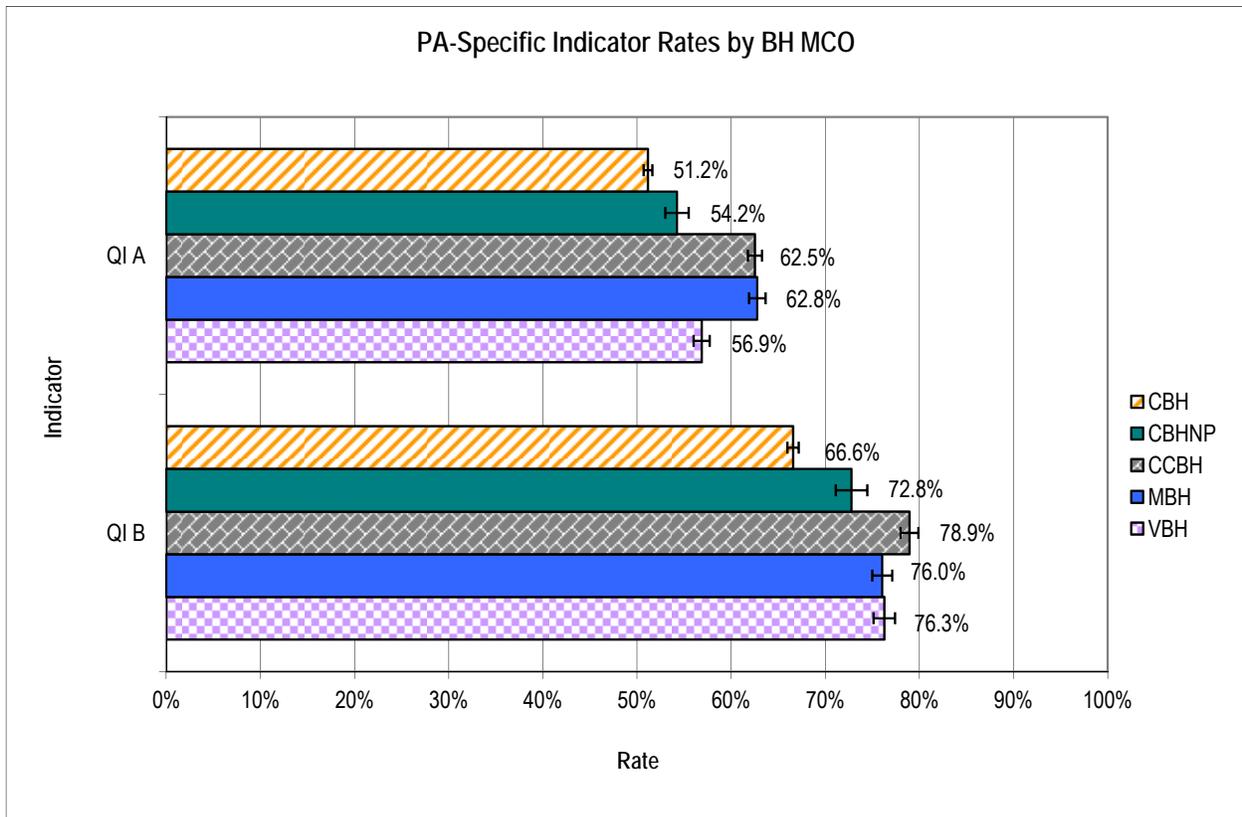
Table 15B: PA-Specific MY 2010 Rates and Year-to-Year Comparisons by BH MCO

| BY MCO | QI | MY 2008 | MY 2009 | | | MY 2010 | | | RATE COMPARISON MY 2010 to MY 2009 | |
|--------|------|---------|---------|--------|-------|---------|--------|-------|---------------------------------------|-----|
| | | % | (N) | (D) | % | (N) | (D) | % | PPD | SSD |
| CBH | QI A | 52.0% | 4,349 | 8,215 | 52.9% | 4,144 | 8,100 | 51.2% | -1.7 | YES |
| | QI B | 67.4% | 5,583 | 8,215 | 68.0% | 5,392 | 8,100 | 66.6% | -1.4 | NO |
| CBHNP | QI A | 55.8% | 2,159 | 3,838 | 56.3% | 2,230 | 4,111 | 54.2% | -2.1 | NO |
| | QI B | 73.8% | 2,870 | 3,838 | 74.8% | 2,992 | 4,111 | 72.8% | -2.0 | YES |
| CCBH | QI A | 60.3% | 7,610 | 12,125 | 62.8% | 7,778 | 12,440 | 62.5% | -0.3 | NO |
| | QI B | 76.6% | 9,509 | 12,125 | 78.4% | 9,819 | 12,440 | 78.9% | 0.5 | NO |
| MBH | QI A | 62.6% | 3,244 | 5,115 | 63.4% | 3,448 | 5,493 | 62.8% | -0.6 | NO |
| | QI B | 74.7% | 3,927 | 5,115 | 76.8% | 4,177 | 5,493 | 76.0% | -0.8 | NO |
| VBH | QI A | 53.2% | 3,841 | 6,682 | 57.5% | 3,951 | 6,949 | 56.9% | -0.6 | NO |
| | QI B | 73.6% | 5,095 | 6,682 | 76.3% | 5,299 | 6,949 | 76.3% | 0.0 | NO |

The MY 2010 HealthChoices BH MCO Average for QI A was 57.5%. The MY 2010 QI A average is a 1.1 percentage point decrease from the MY 2009 QI A HealthChoices BH MCO Average of 58.6%. As with the prior year, the QI A rate for MBH was the highest at 62.8%, and the QI A rate for CBH at 51.2% was the lowest. The QI A rates for CCBH and MBH were statistically significantly higher than the QI A HealthChoices BH MCO Average. QI A rates for CBH and CBHNP, in contrast, were statistically significantly lower than the QI A HealthChoices BH MCO Average. The QI A follow-up rate for VBH was not statistically significantly different from the QI A HealthChoices BH MCO Average. Compared to MY 2009, the QI A rate for CBH statistically significantly decreased by 1.7 percentage points. QI A rate changes for the remaining four BH MCOs were not statistically significant.

The MY 2010 Healthchoices BH MCO Average for QI B was 74.1%. This QI B average is a 0.7 percentage point decrease from the MY 2009 QI B HealthChoices BH MCO Average of 74.8%. The QI B rate for CCBH was the highest at 78.9%, while the QI B rate for CBH at 66.6% was the lowest. The QI B rates for CCBH, MBH, and VBH were statistically significantly higher than the QI B HealthChoices BH MCO Average, while the QI B rate for CBH was statistically significantly lower. Compared to MY 2009, the QI B rate for CBHNP statistically significantly decreased by 2.0 percentage points. QI B rate changes for the remaining BH MCOs were not statistically significant.

Figure 4B: PA-Specific MY 2010 Follow-up Rates by BH MCO



VIII. Performance by County

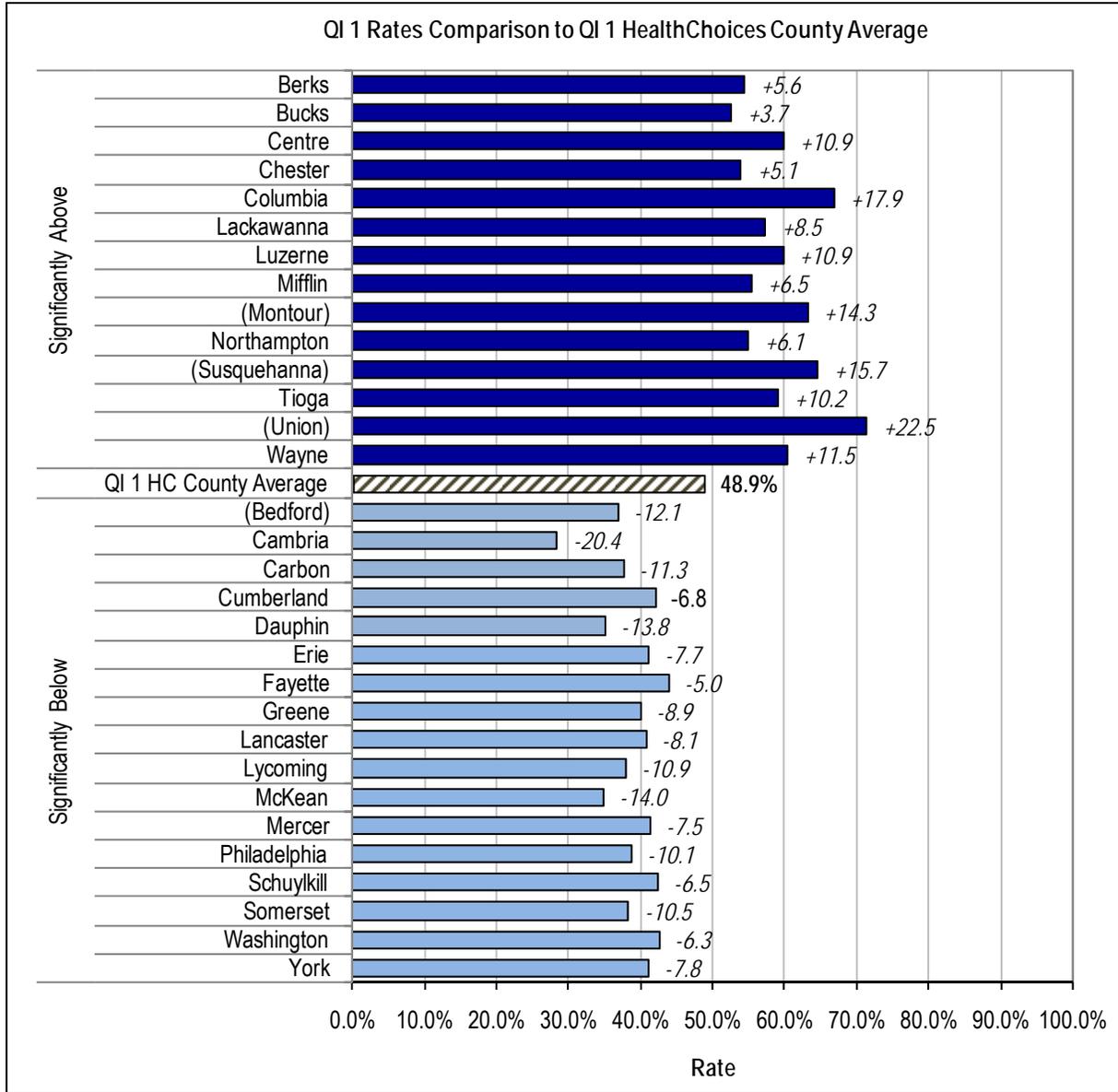
All 67 Counties in Pennsylvania were evaluated in this study. In this analysis, the individual County rates were first compared to MY 2009 rates to identify year-to-year differences as applicable, then to the HealthChoices County Average. Statistically significant differences were determined using each County's upper and lower 95% confidence intervals. Tables 16A, 16B, 16C and 16D list the Counties that had statistically significant rate changes for each of the four study indicators as compared to MY 2009 rates. Figures 5A, 5C, 5E, and 5G respectively present the HealthChoices County Averages for QI 1, QI 2, QI A, and QI B, as well as the individual Counties that had rates statistically significantly above or below each respective HealthChoices County Average. The percentage point differences between the County rate and the HealthChoices County Average are also indicated. Figures 5B, 5D, 5F, and 5H respectively present the MY 2010 County rates and 95% confidence intervals for each of the QIs, and display the statistically significant differences in County contract performances. As with previous studies, individual County rates were not compared to the aggregate rate, which is heavily influenced by large Counties such as Philadelphia and Allegheny, but rather to the HealthChoices County Average, in which each County's contribution is equal (i.e., an average that is not weighted). Overall, the MY 2010

HealthChoices County Averages were 48.9% for QI 1, 72.5% for QI 2, 60.6% for QI A, and 78.9% for QI B.

Table 16A: Year-to-Year QI 1 Rate Comparisons by County

| | Rate Statistically Significantly <i>Increased</i> Between MY 2008 and MY 2009 | Rate Statistically Significantly <i>Decreased</i> Between MY 2008 and MY 2009 | |
|------|--|--|---------------------|
| QI 1 | Erie Franklin Philadelphia | Delaware Lackawanna Luzerne | Monroe (Wyoming) |

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



Note: Counties, for which rates were determined by less than 100 members, are presented within parentheses. 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.

Note: Counties not statistically significantly different than the QI 1 HealthChoices County Average are not displayed.

Figure 5B: MY 2010 QI 1 County Rates

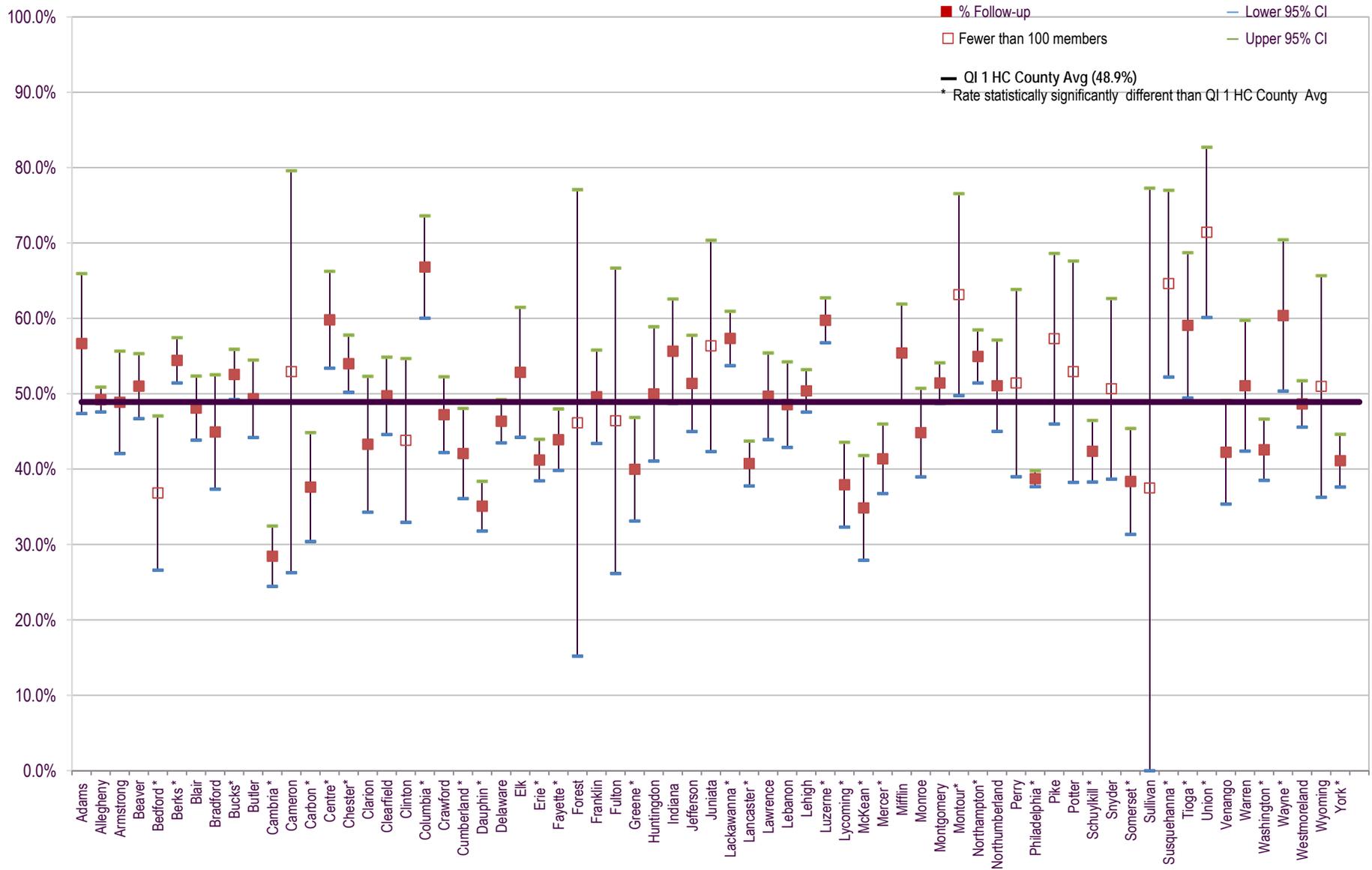
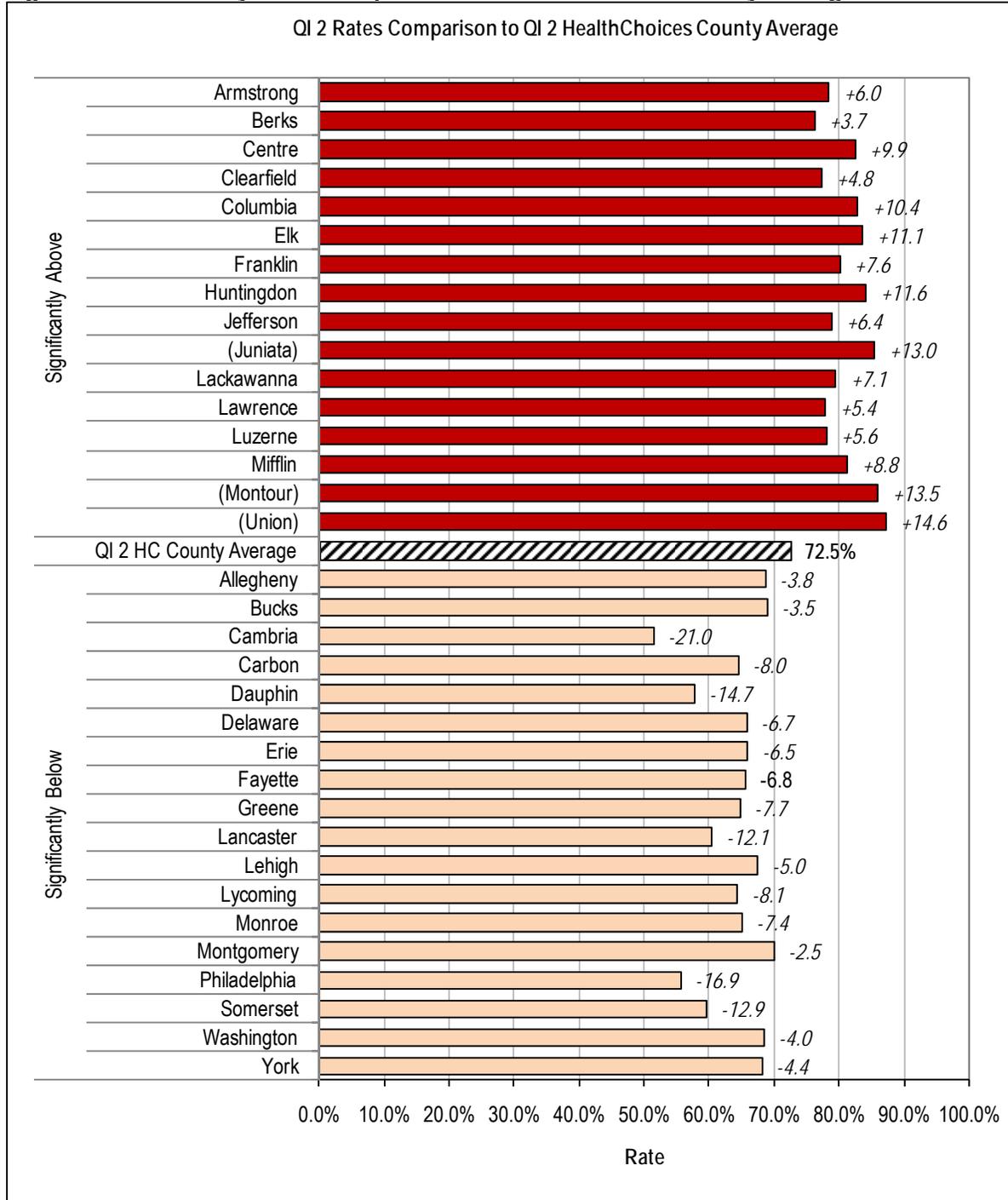


Table 16B: Year-to-Year QI 2 Rate Comparisons by County

| | Rate Statistically Significantly <i>Increased</i> Between MY 2008 and MY 2009 | Rate Statistically Significantly <i>Decreased</i> Between MY 2008 and MY 2009 | |
|------|--|--|---------|
| QI 2 | Philadelphia | Lackawanna | Luzerne |

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



Note: Counties, for which rates were determined by less than 100 members, are presented within parentheses. 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.

Note: Counties not statistically significantly different than the QI 2 HealthChoices County Average are not displayed.

Figure 5D: MY 2010 QI 2 County Rates

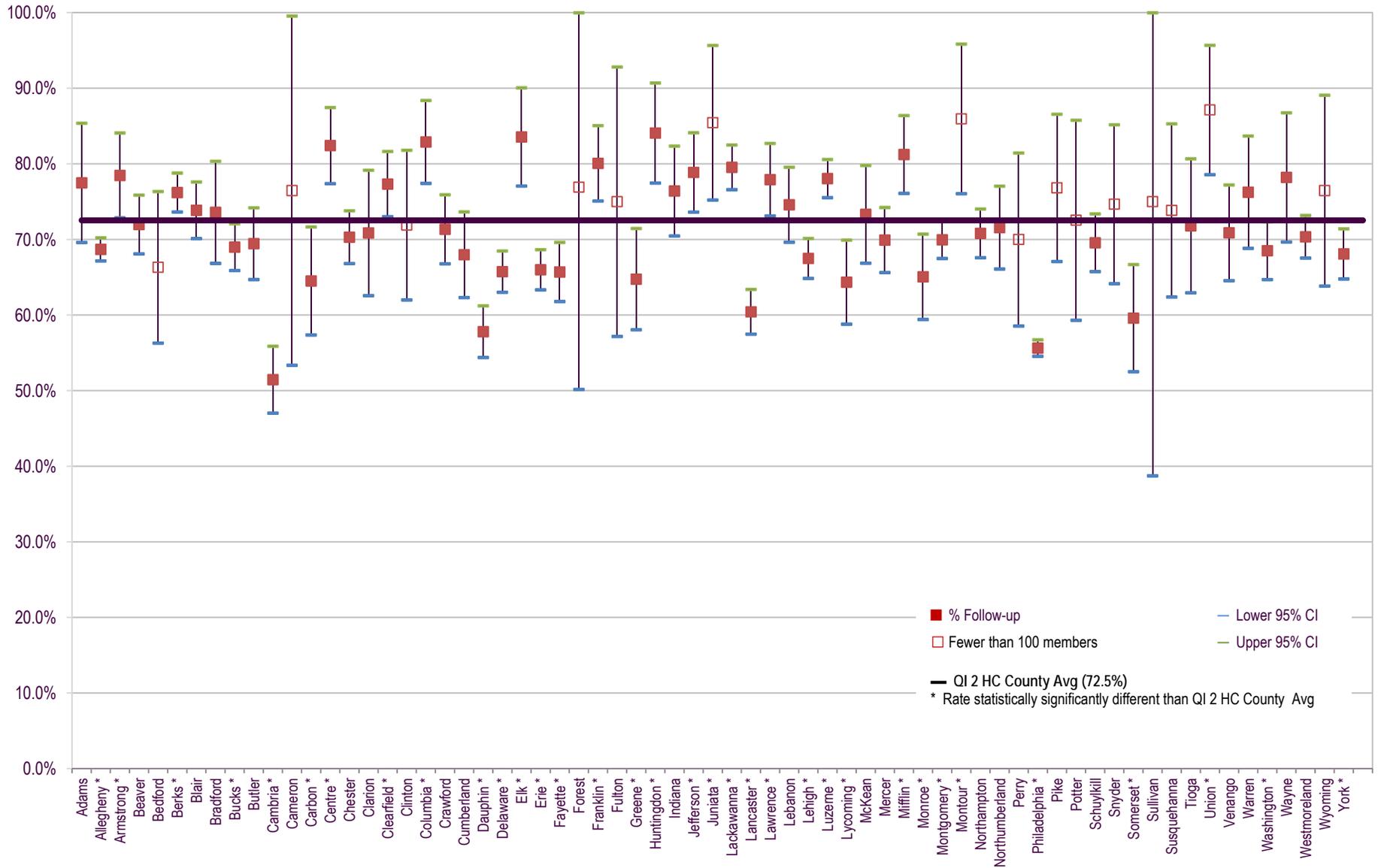
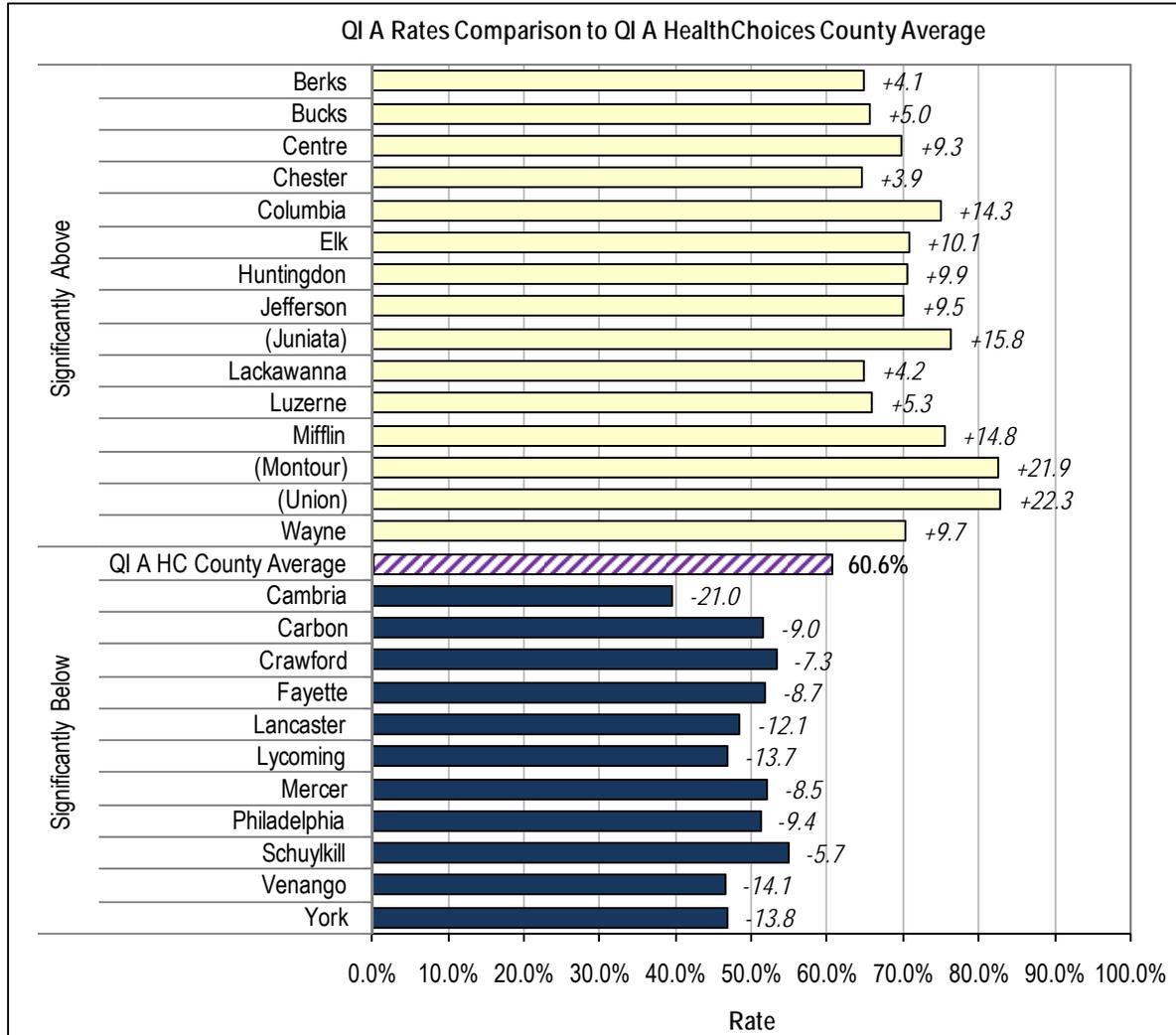


Table 16C: Year-to-Year QI A Rate Comparisons by County

| | Rate Statistically Significantly <i>Increased</i> Between MY 2008 and MY 2009 | Rate Statistically Significantly <i>Decreased</i> Between MY 2008 and MY 2009 | |
|------|--|--|---------------------------|
| QI A | (Pike) (Union) | Lackawanna Luzerne | Philadelphia (Wyoming) |

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



Note: Counties, for which rates were determined by less than 100 members, are presented within parentheses. 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.

Note: Counties not statistically significantly different than the QI A HealthChoices County Average are not displayed.

Figure 5F: MY 2010 QI A County Rates

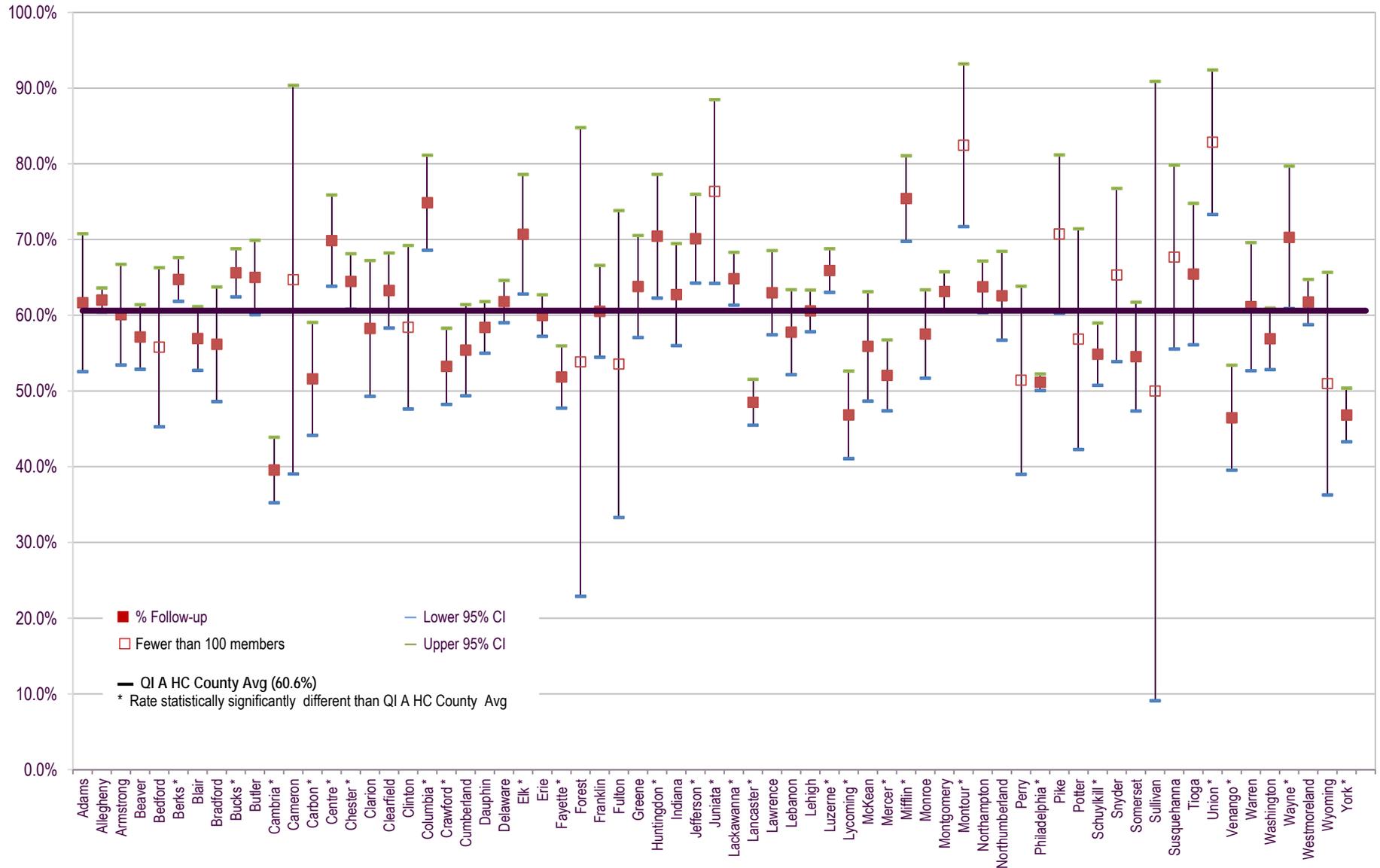
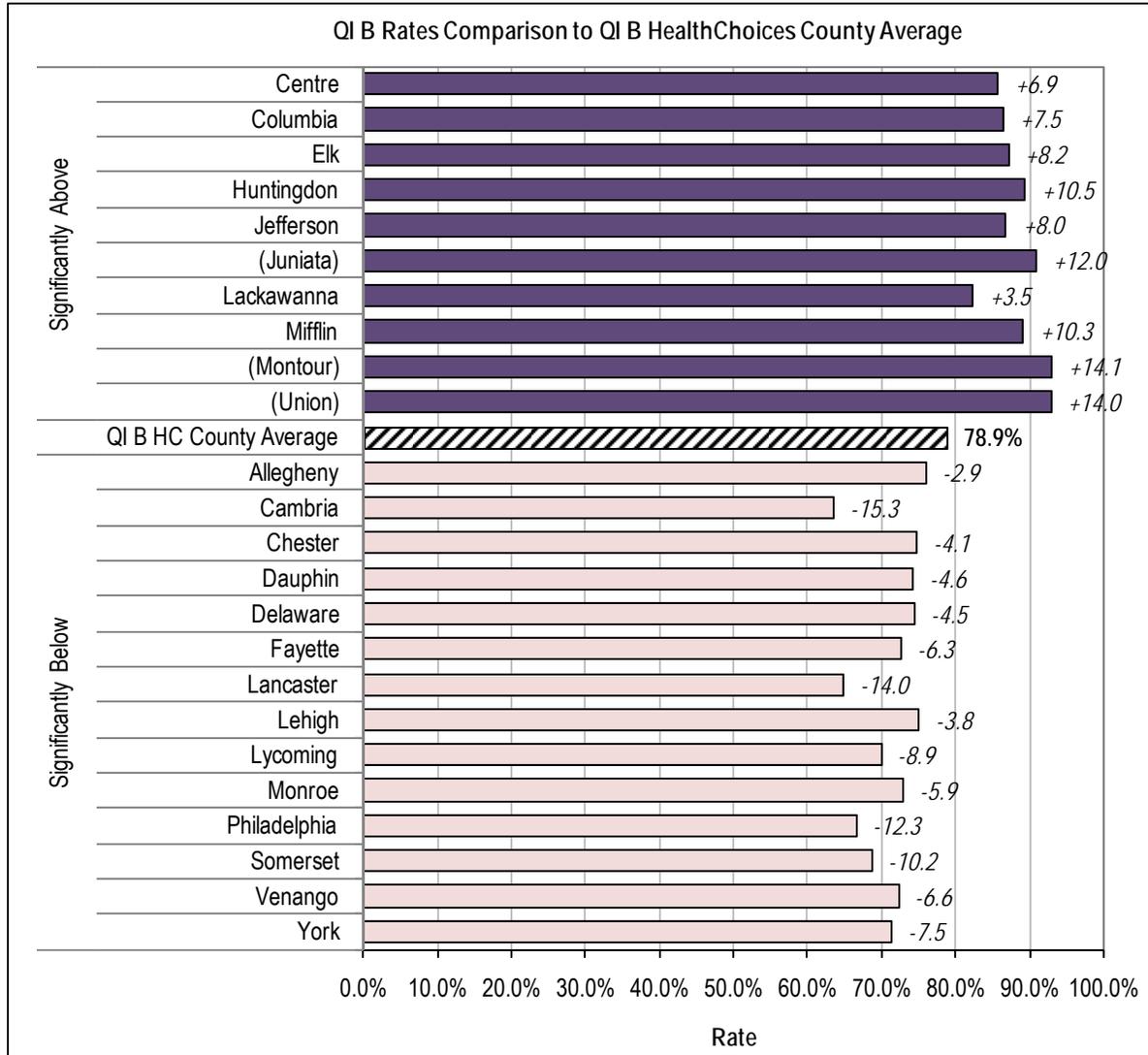


Table 16D: Year-to-Year QI B Rate Comparisons by County

| | Rate Statistically Significantly <i>Increased</i> Between MY 2008 and MY 2009 | Rate Statistically Significantly <i>Decreased</i> Between MY 2008 and MY 2009 |
|------|---|---|
| QI B | (Pike) | Luzerne |

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



Note: Counties, for which rates were determined by less than 100 members, are presented within parentheses. 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.

Note: Counties not statistically significantly different than the QI B HealthChoices County Average are not displayed.

County-specific performance rates for MY 2010 with the 95% confidence intervals are presented in Tables 17A and 17B for the HEDIS and PA-specific measures, respectively. The tables also include individual County rates from MY 2009 as available, and identify whether year-to-year changes between MY 2010 and MY 2009 are statistically significant. Figures of the observed rates by County are included in the Appendix.

Figure 5H: MY 2010 QI B County Rates

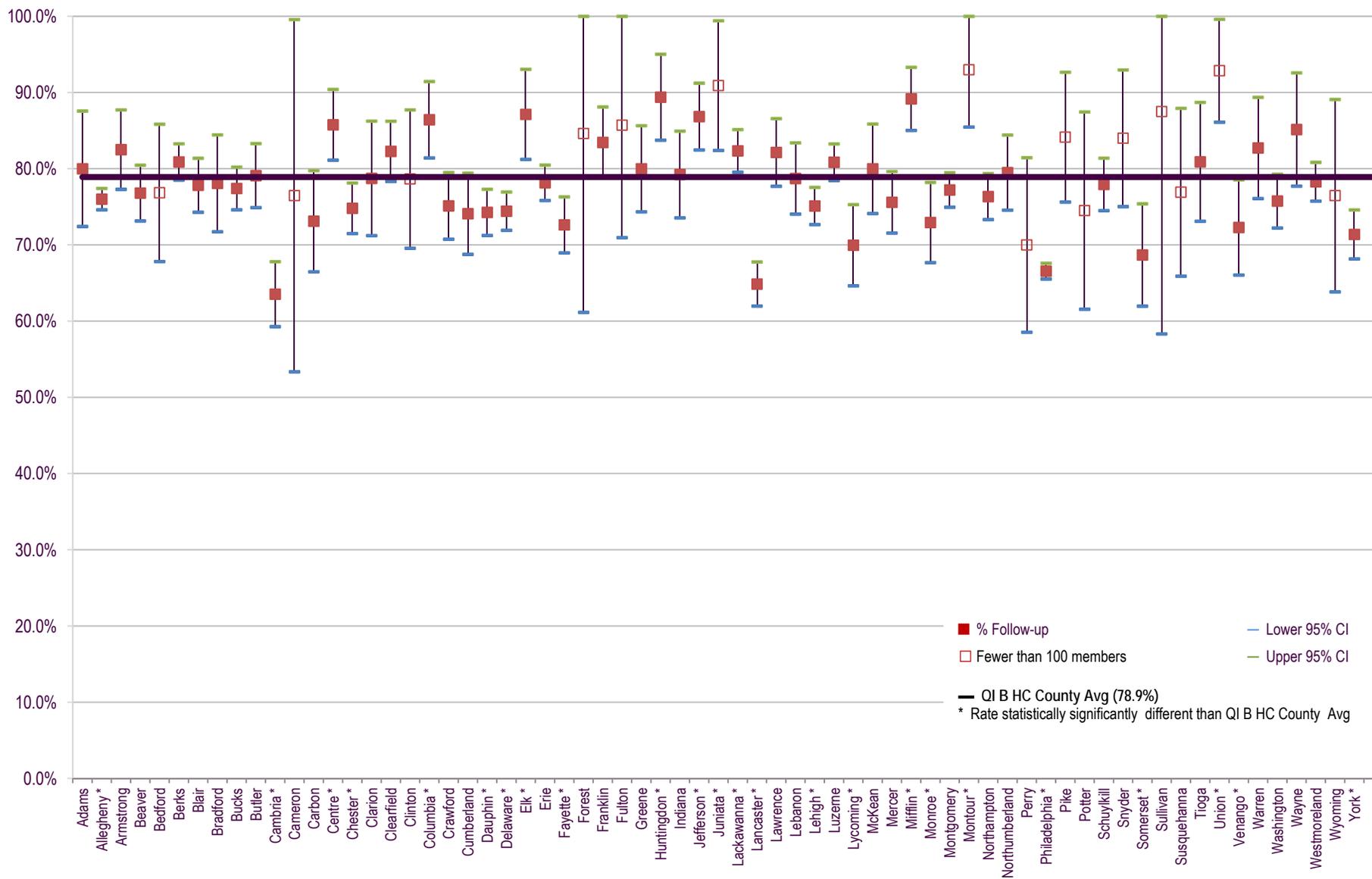


Table 17A: HEDIS MY 2010 Rates and MY 2009 Comparisons by County

| HEDIS SPECIFICATIONS | | | | | | | | | | | | | | | | |
|----------------------|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|
| BY COUNTY | QUALITY INDICATOR 1 | | | | | | | | QUALITY INDICATOR 2 | | | | | | | |
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Adams | 45.1% | 68 | 120 | 56.7% | 47.4% | 66.0% | 11.6 | NO | 69.7% | 93 | 120 | 77.5% | 69.6% | 85.4% | 7.8 | NO |
| Allegheny | 48.1% | 1,780 | 3,615 | 49.2% | 47.6% | 50.9% | 1.1 | NO | 67.1% | 2,483 | 3,615 | 68.7% | 67.2% | 70.2% | 1.6 | NO |
| Armstrong | 50.9% | 109 | 223 | 48.9% | 42.1% | 55.7% | -2.0 | NO | 75.2% | 175 | 223 | 78.5% | 72.9% | 84.1% | 3.3 | NO |
| Beaver | 55.0% | 275 | 539 | 51.0% | 46.7% | 55.3% | -4.0 | NO | 72.7% | 388 | 539 | 72.0% | 68.1% | 75.9% | -0.7 | NO |
| Bedford | 28.6% | 35 | 95 | 36.8% | 26.6% | 47.1% | 8.2 | NO | 58.0% | 63 | 95 | 66.3% | 56.3% | 76.4% | 8.3 | NO |
| Berks | 51.2% | 593 | 1,089 | 54.5% | 51.4% | 57.5% | 3.3 | NO | 72.6% | 830 | 1,089 | 76.2% | 73.6% | 78.8% | 3.6 | NO |
| Blair | 50.8% | 267 | 555 | 48.1% | 43.9% | 52.4% | -2.7 | NO | 79.1% | 410 | 555 | 73.9% | 70.1% | 77.6% | -5.2 | NO |
| Bradford | 50.9% | 80 | 178 | 44.9% | 37.4% | 52.5% | -6.0 | NO | 78.5% | 131 | 178 | 73.6% | 66.8% | 80.4% | -4.9 | NO |
| Bucks | 52.1% | 468 | 890 | 52.6% | 49.2% | 55.9% | 0.5 | NO | 68.4% | 614 | 890 | 69.0% | 65.9% | 72.1% | 0.6 | NO |
| Butler | 55.0% | 189 | 383 | 49.4% | 44.2% | 54.5% | -5.6 | NO | 74.8% | 266 | 383 | 69.5% | 64.7% | 74.2% | -5.3 | NO |
| Cambria | 30.7% | 146 | 513 | 28.5% | 24.5% | 32.5% | -2.2 | NO | 55.8% | 264 | 513 | 51.5% | 47.0% | 55.9% | -4.3 | NO |
| Cameron | 41.7% | 9 | 17 | 52.9% | 26.3% | 79.6% | 11.2 | NO | 70.8% | 13 | 17 | 76.5% | 53.4% | 99.6% | 5.7 | NO |
| Carbon | 41.3% | 70 | 186 | 37.6% | 30.4% | 44.9% | -3.7 | NO | 69.6% | 120 | 186 | 64.5% | 57.4% | 71.7% | -5.1 | NO |
| Centre | 58.0% | 143 | 239 | 59.8% | 53.4% | 66.3% | 1.8 | NO | 79.2% | 197 | 239 | 82.4% | 77.4% | 87.5% | 3.2 | NO |
| Chester | 48.7% | 371 | 687 | 54.0% | 50.2% | 57.8% | 5.3 | NO | 68.9% | 483 | 687 | 70.3% | 66.8% | 73.8% | 1.4 | NO |
| Clarion | 40.3% | 55 | 127 | 43.3% | 34.3% | 52.3% | 3.0 | NO | 69.8% | 90 | 127 | 70.9% | 62.6% | 79.2% | 1.1 | NO |
| Clearfield | 50.4% | 191 | 384 | 49.7% | 44.6% | 54.9% | -0.7 | NO | 77.2% | 297 | 384 | 77.3% | 73.0% | 81.7% | 0.1 | NO |
| Clinton | 46.0% | 39 | 89 | 43.8% | 32.9% | 54.7% | -2.2 | NO | 73.6% | 64 | 89 | 71.9% | 62.0% | 81.8% | -1.7 | NO |
| Columbia | 59.6% | 133 | 199 | 66.8% | 60.0% | 73.6% | 7.2 | NO | 77.7% | 165 | 199 | 82.9% | 77.4% | 88.4% | 5.2 | NO |
| Crawford | 49.2% | 188 | 398 | 47.2% | 42.2% | 52.3% | -2.0 | NO | 72.8% | 284 | 398 | 71.4% | 66.8% | 75.9% | -1.4 | NO |
| Cumberland | 46.3% | 117 | 278 | 42.1% | 36.1% | 48.1% | -4.2 | NO | 64.9% | 189 | 278 | 68.0% | 62.3% | 73.7% | 3.1 | NO |
| Dauphin | 40.0% | 292 | 832 | 35.1% | 31.8% | 38.4% | -4.9 | NO | 60.1% | 481 | 832 | 57.8% | 54.4% | 61.2% | -2.3 | NO |
| Delaware | 52.3% | 555 | 1,197 | 46.4% | 43.5% | 49.2% | -5.9 | YES | 68.8% | 787 | 1,197 | 65.8% | 63.0% | 68.5% | -3.0 | NO |
| Elk | 52.0% | 74 | 140 | 52.9% | 44.2% | 61.5% | 0.9 | NO | 81.3% | 117 | 140 | 83.6% | 77.1% | 90.1% | 2.3 | NO |
| Erie | 35.0% | 519 | 1,259 | 41.2% | 38.5% | 44.0% | 6.2 | YES | 62.8% | 831 | 1,259 | 66.0% | 63.3% | 68.7% | 3.2 | NO |
| Fayette | 46.0% | 260 | 592 | 43.9% | 39.8% | 48.0% | -2.1 | NO | 70.3% | 389 | 592 | 65.7% | 61.8% | 69.6% | -4.6 | NO |
| Forest | 36.4% | 6 | 13 | 46.2% | 15.2% | 77.1% | 9.8 | NO | 63.6% | 10 | 13 | 76.9% | 50.2% | 100.0% | 13.3 | NO |
| Franklin | 39.5% | 132 | 266 | 49.6% | 43.4% | 55.8% | 10.1 | YES | 73.5% | 213 | 266 | 80.1% | 75.1% | 85.1% | 6.6 | NO |
| Fulton | 48.2% | 13 | 28 | 46.4% | 26.2% | 66.7% | -1.8 | NO | 66.7% | 21 | 28 | 75.0% | 57.2% | 92.8% | 8.3 | NO |
| Greene | 43.0% | 84 | 210 | 40.0% | 33.1% | 46.9% | -3.0 | NO | 67.2% | 136 | 210 | 64.8% | 58.1% | 71.5% | -2.4 | NO |
| Huntingdon | 48.0% | 66 | 132 | 50.0% | 41.1% | 58.9% | 2.0 | NO | 75.6% | 111 | 132 | 84.1% | 77.5% | 90.7% | 8.5 | NO |

HEDIS SPECIFICATIONS

| BY COUNTY | QUALITY INDICATOR 1 | | | | | | | | QUALITY INDICATOR 2 | | | | | | | |
|----------------|---------------------|---------|-------|-------|-----------------|-----------------|---------------------------------------|-----|---------------------|---------|-------|-------|-----------------|-----------------|---------------------------------------|-----|
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Indiana | 55.1% | 118 | 212 | 55.7% | 48.7% | 62.6% | 0.6 | NO | 75.2% | 162 | 212 | 76.4% | 70.5% | 82.4% | 1.2 | NO |
| Jefferson | 53.9% | 129 | 251 | 51.4% | 45.0% | 57.8% | -2.5 | NO | 78.6% | 198 | 251 | 78.9% | 73.6% | 84.1% | 0.3 | NO |
| Juniata | 61.7% | 31 | 55 | 56.4% | 42.3% | 70.4% | -5.3 | NO | 80.9% | 47 | 55 | 85.5% | 75.2% | 95.7% | 4.6 | NO |
| Lackawanna | 64.0% | 429 | 748 | 57.4% | 53.7% | 61.0% | -6.6 | YES | 83.8% | 595 | 748 | 79.6% | 76.6% | 82.5% | -4.2 | YES |
| Lancaster | 40.2% | 441 | 1,082 | 40.8% | 37.8% | 43.7% | 0.6 | NO | 61.0% | 654 | 1,082 | 60.4% | 57.5% | 63.4% | -0.6 | NO |
| Lawrence | 48.6% | 153 | 308 | 49.7% | 43.9% | 55.4% | 1.1 | NO | 75.3% | 240 | 308 | 77.9% | 73.1% | 82.7% | 2.6 | NO |
| Lebanon | 55.6% | 153 | 315 | 48.6% | 42.9% | 54.2% | -7.0 | NO | 77.2% | 235 | 315 | 74.6% | 69.6% | 79.6% | -2.6 | NO |
| Lehigh | 53.4% | 628 | 1,246 | 50.4% | 47.6% | 53.2% | -3.0 | NO | 68.5% | 841 | 1,246 | 67.5% | 64.9% | 70.1% | -1.0 | NO |
| Luzerne | 69.5% | 640 | 1,071 | 59.8% | 56.8% | 62.7% | -9.7 | YES | 81.7% | 836 | 1,071 | 78.1% | 75.5% | 80.6% | -3.6 | YES |
| Lycoming | 43.6% | 115 | 303 | 38.0% | 32.3% | 43.6% | -5.6 | NO | 64.0% | 195 | 303 | 64.4% | 58.8% | 69.9% | 0.4 | NO |
| McKean | 36.2% | 68 | 195 | 34.9% | 27.9% | 41.8% | -1.3 | NO | 66.7% | 143 | 195 | 73.3% | 66.9% | 79.8% | 6.6 | NO |
| Mercer | 44.7% | 190 | 459 | 41.4% | 36.8% | 46.0% | -3.3 | NO | 70.5% | 321 | 459 | 69.9% | 65.6% | 74.2% | -0.6 | NO |
| Mifflin | 53.9% | 133 | 240 | 55.4% | 48.9% | 61.9% | 1.5 | NO | 77.0% | 195 | 240 | 81.3% | 76.1% | 86.4% | 4.3 | NO |
| Monroe | 55.0% | 131 | 292 | 44.9% | 39.0% | 50.7% | -10.1 | YES | 71.4% | 190 | 292 | 65.1% | 59.4% | 70.7% | -6.3 | NO |
| Montgomery | 49.9% | 702 | 1,365 | 51.4% | 48.7% | 54.1% | 1.5 | NO | 68.2% | 955 | 1,365 | 70.0% | 67.5% | 72.4% | 1.8 | NO |
| Montour | 56.5% | 36 | 57 | 63.2% | 49.8% | 76.6% | 6.7 | NO | 73.9% | 49 | 57 | 86.0% | 76.1% | 95.9% | 12.1 | NO |
| Northampton | 54.5% | 437 | 795 | 55.0% | 51.4% | 58.5% | 0.5 | NO | 73.0% | 563 | 795 | 70.8% | 67.6% | 74.0% | -2.2 | NO |
| Northumberland | 46.8% | 142 | 278 | 51.1% | 45.0% | 57.1% | 4.3 | NO | 68.8% | 199 | 278 | 71.6% | 66.1% | 77.1% | 2.8 | NO |
| Perry | 42.2% | 36 | 70 | 51.4% | 39.0% | 63.9% | 9.2 | NO | 65.6% | 49 | 70 | 70.0% | 58.6% | 81.4% | 4.4 | NO |
| Philadelphia | 34.7% | 3,139 | 8,100 | 38.8% | 37.7% | 39.8% | 4.1 | YES | 51.1% | 4,507 | 8,100 | 55.6% | 54.6% | 56.7% | 4.5 | YES |
| Pike | 43.4% | 47 | 82 | 57.3% | 46.0% | 68.6% | 13.9 | NO | 64.5% | 63 | 82 | 76.8% | 67.1% | 86.6% | 12.3 | NO |
| Potter | 40.8% | 27 | 51 | 52.9% | 38.3% | 67.6% | 12.1 | NO | 61.2% | 37 | 51 | 72.6% | 59.3% | 85.8% | 11.4 | NO |
| Schuylkill | 46.6% | 248 | 585 | 42.4% | 38.3% | 46.5% | -4.2 | NO | 72.3% | 407 | 585 | 69.6% | 65.8% | 73.4% | -2.7 | NO |
| Snyder | 45.3% | 38 | 75 | 50.7% | 38.7% | 62.7% | 5.4 | NO | 60.9% | 56 | 75 | 74.7% | 64.2% | 85.2% | 13.8 | NO |
| Somerset | 36.4% | 76 | 198 | 38.4% | 31.4% | 45.4% | 2.0 | NO | 61.4% | 118 | 198 | 59.6% | 52.5% | 66.7% | -1.8 | NO |
| Sullivan | 50.0% | 3 | 8 | 37.5% | 0.0% | 77.3% | -12.5 | NO | 66.7% | 6 | 8 | 75.0% | 38.7% | 100.0% | 8.3 | NO |
| Susquehanna | 57.6% | 42 | 65 | 64.6% | 52.2% | 77.0% | 7.0 | NO | 78.8% | 48 | 65 | 73.9% | 62.4% | 85.3% | -4.9 | NO |
| Tioga | 56.2% | 65 | 110 | 59.1% | 49.4% | 68.7% | 2.9 | NO | 76.0% | 79 | 110 | 71.8% | 63.0% | 80.7% | -4.2 | NO |
| Union | 54.6% | 50 | 70 | 71.4% | 60.1% | 82.7% | 16.8 | NO | 75.0% | 61 | 70 | 87.1% | 78.6% | 95.7% | 12.1 | NO |
| Venango | 40.2% | 90 | 213 | 42.3% | 35.4% | 49.1% | 2.1 | NO | 70.1% | 151 | 213 | 70.9% | 64.6% | 77.2% | 0.8 | NO |
| Warren | 48.6% | 71 | 139 | 51.1% | 42.4% | 59.8% | 2.5 | NO | 72.9% | 106 | 139 | 76.3% | 68.8% | 83.7% | 3.4 | NO |
| Washington | 43.7% | 253 | 594 | 42.6% | 38.5% | 46.7% | -1.1 | NO | 67.5% | 407 | 594 | 68.5% | 64.7% | 72.3% | 1.0 | NO |

| HEDIS SPECIFICATIONS | | | | | | | | | | | | | | | | |
|------------------------------|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|
| | QUALITY INDICATOR 1 | | | | | | | | QUALITY INDICATOR 2 | | | | | | | |
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| BY COUNTY | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Wayne | 60.8% | 61 | 101 | 60.4% | 50.4% | 70.4% | -0.4 | NO | 77.3% | 79 | 101 | 78.2% | 69.7% | 86.8% | 0.9 | NO |
| Westmoreland | 44.6% | 509 | 1,046 | 48.7% | 45.6% | 51.7% | 4.1 | NO | 68.4% | 736 | 1,046 | 70.4% | 67.5% | 73.2% | 2.0 | NO |
| Wyoming | 73.1% | 26 | 51 | 51.0% | 36.3% | 65.7% | -22.1 | YES | 86.5% | 39 | 51 | 76.5% | 63.8% | 89.1% | -10.0 | NO |
| York | 44.8% | 325 | 790 | 41.1% | 37.6% | 44.6% | -3.7 | NO | 68.2% | 538 | 790 | 68.1% | 64.8% | 71.4% | -0.1 | NO |
| HealthChoices County Average | 48.5% | 48.9% | | | | | | | 70.8% | 72.5% | | | | | | |

Table 17B: PA-Specific MY 2010 Rates and MY 2009 Comparisons by County

| PA SPECIFICATIONS | | | | | | | | | | | | | | | | |
|-------------------|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|
| | QUALITY INDICATOR A | | | | | | | | QUALITY INDICATOR B | | | | | | | |
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| BY COUNTY | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Adams | 50.0% | 74 | 120 | 61.7% | 52.6% | 70.8% | 11.7 | NO | 71.3% | 96 | 120 | 80.0% | 72.4% | 87.6% | 8.7 | NO |
| Allegheny | 62.5% | 2,242 | 3,615 | 62.0% | 60.4% | 63.6% | -0.5 | NO | 75.9% | 2,748 | 3,615 | 76.0% | 74.6% | 77.4% | 0.1 | NO |
| Armstrong | 61.9% | 134 | 223 | 60.1% | 53.4% | 66.7% | -1.8 | NO | 80.7% | 184 | 223 | 82.5% | 77.3% | 87.7% | 1.8 | NO |
| Beaver | 62.1% | 308 | 539 | 57.1% | 52.9% | 61.4% | -5.0 | NO | 78.5% | 414 | 539 | 76.8% | 73.2% | 80.5% | -1.7 | NO |
| Bedford | 52.7% | 53 | 95 | 55.8% | 45.3% | 66.3% | 3.1 | NO | 77.7% | 73 | 95 | 76.8% | 67.8% | 85.8% | -0.9 | NO |
| Berks | 61.9% | 705 | 1,089 | 64.7% | 61.9% | 67.6% | 2.8 | NO | 78.1% | 883 | 1,089 | 81.1% | 78.7% | 83.5% | 3.0 | NO |
| Blair | 60.5% | 316 | 555 | 56.9% | 52.7% | 61.1% | -3.6 | NO | 82.0% | 432 | 555 | 77.8% | 74.3% | 81.4% | -4.2 | NO |
| Bradford | 55.4% | 100 | 178 | 56.2% | 48.6% | 63.7% | 0.8 | NO | 81.4% | 139 | 178 | 78.1% | 71.7% | 84.4% | -3.3 | NO |
| Bucks | 64.4% | 584 | 890 | 65.6% | 62.4% | 68.8% | 1.2 | NO | 77.8% | 689 | 890 | 77.4% | 74.6% | 80.2% | -0.4 | NO |
| Butler | 69.4% | 249 | 383 | 65.0% | 60.1% | 69.9% | -4.4 | NO | 81.3% | 303 | 383 | 79.1% | 74.9% | 83.3% | -2.2 | NO |
| Cambria | 42.1% | 203 | 513 | 39.6% | 35.2% | 43.9% | -2.5 | NO | 63.8% | 326 | 513 | 63.6% | 59.3% | 67.8% | -0.2 | NO |
| Cameron | 66.7% | 11 | 17 | 64.7% | 39.1% | 90.4% | -2.0 | NO | 79.2% | 13 | 17 | 76.5% | 53.4% | 99.6% | -2.7 | NO |
| Carbon | 49.5% | 96 | 186 | 51.6% | 44.2% | 59.1% | 2.1 | NO | 75.0% | 136 | 186 | 73.1% | 66.5% | 79.8% | -1.9 | NO |
| Centre | 67.7% | 167 | 239 | 69.9% | 63.8% | 75.9% | 2.2 | NO | 86.7% | 205 | 239 | 85.8% | 81.1% | 90.4% | -0.9 | NO |
| Chester | 60.1% | 443 | 687 | 64.5% | 60.8% | 68.1% | 4.4 | NO | 73.1% | 514 | 687 | 74.8% | 71.5% | 78.1% | 1.7 | NO |
| Clarion | 48.8% | 74 | 127 | 58.3% | 49.3% | 67.2% | 9.5 | NO | 72.1% | 100 | 127 | 78.7% | 71.2% | 86.2% | 6.6 | NO |
| Clearfield | 60.0% | 243 | 384 | 63.3% | 58.3% | 68.2% | 3.3 | NO | 83.5% | 316 | 384 | 82.3% | 78.3% | 86.2% | -1.2 | NO |
| Clinton | 59.8% | 52 | 89 | 58.4% | 47.6% | 69.2% | -1.4 | NO | 78.2% | 70 | 89 | 78.7% | 69.6% | 87.7% | 0.5 | NO |

PA SPECIFICATIONS

| BY COUNTY | QUALITY INDICATOR A | | | | | | | | QUALITY INDICATOR B | | | | | | | |
|----------------|---------------------|---------|-------|-------|-----------------|-----------------|---------------------------------------|-----|---------------------|---------|-------|-------|-----------------|-----------------|---------------------------------------|-----|
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Columbia | 66.0% | 149 | 199 | 74.9% | 68.6% | 81.1% | 8.9 | NO | 82.5% | 172 | 199 | 86.4% | 81.4% | 91.4% | 3.9 | NO |
| Crawford | 56.1% | 212 | 398 | 53.3% | 48.2% | 58.3% | -2.8 | NO | 75.1% | 299 | 398 | 75.1% | 70.8% | 79.5% | 0.0 | NO |
| Cumberland | 62.8% | 154 | 278 | 55.4% | 49.4% | 61.4% | -7.4 | NO | 78.1% | 206 | 278 | 74.1% | 68.8% | 79.4% | -4.0 | NO |
| Dauphin | 60.9% | 486 | 832 | 58.4% | 55.0% | 61.8% | -2.5 | NO | 76.1% | 618 | 832 | 74.3% | 71.2% | 77.3% | -1.8 | NO |
| Delaware | 64.9% | 740 | 1,197 | 61.8% | 59.0% | 64.6% | -3.1 | NO | 77.7% | 891 | 1,197 | 74.4% | 71.9% | 77.0% | -3.3 | NO |
| Elk | 69.1% | 99 | 140 | 70.7% | 62.8% | 78.6% | 1.6 | NO | 88.6% | 122 | 140 | 87.1% | 81.2% | 93.0% | -1.5 | NO |
| Erie | 57.5% | 755 | 1,259 | 60.0% | 57.2% | 62.7% | 2.5 | NO | 78.1% | 984 | 1,259 | 78.2% | 75.8% | 80.5% | 0.1 | NO |
| Fayette | 54.9% | 307 | 592 | 51.9% | 47.8% | 56.0% | -3.0 | NO | 76.2% | 430 | 592 | 72.6% | 69.0% | 76.3% | -3.6 | NO |
| Forest | 54.6% | 7 | 13 | 53.9% | 22.9% | 84.8% | -0.7 | NO | 63.6% | 11 | 13 | 84.6% | 61.2% | 100.0% | 21.0 | NO |
| Franklin | 54.2% | 161 | 266 | 60.5% | 54.5% | 66.6% | 6.3 | NO | 81.0% | 222 | 266 | 83.5% | 78.8% | 88.1% | 2.5 | NO |
| Fulton | 51.9% | 15 | 28 | 53.6% | 33.3% | 73.8% | 1.7 | NO | 70.4% | 24 | 28 | 85.7% | 71.0% | 100.0% | 15.3 | NO |
| Greene | 64.5% | 134 | 210 | 63.8% | 57.1% | 70.5% | -0.7 | NO | 79.0% | 168 | 210 | 80.0% | 74.4% | 85.6% | 1.0 | NO |
| Huntingdon | 63.4% | 93 | 132 | 70.5% | 62.3% | 78.6% | 7.1 | NO | 84.6% | 118 | 132 | 89.4% | 83.8% | 95.0% | 4.8 | NO |
| Indiana | 72.0% | 133 | 212 | 62.7% | 56.0% | 69.5% | -9.3 | NO | 84.4% | 168 | 212 | 79.3% | 73.6% | 84.9% | -5.1 | NO |
| Jefferson | 65.8% | 176 | 251 | 70.1% | 64.3% | 76.0% | 4.3 | NO | 83.8% | 218 | 251 | 86.9% | 82.5% | 91.2% | 3.1 | NO |
| Juniata | 70.2% | 42 | 55 | 76.4% | 64.2% | 88.5% | 6.2 | NO | 87.2% | 50 | 55 | 90.9% | 82.4% | 99.4% | 3.7 | NO |
| Lackawanna | 70.5% | 485 | 748 | 64.8% | 61.4% | 68.3% | -5.7 | YES | 86.0% | 616 | 748 | 82.4% | 79.6% | 85.1% | -3.6 | NO |
| Lancaster | 50.3% | 525 | 1,082 | 48.5% | 45.5% | 51.5% | -1.8 | NO | 67.7% | 702 | 1,082 | 64.9% | 62.0% | 67.8% | -2.8 | NO |
| Lawrence | 61.0% | 194 | 308 | 63.0% | 57.4% | 68.5% | 2.0 | NO | 79.1% | 253 | 308 | 82.1% | 77.7% | 86.6% | 3.0 | NO |
| Lebanon | 61.7% | 182 | 315 | 57.8% | 52.2% | 63.4% | -3.9 | NO | 81.8% | 248 | 315 | 78.7% | 74.1% | 83.4% | -3.1 | NO |
| Lehigh | 64.2% | 755 | 1,246 | 60.6% | 57.8% | 63.3% | -3.6 | NO | 75.9% | 936 | 1,246 | 75.1% | 72.7% | 77.6% | -0.8 | NO |
| Luzerne | 74.5% | 706 | 1,071 | 65.9% | 63.0% | 68.8% | -8.6 | YES | 84.5% | 866 | 1,071 | 80.9% | 78.5% | 83.3% | -3.6 | YES |
| Lycoming | 53.3% | 142 | 303 | 46.9% | 41.1% | 52.6% | -6.4 | NO | 69.0% | 212 | 303 | 70.0% | 64.6% | 75.3% | 1.0 | NO |
| McKean | 60.3% | 109 | 195 | 55.9% | 48.7% | 63.1% | -4.4 | NO | 78.2% | 156 | 195 | 80.0% | 74.1% | 85.9% | 1.8 | NO |
| Mercer | 52.9% | 239 | 459 | 52.1% | 47.4% | 56.7% | -0.8 | NO | 73.6% | 347 | 459 | 75.6% | 71.6% | 79.6% | 2.0 | NO |
| Mifflin | 79.6% | 181 | 240 | 75.4% | 69.8% | 81.1% | -4.2 | NO | 90.1% | 214 | 240 | 89.2% | 85.0% | 93.3% | -0.9 | NO |
| Monroe | 65.6% | 168 | 292 | 57.5% | 51.7% | 63.4% | -8.1 | NO | 79.1% | 213 | 292 | 73.0% | 67.7% | 78.2% | -6.1 | NO |
| Montgomery | 60.8% | 862 | 1,365 | 63.2% | 60.6% | 65.7% | 2.4 | NO | 75.3% | 1,054 | 1,365 | 77.2% | 75.0% | 79.5% | 1.9 | NO |
| Montour | 80.4% | 47 | 57 | 82.5% | 71.7% | 93.2% | 2.1 | NO | 84.8% | 53 | 57 | 93.0% | 85.5% | 100.0% | 8.2 | NO |
| Northampton | 63.5% | 507 | 795 | 63.8% | 60.4% | 67.2% | 0.3 | NO | 78.2% | 607 | 795 | 76.4% | 73.3% | 79.4% | -1.8 | NO |
| Northumberland | 60.5% | 174 | 278 | 62.6% | 56.7% | 68.5% | 2.1 | NO | 74.9% | 221 | 278 | 79.5% | 74.6% | 84.4% | 4.6 | NO |
| Perry | 53.1% | 36 | 70 | 51.4% | 39.0% | 63.9% | -1.7 | NO | 71.9% | 49 | 70 | 70.0% | 58.6% | 81.4% | -1.9 | NO |
| Philadelphia | 52.9% | 4,144 | 8,100 | 51.2% | 50.1% | 52.3% | -1.7 | YES | 68.0% | 5,392 | 8,100 | 66.6% | 65.5% | 67.6% | -1.4 | NO |

| PA SPECIFICATIONS | | | | | | | | | | | | | | | | |
|------------------------------|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|---------------------|---------|-------|-------|--------------|--------------|------------------------------------|-----|
| | QUALITY INDICATOR A | | | | | | | | QUALITY INDICATOR B | | | | | | | |
| | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | | MY 2009 | MY 2010 | | | | | RATE COMPARISON MY 2010 to MY 2009 | |
| BY COUNTY | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD | % | (N) | (D) | % | Lower 95% CI | Upper 95% CI | PPD | SSD |
| Pike | 54.0% | 58 | 82 | 70.7% | 60.3% | 81.2% | 16.7 | YES | 68.4% | 69 | 82 | 84.2% | 75.6% | 92.7% | 15.8 | YES |
| Potter | 49.0% | 29 | 51 | 56.9% | 42.3% | 71.4% | 7.9 | NO | 71.4% | 38 | 51 | 74.5% | 61.6% | 87.5% | 3.1 | NO |
| Schuylkill | 59.4% | 321 | 585 | 54.9% | 50.8% | 59.0% | -4.5 | NO | 79.5% | 456 | 585 | 78.0% | 74.5% | 81.4% | -1.5 | NO |
| Snyder | 62.5% | 49 | 75 | 65.3% | 53.9% | 76.8% | 2.8 | NO | 75.0% | 63 | 75 | 84.0% | 75.0% | 93.0% | 9.0 | NO |
| Somerset | 50.6% | 108 | 198 | 54.6% | 47.4% | 61.7% | 4.0 | NO | 71.0% | 136 | 198 | 68.7% | 62.0% | 75.4% | -2.3 | NO |
| Sullivan | 58.3% | 4 | 8 | 50.0% | 9.1% | 90.9% | -8.3 | NO | 66.7% | 7 | 8 | 87.5% | 58.3% | 100.0% | 20.8 | NO |
| Susquehanna | 60.6% | 44 | 65 | 67.7% | 55.6% | 79.8% | 7.1 | NO | 80.3% | 50 | 65 | 76.9% | 65.9% | 87.9% | -3.4 | NO |
| Tioga | 68.6% | 72 | 110 | 65.5% | 56.1% | 74.8% | -3.1 | NO | 84.3% | 89 | 110 | 80.9% | 73.1% | 88.7% | -3.4 | NO |
| Union | 61.4% | 58 | 70 | 82.9% | 73.3% | 92.4% | 21.5 | YES | 79.6% | 65 | 70 | 92.9% | 86.1% | 99.6% | 13.3 | NO |
| Venango | 45.6% | 99 | 213 | 46.5% | 39.5% | 53.4% | 0.9 | NO | 71.6% | 154 | 213 | 72.3% | 66.1% | 78.5% | 0.7 | NO |
| Warren | 61.4% | 85 | 139 | 61.2% | 52.7% | 69.6% | -0.2 | NO | 79.3% | 115 | 139 | 82.7% | 76.1% | 89.4% | 3.4 | NO |
| Washington | 56.5% | 338 | 594 | 56.9% | 52.8% | 61.0% | 0.4 | NO | 73.4% | 450 | 594 | 75.8% | 72.2% | 79.3% | 2.4 | NO |
| Wayne | 69.1% | 71 | 101 | 70.3% | 60.9% | 79.7% | 1.2 | NO | 78.4% | 86 | 101 | 85.2% | 77.7% | 92.6% | 6.8 | NO |
| Westmoreland | 58.4% | 646 | 1,046 | 61.8% | 58.8% | 64.8% | 3.4 | NO | 76.9% | 819 | 1,046 | 78.3% | 75.8% | 80.8% | 1.4 | NO |
| Wyoming | 76.9% | 26 | 51 | 51.0% | 36.3% | 65.7% | -25.9 | YES | 86.5% | 39 | 51 | 76.5% | 63.8% | 89.1% | -10.0 | NO |
| York | 49.1% | 370 | 790 | 46.8% | 43.3% | 50.4% | -2.3 | NO | 70.6% | 564 | 790 | 71.4% | 68.2% | 74.6% | 0.8 | NO |
| HealthChoices County Average | 60.5% | 60.6% | | | | | | | 77.5% | 78.9% | | | | | | |

IX. Comparisons to HEDIS Medicaid Benchmarks

The aggregate HEDIS indicator rates and the BH MCO rates were compared to the *HEDIS 2010 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 2010 Audit Means, Percentiles & Ratios* tables are based on data from the 2009 measurement year. The benchmark values are presented in Table 18. The HealthChoices Aggregate, HealthChoices BH MCO Average, and BH MCO performances are illustrated in Figure 7A and 7B.

Table 18: HEDIS 2010 Medicaid Benchmarks

| MEDICAID | SUMMARY STATISTICS FOR RATES ACROSS MCOS | | | | | |
|---|--|-----------|-----------|--------|-----------|-----------|
| | MEAN | 10TH %ILE | 25TH %ILE | MEDIAN | 75TH %ILE | 90TH %ILE |
| Follow-up After Hospitalization for Mental Illness - Seven Days | 42.9 | 18.2 | 29.6 | 43.5 | 59.1 | 64.3 |
| Follow-up After Hospitalization for Mental Illness - 30 Days | 60.2 | 31.8 | 49.0 | 62.6 | 74.3 | 83.6 |

For the MY 2010 study, the aggregate HealthChoices rate for QI 1 was 46.1% and for QI 2 was 66.9%. The performance rates for QI 1 and QI 2 both fell between the 50th and 75th percentiles of the respective HEDIS 2010 Medicaid benchmarks. In MY 2009, the QI 1 rate of 45.6% and QI 2 rate of 65.6% also fell between the 50th and 75th percentiles of the HEDIS 2009 Medicaid benchmarks. It should be noted, that although an increase was observed for the year-to-year HealthChoices comparative data, due to overall improvements in the industry in this area of care, the benchmark data is consequently higher for the most current measurement year for which benchmarks are available.

When comparing the BH MCOs' MY 2010 QI 1 rates to the seven-day HEDIS benchmark, the rates for CCBH, MBH, and VBH fell between the 50th and 75th percentiles, while CBH and CBHNP fell between the 25th and 50th percentiles. The MY 2010 HealthChoices BH MCO Average for QI 1, 45.4%, fell between the 50th and 75th percentiles. In 2009, the rates for CCBH and MBH fell between the 50th and 75th percentiles, while CBH, CBHNP and VBH fell between the 25th and 50th percentiles. The MY 2009 HealthChoices BH MCO Average for QI 1 at 45.2% fell between the 50th and 75th percentiles.

For QI 2 in MY 2010, rates for CBHNP, CCBH, MBH, and VBH fell between the 50th and 75th percentiles, whereas the rate for CBH fell between the 25th and 50th percentiles. The MY 2010 HealthChoices BH MCO Average of 66.2% fell between the 50th and 75th percentiles. In MY 2009, the BH MCO rates and HealthChoices BH MCO Average fell within the same percentile ranges as in MY 2010.

Figure 7A: QI 1 Rates Comparison to HEDIS Seven-Days Benchmarks

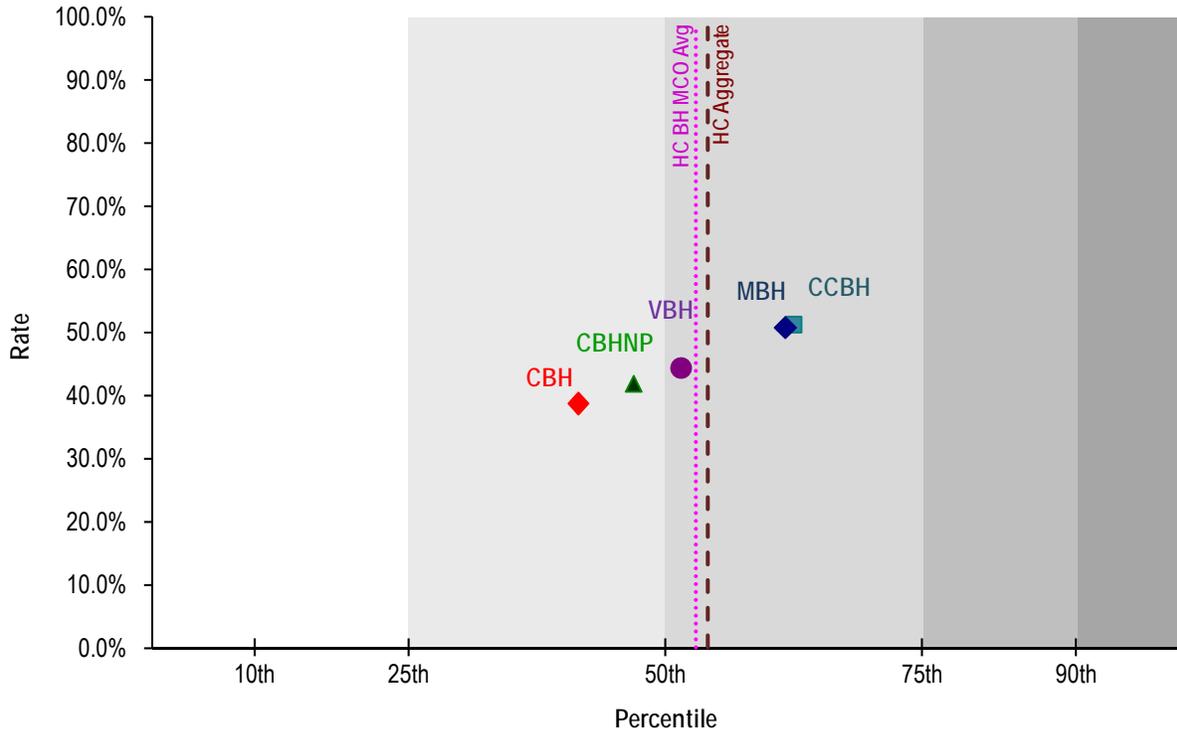
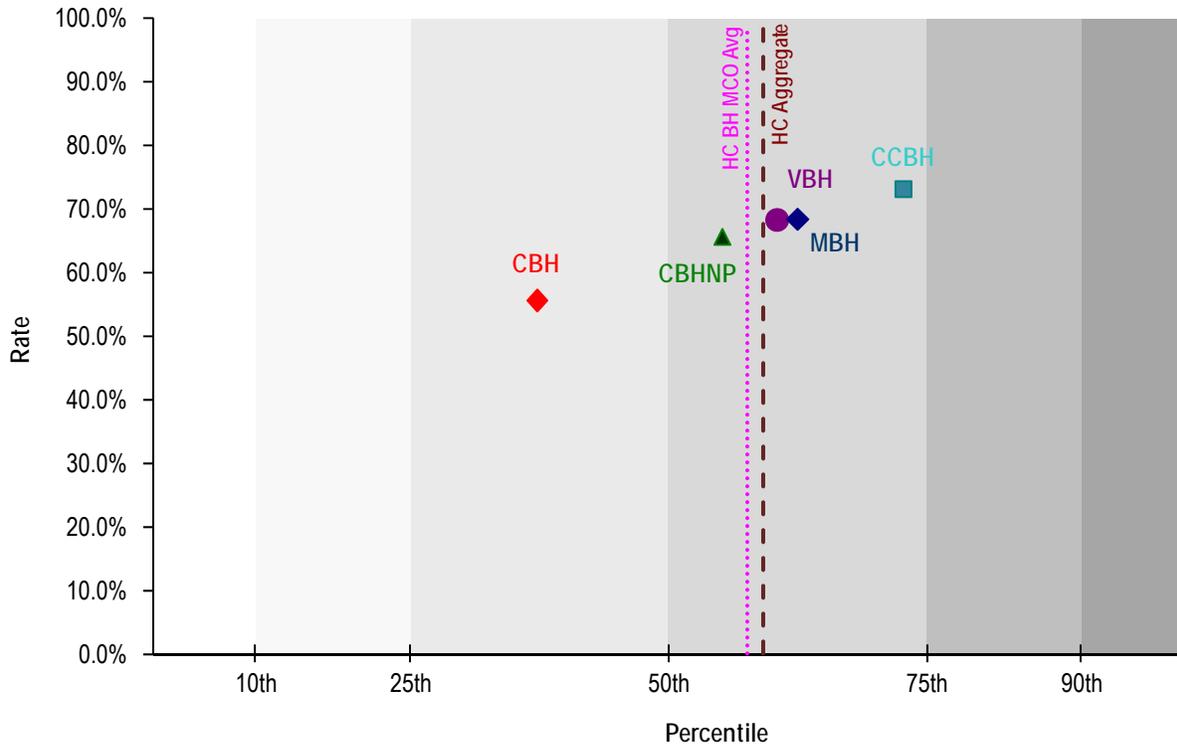


Figure 7B: QI 2 Rates Comparison to HEDIS 30-Days Benchmarks



CHAPTER VI : CONCLUSIONS AND RECOMMENDATIONS

Conclusions

For MY 2010, a total of 17,109 of the 37,093 (46.1%) discharges met the criteria for QI 1, the seven-day HEDIS indicator. For the corresponding 30-day measure, QI 2, 66.9% were compliant. As compared to the *HEDIS 2010 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, 21,551 (58.1%) discharges were numerator compliant. For QI B, the PA-specific 30-day measure, 27,679 (74.6%) discharges were compliant. The MY 2010 rate for QI 2 statistically significantly increased, while that for QI A statistically significantly decreased as compared to the corresponding MY 2009 rates.

As compared to MY 2009, statistically significant increases were noted for the HEDIS indicator rates for the Black/African American population in MY 2010. 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 follow-up rate changes varied for each race, the disparity between the White and Black/African American populations remained statistically significant for all four QIs in MY 2010. This is consistent with findings from previous follow-up studies.

Rates for the Non-Hispanic group statistically significantly increased for QIs 1 and 2 in MY 2010 as compared to MY 2009. In MY 2010, QIs 1, 2, and A rates for Hispanics were statistically significantly higher than those for Non-Hispanics.

For MY 2010, there were statistically significant increases in QI 2 for the Ages 21-64 years and Ages 65 years and over categories. With regard to the PA-specific indicators, a statistically significant decrease in QI A was noted for the Ages 21-64 years group. As with prior studies, rates for both the HEDIS and PA-specific measures were statistically significantly higher for members six to 20 years of age than for members over 20 years of age in MY 2010.

From MY 2009 to MY 2010, statistically significant increases were noted in QIs 1 and 2 for the male group, while a statistically significant decrease in QI A was noted for the female group. As noted in prior studies, statistically significantly higher rates were noted for females than for males on three of four indicators (QIs 1, 2, and B). Overall, the gender disparity indicated by the HEDIS and PA-specific indicators persisted from prior studies.

For MY 2010, rates varied among the five BH MCOs. The BH MCO rates for QI 1 ranged from 38.8% to 51.3%, and from 55.6% to 73.2% for QI 2. These rates reflect a HealthChoices BH MCO Average of 45.4% for QI 1 and 66.2% for QI 2. Both rates fell between the corresponding 50th and 75th percentiles of the *HEDIS 2010 Audit Means, Percentiles & Ratio*, respectively. When comparing MY 2010 to MY 2009, both HEDIS rates for CBH increased statistically significantly. The QI 1 rates for CCBH and MBH were statistically significantly higher than the HealthChoices BH MCO Average, while the rates for CBH and CBHNP were statistically significantly lower. As for QI 2, rates for CCBH, MBH, and VBH were statistically significantly higher than the HealthChoices BH MCO Average, while the rate for CBH was statistically significantly lower.

With regard to the PA-specific indicators, the QI A rates by BH MCO ranged from 51.2% to 62.8%, and from 66.6% to 78.9% for QI B. The respective HealthChoices BH MCO Averages for these QIs were 57.5% and 74.1%. As compared to MY 2009, the QI A rate for CBH and QI B rate for CBHNP were statistically significantly lower in MY 2010. The QI A rates for CCBH and MBH were statistically significantly higher than the MY 2010 QI A HealthChoices BH MCO Average, while the rates for CBH and CBHNP were statistically significantly lower. The QI B rates for CCBH, MBH, and VBH were statistically significantly higher than the QI B HealthChoices BH MCO Average, while the rate for CBH was statistically significantly lower.

For the HEDIS indicators, the HealthChoices County Averages for QI 1 and QI 2 were 48.9% and 72.5%, respectively. For QI 1, rates for 14 Counties were statistically significantly above the QI 1 HealthChoices County Average, while rates for 17 Counties were statistically significantly below this average. From MY 2009 to MY 2010, QI 1 rates for three Counties statistically significantly increased, and the rates for five Counties statistically significantly decreased. With regard to QI 2, rates for 16 Counties were statistically significantly above the QI 2 HealthChoices County Average, and 18 were statistically significantly below. Compared to MY 2009, the rate for one County statistically increased, and the rates for two Counties statistically significantly decreased.

As for the PA-specific indicators, the HealthChoices County Average for QI A and QI B were 60.6% and 78.9%, respectively. For QI A, rates for 15 Counties were statistically significantly above the QI A HealthChoices County Average, whereas rates for another 11 Counties were statistically significantly below this average. Between MY 2009 and MY 2010, QI A rates for two Counties statistically significantly increased, while rates for four Counties statistically significantly decreased. With regard to QI B, MY 2010 rates for 10 Counties were statistically significantly above the QI B HealthChoices County Average, and 14 were statistically significantly below. Compared to MY 2009, a statistically significant increase was noted for one County, and a statistically significant decrease was noted for one County.

Recommendations

Recommendation 1: The purpose of this re-measurement study is to inform OMHSAS, the Counties and the MCOs of the effectiveness of the interventions implemented between MY 2009 and MY 2010 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 Counties 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 2009 and MY 2008. The Counties 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 Counties and their subcontracted BH MCOs are working to improve their overall follow-up rates, but it is important for these entities to **continue to target the demographic populations that do not perform as well as their counterparts**. Furthermore, 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 Counties 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 MCO and Counties 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 County care managers for implementation of appropriate action.**

REFERENCES

- 1 World Health Organization. (2008) WHO Global Burden of Disease: 2004 Update. Available from: www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html
- 2 Dombrovski A, Rosenstock J (2004) Bridging General Medicine and Psychiatry: Providing General Medical and Preventive Care for the Severely Mentally Ill. *Current Opinion in Psychiatry*, 17(6):523-529
- 3 Moran M. (2009) Schizophrenia Patients Show High Rates of Comorbid Illness. *Psychiatric News*, 44(18):22.
- 4 Gill SS. (2005). Stable Monotherapy with Clozapine or Olanzapine Increases the Incidence of Diabetes Mellitus in People with Schizophrenia. *Evid Based Ment Health*, 8(1):24.
- 5 Leslie DL, Rosenheck RA. (2004) Incidence of Newly Diagnosed Diabetes Attributable to Atypical Antipsychotic Medications. *Am J Psychiatry*, 161:1709–11.
- 6 Druss BG, Rosenheck, RA, Desai MM, & Perlin, J. B. (2002). Quality of Preventive Medical Care for Patients with Mental Disorders. *Medical Care*, 40(2):129–136.
- 7 Desai M, Rosenheck RA, Druss BG, Perlin J.B. (2002) Mental Disorders and Quality of Diabetes Care in Veterans Health Administration. *Am J Psychiatry*, 159:1584-1590
- 8 Frayne SM., Halanych JH., Miller D.R., et al. (2005) Disparities in Diabetes Care: Impact of Mental Illness. *Arch Intern Med*, 165(22):2631-8.
- 9 Druss BG, Bradford DW, Rosenheck RA et al. (2000) Mental Disorders and Use of Cardiovascular Procedures After Myocardial Infarction *JAMA*, 283(4):506-11.
- 10 Averyt JM, Kuno E, Rothbard AB, Culhane DP. (1997) Impact of Continuity of Care on Recurrence of Homelessness Following an Acute Psychiatric Episode. *Continuum* 4.3
- 11 National Institute of Mental Health — Statistics.
<http://www.nimh.nih.gov/health/topics/statistics/index.shtml>. updated Mar 31,2009. Accessed May 20, 2009.
- 12 Insel TR. (2008) Assessing the Economic Costs of Serious Mental Illness. *Am J Psychiatry*, 165:663-65.
- 13 D’Mello DA, Boltz MK, Msibi B. (1995) Relationship between Concurrent Substance Abuse in Psychiatric Patients and Neuroleptic Dosage. *Am J Drug Alcohol Abuse*, 2:257-65.
- 14 National Committee for Quality Assurance (NCQA, 2007). *The State of Health Care Quality 2007*. Washington, DC: National Committee for Quality Assurance. Available at http://www.ncqa.org/Portals/0/Publications/Resource%20Library/SOHC/SOHC_2007.pdf (Accessed July 12, 2010).
- 15 van Walraven C, Mamdani M, Fang J, Austin PC. (2004) Continuity of Care and Patient Outcomes After Discharge. *J Gen Intern Med*, 19:624-31
- 16 Hermann RC. (2000) Quality measures for mental health care: results from a National Inventory. *Medical Care Research and Review*, 57:136-54

- 17 Ibid.
- 18 Cuffel BJ, Held M, Goldman W. (2002) Predictive Models and the Effectiveness of Strategies for Improving Outpatient Follow-up Under Managed Care. *Psychiatric Services* 53:1438-43.
- 19 Nelson EA, Maruish ME, Axler JL. (2000) Effects of Discharge Planning and Compliance with Outpatient Appointments on Readmission Rates. *Psychiatric Services*, 51:885-889.
- 20 Ibid.
- 21 Adair CE, McDougall GM, Mitton CR. (2005) Continuity of Care and Health Outcomes Among Persons with Severe Mental Illness. *Psychiatric Services*, 56(9):1061-69.
- 22 Mitton CR, Adair CE, McDougall GM, Marcoux G. (2005) Continuity of Care and Health Care Costs Among Persons with Severe Mental Illness. *Psychiatric Services*, 56(9):1070-6.
- 23 Chien C, Steinwachs DM, Lehman AF, et al. (2000) Provider Continuity and Outcomes of Care for Persons with Schizophrenia. *Mental Health Services Research*, 2:201-11.
- 24 Ibid.

APPENDIX TABLE OF CONTENTS

| | |
|---|---------|
| Appendix I: Codes to Identify Follow-Up visits | Pg. A2 |
| Appendix II: Quality Indicator Specifications | Pg. A5 |
| HEDIS-Specifications | Pg. A6 |
| PA-Specifications | Pg. A13 |
| Appendix III: Aggregate Rates and Figures for Measurement Year (MY) 2010 | Pg. A20 |
| A. HealthChoices Overall Quality Indicator Rates | Pg. A21 |
| B. HealthChoices Quality Indicator Rates by Race | Pg. A22 |
| C. HealthChoices Quality Indicator Rates by Age Category | Pg. A23 |
| D. HealthChoices Quality Indicator Rates by Gender | Pg. A24 |
| E. HealthChoices Quality Indicator Rates by BH MCO | Pg. A25 |
| F. HealthChoices Quality Indicator Rates by County | Pg. A26 |
| Appendix IV: BH MCO Rates for MY 2010 | Pg. A34 |
| A. BH MCO Quality Indicator Rates by Race | Pg. A35 |
| B. BH MCO Quality Indicator Rates by Age Category | Pg. A36 |
| C. BH MCO Quality Indicator Rates by Gender | Pg. A37 |
| D. BH MCO Quality Indicator Rates by County | Pg. A38 |
| Appendix V: Year-to-Year Comparison Rates and Figures (MY 2004 – MY 2010) | Pg. A42 |
| A. Year to Year Comparison of Quality Indicator Rates | Pg. A43 |
| B. Year to Year Comparison of Quality Indicator Rates by Race | Pg. A44 |
| C. Year to Year Comparison of Quality Indicator Rates by Age Category | Pg. A46 |
| D. Year to Year Comparison of Quality Indicator Rates by Gender | Pg. A48 |
| E. Year to Year Comparison of Quality Indicator Rates by BH MCO | Pg. A50 |
| F. Year to Year Comparison of Quality Indicator Rates by County (Grouped by Region) | Pg. A52 |

APPENDIX I : CODES TO IDENTIFY FOLLOW-UP VISITS

Table 1 Codes to Identify Visits (From HEDIS 2011, Volume 2, Table FUH-C, page 188 with PA-specific codes in bold)

| 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, 90846 , 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876 | <i>WITH</i> | 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72 |
| 90801¹, 90802¹ | <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-H2020, 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.

¹ Follow-up visits identified through CPT codes 90801 and 90802 can be identified in conjunction with POS code 99.

Table 2 Service Descriptions for Codes Only in the PA-Specific Measures A and B

| Procedure Code | Service Description |
|-------------------------------|--|
| 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, & 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 (Community Mental Health Services) |
| H0047 | Alcohol and/or other drug abuse services, not otherwise specified |
| H2021 | Community-based Wraparound Services (TSS) |
| H2030 | Mental Health Clubhouse Services (Psych Rehab) |
| H2035 | Alcohol and/or Drug Treatment Program |
| T1015 | Clinic Visit/Encounter, All-inclusive (Rural Health Clinic Visit) |
| T1016 | Case Management |
| T1017 | Targeted Case Management |

APPENDIX II : QUALITY INDICATOR SPECIFICATIONS

Following are copies of the final indicator specifications that were sent to the Counties and BH MCOs.

**Commonwealth of Pennsylvania Department of Public Welfare
Office of Mental Health and Substance Abuse Services
2011 Behavioral Health Performance Measure (Measurement Year 2010)
HEDIS® FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications**

SUMMARY OF CHANGES TO 2011 MEASURE

- Dates updated to reflect current time period of interest.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2011 technical specifications.
 - UB Revenue code 077x dropped from Table 1.3
- Added Submission Requirements.

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 1 and December 1, 2010.

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 1 and December 1, 2010.

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 2011, Volume 2, Table FUH-A, page 186)

| 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 2011, Volume 2, Table FUH-B, page 187)*

| 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 1/1/2010 and 12/31/2010,
- (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 of HEDIS 2011, Volume 2: Technical Specifications for the definition of a mental health practitioner.

Table 1.3 Codes to Identify Visits (From HEDIS 2011, Volume 2, Table FUH-C, page 188)

| 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, 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 | | |

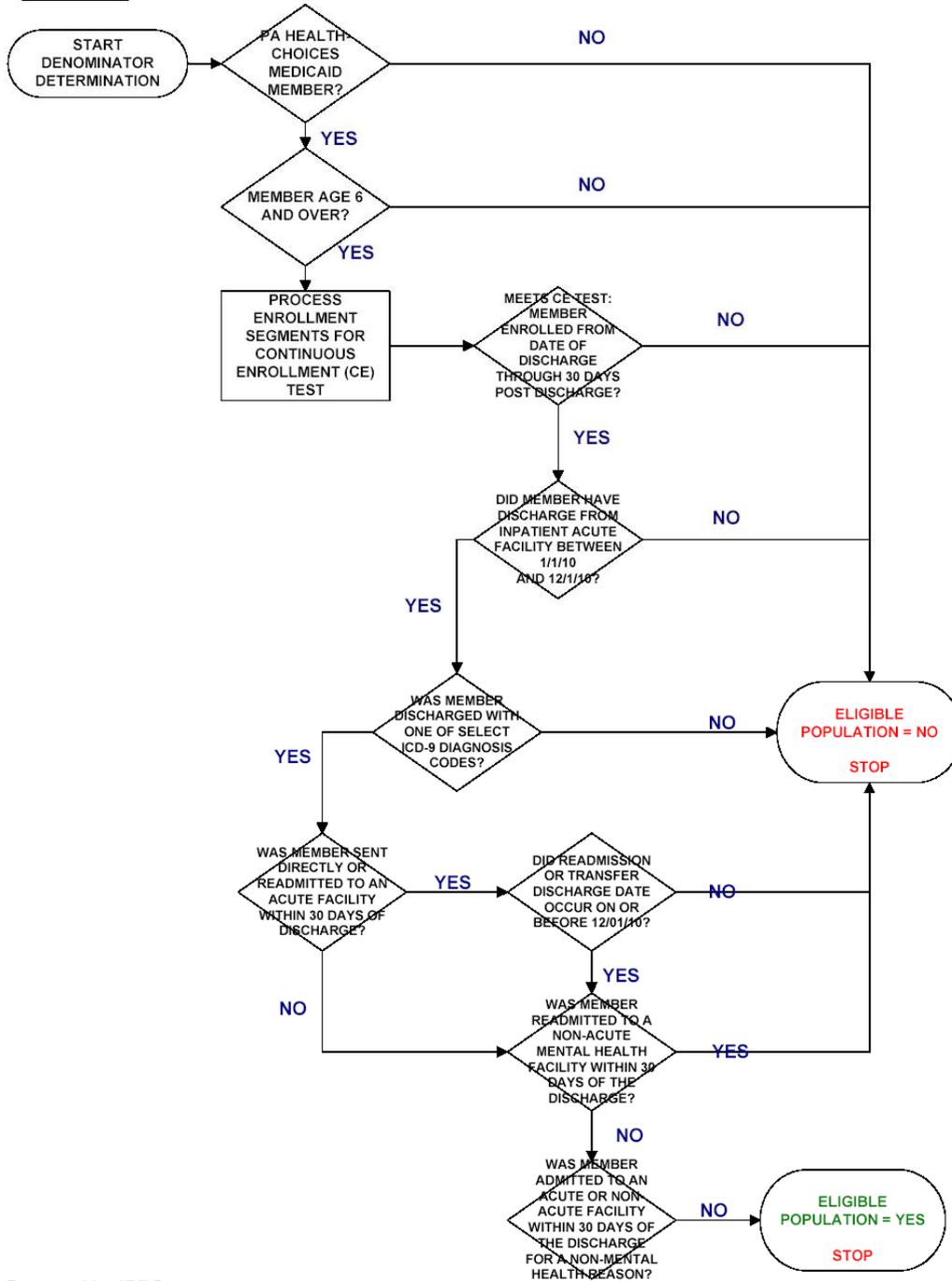
* Follow-up visits identified through these CPT codes must be identified in conjunction with applicable POS codes.

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_MY2010_HEDIS_BHMCOName_v# (e.g., *FUH_MY2010_HEDIS_ABCHP_v1*)
- BH MCOs must identify the two-digit County code initials designated for each County as specified in the file layout document.



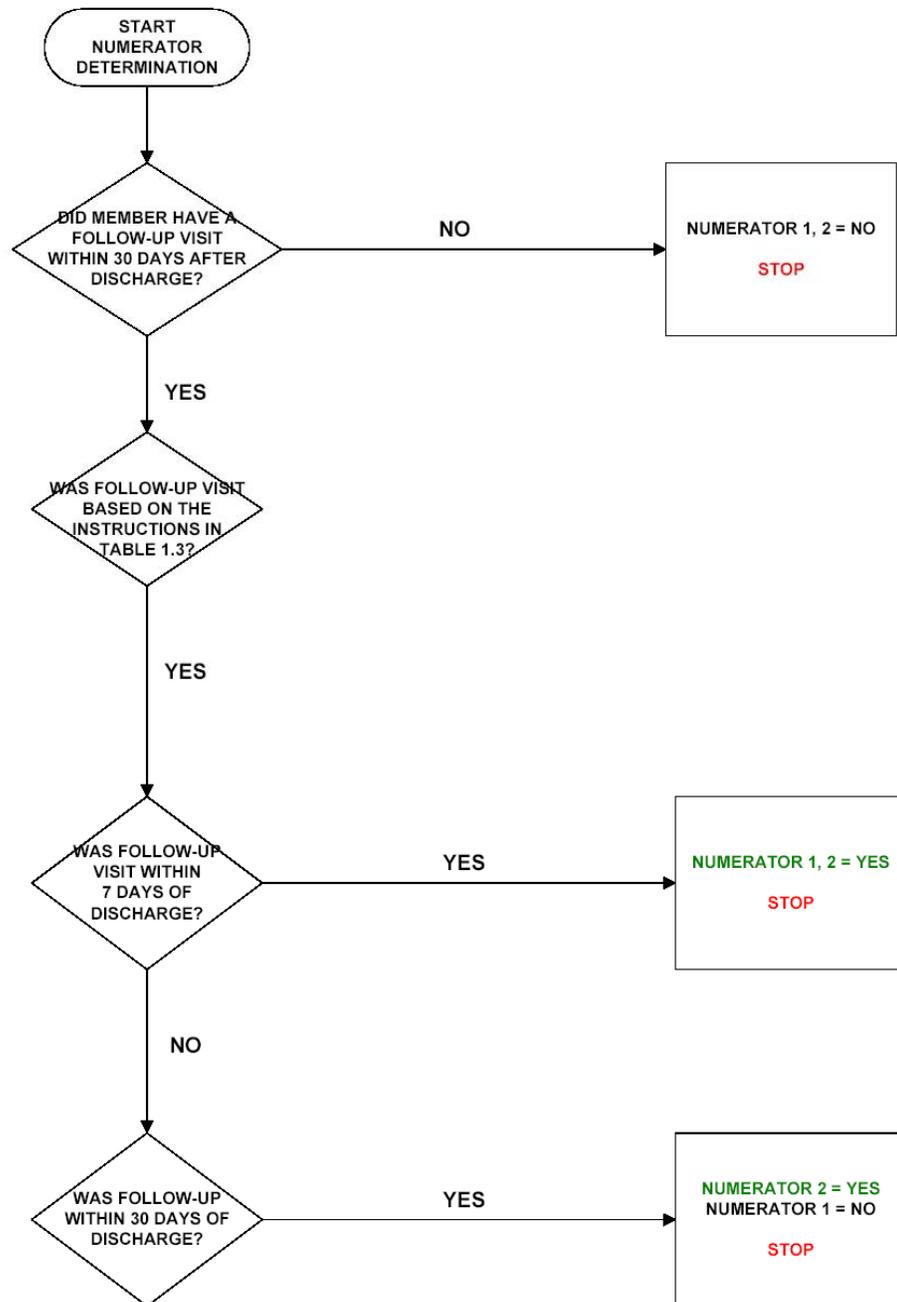
PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2011
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS &
 PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
 DENOMINATOR DETERMINATION



Prepared by IPRO
 Final version: 3/30/11



PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2011
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
HEDIS MEASURE NUMERATOR COMPLIANCE DETERMINATION



Prepared by IPRO
Final version: 3/30/11

**Commonwealth of Pennsylvania Department of Public Welfare
Office of Mental Health and Substance Abuse Services
2011 Behavioral Health Performance Measure (Measurement Year 2010)
PENNSYLVANIA SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
Eligible Population, Denominator and Numerator Specifications**

SUMMARY OF CHANGES TO 2011 MEASURE

- Dates updated to reflect current time period of interest.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2011 technical specifications.
 - UB Revenue code 077x dropped from Table A.3
- Added Submission Requirements.

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.

- A. The percentage of members who received follow-up within seven days of discharge.
- B. 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 A.1) on or between January 1 and December 1, 2010.

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 1 and December 1, 2010.

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 2011, Volume 2, Table FUH-A, page 186)

| 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 2011, Volume 2, Table FUH-B, page 187)*

| 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 1/1/2010 and 12/31/2010,
- (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 of HEDIS 2011, Volume 2: Technical Specifications for the definition of a mental health practitioner.

Table A.3 Codes to Identify Visits (From HEDIS 2011, Volume 2, Table FUH-C, page 188, 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, 33, 49, 50, 52, 53, 71, 72 |
| 90801, 90802 ¹ | <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.

¹ 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

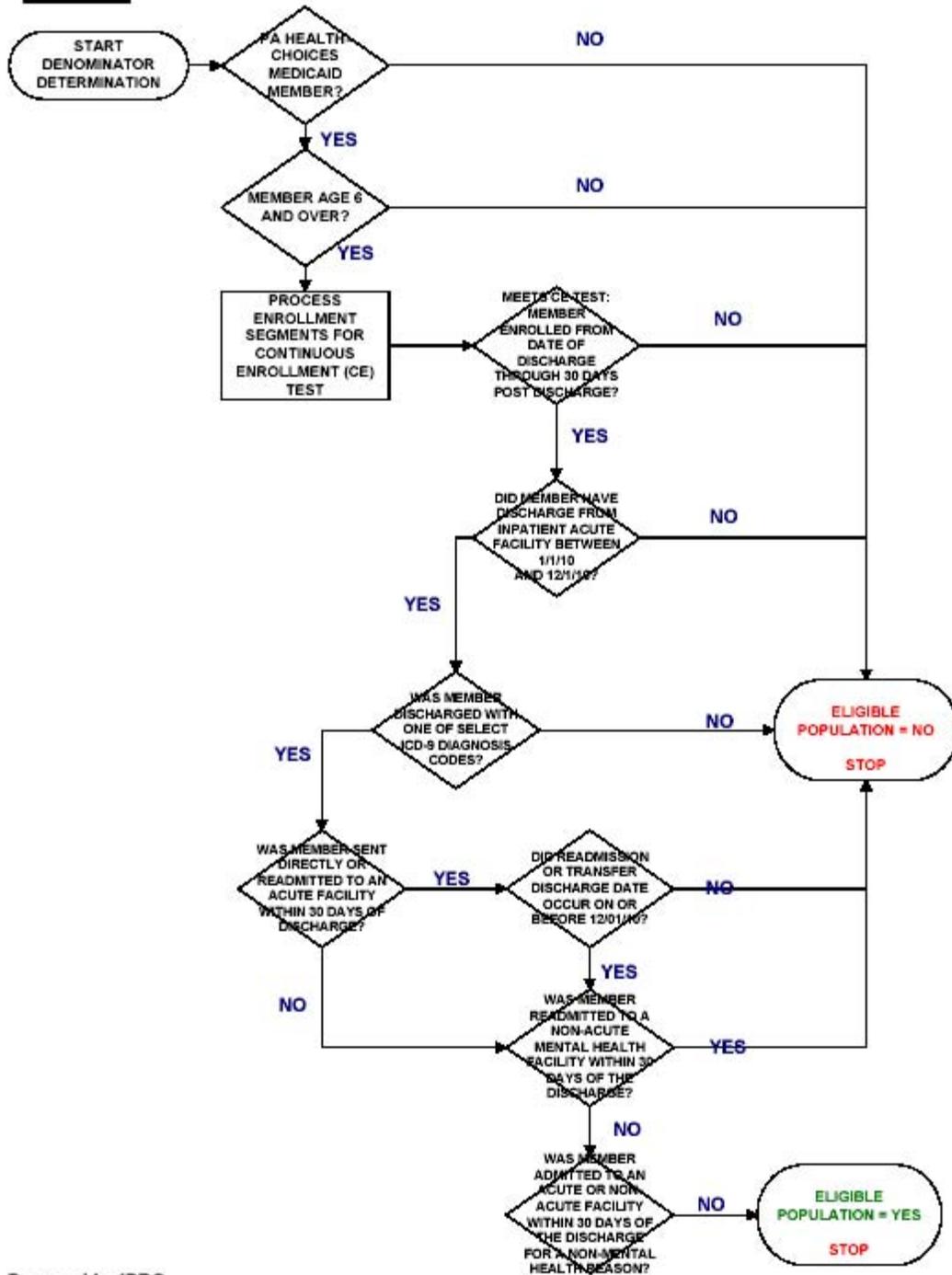
| | |
|-------------------------------|--|
| 90899 | Unlisted Psychiatric Service or Procedure |
| 96101 | Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's 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.
- 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_MY2010_PA_BHMCOName_v# (e.g., *FUH_MY2010_PA_ABCHP_v1*)
- BH MCOs must identify the two-digit County code initials designated for each County as specified in the file layout document.



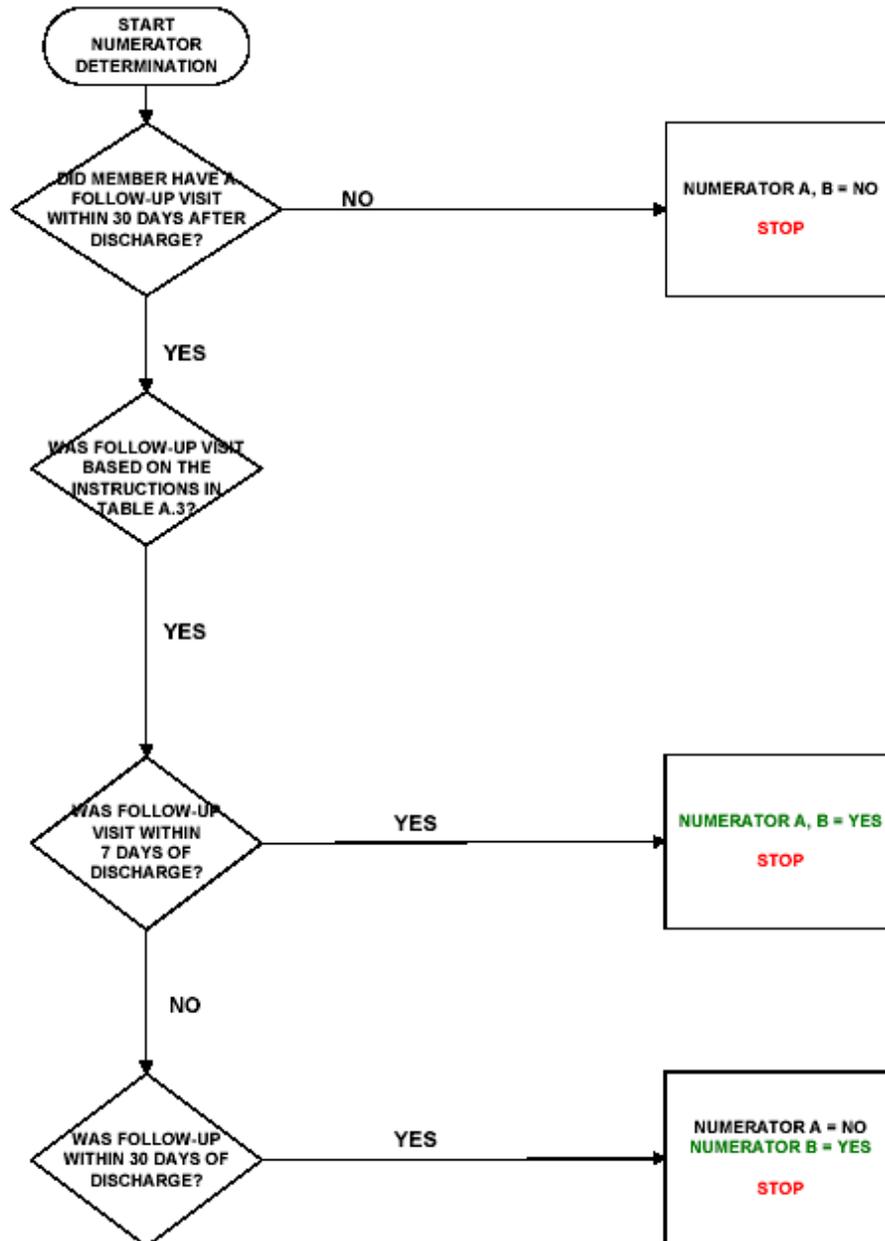
**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2011
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS &
 PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
 DENOMINATOR DETERMINATION**



Prepared by IPRO
 Final version: 3/30/11



PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2011
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.

Prepared by IPRO
Final version: 3/30/11

APPENDIX III: AGGREGATE RATES AND FIGURES FOR MEASUREMENT YEAR 2010

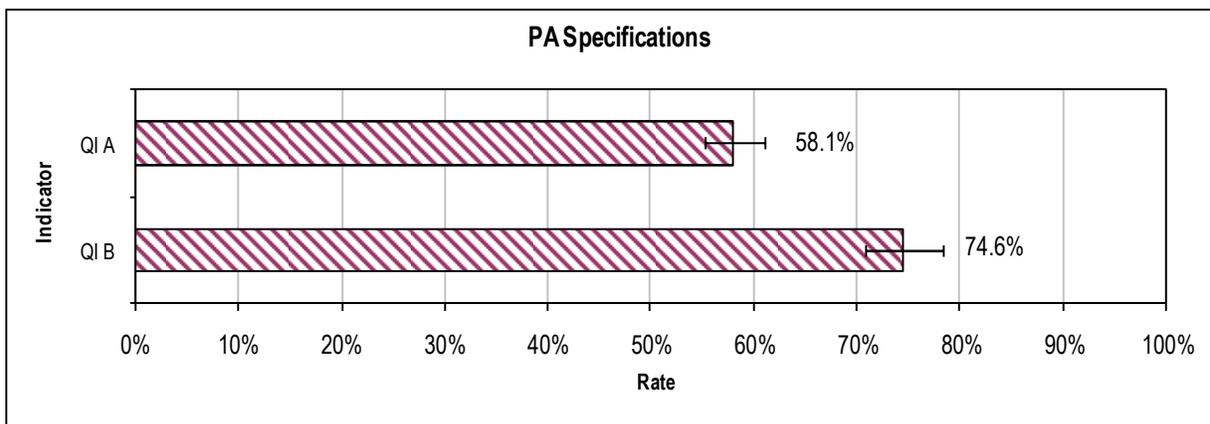
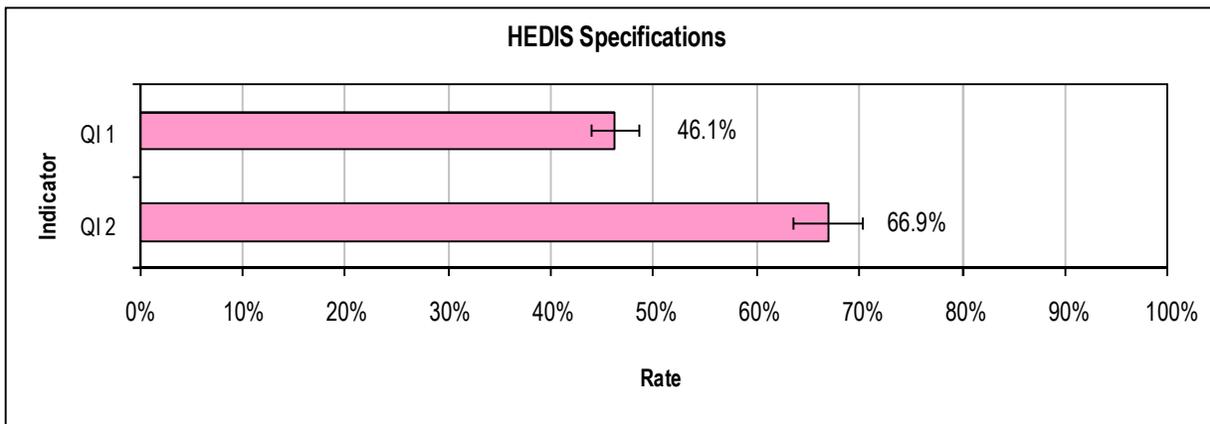
The following figures and tables outline results for the four Quality Indicators by topic (i.e. race, age, gender, BH MCO, and County categories). All figure and table results are shown with the upper and lower bounds (95% CI) indicated.

APPENDIX 3A: HEALTHCHOICES OVERALL QUALITY INDICATOR RATES

| Quality Indicator | HEDIS Specifications | | | | |
|-------------------|----------------------|--------|-------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| QI 1 | 17,109 | 37,093 | 46.1% | 45.6% | 46.6% |
| QI 2 | 24,820 | 37,093 | 66.9% | 66.4% | 67.4% |

| Quality Indicator | PA Specifications | | | | |
|-------------------|-------------------|--------|-------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| QI A | 21,551 | 37,093 | 58.1% | 57.6% | 58.6% |
| QI B | 27,679 | 37,093 | 74.6% | 74.2% | 75.1% |

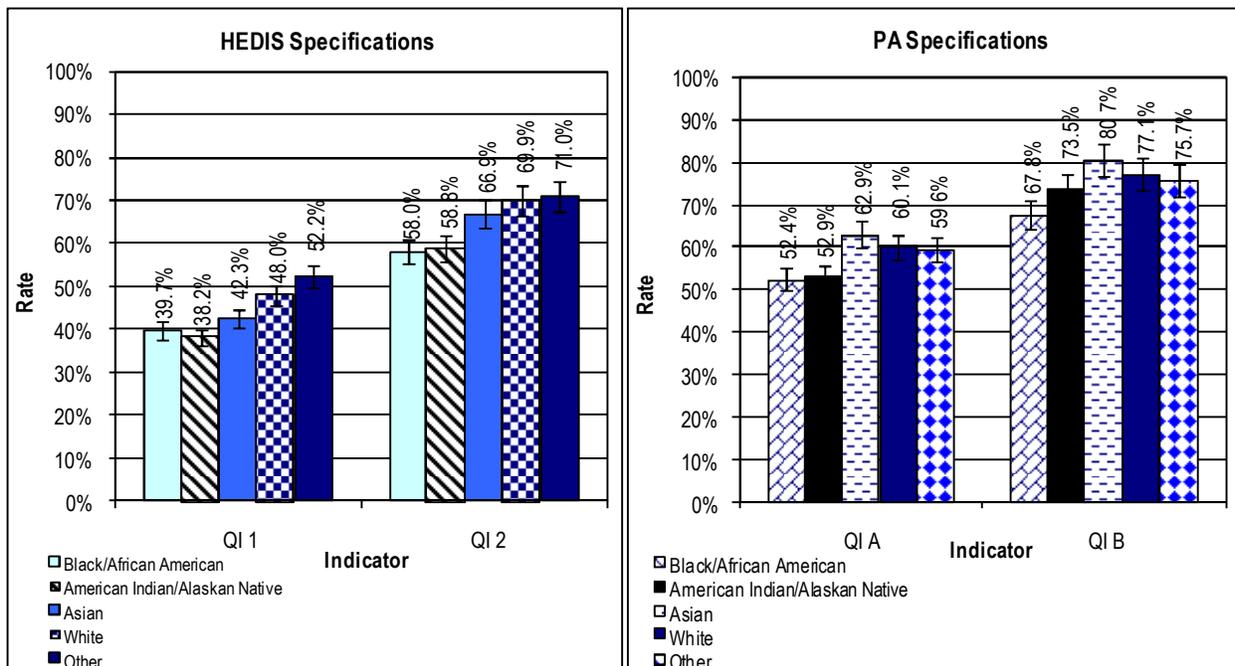
Overall Quality Indicator Rates



| HEDIS Specifications | | | | | | |
|------------------------------------|-------------------|--------|--------|-------|--------------|--------------|
| BY RACE CATEGORY | QUALITY INDICATOR | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Black/African American | QI 1 | 3,755 | 9,451 | 39.7% | 38.7% | 40.7% |
| | QI 2 | 5,483 | 9,451 | 58.0% | 57.0% | 59.0% |
| American Indian/ Alaskan Native | QI 1 | 26 | 68 | 38.2% | 26.0% | 50.5% |
| | QI 2 | 40 | 68 | 58.8% | 46.4% | 71.3% |
| Asian | QI 1 | 105 | 248 | 42.3% | 36.0% | 48.7% |
| | QI 2 | 166 | 248 | 66.9% | 60.9% | 73.0% |
| White | QI 1 | 11,802 | 24,601 | 48.0% | 47.3% | 48.6% |
| | QI 2 | 17,197 | 24,601 | 69.9% | 69.3% | 70.5% |
| Other/Chose not to Respond | QI 1 | 1,421 | 2,725 | 52.2% | 50.3% | 54.0% |
| | QI 2 | 1,934 | 2,725 | 71.0% | 69.2% | 72.7% |
| Hawaiian/Pacific Islander | QI 1 | 0 | 0 | N/A | | |
| | QI 2 | 0 | 0 | N/A | | |

| PA Specifications | | | | | | |
|------------------------------------|-------------------|--------|--------|-------|--------------|--------------|
| BY RACE CATEGORY | QUALITY INDICATOR | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Black/African American | QI A | 4,955 | 9,451 | 52.4% | 51.4% | 53.4% |
| | QI B | 6,406 | 9,451 | 67.8% | 66.8% | 68.7% |
| American Indian/ Alaskan Native | QI A | 36 | 68 | 52.9% | 40.3% | 65.5% |
| | QI B | 50 | 68 | 73.5% | 62.3% | 84.8% |
| Asian | QI A | 156 | 248 | 62.9% | 56.7% | 69.1% |
| | QI B | 200 | 248 | 80.7% | 75.5% | 85.8% |
| White | QI A | 14,780 | 24,601 | 60.1% | 59.5% | 60.7% |
| | QI B | 18,961 | 24,601 | 77.1% | 76.5% | 77.6% |
| Other/Chose not to Respond | QI A | 1,624 | 2,725 | 59.6% | 57.7% | 61.5% |
| | QI B | 2,062 | 2,725 | 75.7% | 74.0% | 77.3% |
| Hawaiian/Pacific Islander | QI A | 0 | 0 | N/A | | |
| | QI B | 0 | 0 | N/A | | |

Quality Indicator Rates by Race

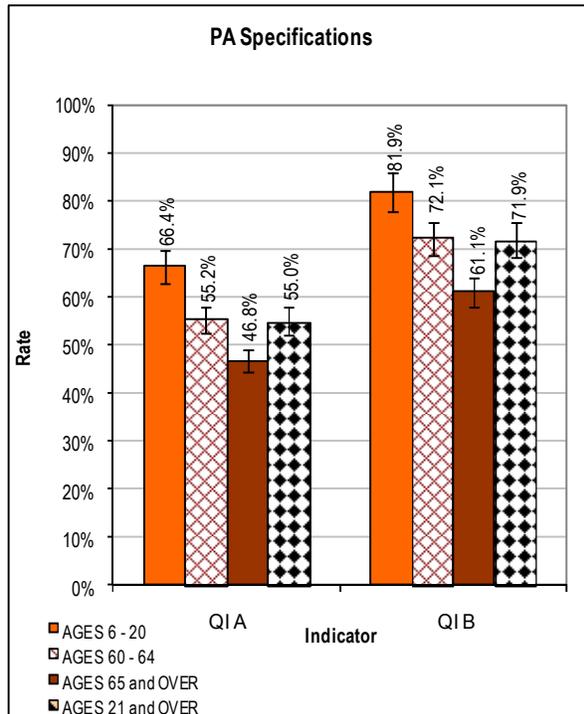
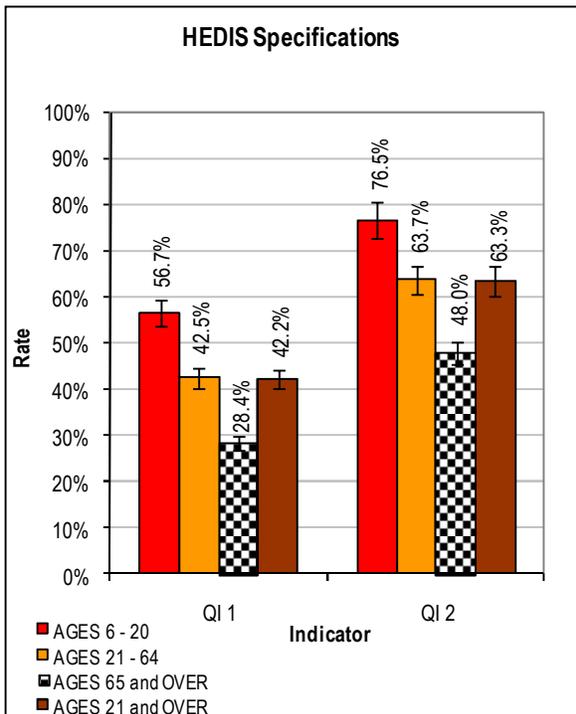


APPENDIX 3C: HEALTHCHOICES QUALITY INDICATOR RATES BY AGE CATEGORY

| BY AGE CATEGORY | HEDIS Specifications | | | | | |
|-----------------------------|----------------------|--------|--------|-------|--------------|--------------|
| | QUALITY INDICATOR | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Ages 6 - 20 | QI 1 | 5,743 | 10,131 | 56.7% | 55.7% | 57.7% |
| | QI 2 | 7,752 | 10,131 | 76.5% | 75.7% | 77.4% |
| Ages 21 - 64 | QI 1 | 11,199 | 26,374 | 42.5% | 41.9% | 43.1% |
| | QI 2 | 16,786 | 26,374 | 63.7% | 63.1% | 64.2% |
| Ages 65 and Over | QI 1 | 167 | 588 | 28.4% | 24.7% | 32.1% |
| | QI 2 | 282 | 588 | 48.0% | 43.8% | 52.1% |
| Ages 21 and Over (Combined) | QI 1 | 11,366 | 26,962 | 42.2% | 41.6% | 42.8% |
| | QI 2 | 17,068 | 26,962 | 63.3% | 62.7% | 63.9% |

| BY AGE CATEGORY | PA Specifications | | | | | |
|-----------------------------|-------------------|--------|--------|-------|--------------|--------------|
| | QUALITY INDICATOR | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Ages 6 - 20 | QI A | 6,728 | 10,131 | 66.4% | 65.5% | 67.3% |
| | QI B | 8,297 | 10,131 | 81.9% | 81.1% | 82.7% |
| Ages 21 - 64 | QI A | 14,548 | 26,374 | 55.2% | 54.6% | 55.8% |
| | QI B | 19,023 | 26,374 | 72.1% | 71.6% | 72.7% |
| Ages 65 and Over | QI A | 275 | 588 | 46.8% | 42.7% | 50.9% |
| | QI B | 359 | 588 | 61.1% | 57.0% | 65.1% |
| Ages 21 and Over (Combined) | QI A | 14,823 | 26,962 | 55.0% | 54.4% | 55.6% |
| | QI B | 19,382 | 26,962 | 71.9% | 71.4% | 72.4% |

Quality Indicator Rates by Age Category

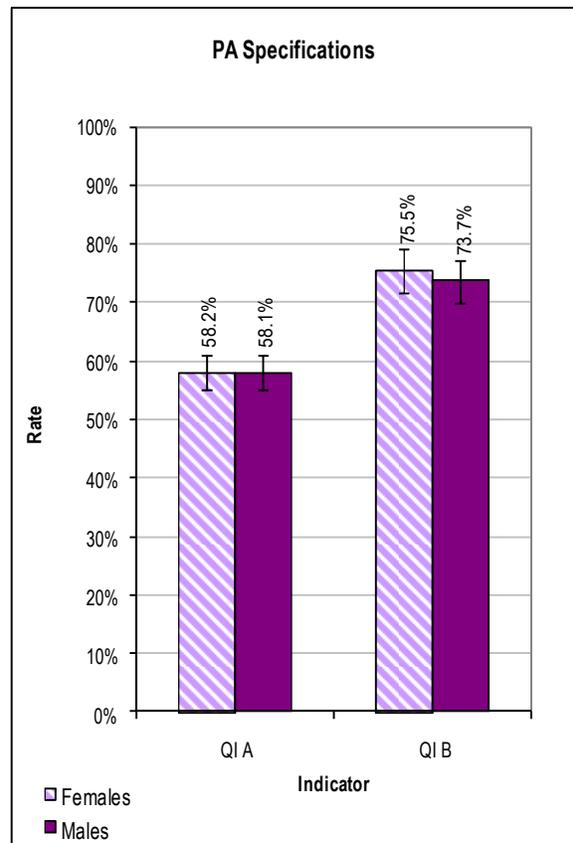
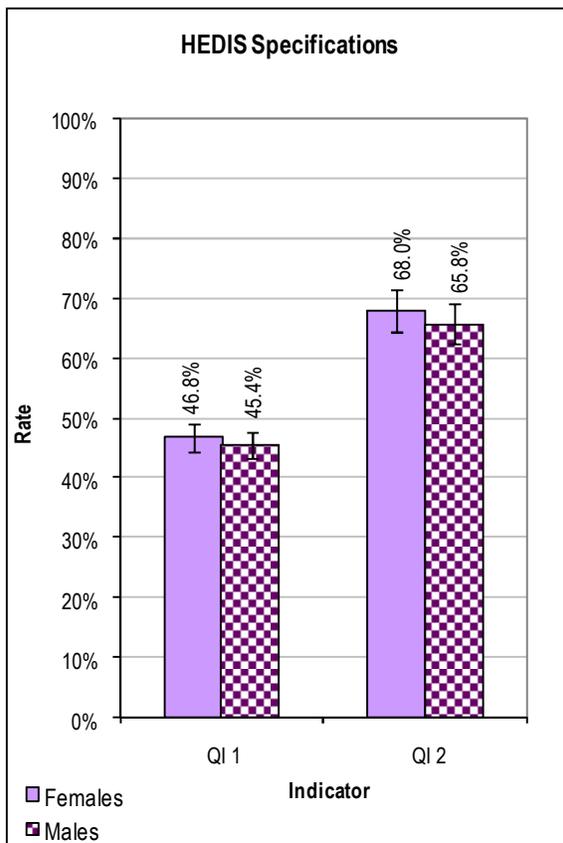


APPENDIX 3D: HEALTHCHOICES QUALITY INDICATOR RATES BY GENDER

| QUALITY INDICATOR | HEDIS Specifications | | | | | | | | | |
|-------------------|----------------------|--------|--------------|--------------|--------------|--------|--------|--------------|--------------|--------------|
| | FEMALE | | | | | MALE | | | | |
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| QI 1 | 8,978 | 19,197 | 46.8% | 46.1% | 47.5% | 8,131 | 17,896 | 45.4% | 44.7% | 46.2% |
| QI 2 | 13,046 | 19,197 | 68.0% | 67.3% | 68.6% | 11,774 | 17,896 | 65.8% | 65.1% | 66.5% |

| QUALITY INDICATOR | PA Specifications | | | | | | | | | |
|-------------------|-------------------|--------|--------------|--------------|--------------|--------|--------|--------------|--------------|--------------|
| | FEMALE | | | | | MALE | | | | |
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| QI A | 11,163 | 19,197 | 58.2% | 57.4% | 58.9% | 10,388 | 17,896 | 58.1% | 57.3% | 58.8% |
| QI B | 14,494 | 19,197 | 75.5% | 74.9% | 76.1% | 13,185 | 17,896 | 73.7% | 73.0% | 74.3% |

Quality Indicator Rates by Gender

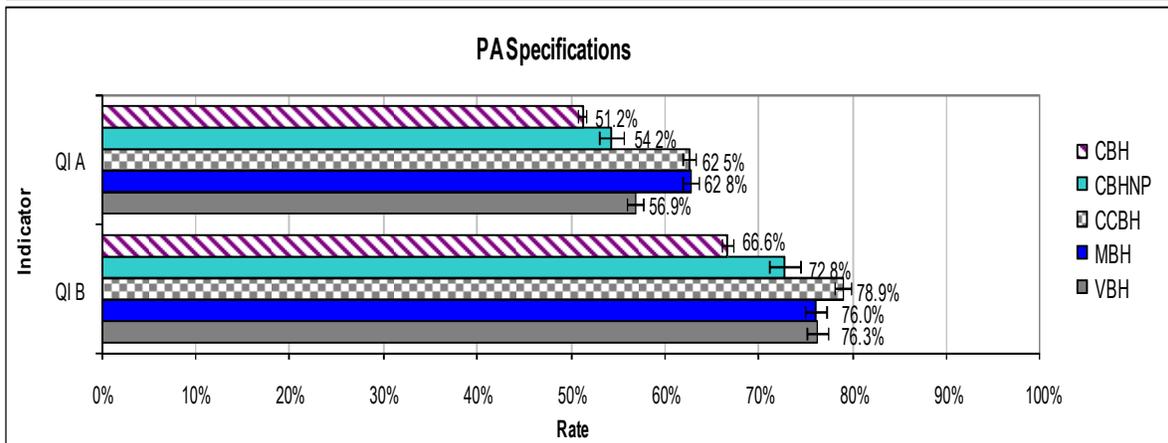
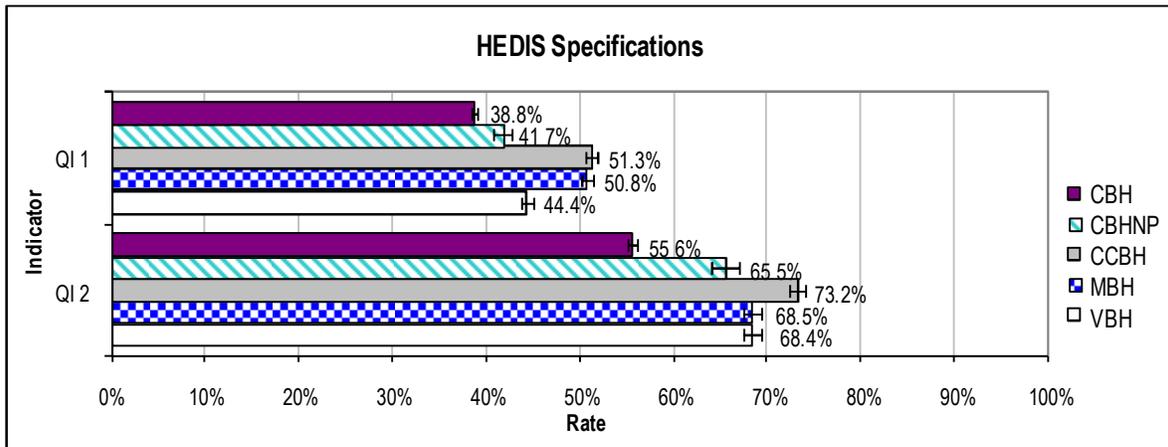


APPENDIX 3E: HEALTHCHOICES QUALITY INDICATOR RATES BY BH MCO

| BY MCO | HEDIS Specifications | | | | | | | | | |
|--------------------------|----------------------|--------|--------------|--------------|--------------|---------------------|--------|--------------|--------------|--------------|
| | QUALITY INDICATOR 1 | | | | | QUALITY INDICATOR 2 | | | | |
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| CBH | 3,139 | 8,100 | 38.8% | 37.7% | 39.8% | 4,507 | 8,100 | 55.6% | 54.6% | 56.7% |
| CBHNP | 1,716 | 4,111 | 41.7% | 40.2% | 43.3% | 2,692 | 4,111 | 65.5% | 64.0% | 66.9% |
| CCBH | 6,381 | 12,440 | 51.3% | 50.4% | 52.2% | 9,111 | 12,440 | 73.2% | 72.5% | 74.0% |
| MBH | 2,790 | 5,493 | 50.8% | 49.5% | 52.1% | 3,760 | 5,493 | 68.5% | 67.2% | 69.7% |
| VBH | 3,083 | 6,949 | 44.4% | 43.2% | 45.5% | 4,750 | 6,949 | 68.4% | 67.3% | 69.5% |
| HC BH MCO AVERAGE | 45.4% | | | | | 66.2% | | | | |

| BY MCO | PA Specifications | | | | | | | | | |
|--------------------------|---------------------|--------|--------------|--------------|--------------|---------------------|--------|--------------|--------------|--------------|
| | QUALITY INDICATOR A | | | | | QUALITY INDICATOR B | | | | |
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| CBH | 4,144 | 8,100 | 51.2% | 50.1% | 52.3% | 5,392 | 8,100 | 66.6% | 65.5% | 67.6% |
| CBHNP | 2,230 | 4,111 | 54.2% | 52.7% | 55.8% | 2,992 | 4,111 | 72.8% | 71.4% | 74.2% |
| CCBH | 7,778 | 12,440 | 62.5% | 61.7% | 63.4% | 9,819 | 12,440 | 78.9% | 78.2% | 79.7% |
| MBH | 3,448 | 5,493 | 62.8% | 61.5% | 64.1% | 4,177 | 5,493 | 76.0% | 74.9% | 77.2% |
| VBH | 3,951 | 6,949 | 56.9% | 55.7% | 58.0% | 5,299 | 6,949 | 76.3% | 75.3% | 77.3% |
| HC BH MCO AVERAGE | 57.5% | | | | | 74.1% | | | | |

Quality Indicator Rates by BH MCO



APPENDIX 3F: HEALTHCHOICES QUALITY INDICATOR RATES BY COUNTY

| BY COUNTY | HEDIS Specifications Quality Indicator 1 | | | | |
|------------|--|-------|-------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Adams | 68 | 120 | 56.7% | 47.4% | 66.0% |
| Allegheny | 1,780 | 3,615 | 49.2% | 47.6% | 50.9% |
| Armstrong | 109 | 223 | 48.9% | 42.1% | 55.7% |
| Beaver | 275 | 539 | 51.0% | 46.7% | 55.3% |
| Bedford | 35 | 95 | 36.8% | 26.6% | 47.1% |
| Berks | 593 | 1,089 | 54.5% | 51.4% | 57.5% |
| Blair | 267 | 555 | 48.1% | 43.9% | 52.4% |
| Bradford | 80 | 178 | 44.9% | 37.4% | 52.5% |
| Bucks | 468 | 890 | 52.6% | 49.2% | 55.9% |
| Butler | 189 | 383 | 49.4% | 44.2% | 54.5% |
| Cambria | 146 | 513 | 28.5% | 24.5% | 32.5% |
| Cameron | 9 | 17 | 52.9% | 26.3% | 79.6% |
| Carbon | 70 | 186 | 37.6% | 30.4% | 44.9% |
| Centre | 143 | 239 | 59.8% | 53.4% | 66.3% |
| Chester | 371 | 687 | 54.0% | 50.2% | 57.8% |
| Clarton | 55 | 127 | 43.3% | 34.3% | 52.3% |
| Clearfield | 191 | 384 | 49.7% | 44.6% | 54.9% |
| Clinton | 39 | 89 | 43.8% | 32.9% | 54.7% |
| Columbia | 133 | 199 | 66.8% | 60.0% | 73.6% |
| Crawford | 188 | 398 | 47.2% | 42.2% | 52.3% |
| Cumberland | 117 | 278 | 42.1% | 36.1% | 48.1% |
| Dauphin | 292 | 832 | 35.1% | 31.8% | 38.4% |
| Delaware | 555 | 1,197 | 46.4% | 43.5% | 49.2% |
| Elk | 74 | 140 | 52.9% | 44.2% | 61.5% |
| Erie | 519 | 1,259 | 41.2% | 38.5% | 44.0% |
| Fayette | 260 | 592 | 43.9% | 39.8% | 48.0% |
| Forest | 6 | 13 | 46.2% | 15.2% | 77.1% |
| Franklin | 132 | 266 | 49.6% | 43.4% | 55.8% |
| Fulton | 13 | 28 | 46.4% | 26.2% | 66.7% |
| Greene | 84 | 210 | 40.0% | 33.1% | 46.9% |
| Huntingdon | 66 | 132 | 50.0% | 41.1% | 58.9% |
| Indiana | 118 | 212 | 55.7% | 48.7% | 62.6% |
| Jefferson | 129 | 251 | 51.4% | 45.0% | 57.8% |
| Juniata | 31 | 55 | 56.4% | 42.3% | 70.4% |

| BY COUNTY | HEDIS Specifications Quality Indicator 1 | | | | |
|----------------------|--|-------|--------------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Lackawanna | 429 | 748 | 57.4% | 53.7% | 61.0% |
| Lancaster | 441 | 1,082 | 40.8% | 37.8% | 43.7% |
| Lawrence | 153 | 308 | 49.7% | 43.9% | 55.4% |
| Lebanon | 153 | 315 | 48.6% | 42.9% | 54.2% |
| Lehigh | 628 | 1,246 | 50.4% | 47.6% | 53.2% |
| Luzerne | 640 | 1,071 | 59.8% | 56.8% | 62.7% |
| Lycoming | 115 | 303 | 38.0% | 32.3% | 43.6% |
| McKean | 68 | 195 | 34.9% | 27.9% | 41.8% |
| Mercer | 190 | 459 | 41.4% | 36.8% | 46.0% |
| Mifflin | 133 | 240 | 55.4% | 48.9% | 61.9% |
| Monroe | 131 | 292 | 44.9% | 39.0% | 50.7% |
| Montgomery | 702 | 1,365 | 51.4% | 48.7% | 54.1% |
| Montour | 36 | 57 | 63.2% | 49.8% | 76.6% |
| Northampton | 437 | 795 | 55.0% | 51.4% | 58.5% |
| Northumberland | 142 | 278 | 51.1% | 45.0% | 57.1% |
| Perry | 36 | 70 | 51.4% | 39.0% | 63.9% |
| Philadelphia | 3,139 | 8,100 | 38.8% | 37.7% | 39.8% |
| Pike | 47 | 82 | 57.3% | 46.0% | 68.6% |
| Potter | 27 | 51 | 52.9% | 38.3% | 67.6% |
| Schuylkill | 248 | 585 | 42.4% | 38.3% | 46.5% |
| Snyder | 38 | 75 | 50.7% | 38.7% | 62.7% |
| Somerset | 76 | 198 | 38.4% | 31.4% | 45.4% |
| Sullivan | 3 | 8 | 37.5% | 0.0% | 77.3% |
| Susquehanna | 42 | 65 | 64.6% | 52.2% | 77.0% |
| Tioga | 65 | 110 | 59.1% | 49.4% | 68.7% |
| Union | 50 | 70 | 71.4% | 60.1% | 82.7% |
| Venango | 90 | 213 | 42.3% | 35.4% | 49.1% |
| Warren | 71 | 139 | 51.1% | 42.4% | 59.8% |
| Washington | 253 | 594 | 42.6% | 38.5% | 46.7% |
| Wayne | 61 | 101 | 60.4% | 50.4% | 70.4% |
| Westmoreland | 509 | 1,046 | 48.7% | 45.6% | 51.7% |
| Wyoming | 26 | 51 | 51.0% | 36.3% | 65.7% |
| York | 325 | 790 | 41.1% | 37.6% | 44.6% |
| HC COUNTY AVG | | | 48.9% | | |

APPENDIX 3F: HEALTHCHOICES QUALITY INDICATOR RATES BY COUNTY (continued)

| BY COUNTY | HEDIS Specifications Quality Indicator 2 | | | |
|------------|--|-------|-------|--------------|
| | (N) | (D) | % | UPPER 95% CI |
| Adams | 93 | 120 | 77.5% | 85.4% |
| Allegheny | 2,483 | 3,615 | 68.7% | 70.2% |
| Armstrong | 175 | 223 | 78.5% | 84.1% |
| Beaver | 388 | 539 | 72.0% | 75.9% |
| Bedford | 63 | 95 | 66.3% | 76.4% |
| Berks | 830 | 1,089 | 76.2% | 78.8% |
| Blair | 410 | 555 | 73.9% | 77.6% |
| Bradford | 131 | 178 | 73.6% | 80.4% |
| Bucks | 614 | 890 | 69.0% | 72.1% |
| Butler | 266 | 383 | 69.5% | 74.2% |
| Cambria | 264 | 513 | 51.5% | 55.9% |
| Cameron | 13 | 17 | 76.5% | 99.6% |
| Carbon | 120 | 186 | 64.5% | 71.7% |
| Centre | 197 | 239 | 82.4% | 87.5% |
| Chester | 483 | 687 | 70.3% | 73.8% |
| Clarton | 90 | 127 | 70.9% | 79.2% |
| Clearfield | 297 | 384 | 77.3% | 81.7% |
| Clinton | 64 | 89 | 71.9% | 81.8% |
| Columbia | 165 | 199 | 82.9% | 88.4% |
| Crawford | 284 | 398 | 71.4% | 75.9% |
| Cumberland | 189 | 278 | 68.0% | 73.7% |
| Dauphin | 481 | 832 | 57.8% | 61.2% |
| Delaware | 787 | 1,197 | 65.8% | 68.5% |
| Elk | 117 | 140 | 83.6% | 90.1% |
| Erie | 831 | 1,259 | 66.0% | 68.7% |
| Fayette | 389 | 592 | 65.7% | 69.6% |
| Forest | 10 | 13 | 76.9% | 100.0% |
| Franklin | 213 | 266 | 80.1% | 85.1% |
| Fulton | 21 | 28 | 75.0% | 92.8% |
| Greene | 136 | 210 | 64.8% | 58.1% |
| Huntingdon | 111 | 132 | 84.1% | 90.7% |
| Indiana | 162 | 212 | 76.4% | 82.4% |
| Jefferson | 198 | 251 | 78.9% | 84.1% |
| Juniata | 47 | 55 | 85.5% | 95.7% |

| BY COUNTY | HEDIS Specifications Quality Indicator 2 | | | |
|----------------------|--|-------|--------------|--------------|
| | (N) | (D) | % | UPPER 95% CI |
| Lackawanna | 595 | 748 | 79.6% | 82.5% |
| Lancaster | 654 | 1,082 | 60.4% | 63.4% |
| Lawrence | 240 | 308 | 77.9% | 82.7% |
| Lebanon | 235 | 315 | 74.6% | 79.6% |
| Lehigh | 841 | 1,246 | 67.5% | 70.1% |
| Luzerne | 836 | 1,071 | 78.1% | 80.6% |
| Lycoming | 195 | 303 | 64.4% | 69.9% |
| McKean | 143 | 195 | 73.3% | 79.8% |
| Mercer | 321 | 459 | 69.9% | 74.2% |
| Mifflin | 195 | 240 | 81.3% | 86.4% |
| Monroe | 190 | 292 | 65.1% | 70.7% |
| Montgomery | 955 | 1,365 | 70.0% | 72.4% |
| Montour | 49 | 57 | 86.0% | 95.9% |
| Northampton | 563 | 795 | 70.8% | 74.0% |
| Northumberland | 199 | 278 | 71.6% | 77.1% |
| Perry | 49 | 70 | 70.0% | 81.4% |
| Philadelphia | 4,507 | 8,100 | 55.6% | 56.7% |
| Pike | 63 | 82 | 76.8% | 86.6% |
| Potter | 37 | 51 | 72.6% | 85.8% |
| Schuylkill | 407 | 585 | 69.6% | 73.4% |
| Snyder | 56 | 75 | 74.7% | 85.2% |
| Somerset | 118 | 198 | 59.6% | 66.7% |
| Sullivan | 6 | 8 | 75.0% | 100.0% |
| Susquehanna | 48 | 65 | 73.9% | 85.3% |
| Tioga | 79 | 110 | 71.8% | 80.7% |
| Union | 61 | 70 | 87.1% | 95.7% |
| Venango | 151 | 213 | 70.9% | 77.2% |
| Warren | 106 | 139 | 76.3% | 83.7% |
| Washington | 407 | 594 | 68.5% | 72.3% |
| Wayne | 79 | 101 | 78.2% | 86.8% |
| Westmoreland | 736 | 1,046 | 70.4% | 73.2% |
| Wyoming | 39 | 51 | 76.5% | 89.1% |
| York | 538 | 790 | 68.1% | 71.4% |
| HC COUNTY AVG | | | 72.5% | |

APPENDIX 3F: HEALTHCHOICES QUALITY INDICATOR RATES BY COUNTY (continued)

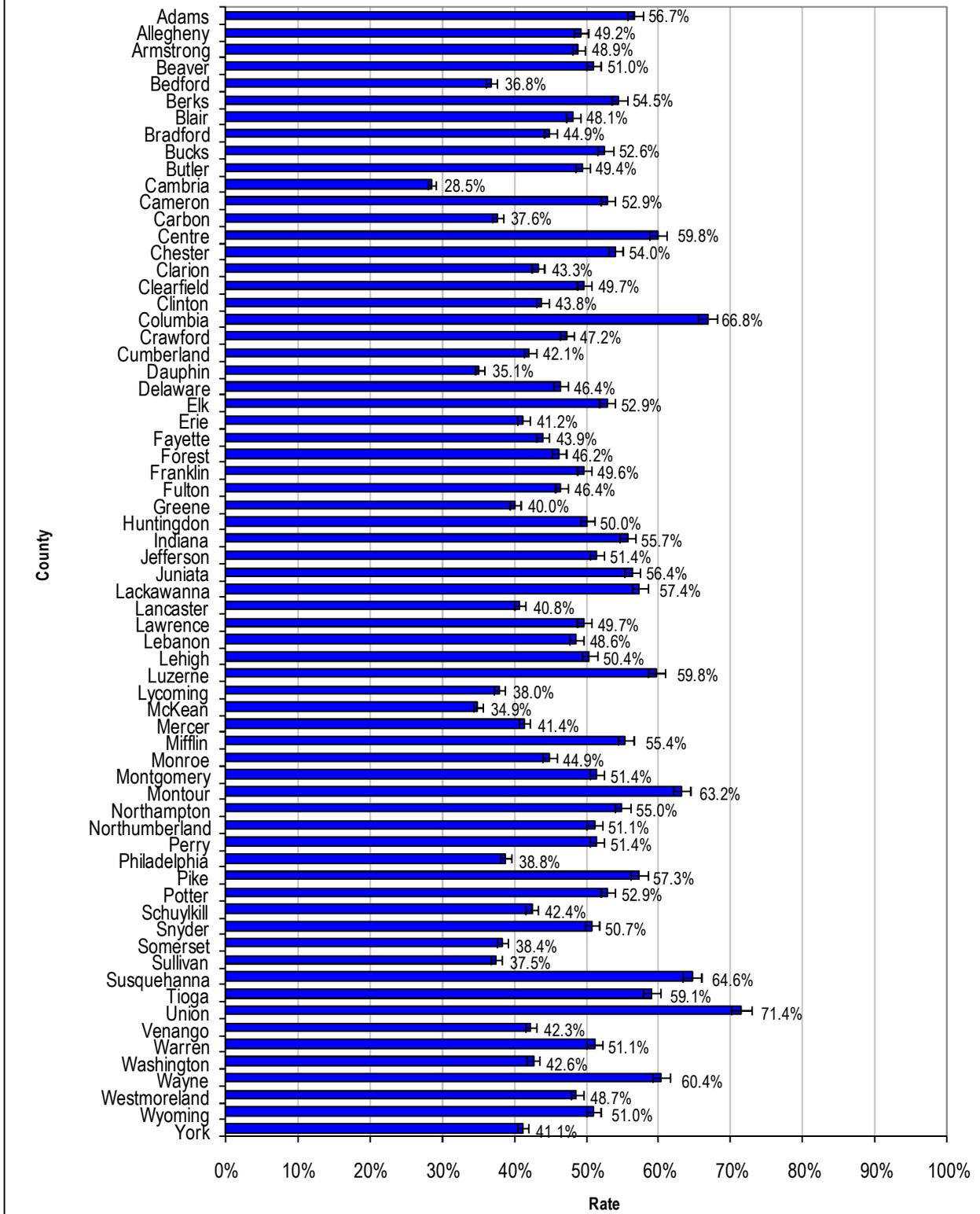
| BY COUNTY | PA Specifications Quality Indicator A | | | | PA Specifications Quality Indicator A | | | | | |
|------------|---------------------------------------|-------|-------|--------------|---------------------------------------|----------------------|-------|-------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Adams | 74 | 120 | 61.7% | 52.6% | 70.8% | 485 | 748 | 64.8% | 61.4% | 68.3% |
| Allegheny | 2,242 | 3,615 | 62.0% | 60.4% | 63.6% | 525 | 1,082 | 48.5% | 45.5% | 51.5% |
| Armstrong | 134 | 223 | 60.1% | 53.4% | 66.7% | 194 | 308 | 63.0% | 57.4% | 68.5% |
| Beaver | 308 | 539 | 57.1% | 52.9% | 61.4% | 182 | 315 | 57.8% | 52.2% | 63.4% |
| Bedford | 53 | 95 | 55.8% | 45.3% | 66.3% | 755 | 1,246 | 60.6% | 57.8% | 63.3% |
| Berks | 705 | 1,089 | 64.7% | 61.9% | 67.6% | 706 | 1,071 | 65.9% | 63.0% | 68.8% |
| Blair | 316 | 555 | 56.9% | 52.7% | 61.1% | 142 | 303 | 46.9% | 41.1% | 52.6% |
| Bradford | 100 | 178 | 56.2% | 48.6% | 63.7% | 109 | 195 | 55.9% | 48.7% | 63.1% |
| Bucks | 584 | 890 | 65.6% | 62.4% | 68.8% | 239 | 459 | 52.1% | 47.4% | 56.7% |
| Butler | 249 | 383 | 65.0% | 60.1% | 69.9% | 181 | 240 | 75.4% | 69.8% | 81.1% |
| Cambria | 203 | 513 | 39.6% | 35.2% | 43.9% | 168 | 292 | 57.5% | 51.7% | 63.4% |
| Cameron | 11 | 17 | 64.7% | 39.1% | 90.4% | 862 | 1,365 | 63.2% | 60.6% | 65.7% |
| Carbon | 96 | 186 | 51.6% | 44.2% | 59.1% | 47 | 57 | 82.5% | 71.7% | 93.2% |
| Centre | 167 | 239 | 69.9% | 63.8% | 75.9% | 507 | 795 | 63.8% | 60.4% | 67.2% |
| Chester | 443 | 687 | 64.5% | 60.8% | 68.4% | 174 | 278 | 62.6% | 56.7% | 68.5% |
| Clarton | 74 | 127 | 58.3% | 49.3% | 67.2% | 36 | 70 | 51.4% | 39.0% | 63.9% |
| Clearfield | 243 | 384 | 63.3% | 58.3% | 68.2% | 4,144 | 8,100 | 51.2% | 50.1% | 52.3% |
| Clinton | 52 | 89 | 58.4% | 47.6% | 69.2% | 58 | 82 | 70.7% | 60.3% | 81.2% |
| Columbia | 149 | 199 | 74.9% | 68.6% | 81.1% | 29 | 51 | 56.9% | 42.3% | 71.4% |
| Crawford | 212 | 398 | 53.3% | 48.2% | 58.3% | 321 | 585 | 54.9% | 50.8% | 59.0% |
| Cumberland | 154 | 278 | 55.4% | 49.4% | 61.4% | 49 | 75 | 65.3% | 53.9% | 76.8% |
| Dauphin | 486 | 832 | 58.4% | 55.0% | 61.8% | 108 | 198 | 54.6% | 47.4% | 61.7% |
| Delaware | 740 | 1,197 | 61.8% | 59.0% | 64.6% | 4 | 8 | 50.0% | 9.1% | 90.9% |
| Elk | 99 | 140 | 70.7% | 62.8% | 78.6% | 44 | 65 | 67.7% | 55.6% | 79.8% |
| Erie | 755 | 1,259 | 60.0% | 57.2% | 62.7% | 72 | 110 | 65.5% | 56.1% | 74.8% |
| Fayette | 307 | 592 | 51.9% | 47.8% | 56.0% | 58 | 70 | 82.9% | 73.3% | 92.4% |
| Forest | 7 | 13 | 53.9% | 22.9% | 84.8% | 99 | 213 | 46.5% | 39.5% | 53.4% |
| Franklin | 161 | 266 | 60.5% | 54.5% | 66.6% | 85 | 139 | 61.2% | 52.7% | 69.6% |
| Fulton | 15 | 28 | 53.6% | 33.3% | 73.8% | 338 | 594 | 56.9% | 52.8% | 61.0% |
| Greene | 134 | 210 | 63.8% | 57.1% | 70.5% | 71 | 101 | 70.3% | 60.9% | 79.7% |
| Huntingdon | 93 | 132 | 70.5% | 62.3% | 78.6% | 646 | 1,046 | 61.8% | 58.8% | 64.8% |
| Indiana | 133 | 212 | 62.7% | 56.0% | 69.5% | 26 | 51 | 51.0% | 36.3% | 65.7% |
| Jefferson | 176 | 251 | 70.1% | 64.3% | 76.0% | 370 | 790 | 46.8% | 43.3% | 50.4% |
| Juniata | 42 | 55 | 76.4% | 64.2% | 88.5% | HC COUNTY AVG | | | | 60.6% |

APPENDIX 3F: HEALTHCHOICES QUALITY INDICATOR RATES BY COUNTY (continued)

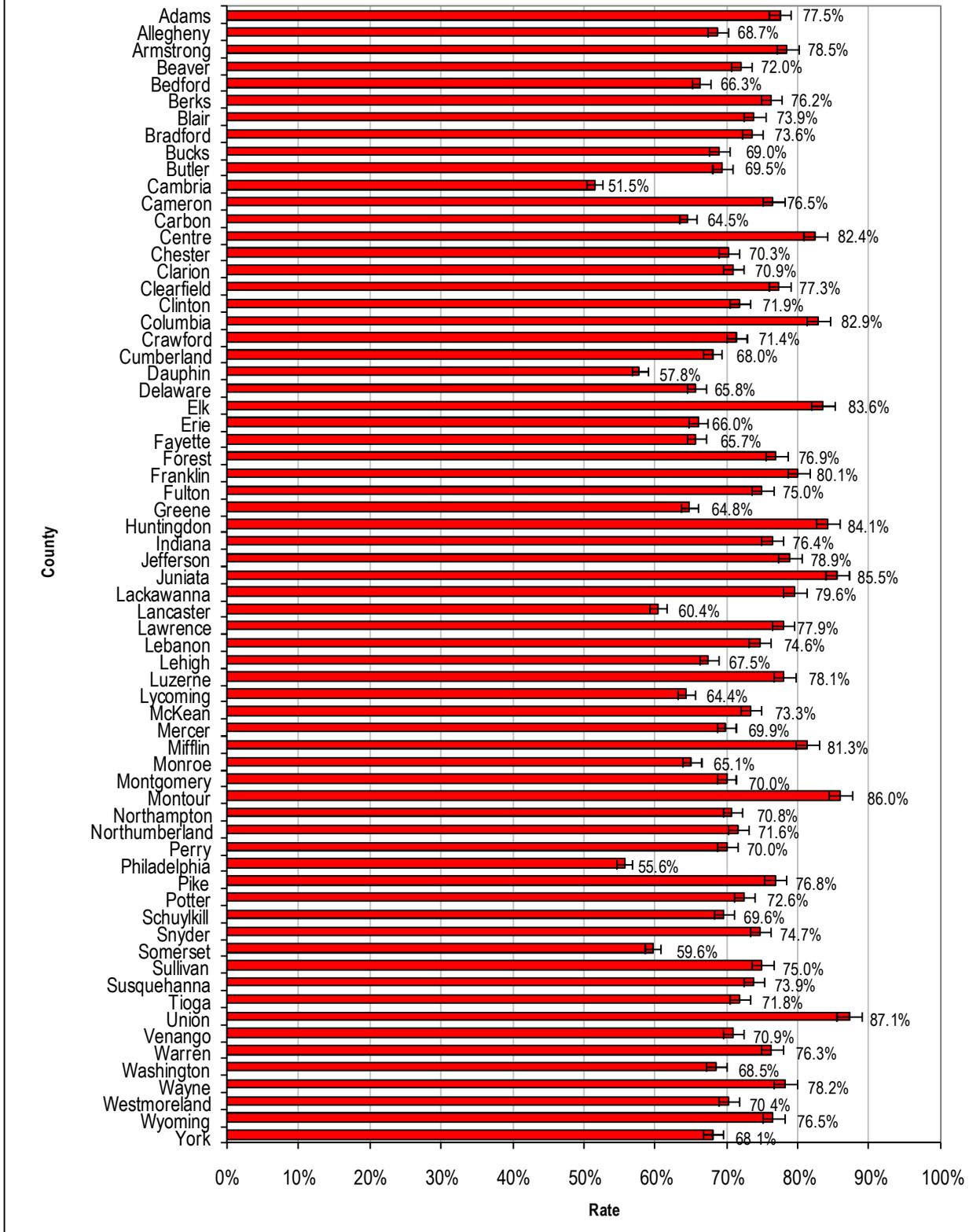
| BY COUNTY | PA Specifications Quality Indicator B | | | | |
|------------|---------------------------------------|-------|-------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Adams | 96 | 120 | 80.0% | 72.4% | 87.6% |
| Allegheny | 2,748 | 3,615 | 76.0% | 74.6% | 77.4% |
| Armstrong | 184 | 223 | 82.5% | 77.3% | 87.7% |
| Beaver | 414 | 539 | 76.8% | 73.2% | 80.5% |
| Bedford | 73 | 95 | 76.8% | 67.8% | 85.8% |
| Berks | 883 | 1,089 | 81.1% | 78.7% | 83.5% |
| Blair | 432 | 555 | 77.8% | 74.3% | 81.4% |
| Bradford | 139 | 178 | 78.1% | 71.7% | 84.4% |
| Bucks | 689 | 890 | 77.4% | 74.6% | 80.2% |
| Butler | 303 | 383 | 79.1% | 74.9% | 83.3% |
| Cambria | 326 | 513 | 63.6% | 59.3% | 67.8% |
| Cameron | 13 | 17 | 76.5% | 53.4% | 99.6% |
| Carbon | 136 | 186 | 73.1% | 66.5% | 79.8% |
| Centre | 205 | 239 | 85.8% | 81.1% | 90.4% |
| Chester | 514 | 687 | 74.8% | 71.5% | 78.1% |
| Clarton | 100 | 127 | 78.7% | 71.2% | 86.2% |
| Clearfield | 316 | 384 | 82.3% | 78.3% | 86.2% |
| Clinton | 70 | 89 | 78.7% | 69.6% | 87.7% |
| Columbia | 172 | 199 | 86.4% | 81.4% | 91.4% |
| Crawford | 299 | 398 | 75.1% | 70.8% | 79.5% |
| Cumberland | 206 | 278 | 74.1% | 68.8% | 79.4% |
| Dauphin | 618 | 832 | 74.3% | 71.2% | 77.3% |
| Delaware | 891 | 1,197 | 74.4% | 71.9% | 77.0% |
| Elk | 122 | 140 | 87.1% | 81.2% | 93.0% |
| Erie | 984 | 1,259 | 78.2% | 75.8% | 80.5% |
| Fayette | 430 | 592 | 72.6% | 69.0% | 76.3% |
| Forest | 11 | 13 | 84.6% | 61.2% | 100.0% |
| Franklin | 222 | 266 | 83.5% | 78.8% | 88.1% |
| Fulton | 24 | 28 | 85.7% | 71.0% | 100.0% |
| Greene | 168 | 210 | 80.0% | 74.4% | 85.6% |
| Huntingdon | 118 | 132 | 89.4% | 83.8% | 95.0% |
| Indiana | 168 | 212 | 79.3% | 73.6% | 84.9% |
| Jefferson | 218 | 251 | 86.9% | 82.5% | 91.2% |
| Juniata | 50 | 55 | 90.9% | 82.4% | 99.4% |

| BY COUNTY | PA Specifications Quality Indicator B | | | | |
|----------------------|---------------------------------------|-------|--------------|--------------|--------------|
| | (N) | (D) | % | LOWER 95% CI | UPPER 95% CI |
| Lackawanna | 616 | 748 | 82.4% | 79.6% | 85.1% |
| Lancaster | 702 | 1,082 | 64.9% | 62.0% | 67.8% |
| Lawrence | 253 | 308 | 82.1% | 77.7% | 86.6% |
| Lebanon | 248 | 315 | 78.7% | 74.1% | 83.4% |
| Lehigh | 936 | 1,246 | 75.1% | 72.7% | 77.6% |
| Luzerne | 866 | 1,071 | 80.9% | 78.5% | 83.3% |
| Lycorning | 212 | 303 | 70.0% | 64.6% | 75.3% |
| McKean | 156 | 195 | 80.0% | 74.1% | 85.9% |
| Mercer | 347 | 459 | 75.6% | 71.6% | 79.6% |
| Mifflin | 214 | 240 | 89.2% | 85.0% | 93.3% |
| Monroe | 213 | 292 | 73.0% | 67.7% | 78.2% |
| Montgomery | 1,054 | 1,365 | 77.2% | 75.0% | 79.5% |
| Montour | 53 | 57 | 93.0% | 85.5% | 100.0% |
| Northampton | 607 | 795 | 76.4% | 73.3% | 79.4% |
| Northumberland | 221 | 278 | 79.5% | 74.6% | 84.4% |
| Perry | 49 | 70 | 70.0% | 58.6% | 81.4% |
| Philadelphia | 5,392 | 8,100 | 66.6% | 65.5% | 67.6% |
| Pike | 69 | 82 | 84.2% | 75.6% | 92.7% |
| Potter | 38 | 51 | 74.5% | 61.6% | 87.5% |
| Schuylkill | 456 | 585 | 78.0% | 74.5% | 81.4% |
| Snyder | 63 | 75 | 84.0% | 75.0% | 93.0% |
| Somerset | 136 | 198 | 68.7% | 62.0% | 75.4% |
| Sullivan | 7 | 8 | 87.5% | 58.3% | 100.0% |
| Susquehanna | 50 | 65 | 76.9% | 65.9% | 87.9% |
| Tioga | 89 | 110 | 80.9% | 73.1% | 88.7% |
| Union | 65 | 70 | 92.9% | 86.1% | 99.6% |
| Venango | 154 | 213 | 72.3% | 66.1% | 78.5% |
| Warren | 115 | 139 | 82.7% | 76.1% | 89.4% |
| Washington | 450 | 594 | 75.8% | 72.2% | 79.3% |
| Wayne | 86 | 101 | 85.2% | 77.7% | 92.6% |
| Westmoreland | 819 | 1,046 | 78.3% | 75.8% | 80.8% |
| Wyoming | 39 | 51 | 76.5% | 63.8% | 89.1% |
| York | 564 | 790 | 71.4% | 68.2% | 74.6% |
| HC COUNTY AVG | | | 78.9% | | |

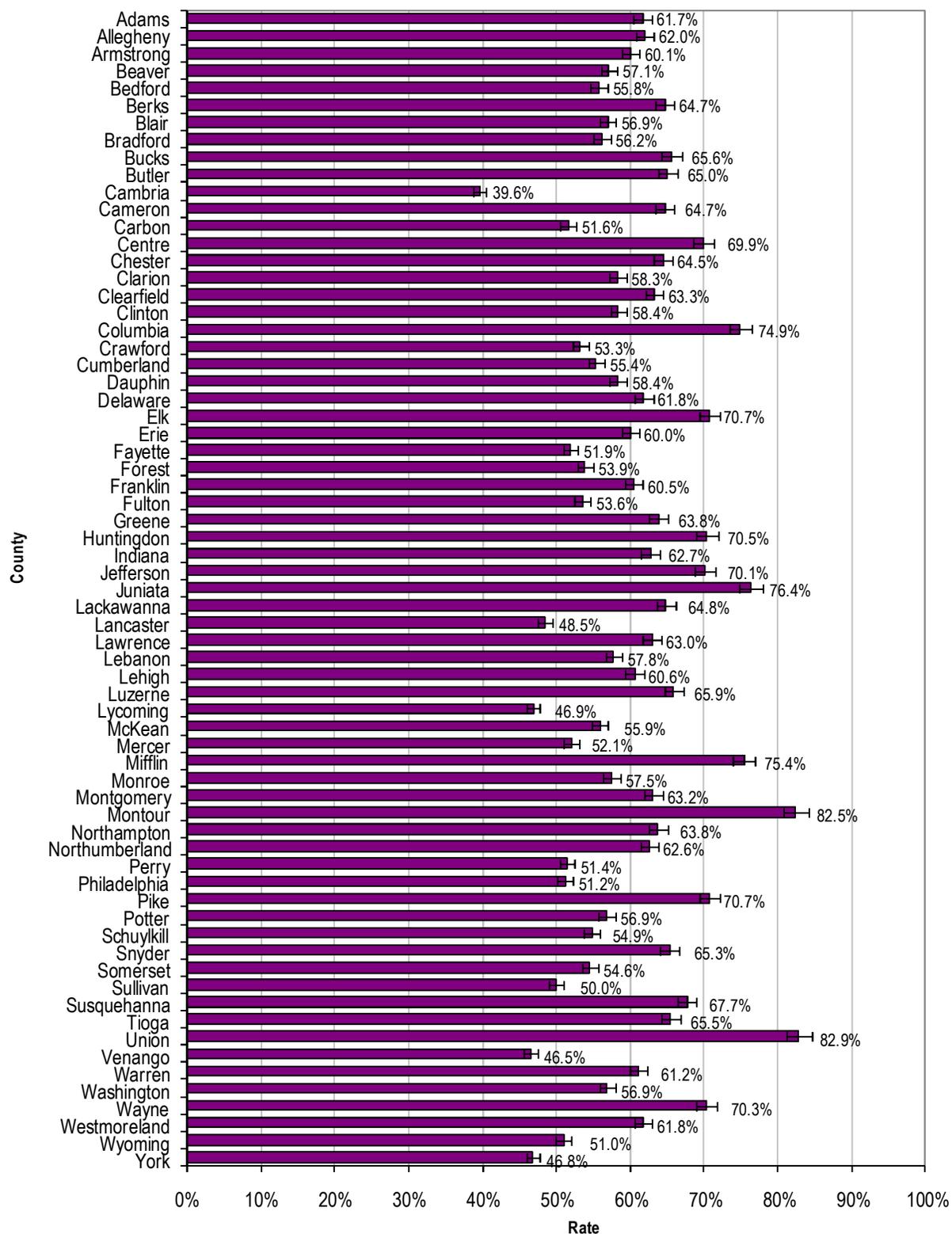
HEDIS Specifications - Quality Indicator 1 Rates by County



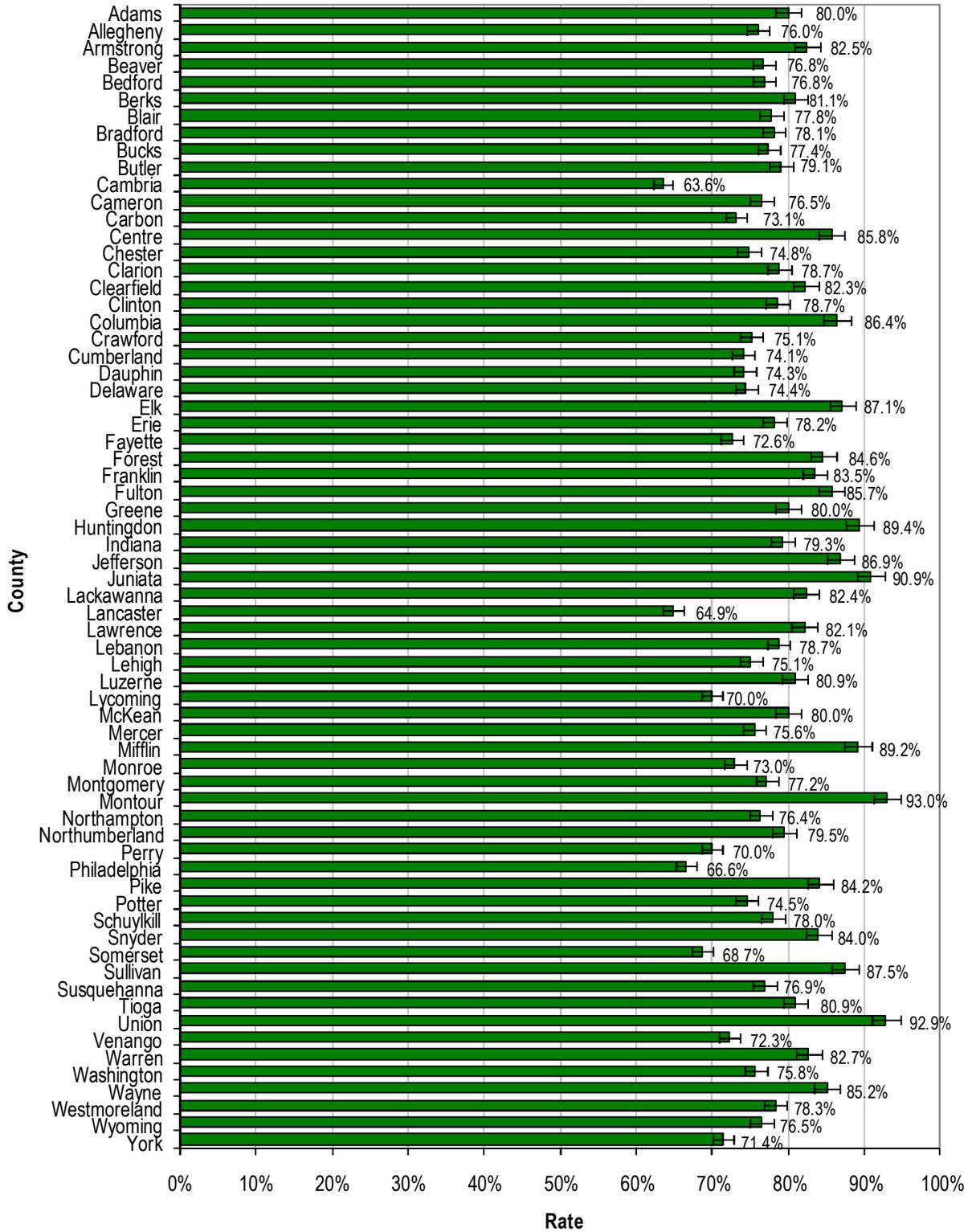
HEDIS Specifications - Quality Indicator 2 Rates by County



PA Specifications - Quality Indicator A Rates by County



PA Specifications - Quality Indicator B Rates by County



APPENDIX IV: BH MCO RATES FOR MEASUREMENT YEAR 2010

The following figures and tables outline results for the four Quality Indicators by topic (i.e. race, age, gender, and County categories). All figure and table results are shown with the upper and lower bounds (95% CI) indicated.

APPENDIX 4A: BH MCO QUALITY INDICATOR RATES BY RACE

| HEDIS Specifications | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|
| QI 1 | CBH | | | | | CBHNP | | | | | CCBH | | | | | MBH | | | | | VBH | | | | |
| BY RACE | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| Black/African American | 1,881 | 5,135 | 36.6% | 35.3% | 38.0% | 176 | 598 | 29.4% | 25.7% | 33.2% | 971 | 2,029 | 47.9% | 45.7% | 50.1% | 465 | 977 | 47.6% | 44.4% | 50.8% | 262 | 712 | 36.8% | 33.2% | 40.4% |
| American Indian / Alaskan Native | 5 | 8 | 62.5% | 22.7% | 100.0% | 2 | 10 | 20.0% | 0.0% | 49.8% | 11 | 23 | 47.8% | 25.2% | 70.4% | 0 | 5 | 0.0% | 0.0% | 10.0% | 8 | 22 | 36.4% | 14.0% | 58.7% |
| Asian | 32 | 110 | 29.1% | 20.1% | 38.0% | 9 | 24 | 37.5% | 16.0% | 59.0% | 23 | 44 | 52.3% | 36.4% | 68.2% | 32 | 46 | 69.6% | 55.2% | 84.0% | 9 | 24 | 37.5% | 16.0% | 59.0% |
| White | 753 | 1,952 | 38.6% | 36.4% | 40.8% | 1,335 | 3,031 | 44.0% | 42.3% | 45.8% | 4,931 | 9,539 | 51.7% | 50.7% | 52.7% | 2,039 | 4,011 | 50.8% | 49.3% | 52.4% | 2,744 | 6,068 | 45.2% | 44.0% | 46.5% |
| Other/Chose not to Respond | 468 | 895 | 52.3% | 49.0% | 55.6% | 194 | 448 | 43.3% | 38.6% | 48.0% | 445 | 805 | 55.3% | 51.8% | 58.8% | 254 | 454 | 56.0% | 51.3% | 60.6% | 60 | 123 | 48.8% | 39.5% | 58.0% |
| Hawaiian/Pacific Islander | 0 | 0 | N/A | | |
| QI 2 | CBH | | | | | CBHNP | | | | | CCBH | | | | | MBH | | | | | VBH | | | | |
| BY RACE | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| Black/African American | 2,754 | 5,135 | 53.6% | 52.3% | 55.0% | 310 | 598 | 51.8% | 47.8% | 55.9% | 1,358 | 2,029 | 66.9% | 64.9% | 69.0% | 634 | 977 | 64.9% | 61.8% | 67.9% | 427 | 712 | 60.0% | 56.3% | 63.6% |
| American Indian / Alaskan Native | 5 | 8 | 62.5% | 22.7% | 100.0% | 7 | 10 | 70.0% | 36.6% | 100.0% | 15 | 23 | 65.2% | 43.6% | 86.9% | 1 | 5 | 20.0% | 0.0% | 65.1% | 12 | 22 | 54.6% | 31.5% | 77.6% |
| Asian | 62 | 110 | 56.4% | 46.6% | 66.1% | 16 | 24 | 66.7% | 45.7% | 87.6% | 32 | 44 | 72.7% | 58.4% | 87.0% | 40 | 46 | 87.0% | 76.1% | 97.8% | 16 | 24 | 66.7% | 45.7% | 87.6% |
| White | 1,083 | 1,952 | 55.5% | 53.2% | 57.7% | 2,065 | 3,031 | 68.1% | 66.5% | 69.8% | 7,092 | 9,539 | 74.4% | 73.5% | 75.2% | 2,750 | 4,011 | 68.6% | 67.1% | 70.0% | 4,207 | 6,068 | 69.3% | 68.2% | 70.5% |
| Other/Chose not to Respond | 603 | 895 | 67.4% | 64.2% | 70.5% | 294 | 448 | 65.6% | 61.1% | 70.1% | 614 | 805 | 76.3% | 73.3% | 79.3% | 335 | 454 | 73.8% | 69.6% | 77.9% | 88 | 123 | 71.5% | 63.2% | 79.9% |
| Hawaiian/Pacific Islander | 0 | 0 | N/A | | |

| PA Specifications | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|
| QI A | CBH | | | | | CBHNP | | | | | CCBH | | | | | MBH | | | | | VBH | | | | |
| BY RACE | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| Black/African American | 2,471 | 5,135 | 48.1% | 46.7% | 49.5% | 286 | 598 | 47.8% | 43.7% | 51.9% | 1,226 | 2,029 | 60.4% | 58.3% | 62.6% | 588 | 977 | 60.2% | 57.1% | 63.3% | 384 | 712 | 53.9% | 50.2% | 57.7% |
| American Indian / Alaskan Native | 5 | 8 | 62.5% | 22.7% | 100.0% | 2 | 10 | 20.0% | 0.0% | 49.8% | 12 | 23 | 52.2% | 29.6% | 74.8% | 2 | 5 | 40.0% | 0.0% | 92.9% | 15 | 22 | 68.2% | 46.4% | 89.9% |
| Asian | 65 | 110 | 59.1% | 49.4% | 68.7% | 14 | 24 | 58.3% | 36.5% | 80.1% | 27 | 44 | 61.4% | 45.8% | 76.9% | 37 | 46 | 80.4% | 67.9% | 93.0% | 13 | 24 | 54.2% | 32.2% | 76.2% |
| White | 1,074 | 1,952 | 55.0% | 52.8% | 57.3% | 1,694 | 3,031 | 55.9% | 54.1% | 57.7% | 6,021 | 9,539 | 63.1% | 62.1% | 64.1% | 2,524 | 4,011 | 62.9% | 61.4% | 64.4% | 3,467 | 6,068 | 57.1% | 55.9% | 58.4% |
| Other/Chose not to Respond | 529 | 895 | 59.1% | 55.8% | 62.4% | 234 | 448 | 52.2% | 47.5% | 57.0% | 492 | 805 | 61.1% | 57.7% | 64.5% | 297 | 454 | 65.4% | 60.9% | 69.9% | 72 | 123 | 58.5% | 49.4% | 67.7% |
| Hawaiian/Pacific Islander | 0 | 0 | N/A | | |
| QI B | CBH | | | | | CBHNP | | | | | CCBH | | | | | MBH | | | | | VBH | | | | |
| BY RACE | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| Black/African American | 3,294 | 5,135 | 64.2% | 62.8% | 65.5% | 391 | 598 | 65.4% | 61.5% | 69.3% | 1,500 | 2,029 | 73.9% | 72.0% | 75.9% | 712 | 977 | 72.9% | 70.0% | 75.7% | 509 | 712 | 71.5% | 68.1% | 74.9% |
| American Indian / Alaskan Native | 5 | 8 | 62.5% | 22.7% | 100.0% | 8 | 10 | 80.0% | 50.2% | 100.0% | 17 | 23 | 73.9% | 53.8% | 94.0% | 3 | 5 | 60.0% | 7.1% | 100.0% | 17 | 22 | 77.3% | 57.5% | 97.1% |
| Asian | 86 | 110 | 78.2% | 70.0% | 86.4% | 17 | 24 | 70.8% | 50.6% | 91.1% | 36 | 44 | 81.8% | 69.3% | 94.4% | 42 | 46 | 91.3% | 82.1% | 100.0% | 19 | 24 | 79.2% | 60.8% | 97.5% |
| White | 1,358 | 1,952 | 69.6% | 67.5% | 71.6% | 2,261 | 3,031 | 74.6% | 73.0% | 76.2% | 7,626 | 9,539 | 80.0% | 79.1% | 80.8% | 3,059 | 4,011 | 76.3% | 74.9% | 77.6% | 4,657 | 6,068 | 76.8% | 75.7% | 77.8% |
| Other/Chose not to Respond | 649 | 895 | 72.5% | 69.5% | 75.5% | 315 | 448 | 70.3% | 66.0% | 74.7% | 640 | 805 | 79.5% | 76.6% | 82.4% | 361 | 454 | 79.5% | 75.7% | 83.3% | 97 | 123 | 78.9% | 71.2% | 86.5% |
| Hawaiian/Pacific Islander | 0 | 0 | N/A | | |

APPENDIX 4B: BH MCO QUALITY INDICATOR RATES BY AGE CATEGORY

| HEDIS Specifications | | | | | | | | | | | | | | | |
|-----------------------------|--------------------|------------|--------------|---------------------|---------------------|---------------------|------------|--------------|---------------------|---------------------|-------------------------|------------|--------------|---------------------|---------------------|
| QI 1 | AGES 6 - 20 | | | | | AGES 21 - 64 | | | | | AGES 65 AND OVER | | | | |
| BY MCO | (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 | 1,012 | 1,890 | 53.5% | 51.3% | 55.8% | 2,098 | 6,076 | 34.5% | 33.3% | 35.7% | 29 | 134 | 21.6% | 14.3% | 29.0% |
| CBHNP | 665 | 1,143 | 58.2% | 55.3% | 61.1% | 1,041 | 2,908 | 35.8% | 34.0% | 37.6% | 10 | 60 | 16.7% | 6.4% | 26.9% |
| CCBH | 2,158 | 3,518 | 61.3% | 59.7% | 63.0% | 4,142 | 8,698 | 47.6% | 46.6% | 48.7% | 81 | 224 | 36.2% | 29.6% | 42.7% |
| MBH | 793 | 1,547 | 51.3% | 48.7% | 53.8% | 1,970 | 3,873 | 50.9% | 49.3% | 52.4% | 27 | 73 | 37.0% | 25.2% | 48.7% |
| VBH | 1,115 | 2,033 | 54.9% | 52.7% | 57.0% | 1,948 | 4,819 | 40.4% | 39.0% | 41.8% | 20 | 97 | 20.6% | 12.1% | 29.2% |

| QI 2 | AGES 6 - 20 | | | | | AGES 21 - 64 | | | | | AGES 65 AND OVER | | | | |
|---------------|--------------------|------------|--------------|---------------------|---------------------|---------------------|------------|--------------|---------------------|---------------------|-------------------------|------------|--------------|---------------------|---------------------|
| BY MCO | (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 | 1,311 | 1,890 | 69.4% | 67.3% | 71.5% | 3,150 | 6,076 | 51.8% | 50.6% | 53.1% | 46 | 134 | 34.3% | 25.9% | 42.7% |
| CBHNP | 920 | 1,143 | 80.5% | 78.1% | 82.8% | 1,741 | 2,908 | 59.9% | 58.1% | 61.7% | 31 | 60 | 51.7% | 38.2% | 65.1% |
| CCBH | 2,858 | 3,518 | 81.2% | 79.9% | 82.5% | 6,127 | 8,698 | 70.4% | 69.5% | 71.4% | 126 | 224 | 56.3% | 49.5% | 63.0% |
| MBH | 1,040 | 1,547 | 67.2% | 64.9% | 69.6% | 2,685 | 3,873 | 69.3% | 67.9% | 70.8% | 35 | 73 | 48.0% | 35.8% | 60.1% |
| VBH | 1,623 | 2,033 | 79.8% | 78.1% | 81.6% | 3,083 | 4,819 | 64.0% | 62.6% | 65.3% | 44 | 97 | 45.4% | 34.9% | 55.8% |

| PA Specifications | | | | | | | | | | | | | | | |
|--------------------------|--------------------|------------|--------------|---------------------|---------------------|---------------------|------------|--------------|---------------------|---------------------|-------------------------|------------|--------------|---------------------|---------------------|
| QI A | AGES 6 - 20 | | | | | AGES 21 - 64 | | | | | AGES 65 AND OVER | | | | |
| BY MCO | (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 | 1,138 | 1,890 | 60.2% | 58.0% | 62.4% | 2,946 | 6,076 | 48.5% | 47.2% | 49.8% | 60 | 134 | 44.8% | 36.0% | 53.6% |
| CBHNP | 779 | 1,143 | 68.2% | 65.4% | 70.9% | 1,424 | 2,908 | 49.0% | 47.1% | 50.8% | 27 | 60 | 45.0% | 31.6% | 58.4% |
| CCBH | 2,478 | 3,518 | 70.4% | 68.9% | 72.0% | 5,179 | 8,698 | 59.5% | 58.5% | 60.6% | 121 | 224 | 54.0% | 47.3% | 60.8% |
| MBH | 1,000 | 1,547 | 64.6% | 62.2% | 67.1% | 2,413 | 3,873 | 62.3% | 60.8% | 63.8% | 35 | 73 | 48.0% | 35.8% | 60.1% |
| VBH | 1,333 | 2,033 | 65.6% | 63.5% | 67.7% | 2,586 | 4,819 | 53.7% | 52.2% | 55.1% | 32 | 97 | 33.0% | 23.1% | 42.9% |

| QI B | AGES 6 - 20 | | | | | AGES 21 - 64 | | | | | AGES 65 AND OVER | | | | |
|---------------|--------------------|------------|--------------|---------------------|---------------------|---------------------|------------|--------------|---------------------|---------------------|-------------------------|------------|--------------|---------------------|---------------------|
| BY MCO | (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 | 1,413 | 1,890 | 74.8% | 72.8% | 76.7% | 3,906 | 6,076 | 64.3% | 63.1% | 65.5% | 73 | 134 | 54.5% | 45.7% | 63.3% |
| CBHNP | 965 | 1,143 | 84.4% | 82.3% | 86.6% | 1,986 | 2,908 | 68.3% | 66.6% | 70.0% | 41 | 60 | 68.3% | 55.7% | 80.9% |
| CCBH | 3,008 | 3,518 | 85.5% | 84.3% | 86.7% | 6,657 | 8,698 | 76.5% | 75.6% | 77.4% | 154 | 224 | 68.8% | 62.5% | 75.0% |
| MBH | 1,191 | 1,547 | 77.0% | 74.9% | 79.1% | 2,945 | 3,873 | 76.0% | 74.7% | 77.4% | 41 | 73 | 56.2% | 44.1% | 68.2% |
| VBH | 1,720 | 2,033 | 84.6% | 83.0% | 86.2% | 3,529 | 4,819 | 73.2% | 72.0% | 74.5% | 50 | 97 | 51.6% | 41.1% | 62.0% |

APPENDIX 4C: BH MCO QUALITY INDICATOR RATES BY GENDER

| HEDIS Specifications | | | | | | | | | | |
|----------------------|--------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|
| QI 1 | FEMALE | | | | | MALE | | | | |
| BY MCO | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | 1,572 | 4,171 | 37.7% | 36.2% | 39.2% | 1,567 | 3,929 | 39.9% | 38.3% | 41.4% |
| CBHNP | 951 | 2,207 | 43.1% | 41.0% | 45.2% | 765 | 1,904 | 40.2% | 38.0% | 42.4% |
| CCBH | 3,353 | 6,461 | 51.9% | 50.7% | 53.1% | 3,028 | 5,979 | 50.6% | 49.4% | 51.9% |
| MBH | 1,509 | 2,868 | 52.6% | 50.8% | 54.5% | 1,281 | 2,625 | 48.8% | 46.9% | 50.7% |
| VBH | 1,593 | 3,490 | 45.6% | 44.0% | 47.3% | 1,490 | 3,459 | 43.1% | 41.4% | 44.7% |
| QI 2 | FEMALE | | | | | MALE | | | | |
| BY MCO | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | 2,294 | 4,171 | 55.0% | 53.5% | 56.5% | 2,213 | 3,929 | 56.3% | 54.8% | 57.9% |
| CBHNP | 1,494 | 2,207 | 67.7% | 65.7% | 69.7% | 1,198 | 1,904 | 62.9% | 60.7% | 65.1% |
| CCBH | 4,772 | 6,461 | 73.9% | 72.8% | 74.9% | 4,339 | 5,979 | 72.6% | 71.4% | 73.7% |
| MBH | 2,032 | 2,868 | 70.9% | 69.2% | 72.5% | 1,728 | 2,625 | 65.8% | 64.0% | 67.7% |
| VBH | 2,454 | 3,490 | 70.3% | 68.8% | 71.9% | 2,296 | 3,459 | 66.4% | 64.8% | 68.0% |

| PA Specifications | | | | | | | | | | |
|-------------------|--------|-------|-------|--------------|--------------|-------|-------|-------|--------------|--------------|
| QI A | FEMALE | | | | | MALE | | | | |
| BY MCO | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | 2,068 | 4,171 | 49.6% | 48.1% | 51.1% | 2,076 | 3,929 | 52.8% | 51.3% | 54.4% |
| CBHNP | 1,218 | 2,207 | 55.2% | 53.1% | 57.3% | 1,012 | 1,904 | 53.2% | 50.9% | 55.4% |
| CCBH | 4,036 | 6,461 | 62.5% | 61.3% | 63.7% | 3,742 | 5,979 | 62.6% | 61.4% | 63.8% |
| MBH | 1,845 | 2,868 | 64.3% | 62.6% | 66.1% | 1,603 | 2,625 | 61.1% | 59.2% | 63.0% |
| VBH | 1,996 | 3,490 | 57.2% | 55.5% | 58.8% | 1,955 | 3,459 | 56.5% | 54.9% | 58.2% |
| QI B | FEMALE | | | | | MALE | | | | |
| BY MCO | (N) | (D) | % | Lower 95% CI | Upper 95% CI | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | 2,759 | 4,171 | 66.2% | 64.7% | 67.6% | 2,633 | 3,929 | 67.0% | 65.5% | 68.5% |
| CBHNP | 1,655 | 2,207 | 75.0% | 73.2% | 76.8% | 1,337 | 1,904 | 70.2% | 68.1% | 72.3% |
| CCBH | 5,139 | 6,461 | 79.5% | 78.5% | 80.5% | 4,680 | 5,979 | 78.3% | 77.2% | 79.3% |
| MBH | 2,236 | 2,868 | 78.0% | 76.4% | 79.5% | 1,941 | 2,625 | 73.9% | 72.2% | 75.6% |
| VBH | 2,705 | 3,490 | 77.5% | 76.1% | 78.9% | 2,594 | 3,459 | 75.0% | 73.5% | 76.4% |

APPENDIX 4D: BH MCO QUALITY INDICATOR RATES BY COUNTY

| HEDIS Specifications Quality Indicator 1 | | | | | | |
|--|--------------|-------|-------|--------------|--------------|--------------|
| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | Philadelphia | 3,139 | 8,100 | 38.8% | 37.7% | 39.8% |
| | CBHNP | | | | | |
| | Bedford | 35 | 95 | 36.8% | 26.6% | 47.1% |
| | Blair | 267 | 555 | 48.1% | 43.9% | 52.4% |
| | Clinton | 39 | 89 | 43.8% | 32.9% | 54.7% |
| | Cumberland | 117 | 278 | 42.1% | 36.1% | 48.1% |
| | Dauphin | 292 | 832 | 35.1% | 31.8% | 38.4% |
| | Franklin | 132 | 266 | 49.6% | 43.4% | 55.8% |
| | Fulton | 13 | 28 | 46.4% | 26.2% | 66.7% |
| | Lancaster | 441 | 1,082 | 40.8% | 37.8% | 43.7% |
| | Lebanon | 153 | 315 | 48.6% | 42.9% | 54.2% |
| | Lycoming | 115 | 303 | 38.0% | 32.3% | 43.6% |
| | Perry | 36 | 70 | 51.4% | 39.0% | 63.9% |
| | Somerset | 76 | 198 | 38.4% | 31.4% | 45.4% |
| | CCBH | | | | | |
| | Adams | 68 | 120 | 56.7% | 47.4% | 66.0% |
| | Allegheny | 1,780 | 3,615 | 49.2% | 47.6% | 50.9% |
| | Berks | 593 | 1,089 | 54.5% | 51.4% | 57.5% |
| | Bradford | 80 | 178 | 44.9% | 37.4% | 52.5% |
| | Cameron | 9 | 17 | 52.9% | 26.3% | 79.6% |
| | Carbon | 70 | 186 | 37.6% | 30.4% | 44.9% |
| | Centre | 143 | 239 | 59.8% | 53.4% | 66.3% |
| | Chester | 371 | 687 | 54.0% | 50.2% | 57.8% |
| | Clarion | 55 | 127 | 43.3% | 34.3% | 52.3% |
| | Clearfield | 191 | 384 | 49.7% | 44.6% | 54.9% |
| | Columbia | 133 | 199 | 66.8% | 60.0% | 73.6% |
| | Elk | 74 | 140 | 52.9% | 44.2% | 61.5% |
| | Forest | 6 | 13 | 46.2% | 15.2% | 77.1% |
| | Huntingdon | 66 | 132 | 50.0% | 41.1% | 58.9% |
| | Jefferson | 129 | 251 | 51.4% | 45.0% | 57.8% |
| | Juniata | 31 | 55 | 56.4% | 42.3% | 70.4% |
| | Lackawanna | 429 | 748 | 57.4% | 53.7% | 61.0% |
| | Luzerne | 640 | 1,071 | 59.8% | 56.8% | 62.7% |
| | McKean | 68 | 195 | 34.9% | 27.9% | 41.8% |
| | Mifflin | 133 | 240 | 55.4% | 48.9% | 61.9% |

| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
|-------------|----------------|-------|-------|--------------|--------------|--------------|
| CCBH | Monroe | 131 | 292 | 44.9% | 39.0% | 50.7% |
| | Montour | 36 | 57 | 63.2% | 49.8% | 76.6% |
| | Northumberland | 142 | 278 | 51.1% | 45.0% | 57.1% |
| | Pike | 47 | 82 | 57.3% | 46.0% | 68.6% |
| | Potter | 27 | 51 | 52.9% | 38.3% | 67.6% |
| | Schuylkill | 248 | 585 | 42.4% | 38.3% | 46.5% |
| | Snyder | 38 | 75 | 50.7% | 38.7% | 62.7% |
| | Sullivan | 3 | 8 | 37.5% | 0.0% | 77.3% |
| | Susquehanna | 42 | 65 | 64.6% | 52.2% | 77.0% |
| | Tioga | 65 | 110 | 59.1% | 49.4% | 68.7% |
| | Union | 50 | 70 | 71.4% | 60.1% | 82.7% |
| | Warren | 71 | 139 | 51.1% | 42.4% | 59.8% |
| | Wayne | 61 | 101 | 60.4% | 50.4% | 70.4% |
| | Wyoming | 26 | 51 | 51.0% | 36.3% | 65.7% |
| | York | 325 | 790 | 41.1% | 37.6% | 44.6% |
| | MBH | Bucks | 468 | 890 | 52.6% | 49.2% |
| Delaware | | 555 | 1,197 | 46.4% | 43.5% | 49.2% |
| Lehigh | | 628 | 1,246 | 50.4% | 47.6% | 53.2% |
| Montgomery | | 702 | 1,365 | 51.4% | 48.7% | 54.1% |
| Northampton | | 437 | 795 | 55.0% | 51.4% | 58.5% |
| VBH | Armstrong | 109 | 223 | 48.9% | 42.1% | 55.7% |
| | Beaver | 275 | 539 | 51.0% | 46.7% | 55.3% |
| | Butler | 189 | 383 | 49.4% | 44.2% | 54.5% |
| | Cambria | 146 | 513 | 28.5% | 24.5% | 32.5% |
| | Crawford | 188 | 398 | 47.2% | 42.2% | 52.3% |
| | Erie | 519 | 1,259 | 41.2% | 38.5% | 44.0% |
| | Fayette | 260 | 592 | 43.9% | 39.8% | 48.0% |
| | Greene | 84 | 210 | 40.0% | 33.1% | 46.9% |
| | Indiana | 118 | 212 | 55.7% | 48.7% | 62.6% |
| | Lawrence | 153 | 308 | 49.7% | 43.9% | 55.4% |
| | Mercer | 190 | 459 | 41.4% | 36.8% | 46.0% |
| | Venango | 90 | 213 | 42.3% | 35.4% | 49.1% |
| | Washington | 253 | 594 | 42.6% | 38.5% | 46.7% |
| | Westmoreland | 509 | 1,046 | 48.7% | 45.6% | 51.7% |

APPENDIX 4D: BH MCO QUALITY INDICATOR RATES BY COUNTY (continued)

| HEDIS Specifications Quality Indicator 2 | | | | | | |
|--|--------------|---------|-------|--------------|--------------|--------------|
| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | Philadelphia | 4,507 | 8,100 | 55.6% | 54.6% | 56.7% |
| | CBHNP | Bedford | 63 | 95 | 66.3% | 56.3% |
| | Blair | 410 | 555 | 73.9% | 70.1% | 77.6% |
| | Clinton | 64 | 89 | 71.9% | 62.0% | 81.8% |
| | Cumberland | 189 | 278 | 68.0% | 62.3% | 73.7% |
| | Dauphin | 481 | 832 | 57.8% | 54.4% | 61.2% |
| | Franklin | 213 | 266 | 80.1% | 75.1% | 85.1% |
| | Fulton | 21 | 28 | 75.0% | 57.2% | 92.8% |
| | Lancaster | 654 | 1,082 | 60.4% | 57.5% | 63.4% |
| | Lebanon | 235 | 315 | 74.6% | 69.6% | 79.6% |
| | Lycoming | 195 | 303 | 64.4% | 58.8% | 69.9% |
| | Perry | 49 | 70 | 70.0% | 58.6% | 81.4% |
| | Somerset | 118 | 198 | 59.6% | 52.5% | 66.7% |
| CCBH | Adams | 93 | 120 | 77.5% | 69.6% | 85.4% |
| | Allegheny | 2,483 | 3,615 | 68.7% | 67.2% | 70.2% |
| | Berks | 830 | 1,089 | 76.2% | 73.6% | 78.8% |
| | Bradford | 131 | 178 | 73.6% | 66.8% | 80.4% |
| | Cameron | 13 | 17 | 76.5% | 53.4% | 99.6% |
| | Carbon | 120 | 186 | 64.5% | 57.4% | 71.7% |
| | Centre | 197 | 239 | 82.4% | 77.4% | 87.5% |
| | Chester | 483 | 687 | 70.3% | 66.8% | 73.8% |
| | Clarion | 90 | 127 | 70.9% | 62.6% | 79.2% |
| | Clearfield | 297 | 384 | 77.3% | 73.0% | 81.7% |
| | Columbia | 165 | 199 | 82.9% | 77.4% | 88.4% |
| | Elk | 117 | 140 | 83.6% | 77.1% | 90.1% |
| | Forest | 10 | 13 | 76.9% | 50.2% | 100.0% |
| | Huntingdon | 111 | 132 | 84.1% | 77.5% | 90.7% |
| | Jefferson | 198 | 251 | 78.9% | 73.6% | 84.1% |
| | Juniata | 47 | 55 | 85.5% | 75.2% | 95.7% |
| | Lackawanna | 595 | 748 | 79.6% | 76.6% | 82.5% |
| | Luzerne | 836 | 1,071 | 78.1% | 75.5% | 80.6% |
| | McKean | 143 | 195 | 73.3% | 66.9% | 79.8% |
| | Mifflin | 195 | 240 | 81.3% | 76.1% | 86.4% |

| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI | |
|-------------|----------------|----------|-------|--------------|--------------|--------------|-------|
| CCBH | Monroe | 190 | 292 | 65.1% | 59.4% | 70.7% | |
| | Montour | 49 | 57 | 86.0% | 76.1% | 95.9% | |
| | Northumberland | 199 | 278 | 71.6% | 66.1% | 77.1% | |
| | Pike | 63 | 82 | 76.8% | 67.1% | 86.6% | |
| | Potter | 37 | 51 | 72.6% | 59.3% | 85.8% | |
| | Schuylkill | 407 | 585 | 69.6% | 65.8% | 73.4% | |
| | Snyder | 56 | 75 | 74.7% | 64.2% | 85.2% | |
| | Sullivan | 6 | 8 | 75.0% | 38.7% | 100.0% | |
| | Susquehanna | 48 | 65 | 73.9% | 62.4% | 85.3% | |
| | Tioga | 79 | 110 | 71.8% | 63.0% | 80.7% | |
| | Union | 61 | 70 | 87.1% | 78.6% | 95.7% | |
| | Warren | 106 | 139 | 76.3% | 68.8% | 83.7% | |
| | Wayne | 79 | 101 | 78.2% | 69.7% | 86.8% | |
| | Wyoming | 39 | 51 | 76.5% | 63.8% | 89.1% | |
| | York | 538 | 790 | 68.1% | 64.8% | 71.4% | |
| | MBH | Bucks | 614 | 890 | 69.0% | 65.9% | 72.1% |
| | | Delaware | 787 | 1,197 | 65.8% | 63.0% | 68.5% |
| Lehigh | | 841 | 1,246 | 67.5% | 64.9% | 70.1% | |
| Montgomery | | 955 | 1,365 | 70.0% | 67.5% | 72.4% | |
| Northampton | | 563 | 795 | 70.8% | 67.6% | 74.0% | |
| VBH | Armstrong | 175 | 223 | 78.5% | 72.9% | 84.1% | |
| | Beaver | 388 | 539 | 72.0% | 68.1% | 75.9% | |
| | Butler | 266 | 383 | 69.5% | 64.7% | 74.2% | |
| | Cambria | 264 | 513 | 51.5% | 47.0% | 55.9% | |
| | Crawford | 284 | 398 | 71.4% | 66.8% | 75.9% | |
| | Erie | 831 | 1,259 | 66.0% | 63.3% | 68.7% | |
| | Fayette | 389 | 592 | 65.7% | 61.8% | 69.6% | |
| | Greene | 136 | 210 | 64.8% | 58.1% | 71.5% | |
| | Indiana | 162 | 212 | 76.4% | 70.5% | 82.4% | |
| | Lawrence | 240 | 308 | 77.9% | 73.1% | 82.7% | |
| | Mercer | 321 | 459 | 69.9% | 65.6% | 74.2% | |
| | Venango | 151 | 213 | 70.9% | 64.6% | 77.2% | |
| | Washington | 407 | 594 | 68.5% | 64.7% | 72.3% | |
| | Westmoreland | 736 | 1,046 | 70.4% | 67.5% | 73.2% | |

APPENDIX 4D: BH MCO QUALITY INDICATOR RATES BY COUNTY (continued)

| PA Specifications Quality Indicator A | | | | | | |
|---------------------------------------|--------------|---------|-------|--------------|--------------|--------------|
| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | Philadelphia | 4,144 | 8,100 | 51.2% | 50.1% | 52.3% |
| | CBHNP | Bedford | 53 | 95 | 55.8% | 45.3% |
| | Blair | 316 | 555 | 56.9% | 52.7% | 61.1% |
| | Clinton | 52 | 89 | 58.4% | 47.6% | 69.2% |
| | Cumberland | 154 | 278 | 55.4% | 49.4% | 61.4% |
| | Dauphin | 486 | 832 | 58.4% | 55.0% | 61.8% |
| | Franklin | 161 | 266 | 60.5% | 54.5% | 66.6% |
| | Fulton | 15 | 28 | 53.6% | 33.3% | 73.8% |
| | Lancaster | 525 | 1,082 | 48.5% | 45.5% | 51.5% |
| | Lebanon | 182 | 315 | 57.8% | 52.2% | 63.4% |
| | Lycoming | 142 | 303 | 46.9% | 41.1% | 52.6% |
| | Perry | 36 | 70 | 51.4% | 39.0% | 63.9% |
| | Somerset | 108 | 198 | 54.6% | 47.4% | 61.7% |
| CCBH | Adams | 74 | 120 | 61.7% | 52.6% | 70.8% |
| | Allegheny | 2,242 | 3,615 | 62.0% | 60.4% | 63.6% |
| | Berks | 705 | 1,089 | 64.7% | 61.9% | 67.6% |
| | Bradford | 100 | 178 | 56.2% | 48.6% | 63.7% |
| | Cameron | 11 | 17 | 64.7% | 39.1% | 90.4% |
| | Carbon | 96 | 186 | 51.6% | 44.2% | 59.1% |
| | Centre | 167 | 239 | 69.9% | 63.8% | 75.9% |
| | Chester | 443 | 687 | 64.5% | 60.8% | 68.1% |
| | Clarion | 74 | 127 | 58.3% | 49.3% | 67.2% |
| | Clearfield | 243 | 384 | 63.3% | 58.3% | 68.2% |
| | Columbia | 149 | 199 | 74.9% | 68.6% | 81.1% |
| | Elk | 99 | 140 | 70.7% | 62.8% | 78.6% |
| | Forest | 7 | 13 | 53.9% | 22.9% | 84.8% |
| | Huntingdon | 93 | 132 | 70.5% | 62.3% | 78.6% |
| | Jefferson | 176 | 251 | 70.1% | 64.3% | 76.0% |
| | Juniata | 42 | 55 | 76.4% | 64.2% | 88.5% |
| | Lackawanna | 485 | 748 | 64.8% | 61.4% | 68.3% |
| | Luzerne | 706 | 1,071 | 65.9% | 63.0% | 68.8% |
| | McKean | 109 | 195 | 55.9% | 48.7% | 63.1% |
| | Mifflin | 181 | 240 | 75.4% | 69.8% | 81.1% |

| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
|-------------|----------------|-------|-------|--------------|--------------|--------------|
| CCBH | Monroe | 168 | 292 | 57.5% | 51.7% | 63.4% |
| | Montour | 47 | 57 | 82.5% | 71.7% | 93.2% |
| | Northumberland | 174 | 278 | 62.6% | 56.7% | 68.5% |
| | Pike | 58 | 82 | 70.7% | 60.3% | 81.2% |
| | Potter | 29 | 51 | 56.9% | 42.3% | 71.4% |
| | Schuylkill | 321 | 585 | 54.9% | 50.8% | 59.0% |
| | Snyder | 49 | 75 | 65.3% | 53.9% | 76.8% |
| | Sullivan | 4 | 8 | 50.0% | 9.1% | 90.9% |
| | Susquehanna | 44 | 65 | 67.7% | 55.6% | 79.8% |
| | Tioga | 72 | 110 | 65.5% | 56.1% | 74.8% |
| | Union | 58 | 70 | 82.9% | 73.3% | 92.4% |
| | Warren | 85 | 139 | 61.2% | 52.7% | 69.6% |
| | Wayne | 71 | 101 | 70.3% | 60.9% | 79.7% |
| | Wyoming | 26 | 51 | 51.0% | 36.3% | 65.7% |
| | York | 370 | 790 | 46.8% | 43.3% | 50.4% |
| | MBH | Bucks | 584 | 890 | 65.6% | 62.4% |
| Delaware | | 740 | 1,197 | 61.8% | 59.0% | 64.6% |
| Lehigh | | 755 | 1,246 | 60.6% | 57.8% | 63.3% |
| Montgomery | | 862 | 1,365 | 63.2% | 60.6% | 65.7% |
| Northampton | | 507 | 795 | 63.8% | 60.4% | 67.2% |
| VBH | Armstrong | 134 | 223 | 60.1% | 53.4% | 66.7% |
| | Beaver | 308 | 539 | 57.1% | 52.9% | 61.4% |
| | Butler | 249 | 383 | 65.0% | 60.1% | 69.9% |
| | Cambria | 203 | 513 | 39.6% | 35.2% | 43.9% |
| | Crawford | 212 | 398 | 53.3% | 48.2% | 58.3% |
| | Erie | 755 | 1,259 | 60.0% | 57.2% | 62.7% |
| | Fayette | 307 | 592 | 51.9% | 47.8% | 56.0% |
| | Greene | 134 | 210 | 63.8% | 57.1% | 70.5% |
| | Indiana | 133 | 212 | 62.7% | 56.0% | 69.5% |
| | Lawrence | 194 | 308 | 63.0% | 57.4% | 68.5% |
| | Mercer | 239 | 459 | 52.1% | 47.4% | 56.7% |
| | Venango | 99 | 213 | 46.5% | 39.5% | 53.4% |
| | Washington | 338 | 594 | 56.9% | 52.8% | 61.0% |
| | Westmoreland | 646 | 1,046 | 61.8% | 58.8% | 64.8% |

APPENDIX 4D: BH MCO QUALITY INDICATOR RATES BY COUNTY (continued)

| PA Specifications Quality Indicator B | | | | | | |
|---------------------------------------|--------------|---------|-------|--------------|--------------|--------------|
| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
| CBH | Philadelphia | 5,392 | 8,100 | 66.6% | 65.5% | 67.6% |
| | CBHNP | Bedford | 73 | 95 | 76.8% | 67.8% |
| | Blair | 432 | 555 | 77.8% | 74.3% | 81.4% |
| | Clinton | 70 | 89 | 78.7% | 69.6% | 87.7% |
| | Cumberland | 206 | 278 | 74.1% | 68.8% | 79.4% |
| | Dauphin | 618 | 832 | 74.3% | 71.2% | 77.3% |
| | Franklin | 222 | 266 | 83.5% | 78.8% | 88.1% |
| | Fulton | 24 | 28 | 85.7% | 71.0% | 100.0% |
| | Lancaster | 702 | 1,082 | 64.9% | 62.0% | 67.8% |
| | Lebanon | 248 | 315 | 78.7% | 74.1% | 83.4% |
| | Lycoming | 212 | 303 | 70.0% | 64.6% | 75.3% |
| | Perry | 49 | 70 | 70.0% | 58.6% | 81.4% |
| | Somerset | 136 | 198 | 68.7% | 62.0% | 75.4% |
| CCBH | Adams | 96 | 120 | 80.0% | 72.4% | 87.6% |
| | Allegheny | 2,748 | 3,615 | 76.0% | 74.6% | 77.4% |
| | Berks | 883 | 1,089 | 81.1% | 78.7% | 83.5% |
| | Bradford | 139 | 178 | 78.1% | 71.7% | 84.4% |
| | Cameron | 13 | 17 | 76.5% | 53.4% | 99.6% |
| | Carbon | 136 | 186 | 73.1% | 66.5% | 79.8% |
| | Centre | 205 | 239 | 85.8% | 81.1% | 90.4% |
| | Chester | 514 | 687 | 74.8% | 71.5% | 78.1% |
| | Clarion | 100 | 127 | 78.7% | 71.2% | 86.2% |
| | Clearfield | 316 | 384 | 82.3% | 78.3% | 86.2% |
| | Columbia | 172 | 199 | 86.4% | 81.4% | 91.4% |
| | Elk | 122 | 140 | 87.1% | 81.2% | 93.0% |
| | Forest | 11 | 13 | 84.6% | 61.2% | 100.0% |
| | Huntingdon | 118 | 132 | 89.4% | 83.8% | 95.0% |
| | Jefferson | 218 | 251 | 86.9% | 82.5% | 91.2% |
| | Juniata | 50 | 55 | 90.9% | 82.4% | 99.4% |
| | Lackawanna | 616 | 748 | 82.4% | 79.6% | 85.1% |
| | Luzerne | 866 | 1,071 | 80.9% | 78.5% | 83.3% |
| | McKean | 156 | 195 | 80.0% | 74.1% | 85.9% |
| | Mifflin | 214 | 240 | 89.2% | 85.0% | 93.3% |

| By MCO | COUNTY | (N) | (D) | % | Lower 95% CI | Upper 95% CI |
|-------------|----------------|-------|-------|--------------|--------------|--------------|
| CCBH | Monroe | 213 | 292 | 73.0% | 67.7% | 78.2% |
| | Montour | 53 | 57 | 93.0% | 85.5% | 100.0% |
| | Northumberland | 221 | 278 | 79.5% | 74.6% | 84.4% |
| | Pike | 69 | 82 | 84.2% | 75.6% | 92.7% |
| | Potter | 38 | 51 | 74.5% | 61.6% | 87.5% |
| | Schuylkill | 456 | 585 | 78.0% | 74.5% | 81.4% |
| | Snyder | 63 | 75 | 84.0% | 75.0% | 93.0% |
| | Sullivan | 7 | 8 | 87.5% | 58.3% | 100.0% |
| | Susquehanna | 50 | 65 | 76.9% | 65.9% | 87.9% |
| | Tioga | 89 | 110 | 80.9% | 73.1% | 88.7% |
| | Union | 65 | 70 | 92.9% | 86.1% | 99.6% |
| | Warren | 115 | 139 | 82.7% | 76.1% | 89.4% |
| | Wayne | 86 | 101 | 85.2% | 77.7% | 92.6% |
| | Wyoming | 39 | 51 | 76.5% | 63.8% | 89.1% |
| | York | 564 | 790 | 71.4% | 68.2% | 74.6% |
| | MBH | Bucks | 689 | 890 | 77.4% | 74.6% |
| Delaware | | 891 | 1,197 | 74.4% | 71.9% | 77.0% |
| Lehigh | | 936 | 1,246 | 75.1% | 72.7% | 77.6% |
| Montgomery | | 1,054 | 1,365 | 77.2% | 75.0% | 79.5% |
| Northampton | | 607 | 795 | 76.4% | 73.3% | 79.4% |
| VBH | Armstrong | 184 | 223 | 82.5% | 77.3% | 87.7% |
| | Beaver | 414 | 539 | 76.8% | 73.2% | 80.5% |
| | Butler | 303 | 383 | 79.1% | 74.9% | 83.3% |
| | Cambria | 326 | 513 | 63.6% | 59.3% | 67.8% |
| | Crawford | 299 | 398 | 75.1% | 70.8% | 79.5% |
| | Erie | 984 | 1,259 | 78.2% | 75.8% | 80.5% |
| | Fayette | 430 | 592 | 72.6% | 69.0% | 76.3% |
| | Greene | 168 | 210 | 80.0% | 74.4% | 85.6% |
| | Indiana | 168 | 212 | 79.3% | 73.6% | 84.9% |
| | Lawrence | 253 | 308 | 82.1% | 77.7% | 86.6% |
| | Mercer | 347 | 459 | 75.6% | 71.6% | 79.6% |
| | Venango | 154 | 213 | 72.3% | 66.1% | 78.5% |
| | Washington | 450 | 594 | 75.8% | 72.2% | 79.3% |
| | Westmoreland | 819 | 1,046 | 78.3% | 75.8% | 80.8% |

APPENDIX V: YEAR TO YEAR COMPARISON FIGURES (MY 2004 TO MY 2010)

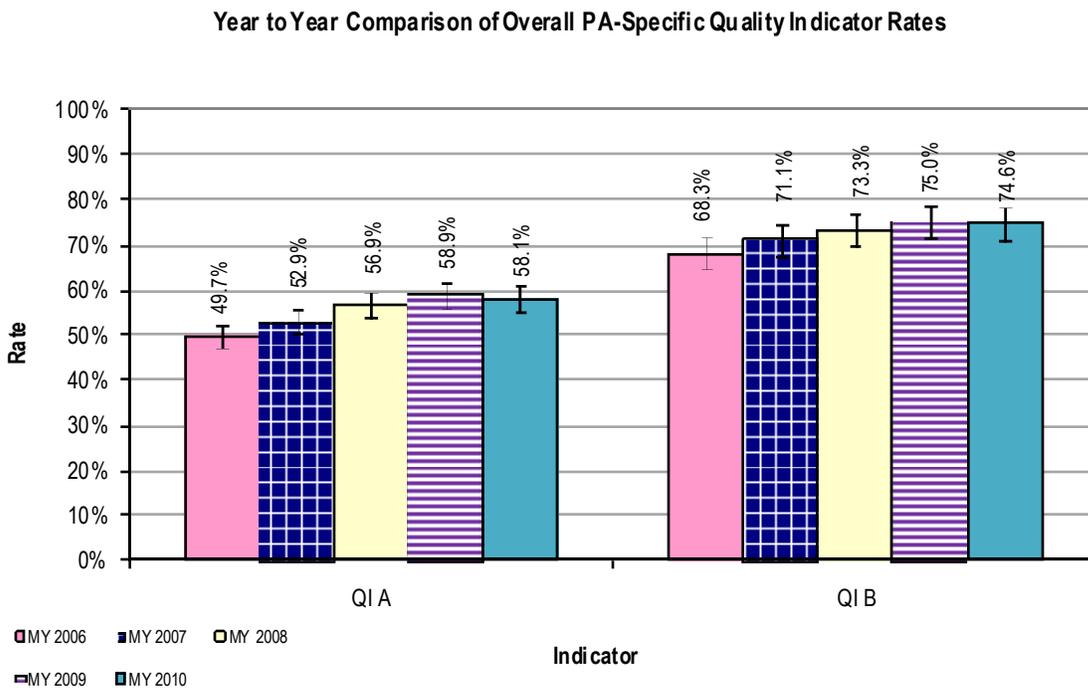
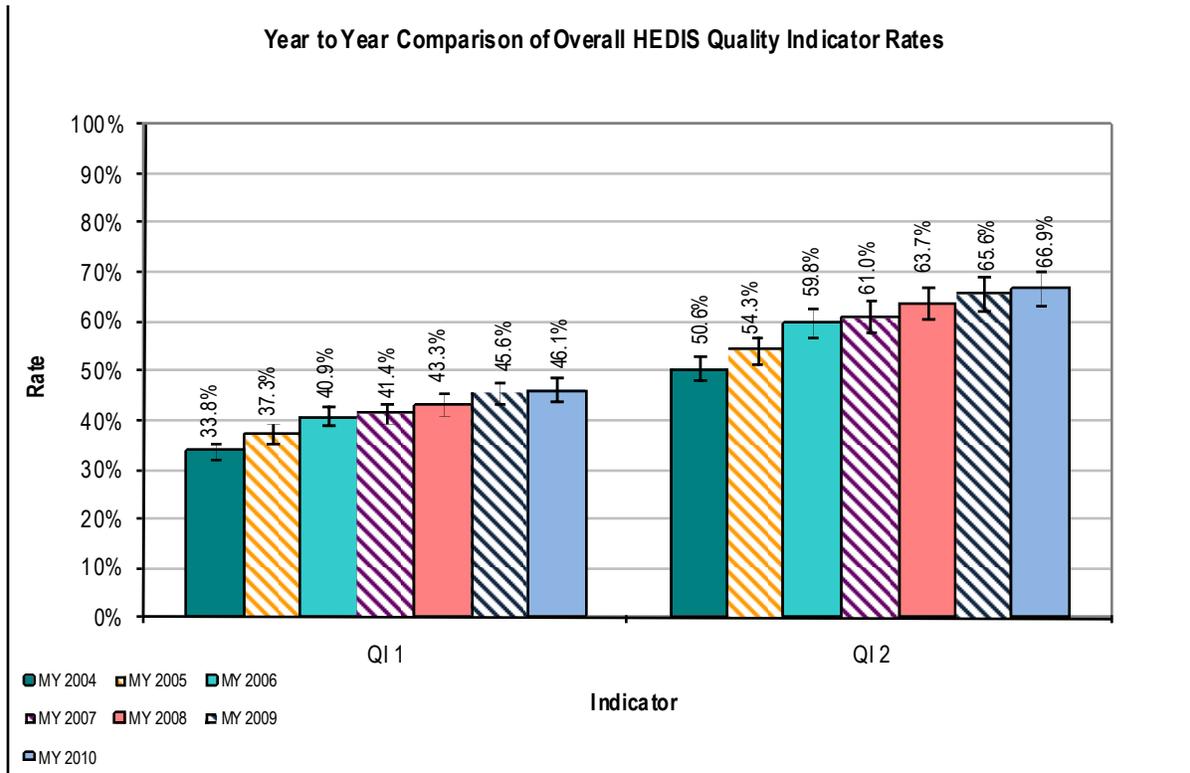
The following figures and tables outline Year-to-Year Comparison results for the HEDIS Quality Indicators 1 and 2, and PA-specific Quality Indicators A and B by topic (i.e. race, age, gender, BHMCO, and County categories). All figure and table results are shown with the upper and lower bounds (95% CI) indicated.

Because the MY 2006 PA-specific measure represents a significant change from prior years, 2007 was a baseline year for the PA-specific QIs A and B. These indicators cannot be compared to PA-specific measurements prior to MY 2006 or to the HEDIS measures, since the codes added to the MY 2006 PA-specific measure have changed the measure substantially.

Follow-up measures were implemented in January 2007 for the North/Central State Option region and its 23 Counties (Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne). The four quality indicators were also implemented in July 2007 for the North/Central County Option region encompassing 15 Counties (Bedford, Blair, Cambria, Carbon, Clinton, Crawford, Erie, Franklin, Fulton, Lycoming, Mercer, Monroe, Pike, Somerset, and Venango). Measurements prior to MY 2007 are not available for these Counties and regions.

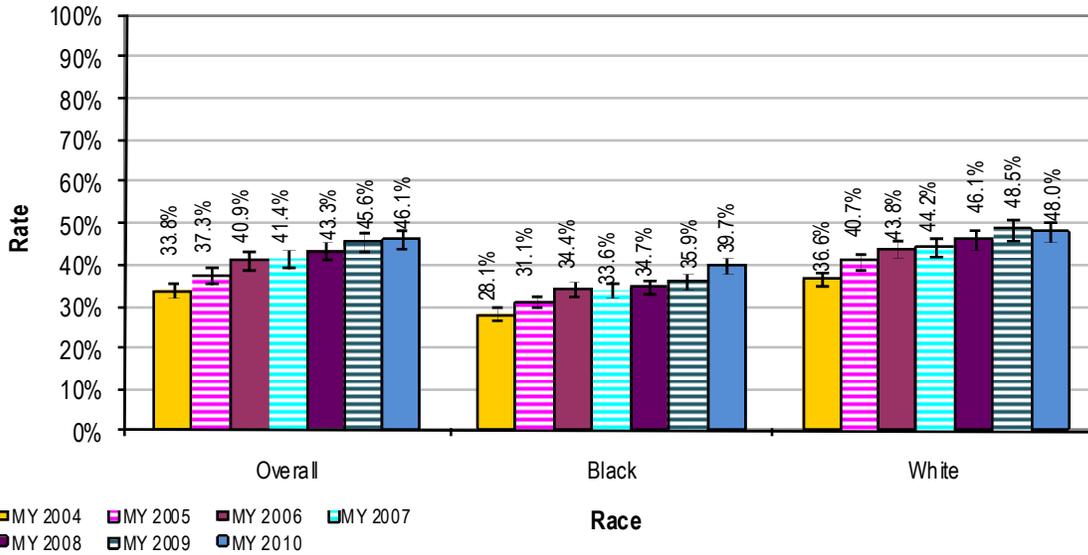
Beginning with MY 2008, findings by age are presented as three cohorts: Ages 6-20 years, Ages 21-64 years, and Ages 65 years and over. The Ages 21-64 years cohort was reported as two age ranges (Ages 21-59 years and Ages 60-64 years) in prior studies including MY 2007. Measurements for the Ages 21-64 years cohort prior to MY 2008 are not presented in this chapter. These rates can be found in Appendix V of the 2008 Follow-up After Hospitalization for Mental Illness EQR final report.

APPENDIX 5A: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES

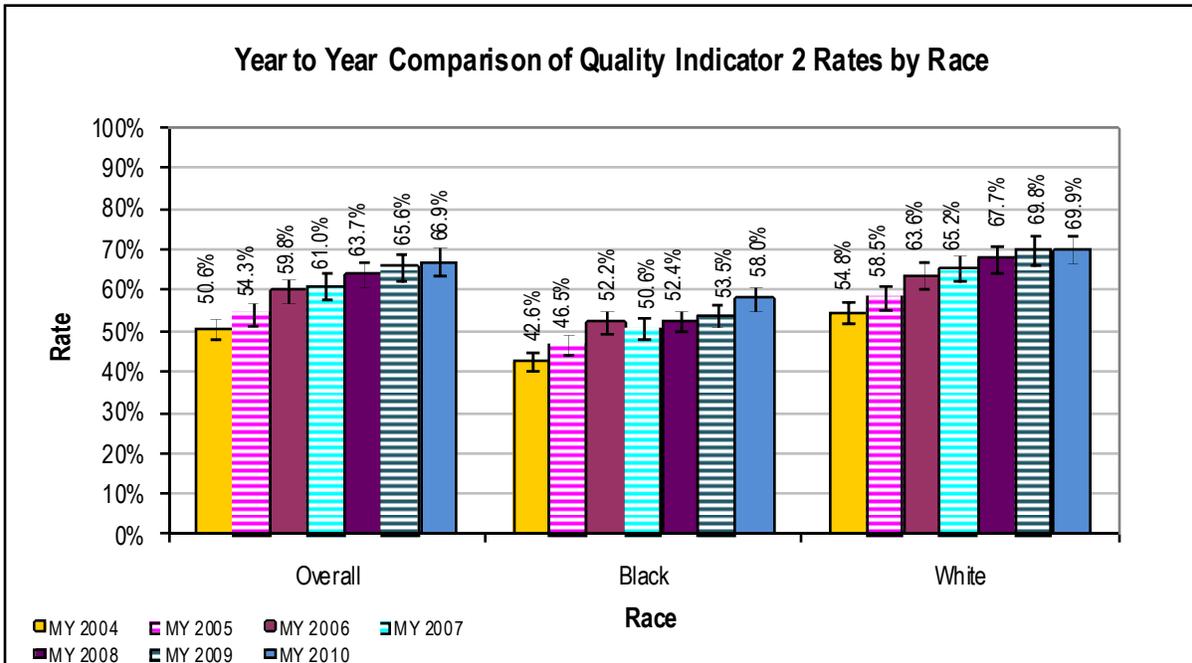


APPENDIX 5B: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY RACE

Year to Year Comparison of Quality Indicator 1 Rates by Race

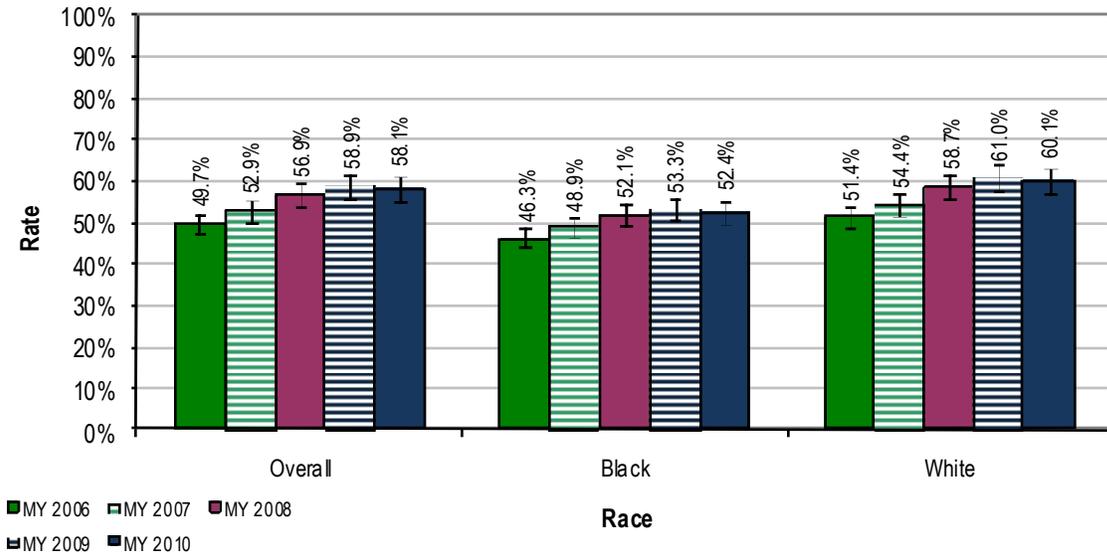


Year to Year Comparison of Quality Indicator 2 Rates by Race

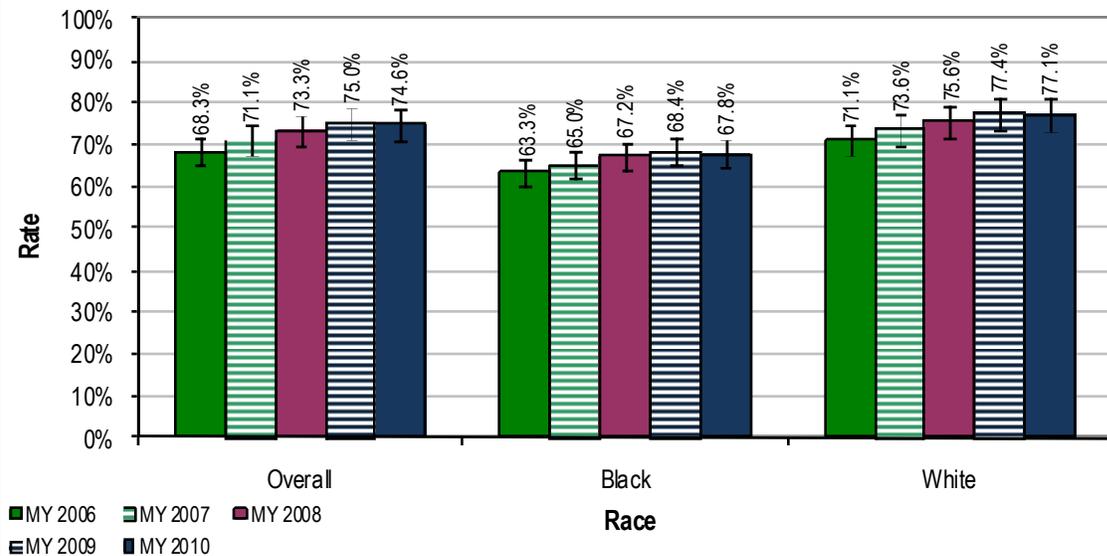


**APPENDIX 5B: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY RACE
(continued)**

Year to Year Comparison of Quality Indicator A Rates by Race

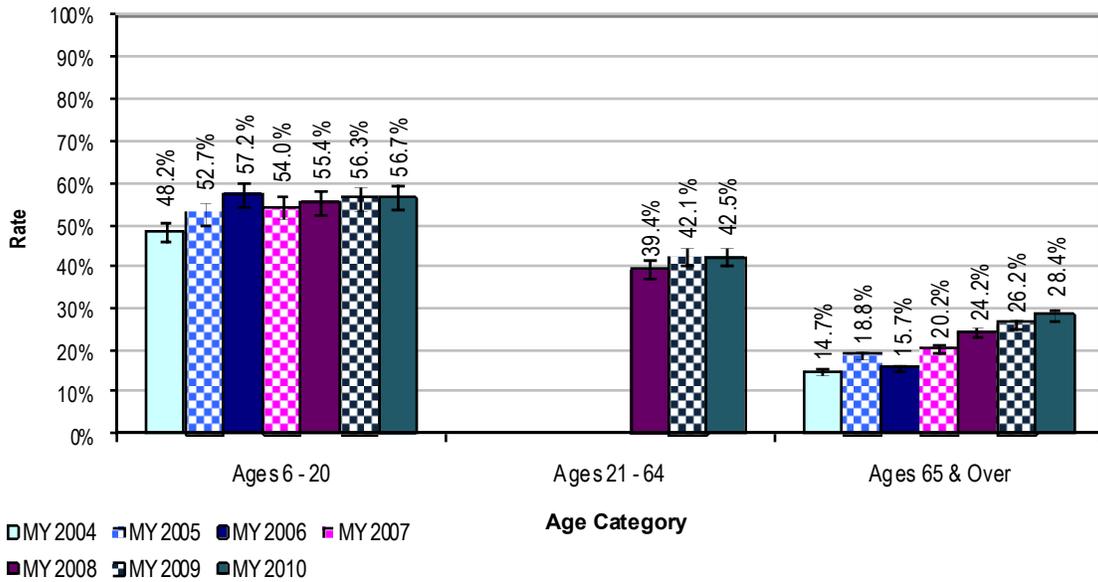


Year to Year Comparison of Quality Indicator B Rates by Race

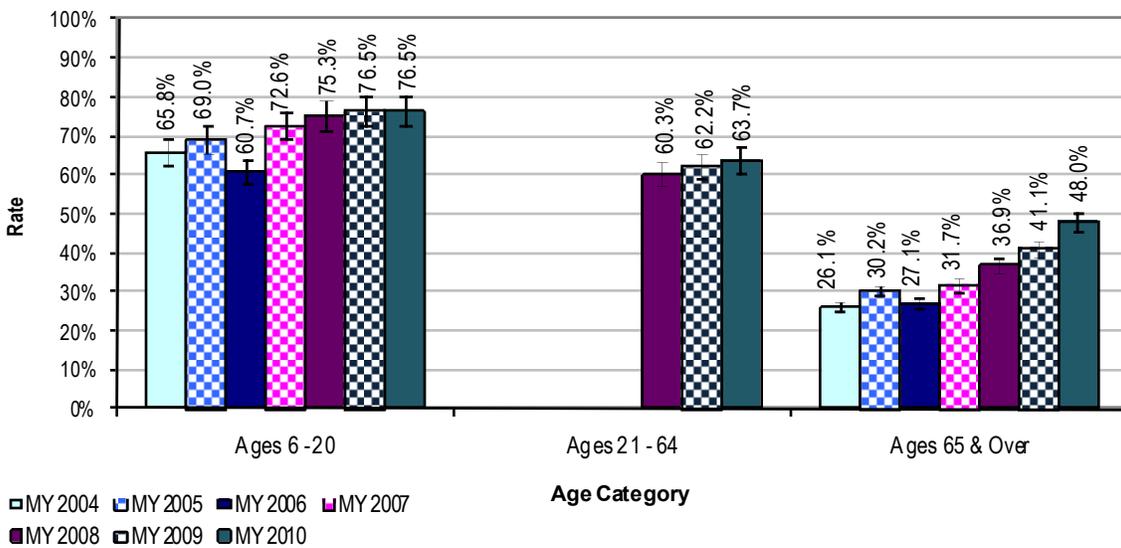


APPENDIX 5C: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY AGE CATEGORY

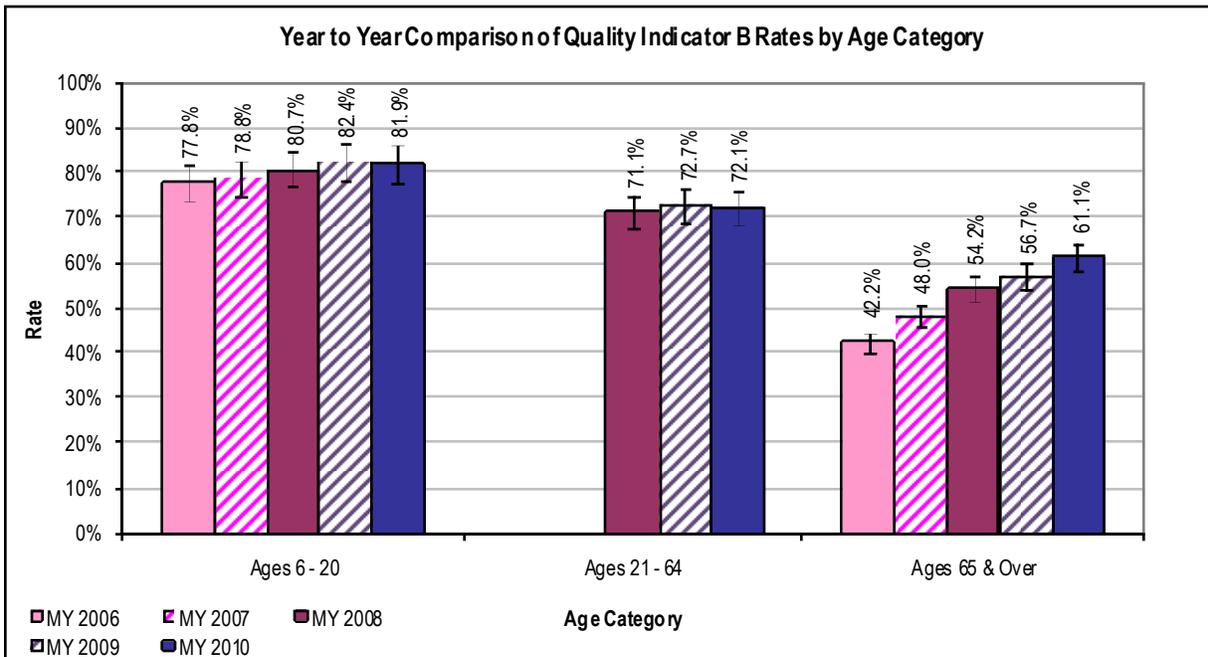
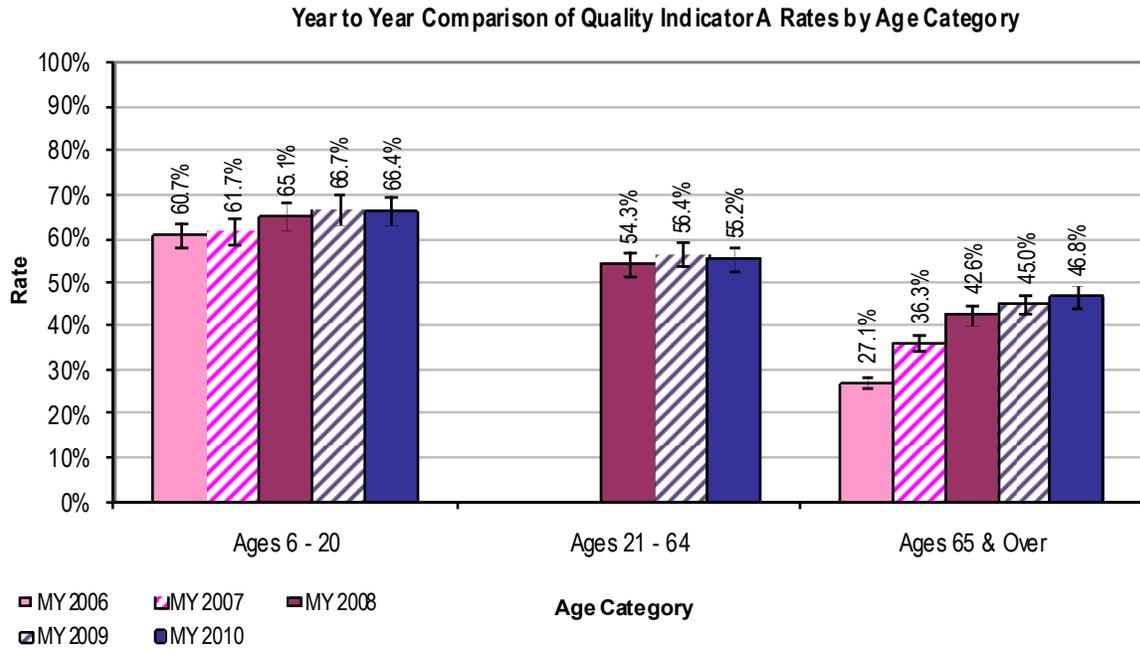
Year to Year Comparison of Quality Indicator 1 Rates by Age Category



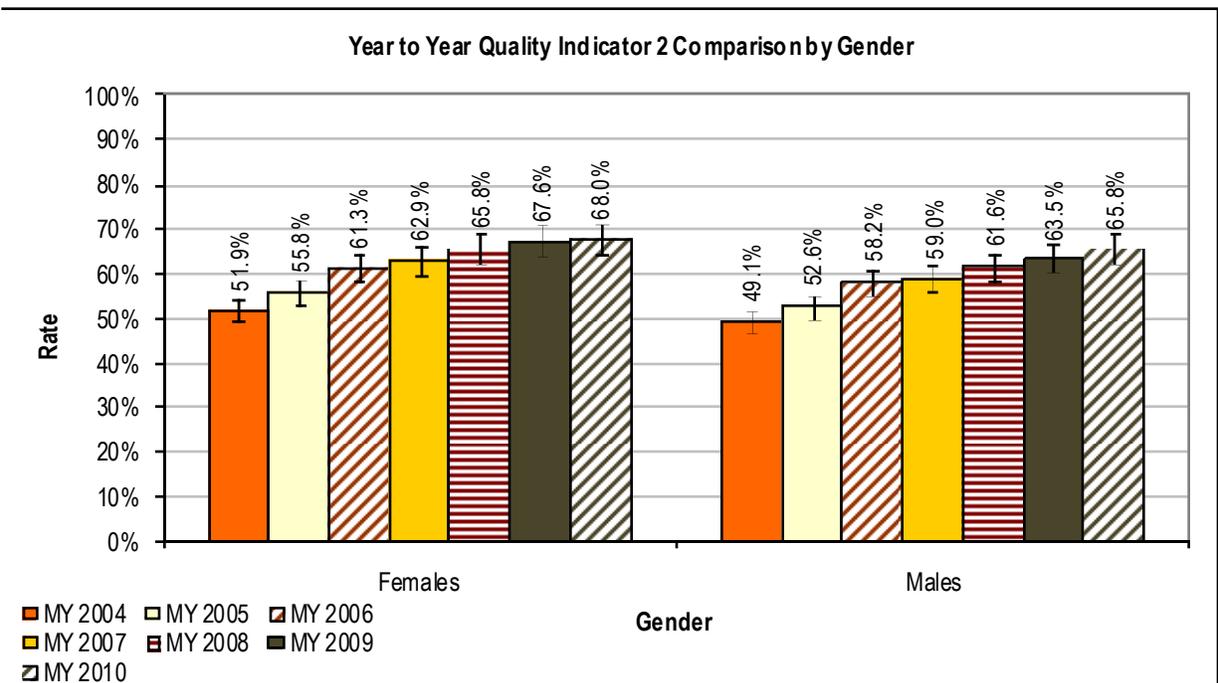
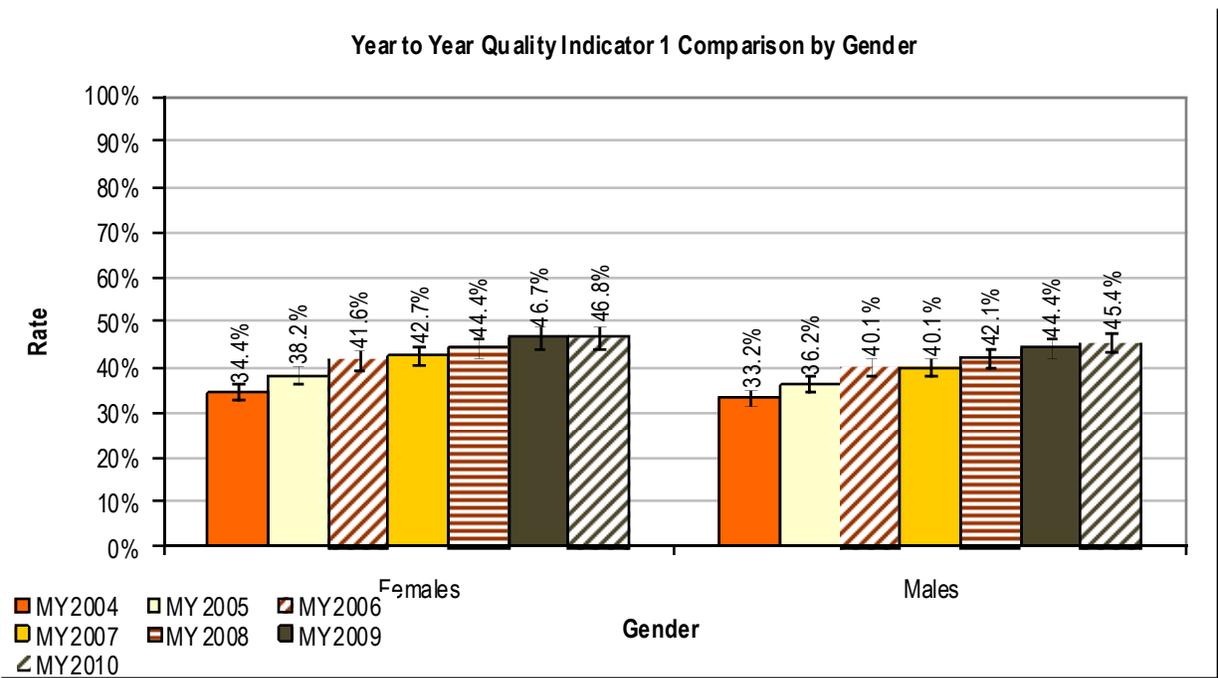
Year to Year Comparison of Quality Indicator 2 Rates by Age Category



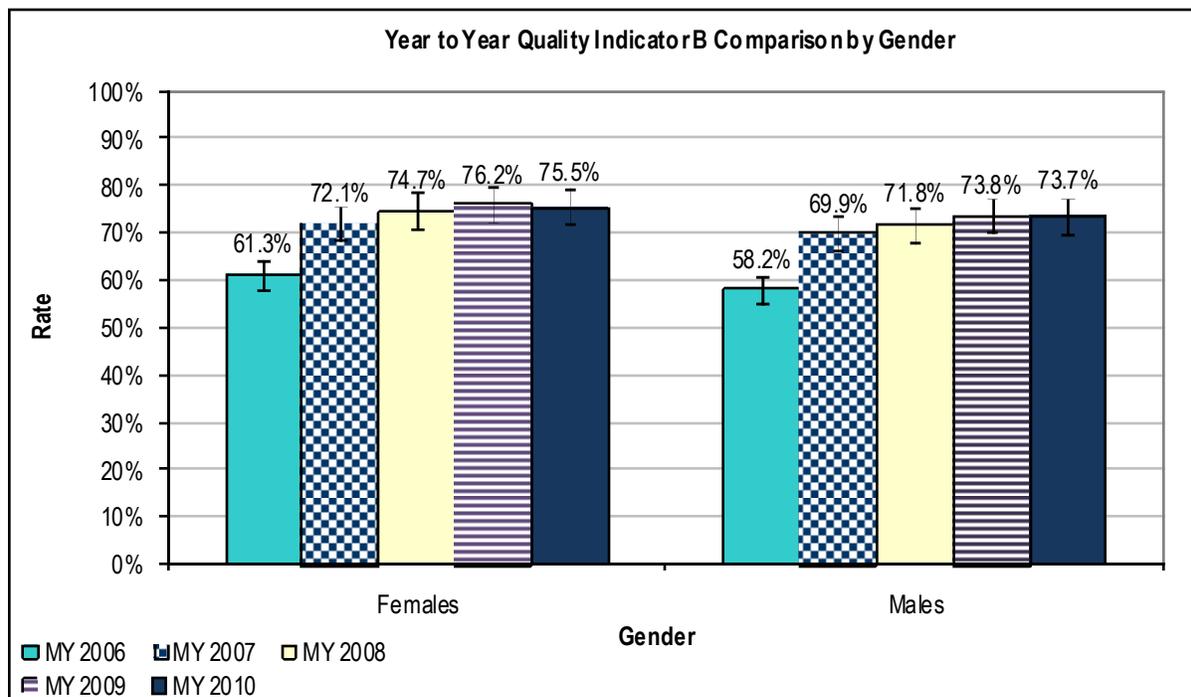
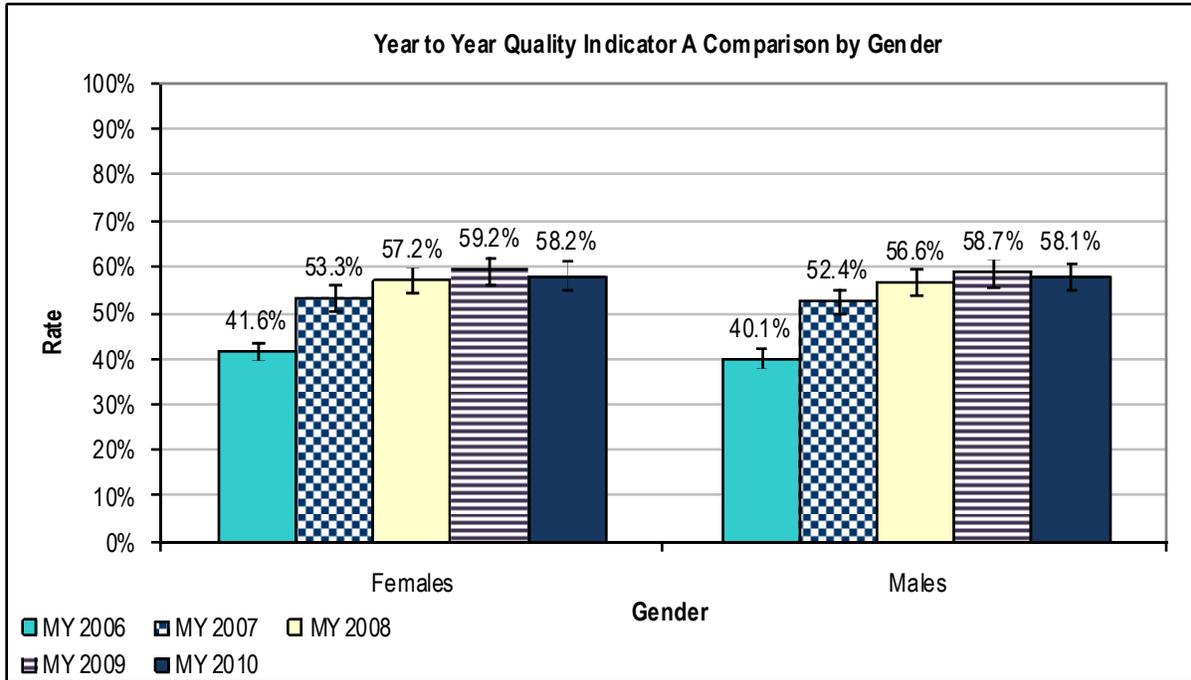
APPENDIX 5C: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY AGE CATEGORY (continued)



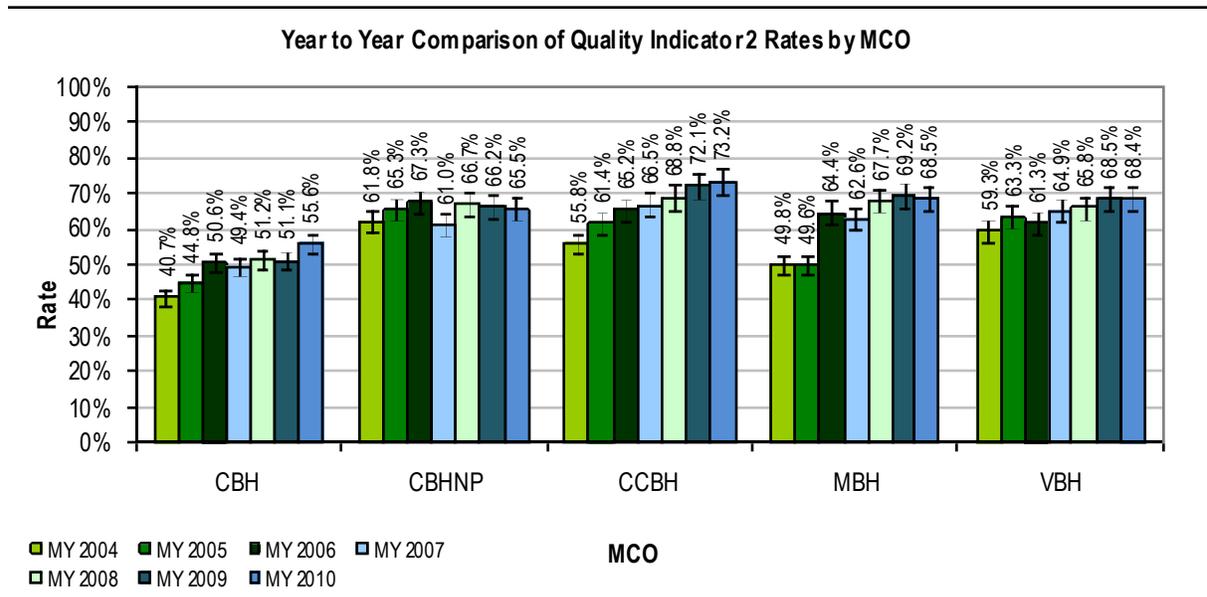
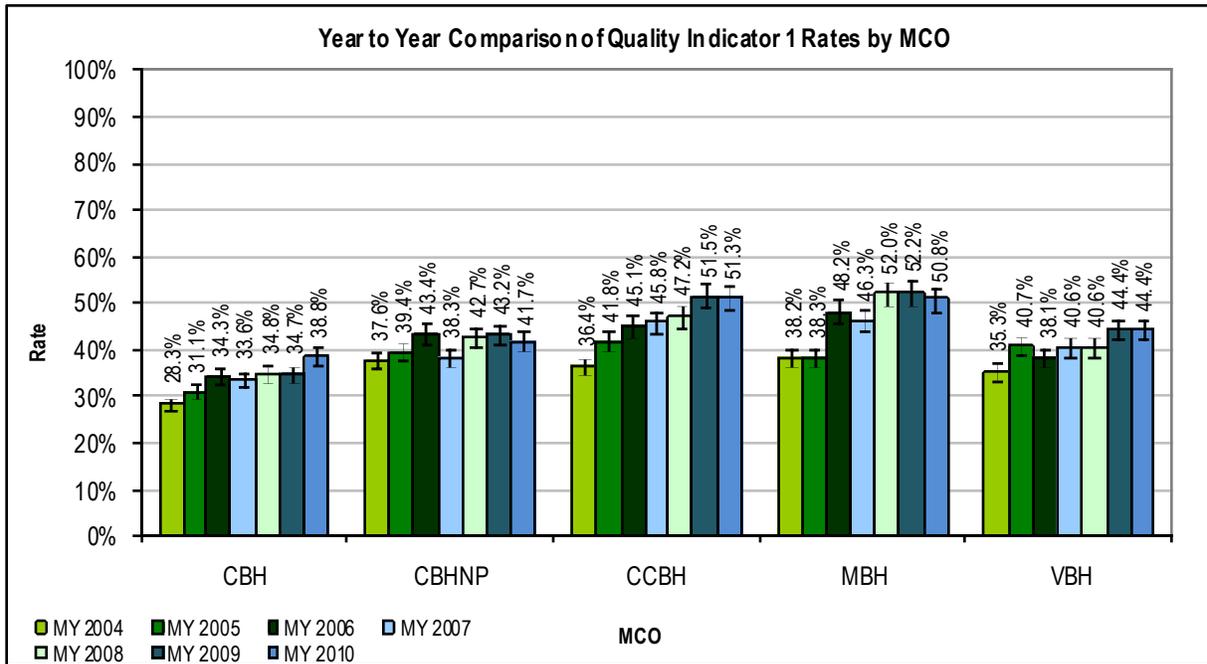
APPENDIX 5D: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY GENDER



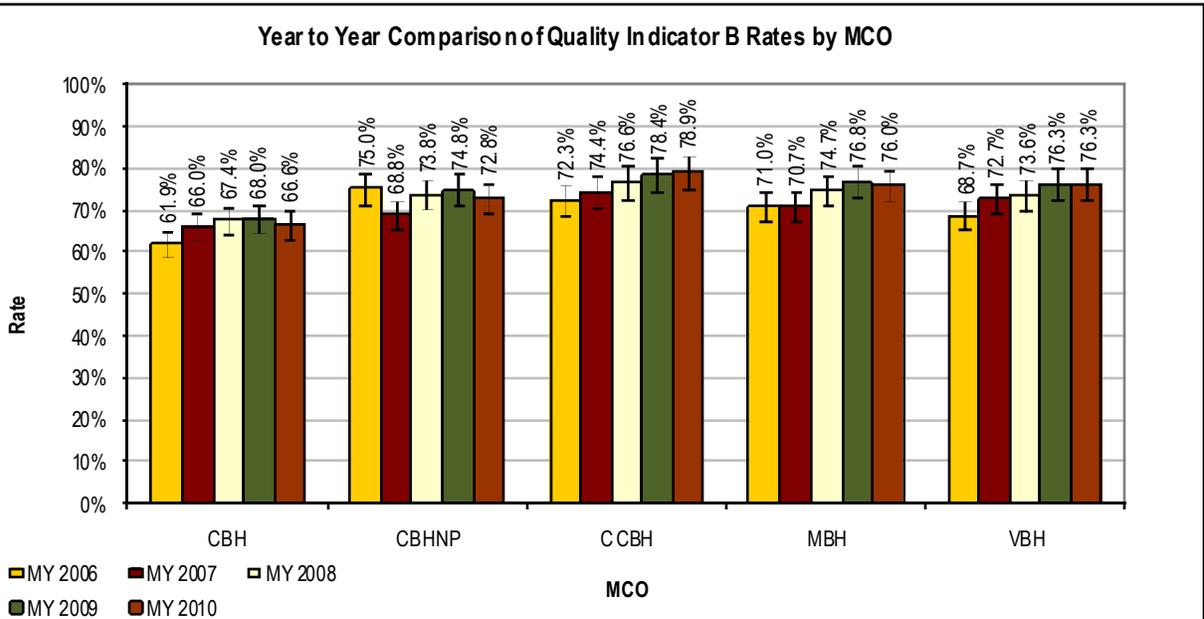
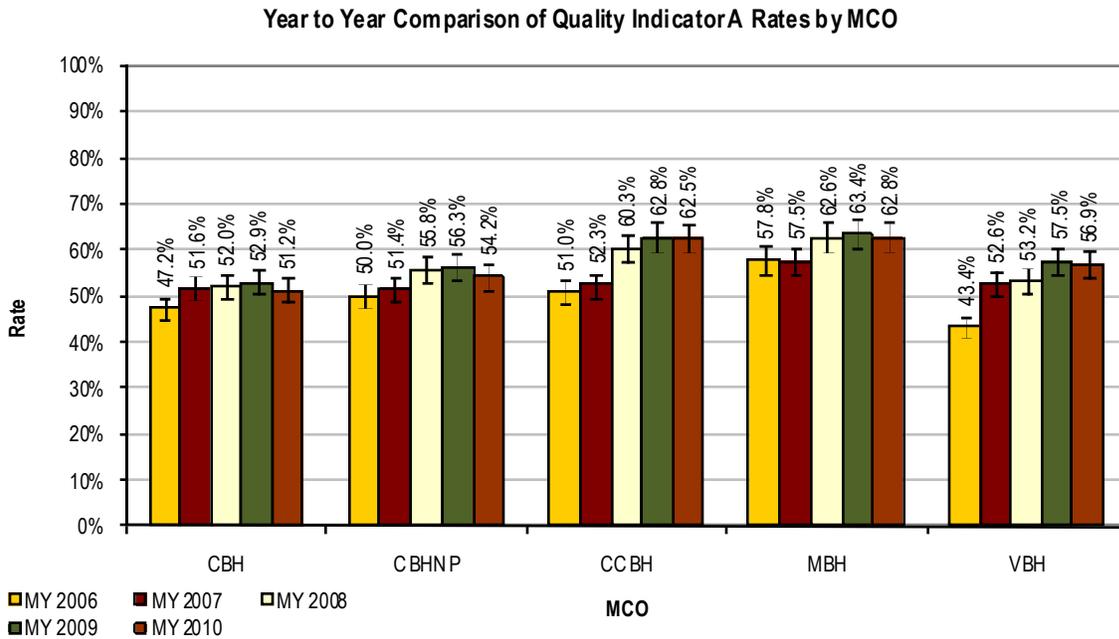
APPENDIX 5D: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY GENDER (continued)



APPENDIX 5E: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY BH MCO

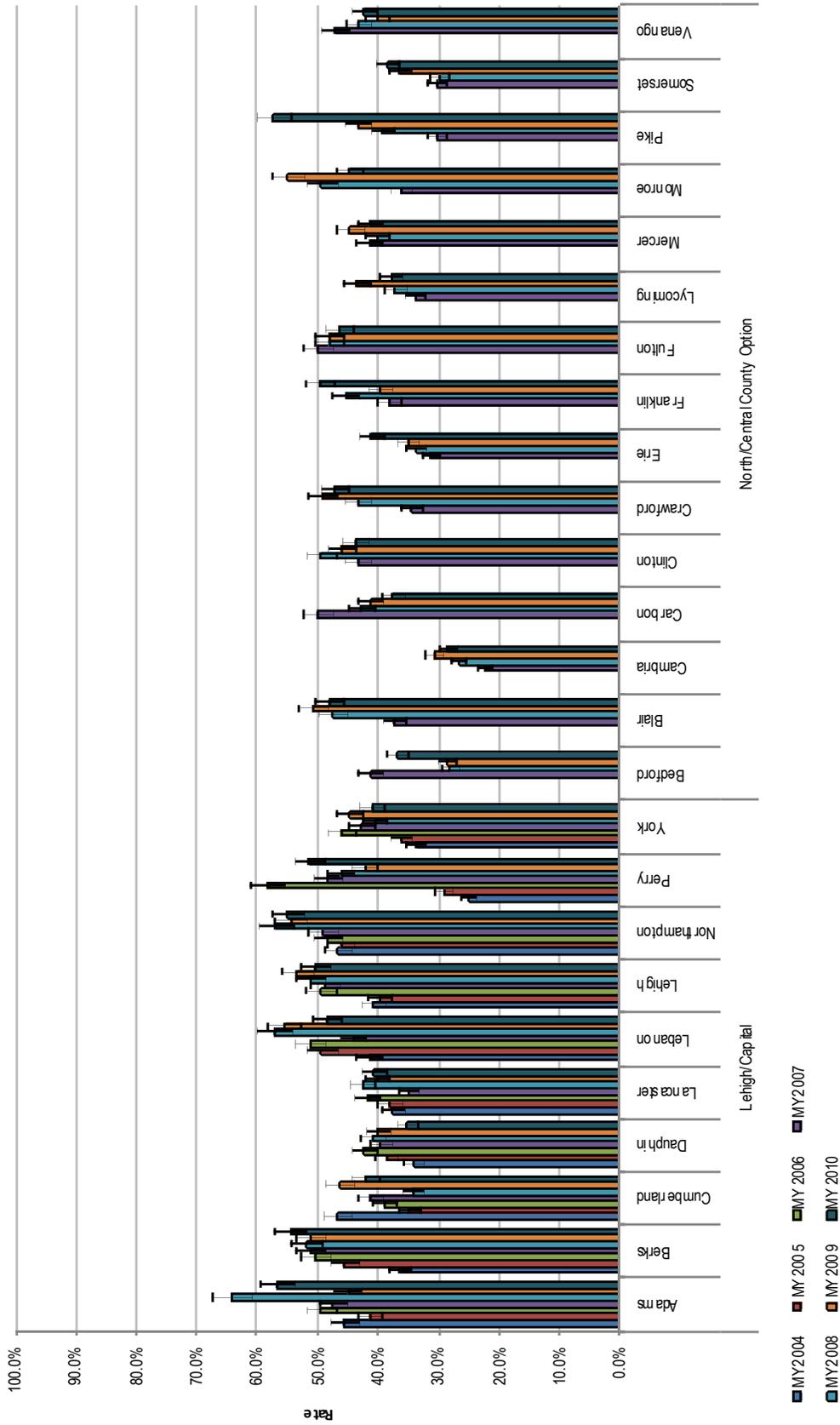


**APPENDIX 5E: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR RATES BY BH MCO
(continued)**



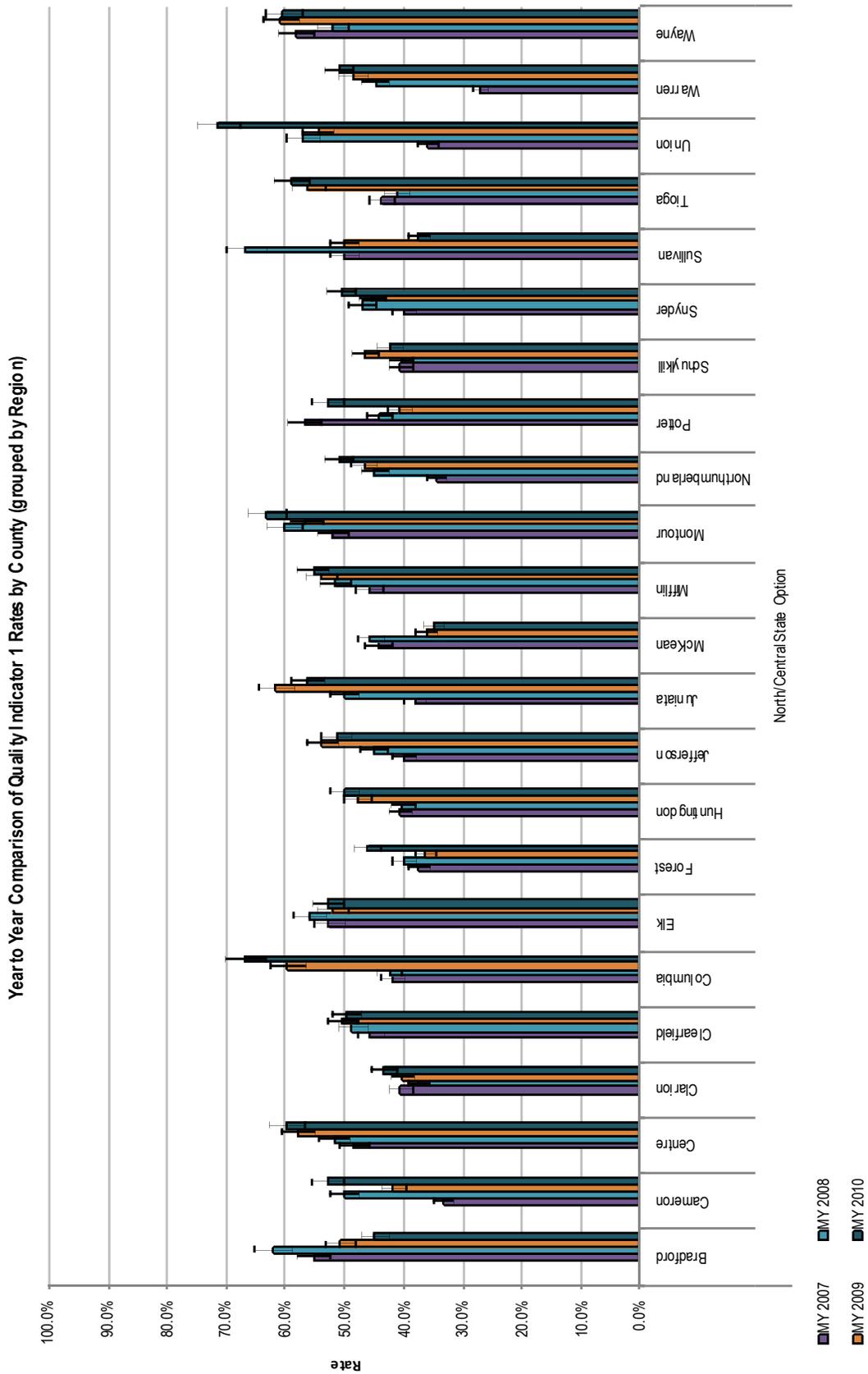
APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 1 BY COUNTY (GROUPED BY REGION)

Year to Year Comparison of Quality Indicator 1 Rates by County (grouped by Region)

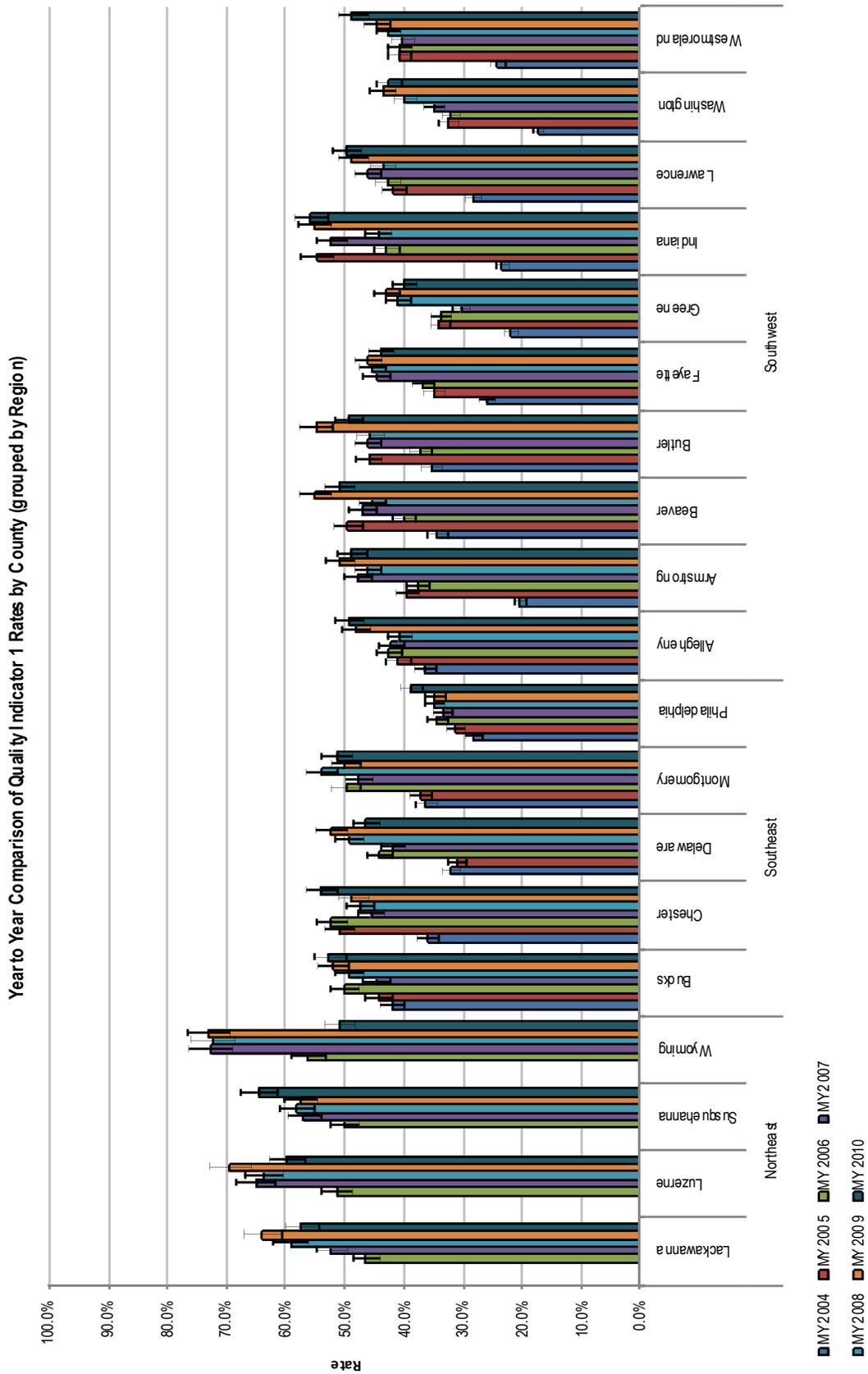


* North/Central County Option Counties were evaluated based on a six-month time frame from July 1, 2007 to December 1, 2007 in the MY 2007 study.

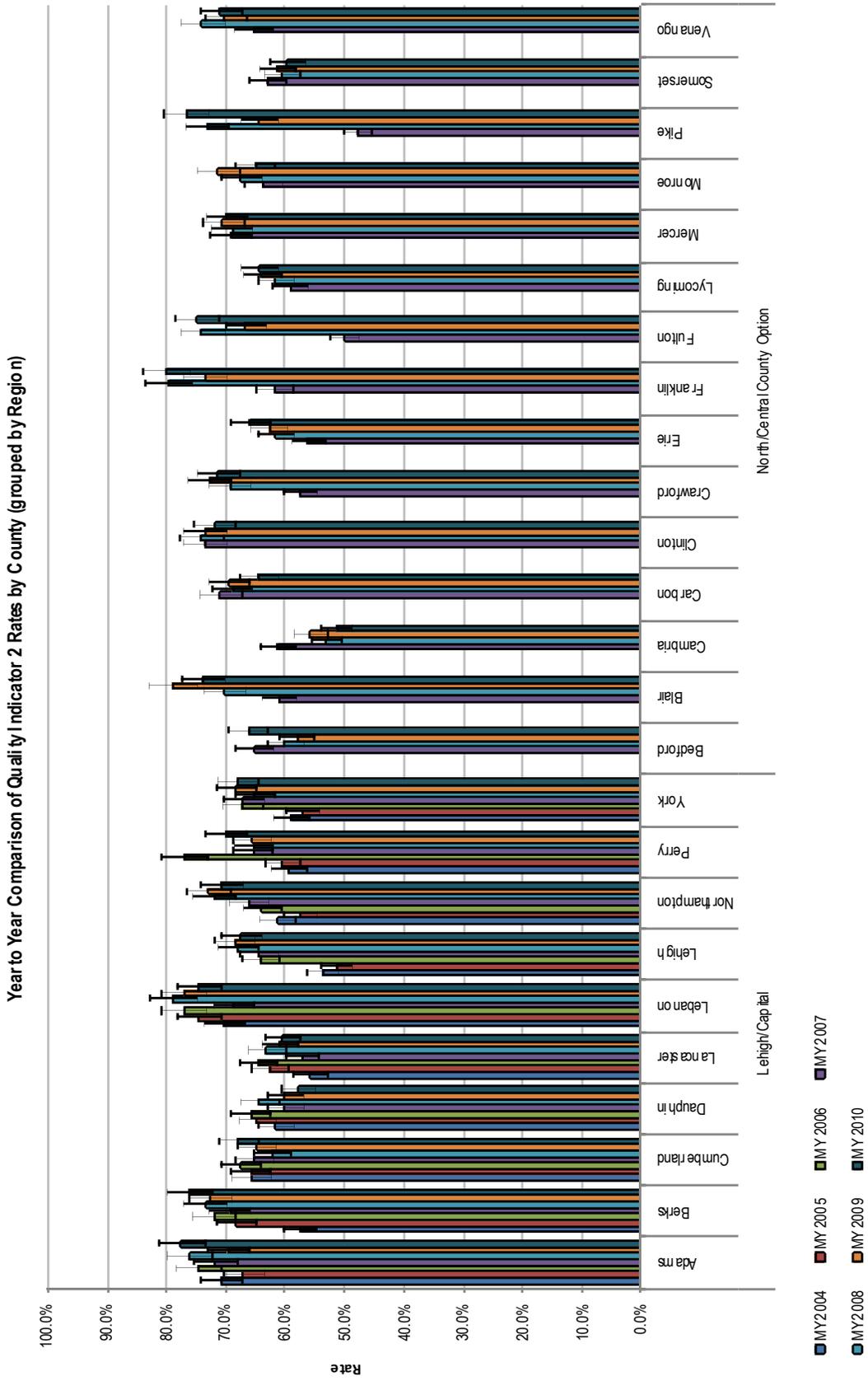
APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 1 BY COUNTY (GROUPED BY REGION) continued



APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 1 BY COUNTY (GROUPED BY REGION) continued



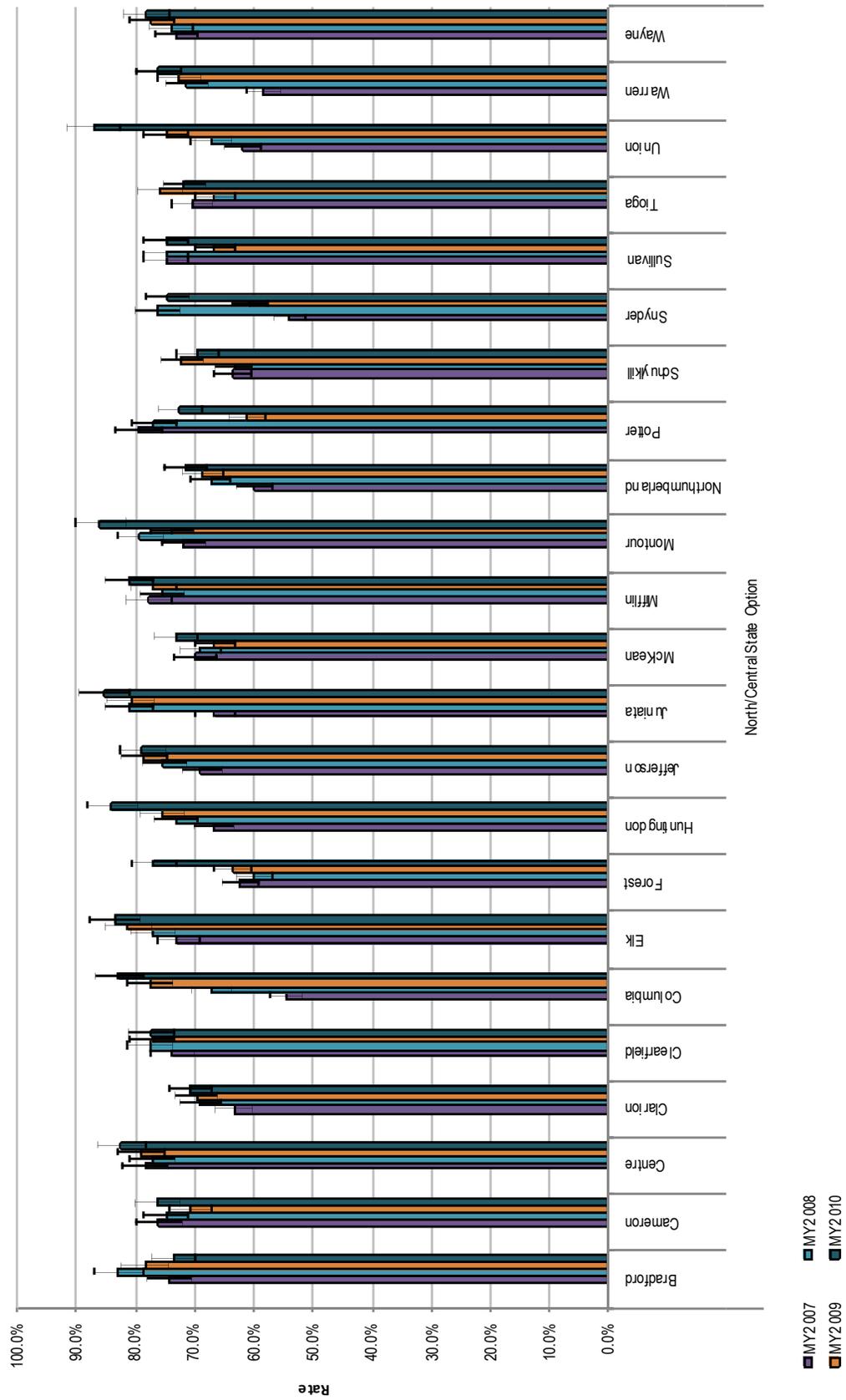
APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 2 BY COUNTY (GROUPED BY REGION)



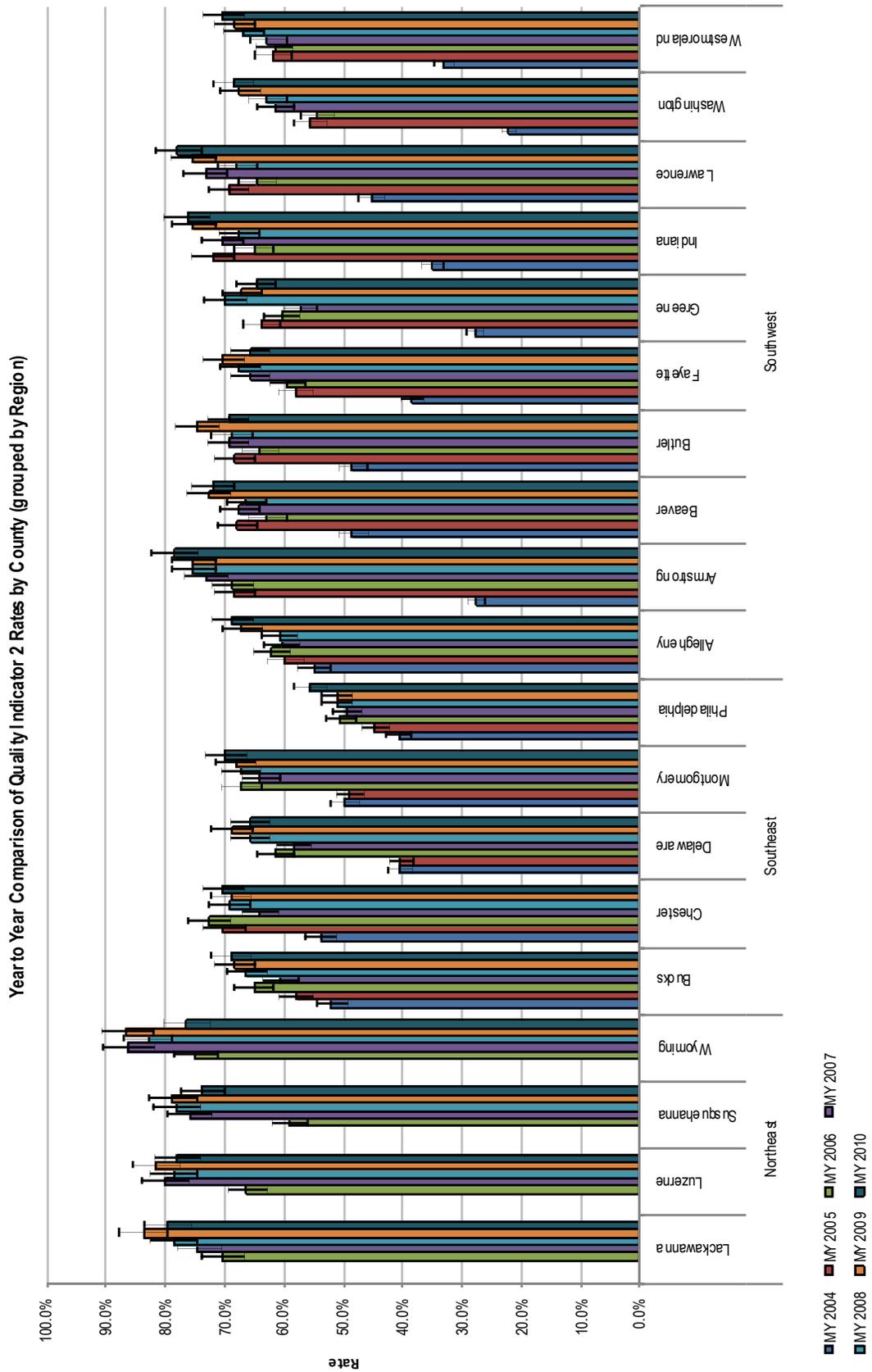
* North/Central County Option Counties were evaluated based on a six-month time frame from July 1, 2007 to December 1, 2007 in the MY

APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 2 BY COUNTY (GROUPED BY REGION) continued

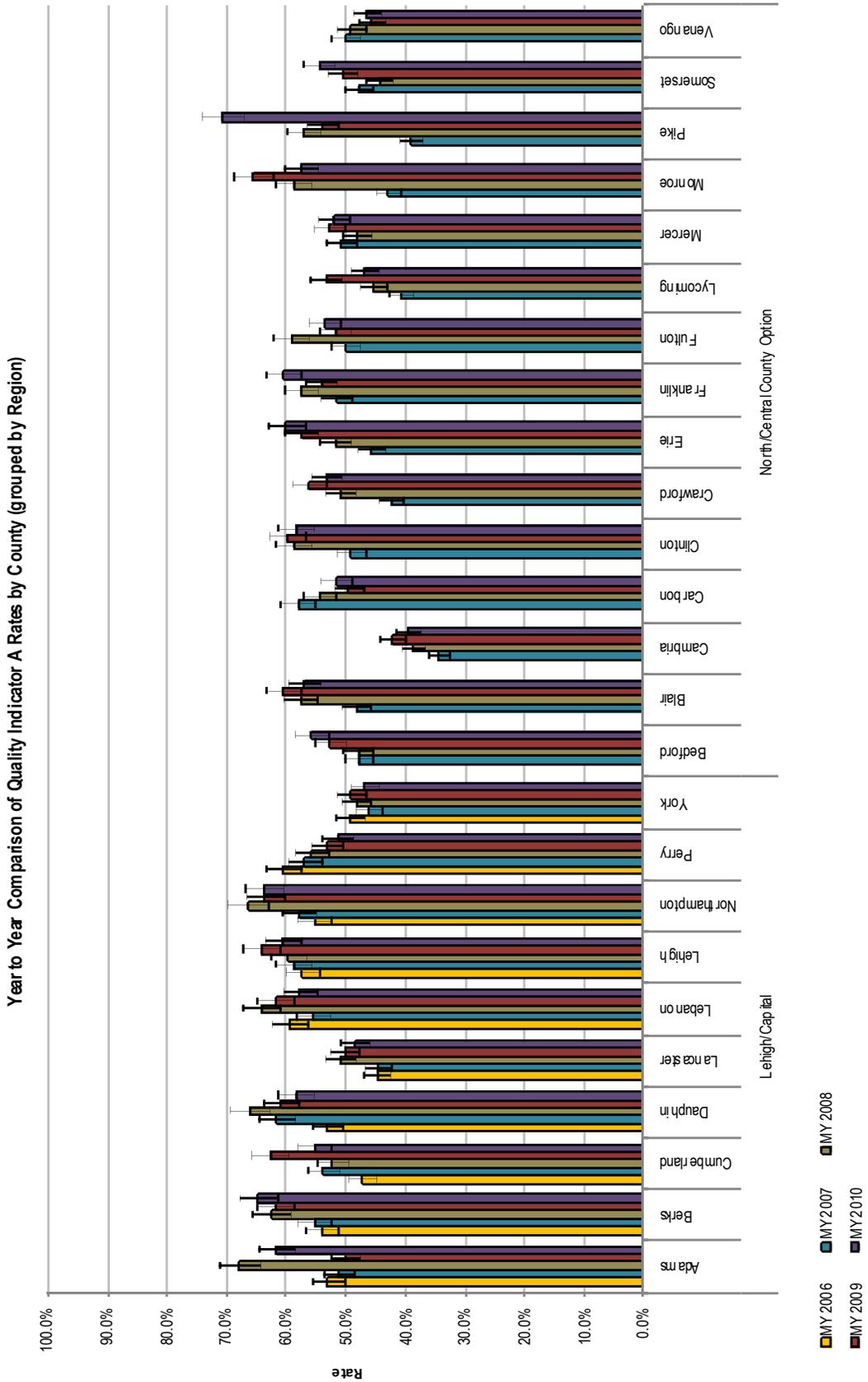
Year to Year Comparison of Quality Indicator 2 Rates by County (grouped by Region)



APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR 2 BY COUNTY (GROUPED BY REGION) continued

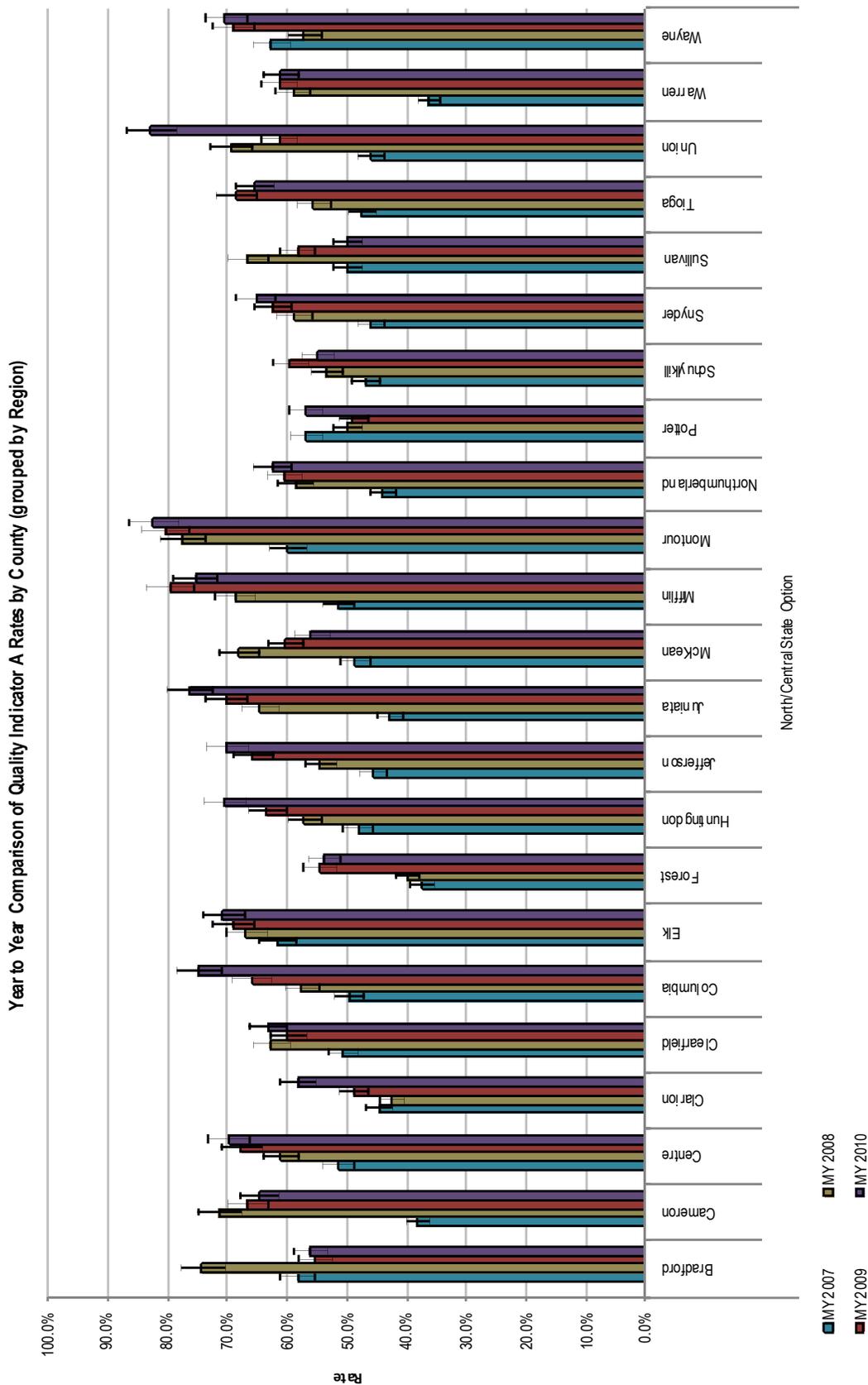


APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR A BY COUNTY (GROUPED BY REGION)

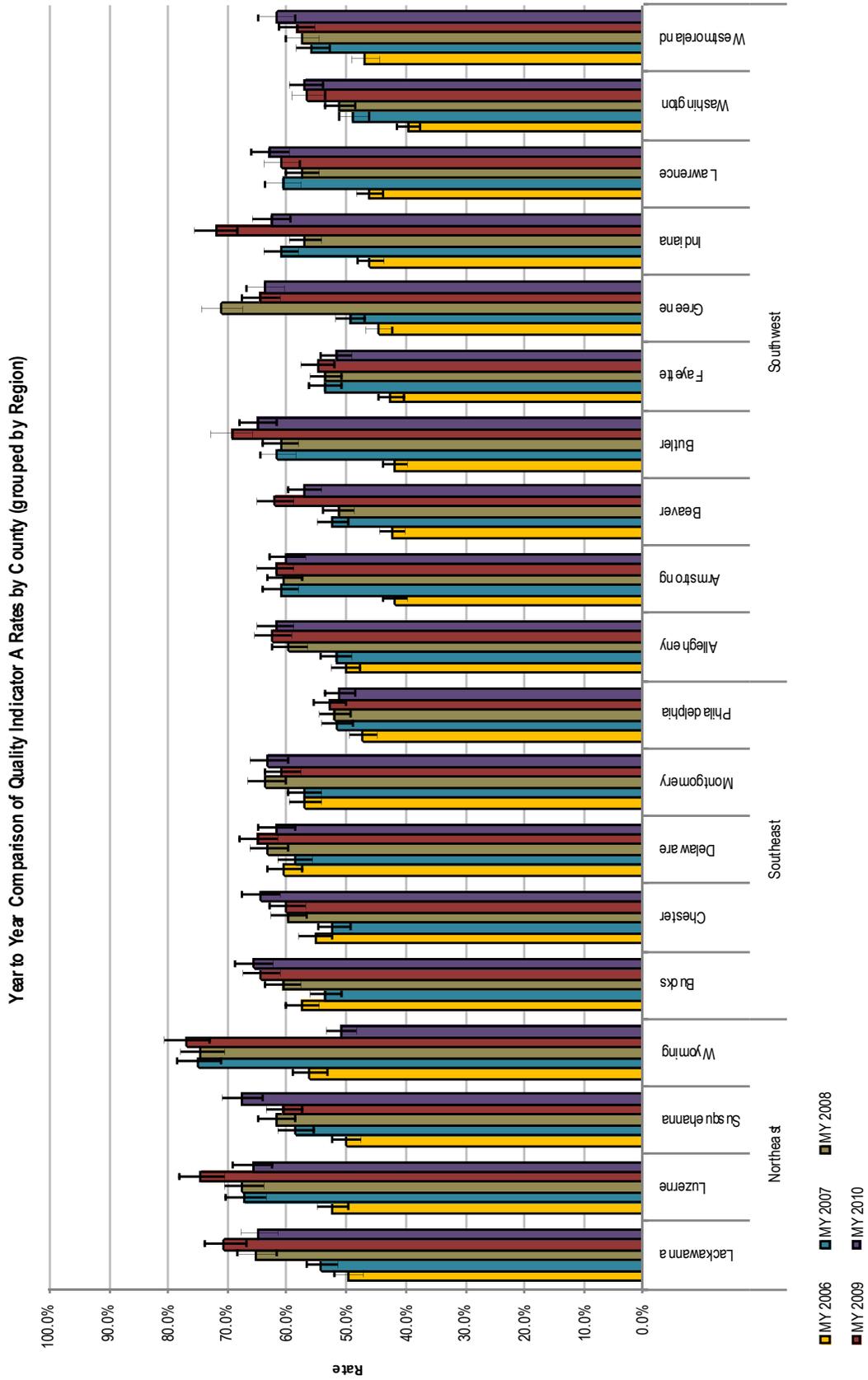


* North/Central County Option Counties were evaluated based on a six-month time frame from July 1, 2007 to December 1, 2007 in the MY 2007 study.

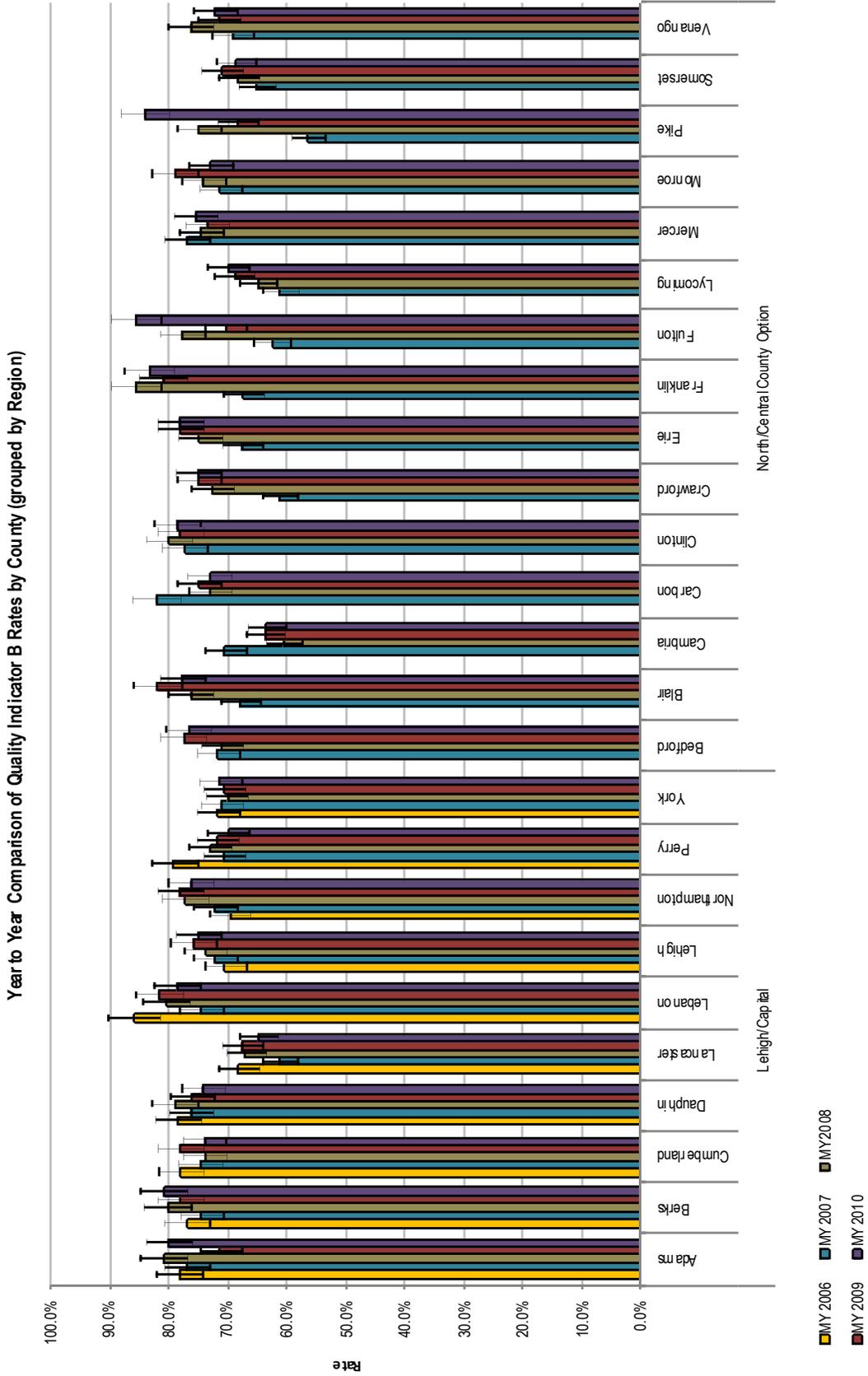
APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR A RATES BY COUNTY (GROUPED BY REGION) continued



APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR A RATES BY COUNTY (GROUPED BY REGION) continued

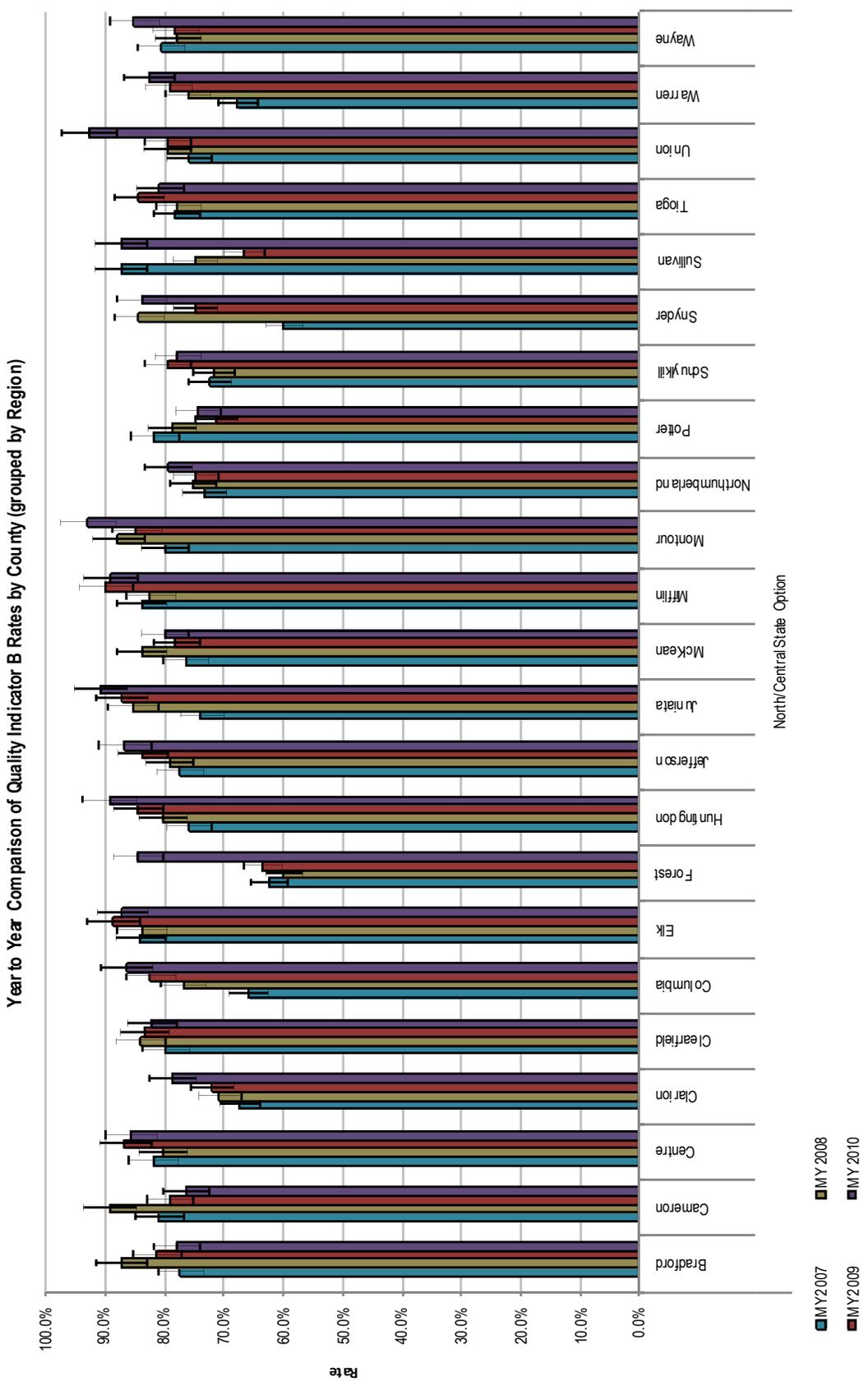


APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR B BY COUNTY (GROUPED BY REGION)



* North/Central County Option Counties were evaluated based on a six-month time frame from July 1, 2007 to December 1, 2007 in the MY 2007 study.

APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR B BY COUNTY (GROUPED BY REGION) continued



APPENDIX 5F: YEAR-TO-YEAR COMPARISON OF QUALITY INDICATOR B BY COUNTY (GROUPED BY REGION)

