



**Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs**

**2015 External Quality Review Report
UnitedHealthcare Community Plan**

Final Report
April 2016

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

INTRODUCTION	4
I: STRUCTURE AND OPERATIONS STANDARDS.....	5
II: PERFORMANCE IMPROVEMENT PROJECTS	10
III: PERFORMANCE MEASURES AND CAHPS SURVEY	14
PA-SPECIFIC PERFORMANCE MEASURE SELECTION AND DESCRIPTIONS.....	16
HEDIS PERFORMANCE MEASURE SELECTION AND DESCRIPTIONS	20
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) SURVEY	33
IV: 2014 OPPORTUNITIES FOR IMPROVEMENT MCO RESPONSE	34
CURRENT AND PROPOSED INTERVENTIONS	34
ROOT CAUSE ANALYSIS AND ACTION PLAN	47
V: 2015 STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT	56
VI: SUMMARY OF ACTIVITIES	62

List of Tables and Figures

Table 1.1: SMART Items Count Per Regulation.....	5
Table 1.2: UHCP Compliance with Enrollee Rights and Protections Regulations	7
Table 1.3: UHCP Compliance with Quality Assessment and Performance Improvement Regulations	8
Table 1.4: UHCP Compliance with Federal and State Grievance System Standards	9
Table 2.1: Element Designation	12
Table 2.2: Review Element Scoring Weights.....	13
Table 3.1: Performance Measure Groupings.....	14
Table 3.2: Access to Care	25
Table 3.3: Well-Care Visits and Immunizations	26
Table 3.4: EPSDT: Screenings and Follow-up	27
Table 3.5: EPSDT: Dental Care for Children and Adults	27
Table 3.6: Women’s Health.....	28
Table 3.7: Obstetric and Neonatal Care.....	29
Table 3.8: Respiratory Conditions	30
Table 3.9: Comprehensive Diabetes Care	31
Table 3.10: Cardiovascular Care.....	32
Table 3.11: Utilization	32
Table 4.1: CAHPS 2015 Adult Survey Results.....	33
Table 4.2: CAHPS 2015 Child Survey Results.....	33
Table 5.1: Current and Proposed Interventions	34
Table 5.2: RCA and Action Plan – Comprehensive Diabetes Care – LDL-C Level Controlled (<100 mg/dL).....	48
Table 5.3: RCA and Action Plan – Comprehensive Diabetes Care – HbA1c Poor Control	50
Table 5.4: RCA and Action Plan – Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received	52
Table 5.5: RCA and Action Plan – Prenatal and Postpartum Care – Timeliness of Prenatal Care	54
Figure 1 - P4P Measure Matrix – UHCP	60
Figure 2 - Emergency Department Utilization Comparison	60
Figure 3 - P4P Measure Rates – UHCP	61

Introduction

Purpose and Background

The final rule of the Balanced Budget Act (BBA) of 1997 requires that State agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that a MCO furnishes to Medicaid Managed Care recipients.

The EQR-related activities that must be included in detailed technical reports are as follows:

- review to determine MCO compliance with structure and operations standards established by the State (42 CFR §438.358),
- validation of performance improvement projects, and
- validation of MCO performance measures.

HealthChoices Physical Health (PH) is the mandatory managed care program that provides Medical Assistance recipients with physical health services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO as its EQRO to conduct the 2015 EQRs for the HealthChoices PH MCOs and to prepare the technical reports. This technical report includes six core sections:

- I. Structure and Operations Standards
- II. Performance Improvement Projects
- III. Performance Measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- IV. 2014 Opportunities for Improvement – MCO Response
- V. 2015 Strengths and Opportunities for Improvement
- VI. Summary of Activities

For the PH Medicaid MCOs, the information for the compliance with Structure and Operations Standards section of the report is derived from the Commonwealth’s monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for each MCO.

Information for Section II of this report is derived from activities conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. Information for Section III of this report is derived from IPRO’s validation of each PH MCO’s performance measure submissions. Performance measure validation as conducted by IPRO includes both Pennsylvania specific performance measures as well as Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) measures for each Medicaid PH MCO. Within Section III, CAHPS Survey results follow the performance measures.

Section IV, 2014 Opportunities for Improvement – MCO Response, includes the MCO’s responses to the 2014 EQR Technical Report’s opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

Section V has a summary of the MCO’s strengths and opportunities for improvement for this review period as determined by IPRO and a “report card” of the MCO’s performance as related to selected HEDIS measures. Section VI provides a summary of EQR activities for the PH MCO for this review period.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

I: Structure and Operations Standards

This section of the EQR report presents a review by IPRO of UnitedHealthcare Community Plan's (UHCP) compliance with structure and operations standards. The review is based on information derived from reviews of the MCO that were conducted within the past three years.

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DHS staff as of December 31, 2014, and the most recent NCQA Accreditation Survey for UHCP, effective December 2014.

The SMART items provided much of the information necessary for this review. The SMART items are a comprehensive set of monitoring items that PA DHS staff reviews on an ongoing basis for each Medicaid MCO. The SMART items and their associated review findings for each year are maintained in a database. Prior to RY 2013, the SMART database was maintained by an external organization. Beginning with RY 2013, the SMART database has been maintained internally at DHS. Upon discussion with the DHS regarding the data elements from each version of database, IPRO merged the RY 2014, 2013, and 2012 findings for use in the current review. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 126 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS.

The crosswalk linked SMART Items to specific provisions of the regulations, where possible. Some items were relevant to more than one provision. It should be noted that one or more provisions apply to each of the categories in **Table 1.1**. Table 1.1 provides a count of items linked to each category.

Table 1.1: SMART Items Count Per Regulation

BBA Regulation	SMART Items
Subpart C: Enrollee Rights and Protections	
Enrollee Rights	7
Provider-Enrollee Communication	1
Marketing Activities	2
Liability for Payment	1
Cost Sharing	0
Emergency and Post-Stabilization Services – Definition	4
Emergency Services: Coverage and Payment	1
Solvency Standards	2
Subpart D: Quality Assessment and Performance Improvement	
Availability of Services	14
Coordination and Continuity of Care	13
Coverage and Authorization of Services	9
Provider Selection	4
Provider Discrimination Prohibited	1
Confidentiality	1
Enrollment and Disenrollment	2
Grievance Systems	1
Subcontractual Relationships and Delegations	3
Practice Guidelines	2
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
Subpart F: Federal and State Grievance Systems Standards	

BBA Regulation	SMART Items
Notice of Action	3
Handling of Grievances and Appeals	9
Resolution and Notification	7
Expedited Resolution	4
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	2
Effectuation of Reversed Resolutions	0

Two categories, Cost Sharing and Effectuation of Reversed Resolutions, were not directly addressed by any of the SMART Items reviewed by DHS. Cost Sharing is addressed in the HealthChoices Agreements. Effectuation of Reversed Resolutions is evaluated as part of the most recent NCQA Accreditation review under Utilization Management (UM) Standard 8: Policies for Appeals and UM 9: Appropriate Handling of Appeals.

Determination of Compliance

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO’s compliance status with regard to the SMART Items. For example, all provisions relating to enrollee rights are summarized under Enrollee Rights 438.100. Each item was assigned a value of Compliant or non-Compliant in the Item Log submitted by DHS. If an item was not evaluated for a particular MCO, it was assigned a value of Not Determined. Compliance with the BBA requirements was then determined based on the aggregate results of the SMART Items linked to each provision within a requirement or category. If all items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were non-Compliant, the MCO was evaluated as partially-Compliant. If all items were non-Compliant, the MCO was evaluated as non-Compliant. If no items were evaluated for a given category and no other source of information was available to determine compliance, a value of Not Determined was assigned for that category.

Format

The format for this section of the report was developed to be consistent with the subparts prescribed by BBA regulations. This document groups the regulatory requirements under subject headings that are consistent with the three subparts set out in the BBA regulations and described in the *MCO Monitoring Protocol*. Under each subpart heading fall the individual regulatory categories appropriate to those headings. IPRO’s findings are presented in a manner consistent with the three subparts in the BBA regulations explained in the Protocol, i.e., Enrollee Rights and Protections; Quality Assessment and Performance Improvement (including access, structure and operation, and measurement and improvement standards); and Federal and State Grievance System Standards.

In addition to this analysis of DHS’s MCO compliance monitoring, IPRO reviewed and evaluated the most recent NCQA accreditation report for each MCO.

This format reflects the goal of the review, which is to gather sufficient foundation for IPRO’s required assessment of the MCO’s compliance with BBA regulations as an element of the analysis of the MCO’s strengths and weaknesses.

Findings

Of the 126 SMART Items, 88 items were evaluated and 38 were not evaluated for the MCO in Review Year (RY) 2014, RY 2013, or RY 2012. For categories where items were not evaluated, under review, or received an approved waiver for RY 2014, results from reviews conducted within the two prior years (RY 2013 and RY 2012) were evaluated to determine compliance, if available.

Subpart C: Enrollee Rights and Protections

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable Federal and State laws that pertain to enrollee rights, and that

the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to enrollees. [42 C.F.R. §438.100 (a), (b)]

Table 1.2: UHCP Compliance with Enrollee Rights and Protections Regulations

ENROLLEE RIGHTS AND PROTECTIONS REGULATIONS		
Subpart C: Categories	Compliance	Comments
Enrollee Rights	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2014.
Provider-Enrollee Communication	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Marketing Activities	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Liability for Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Cost Sharing	Compliant	Per HealthChoices Agreement
Emergency Services: Coverage and Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 4 items and was compliant on 4 items based on RY 2014.
Solvency Standards	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.

UHCP was evaluated against 18 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 18. UHCP was found to be compliant on all eight of the categories of Enrollee Rights and Protections Regulations. UHCP was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regulations

The general purpose of the regulations included under this heading is to ensure that all services available under the Commonwealth’s Medicaid managed care program are available and accessible to UHCP enrollees. [42 C.F.R. §438.206 (a)]

The SMART database includes an assessment of the MCO’s compliance with regulations found in Subpart D. **Table 1.3** presents the findings by categories consistent with the regulations.

Table 1.3: UHCP Compliance with Quality Assessment and Performance Improvement Regulations

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	Compliance	Comments
Access Standards		
Availability of Services	Compliant	14 items were crosswalked to this category. The MCO was evaluated against 12 items and was compliant on 12 items based on RY 2014.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 13 items and was compliant on 13 items based on RY 2014.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 8 items and was compliant on 8 items based on RY 2014.
Structure and Operation Standards		
Provider Selection	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Provider Discrimination Prohibited	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Confidentiality	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Enrollment and Disenrollment	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Grievance Systems	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Subcontractual Relationships and Delegations	Compliant	3 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2014.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Health Information Systems	Compliant	18 items were crosswalked to this category. The MCO was evaluated against 14 items and was compliant on 11 items and partially complaint on 3 items based on RY 2014.

UHCP was evaluated against 57 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on 54 items and partially compliant on 3 items. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, UHCP was found to be compliant in all 11 categories.

Subpart F: Federal and State Grievance System Standards

The general purpose of the regulations included under this heading is to ensure that enrollees have the ability to pursue grievances.

The Commonwealth’s audit document information includes an assessment of the MCO’s compliance with regulations found in Subpart F. **Table 1.4** presents the findings by categories consistent with the regulations.

Table 1.4: UHCP Compliance with Federal and State Grievance System Standards

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	Compliance	Comments
General Requirements	Compliant	8 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Notice of Action	Compliant	3 items was crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Handling of Grievances & Appeals	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Resolution and Notification	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Expedited Resolution	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Information to Providers and Subcontractors	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Recordkeeping and Recording	Compliant	6 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2014

UHCP was evaluated against 13 of the 40 SMART Items crosswalked to Federal and State Grievance System Standards and was compliant on 13 items. UHCP was found to be compliant in all nine categories of Federal and State Grievance System Standards.

Accreditation Status

UHCP underwent an NCQA Accreditation Survey effective through September 17, 2016 and was granted an Accreditation Status of Accredited.

II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO worked with DHS to research and define Performance Improvement Projects (PIPs) to be validated for each Medicaid PH MCO. For the purposes of the EQR, PH MCOs were required to participate in studies selected by OMAP for 2015 activities. Under the applicable HealthChoices Agreement with the DHS in effect during this review period, Medicaid PH MCOs are required to conduct focused studies each year. For all PH MCOs, two new PIPs were initiated as part of this requirement. For all PIPs, PH MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

As part of the new EQR PIP cycle that was initiated for all PH MCOs in 2015, PH MCOs are required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, two topics were selected: “Improving Access to Pediatric Preventive Dental Care” and “Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits”.

“Improving Access to Pediatric Preventive Dental Care” was selected because on a number of dental measures, the aggregate HealthChoices rates have consistently fallen short of established benchmarks, or have not improved across years. For one measure, the HEDIS Annual Dental Visit (ADV) measure, from HEDIS 2006 through HEDIS 2013, the Medicaid Managed Care (MMC) average was below the 50th percentile for three years. Further, CMS reporting of FFY 2011-2013 data from the CMS-416 indicates that while PA met its two-year goal for progress on preventive dental services, the percentage of PA children age 1-20 who received any preventive dental service for FFY 2013 (40.0%), was below the National rate of 46.0%. The Aim Statement for the topic is “Increase access to and utilization of routine dental care for pediatric Pennsylvania HealthChoices members.” Four common objectives for all PH MCOs were selected:

1. Increase dental evaluations for children between the ages of 6 months and 5 years.
2. Increase preventive dental visits for all pediatric HealthChoices members.
3. Increase appropriate topical application of fluoride varnish by non-oral health professionals.
4. Increase the appropriate application of dental sealants for children ages 6-9 (CMS Core Measure) and 12-14 years.

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

- Adapted from CMS form 416, the percentage of children ages 0-1 who received, in the last year:
 - any dental service,
 - a preventive dental service,
 - a dental diagnostic service,
 - any oral health service,
 - any dental or oral health service
- Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider
- Total Eligibles Receiving Preventive Dental Services
- The percentages of children, stratified by age (<1, 1-2, 3-5, 6-9, 10-14, 15-18, and 19-20 years) who received at least one topical application of fluoride.

Additionally, MCOs are encouraged to consider other performance measures such as:

- Percentage of children with ECC who are disease free at one year.
- Percentage of children with dental caries (ages 1-8 years of age).
- Percentage of oral health patients that are caries free.
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.

“Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits” was selected as the result of a number of observations. General findings and recommendations from the PA Rethinking Care Program (RCP) – Serious Mental Illness (SMI) Innovation Project (RCP-SMI) and Joint PH/BH Readmission projects, as well as overall Statewide readmission rates and results from several applicable Healthcare Effectiveness Data and Information Set (HEDIS) and PA Performance Measures across multiple years, have highlighted this topic as an area of concern to be addressed for improvement. The Aim Statement for the topic is “To reduce potentially avoidable ED visits

and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable.” Five common objectives for all PH MCOs were selected:

1. Identify key drivers of avoidable hospitalizations, as specific to the MCO’s population (e.g., by specific diagnoses, procedures, comorbid conditions, and demographics that characterize high risk subpopulations for the MCO).
2. Decrease avoidable initial admissions (e.g., admissions related to chronic or worsening conditions, or identified health disparities).
3. Decrease potentially preventable readmissions (e.g., readmissions related to diagnosis, procedure, transition of care, or case management)
4. Decrease avoidable ED visits (e.g., resulting from poor ambulatory management of chronic conditions including BH/SA conditions or use of the ED for non-urgent care).
5. Demonstrate improvement for a number of indicators related to avoidable hospitalizations and preventable readmissions, specifically for Individuals with Serious Persistent Mental Illness (SPMI).

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

MCO-developed Performance Measures

MCOS are required to develop their own indicators tailored to their specific PIP (i.e., customized to the key drivers of avoidable hospitalizations identified by each MCO for its specific population).

DHS-defined Performance Measures

- Ambulatory Care (AMB): ED Utilization. The target goal is 72 per 1,000 member months.
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges. The target goal is 8.2 per 1,000 member months.
- Plan All-Cause Readmissions (PCR): 30-day Inpatient Readmission. The target for the 30-day indicator is 8.5.
- Each of the five (5) BH-PH Integrated Care Plan Program measures:
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
 - Emergency Room Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
 - Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
 - Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI).

The PIPs will extend from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals developed and submitted in first quarter 2016, and a final report due in June 2019. The non-intervention baseline period will be January 2015 to December 2015. Following the formal PIP proposal, PH MCOs will additionally be required to submit interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019.

The 2015 EQR is the twelfth year to include validation of PIPs. For each PIP, all PH MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions and timeliness.

All PH MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol for *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

- Activity Selection and Methodology
- Data/Results
- Analysis Cycle
- Interventions

Validation Methodology

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by the Centers for Medicare & Medicaid Services (CMS) (*Validating Performance Improvement Projects, Final Protocol, Version 1.0, May 1, 2002*) and meets the requirements of the final rule on EQR of Medicaid MCOs issued on January 24, 2003. IPRO's review evaluates each project against ten review elements:

1. Project Topic And Topic Relevance
2. Study Question (Aim Statement)
3. Study Variables (Performance Indicators)
4. Identified Study Population
5. Sampling Methods
6. Data Collection Procedures
7. Improvement Strategies (Interventions)
8. Interpretation Of Study Results (Demonstrable Improvement)
9. Validity Of Reported Improvement
10. Sustainability Of Documented Improvement

The first nine elements relate to the baseline and demonstrable improvement phases of the project. The last element relates to sustaining improvement from the baseline measurement.

Review Element Designation/Weighting

As 2015 is the baseline year, no scoring for the current PIPs can occur for this review year. This section describes the scoring elements and methodology that will occur during the intervention and sustainability periods.

For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on full, partial and non-compliance. Points are awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

Table 2.1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 2.1: Element Designation

Element Designation		
Element Designation	Definition	Weight
Full	Met or exceeded the element requirements	100%
Partial	Met essential requirements but is deficient in some areas	50%
Non-compliant	Has not met the essential requirements of the element	0%

Overall Project Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance score for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for Full Compliance; **Table 2.2**).

PIPs also are reviewed for the achievement of sustained improvement. For the EQR PIPs, this has a weight of 20%, for a possible maximum total of 20 points (**Table 2.2**). The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements where activities have during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP 2015 External Quality Review Report: UnitedHealthcare Community Plan

submission schedule. At the time each element is reviewed, a finding is given of “Met”, “Partially Met”, or “Not Met”. Elements receiving a “Met” will receive 100% of the points assigned to the element, “Partially Met” elements will receive 50% of the assigned points, and “Not Met” elements will receive 0%.

Table 2.2: Review Element Scoring Weights

Review Element	Standard	Scoring Weight
1	Project Topic and Topic Relevance	5%
2	Study Question (Aim Statement)	5%
3	Study Variables (Performance Indicators)	15%
4/5	Identified Study Population and Sampling Methods	10%
6	Data Collection Procedures	10%
7	Improvement Strategies (Interventions)	15%
8/9	Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	20%
Total Demonstrable Improvement Score		80%
10	Sustainability of Documented Improvement	20%
Total Sustained Improvement Score		20%
Overall Project Performance Score		100%

Findings

As noted previously, no scoring for the current PIPs can occur for this review year. However, multiple levels of activity and collaboration occurred between DHS, the PH MCOs, and IPRO throughout, and prior to the review year.

Beginning in 2014, DHS advised of internal discussions regarding the next PIP cycle to begin in 2015, particularly regarding topics in line with its value-based program. At a 2014 MCO Quality Summit, DHS introduced its value-based program and two key performance goals: 1. Reduce Unnecessary Hospitalizations, and 2. Improve Use of Pediatric Preventive Dental Services. DHS asked IPRO to develop PIP topics related to these goals.

Following multiple discussions between DHS and IPRO, the two PIP topics were developed and further refined throughout 2015. Regarding the Dental topic, information related to the CMS Oral Health Initiative was incorporated into the PIP, including examination of data from the CMS preventive dental measure, and inclusion of the measure as a core performance measure for the PIP. Through quarterly calls with MCOs, DHS discussed and solicited information regarding initiatives that were being developed for improving access to and delivery of quality oral healthcare services. Following additional review of the research and the PIP topic, initiatives that appeared to have potential value were included in the PIP proposal as areas in which PH MCOs can seek to focus their efforts and develop specific interventions for their PIP. The PIP topic was introduced at a PH MCO Medical Directors’ meeting in Fall 2015.

Regarding the Readmission topic, initial discussions resulted in a proposal that focused primarily on the research indicating ambulatory care sensitive conditions which, if left unmanaged, could result in admissions and are related to readmissions, focusing on particular conditions. Throughout 2015, DHS continued to refine its focus for this topic. In Fall 2015, DHS introduced two new pay-for-performance programs for the MCOs: the PH MCO and BH MCO Integrated Care Plan (ICP) Program Pay for Performance Program to address the needs of individuals with SPMI, and the Community Based Care Management (CBCM) Program. As a result, DHS requested that the topic be enhanced to incorporate elements of the new programs, including initiatives outlined for both programs that were provided as examples of activities that may be applicable for use in the PIP. MCOs are to consider and collect measures related to these programs; however, they have been instructed that the focus of the PIP remains on each MCO’s entire population, and each MCO is required to analyze and identify indicators relevant to its specific population.

PH MCOs will be asked to participate in multi-plan PIP update calls through the duration of the PIP to report on their progress or barriers to progress. Frequent collaboration between DHS and PH MCOs is also expected to continue.

III: Performance Measures and CAHPS Survey

Methodology

IPRO validated PA specific performance measures and HEDIS data for each of the Medicaid PH MCOs.

The MCOs were provided with final specifications for the PA Performance Measures in February and March 2015. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2015. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary. Source code was reviewed by IPRO. Raw data were also reviewed for reasonability and IPRO ran code against these data to validate that the final reported rates were accurate. Additionally, beginning in 2015, MCOs were provided with comparisons to the previous year’s rates and were requested to provide explanations for highlighted differences. For measures reported as percentages, differences were highlighted for rates that were statistically significant and displayed at least a 3-percentage point difference in observed rates. For the adult admission measures, which are not reported as percentages, differences were highlighted based only on statistical significance, with no minimum threshold.

For three PA performance Birth-related measures: Cesarean Rate for Nulliparous Singleton Vertex (CRS), Live Births Weighing Less Than 2,500 Grams (PLB), and Elective Delivery, rates for each of the measures were produced utilizing MCO Birth files in addition to the 2014 Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. Similar to the methodology used in 2014, IPRO then utilized the MCO file in addition to the most recent applicable PA Department of Health Birth File to identify the denominator, numerator and rate for the three measures.

HEDIS 2015 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A Final Audit Report was submitted to NCQA for each MCO. Because the PA-specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA-specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA-specific measures.

Evaluation of MCO performance is based on both PA-specific performance measures and selected HEDIS measures for the EQR. The following is a list of the performance measures included in this year’s EQR report.

Table 3.1: Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents’ Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents’ Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents’ Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents’ Access to PCPs (Age 12-19 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 65+)
HEDIS	Adult Body Mass Index Assessment
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits (Age 3 to 6 years)
HEDIS	Childhood Immunizations by Age 2 (Combination 2)
HEDIS	Childhood Immunizations by Age 2 (Combination 3)
HEDIS	Adolescent Well-Care Visits (Age 12 to 21 years)
HEDIS	Immunizations for Adolescents
HEDIS	WCC Body Mass Index: Percentile (Age 3-11 years)

Source	Measures
HEDIS	WCC Body Mass Index: Percentile (Age 12-17 years)
HEDIS	WCC Body Mass Index: Percentile (Total)
HEDIS	WCC Counseling for Nutrition (Age 3-11 years)
HEDIS	WCC Counseling for Nutrition (Age 12-17 years)
HEDIS	WCC Counseling for Nutrition (Total)
HEDIS	WCC Counseling for Physical Activity (Age 3-11 years)
HEDIS	WCC Counseling for Physical Activity (Age 12-17 years)
HEDIS	WCC Counseling for Physical Activity (Total)
EPSDT: Screenings and Follow up	
HEDIS	Lead Screening in Children (Age 2 years)
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced)
PA EQR	EPSDT Screenings: Annual Vision Screen and Hearing Test (Age 4-20 years)
PA EQR	Developmental Screening in the First Three Years of Life
Dental Care for Children and Adults	
HEDIS	Annual Dental Visits (Age 2-21 years)
PA EQR	Total Eligibles Receiving Preventive Dental Services
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2-21 years)
Women s Health	
HEDIS	Breast Cancer Screening (Age 52–74 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-24 years)
HEDIS	Human Papillomavirus Vaccine for Female Adolescents
HEDIS	Non-Recommended Cervical Cancer Screening in Adolescent Females
Obstetric and Neonatal Care	
HEDIS	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
HEDIS	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
PA EQR	Perinatal Depression Screening: Prenatal Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Prenatal Counseling for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Postpartum Counseling for Depression
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Alcohol use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Illicit drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Prescribed or over-the-counter drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Intimate partner violence
PA EQR	Behavioral Health Risk Assessment
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
PA EQR	Elective Delivery
Respiratory Conditions	

Source	Measures
HEDIS	Appropriate Testing for Children with Pharyngitis
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
HEDIS	Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid and Bronchodilator)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-11 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 12-18 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 19-50 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 51-64 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Total Rate)
HEDIS	Medication Management for People with Asthma: 75% Compliance
PA EQR	Annual Percentage of Asthma Patients (Age 2-20 years old) with One or more Asthma Related ER Visits
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years)
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years)
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Control (<8.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 18-64 years, Age 65+ years, and Total Rate)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate (Age 18-64 years, Age 65+ years, and Total Rate)
Utilization	
PA EQR	Reducing Potentially Preventable Readmissions
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)

PA-Specific Performance Measure Selection and Descriptions

Several PA-specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DHS direction, IPRO created the indicator specifications to resemble HEDIS specifications. Measures previously developed and added as mandated by CMS for children in accordance with the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and for adults in accordance with the Affordable Care Act (ACA) were continued as applicable to revised CMS specifications. Additionally, new measures were developed and added in 2015 as mandated in accordance with the ACA. For each indicator, the criteria that were specified to identify the eligible population were product line, age, enrollment, anchor date, and event/diagnosis. To identify the administrative numerator positives, date of service and diagnosis/procedure code criteria were outlined, as well as other specifications, as needed. Indicator rates were calculated through one of two methods: (1) administrative, which uses only the MCO’s data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator “hits” for rate calculation.

PA Specific Administrative Measures

1) Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assesses the percentage of enrollees with a developmental disability age two through 21 years of age, who were continuously enrolled during calendar year 2014 that had at least one dental visit during the measurement year. This indicator utilized the HEDIS 2015 measure Annual Dental Visit (ADV) measure specifications.

2) Total Eligibles Receiving Preventive Dental Services – CHIPRA Core Set

This performance measure assesses the total number of eligible and enrolled children age one to twenty years who received preventive dental services.

3) Annual Percentage of Asthma Patients (Age 2-20 years old) with One or more Asthma Related ER Visits – CHIPRA Core Set

This performance measure assesses the percentage of children and adolescents, two years of ages through 20 years of age, with an asthma diagnosis who have ≥ 1 asthma related emergency department (ED) visit during 2014. This indicator utilizes the 2013 CHIPRA measure “Annual Percentage of Asthma Patients with One of More Asthma-Related Emergency Room Visits.”

4) Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

This performance measure assesses Cesarean Rate for low-risk first birth women [aka NTSV CS rate: nulliparous, term, singleton, vertex].

5) Percent of Live Births Weighing Less than 2,500 Grams – CHIPRA Core Set

This performance measure is event-driven and identifies all live births during the measurement year in order to assess the number of live births that weighed less than 2,500 grams as a percent of the number of live births.

6) Elective Delivery – Adult Core Set

This performance measure assesses the percentage of enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.

7) Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – CHIPRA Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO’s encounter data warehouse. IPRO evaluated this measure using HEDIS 2015 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported:

Initiation Phase: The percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

8) EPSDT Annual Vision Screen and Hearing Test

This performance measure assesses the percentage of enrollees four through 20 years of age with an annual vision screen and hearing test.

9) Reducing Potentially Preventable Readmissions

This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute discharge. This measure utilized the 2015 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges.

For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

10) Asthma in Younger Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for asthma in adults ages 18 to 39 years per 100,000 Medicaid member years.

11) Diabetes Short-Term Complications Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for diabetes short-term complications per 100,000 Medicaid member years. Two age groups will be reported: ages 18-64 years and age 65 years and older.

12) Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma in adults aged 40 years and older per 100,000 Medicaid member years.

13) Heart Failure Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for Heart Failure in adults aged 18 and older per 100,000 Medicaid member years. Two age groups will be reported: ages 18-64 years and age 65 years and older.

14) Adherence to Antipsychotic Medications for Individuals with Schizophrenia – Adult Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse. IPRO evaluated this measure using HEDIS 2015 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

15) Developmental Screening in the First Three Years of Life (New for 2015) – CHIPRA Core Set

This performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Four rates, one for each group and a combined rate, are to be calculated and reported for each numerator.

PA Specific Hybrid Measures

16) Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

This performance measure assesses the percentage of pregnant enrollees who were:

1. Screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
2. Screened for smoking during the time frame of one of their first two prenatal visits (CHIPRA indicator).

3. Screened for environmental tobacco smoke exposure during the time from of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
4. Screened for smoking in one of their first two prenatal visits who smoke (i.e., a smoker during the pregnancy), that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
5. Screened for environmental tobacco smoke exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
6. Screened for smoking in one of their first two prenatal visits and found to be current smokers that stopped smoking during their pregnancy.

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

17) Perinatal Depression Screening

This performance measure assesses the percentage of enrollees who were:

1. Screened for depression during a prenatal care visit.
2. Screened for depression during a prenatal care visits using a validated depression screening tool.
3. Screened for depression during the time frame of the first two prenatal care visits (CHIPRA indicator).
4. Screened positive for depression during a prenatal care visit.
5. Screened positive for depression during a prenatal care visits and had evidence of further evaluation or treatment or referral for further treatment.
6. Screened for depression during a postpartum care visit.
7. Screened for depression during a postpartum care visit using a validated depression screening tool.
8. Screened positive for depression during a postpartum care visit.
9. Screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

18) Maternity Risk Factor Assessment (New for 2015)

This performance measure assesses, for each of the following risk categories, the percentage of pregnant enrollees who were:

1. Screened for alcohol use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
2. Screened for illicit drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for prescribed or over-the-counter drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
4. Screened for intimate partner violence during the time frame of one of their first two prenatal visits (CHIPRA indicator).

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

19) Behavioral Health Risk Assessment (New for 2015) – CHIPRA Core Set

This performance measure is a combination of the screening assessments for all risk factors identified by each of the CHIPRA indicators in the Perinatal Depression Screening (PDS), Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS), and Maternity Risk Factor Assessment (MRFA) measures.

This performance measure assesses the percentage of enrollees who were screened during the time frame of one of their first two prenatal visits for all of the following risk factors:

1. depression screening,
2. tobacco use screening,
3. alcohol use screening,

4. drug use screening (illicit and prescription, over the counter), and
5. intimate partner violence screening.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2015. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2015, Volume 2 Narrative. The measurement year for HEDIS 2015 measures is 2014, as well as prior years for selected measures. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assessed the percentage of members 12 to 24 months and 25 months to six years of age who had a visit with a PCP who were continuously enrolled during the measurement year. For children ages seven to 11 years of age and adolescents 12 to 19 years of age, the measure assessed the percentage of children and adolescents who were continuously enrolled during the measurement year and the year prior to the measurement year who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assessed the percentage of enrollees aged 20 to 44 years of age, 45 to 64 years of age, and 65 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of enrollees 18-74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year.

Well-Child Visits in the First 15 Months of Life

This measure assessed the percentage of enrollees who turned 15 months old during the measurement year, who were continuously enrolled from 31 days of age through 15 months of age who received six or more well-child visits with a PCP during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

This measure assessed the percentage of enrollees who were three, four, five, or six years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Adolescent Well-Care Visits

This measure assessed the percentage of enrollees between 12 and 21 years of age, who were continuously enrolled during the measurement year and who received one or more well-care visits with a PCP or Obstetrician/Gynecologist (OG/GYN) during the measurement year.

Immunizations for Adolescents

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and

one tetanus, diphtheria toxoids and acellular Pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

Human Papillomavirus Vaccine for Female Adolescents

This measure assessed the percentage of female adolescents 13 years of age who had three doses of human papillomavirus (HPV) vaccine by their 13th birthday.

Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rate were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:

- (4) Diphtheria and Tetanus, and Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)
- (3) Injectable Polio Vaccine (IPV)
- (1) Measles, Mumps, and Rubella (MMR)
- (3) Haemophilus Influenza Type B (HiB)
- (3) Hepatitis B (HepB)
- (1) Chicken Pox (VZV)
- (4) Pneumococcal Conjugate Vaccine – Combination 3 only

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This measure assessed the percentage of children three to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Lead Screening in Children

This measure assessed the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of two and 21 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women ages 52 to 74 years who were continuously enrolled in the measurement year and the year prior to the measurement year that had a mammogram in either of those years.

Cervical Cancer Screening

This measure assessed the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Chlamydia Screening in Women

This measure assessed the percentage of women 16 to 24 years of age, who were continuously enrolled in the measurement year, who had at least one test for Chlamydia during the measurement year. Two age stratifications (16-20 years and 21-24 years) and a total rate are reported.

Prenatal and Postpartum Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and 56 days after delivery who received timely prenatal care and who had a postpartum visit between 21 and 56 days after their delivery. Timely prenatal care is defined as care initiated in the first trimester or within 42 days of enrollment in the MCO.

Frequency of Ongoing Prenatal Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and 56 days after delivery who had $\geq 61\%$ or $\geq 81\%$ of the expected prenatal visits during their pregnancy. Expected visits are defined with reference to the month of pregnancy at the time of enrollment and the gestational age at time of delivery. This measure uses the same denominator and deliveries as the Prenatal and Postpartum Care measure.

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children two to 18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children three months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure assessed the percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)

This measure assessed the percentage of members 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation

This measure assessed the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1 through November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1) Dispensed a systemic corticosteroid within 14 days of the event, and 2) dispensed a bronchodilator within 30 days of the event.

Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

This measure assessed the percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: The percentage of children 6 to 12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, that remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner with prescribing authority within 270 days (9 months) after the Initiation Phase ended.

Use of Appropriate Medications for People with Asthma

This measure assessed the percentage of members age five to 64 years during the measurement year continuously enrolled in the measurement year and the year prior to the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Medication Management for People with Asthma

This measure assessed the percentage of members age five to 64 years during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. One rate is reported: the percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Comprehensive Diabetes Care

This measure assessed the percentage of members 18 to 75 years of age who were diagnosed prior to or during the measurement year with diabetes type 1 and type 2, who were continuously enrolled during the measurement year and who had each of the following:

- Hemoglobin A1c (HbA1c) tested
- HbA1c Poor Control (<9.0%)
- HbA1c Control (<8.0%)
- HbA1c Good Control (<7.0%)
- Retinal eye exam performed
- Medical attention for Nephropathy
- Blood pressure control (<140/90 mm Hg)

For the HbA1c Poor Control (>9.0%) measure, lower rates indicate better performance.

Controlling High Blood Pressure

This measure assessed the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18-59 years of age whose BP was <140/90 mm Hg.
- Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

For this measure, a single rate, the sum of all three groups, is reported.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of enrollees 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment. MCOs report the percentage of enrollees who receive treatment with beta-blockers for six months (180 days) after discharge.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

This measure assessed the percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Non-Recommended Cervical Cancer Screening in Adolescent Females (New for 2015)

This measure assessed the percentage of adolescent females 16-20 years to age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance.

CAHPS® Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is overseen by the Agency of Healthcare Research and Quality (AHRQ) and includes many survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS.

Implementation of PA-Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA-specific measures for 2015 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA-specific measures. As previously indicated, for three PA Birth-related performance measures IPRO utilized the MCO Birth files in addition to the 2014 Department of Health Birth File to identify the denominator, numerator and rate for the Birth-related measures.

IPRO validated the medical record abstraction of the three PA-specific hybrid measures consistent with the protocol used for a HEDIS audit. The validation process includes a MRR process evaluation and review of the MCO's MRR tools and instruction materials. This review ensures that the MCO's MRR process was executed as planned and the abstraction results are accurate. A random sample of 16 records from each selected indicator across the three measures was evaluated. The indicators were selected for validation based on preliminary rates observed upon the MCO's completion of abstraction. The MCO passed MRR Validation for the Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit, the Perinatal Depression Screening, and the Maternity Risk Factor Assessment measures.

The MCO successfully completed the HEDIS audit. The MCO received an Audit Designation of Report for all applicable measures.

Findings

MCO results are presented in Tables 3.2 through 3.11. For each measure, the denominator, numerator, and measurement year rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% confidence interval indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would fall 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 confidence interval 95 times, or 95% of the time.

Rates for both the measurement year and the previous year are presented, as available [i.e., 2015 (MY 2014) and 2014 (MY 2013)]. In addition, statistical comparisons are made between the 2015 and 2014 rates. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations. For comparison of 2015 rates to 2014 rates, statistically significant increases are indicated by “+”, statistically significant decreases by “-” and no statistically significant change by “n.s.”.

In addition to each individual MCO’s rate, the MMC average for 2014 (MY 2013) is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of difference between the plan’s measurement year rate and the MMC average for the same year. For comparison of 2014 rates to MMC rates, the “+” symbol denotes that the plan rate exceeds the MMC rate; the “-” symbol denotes that the MMC rate exceeds the plan rate and “n.s.” denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful. Hence, results corresponding to each table highlight only differences that are both statistically significant, and display at least a 3-percentage point difference in observed rates. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates may not yield statistical significance due to reduced power; if statistical significance is not achieved, results will not be highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, “NA” (Not Applicable) appears in the corresponding cells. However, “NA” (Not Available) also appears in the cells under the HEDIS 2015 percentile column for PA-specific measures that do not have HEDIS percentiles to compare.

The tables below show rates up to one decimal place. Calculations to determine differences between rates are based upon unrounded rates. Due to rounding, differences in rates that are reported in the narrative may differ slightly from the difference between the rates as presented in the table.

Access to/Availability of Care

There were no strengths noted for UHCP’s 2015 (MY 2014) Access/Availability of Care performance measures.

The following opportunities for improvement was identified for 2015 (MY 2014) for Access/Availability of Care performance measures:

- UHCP’s rates for the following three Access/Availability of Care measures were statistically significantly below the 2015 MMC weighted averages:
 - Adults’ Access to Preventive/Ambulatory Health Services (Age 20-44 years) – 4.7 percentage points
 - Adults’ Access to Preventive/Ambulatory Health Services (Age 45-64 years) – 5.1 percentage points
 - Adult BMI Assessment (Age 18-74 years) – 12.6 percentage points

Table 3.2: Access to Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Children and Adolescents’ Access to PCPs (Age 12 24 Months)	4,845	4,696	96.9%	96.4%	97.4%	96.0%	+	97.0%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Children and Adolescents’ Access to PCPs (Age 25 Months 6 Years)	22,295	19,554	87.7%	87.3%	88.1%	87.9%	n.s.	88.6%	-	≥ 25th and < 50th percentile	
HEDIS	Children and Adolescents’ Access to PCPs (Age 7 11 Years)	18,437	16,815	91.2%	90.8%	91.6%	90.3%	+	91.9%	-	≥ 25th and < 50th percentile	
HEDIS	Children and Adolescents’ Access to PCPs (Age 12 19 Years)	24,992	22,386	89.6%	89.2%	90.0%	88.5%	+	90.1%	-	≥ 25th and < 50th percentile	
HEDIS	Adults’ Access to Preventive/ Ambulatory Health Services (Age 20 44 Years)	23,930	18,791	78.5%	78.0%	79.0%	77.7%	+	83.2%	-	≥ 25th and < 50th percentile	

HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45-64 Years)	13,515	11,628	86.0%	85.4%	86.6%	86.0%	n.s.	91.2%	-	≥ 25th and < 50th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ Years)	598	509	85.1%	82.2%	88.1%	83.7%	n.s.	87.2%	n.s.	≥ 25th and < 50th percentile
HEDIS	Adult BMI Assessment (Ages 18-74 Years)	288	203	70.5%	65.0%	75.9%	78.2%	-	83.0%	-	≥ 10th and < 25th percentile

Well-Care Visits and Immunizations

There were no strengths noted for UHCP's 2015 (MY 2014) Well-Care Visits and Immunizations performance measures.

The following opportunities for improvement were identified for the 2015 (MY 2014) Well-Care Visits and Immunizations performance measures.

- Five Well-Care Visit and Immunizations measures for UHCP's 2015 rates were statistically significantly lower than the MMC weighted averages.
 - Childhood Immunizations Status (Combination 2) – 6.7 percentage points
 - Childhood Immunizations Status (Combination 3) – 6.9 percentage points
 - Counseling for Nutrition (Age 3-11 years) – 6.0 percentage points
 - Counseling for Nutrition (Total) – 6.3 percentage points
 - Counseling for Physical Activity (Total) – 5.3 percentage points

Table 3.3: Well-Care Visits and Immunizations

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	405	279	68.9%	64.3%	73.5%	53.9%	+	65.2%	n.s.	≥ 75th and < 90th percentile	
HEDIS	Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)	328	247	75.3%	70.5%	80.1%	73.2%	n.s.	76.4%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Childhood Immunization Status (Combination 2)	411	284	69.1%	64.5%	73.7%	77.9%	-	75.8%	-	≥ 10th and < 25th percentile	
HEDIS	Childhood Immunization Status (Combination 3)	411	270	65.7%	61.0%	70.4%	75.2%	-	72.6%	-	≥ 10th and < 25th percentile	
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	409	231	56.5%	51.6%	61.4%	54.1%	n.s.	58.7%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Body Mass Index: Percentile (Age 3-11 Years)	263	172	65.4%	59.5%	71.3%	52.3%	+	68.5%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Body Mass Index: Percentile (Age 12-17 Years)	146	99	67.8%	59.9%	75.7%	58.2%	n.s.	69.1%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Body Mass Index: Percentile (Total)	409	271	66.3%	61.6%	71.0%	54.3%	+	68.7%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Counseling for Nutrition (Age 3-11 Years)	263	169	64.3%	58.3%	70.2%	65.7%	n.s.	70.2%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Nutrition (Age 12-17 Years)	146	84	57.5%	49.2%	65.9%	69.4%	-	64.6%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Counseling for Nutrition (Total)	409	253	61.9%	57.0%	66.7%	66.9%	n.s.	68.2%	-	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Physical Activity (Age 3-11 Years)	263	152	57.8%	51.6%	64.0%	53.4%	n.s.	61.9%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Physical Activity (Age 12-17 Years)	146	80	54.8%	46.4%	63.2%	72.4%	-	62.1%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Counseling for Physical Activity (Total)	409	232	56.7%	51.8%	61.6%	59.6%	n.s.	62.0%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Immunizations for Adolescents (Combination 1)	305	241	79.0%	74.3%	83.8%	76.3%	n.s.	82.0%	n.s.	≥ 50th and < 75th percentile	

EPSDT: Screenings and Follow-up

There were no strengths identified for EPSDT: Screenings and Follow-up performance measures for 2015 (MY 2014).

The following opportunities for improvement was identified for 2015 (MY 2014) for EPSDT: Screenings and Follow-up performance measures:

- UHCP’s rates for the following four EPSDT Screenings and Follow-up measures were statistically significantly below the 2015 MMC weighted averages:
 - Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase – 10.4 percentage points
 - Follow-up Care for Children Prescribed ADHD Medication: Continuation Phase – 12.7 percentage points
 - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced): Initiation Phase – 10.3 percentage points
 - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced): Continuation Phase – 15.5 percentage points

Table 3.4: EPSDT: Screenings and Follow-up

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Lead Screening in Children	411	307	74.7%	70.4%	79.0%	73.5%	n.s.	77.2%	n.s.	≥ 50th and < 75th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	1,444	210	14.5%	12.7%	16.4%	7.4%	+	25.0%	-	< 10th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	426	61	14.3%	10.9%	17.8%	8.2%	+	27.1%	-	< 10th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	1,444	229	15.9%	13.9%	17.8%	8.1%	+	26.2%	-	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	411	69	16.8%	13.1%	20.5%	21.0%	n.s.	32.3%	-	NA
PA EQR	EPSDT Hearing Test (Age 4 20 Years)	70,438	29,310	41.6%	41.2%	42.0%	38.4%	+	40.4%	+	NA
PA EQR	EPSDT Vision Test (Age 4 20 Years)	70,438	29,054	41.2%	40.9%	41.6%	38.7%	+	40.7%	+	NA
PA EQR	Developmental Screening in the First Three Years of Life Total ¹	10,840	5,120	47.2%	46.3%	48.2%	41.9%	+	47.0%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year ¹	3,434	1,512	44.0%	42.4%	45.7%	37.4%	+	42.6%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years ¹	3,644	1,825	50.1%	48.4%	51.7%	46.3%	+	50.9%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years ¹	3,762	1,783	47.4%	45.8%	49.0%	41.1%	+	47.7%	n.s.	NA

¹Developmental Screening in the First Three Years of Life was suspended for 2014 (MY 2013). For this measure, the MCO’s 2015 (MY 2014) rates were compared against the MCO’s 2013 (MY 2012) rates.

Dental Care for Children and Adults

There were no strengths noted for UHCP’s 2015 (MY 2014) Dental Care for Children and Adults performance measures.

One opportunity for improvement was identified for the 2015 (MY 2014) Dental Care for Children and Adults performance measures.

- UHCP’s 2015 rate for the Annual Dental Visits for Members with Developmental Disabilities (Age 2-21 years) measure was statistically significantly below the 2015 MMC weighted average by 3.0 percentage points.

Table 3.5: EPSDT: Dental Care for Children and Adults

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Annual Dental Visit	77,540	44,779	57.7%	57.4%	58.1%	55.3%	+	58.2%	-	≥ 50th and < 75th percentile
PA EQR	Total Eligibles Receiving Preventive Dental Treatment Services	115,438	53,277	46.2%	45.9%	46.4%	43.8%	+	46.8%	-	NA
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2 21 Years)	4,641	2,210	47.6%	46.2%	49.1%	48.8%	n.s.	50.6%	-	NA

Women’s Health

There were no strengths noted for UHCP’s 2015 (MY 2014) Women’s Health performance measures.

The following opportunities for improvement were identified for the Women’s Health performance measures for 2015 (MY 2014):

- In 2015, UHCP’s rates were statistically significantly below the 2015 MMC weighted averages for the following two measures:
 - Breast Cancer Screening (Age 52-74 years) – 8.9 percentage points
 - Cervical Cancer Screening – 8.0 percentage points

Table 3.6: Women’s Health

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Breast Cancer Screening (Age 52-74 Years)	3,848	2,093	54.4%	52.8%	56.0%	54.9%	n.s.	63.3%	-	≥ 25th and < 50th percentile	
HEDIS	Cervical Cancer Screening	384	223	58.1%	53.0%	63.1%	63.1%	n.s.	66.1%	-	≥ 25th and < 50th percentile	
HEDIS	Chlamydia Screening in Women (Total)	6,980	4,219	60.4%	59.3%	61.6%	62.0%	n.s.	59.3%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Chlamydia Screening in Women (Age 16-20 Years)	4,577	2,622	57.3%	55.8%	58.7%	59.5%	-	56.3%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Chlamydia Screening in Women (Age 21-24 Years)	2,403	1,597	66.5%	64.6%	68.4%	66.5%	n.s.	64.2%	+	≥ 50th and < 75th percentile	
HEDIS	Human Papillomavirus Vaccine for Female Adolescents	411	105	25.5%	21.2%	29.9%	21.3%	n.s.	27.9%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	8,100	135	1.7%	1.4%	2.0%	3.1%	-	2.6%	-	≥ 75th and < 90th percentile	

Obstetric and Neonatal Care

The following strengths were noted for the 2015 (MY 2014) Obstetric and Neonatal Care performance measures.

- In 2015, UHCP’s rates were statistically significantly higher than the respective 2015 MMC weighted averages for the following three measures:
 - Prenatal Smoking Cessation – 25.8 percentage points
 - Prenatal Screening Positive for Depression – 7.1 percentage points
 - Postpartum Screening for Depression – 15.4 percentage points

The following opportunities for improvement were noted for the 2015 (MY 2014) Obstetric and Neonatal Care performance measures.

- In 2015, UHCP’s rates were statistically significantly below the respective 2015 MMC weighted averages for the following twelve measures:
 - ≥ 61% of Expected Prenatal Care Visits Received – 6.4 percentage points
 - ≥ 81% of Expected Prenatal Care Visits Received – 11.1 percentage points
 - Prenatal and Postpartum Care – Postpartum Care – 8.2 percentage points
 - Prenatal Screening for Smoking – 11.8 percentage points
 - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator) – 11.7 percentage points
 - Prenatal Screening for Environmental Tobacco Smoke Exposure – 13.2 percentage points
 - Prenatal Counseling for Depression – 12.4 percentage points
 - Prenatal Screening for Alcohol use – 16.3 percentage points
 - Prenatal Screening for Illicit drug use – 16.3 percentage points
 - Prenatal Screening for Prescribed or over-the-counter drug use – 17.8 percentage points
 - Prenatal Screening for Intimate partner violence – 6.3 percentage points
 - Prenatal Screening for Behavioral Health Risk Assessment – 7.2 percentage points

Table 3.7: Obstetric and Neonatal Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	≥61% of Expected Prenatal Care Visits Received	411	301	73.2%	68.8%	77.6%	78.3%	n.s.	79.6%	-	NA	
HEDIS	≥81% of Expected Prenatal Care Visits Received	411	219	53.3%	48.3%	58.2%	63.7%	-	64.4%	-	≥ 25th and < 50th percentile	
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	411	337	82.0%	78.2%	85.8%	82.0%	n.s.	83.8%	n.s.	≥ 25th and < 50th percentile	
HEDIS	Prenatal and Postpartum Care Postpartum Care	411	222	54.0%	49.1%	59.0%	56.2%	n.s.	62.2%	-	≥ 10th and < 25th percentile	
PA EQR	Prenatal Screening for Smoking	391	286	73.1%	68.6%	77.7%	74.2%	n.s.	84.9%	-	NA	
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	391	283	72.4%	67.8%	76.9%	NA	NA	84.1%	-	NA	
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	391	89	22.8%	18.5%	27.0%	22.5%	n.s.	35.9%	-	NA	
PA EQR	Prenatal Counseling for Smoking	102	78	76.5%	67.7%	85.2%	65.3%	n.s.	74.7%	n.s.	NA	
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	31	12	38.7%	20.0%	57.5%	15.0%	+	51.3%	n.s.	NA	
PA EQR	Prenatal Smoking Cessation	110	38	34.5%	25.2%	43.9%	19.8%	+	8.8%	+	NA	
PA EQR	Prenatal Screening for Depression	391	261	66.8%	62.0%	71.5%	72.7%	n.s.	69.3%	n.s.	NA	
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	391	240	61.4%	56.4%	66.3%	NA	NA	63.8%	n.s.	NA	
PA EQR	Prenatal Screening Positive for Depression	261	67	25.7%	20.2%	31.2%	29.0%	n.s.	18.6%	+	NA	
PA EQR	Prenatal Counseling for Depression	67	40	59.7%	47.2%	72.2%	48.7%	n.s.	72.1%	-	NA	
PA EQR	Postpartum Screening for Depression	167	150	89.8%	84.9%	94.7%	100.0%	-	74.4%	+	NA	
PA EQR	Postpartum Screening Positive for Depression	150	23	15.3%	9.2%	21.4%	19.6%	n.s.	14.7%	n.s.	NA	
PA EQR	Postpartum Counseling for Depression	23	20	NA	NA	NA	NA	NA	85.8%	NA	NA	
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	982	225	22.9%	20.2%	25.6%	22.1%	n.s.	23.0%	n.s.	NA	
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	4,303	416	9.7%	8.8%	10.6%	9.9%	n.s.	9.5%	n.s.	NA	
PA EQR	Prenatal Screening for Alcohol use	391	249	63.7%	58.8%	68.6%	NA	NA	80.0%	-	NA	
PA EQR	Prenatal Screening for Illicit drug use	391	249	63.7%	58.8%	68.6%	NA	NA	80.0%	-	NA	
PA EQR	Prenatal Screening for Prescribed or over the counter drug use	391	244	62.4%	57.5%	67.3%	NA	NA	80.2%	-	NA	
PA EQR	Prenatal Screening for Intimate partner violence	391	189	48.3%	43.3%	53.4%	NA	NA	54.6%	-	NA	
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	391	135	34.5%	29.7%	39.4%	NA	NA	41.7%	-	NA	
PA EQR	Elective Delivery	1,033	116	11.2%	9.3%	13.2%	NA	NA	11.5%	n.s.	NA	

¹For the Elective Delivery measure, lower rate indicates better performance.

²Rates for this measure were not presented in the 2014 EQR report, as it was the first year of implementation, and was calculated utilizing an alternative data source. Data for this measure are presented for informational purposes, and are not included in the identification of strengths/opportunities for 2015.

Respiratory Conditions

One strength was noted for the 2015 (MY 2014) Respiratory Conditions performance measures:

- UHCP’s 2015 rate for the Appropriate Testing for Children with Pharyngitis measure was statistically significantly above the 2015 MMC weighted average by 4.9 percentage points.

The following opportunities for improvement for UHCP were identified among the 2015 (MY 2014) Respiratory Conditions performance measures:

- UHCP’s 2015 rates were statistically significantly lower than the MMC weighted averages for the following seven measures:

- Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid – 6.7 percentage points
- Pharmacotherapy Management of COPD Exacerbation: Bronchodilator – 5.2 percentage points
- Use of Appropriate Medications for People with Asthma (Age 19-50 years) – 6.6 percentage points
- Medication Management for People with Asthma: 75% Compliance (Age 5-11 years) – 7.5 percentage points
- Medication Management for People with Asthma: 75% Compliance (Age 12-18 years) – 6.9 percentage points
- Medication Management for People with Asthma: 75% Compliance (Age 19-50 years) – 8.4 percentage points
- Medication Management for People with Asthma: 75% Compliance (Total - Age 5-64 years) – 8.9 percentage points

Table 3.8: Respiratory Conditions

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	2,962	2,170	73.3%	71.7%	74.9%	68.4%	+	68.4%	+	≥ 50th and < 75th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection ¹	6,255	815	87.0%	86.1%	87.8%	84.9%	+	88.6%	-	≥ 25th and < 50th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis ²	967	699	27.7%	24.8%	30.6%	26.3%	n.s.	27.5%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	555	158	28.5%	24.6%	32.3%	29.2%	n.s.	29.8%	n.s.	≥ 25th and < 50th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid	530	369	69.6%	65.6%	73.6%	72.1%	n.s.	76.3%	-	≥ 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation Bronchodilator	530	437	82.5%	79.1%	85.8%	81.8%	n.s.	87.6%	-	≥ 25th and < 50th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5 11 Years)	1,034	945	91.4%	89.6%	93.2%	90.9%	n.s.	91.7%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 12 18 Years)	793	676	85.2%	82.7%	87.8%	85.3%	n.s.	87.6%	n.s.	≥ 25th and < 50th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 19 50 Years)	566	403	71.2%	67.4%	75.0%	68.8%	n.s.	77.8%	-	≥ 25th and < 50th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 51 64 Years)	161	119	73.9%	66.8%	81.0%	73.1%	n.s.	75.6%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5 64 Years)	2,554	2,143	83.9%	82.5%	85.4%	83.3%	n.s.	85.3%	n.s.	≥ 25th and < 50th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 Years)	945	250	26.5%	23.6%	29.3%	33.5%	-	34.0%	-	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 Years)	676	181	26.8%	23.4%	30.2%	34.1%	-	33.7%	-	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 Years)	403	143	35.5%	30.7%	40.3%	38.2%	n.s.	43.8%	-	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 Years)	119	62	52.1%	42.7%	61.5%	54.1%	n.s.	58.8%	n.s.	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 64 Years)	2,143	636	29.7%	27.7%	31.6%	35.8%	-	38.6%	-	≥ 50th and < 75th percentile
PA EQR	Annual Percentage of Asthma Patients (Age 2 20 Years) with One or More Asthma Related ER Visit ³	11,289	1,583	14.0%	13.4%	14.7%	13.6%	n.s.	13.1%	+	NA
PA EQR	Asthma in Younger Adults Admission Rate (Age 18 39 years)	510,719	78	1.27	0.99	1.56	1.62	n.s.	1.22	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) ⁴	304,652	369	10.09	9.06	11.12	11.87	-	9.47	n.s.	NA

¹ Per NCQA, a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

² Per NCQA, a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

³ For Emergency Department Encounter Rate for Asthma, lower rates indicate better performance.

⁴ For the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

The following strengths were noted for Comprehensive Diabetes Care performance measures for 2015 (MY 2014).

- UHCP's 2015 rates were statistically significantly below (better than) the MMC weighted averages for the following two measures:
 - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) – 0.46 admissions per 100,000 member years
 - Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) – 0.44 admissions per 100,000 member years

Four opportunities for improvement were identified for Comprehensive Diabetes Care performance measures for 2015 (MY 2014).

- UHCP's 2015 rate for the HbA1c Poor Control (>9.0%) measure was statistically significantly above (worse than) the 2015 MMC weighted average by 6.5 percentage points.
- UHCP's 2015 rates were statistically significantly below the MMC weighted averages for the following three measures:
 - HbA1c Control (<8.0%) – 5.1 percentage points
 - HbA1c Good Control (<7.0%) – 8.0 percentage points
 - Blood Pressure Controlled <140/90 mm Hg – 8.2 percentage points

Table 3.9: Comprehensive Diabetes Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Hemoglobin A1c (HbA1c) Testing	600	503	83.8%	80.8%	86.9%	81.0%	n.s.	85.5%	n.s.	≥ 25th and < 50th percentile	
HEDIS	HbA1c Poor Control (>9.0%) ¹	600	268	44.7%	40.6%	48.7%	45.8%	n.s.	38.1%	+	≥ 25th and < 50th percentile	
HEDIS	HbA1c Control (<8.0%)	600	277	46.2%	42.1%	50.2%	45.8%	n.s.	51.2%	-	≥ 25th and < 50th percentile	
HEDIS	HbA1c Good Control (<7.0%)	419	121	28.9%	24.4%	33.3%	29.6%	n.s.	36.9%	-	≥ 25th and < 50th percentile	
HEDIS	Retinal Eye Exam	600	335	55.8%	51.8%	59.9%	57.0%	n.s.	56.2%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Medical Attention for Nephropathy	600	486	81.0%	77.8%	84.2%	80.4%	n.s.	82.9%	n.s.	≥ 25th and < 50th percentile	
HEDIS	Blood Pressure Controlled <140/90 mm Hg	600	341	56.8%	52.8%	60.9%	65.5%	-	65.0%	-	≥ 25th and < 50th percentile	
PA EQR	Diabetes Short Term Complications Admission Rate ² (Age 18-64 Years) per 100,000 member years	804,591	145	1.50	1.26	1.75	1.85	n.s.	1.96	-	NA	
PA EQR	Diabetes Short Term Complications Admission Rate ² (Age 65+ Years) per 100,000 member years	10,780	2	1.55	0.00	3.69	0.78	n.s.	0.40	n.s.	NA	
PA EQR	Diabetes Short Term Complications Admission Rate ² (Total Age 18+ Years) per 100,000 member years	815,371	147	1.50	1.26	1.75	1.84	n.s.	1.94	-	NA	

¹ For HbA1c Poor Control, lower rates indicate better performance.

² For the Adult Admission Rate measures, lower rates indicate better performance

Cardiovascular Care

There were no strengths noted for UHCP's 2015 (MY 2014) Cardiovascular Care performance measures.

Two opportunities for improvement were identified for Cardiovascular Care performance measures for 2015 (MY 2014).

- Persistence of Beta Blocker Treatment After Heart Attack – 8.2 percentage points
- UHCP's 2015 rate for the Controlling High Blood Pressure (Total Rate) measure was statistically significantly below the 2015 MMC weighted average by 13.8 percentage points.

Table 3.10: Cardiovascular Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	75	61	81.3%	71.8%	90.8%	76.5%	n.s.	89.5%	n.s.	≥ 25th and < 50th percentile
HEDIS	Controlling High Blood Pressure (Total Rate)	401	192	47.9%	42.9%	52.9%	58.2%	-	61.6%	-	≥ 10th and < 25th percentile
PA EQR	Heart Failure Admission Rate ¹ (Age 18-64 Years) per 100,000 member years	804,591	177	1.83	1.56	2.10	2.68	-	1.74	n.s.	NA
PA EQR	Heart Failure Admission Rate ¹ (Age 65+ Years) per 100,000 member years	10,780	2	1.55	0.00	3.69	7.04	-	4.61	n.s.	NA
PA EQR	Heart Failure Admission Rate ¹ (Total Age 18+ Years) per 100,000 member years	815,371	179	1.83	1.56	2.10	2.73	-	1.78	n.s.	NA

¹ For the Adult Admission Rate measures, lower rates indicate better performance

Utilization

There were no strengths noted for UHCP’s 2015 (MY 2014) Utilization performance measures.

Two opportunities for improvement were identified for UHCP’s 2015 (MY 2014) Utilization performance measures.

- The following rates were statistically significantly below the respective 2015 MMC weighed averages:
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia – 6.9 percentage points
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced) – 4.7 percentage points

Table 3.11: Utilization

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
PA EQR	Reducing Potentially Preventable Readmissions ¹	13,582	1,637	12.1%	11.5%	12.6%	13.1%	-	11.6%	n.s.	NA
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	547	353	64.5%	60.4%	68.6%	64.9%	n.s.	71.4%	-	≥ 50th and < 75th percentile
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	803	538	67.0%	63.7%	70.3%	68.4%	n.s.	71.7%	-	NA

¹ For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

The following tables provide the survey results of four composite questions by two specific categories for UHCP across the last three measurement years, as available. The composite questions will target the MCOs performance strengths as well as opportunities for improvement.

Due to differences in the CAHPS submissions from year to year, direct comparisons of results are not always available. Questions that are not included in the most recent survey version are not presented in the tables.

2015 Adult CAHPS 5.0H Survey Results

Table 4.1: CAHPS 2015 Adult Survey Results

Survey Section/Measure	2015 (MY 2014)	2015 Rate Compared to 2014	2014 (MY 2013)	2014 Rate Compared to 2013	2013 (MY 2012)	2015 MMC Weighted Average
Your Health Plan						
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	78.64%	▲	72.82%	▲	67.97%	77.96%
Getting Needed Information (Usually or Always)	84.80%	▲	81.76%	▲	81.25%	83.20%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	72.54%	▼	73.50%	▲	68.56%	73.31%
Appointment for Routine Care When Needed (Usually or Always)	77.78%	▼	82.71%	▲	80.52%	81.58%

▲ ▼ = Performance compared to prior years' rate

Shaded boxes reflect rates above the 2015 MMC Weighted Average.

2015 Child CAHPS 5.0H Survey Results

Table 4.2: CAHPS 2015 Child Survey Results

CAHPS Items	2015 (MY 2014)	2015 Rate Compared to 2014	2014 (MY 2013)	2014 Rate Compared to 2013	2013 (MY 2012)	2015 MMC Weighted Average
Your Child's Health Plan						
Satisfaction with Child's Health Plan (Rating of 8 to 10)	81.09%	▼	84.25%	▲	81.26%	84.38%
Getting Needed Information (Usually or Always)	83.97%	▲	78.89%	▲	78.79%	82.42%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	83.26%	▼	83.46%	▲	82.20%	86.13%
Appointment for Routine Care When Needed (Usually or Always)	90.71%	▲	88.02%	▼	89.79%	89.66%

▲ ▼ = Performance compared to prior years' rate

Shaded boxes reflect rates above the 2015 MMC Weighted Average.

IV: 2014 Opportunities for Improvement MCO Response

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2014 EQR Technical Reports, which were distributed in April 2015. The 2015 EQR is the seventh to include descriptions of current and proposed interventions from each PH MCO that address the 2014 recommendations.

DHS requested the MCOs to submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that responses are reported consistently across the MCOs. These activities follow a longitudinal format, and are designed to capture information relating to:

- Follow-up actions that the MCO has taken through September 30, 2015 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the responses submitted to IPRO as of November 2015, as well as any additional relevant documentation provided by UHCP.

Table 5.1 presents UHCP's responses to opportunities for improvement cited by IPRO in the 2014 EQR Technical Report, detailing current and proposed interventions.

Table 5.1: Current and Proposed Interventions

Reference Number: UHCP 2014.01: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Adults' Access to Preventative/Ambulatory Health Services – All Ages (Age 20-44 years, Age 45-64 years, and Age 65+ years) measures.				
Follow Up Actions Taken Through 09/30/15:				
Quality Performance Measurement: Adults' Access to Preventative/Ambulatory Health Services	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
Age 20-44 years	77.30%	77.68%	78.52%	68.62%
Age 45-64 years	84.76%	85.96%	86.04%	78.89%
Age 65+ years	82.97%	83.70%	85.12%	73.16%
<p><u>Provider Education</u> – Ongoing education via newsletters, web site, and site visits with Clinical Practice Consultants</p> <p><u>Live Outreach Calls to members without office visits</u> – Live outreach call to SSI members who have not had a prior preventive visit for a previous disease state.</p> <p><u>Person Centered Care Model (PCCM)</u> – Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community.</p> <p><u>Clinical Practice Consultant Program (CPC)</u> – Support the Quality Improvement program of the health plan. Goals of the program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care. Improved provider knowledge related to HEDIS measures and Clinical Practice Guidelines.</p> <ul style="list-style-type: none"> • 3Q 2015 – CPC to resume site visits for re-education to providers to reinforce the need for Adult Access for Preventive/Ambulatory Health Services. 				
Future Actions Planned:				
For future actions, when and how will these actions will be accomplished?				
<ul style="list-style-type: none"> • Continuation of prior interventions 				
What is the expected outcome or goals of the actions that were taken or will be taken?				
<ul style="list-style-type: none"> • Members will have the health services needed and the MCO's rate will statistically increase. 				
What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?				
<ul style="list-style-type: none"> • Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, UHCPA will continue with our 				

current initiatives/actions ongoing with continued evaluation on program effectiveness.

Reference Number: UHCP 2014.02: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Well-Child Visits in the First 15 Months of Life (≥ 6 Visits) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
W15 (≥ 6 Visits)	54.75%	53.94%	68.89%	54.78%

Txt4kids pilot (Voxiva) – Members can receive text messages to make staying healthier easier at no cost. Txt4health program outreaches by texting to parent/s guardian of children to encourage/engage members about office visits, health screenings, flu shots, preventive health, immunizations, and assistance in selecting a doctor.

Provider Education – Newsletter articles addressing the need for all Well Child Care visits and EPSDT screening according to the periodicity schedule.

- Continue to educate providers regarding HEDIS specifications and suggested coding using modifier 25 if components of a well visit are completed during a sick visit.
- Educate providers regarding components of well child visits (health history, developmental history, physical exam and education/anticipatory guidance).

EPSDT Program – aimed at increasing provider awareness of guidelines

- Quick Reference Guide developed. Posted to UnitedHealthcare Provider website.
- EPSDT-Preventive Health Care Program guidelines available on UnitedHealthcare Provider website.

Clinical Practice Consultant Program (CPC) – Support the Quality Improvement program of the health plan. Goals of the program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care. Improved provider knowledge related to HEDIS measures and Clinical Practice Guidelines.

- Targeted collaboration with certain Health care providers where CPC staff are present for education of parents/guardians re: EPSDT screening, Lead Screening, all Well Child Visits and dental services

Co-branded letters/calls – Improve member-provider communication through letters/calls from the physician to their member that identifies which services are due and promote gaps in care closure.

Televox – Continuation of automated telephonic outreach to remind parents/guardians to schedule PCP appointments for all Well Child Care visits EPSDT, and dental services with directions to call Member Services/Special Needs Dept. if they require assistance.

11/2011 – Ongoing – Baby Blocks Program encourages members to make and keep doctor appointment during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, health pregnancy and well-baby tips. Incentives are given at different milestones during pregnancy, delivery and 15 months of baby's life.

W15 Workgroup – CPCs to review charts and collect supplemental data on missing W15 visits. Drill down to investigate why there is a lack of an administrative hit for all additional visits found. PA Outreach team will contact parents/guardians to assist in scheduling an OV(s) prior to 15 mo. age.

- Continue to educate providers regarding HEDIS specifications and suggested coding using modifier 25 if components of a well visit are completed during a sick visit

Future Actions Planned:

** See Reference Number: UHCP 2014.01: Future Actions Planned

Reference Number: UHCP 2014.03: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
W34 (Ages 3-6 yrs)	70.38%	73.15%	75.30%	57.15%

Attestation mailers – Mailer outreach encourages noncompliant members who have not had a PCP service completed for health screenings (Adolescent Well Care) to schedule an appointment with their PCP.

Provider Education – Newsletter articles addressing the need for all Well Child Care visits and EPSDT screening according to the periodicity schedule.

- Continue to educate providers regarding HEDIS specifications and suggested coding using modifier 25 if components of a well visit are completed during a sick visit.
- Educate providers regarding components of well child visits (health history, developmental history, physical exam and education/anticipatory guidance).
- Information regarding behavioral health in the provider manual (page 4, 6, 10-12, 14-17)

http://www.uhcommunityplan.com/content/dam/communityplan/healthcareprofessionals/providerinformation/PA-Provider-Information/PA_state-approved_provider_manual.pdf

EPSDT Program – aimed at increasing provider awareness of guidelines

- Quick Reference Guide developed. Posted to UnitedHealthcare Provider website.
- EPSDT-Preventive Health Care Program guidelines available on UnitedHealthcare Provider website.

Clinical Practice Consultant Program (CPC) – Support the Quality Improvement program of the health plan. Goals of the program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care. Improved provider knowledge related to HEDIS measures and Clinical Practice Guidelines.

- Targeted collaboration with certain Health care providers where CPC staff are present for education of parents/guardians re: EPSDT screening, Lead Screening, all Well Child Visits and dental services

Co-branded letters/calls – Improve member-provider communication through letters/calls from the physician to their member that identifies which services are due and promote gaps in care closure.

Televox – Continuation of automated telephonic outreach to remind parents/guardians to schedule PCP appointments for all Well Child Care visits EPSDT, and dental services with directions to call Member Services/Special Needs Dept. if they require assistance.

Future Actions Planned:

Txt4kids (Voxiva) – Enhanced revised program being finalized. Program where members can receive text messages to make staying healthier easier at no cost. Txt4health program outreaches by texting to parent/s guardian of children to encourage/engage members about office visits, health screenings, flu shots, preventive health, immunizations, and assistance in selecting a doctor.

** See Reference Number: UHCP 2014.01: Future Actions Planned

Reference Number: UHCP 2014.04: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Adolescent Well-Care Visits (Age 12 to 21 Years) measure.

Follow Up Actions Taken Through 09/30/15:

EPSDT Program – aimed at increasing provider awareness of guidelines

- Quick Reference Guide developed. Posted to UnitedHealthcare Provider website.
- EPSDT-Preventive Health Care Program guidelines available on UnitedHealthcare Provider website.

Clinical Practice Consultant Program (CPC) – Support the Quality Improvement program of the health plan. Goals of the program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care. Improved provider knowledge related to HEDIS measures and Clinical Practice Guidelines.

Provider Education – Newsletter articles addressing the need for all Well Child Care visits and EPSDT screening according to the periodicity schedule.

- Continue to educate providers regarding HEDIS specifications and suggested coding using modifier 25 if components of a well visit are completed during a sick visit.
- Educate providers regarding components of well child visits (health history, developmental history, physical exam and education/anticipatory guidance.

Co-branded letters/calls – Improve member-provider communication through letters/calls from the physician to their member that identifies which services are due and promote gaps in care closure.

Silverlink Interactive Voice Recognition (IVR) – Auto messaging encourages noncompliant members to visit their PCP to complete health screenings for Adolescent Well Care children. Part of a well-child visit is to complete vital sign and anticipatory guidance for education related to nutrition and physical activities.

Attestation mailers – Mailer outreach encourages noncompliant members who have not had a PCP service completed for health screenings (Adolescent Well Care) to schedule an appointment with their PCP.

Home Physicians (11/2014 – present) – Partnership with a home care Physician that will perform home visits for health assessments with noncompliant adolescent members while closing gaps in care with screenings. BMI, nutritional and Physical assessment and education included within health screenings.

Live Member Outreach Calls – Quality Outreach department conducts monthly telephonic outreach to all noncompliant members who required preventive health screenings; 3 way scheduling completed to assist members access for office visits.

Future Actions Planned:

** See Reference Number: UHCP 2014.01: Future Actions Planned

Reference Number: UHCP 2014.05: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index: Percentile (Age 3 - 11 years) and (Total) measures.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
---------------------------------	-----------------	----------------------	----------------------	---------------------------------

	2012)			
WCC_BMI Documentation				
Ages 3-11	50.57%	52.35%	65.40%	8.49%
Ages Total	48.91%	54.26%	66.26%	9.07%
WCC_BMI Nutrition Counseling				
Ages 3-11	69.35%	65.70%	64.26%	6.51%
Ages Total	64.23%	66.91%	61.86%	6.32%
WCC_BMI Physical Activity Counseling				
Ages 3-11	48.66%	53.43%	57.79%	5.24%
Ages Total	50.36%	59.61%	56.72%	5.07%

Home Physicians (11/2014 – present) – Partnership with a home care Physician that will perform home visits for health assessments with noncompliant adolescent members while closing gaps in care with screenings. BMI, nutritional and Physical assessment and education included within health screenings.

Clinical Practice Consultant Program (CPC) – Support the Quality Improvement program of the health plan. Goals of the program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care. Improved provider knowledge related to HEDIS measures and Clinical Practice Guidelines. CPCs educated on the BMI wheel, Obesity process, importance of regular exercise and healthy eating habits.

- Distributed dual BMI wheels (adult/child) to UnitedHealthcare members and nonmembers who attended Clinical Days and Community events.

Silverlink Interactive Voice Recognition (IVR) – Auto messaging encourages noncompliant members to visit their PCP to complete health screenings for Adolescent Well Care children that includes height, weight, BMI percentile, vital signs, and body system evaluations.

Attestation mailers – Mailer outreach encourages noncompliant members who have not had a PCP service completed for health screenings (Adolescent Well Care) to schedule an appointment with their PCP. Part of a well-child visit is to complete vital signs and anticipatory guidance for education related to nutrition, BMI and physical activities.

VIEW 360 (10/2014 – present) – Providers will have access to noncompliant members through a new Online Portal system called VIEW 360.

- Allows physicians/delegated staff to track month-to-month care and quality information for quality health measures.
- Access to patient procedures, medications, and lab results to allow for coordination of services.
- Monitors month-to-month changes in preventive screening measures to help providers identify care opportunities for their UHCPA patients.

Future Actions Planned:

Txt4kids (Voxiva) – Enhanced revised program being finalized. Program where members can receive text messages to make staying healthier easier at no cost. Txt4health program outreaches by texting to parent/s guardian of children to encourage/engage members about office visits, health screenings, flu shots, preventive health, immunizations, and assistance in selecting a doctor.

** See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.06: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Immunization for Adolescents (Combo 1) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
IMA Combo 1	70.26%	76.27%	79.02%	70.27%

Baby Blocks (0-24mo) – aimed at increasing member awareness and impacting member behavior/lifestyle

- Interactive program engages/reinforces healthy behaviors to impact member behavior/lifestyle related to prenatal care
- Each block – designed to look like children's old-fashioned building blocks – tell participants the best time & how often to go to the doctor. Once an appointment is completed, that block is unlocked, revealing a health message relevant to that point in the member's pregnancy or postpartum experience, such as the importance of keeping appointments, following a healthy diet, breastfeeding, finding the baby a pediatrician, and getting the baby its immunizations.

Newsletter articles that encouraged follow-up visits, checkups, and the importance of Immunizations in member and provider newsletters.

Future Actions Planned:

- Remove all barriers to obtain access to the PA DOH Immunization Data Registry (cumulative) and Philadelphia DOH (bi-annually)
- Add 4 additional custom CAHPS questions to obtain a better understanding of parent/guardian knowledge about the importance of Immunizations and Lead.

** See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.07: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Follow-up Care for Children Prescribed ADHD Medication – All Phases (Initiation Phase, Continuation, BH Enhanced Initiation Phase, and BH Enhanced Continuation Phase) measures.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
ADHD (Initial)	10.89%	7.39%	14.54%	30.17%
ADHD (Continuation)	11.90%	8.16%	14.32%	33.91%

- Member Education – available informational links on the member website about ADHD that is available for parents and children in the liveandworkwell.com and Healthfinder® websites.
- Member/Provider Newsletters – articles about the importance of follow-up ADHD visits/checkups.
- Provider Education – Distributed and updated Attention Deficit Hyperactivity Disorder (ADHD) Clinical Guideline to the provider portal.
- Provider Manual – Included information on ADHD and Liveandworkwell.com in the provider manual.
- Provider Website has a listing of behavioral health (BH) providers.
 - Provider Manual – Included information on ADHD and Liveandworkwell.com in the provider manual.
 - Information regarding behavioral health in the provider manual.
- Have worked in conjunction with UnitedHealthcare Pharmacy Department to drill down to identify the prescribing providers for ADHD medications for members. This report showed that psychiatrist and PCPs are the providers writing the prescriptions.
- UHCPA attends monthly meetings with Community Behavior Health (CBH) in Philadelphia County; Community Care Behavioral Health (CCBH) (Allegheny, Huntingdon, Adams, York, Berks, and Chester Counties), Value Behavioral Health of PA (VBH) (Fayette, Green, Washington, Westmorland, Cambria, Indiana, Armstrong, Butler, and Beaver Counties), Perform Care (Somerset, Bedford, Blair, Franklin, Fulton, Cumberland, Perry, Dauphin, Lebanon, and Lancaster County), Magellan (Northampton, Lehigh, Bucks, Delaware, Montgomery, and Bucks County) manage UHCPA behavioral health benefits.
- The Special Needs Unit (SNU) assists members/providers with referrals to behavior health services.

Future Actions Planned:

** See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.08: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Dental Sealants for Children (Age 8 years) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)
Dental Sealants for Children Ages 8	43.9%	44.2%	51.05%

Live Member Outreach Calls

- Quality Outreach department conducts telephonic outreach to all noncompliant members who require dental check-ups.
- Members are informed of the member incentive (gift cards) for completion of a dental check-up.
- Outreach team will assist the member to schedule a dental appointment during a 3 way telephone call to a dentist within the member's geographical area.

Temple University – Project Engage – a community oral health initiative powered by a partnership between Temple University Kornberg School of Dentistry, United Healthcare, and the state of Pennsylvania to deliver dental care to children in the North Philadelphia community. Registry is fully built – CHWs have been trained on the Registry, username, and passwords have been provided – participants are being assigned. The project will operate in five zip codes in North Philadelphia identified with patients identified as being at risk will be entered into a Registry where they can be tracked and followed up. Project ENGAGE deploys a team of Community Health Workers (CHWs). CHWs are health advocates who are trusted members of their community. The CHWs will be paired with families to assist them in finding a dental home, remove barriers to care, and provide education.

Televox – Continuation of automated telephonic outreach to remind parents/guardians to schedule PCP appointments for all Well Child Care visits EPSDT, and dental services with directions to call Member Services/Special Needs Dept. if they require assistance.

Oral Health Events and Community Partnerships – Partnered with Johnstown Salvation Army, Centerville Pediatrics, Greater

Philadelphia Health Action, and FQHCs in Southeast Lancaster to promote/schedule members for dental appointments.
Member education: newsletter articles for educate on importance of preventive dental services.

Future Actions Planned:

** See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.09: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Breast Cancer Screening (Age 52-74 years) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
BCS	48.29%	54.89%	54.39%	50.10%

- Member Educational materials distributed at community events
- Conduct Mammogram Wellness Events in locales with high member concentrations and with Mobile Mammogram units.
- Provider Education – Educate providers on missed opportunities for health screenings during office visit.
 - Newsletter reminder of availability of CPG on Provider Web
- Women’s Health educational material and PowerPoint presentation for use at community outreach education sessions
- Silverlink Interactive Voice Recognition (IVR) – Auto messaging to educate/encourage noncompliant women to complete their Mammogram, PAP, Chlamydia, HPV screenings.
- Silverlink Live Outreach – (Initiated during 3Q 2015) Live outreach calls to educate/assist noncompliant women to schedule their Mammogram and PAP.
- Clinical Practice Consultant Program (CPC) – Goals of program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines
- Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Future Actions Planned:

What future actions are planned to address each opportunity? Please specify dates.

- Ongoing Silverlink IVR Outreach campaign.
- Ongoing outreach by the CPC to deliver noncompliant member lists to practitioner sites to identify gaps in care.
- Continue partnership with Mammogram Mobiles to complete Wellness Events strategically across the state.

** See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.10: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Human Papillomavirus Vaccine for Female Adolescents measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
HPV	21.26%	21.28%	25.55%	19.19%

- Member Educational materials distributed at community events
- Conduct Mammogram Wellness Events in locales with high member concentrations and with Mobile Mammogram units.
- Provider Education – Educate providers on missed opportunities for health screenings during office visit.
 - Newsletter reminder of availability of CPG on Provider Web
- Women’s Health educational material and PowerPoint presentation for use at community outreach education sessions
- Silverlink Interactive Voice Recognition (IVR) – Auto messaging to educate/encourage noncompliant women to complete their Mammogram, PAP, Chlamydia, HPV screenings.
- Silverlink Live Outreach – (Initiated during 3Q 2015) Live outreach calls to educate/assist noncompliant women to schedule their Mammogram and PAP.
- Clinical Practice Consultant Program (CPC) – Goals of program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines
- Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk

Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Future Actions Planned:

** See Reference Number: UHCP 2014.09

Reference Number: UHCP 2014.11: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the ≥ 61% of Expected Prenatal Care Visits Received and ≥ 81% of Expected Prenatal Care Visits Received measures.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
≥ 61% PNC	8.76%	14.60%	19.95%	16.42%
≥ 81% PNC	71.53%	63.75%	53.28%	38.69%

- Internal Workgroup to analyze current processes and develop targeted interventions
- Pregnancy Program Interactive Voice Recognition (IVR) – ongoing IVR campaign (including both prenatal and post-partum outreach) during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor's appointments during Prenatal, Postpartum, and Follow-up visits.
- Clinical Practice Consultant Program (CPC) – Goals of program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines
- Baby Blocks Program encourages members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips, Baby Blues and guidance for assistance directing the member back to the provider.
- Person Centered Care Model (PCCM) – In conjunction with our CHW/Patient Center Care approach, we offer Healthy First Steps (HFS). This new model design leverages the potential of Community Health Worker (CHW) to engage additional members who are identified as pregnant but who do not respond to traditional telephonic outreach.

Future Actions Planned:

- Resolution of 3rd Party Copy vendor barrier of delays in obtaining HEDIS medical records by streamlining processes working with the vendors. The plan will begin to collect HEDIS medical records pre-season.

For future actions, when and how will these actions will be accomplished?

- Continuation of prior interventions

What is the expected outcome or goals of the actions that were taken or will be taken?

- The expected outcome is to increase member's awareness of the importance of early and consistent prenatal care and to change behavior
- The Plan will be able to improve early identification of pregnant members for outreach and case management
- The member's will have improved access to their providers.
- The MCO's rate will statistically increase.
- Monitoring of HEDIS rates month over month.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

- Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, we will continue with our current initiatives/actions ongoing with continued evaluation on program effectiveness.
- Weekly workgroup meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve prenatal and postpartum care
- The plan will monitor and analyze claims data monthly

Reference Number: UHCP 2014.12: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Prenatal and Postpartum Care – Timeliness of Prenatal Care and Postpartum Care measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
PPC Timeliness	87.83%	82.00%	82.00%	62.52%

PPC Postpartum	58.39%	56.20%	54.01%	32.38%
----------------	--------	--------	--------	--------

** See Reference Number: UHCP 2014.11

Future Actions Planned:

Reference Number: UHCP 2014.13: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Prenatal Screening for Smoking and Environmental Tobacco Smoke Exposure measures.

Follow Up Actions Taken Through 09/30/15:

Indicator	PA EQRO 2013 (MY 2012)	PA EQRO 2014 (MY 2013)	PA EQRO 2015 (MY 2014)	MCC Weighted Avg.
Prenatal Screening for Smoking	47.8%	74.2%	Awaiting IPRO results	86.2%
Prenatal Screening for ETS Screening	8.9%	22.5%	Awaiting IPRO results	32.0%
Prenatal Counseling for ETS	NA	15.0%	Awaiting IPRO results	37.9%

PA Department of Human Resources (DHS) state mandated OB Needs Assessment Form (OBNAF) that includes an assessment of newly identified risk factors on the antenatal and postpartum sections of the form.

- The **OB providers** are educated by CPCs and Provider Relations Representatives to complete the OBNAF upon the first prenatal visit, at 28 weeks and after deliver during their annual office visits.
- The **OBNAF forms** are monitored by Health First Steps (HFS) for compliance to stratify members appropriately for tobacco use, environmental smoke exposure and depression or other risks during the pregnancy that are identified with the provider submitted form.
- The **OBNAF form** has screening sections to identify Tobacco Use pre-pregnancy, during the 1st, 2nd and 3rd Trimesters as well as information regarding Tobacco Cessation Counseling offered and received.

Member Education – newsletter articles encouraging members to stop smoking and to avoid second hand smoke as well as providing the 1800-QUIT-NOW line.

Pregnancy Program Interactive Voice Recognition (IVR) – ongoing IVR campaign (including both prenatal and post-partum outreach) during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor's appointments during Prenatal, Postpartum, and Follow-up visits.

Baby Blocks Program encourages members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips, Baby Blues and guidance for assistance directing the member back to the provider.

Future Actions Planned:

Continuous Medical record reviews (beginning September 2015) to 62 Ob/Gyn Practitioner sites targeted to educate on completion/submission of correct ONAF forms as well as EQRO specifications and documentation standards.

For future actions, when and how will these actions will be accomplished?

- Continuation of prior interventions

What is the expected outcome or goals of the actions that were taken or will be taken?

- The expected outcome is to increase member's awareness of the importance of early and consistent prenatal care and to change behavior
- The Plan will be able to improve early identification of pregnant members for outreach and case management
- The MCO's rate will statistically increase.
- Monitoring of HEDIS rates month over month.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

- Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, we will continue with our current initiatives/actions ongoing with continued evaluation on program effectiveness.
- Weekly workgroup meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve prenatal and postpartum care
- The plan will monitor and analyze claims data monthly

Reference Number: UHCP 2014.14: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Prenatal Counseling for Environmental Tobacco Smoke Exposure measure.

Follow Up Actions Taken Through 09/30/15:

**See Reference Number: UHCP 2014.13

Future Actions Planned:

Reference Number: UHCP 2014.15: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Prenatal Counseling for Depression measure.

Follow Up Actions Taken Through 09/30/15:

Indicator	PA EQRO 2013 (MY 2012)	PA EQRO 2014 (MY 2013)	PA EQRO 2015 (MY 2014)	MCC Weighted Avg.
Prenatal Counseling for Depression	54.2%	48.7%	Awaiting IPRO results	67.5%

Home Physician – Partnership with a home care Physician that will perform house visits for members who recently delivered within 5 pilot counties. Any member with a postpartum depression is immediately referred for follow up with UHCPA Special Needs Dept./ Healthy First Steps and Behavioral Health referral. The member is also directed to speak with her physician regarding depression symptoms and a telephone number is provided for the member to contact a case manager for telephonic management.

- During the post-partum outreach call Healthy First Steps Case Managers help coordinate management of post-partum depression if present with the member's OB provider or Behavioral Health MCO as needed.

**See Reference Number: UHCP 2014.13

Future Actions Planned:

Reference Number: UHCP 2014.16: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid and Bronchodilator measures.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
COPD Exacerbation Systemic Corticosteroid	69.27%	72.05%	69.62%	72.21%
COPD Exacerbation Bronchodilator	79.97%	81.82%	82.45%	82.68%

- Annual reminders for flu/pneumonia vaccine
- Smoking Cessation Program referral
- Welcome letter/educational material mailed to newly identified members
- Blended Census Reports are reviewed daily by healthcare management staff as an alert for members with interventional needs. Assigned to community health workers while still hospitalized or upon discharge within the community – outreach begins to coordinate with PCP visits and the CPC.

Transitional Case Management (TCM) – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.

Practice Consultant Program (CPC) – Provider education as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines. Education includes reference guides for Pediatric, Adult, and Chronic Condition Management.

Member/Provider Newsletters – Include articles that encourage and educate on the importance of refilling prescriptions for COPD/PCP Preventive visits.

Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Future Actions Planned:

When and how will these actions be accomplished?

- Internal Workgroup to analyze current processes and develop targeted interventions

- Visits to provider's offices to explain the importance of closing gaps in care and the function of the CPCs.
- Provider/Member Newsletter articles.

What is the expected outcome or goals of the actions that were taken or will be taken?

- The MCO's rate will statistically increase.
- Monitoring of HEDIS rates month over month.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

- Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, UHCPA will continue with our current initiatives/actions ongoing with continued evaluation on program effectiveness.

Reference Number: UHCP 2014.17: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Use of Appropriate Medications for People with Asthma (Age 19-50 years) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
Use of Appropriate Medication for People with Asthma (Age 19-50)	70.03%	68.75%	71.20%	72.85%
Medication Compliance for People with Asthma 75%				
Age 5-11 years	31.29%	33.51%	26.46%	7.06%
Ages 12-18	31.03%	34.14%	26.78%	8.97%
Age 19-50	33.84%	38.24%	35.48%	12.60%
Ages 5-64 (Total)	32.62%	35.79%	29.68%	9.54%

Clinical Practice Consultant Program (CPC) – Provider education as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines. Education includes reference guides for Pediatric, Adult, and Chronic Condition Management.

- CPC placed at a high volume site since January 2014 to review and evaluate barriers to care; outreaching to members to schedule for a PCP OV.

Member/Provider Newsletters – Include articles that encourage and educate on the importance of refilling prescriptions for Asthma/PCP Preventive visits.

- Annual reminders for flu/pneumonia vaccine
- Smoking Cessation Program referral

Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Transitional Case Management (TCM) – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.

Future Actions Planned:

UHCPA will continue to offer clinical practice guidelines on Asthma care for providers. Providers will continue to be advised of the availability of the guidelines through their initial credentialing letter, re-credentialing letter, the Provider Manual and Provider Newsletters. The intent of the guidelines is to cover best practice recommendations for care of Asthma.

- UHCPA website includes disease specific sites, clinical guidelines, as well as preventive guidelines.

Reference Number: UHCP 2014.18: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Medication Management for People with Asthma: 75% Compliance (Age 5-11 years), (Age 12-18 years), (Age 19-50 years), and (Age 5-64 years) measures.

Follow Up Actions Taken Through 09/30/15:

**See Reference Number: UHCP 2014.17

Future Actions Planned:

Reference Number: UHCP 2014.19: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Hemoglobin A1c (HbA1c) Testing measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
HbA1c Testing	78.54%	81.04%	83.83%	74.80%
HbA1c Poor Control (>9.0%)	50.07%	45.82%	44.67%	77.62%
HbA1c Control (<8.0%)	42.63%	45.82%	46.17%	16.80%
HbA1c (<7.0%)	29.05%	29.59%	28.88%	12.31%
LDL-C Screening	74.01%	73.13%	*73.07%	63.89%
LDL-C (<100 mg/dL)	30.07%	31.34%	*15.12%	12.65%
Medical Attention for Nephropathy	77.96%	80.45%	81.00%	76.05%

* Admin Final – NCQA retired measure

Home Physician – Partnership with a home care Physician that will perform home visits for health assessments with noncompliant Diabetic Members to perform health screenings and draw Diabetic Labs.

Clinical Practice Consultant Program (CPC) – Provider education as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines. Education includes reference guides for Pediatric, Adult, and Chronic Condition Management.

Member/Provider Newsletters – Include articles that encourage and educate on the importance of Diabetic screenings/disease process/control.

Silverlink Interactive Voice Recognition (IVR) – Auto messaging encourages noncompliant members to complete health screenings

Attestation mailers – Mailer outreach encourages noncompliant members who have not had a preventive service completed for health screenings. Prompts member to complete screening and advises member of incentive.

Person Centered Care Model (PCCM) – Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community.

Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Transitional Case Management (TCM) – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.

Future Actions Planned:

Diabetes Management Program – Enhanced program to educate members to maintain optimum blood glucose, blood pressure and LDL cholesterol levels, prevent the onset of complications with evidence-based care and manage co-morbidities related to diabetes, including hypertension, obesity, and depression. Members also learn about risk factors for this disease as well as how to maintain a healthy lifestyle.

When and how will these actions be accomplished?

- Internal Workgroup to analyze current processes and develop targeted interventions
- Visits to provider’s offices to explain the importance of closing gaps in care and the function of the CPCs.
- Provider/Member Newsletter articles.

What is the expected outcome or goals of the actions that were taken or will be taken?

- The MCO’s rate will statistically increase.
- Monitoring of HEDIS rates month over month.

What is the MCO’s process for monitoring the actions to determine the effectiveness of the actions taken?

- Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, UHCPA will continue with our current initiatives/actions ongoing with continued evaluation on program effectiveness.
- The plan will monitor and analyze claims data monthly.

Reference Number: UHCP 2014.20: The MCO’s rate was statistically significantly worse than the 2014 (MY 2013) MMC average for

the HbA1c Poor Control (>9.0%) measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.21: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the HbA1c Control (<8.0%) measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.22: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the HbA1c Good Control (<7.0%) measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.23: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the LDL-C Screening measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.24: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the LDL-C Level Controlled (<100 mg/dL) measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.25: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Medical Attention for Nephropathy measure.										
Follow Up Actions Taken Through 09/30/15: **See Reference Number: UHCP 2014.19										
Future Actions Planned:										
Reference Number: UHCP 2014.26: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Persistence of Beta Blocker Treatment After Heart Attack measure.										
Follow Up Actions Taken Through 09/30/15:										
<table border="1"> <thead> <tr> <th>Quality Performance Measurement</th> <th>HEDIS 2013 (MY 2012)</th> <th>HEDIS 2014 (MY 2013)</th> <th>HEDIS 2015 (MY 2014)</th> <th>Current Administrative Rate YTD</th> </tr> </thead> <tbody> <tr> <td>PBH</td> <td>NA</td> <td>76.47%</td> <td>81.33%</td> <td>76.19%</td> </tr> </tbody> </table>	Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD	PBH	NA	76.47%	81.33%	76.19%
Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD						
PBH	NA	76.47%	81.33%	76.19%						
<p><u>Clinical Practice Consultant Program (CPC)</u> – Goals of the program are to act as a conduit of information regarding plan expectations of providers as it related to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines. Education includes reference guides for Pediatric, Adult, and Chronic Condition Management.</p> <p><u>Member/Provider Newsletters</u> – Include articles that encourage and educate on the importance of compliance with medication adherence.</p> <p><u>Silverlink Interactive Voice Recognition (IVR)</u> – Auto messaging encourages noncompliant members to complete health screenings.</p> <p><u>Advocate for Me (Adv4me)</u> – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).</p> <p><u>Person Centered Care Model (PCCM)</u> – Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community.</p> <p><u>Transitional Case Management (TCM)</u> – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.</p>										
Future Actions Planned:										
<u>Heart Failure Disease Management program</u> – Enhanced program with a combination of at-home daily monitoring and nurse										

engagement and resources for education and self-care. Educating members to treatment adherence, while providing physicians with reports on weight and other heart-failure related symptoms and risk factors. The program is designed to reduce hospitalization rates, resulting in substantial cost savings and positive clinical outcomes with very high consumer and physician satisfaction.

**See Reference Number: UHCP 2014.01

Reference Number: UHCP 2014.27: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced) measure.

Follow Up Actions Taken Through 09/30/15:

Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
SAA (BH Enhanced)	62.68%	64.92%	64.53%	11.42%

Person Centered Care Model (PCCM) – Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community.

Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Transitional Case Management (TCM) – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.

Future Actions Planned:

Member/Provider Newsletters – Included articles that encourage and educated on the importance of compliance with prescribed Antipsychotic medications.

Reference Number: UHCP 2014.28: For UHCP's Adult CAHPS survey, one comparable item evaluated fell below the 2014 MMC weighted averages.

Follow Up Actions Taken Through 09/30/15:

CAHPS Adult Survey Results	2013 (MY 2012)	2014 (MY 2013)	2015 (MY 2014)	2014 MCC Weighted Average
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	67.97%	72.82%	78.64%	75.05%

Member Satisfaction task Force (March 2015-onward) Workgroup meeting to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve member satisfaction with the plan.

Home Physicians (11/2014 – present) – Partnership with a home care Physician that will perform home visits for health assessments with noncompliant adolescent members, noncompliant diabetic members, postpartum members to close gaps in care and reengages membership with their Primary care Physician thus improving patient/physician relationship.

Advocate for Me (Adv4me) – pilot service model to connect the member to the Service Advocate that will best support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources (Chronic conditions, difficulty understanding system usage, difficulty in accessing correct treatment and understanding benefits).

Transitional Case Management (TCM) – case management utilize stratification reports to identify members transitioning from hospital to home in the 30-days post-acute hospital discharge and ensuring the members are connecting regularly with their provider. The Case Managers promote knowledge and the self-management skills to prepare members for their transition between settings in areas of medication self-management, PCP and Specialist Follow-up, disease management deterioration, and use of a Personal Health Record to facilitate communication and ensure continuity of care.

Member Service Area – Enhancements to improve member interactions during inbound calls to Member Services. Enhancement include Positive Engagement Training/coaching for all Call Center representatives on resolution of calls; Outbound Supervisor to outreach to members who had to make multiple calls to ensure all issues were resolved; Improved Timeliness and accuracy of Member complaints; compassion calibration sessions at team level and Executive level.

Key Member Indicator/Net Promoter Survey initiated – monthly survey to collect information to analyze member drivers of loyalty, simplify, personalize and care.

Provider Education – Provider Relations/Member Services address any issues with provider access, availability, communication

barriers, and health literacy through Newsletters, Provider Bulletins and face-to-face meetings.
Co-branded letters/calls – Improve member-provider communication through letters/calls from the physician to their member that identifies which services are due and promote gaps in care closure.
Txt4kids pilot (Voxiva) – mobile application program is available for UHCPA members that want to enroll in receiving educational information, motivation and reminders about healthy living habits. Piloted for 3 months (onset 4/15/14 – 7/2014) in Alleghany, York, and Philadelphia counties then in August the pilot was rolled out across entire PA. Members will be able to choose their texting preferences and frequencies. Txt4health program outreaches by texting to parent/s guardian of children to encourage/engage members about office visits, health screenings, flu shots, preventive health, immunizations, and assistance in selecting a doctor.
Member/Provider Education – continuation of newsletter articles that address CAHPS measures, such as health literacy, shared decision making, language services, communication skills.

Future Actions Planned:
 When and how will these actions be accomplished?
 • Member newsletter article will educate members on the importance of responding to the CAHPS survey
 • These actions will be accomplished through a collaborative effort by the internal CAHPS committee.

What is the expected outcome or goals of the actions that were taken or will be taken?
 • The expected outcome is to increase positive member response in the appropriate measures.

What is the MCO’s process for monitoring the actions to determine the effectiveness of the actions taken?
 • Activities will continue until 12/31/2015. The efficacy of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions. If the analysis shows positive outcomes, UHCPA will continue with our current initiatives/actions ongoing with continued evaluation on program effectiveness.
 • The plan MCO will monitor actions through the CAHPS work plan and the monthly CAHPS meeting.

Reference Number: UHCP 2014.29: A decrease was noted in 2014 (MY 2013) as compared to the MCO’s 2013 (MY 2012) in one comparable item from the MCO’s Child CAHPS survey. For UHCP’s Child CAHPS survey, three comparable items evaluated fell below the 2014 MMC weighted averages.

Follow Up Actions Taken Through 09/30/15:

CAHPS Child Survey Results	2013 (MY 2012)	2014 (MY 2013)	2015 (MY 2014)	2014 MCC Weighted Average
Getting Needed Information (Usually or Always)	78.79%	78.89%	83.97%	82.15%
Satisfaction with Health Care (Rating of 8-10)	82.20%	83.46%	83.26%	84.95%
Appointment for Routine Care When Needed (Usually or Always)	89.79%	88.02%	90.71%	90.21%

**Reference Number: UHCP 2014.28

Future Actions Planned:

Root Cause Analysis and Action Plan

The 2015 EQR is the sixth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measures on the HEDIS 2014 P4P Measure Matrix receiving either “D” or “F” ratings. Each P4P measure in categories “D” and “F” required that the MCO submit:

- A goal statement;
- Root cause analysis and analysis findings;
- Action plan to address findings;
- Implementation dates; and
- A monitoring plan to assure action is effective and to address what will be measured and how often that measurement will occur.

For the 2015 EQR, UHCP was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Comprehensive Diabetes Care – LDL-C Level Controlled (<100 mg/dL) (Table 5.2)
2. Comprehensive Diabetes Care – HbA1c Poor Control (Table 5.3)

3. Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received (Table 5.4)
4. Prenatal and Postpartum Care – Timeliness of Prenatal Care (Table 5.5)

UHCP submitted an initial Root Cause Analysis and Action Plan in October 2015.

Table 5.2: RCA and Action Plan – Comprehensive Diabetes Care – LDL-C Level Controlled (<100 mg/dL)

Instructions: For each measure in grade categories D and F, complete this form identifying factors contributing to poor performance and your internal goal for improvement. Some or all of the areas below may apply to each measure.

Managed Care Organization (MCO):	United Healthcare Community Plan (UHCPA)					
Measure:	Comprehensive Diabetes Care – LDL-C Level Controlled (<100 mg/dL)					
Response Date:	November 20, 2015					
Goal Statement: Please specify goal(s) for measure.	UHCPA will improve the LDL-C Controlled (<100mg/dL) rate 2 percentage points from Prior Year.					
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings:					
		Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
		*LDL-C (<100mg/dL)	30.07%	31.34%	*15.12%	12.65%
Policies (e.g., data systems, delivery systems, provider facilities)	N/A					
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	N/A					
People (e.g., personnel, provider network, patients)	<ul style="list-style-type: none"> • Members continue to be difficult to locate in order to complete their blood work and to educate about the importance of these values due to incorrect phone numbers. • Member knowledge deficit about the significance of their LDL levels. • Members are not always adherent to medication regimen. • Members not always compliant with physician appointments. • Members may be hesitant to take medications. • Members are resistant to diet changes. • Some providers may not be educating members on goal levels, the importance of medication adherence, and the significance of diet and LDL levels. 					
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	N/A					
Other (specify)	<p>Changing recommendations by NCQA experts confusing providers/members</p> <ul style="list-style-type: none"> • <i>Comprehensive Diabetes Care:</i> NCQA removed three indicators of quality from this measure: LDL-C Screening, LDL-C Control (<100 mg/dL) and Blood Pressure Control (<140/80 mm Hg). These changes align with new blood cholesterol guidelines by the American College of Cardiology/American Heart Association (ACC/AHA) Task Force on Practice Guidelines and new hypertension guidelines by with eighth Joint National Committee (JNC 8). • * Due to changes to the clinical guidelines for this measure in 2014, UHCPA diabetic initiatives will be more focused around the screening and control of the HbA1c measure. 					

MCO:	United Healthcare Community Plan (UHCPA)	
Measure:	Comprehensive Diabetes Care – LDL-C Level Controlled (<100 mg/dL)	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measurements will be used, as applicable.
<u>Clinical Practice Consultant Program (CPC)</u> This is a strategic initiative to support the Quality Improvement program of the health plan. Goals of program are to educate providers on closing gaps in care as it relates to: <ul style="list-style-type: none"> Improving member care Proper Medical Record Documentation Utilize both Member Level Detail (MLD) and Universal Tracking Database (UTD) reports to identify noncompliant members Improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines 	6/13 – Ongoing	<ul style="list-style-type: none"> Monitoring measured by monthly Provider Score Cards of members closing gaps in care by CPC. Monthly HEDIS rates review.
<u>Text Messages – Pilot and ongoing-member able to sign up to receive text messages with health tips that remind members to eat healthy, exercise, and take their medications.</u>	1/1/14 – 12/2015 <i>**Program will be revised/enhanced for 2016</i>	<ul style="list-style-type: none"> Monitoring measured by members enrolled in the text message program and their health outcomes.
<u>Member Incentive Program</u> mailing to members inviting them to participate. The program rewarded members for 3 completed labs. <ul style="list-style-type: none"> LDL screening HgbA1C screening Urine for Micro Albumin screening 	7/23/13 – 12/31/15	<ul style="list-style-type: none"> Monitoring measured by the number of noncompliant members and the evaluation of the completion of the rewards. Monitoring monthly HEDIS rates review and annual effectiveness of the program. <i>**There were changes to the clinical guidelines for this measure in 2014. Due to changes, UHCPA diabetic initiatives will be more focused around the screening and control of the HbA1c measure.</i>
<u>Home Physician visits</u> will perform assessments on noncompliant Diabetic members in their homes while closing gaps in care with screenings for A1c, LDL, physical assessments	9/2014 – Ongoing	<ul style="list-style-type: none"> Monitoring measured by members who had completed screenings completed weekly. Weekly meetings with the Home Physician group to monitor or resolve any barriers to visits.
<u>Silverlink Interactive Voice Recognition (IVR)</u> <ul style="list-style-type: none"> Auto messaging educates/encourages noncompliant member to complete their preventive health visits/screenings and increases awareness of diabetes care 	Implemented updated messages 1/5/2015	<ul style="list-style-type: none"> Monitoring measured by members who had completed screenings completed quarterly.
<u>Co-Branded letters:</u> Letter/call from the physician to their member that identifies which services are due; letter requests the member to schedule appointments to close gaps in care; mailings are staggered. Calls are placed 2 weeks after mailing letter or	10/13-12/15	<ul style="list-style-type: none"> Monitoring through monthly HEDIS Interim Reports.

without letter; Physician can select either letter, call or both.		
---	--	--

Table 5.3: RCA and Action Plan –Comprehensive Diabetes Care – HbA1c Poor Control

Managed Care Organization (MCO):	United Healthcare Community Plan (UHCPA)														
Measure:	Comprehensive Diabetes Care – HbA1c Poor Control²														
Response Date:	November 20, 2015														
Goal Statement: Please specify goal(s) for measure.	UHCPA will continue to improve (reverse rate) HbA1c Poor Control rate to reach the new NCQA Quality Compass HEDIS 2016 75 th percentile of 34.66%.														
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	<p>Findings:</p> <table border="1"> <thead> <tr> <th>Quality Performance Measurement</th> <th>HEDIS 2013 (MY 2012)</th> <th>HEDIS 2014 (MY 2013)</th> <th>HEDIS 2015 (MY 2014)</th> <th>Current Administrative Rate YTD</th> </tr> </thead> <tbody> <tr> <td>*HbA1c Poor Control</td> <td>50.07%</td> <td>45.82%</td> <td>44.67%</td> <td>77.62%</td> </tr> </tbody> </table> <p>Data from a recent barrier analysis conducted by a focused workgroup that met June 2015, revealed the barriers as listed under the Policies, Procedures, People, and Other below. Despite varied interventions, factors outside of our control such as access, cultural differences, ethnicity, and socio-economic status continue to challenge our efforts.</p>					Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD	*HbA1c Poor Control	50.07%	45.82%	44.67%	77.62%
Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD											
*HbA1c Poor Control	50.07%	45.82%	44.67%	77.62%											
Policies (e.g., data systems, delivery systems, provider facilities)	<ul style="list-style-type: none"> Unable to obtain addition HbA1c screening/lab results from Quest Diagnostics lab (non-par provider). 3rd Party Copy vendor barrier of delays in obtaining HEDIS medical records. 														
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	N/A														
People (e.g., personnel, provider network, patients)	<ul style="list-style-type: none"> Providers are inconsistent in using the contracted lab vendor: LabCorp Members knowledge deficit of the importance of ongoing preventive diabetic care including HbA1c screening and control resulting in significant member noncompliance for HbA1c screening and control. Member lack of understanding their treatment plan outlined by the provider. 														
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	N/A														
Other (specify)	N/A														

² Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

MCO:	United Healthcare Community Plan (UHCPA)	
Measure:	Comprehensive Diabetes Care – HbA1c Poor Control³	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
Action Include those planned as well as already implemented. Add rows if needed.	Implementation Date Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	Monitoring Plan How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
Provider Education: <ul style="list-style-type: none"> On missed opportunities for health screenings during office visits. Utilize in-network Lab vendor: Lab-Corp 	2013 – Ongoing	Monitoring includes monthly tracking of claims: <ul style="list-style-type: none"> Decrease in HbA1c Poor Control rate and decrease in the number of noncompliant members (indicating that HbA1c is controlled) will demonstrate effectiveness Reaching the established goal will demonstrate effectiveness Decrease in the Quest Diagnostic claims through monthly administrative lab data/claims runs will demonstrate effectiveness Analysis to identify & educate providers who are utilizing nonparticipating labs.
Clinical Practice Consultant Program (CPC) This is a strategic initiative to support the Quality Improvement program of the health plan. Goals of program are to educate providers on closing gaps in care as it relates to: <ul style="list-style-type: none"> Improving member care Proper Medical Record Documentation Utilize both Member Level Detail (MLD) and Universal Tracking Database (UTD) reports to identify noncompliant members Improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines 	6/13 – Ongoing	<ul style="list-style-type: none"> CPC assigned to sites will pull non-compliant member lists to compare quarterly improvements by decreasing rates and develop a plan to improve rates. Monitoring compliance through monthly interim reports.
Provider Rewards Program (previously known as Gold Star Program): <ul style="list-style-type: none"> Program designed to improve quality, and to satisfy and “develop or enhance a pay for performance program”. The program rewards contracted providers (PCP, FQHCs with Dental facilities and Ob/Gyn) for providing high quality care in accordance with the health plan’s quality goals. 	Enhanced in 2015 – Ongoing	<ul style="list-style-type: none"> Monitoring will be measured by incremental (month to month) improvement in HEDIS rates from the current HEDIS year measured against the previous HEDIS year.
Silverlink Interactive Voice Recognition (IVR) <ul style="list-style-type: none"> Auto messaging educates/encourages noncompliant member to complete their 	Implemented updated messages 1/5/2015 - Ongoing	<ul style="list-style-type: none"> Monitoring will be measured through monthly HEDIS Interim Reports.

³ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

preventive health visits/screenings and increases awareness of diabetes care		
<u>Member Attestation Incentive Mailer</u> – Member incentive mailer (\$25) – generates a non-compliant member report for CDC biannually; mail a flyer identifying the need for a CDC screening and how to earn the incentive.	7/23/13 – revised implemented updates in 2015	<ul style="list-style-type: none"> Monitoring of participation rates and a review will be completed at the end of the year to determine if members that received incentive rewards were more likely to be compliant for the CDC measure. Monitoring through monthly HEDIS Interim Reports.
<u>Co-Branded letters:</u> Letter/call from the physician to their member that identifies which services are due; letter requests the member to schedule appointments to close gaps in care; mailings are staggered. Calls are placed 2 weeks after mailing letter or without letter; Physician can select either letter, call or both.	10/13-12/15	<ul style="list-style-type: none"> Monitoring through monthly HEDIS Interim Reports.

Table 5.4: RCA and Action Plan – Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received

Managed Care Organization (MCO):	United Healthcare Community Plan (UHCPA)				
Measure:	Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received				
Response Date:	November 20, 2015				
Goal Statement: Please specify goal(s) for measure.	UHCPA will continue to improve FPC ≥81% rate to reach the new NCQA Quality Compass HEDIS 2016 75 th percentile of 69.78%.				
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings:				
	Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
	≥ 81% PNC	71.53%	63.75%	53.28%	38.69%
Policies (e.g., data systems, delivery systems, provider facilities)	<ul style="list-style-type: none"> Workgroup was able to identify opportunities to enhance rendering provider specialty 				
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	<ul style="list-style-type: none"> 3rd Party Copy vendor barrier of delays in obtaining HEDIS medical records 				
People (e.g., personnel, provider network, patients)	<ul style="list-style-type: none"> Transient members with incorrect demographic data and not notifying their CAO offices with updates thus unable to reach by mail/telephone. Members have competing priorities (care of other children) that keep them from going for prenatal visits. 				
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	<ul style="list-style-type: none"> New tool introduced to our OB/Gyn providers on the new electronic submission of the OB Cloud. 				
Other (specify)	N/A				

MCO:	United Healthcare Community Plan (UHCPA)	
Measure:	Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
<u>Pregnancy Program Interactive Voice Recognition (IVR)</u> – IVR campaign (including both prenatal and post-partum outreach) during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor’s appointments during Prenatal, Postpartum and Follow-up visits.	11/5/14 - Ongoing	<ul style="list-style-type: none"> Monitoring through monthly HEDIS Interim Reports. This action is measured by members enrolled in the Pregnancy IVR program and their health outcomes.
<u>Clinical Practice Consultant Program (CPC)</u> – Goals of program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines.	6/13 – Ongoing	<ul style="list-style-type: none"> This action is monitored by monthly Provider Score Cards of members closing gaps in care by CPC. Monthly HEDIS rates review.
<u>Baby Blocks Program</u> encourages members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby’s life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips; Baby Blues and guidance for assistance directing the member back to the provider.	5/13 – Ongoing	<ul style="list-style-type: none"> Monitoring through monthly Baby Blocks participation rates. Delivery of Baby Blocks brochures to OB/Gyn and PCP offices.

Table 5.5: RCA and Action Plan – Prenatal and Postpartum Care – Timeliness of Prenatal Care

Managed Care Organization (MCO):	United Healthcare Community Plan (UHCPA)				
Measure:	Prenatal and Postpartum Care – Timeliness of Prenatal Care				
Response Date:	November 20, 2015				
Goal Statement: Please specify goal(s) for measure.	UHCPA will continue to improve PPC Timeliness rate to reach the new NCQA Quality Compass HEDIS 2016 75 th percentile of 88.66%. UHCPA will continue to improve PPC Postpartum rate to reach the new NCQA Quality Compass HEDIS 2016 75 th percentile of 68.85%.				
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings:				
	Quality Performance Measurement	HEDIS 2013 (MY 2012)	HEDIS 2014 (MY 2013)	HEDIS 2015 (MY 2014)	Current Administrative Rate YTD
	PPC Timeliness	87.83%	82.00%	82.00%	62.52%
	PPC Postpartum	58.39%	56.20%	54.01%	32.38%
Policies (e.g., data systems, delivery systems, provider facilities)	N/A				
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	<ul style="list-style-type: none"> 3rd Party Copy vendor barrier of delays in obtaining HEDIS medical records 				
People (e.g., personnel, provider network, patients)	<ul style="list-style-type: none"> Transient members with incorrect demographic data and not notifying their CAO offices with updates thus unable to reach by mail/telephone. Members have competing priorities (care of other children) that keep them from going for prenatal visits. Some women who did not experience adverse issues with prior pregnancies tend to believe that they do not need to seek continuous ongoing care throughout their current pregnancy. 				
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	<ul style="list-style-type: none"> New tool introduced to our OB/Gyn providers on the new electronic submission of the OB Cloud. 				
Other (specify)	N/A				

MCO:	United Healthcare Community Plan (UHCPA)	
Measure:	Prenatal and Postpartum Care – Timeliness of Prenatal Care	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
<u>Pregnancy Program Interactive Voice Recognition (IVR)</u> – IVR campaign (including both prenatal and post-partum outreach) during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor’s appointments during Prenatal, Postpartum and Follow-up visits.	11/5/14 - Ongoing	<ul style="list-style-type: none"> Monitoring through monthly HEDIS Interim Reports. This action is measured by members enrolled in the Pregnancy IVR program and their health outcomes.
<u>Clinical Practice Consultant Program (CPC)</u> – Goals of program are to act as a conduit of information regarding plan expectations of providers as it relates to closing gaps in care, improve provider knowledge related to HEDIS measures and Clinical Practice Guidelines.	6/13 – Ongoing	<ul style="list-style-type: none"> This action is monitored by monthly Provider Score Cards of members closing gaps in care by CPC. Monthly HEDIS rates review.
<u>Baby Blocks Program</u> encourages members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby’s life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips; Baby Blues and guidance for assistance directing the member back to the provider.	4/14 – Ongoing	<ul style="list-style-type: none"> Monitoring through monthly Baby Blocks participation rates.
<u>Home Physicians</u> – Partnership with a home care Physician that will perform home visits for health assessments with noncompliant postpartum members to close gaps in care and reengages membership with their Primary care Physician thus improving patient/physician relationship.	11/14 – Ongoing	<ul style="list-style-type: none"> Monitoring through monthly member participation rates.

V: 2015 Strengths and Opportunities for Improvement

The review of MCO's 2015 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

- UHCP was found to be fully compliant on Subparts C, D, and F of the structure and operations standards.
- The MCO's performance was statistically significantly above/better than the MMC weighted average in 2015 (MY 2014) on the following measures:
 - Prenatal Smoking Cessation
 - Prenatal Screening Positive for Depression
 - Postpartum Screening for Depression
 - Appropriate Testing for Children with Pharyngitis
 - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) and (Total Age 18+ years)
- The following strengths were noted in 2015 for Adult and Child CAHPS survey items:
 - Of the four Adult CAHPS composite survey items reviewed, UHCP showed an increase for two items in 2015 (MY 2014) as compared to 2014 (MY 2013). In addition, two items were higher than the 2015 (MY 2014) MMC weighted averages.
 - For UHCP's Child CAHPS, two composite survey items increased in 2015 (MY 2014) as compared to 2014 (MY 2013). Two survey items evaluated in 2015 (MY 2014) were above the 2015 MMC weighted averages.

Opportunities for Improvement

- For approximately one-third of the measures under study, the MCO's performance was statistically significantly below/worse than the MMC rate in 2015 (MY 2014) as indicated by the following measures:
 - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years) and (Age 45-64 years)
 - Adult BMI Assessment (Age 18-74 years)
 - Childhood Immunizations Status (Combination 2) and (Combination 3)
 - Counseling for Nutrition (Total)
 - Follow-up Care for Children Prescribed ADHD Medication — All Phases (Initiation Phase and Continuation Phase)
 - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) — All Phases (Initiation Phase and Continuation Phase)
 - Annual Dental Visits for Members with Developmental Disabilities (Age 2-21 years)
 - Breast Cancer Screening (Age 52-74 years)
 - Cervical Cancer Screening
 - ≥ 61% of Expected Prenatal Care Visits Received
 - ≥ 81% of Expected Prenatal Care Visits Received
 - Prenatal and Postpartum Care – Postpartum Care
 - Prenatal Screening for Smoking
 - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
 - Prenatal Screening for Environmental Tobacco Smoke Exposure
 - Prenatal Counseling for Depression
 - Prenatal Screening for Alcohol use
 - Prenatal Screening for Illicit drug use
 - Prenatal Screening for Prescribed or over-the-counter drug use
 - Prenatal Screening for Intimate partner violence
 - Prenatal Screening for Behavioral Health Risk Assessment
 - Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid
 - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
 - Use of Appropriate Medications for People with Asthma (Age 19-50 years)

- Medication Management for People with Asthma - 75% Compliance (Age 5-11 years), (Age 12-18 years), (Age 19-50 years), and (Total - Age 5-64 years)
 - HbA1c Poor Control (>9.0%)
 - HbA1c Control (<8.0%)
 - HbA1c Good Control (<7.0%)
 - Blood Pressure Controlled <140/90 mm Hg
 - Controlling High Blood Pressure (Total Rate)
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)
- The following decreases were noted in 2015 (MY 2014) for Adult and Child CAHPS survey items:
 - UHCP showed a decrease in two of the four Adult CAHPS composite survey items between 2015 (MY 2014) and 2014 (MY 2013). The rates for two composite survey items evaluated fell below the 2015 MMC weighted averages.
 - For UHCP's Child CAHPS survey, two composite survey items decreased in 2015 (MY 2014). The rate for two composite survey items fell below the 2015 MMC weighted averages.

Additional targeted opportunities for improvement are found in the MCO-specific HEDIS 2015 P4P Measure Matrix that follows.

UnitedHealthcare Community Plan (UHCP)
P4P Measure Matrix Report Card
2015

The Pay-for-Performance (P4P) Matrix Report Card provides a comparative look at 7 of the 8 Healthcare Effectiveness Data Information Set (HEDIS®) measures included in the Quality Performance Measures component of the “HealthChoices MCO Pay for Performance Program.” The matrix:

1. Compares the Managed Care Organization’s (MCO’s) own P4P measure performance over the two most recent reporting years (2015 and 2014); and
2. Compares the MCO’s 2015 P4P measure rates to the 2015 Medicaid Managed Care (MMC) Weighted Average.

The table is a three by three matrix. The horizontal comparison represents the MCO’s current performance as compared to the most recent MMC weighted average. When comparing a MCO’s rate to the MMC weighted average for each respective measure, the MCO rate can be either above average, average or below average. Whether or not a MCO performed above or below average is determined by whether or not that MCO’s 95% confidence interval for the rate included the MMC Weighted Average for the specific indicator. When noted, the MCO comparative differences represent statistically significant differences from the MMC weighted average.

The vertical comparison represents the MCO’s performance for each measure in relation to its prior year’s rates for the same measure. The MCO’s rate can trend up (↑), have no change, or trend down (↓). For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate study populations.

The matrix is color-coded to indicate when a MCO’s performance rates for these P4P measures are notable or whether there is cause for action:

 The green box (A) indicates that performance is notable. The MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average and trends up from 2014.

 The light green boxes (B) indicate either that the MCO’s 2015 rate is not different than the 2015 MC weighted average and trends up from 2014 or that the MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average but there is no change from 2014.

 The yellow boxes (C) indicate that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and trends up from 2014 or that the MCO’s 2015 rate not different than the 2015 MMC weighted average and there is no change from 2014 or that the MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average but trends down from 2014. No action is required although MCOs should identify continued opportunities for improvement.

 The orange boxes (D) indicate either that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and there is no change from 2014 or that the MCO’s 2015 rate is not different than the 2015 MMC weighted average and trends down from 2014. **A root cause analysis and plan of action is therefore required.**

 The red box (F) indicates that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and trends down from 2014. **A root cause analysis and plan of action is therefore required.**

Emergency Department utilization comparisons are presented in a separate table. Statistical comparisons are not made for the Emergency Department Utilization measure. Arithmetic comparisons as noted for this measure represent arithmetic differences only.



UHCP Key Points

■ A Performance is notable. No action required. MCOs may have internal goals to improve

Measure that statistically significantly improved from 2014 to 2015 and was statistically significantly above/better than the 2015 MMC weighted average is:

- Reducing Potentially Preventable Readmissions⁴

UHCP's Emergency Department Utilization⁵ decreased from 2014 to 2015 and is lower (better) than the 2015 MMC average.

■ B - No action required. MCOs may identify continued opportunities for improvement

- No UHCP P4P measures fell into this comparison category.

■ C - No action required although MCOs should identify continued opportunities for improvement

Measure that statistically significantly improved from 2014 to 2015 but was statistically significantly below/worse than the 2015 MMC weighted average is:

- Annual Dental Visits

Measures that did not statistically significantly change from 2014 to 2015 and were not statistically significantly different than the 2015 MMC weighted average are:

- Adolescent Well-Care Visits (Age 12-21 Years)
- Prenatal and Postpartum Care – Timeliness of Prenatal Care

■ D - Root cause analysis and plan of action required

Measure that did not change from 2014 to 2015 but was statistically significantly below/worse than the 2015 MMC weighted average:

- Comprehensive Diabetes Care – HbA1c Poor Control⁶

■ F Root cause analysis and plan of action required

Measures that statistically significantly decreased/worsened from 2014 to 2015 and were statistically significantly below/worse than the 2015 MMC weighted average are:

- Controlling High Blood Pressure
- Frequency of Ongoing Prenatal Care: $\geq 81\%$ of Prenatal Care Visits Received

⁴ Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

⁵ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

⁶ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

Figure 1 - P4P Measure Matrix – UHCP

		Medicaid Managed Care Weighted Average Statistical Significance Comparison			
		Trend	Below Average	Average	Above Average
Year to Year Statistical Significance Comparison	↑	C Annual Dental Visits	B	A Reducing Potentially Preventable Readmissions ⁷	
	No Change	D Comprehensive Diabetes Care – HbA1c Poor Control ⁸	C Adolescent Well-Care Visits (Age 12-21 Years) Prenatal and Postpartum Care – Timeliness of Prenatal Care	B	
	↓	F Controlling High Blood Pressure Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	D	C	

Figure 2 - Emergency Department Utilization Comparison

		Medicaid Managed Care Average Comparison			
		Trend	Below/Poorer than Average	Average	Above/Better than Average
Year to Year	↓	C	B	A Emergency Department Utilization ⁹	

Key to the P4P Measure Matrix and Emergency Department Utilization Comparison

- A: Performance is notable. No action required. MCOs may have internal goals to improve.
- B: No action required. MCOs may identify continued opportunities for improvement.
- C: No action required although MCOs should identify continued opportunities for improvement.
- D: Root cause analysis and plan of action required.
- F: Root cause analysis and plan of action required.

⁷ Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

⁸ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

⁹ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

P4P performance measure rates for 2011, 2012, 2013, 2014 and 2015, as applicable are displayed in Figure 3. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

- ▲ Statistically significantly higher than the prior year,
- ▼ Statistically significantly lower than the prior year or
- = No change from the prior year.

Figure 3 - P4P Measure Rates – UHCP

Quality Performance Measure	HEDIS 2011 Rate	HEDIS 2012 Rate	HEDIS 2013 Rate	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2015 MMC WA
Adolescent Well Care Visits (Age 12-21 Years)	53% NA	53% =	55.9% =	54.1% =	56.5% =	58.7%
Comprehensive Diabetes Care - HbA1c Poor Control ¹⁰	59% NA	55% =	50.1% =	45.8% =	44.7% =	38.1%
Controlling High Blood Pressure	53% NA	58% =	54.6% =	58.2% =	47.9% ▼	61.6%
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	62% NA	64% =	71.5% ▲	63.8% ▼	53.3% ▼	64.4%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	80% NA	82% =	87.8% ▲	82.0% ▼	82.0% =	83.8%
Annual Dental Visits	52% NA	54% ▲	50.7% ▼	55.3% ▲	57.7% ▲	58.2%
Quality Performance Measure	HEDIS 2011 Rate	HEDIS 2012 Rate	HEDIS 2013 Rate	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2015 MMC AVG
Emergency Department Utilization (Visits/1,000 MM) ¹¹	73.3	73.9	74.6	70.8	68.2	74.0
Quality Performance Measure	PA 2011 Rate	PA 2012 Rate	PA 2013 Rate	PA 2014 Rate	PA 2015 Rate	PA 2015 MMC WA
Reducing Potentially Preventable Readmissions ¹²		13% NA	12.5% =	13.1% =	12.1% ▼	11.6%

¹⁰ Comprehensive Diabetes Care - HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

¹¹ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

¹² Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

VI: Summary of Activities

Structure and Operations Standards

- UHCP was found to be fully compliant on Subparts C, D, and F. Compliance review findings for UHCP from RY 2014, RY 2013 and RY 2012 were used to make the determinations.

Performance Improvement Projects

- As previously noted, activities were conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. UHCP received information related to these activities from DHS in 2015.

Performance Measures

- UHCP reported all HEDIS, PA-Specific and CAHPS Survey performance measures in 2015 for which the MCO had a sufficient denominator.

2014 Opportunities for Improvement MCO Response

- UHCP provided a response to the opportunities for improvement issued in the 2014 annual technical report and a root cause analysis and action plan for those measures on the HEDIS 2014 P4P Measure Matrix receiving either “D” or “F” ratings

2015 Strengths and Opportunities for Improvement

- Both strengths and opportunities for improvement have been noted for UHCP in 2015. A response will be required by the MCO for the noted opportunities for improvement in 2016.