Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

2019 External Quality Review Report
Geisinger Health Plan

Final Report
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Table of Contents

List of Tables and Figures

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 2019 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. 2018 Opportunities for Improvement – MCO Response
V. 2019 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®) measures for each Medicaid PH MCO. Within Section III, CAHPS Survey results follow the performance measures.

Section IV, 2018 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2018 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.

I: Structure and Operations Standards

This section of the EQR report presents a review by IPRO of Geisinger Health Plan's (GEI's) 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, 2018, and the most recent NCQA Accreditation Survey for GEI, effective December 2018.

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. The SMART database has been maintained internally at DHS since Review Year (RY) 2013. In 2018, upon receipt of the findings for RY 2017, IPRO and DHS discussed changes to the information included. First, the only available review conclusions were Compliant and non-Compliant. All other options previously available were re-designated in RY 2017 from review conclusion elements to review status elements and were therefore not included in the RY 2017 findings. Additionally, as of RY 2017, reviewers had the option to review zones covered by an MCO separately, and to provide multiple findings within a year (e.g., quarterly). As a result, there was an increase in the number of partially compliant items for RY 2017. These changes remained for the findings received in 2019. Upon review of the data elements from each version of database, IPRO merged the RY 2018, 2017, and 2016 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

BBA Regulation	SMART Items
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
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, 50 items were evaluated and 76 were not evaluated for the MCO in RY 2018, RY 2017, or RY 2016. For categories where items were not evaluated for compliance for RY 2018, results from reviews conducted within the two prior years (RY 2017 and RY 2016) 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: GEI 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 6 items and was compliant on 6 items based on RY 2018.
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 2018.
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 2018.
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 2018.
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 2018.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2018.
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 2018.

GEI was evaluated against 16 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 16 items. GEI was found to be compliant on all eight of the categories of Enrollee Rights and Protections Regulations. GEI 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 GEI 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: GEI 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 1 item and was compliant on this item based on RY 2018.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2018.
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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on 1 item based on RY 2018.
Health Information Systems	Compliant	18 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2018.

GEI was evaluated against 21 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on 21 items. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, GEI was found to be compliant on 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: GEI 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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
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 2018.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2019

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

Accreditation Status

GEI underwent an NCQA Accreditation Survey effective through December 14, 2021 and was granted an Accreditation Status of Commendable.

II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each Medicaid PH MCO. For the purposes of the EQR, PH MCOs were required to participate in studies selected by OMAP for validation by IPRO in 2019 for 2018 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 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 EQR PIP cycle that was initiated for all PH MCOs in 2015, PH MCOs were 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 was "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 has required 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 were 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 was "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 has required all PH MCOs to submit the following core measures on an annual basis:

MCO-developed Performance Measures

MCOS were 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 was 72 per 1,000 member months.
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges. The target goal was 8.2 per 1,000 months.
- Reducing Potentially Preventable Readmissions (RPR). The target for the indicator was 8.5. This measure replaced the originally designated measure – Plan All-Cause Readmissions (PCR): 30-day Inpatient Readmission.
- Each of the five (5) BH-PH Integrated Care Plan (ICP) 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 extended from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals were developed and submitted in first quarter 2016, and a final report was due in June 2019. The non-intervention baseline period was January 2015 to December 2015. Following the formal PIP proposal, the timeline defined for the PIPs included required interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019. Based on validation findings in 2016, the timeline has undergone adjustments to require submission of interim reports in July of each year. For the current review year, 2019, final reports were also due in July.

The 2019 EQR is the sixteenth year to include validation of PIPs. For each PIP, all PH MCOs shared 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 were 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

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 can be 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. For the current PIPs, compliance levels were assessed, but no formal scoring was provided.

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 occurred 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 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

To encourage focus on improving the quality of the projects, PIPs were assessed for compliance on all applicable elements, but were not formally scored. The multiple levels of activity and collaboration between DHS, the PH MCOs, and IPRO have continued and progressed throughout the PIP cycle.

Throughout 2016, the initial year of the cycle, there were several levels of feedback provided to MCOs, including:

- An overall summary document outlining common issues that were observed across most of the PIP proposal submissions.
- MCO-specific review findings for each PIP.
- Conference calls with each MCO to discuss the PIP proposal review findings with key MCO staff assigned to each PIP topic. MCOs were asked to complete a PIP Proposal Update form following the calls.
- An Interactive Workshop held with all MCOs at the end of August. MCOs were requested to come to the workshop with PIP project summaries that they were to present, which were later submitted to IPRO and distributed to all PH MCOs.
- Information to assist MCOs in preparing their next full PIP submission for the Project Year 1 Update, such as additional instructions regarding collection of the core required measures, three years of CMS-416 Reports with PA state aggregate data and the excerpt on oral health from the 2015 CMS Secretary's report with CMS OHI all-state data from FFY 2014 for MCOs to calculate appropriate benchmarks, and data for all five ICP measures.

In 2017, reviews of the Project Year 1 Update documents submitted in late 2016 were completed. Upon initial review of the submissions, MCOs were provided findings for each PIP with request for clarification/revision as necessary. MCOs requiring additional discussion and potential modification were contacted for individual MCO conference calls. Upon completion of applicable resubmissions, MCOs were provided with their final Project Year 1 Update review findings. Following completion of Project Year 1 Update reviews, MCOs were asked to submit a Year 2 Interim Update providing information through June 30 for: 1) interventions implemented, 2) monitoring, or process measure, results, and 3) any performance measure outcome results. Review findings were incorporated into the form, and completed reviews were posted to IPRO's FTP. For review year 2018, MCOs were requested to submit a full Project Year 3 Update with all updated Year 2 and applicable Year 3 activities, including: 1) final rates for all performance measures for Measurement Year (MY) 2016, 2) any available rates for MY 2017, 3) updated interventions grid, 4) rates/results as appropriate for the process measures utilized to evaluate interventions, and 5) any additional supporting analysis conducted for the PIP.

For the current review year, 2019, MCOs were requested to submit a Final Project submission. MCOs were asked to update their submission with the following information: 1) Final rates for all performance measures for MY 2017

(1/1/17-12/31/17)), including the rates provided to them for the ICP measures, 2) any available rates for the Sustainability Year, MY 2018 (1/1/18-12/31/18), 3) an updated interventions grid to show interventions completed in 2018, 4) rates/results as appropriate for the process measures utilized to evaluate each of the ongoing interventions, 5) any additional supporting analysis conducted for the PIP, and 6) the Abstract and Lessons Learned sections of the PIP submission form.

Improving Access to Pediatric Preventive Dental Care

For the Dental PIP, GEI received full credit for review element 1. The MCO provided a detailed rationale for topic selection, including member specific HEDIS data for annual dental visits. The MCO stated that their rate "lags significantly from the National 95th percentile of 68.34%," showing there is room for improvement. GEI also performed an extensive literature review to identify barriers in dental care on a national and state level. GEI cited literature indicating that that a "caregiver's poor oral health was directly correlated with the probability of if and how a child of lower socioeconomic status would ultimately enter the dental care system. These children tended to get an initial visit older than recommended and generally with an urgent dental problem or concern, rather than having regular dental screenings to keep teeth and gums healthy. Suggestions were to engage families/caregivers in a culturally and linguistically sensitive way while also considering issues such as health literacy." The MCO addressed a wide variety of contributors to health for their members, and noted in its Aim statement that the MCO is looking to "develop population-based health interventions that benefit all members, irrespective of socio-economic status, resource, or past health behaviors." – indicating that the MCO is attempting to address a broad spectrum of key aspects of enrollee care.

GEI previously received partial credit for review elements 2 through 5. For the Aim statement, the MCO was advised to add study questions. The MCO listed the measureable short-term and long-term goals to achieve a 5% increase in the HEDIS rates for Annual Dental Visits for each age group in year one, and an ultimate goal of HEDIS 2015 95th percentile benchmark of 68.34% by the end of year three. However, the MCO specified a goal for Annual Dental Visits, and it was noted that study questions should be included with target goals for improvement corresponding to other core measures, such as noted in the CMS form 416, fluoride varnish, and dental sealants. This issue remained in the 2017 Interim Update and the Project Year 3 Update. The designation for review element 2 was changed to non-compliant.

The MCO indicated that they will be using HEDIS and reviewing the annual dental visit rate for each age group through claims data they receive from their vendor Avesis. The MCO is using reliable measures from HEDIS that will measure process of care for members with strong associations of improved outcomes. However, GEI needed to also define and address the Core Measures for this PIP, as well as include process measures. The MCO did not define the specifications for all measures, including the eligible populations and definitions of the numerators and denominators. The MCO specified that data and reporting will be for the entire eligible population for each measure and sub-measure.

GEI initially received full credit for review elements 6 and 7. Regarding its data analysis plan, GEI stated that HEDIS methodology will be used. Avesis will be providing the data and "the MCO's Clinical Informatics Department will coordinate these inputs and match up against assigned provider data in Amisys, as well as ongoing claims feeds to determine which intervention sources was responsible for each success or failure in the process. Tracking the compliance rates for each intervention will be compiled and reported to the MCO's Quality Workgroup on a semi-annual [basis]." As a result of the 2018 review, GEI was asked to update the intervention timeline, including applicable dates. This remained unaddressed in the 2019 Final Project submission, and review element 6 was changed to partial credit.

GEI explained that they identified barriers within their MCO through analysis of the available claims data, interviews with their Dental vendor and GHP's Community Health Assistants. The MCO provided a full description of each barrier identified and how the MCO identified it. GEI developed a diverse group of interventions to help improve care for their members and address the barriers. As some interventions appeared to still be pending, it was recommended that they be initiated as soon as possible in order to have an impact on remeasurement rates. Additionally, a few different programs were mentioned throughout the interventions, and the MCO subsequently clarified which programs were already existing programs and which were new programs for interventions created for this PIP. Finally, GEI was advised that interventions will need associated process measures in order to track their effectiveness on the PIP goals. In the 2017 Interim Update, it was noted that more clarity was needed for several interventions, both in terms of the detail provided and the number of members targeted. It was noted that more detail was needed regarding how the

population would be reached. For example, in the Dental PIP, GEI listed the intervention "Connect the DOTS Program," conducted by AVESIS to educate pediatric dentists on how to perform dental care for members under three years old. It was unclear, however, how the education is provided and if there is follow-up. It was also noted that there should be a monitoring (tracking) measure for each intervention and the MCO was advised to clarify the association between the process measures and the interventions.

Review Element 8 was reviewed in 2018 and GEI received partial credit. In the 2017 Interim Update, it was observed that data sources and timeframes should be more clearly defined and presented. The outcome measure data were presented only for MCO-specific measures and did not include data for all applicable time periods. This issue remained in the Project Year 3 Update for 2018, and it was also noted that goals were not included. Due to the lack of data across measurement periods, review element 9 could not be assessed and remained "NA."

Review Element 10 was reviewed in 2019 as part of the Final Project submission, and GEI received full credit. GEI implemented interventions that target shortages of access to and availability of care, lack of knowledge within providers about the importance of dental exams for younger age groups, and regional belief in some adults who argue that it is less hassle to eventually replace teeth with dentures than to receive dental care. These interventions were proven to be effective, as the final rates demonstrated improvement over the baseline rates.

Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits

GEI received full credit for review elements 1 and 2. The MCO described its rationale for topic selection with some reference to findings in the literature, but was advised to cite the specific research. GEI demonstrated how integration of the BH-PH Integrated Care Plan Pay for Performance Program or the Community Based Care Management Program (CBCM) fits into the rationale for topic selection. The MCO used "recent data" to support topic selection, but subsequently clarified the time period of the data and the construct of the rates reported. GEI also identified top diagnoses for ER claims by costs and utilization. Several of these were diagnoses that may be managed in the PCP office. GEI listed four areas: URI, UTI, Acute Pharyngitis and Otitis Media and provided more detail for the process utilized for topic selection. Focus areas were identified using the top diagnoses for ER claims by cost and utilization.

Upon review of the Aim statement, GEI modified it to include a study question: was "Does Case Management or Special Needs Unit involvement with the member decrease potentially avoidable hospital admissions, readmissions and ED visits?" The MCO added goals to the Aim statement for the DHS-defined performance measures for this PIP and stated that "metrics will be measured using HEDIS specifications thus allowing comparisons with HEDIS driven benchmarks". GEI was advised to add such benchmark values to the AIM statement as targets.

GEI received partial credit for review element 3. GEI listed all of the core measures for the PIP and stated that "The Plan will continue to analyze the data and determine the reason for ER Visits, hospital admissions and readmissions and then identify if care in a different setting would be appropriate." The MCO was advised to expand on this and create MCO-developed performance and process measures to follow. GEI included a 30-day inpatient readmission measure, noted as internally developed, and included process measures in the subsequent barriers and interventions section. However, the specifications were not included for the core and MCO-defined measures. There were no definitions including eligible population, denominators and numerators.

GEI received full credit for review elements 4 and 5. The MCO included discussion of sampling specifications and added statements to the methodology that noted all PIP measures are administrative and no sampling is being used. The MCO was requested to clarify that this includes the PIP Process Measures, and to update sampling statements if applicable once the MCO developed performance measures were added to the PIP.

GEI previously received partial credit for review element 6. The MCO noted a general data analysis plan in their proposal: "The Admission, readmission and ER visit data and membership data will be pulled from Recast. For the slice and dice reporting, the membership and the utilization are pulled for a year's timeframe. Once this is summarized the utilization data is divided by the membership and then multiplied by 12,000. This provides the per 1000 rate. This is consistent across admissions, readmissions and ER." The analysis plan also did not include all DHS-defined performance measures and all MCO-developed performance and process measures, including a description of the data collection

sources for these measures. Additionally, GEI included a graph to outline its process for data validation. However, it only described the internal process for collecting and reviewing measures. This did not address any external efforts to ensure data reliability and validity (e.g., any vendor data received, any external validation, etc.). Clarifications regarding sampling and processes for data validation were included in the 2019 Final Project submission, and review element 6 received full credit.

GEI received full credit for review element 7. The MCO presented a well-organized chart of Interventions and Barriers addressed. GEI included at least one new or enhanced intervention associated with each PIP initiative and for the ICP/CBCM programs. GEI also clarified changes or enhancements made to interventions for the purposes of this PIP. However, the process measure data had no associated timeframes reported. GEI was advised that process measures should be monitored monthly or at least quarterly to have the data available to monitor intervention effectiveness. The MCO noted that although the current process measure data included were a snapshot, the plan is targeting quarterly monitoring. In the 2017 Interim Update, it was noted that more clarity was needed for several interventions, both in terms of the detail provided and the number of members targeted. It was noted that more detail was needed regarding how the population would be reached. For the Readmission PIP, there were no end dates listed for the interventions, and there was no indication of whether they were ongoing. It was also noted that there should be a monitoring (tracking) measure for each intervention and the MCO was advised to clarify the association between the process measures and the interventions.

Review Element 8 was reviewed in 2018 and GEI received a non-compliant designation for this element. In the 2017 Interim Update, it was observed that data sources and timeframes should be more clearly defined and presented. The outcome measure data were presented for all measures but did not include data for all applicable time periods. This issue remained in the Project Year 3 Update for 2018, and it was also noted that the table was the same as the previous Interim Update. Due to the lack of data across measurement periods, review element 9 could not be assessed and remained "NA." GEI included data for all measures across years in the 2019 Final Project submission and received partial credit for review elements 8 and 9.

Review Element 10 was reviewed in 2019 as part of the Final Project submission, and GEI received partial credit. The interventions GEI employed—which included strategies concerning heart failure, COPD, and complex patients—were continually analyzed and expanded upon throughout the project. As a result, a majority of the rates improved over the baseline. When discussing future steps, GEI acknowledged the importance of understanding and supporting the learning curve which comes with new interventions. However, the MCO did not include end dates for the initiatives in the final report, therefore it is unknown whether these interventions are ongoing or if they have ceased.

GEI's Final Project compliance assessment by review element is presented in Table 2.3.

Table 2.3: GEI PIP Compliance Assessments

Review Element	Improving Access to Pediatric Preventive Dental Care	Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits
1. Project Topic and Topic Relevance	Full	Full
2. Study Question (Aim Statement)	Non-Compliant	Full
3. Study Variables (Performance Indicators)	Partial	Partial
4. & 5. Identified Study Population and Sampling Methods	Partial	Full
6. Data Collection Procedures	Partial	Full

7. Improvement Strategies (Interventions)	Full	Full
8. & 9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	Partial	Partial
10. Sustainability of Documented Improvement	Full	Partial

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 from December 2018 to June 2019. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2019. 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 up to three resubmissions, if necessary. Additional resubmissions required discussion with and approval from DHS. Pseudo 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 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 measures not reported as percentages (e.g. adult admission measures) 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 2019 (MY 2018) Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. 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 2019 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
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)
HEDIS	Childhood Immunizations Status by Age 2 (Combination 2)

Source	Measures
HEDIS	Childhood Immunizations Status by Age 2 (Combination 3)
HEDIS	Adolescent Well-Care Visits (Age 12 to 21 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical Activity: (Total)
HEDIS	Immunizations for Adolescents (Combination 1)
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) – Initiation Phase
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – Continuation and Maintenance Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Initiation Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Continuation and Maintenance Phase
PA EQR	Developmental Screening in the First Three Years of Life – 1 year
PA EQR	Developmental Screening in the First Three Years of Life – 2 years
PA EQR	Developmental Screening in the First Three Years of Life – 3 years
PA EQR	Developmental Screening in the First Three Years of Life – Total
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 7 days)
Dental Care for Children and Adults	
HEDIS	Annual Dental Visit (Age 2-20 years)
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Ages 2-20 years)
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA)
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA: Dental-Enhanced)

Source	Measures
Women's Health	
HEDIS	Breast Cancer Screening (Age 50–74 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	Non-Recommended Cervical Cancer Screening in Adolescent Females
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
Obstetric and Neonatal Care	
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
PA EQR	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	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
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	Elective Delivery
Respiratory Conditions	
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
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)

Source	Measures
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Total)
HEDIS	Asthma Medication Ratio (5-11 years)
HEDIS	Asthma Medication Ratio (12-18 years)
HEDIS	Asthma Medication Ratio (19-50 years)
HEDIS	Asthma Medication Ratio (51-64 years)
HEDIS	Asthma Medication Ratio (Total)
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years) – Admission per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) - Admission per 100,000 Member Months
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)
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 65+ years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Total Rate)
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 - 75 Years of Age)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate1 (Age 18-64 Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Age 65+ Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Total Age 18+ Years) per 100,000 member months
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia
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)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 1 - 5 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 6 - 11 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 12 - 17 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 - 5 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 6 - 11 years)

Source	Measures
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 12 - 17 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)
HEDIS	Use of Opioids at High Dosage
HEDIS	Use of Opioids from Multiple Provider (4 or more prescribers)
HEDIS	Use of Opioids From Multiple Providers- (4 or more pharmacies)
HEDIS	Use of Opioids From Multiple Providers - (4 or more prescribers & pharmacies)
HEDIS	Risk of Continued Opioid Use: New Episode Lasts at Least 15 Days
HEDIS	Risk of Continued Opioid Use: New Episode Lasts at Least 31 Days
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 18-64 years)
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 65 years and older)
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Total Ages 18 years and older)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - Total Stays (Ages Total)

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 2019 as mandated in accordance with the ACA. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, as well as other specifications, as needed. Indicator rates are 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.

A number of performance measures require the inclusion of PH and BH services. Due to the separation of PH and BH services for Medicaid, DHS requested that IPRO utilize encounter submitted by all PH and BH MCOs to DHS via the PROMISe encounter data system to ensure both types of services were included as necessary. For some measures, IPRO enhanced PH data submitted by MCOs with BH PROMISe encounter data, while for other measures, IPRO collected and reported the measures using PROMISe encounter data for both the BH and PH data required.

PA Specific Administrative Measures

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – CHIPRA Core Set

This performance measure assesses the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. This

measure was collected and reported by IPRO using PROMISe encounter data for the required BH and PH data.

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 2019 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.

Developmental Screening in the First Three Years of Life– 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 or on their first, second, or third birthday. Four rates, one for each age group and a combined rate are to be calculated and reported for each numerator.

Follow-Up After Emergency Department Visit for Mental illness – Adult Core Set

This performance measure assesses the percentage of emergency department (ED) visits for members 18 years of age and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit with a corresponding principal diagnosis for mental illness. This measure was collected and reported by IPRO using PROMISe encounter data for the required BH and PH data. Two rates are reported:

- The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).

Per the CMS specifications, rates are reported for age cohorts 18 to 64 and 65 and older.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – Adult Core Set

This performance measure assesses the percentage of emergency department (ED) visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD abuse or dependence. This measure was collected and reported by IPRO using PROMISe encounter data for the required BH and PH data. Two rates are reported:

- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 30 days of the ED visit (31 total days).

Per the CMS specifications, rates are reported for age cohorts 18 to 64 and 65 and older.

Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assesses the percentage of enrollees with a developmental disability age two through 20 years of age, who were continuously enrolled and had at least one dental visit during the measurement year. This indicator utilizes the HEDIS 2019 measure Annual Dental Visit (ADV).

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk – CHIPRA Core Set

This performance measure assesses the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year.

Additionally, to be more closely aligned to the CHIPRA Core Set Measure specifications, a second enhanced measure is reported which includes additional available dental data (Dental-enhanced).

Contraceptive Care for All Women Ages 15-44 - CMS Core measure

This performance measure assesses the percentage of women ages 15 through 44 at risk of unintended pregnancy who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC). Four rates are reported–two rates are reported for each of the age groups (15-20 and 21-44): (1) provision of most or moderately effective contraception, and (2) provision of LARC.

Contraceptive Care for Postpartum Women Ages 15-44 - CMS Core measure

This performance measure assesses the percentage of women ages 15 through 44 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery. Eight rates are reported–four rates for each of the age groups (15-20 and 21-44): (1) Most or moderately effective contraception – 3 days, (2) Most or moderately effective contraception – 60 days, (3) LARC – 3 days, and (4) LARC – 60 days.

Frequency of Ongoing Prenatal Care

This performance measure assesses the percentage of pregnant enrollees who delivered on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal care visits:

- ≥ than 61 percent of expected visits
- ≥ than 81 percent of expected visits

Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

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

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.

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.

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 months.

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 per 100,000 member months for Medicaid members 40 years and older. Three age groups will be reported: ages 40-64 years, age 65 years and older, and 40+ years.

Diabetes Short-Term Complications Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma) in adults 18 years and older per 100,000 Medicaid member months. Three age groups will be reported: ages 18-64 years, age 65 years and older, and 18+ years.

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) – Adult Core Set

This performance measure assess the percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) in poor control (>9.0%). This measure was collected and reported by IPRO using PROMISe encounter data for the required BH and PH data.

Heart Failure Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for heart failure in adults 18 years and older per 100,000 Medicaid member months. Three age groups are reported: ages 18-64 years, ages 65 years and older and total age.

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 2019 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges. For this measure, a lower rate indicates better performance.

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

The percentage of members 19-64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year. Members in hospice are excluded from eligible population.

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse.

Concurrent Use of Opioids and Benzodiazepines – Adult Core Set – New 2019

This performance measure assesses the percentage of members age 18 and older with concurrent use of prescription opioids and benzodiazepines.

PA Specific Hybrid Measures

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 on or 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 frame of one of their first two prenatal visits or during the time frame of their first two visits on or following initiation of eligibility with the MCO.
4. Screened for smoking in one of their first two prenatal visits who smoke (i.e., smoked six months prior to or anytime during the current 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 (i.e., smoked at the time of one of their first two prenatal visits) that stopped smoking during their pregnancy.

This performance measure uses components of the HEDIS 2019 Prenatal and Postpartum Care Measure.

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 visit and had evidence of further evaluation, 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, treatment, or referral for further treatment.

This performance measure uses components of the HEDIS 2019 Prenatal and Postpartum Care Measure.

Maternity Risk Factor Assessment

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 2019 Prenatal and Postpartum Care Measure.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2019. 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 HEDIS2019, Volume 2 Narrative. The measurement year for HEDIS 2019 measures is 2018, 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 assesses the percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years 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 assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year (for Medicaid or Medicare). The following age groups are reported: 20-44, 45-64, 65+ and total.

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was 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 members 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 members who were 3, 4, 5, or 6 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.

Childhood Immunization Status (Combos 2 and 3)

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 rates were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:
(4) Diphtheria, Tetanus, and Acellular 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 (PCV) – Combination 3 only

Adolescent Well-Care Visits

This measure assessed the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

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

The percentage of members 3–17 years of age, who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

1. BMI percentile documentation.
2. Counseling for nutrition.
3. Counseling for physical activity.

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Immunization for Adolescents (Combo 1)

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday.

Lead Screening in Children

This measure assessed the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Follow-up Care for Children Prescribed ADHD Medication

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

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase*. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, 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.

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of 2 and 20 years of age continuously enrolled in the MCO for the measurement year who had at least one dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

The eligible population for this measure is women 52–74 years of age as of December 31 of the measurement year. Members are included in the numerator if they had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Eligible members who received mammograms beginning at age 50 are included in the numerator.

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 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Three age cohorts are reported: 16–20 years, 21–24 years, and total.

Non-Recommended Cervical Cancer Screening in Adolescent Females

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

Prenatal and Postpartum Care

This measure assessed the percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children 3–18 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 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. 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 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. 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 COPD

This measure assessed the percentage of members 40 years of age and older with a new diagnosis of COPD 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 visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Medication Management for People with Asthma - 75% Compliance

This measure assessed the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period and remained on an asthma controller medication for at least 75% of their treatment period. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Asthma Medication Ratio

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Comprehensive Diabetes Care

This measure assessed the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- HbA1c control (<7.0%) for a selected population.
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Statin Therapy for Patients With Diabetes

This measure assessed the percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of members 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 AMI and who received persistent beta-blocker treatment for six months after discharge.

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.

Statin Therapy for Patients With Cardiovascular Disease

This measure assessed the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Total rates for 1 and 2 are also reported.

Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia

This measure assessed the percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

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 or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

This measure assessed the percentage of children and adolescents 1–17 years of age who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. Age groups 1-5, 6-11, 12-17 and total are reported.

For this measure, a lower rate indicates better performance.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure assessed the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Age groups 1-5, 6-11, 12-17, and total years are reported.

Use of Opioids at High Dosage

This measure assessed the proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average milligram morphine dose [MME] >120 mg).

For this measure, a lower rate indicates better performance.

Use of Opioids from Multiple Providers

This measure assessed the proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported:

1. **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year
2. **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
3. **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers ***and*** four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

A lower rate indicates better performance for all three rates.

Plan All-Cause Readmissions (PCR)

The measure assessed for members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported for members with 1-3, 4+, and total index hospital stays in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator)
2. Count of 30-Day Readmissions (numerator)
3. Observed Readmission Rate
4. Expected Readmissions Rate
5. Observed to Expected Readmission Ratio

Risk of Continued Opioid Use – New 2019

This measure assessed the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period.
2. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.

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 2019 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 2019 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.

Due to multiple implementation and validation issues that required additional follow-up over previous years for the Reducing Potentially Preventable Readmissions (RPR) measure, an attestation form was developed in 2019 to accompany the specifications. The attestation form listed the criteria for each review element in the measure. MCOs and if applicable their vendors were required to attest, or sign off, for each element that the element was addressed in the source code used to create the data file submitted for validation. The attestation form was in addition to the requirements for MCOs to use the final specifications to collect the measure data, submit the source code used to

produce the data file, and to pass validation of the data file. Completion of the form was required to complete validation and close out the measure.

During RPR validation, several MCOs advised that their vendors would not sign off on the form. One common vendor for most MCOs would not sign off on the form without a walkthrough of their systems. IPRO and DHS discussed that prior walkthroughs did not provide sufficient applicable information and utilized additional resources unnecessarily. Additionally, oversight of vendors to comply with requirements is part of the MCOs' HealthChoices agreements. Because of this, DHS advised MCOs that the attestation form, in addition to all appropriate source code, must be provided or a corrective action and/or financial sanction would be imposed. As MCOs began working with their vendors to complete the form, questions arose regarding the types of data that were being utilized as well as how they were being designated and utilized for the measure.

For GEI, the primary questions that arose regarding data used for RPR were 1) how claims are unbundled for inclusion in the measure, 2) if claims assigned as denied by the MCO included only claims allowed per the specification (i.e., claims when services were rendered regardless of MCO non-payment), or if other claims not covered by the specifications would be assigned as denied and would therefore also be included in the measure, and 3) how interim billing is handled. For bundling, GEI advised that a report is sent to put members on hold where the provider submitted both admissions on one claims. GEI would pay the first claim and deny the second if they were separately billed. For denied claims, GEI advised that the vendor includes denied claims, and GEI does not do anything additional to address denials. To address this the MCO would need to work on a long-term solution include only the applicable denied. Re: interim billing, GEI responded that GEI denies claims with interim billing and only pays for inpatient claims. GEI worked as possible with the vendor to submit corrected files, source code, and completed attestation form to pass validation.

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., 2019 (MY 2018) and 2018 (MY 2017)]. In addition, statistical comparisons are made between the 2019 and 2018 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 2019 rates to 2018 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 2019 (MY 2018) 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 2019 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 2019 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

Strengths are identified for the following Access/Availability of Care performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years) – 6.5 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years) – 3.3 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years) – 5.9 percentage points
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17) – 4.8 percentage points

No opportunities for improvement are identified for Access/Availability of Care performance measures.

Table 3.2: Access to/Availability of Care

		2019 (MY 2018)					2019 (MY 2019) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 24 months)	4,853	4,705	**97.0%**	96.5%	97.4%	97.2%	n.s.	96.4%	+	>= 50th and < 75th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months 6 years)	19,827	18,192	**91.8%**	91.4%	92.1%	89.7%	+	90.2%	+	>= 75th and < 90th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 7 11 years)	16,701	15,845	**94.9%**	94.5%	95.2%	94.3%	+	93.0%	+	>= 75th and < 90th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 19 years)	23,625	22,291	**94.4%**	94.1%	94.6%	93.4%	+	92.2%	+	>= 75th and < 90th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 20 44 years)	46,796	39,473	**84.4%**	84.0%	84.7%	83.3%	+	77.8%	+	>= 75th and < 90th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45 64 years)	24,703	21,961	**88.9%**	88.5%	89.3%	89.0%	n.s.	85.6%	+	>= 75th and < 90th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ years)	397	347	**87.4%**	84.0%	90.8%	88.2%	n.s.	81.5%	+	>= 25th and < 50th percentile
HEDIS	Adult BMI Assessment (Age 18 74 years)	106	98	**92.5%**	87.0%	98.0%	94.6%	n.s.	93.2%	n.s.	>= 50th and < 75th percentile
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)	11	6	**NA**	NA	NA	NA	NA	50.9%	NA	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)	174	137	**78.7%**	72.4%	85.1%	71.7%	n.s.	73.3%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)	235	168	**71.5%**	65.5%	77.5%	67.8%	n.s.	67.3%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)	420	311	**74.1%**	69.7%	78.4%	69.2%	n.s.	69.3%	+	NA

Well-Care Visits and Immunizations

Strengths are identified for the following Well-Care Visits and Immunizations performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
    - Body Mass Index: Percentile (Total) – 3.9 percentage points

No opportunities for improvement are identified for Well-Care Visits and Immunizations performance measures.

Table 3.3: Well-Care Visits and Immunizations

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	321	238	**74.1%**	69.2%	79.1%	74.9%	n.s.	71.6%	n.s.	>= 90th percentile
HEDIS	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)	279	215	**77.1%**	71.9%	82.2%	79.9%	n.s.	77.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 2)	411	310	**75.4%**	71.1%	79.7%	76.2%	n.s.	75.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 3)	411	296	**72.0%**	67.6%	76.5%	73.2%	n.s.	73.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	395	241	**61.0%**	56.1%	65.9%	60.7%	n.s.	62.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Body Mass Index: Percentile (Age 3 11 years)	231	204	**88.3%**	84.0%	92.7%	83.4%	n.s.	83.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 12 17 years)	145	125	**86.2%**	80.2%	92.2%	81.0%	n.s.	83.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Total)	376	329	**87.5%**	84.0%	91.0%	82.5%	n.s.	83.6%	+	>= 75th and < 90th percentile
HEDIS	Counseling for Nutrition (Age 3 11 years)	231	176	**76.2%**	70.5%	81.9%	72.3%	n.s.	76.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Age 12 17 years)	145	100	**69.0%**	61.1%	76.8%	69.0%	n.s.	74.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Total)	376	276	**73.4%**	68.8%	78.0%	71.1%	n.s.	75.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 3 11 years)	231	153	**66.2%**	59.9%	72.5%	65.2%	n.s.	67.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 12 17 years)	145	102	**70.3%**	62.6%	78.1%	69.0%	n.s.	73.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Total)	376	255	**67.8%**	63.0%	72.7%	66.6%	n.s.	69.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Immunization for Adolescents (Combo 1)	411	370	**90.0%**	87.0%	93.0%	86.4%	n.s.	88.9%	n.s.	>= 90th percentile

EPSDT: Screenings and Follow-up

Strengths are identified for the following EPSDT: Screenings and Follow-up performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
    - Developmental Screening in the First Three Years of Life - 1 year – 3.5 percentage points
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days) – 22.8 percentage points
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days) – 19.7 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:

- Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase – 10.9 percentage points
- Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase – 8.9 percentage points

Table 3.4: EPSDT: Screenings and Follow-up

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Lead Screening in Children (Age 2 years)	411	338	**82.2%**	78.4%	86.1%	81.8%	n.s.	81.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	1,066	427	**40.1%**	37.1%	43.0%	39.3%	n.s.	43.1%	n.s.	>= 25th and < 50th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	426	166	**39.0%**	34.2%	43.7%	37.6%	n.s.	49.8%	-	< 10th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	1,066	441	**41.4%**	38.4%	44.4%	41.1%	n.s.	43.5%	n.s.	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	409	179	**43.8%**	38.8%	48.7%	42.7%	n.s.	52.6%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life Total	12,245	7,070	**57.7%**	56.9%	58.6%	62.1%	-	57.1%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year	4,377	2,389	**54.6%**	53.1%	56.1%	60.2%	-	51.1%	+	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years	3,928	2,353	**59.9%**	58.4%	61.4%	63.7%	-	60.8%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years	3,940	2,328	**59.1%**	57.5%	60.6%	62.3%	-	59.7%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 7 days)	1,056	645	**61.1%**	58.1%	64.1%	55.4%	n.s.	38.3%	+	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 30 days)	1,056	750	**71.0%**	68.2%	73.8%	63.9%	n.s.	51.3%	+	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 7 days)	992	161	**16.2%**	13.9%	18.6%	14.4%	n.s.	15.7%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 30 days)	992	260	**26.2%**	23.4%	29.0%	22.2%	+	24.9%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 30 days)	0	0	**NA**	NA	NA	NA	NA	8.7%	NA	NA

PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 30 days)	2	2	**NA**	NA	NA	NA	NA	50.0%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 7 days)	0	0	**NA**	NA	NA	NA	NA	8.7%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 7 days)	2	2	**NA**	NA	NA	NA	NA	41.7%	NA	NA

Dental Care for Children and Adults

Strengths are identified for the following Dental Care for Children and Adults performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk – 6.6 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Annual Dental Visit (Age 2–20 years) – 5.5 percentage points
  - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years) – 3.7 percentage points

Table 3.5: EPSDT: Dental Care for Children and Adults

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Annual Dental Visit (Age 2 20 years)	69,688	40,759	**58.5%**	58.1%	58.9%	57.8%	+	64.0%	-	>= 50th and < 75th percentile
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2 20years)	4,355	2,560	**58.8%**	57.3%	60.3%	55.7%	+	62.4%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk	6,885	1,958	**28.4%**	27.4%	29.5%	38.4%	-	21.9%	+	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk (Dental Enhanced)	8,603	2,176	**25.3%**	24.4%	26.2%	38.1%	-	23.1%	+	NA

Women's Health

Strengths are identified for the following Women's Health performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20) – 5.2 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Chlamydia Screening in Women (Total) – 5.8 percentage points

- Chlamydia Screening in Women (Age 16-20 years) – 6.5 percentage points
- Chlamydia Screening in Women (Age 21-24 years) – 4.7 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20) – 4.0 percentage points
- Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20) – 4.1 percentage points
- Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20) – 6.3 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44) – 5.5 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44) – 4.1 percentage points
- Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44) – 3.7 percentage points

Table 3.6: Women's Health

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Breast Cancer Screening (Age 50 74 years)	6,965	4,168	**59.8%**	58.7%	61.0%	58.9%	n.s.	57.3%	+	>= 50th and < 75th percentile
HEDIS	Cervical Cancer Screening (Age 21 64 years)	395	254	**64.3%**	59.5%	69.2%	60.3%	n.s.	63.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Total)	7,943	4,375	**55.1%**	54.0%	56.2%	51.2%	+	60.9%	-	>= 25th and < 50th percentile
HEDIS	Chlamydia Screening in Women (Age 16 20 years)	4,461	2,271	**50.9%**	49.4%	52.4%	47.2%	+	57.4%	-	>= 25th and < 50th percentile
HEDIS	Chlamydia Screening in Women (Age 21 24 years)	3,482	2,104	**60.4%**	58.8%	62.1%	56.2%	+	65.1%	-	>= 25th and < 50th percentile
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	7,346	178	**2.4%**	2.1%	2.8%	2.2%	n.s.	0.8%	+	< 10th percentile
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)	8,674	3,290	**37.9%**	36.9%	39.0%	27.0%	+	32.7%	+	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)	8,674	258	**3.0%**	2.6%	3.3%	3.3%	n.s.	3.6%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)	26,754	7,883	**29.5%**	28.9%	30.0%	22.0%	+	28.7%	+	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)	26,754	1,089	**4.1%**	3.8%	4.3%	5.0%	-	4.3%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 15 to 20)	309	18	**5.8%**	3.1%	8.6%	8.0%	n.s.	9.8%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 15 to 20)	309	130	**42.1%**	36.4%	47.7%	36.3%	n.s.	42.2%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 15 to 20)	309	2	**0.6%**	0.0%	1.7%	1.3%	n.s.	4.8%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 15 to 20)	309	24	**7.8%**	4.6%	10.9%	8.0%	n.s.	14.0%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 21 to 44)	2,516	231	**9.2%**	8.0%	10.3%	14.2%	-	14.7%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 21 to 44)	2,516	950	**37.8%**	35.8%	39.7%	36.2%	n.s.	41.9%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 21 to 44)	2,516	9	**0.4%**	0.1%	0.6%	0.5%	n.s.	2.6%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 21 to 44)	2,516	165	**6.6%**	5.6%	7.5%	6.1%	n.s.	10.3%	-	NA

[1] For the Non-Recommended Cervical Cancer Screening in Adolescent Females measure, lower rate indicates better performance

Obstetric and Neonatal Care

Strengths are identified for the following Obstetric and Neonatal Care performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Prenatal Screening for Smoking – 3.6 percentage points
  - Prenatal Counseling for Smoking – 6.6 percentage points
  - Postpartum Screening for Depression – 12.2 percentage points
  - Postpartum Screening Positive for Depression – 5.0 percentage points
  - Prenatal Screening for Alcohol use – 10.7 percentage points
  - Prenatal Screening for Illicit drug use – 11.0 percentage points
  - Prenatal Screening for Prescribed or over-the-counter drug use – 9.9 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Prenatal Counseling for Depression – 13.6 percentage points
  - Elective Delivery – 4.8 percentage points

Table 3.7: Obstetric and Neonatal Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 61% of Expected Prenatal Care Visits Received	411	372	**90.5%**	87.6%	93.5%	91.2%	n.s.	87.2%	n.s.	NA
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 81% of Expected Prenatal Care Visits Received	411	316	**76.9%**	72.7%	81.1%	79.1%	n.s.	73.4%	n.s.	NA
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	411	350	**85.2%**	81.6%	88.7%	86.6%	n.s.	87.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Prenatal and Postpartum Care Postpartum Care	411	282	**68.6%**	64.0%	73.2%	70.3%	n.s.	67.7%	n.s.	>= 50th and < 75th percentile
PA EQR	Prenatal Screening for Smoking	450	406	**90.2%**	87.4%	93.1%	89.9%	n.s.	86.7%	+	NA
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	450	404	**89.8%**	86.9%	92.7%	87.9%	n.s.	86.6%	n.s.	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	450	237	**52.7%**	47.9%	57.4%	53.0%	n.s.	52.1%	n.s.	NA
PA EQR	Prenatal Counseling for Smoking	170	145	**85.3%**	79.7%	90.9%	88.1%	n.s.	78.6%	+	NA
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	95	76	**80.0%**	71.4%	88.6%	78.1%	n.s.	81.9%	n.s.	NA
PA EQR	Prenatal Smoking Cessation	172	40	**23.3%**	16.7%	29.9%	16.0%	n.s.	18.5%	n.s.	NA
PA EQR	Prenatal Screening for Depression	432	332	**76.9%**	72.8%	80.9%	84.8%	-	74.0%	n.s.	NA
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	432	311	**72.0%**	67.6%	76.3%	78.3%	-	70.0%	n.s.	NA
PA EQR	Prenatal Screening Positive for Depression	332	74	**22.3%**	17.7%	26.9%	21.6%	n.s.	19.0%	n.s.	NA
PA EQR	Prenatal Counseling for Depression	74	49	**66.2%**	54.8%	77.7%	62.0%	n.s.	79.8%	-	NA
PA EQR	Postpartum Screening for Depression	297	266	**89.6%**	85.9%	93.2%	84.3%	n.s.	77.3%	+	NA
PA EQR	Postpartum Screening Positive for Depression	266	55	**20.7%**	15.6%	25.7%	18.7%	n.s.	15.7%	+	NA
PA EQR	Postpartum Counseling for Depression	55	50	**90.9%**	82.4%	99.4%	76.2%	+	88.9%	n.s.	NA
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	760	188	**24.7%**	21.6%	27.9%	22.0%	n.s.	22.6%	n.s.	NA
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	3,772	291	**7.7%**	6.8%	8.6%	7.2%	n.s.	9.1%	-	NA
PA EQR	Prenatal Screening for Alcohol use	450	424	**94.2%**	92.0%	96.5%	91.8%	n.s.	83.6%	+	NA
PA EQR	Prenatal Screening for Illicit drug use	450	426	**94.7%**	92.5%	96.9%	95.8%	n.s.	83.6%	+	NA

PA EQR	Prenatal Screening for Prescribed or over the counter drug use	450	434	**96.4%**	94.6%	98.3%	96.3%	n.s.	86.5%	+	NA
PA EQR	Prenatal Screening for Intimate partner violence	450	277	**61.6%**	56.9%	66.2%	54.7%	+	63.0%	n.s.	NA
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	432	217	**50.2%**	45.4%	55.1%	39.8%	+	52.9%	n.s.	NA
PA EQR	Elective Delivery	841	147	**17.5%**	14.9%	20.1%	3.3%	+	12.6%	+	NA

[1]Lower rate indicates better performance for three measures that are related to live births: Cesarean Rate for Nulliparous Singleton Vertex, Percent of Live Births Weighing Less than 2,500 Grams (Positive), and Elective Delivery.

Respiratory Conditions

Strengths are identified for the following Respiratory Conditions performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – 3.4 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years) – 10.0 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years) – 5.6 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years) – 7.2 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years) – 6.8 percentage points
  - Asthma Medication Ratio (5-11 years) – 7.3 percentage points
  - Asthma Medication Ratio (19-50 years) – 4.1 percentage points
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months – 12.1 admissions per 100,000 member months
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months – 11.9 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Appropriate Testing for Children with Pharyngitis – 3.9 percentage points

Table 3.8: Respiratory Conditions

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	4,031	3,240	**80.4%**	79.1%	81.6%	84.2%	-	84.3%	-	>= 25th and < 50th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection	5,016	505	**89.9%**	89.1%	90.8%	93.6%	-	91.5%	-	>= 25th and < 50th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1,640	907	**44.7%**	42.3%	47.1%	39.2%	+	41.3%	+	>= 75th and < 90th percentile
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	702	201	**28.6%**	25.2%	32.0%	30.5%	n.s.	29.5%	n.s.	>= 25th and < 50th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	702	544	**77.5%**	74.3%	80.7%	79.3%	n.s.	75.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	702	620	**88.3%**	85.9%	90.8%	85.9%	n.s.	85.5%	+	>= 75th and < 90th percentile

HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 years)	647	304	**47.0%**	43.1%	50.9%	42.5%	n.s.	37.0%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 years)	644	283	**43.9%**	40.0%	47.9%	42.5%	n.s.	40.3%	n.s.	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 years)	1,196	627	**52.4%**	49.6%	55.3%	49.2%	n.s.	46.8%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 years)	328	227	**69.2%**	64.1%	74.4%	65.4%	n.s.	62.0%	+	>= 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Total Age 5 64 years)*	2,815	1,441	**51.2%**	49.3%	53.1%	47.9%	+	44.3%	+	>= 90th percentile
HEDIS	Asthma Medication Ratio (5 11 years)	696	576	**82.8%**	79.9%	85.6%	80.5%	n.s.	75.5%	+	>= 75th and < 90th percentile
HEDIS	Asthma Medication Ratio (12 18 years)	736	543	**73.8%**	70.5%	77.0%	72.7%	n.s.	71.0%	n.s.	>= 75th and < 90th percentile
HEDIS	Asthma Medication Ratio (19 50 years)	1,547	960	**62.1%**	59.6%	64.5%	61.5%	n.s.	58.0%	+	>= 90th percentile
HEDIS	Asthma Medication Ratio (51 64 years)	441	268	**60.8%**	56.1%	65.4%	64.1%	n.s.	61.1%	n.s.	>= 50th and < 75th percentile
HEDIS	Asthma Medication Ratio (Total)	3,420	2,347	**68.6%**	67.1%	70.2%	68.2%	n.s.	65.9%	+	>= 75th and < 90th percentile
PA EQR	Asthma in Younger Adults Admission Rate (Age 18 39 years) per 100,000 member months	680,705	61	**9.0**	6.7	11.2	3.8	+	9.3	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months	440,719	263	**59.7**	52.5	66.9	271.8	-	71.8	-	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months	5,608	2	**35.7**	0.0	85.1	193.1	-	47.8	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months	446,327	265	**59.4**	52.2	66.5	270.8	-	71.3	-	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 the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

Strengths are identified for the following Comprehensive Diabetes Care performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - HbA1c Control (<8.0%) – 5.3 percentage points
  - Retinal Eye Exam – 7.9 percentage points
  - Blood Pressure Controlled <140/90 mm Hg – 10.7 percentage points
  - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age) – 5.2 percentage points
  - HbA1c Poor Control (>9.0%) – 5.6 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:

- Diabetes Short-Term Complications Admission Rate (Age 18-64 years) per 100,000 member months – 5.3 admissions per 100,000 member months
- Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months – 5.3 admissions per 100,000 member months

Table 3.9: Comprehensive Diabetes Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2017	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Hemoglobin A1c (HbA1c) Testing	556	484	**87.1%**	84.2%	89.9%	86.1%	n.s.	86.6%	n.s.	>= 25th and < 50th percentile
HEDIS	HbA1c Poor Control (>9.0%)	556	162	**29.1%**	25.3%	33.0%	32.3%	n.s.	34.7%	-	>= 75th and < 90th percentile
HEDIS	HbA1c Control (<8.0%)	556	324	**58.3%**	54.1%	62.5%	55.5%	n.s.	52.9%	+	>= 75th and < 90th percentile
HEDIS	HbA1c Good Control (<7.0%)	411	157	**38.2%**	33.4%	43.0%	38.8%	n.s.	38.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Retinal Eye Exam	556	370	**66.5%**	62.5%	70.6%	64.8%	n.s.	58.6%	+	>= 75th and < 90th percentile
HEDIS	Medical Attention for Nephropathy	556	499	**89.7%**	87.1%	92.4%	89.1%	n.s.	89.0%	n.s.	>= 25th and < 50th percentile
HEDIS	Blood Pressure Controlled <140/90 mm Hg	556	439	**79.0%**	75.5%	82.4%	82.1%	n.s.	68.3%	+	>= 90th percentile
PA EQR	Diabetes Short Term Complications Admission Rate (Age 18 64 years) per 100,000 member months	1,121,424	295	**26.3**	23.3	29.3	13.1	+	21.0	+	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Age 65+ years) per 100,000 member months	5,608	0	**0.0**	0.0	0.0	16.1	n.s.	2.7	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months	1,127,032	295	**26.2**	23.2	29.2	13.1	+	20.9	+	NA
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy	3,631	2,397	**66.0%**	64.5%	67.6%	64.8%	n.s.	66.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%	2,397	1,621	**67.6%**	65.7%	69.5%	62.5%	+	67.8%	n.s.	>= 75th and < 90th percentile
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 64 Years of Age)	402	362	**90.0%**	87.0%	93.1%	97.0%	-	84.8%	+	NA
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 75 Years of Age)	1	1	**NA**	NA	NA	NA	NA	78.1%	NA	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

Strengths are identified for the following Cardiovascular Care performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Controlling High Blood Pressure (Total Rate) – 5.4 percentage points
  - Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female) – 4.1 percentage points
  - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months – 4.5 admissions per 100,000 member months

- Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months – 4.5 admissions per 100,000 member months

No opportunities for improvement are identified for Cardiovascular Care performance measures.

Table 3.10: Cardiovascular Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	169	136	**80.5%**	74.2%	86.7%	84.9%	n.s.	83.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Controlling High Blood Pressure (Total Rate)	411	295	**71.8%**	67.3%	76.2%	70.5%	n.s.	66.4%	+	>= 75th and < 90th percentile
PA EQR	Heart Failure Admission Rate (Age 18 64 years) per 100,000 member months	1,121,424	204	**18.2**	15.7	20.7	14.0	+	22.7	-	NA
PA EQR	Heart Failure Admission Rate (Age 65+ years) per 100,000 member months	5,608	6	**107.0**	21.4	192.6	48.3	n.s.	75.3	n.s.	NA
PA EQR	Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months	1,127,032	210	**18.6**	16.1	21.2	14.2	+	23.1	-	NA
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21 75 years (Male)	705	576	**81.7%**	78.8%	84.6%	83.5%	n.s.	82.5%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40 75 years (Female)	556	465	**83.6%**	80.5%	86.8%	80.9%	n.s.	79.5%	+	>= 90th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate	1,261	1,041	**82.6%**	80.4%	84.7%	82.4%	n.s.	81.2%	n.s.	>= 75th and < 90th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 21 75 years (Male)	576	407	**70.7%**	66.9%	74.5%	65.8%	n.s.	71.8%	n.s.	>= 75th and < 90th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 40 75 years (Female)	465	314	**67.5%**	63.2%	71.9%	67.9%	n.s.	69.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% Total Rate	1,041	721	**69.3%**	66.4%	72.1%	66.7%	n.s.	70.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia	20	17	**NA**	NA	NA	NA	NA	78.2%	NA	NA

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

Utilization

Strengths are identified for the following Utilization performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia – 5.2 percentage points
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced) – 3.9 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 - 11 years – 6.8 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years – 5.6 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate – 6.1 percentage points
  - Use of Opioids at High Dosage – 3.0 percentage points

No opportunities for improvement are identified for Utilization performance measures.

Table 3.11: Utilization

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
PA EQR	Reducing Potentially Preventable Readmissions	11,987	1,124	**9.4%**	8.9%	9.9%	9.6%	n.s.	11.9%	-	NA
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	395	274	**69.4%**	64.7%	74.0%	71.8%	n.s.	64.2%	+	>= 75th and < 90th percentile
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	842	690	**81.9%**	79.3%	84.6%	76.0%	+	78.0%	+	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 1 5 years	7	0	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 6 11 years	453	12	**2.6%**	1.1%	4.2%	1.1%	n.s.	1.2%	+	>= 10th and < 25th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 12 17 years	776	17	**2.2%**	1.1%	3.3%	2.7%	n.s.	2.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Total Rate	1,236	29	**2.3%**	1.5%	3.2%	2.1%	n.s.	1.8%	n.s.	>= 25th and < 50th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 5 years	13	10	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 11 years	533	399	**74.9%**	71.1%	78.6%	76.0%	n.s.	68.1%	+	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 17 years	938	653	**69.6%**	66.6%	72.6%	70.0%	n.s.	64.0%	+	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate	1,484	1,062	**71.6%**	69.2%	73.9%	72.2%	n.s.	65.4%	+	>= 90th percentile
HEDIS	Use of Opioids at High Dosage	5,421	230	**4.2%**	3.7%	4.8%	6.8%	-	7.3%	-	>= 50th and < 75th percentile
HEDIS	Use of Opioids from Multiple Providers (4 or more prescribers)	6,488	1,084	**16.7%**	15.8%	17.6%	17.9%	-	15.8%	+	>= 75th and < 90th percentile
HEDIS	Use of Opioids From Multiple Providers (4 or more pharmacies)	6,488	127	**2.0%**	1.6%	2.3%	4.3%	-	3.7%	-	>= 90th percentile
HEDIS	Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies)	6,488	52	**0.8%**	0.6%	1.0%	2.1%	-	1.6%	-	>= 90th percentile
HEDIS	Risk of Continued Opioid Use New Episode Lasts at Least 15 Days	11,835	732	**6.2%**	5.7%	6.6%	NA	NA	4.4%	+	NA
HEDIS	Risk of Continued Opioid Use New Episode Lasts at Least 31 Days	11,835	334	**2.8%**	2.5%	3.1%	NA	NA	2.1%	+	NA
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 18 64 years)	6,048	1,525	**25.2%**	24.1%	26.3%	NA	NA	24.2%	n.s.	NA
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 65 years and older)	23	4	**NA**	NA	NA	NA	NA	13.0%	NA	NA
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Total Ages 18 years and older)	6,071	1,529	**25.2%**	24.1%	26.3%	NA	NA	24.1%	n.s.	NA

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator		Count	Rate			2018 (MY2017) Rate	2019 Rate Compared to 2018			HEDIS 2019 Percentile
HEDIS	PCR: Count of Index Hospital Stays (IHS) 1 3 Stays (Ages Total)		4,479				4,313				NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) 4+ Stays (Ages Total)		475				537				NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) Total Stays (Ages Total)		4,954				4,850				NA
HEDIS	PCR: Count of 30 Day Readmissions 1 3 Stays (Ages Total)		309				334				NA
HEDIS	PCR: Count of 30 Day Readmissions 4+ Stays (Ages Total)		250				254				NA
HEDIS	PCR: Count of 30 Day Readmissions Total Stays (Ages Total)		559				588				NA
HEDIS	PCR: Observed Readmission Rate 1 3 Stays (Ages Total)			**6.9%**			7.7%	NA			NA
HEDIS	PCR: Observed Readmission Rate 4+ Stays (Ages Total)			**52.6%**			47.3%	NA			NA
HEDIS	PCR: Observed Readmission Rate Total Stays (Ages Total)			**11.3%**			12.1%	NA			NA
HEDIS	PCR: Expected Readmission Rate 1 3 Stays (Ages Total)			**16.1%**			15.5%	NA			NA
HEDIS	PCR: Expected Readmission Rate 4+ Stays (Ages Total)			**40.8%**			38.8%	NA			NA
HEDIS	PCR: Expected Readmission Rate Total Stays (Ages Total)			**18.5%**			18.1%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 1 3 Stays (Ages Total)			**42.9%**			49.9%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 4+ Stays (Ages Total)			**129.1%**			121.8%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio Total Stays (Ages Total)			**61.1%**			67.0%	NA			NA

[1] For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.
[2] For the Use of Multiple Concurrent Antipsychotics in Children and Adolescents 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 GEI 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.

2019 Adult CAHPS 5.0H Survey Results

Table 3.12: CAHPS 2019 Adult Survey Results

Survey Section/Measure Your Health Plan	2019 (MY 2018)	2019 Rate Compared to 2018	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2019 MMC Weighted Average
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	82.64%	▲	81.72%	▼	83.39%	80.72%
Getting Needed Information (Usually or Always)	91.46%	▲	82.95%	▼	86.21%	84.19%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	74.12%	▼	74.79%	▼	76.89%	77.03%
Appointment for Routine Care When Needed (Usually or Always)	86.73%	▲	81.74%	▲	79.67%	82.42%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2019 MMC Weighted Average.

2019 Child CAHPS 5.0H Survey Results

Table 3.13: CAHPS 2019 Child Survey Results

CAHPS Items Your Child's Health Plan	2019 (MY 2018)	2019 Rate Compared to 2018	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2019 MMC Weighted Average
Satisfaction with Child's Health Plan (Rating of 8 to 10)	89.21%	▲	87.75%	▼	87.91%	87.41%
Information or Help from Customer Service (Usually or Always)	82.95%	▼	87.23%	▲	87.16%	83.11%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	86.74%	▲	83.68%	▼	84.23%	87.51%
Appointment for Routine Care When Needed (Usually or Always)	86.91%	▼	92.06%	▲	88.50%	88.68%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2019 MMC Weighted Average.

IV: 2018 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 2018 EQR Technical Reports, which were distributed June 2019. The 2019 EQR is the eleventh to include descriptions of current and proposed interventions from each PH MCO that address the 2018 recommendations.

DHS requested that MCOs 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 June 30, 2019 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 response submitted to IPRO as of September 2019, as well as any additional relevant documentation provided by GEI. As requested by DHS and due to incomplete responses regarding the Contraceptive Care measures, GEI submitted additional information in March 2020 to address activities for the opportunities related to these measures that were planned and/or undertaken after June 30, 2019.

Table 4.1 presents GEI's responses to opportunities for improvement cited by IPRO in the 2018 EQR Technical Report, detailing current and proposed interventions.

Table 4.1: Current and Proposed Interventions

Reference Number: [GEI] 2018.01: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase
Follow Up Actions Taken Through 06/30/19: Provider Network Management at GHP worked to develop education that they could deploy to providers.
Future Actions Planned: The education project was rolled out 6.14.2019. The Account Managers began contacting the targeted providers with the hope to reach 240+ by September 1, 2019. Hope to gain meaningful feedback in the 4th quarter and follow up with future action plans based on the relevance of this intervention.
Reference Number: [GEI] 2018.02: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase
Follow Up Actions Taken Through 06/30/19: Provider Network Management at GHP worked to develop education that they could deploy to providers.
Future Actions Planned: The education project was rolled out 6.14.2019. The Account Managers began contacting the targeted providers with the hope to reach 240+ by September 1, 2019. Hope to gain meaningful feedback in the 4th quarter and follow up with future action plans based on the relevance of this intervention.
Reference Number: [GEI] 2018.03: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Annual Dental Visit (Age 2–20 years)
Follow Up Actions Taken Through 06/30/19: Member incentives will be continued for members age 6-9 and 19-20. GHP Wellness is working with the local Head Start locations to re-schedule and continue the events that have been completed through 6/30/18. Avesis, our dental vendor, will continue to reach out to providers with their "Connect the Dots" program. Quality Champions are reaching out to Members at scheduled community events providing education and facilitating appointments. Public Dental Health Hygienists have provided training and developed partnerships to physicians, medical residents and medical assistants through the *"Healthy Teeth-Healthy Children"* Program.
Future Actions Planned: GHP Wellness is reaching out to the Head Start Programs of the surrounding counties to develop additional relationships and schedule events for the Public Health Hygienists to provide dental education, fluoride application and dental screenings. Quality Champions have been scheduled to attend community events to provide dental education. GHP and GMC

Clinical are sponsoring a Mobile Dental Preventative Van. Through the utilization of Public Health Hygienists that will be employed by GMC Clinical, GHP Wellness is reaching out to schools and other practice settings as permitted by their license, to provide dental cleanings, fluoride applications, and sealant placements.
Reference Number: [GEI] 2018.04: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)
Follow Up Actions Taken Through 06/30/19: GHP Wellness and the Public Dental Hygienists have been reaching out to members of the medical community to develop relationships in developing the *"Healthy Teeth – Healthy Children"* Program. This networking effort will be continued to identify practices that have a high percentage of Members with Developmental Disabilities.
Future Actions Planned: Continue to work to develop a more robust *"Healthy Teeth – Healthy Children"* program within the Geisinger network. Geisinger, in cooperation with the Pennsylvania Dental Association, is hosting several seminars directed to the dental community. The first is focused on Special Needs Dentistry. The objectives will be to understand the types of developmental disabilities and then be able to describe what is meant by modifying and or adapting a dental treatment plan for a patient with developmental disabilities.
Reference Number: [GEI] 2018.05: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Chlamydia Screening in Women (Total)
Follow Up Actions Taken Through 06/30/19: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Future Actions Planned: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Reference Number: [GEI] 2018.06: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Chlamydia Screening in Women (Age 16-20 years)
Follow Up Actions Taken Through 06/30/19: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Future Actions Planned: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Reference Number: [GEI] 2018.07: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Chlamydia Screening in Women (Age 21-24 years)
Follow Up Actions Taken Through 06/30/19: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Future Actions Planned: To expand the universal screening to Non-Geisinger clinics. Provider education in Newsletters, brochures and Member Health Alerts.
Reference Number: [GEI] 2018.08: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
Follow Up Actions Taken Through 06/30/19:
Future Actions Planned: 3/4/2020: Currently GHP is working with Geisinger Clinical Enterprise on their initiative for those who are receiving contraceptive care postpartum and the Establishment of the Family Planning Collaboration. They are tracking the Most Common Reported Contraceptive methods based from a questionnaire on their responses from visiting the GYN.
Reference Number: [GEI] 2018.09: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
Follow Up Actions Taken Through 06/30/19:
Future Actions Planned: 3/4/2020: Currently GHP is working with Geisinger Clinical Enterprise on their initiative for those who are receiving contraceptive care postpartum and the Establishment of the Family Planning Collaboration. They are tracking the Most Common Reported Contraceptive methods based from a questionnaire on their responses from visiting the GYN.

Reference Number: [GEI] 2018.10: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
Follow Up Actions Taken Through 06/30/19:
Future Actions Planned: 3/4/2020: Currently GHP is working with Geisinger Clinical Enterprise on their initiative for those who are receiving contraceptive care postpartum and the Establishment of the Family Planning Collaboration. They are tracking the Most Common Reported Contraceptive methods based from a questionnaire on their responses from visiting the GYN.
Reference Number: [GEI] 2018.11: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Prenatal Counseling for Depression
Follow Up Actions Taken Through 06/30/19: Created provider education around measure to increase screenings.
Future Actions Planned: Provider education in Newsletters, brochures and Member Health Alerts. Pilot Program started in July – Edinburgh screen for PPD at Geisinger hospitals at prenatal visits.
Reference Number: [GEI] 2018.12: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
Follow Up Actions Taken Through 06/30/19: All COPD discharges with Readmission Risk score of High and Complex will receive Case Management referral. All COPD discharges with a Readmission Risk score of High and Complex will receive a CHA Home visit scheduled within 48 hours of discharge.
Future Actions Planned: All High ER Utilizers with COPD will have home visit by CHA. Pulmonary Case Management Services- August 2019- Case Manager now embedded in Geisinger Pulmonary will help monitor the highest risk COPD patients.
Reference Number: [GEI] 2018.13: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months
Follow Up Actions Taken Through 06/30/19: All COPD discharges with Readmission Risk score of High and Complex will receive Case Management referral. All COPD discharges with a Readmission Risk score of High and Complex will receive a CHA Home visit scheduled within 48 hours of discharge.
Future Actions Planned: All High ER Utilizers with COPD will have home visit by CHA. Pulmonary Case Management Services- August 2019- Case Manager now embedded in Geisinger Pulmonary will help monitor the highest risk COPD patients.
Reference Number: [GEI] 2018.14: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months
Follow Up Actions Taken Through 06/30/19: All COPD discharges with Readmission Risk score of High and Complex will receive Case Management referral. All COPD discharges with a Readmission Risk score of High and Complex will receive a CHA Home visit scheduled within 48 hours of discharge.
Future Actions Planned: All High ER Utilizers with COPD will have home visit by CHA. Pulmonary Case Management Services- August 2019- Case Manager now embedded in Geisinger Pulmonary will help monitor the highest risk COPD patients.
Reference Number: [GEI] 2018.15: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Diabetes: Statin Adherence 80%
Follow Up Actions Taken Through 06/30/19: In an effort to help improve scores for this measure one quarter (9/2018) each year a letter is sent to providers identifying GHP Family members who have diabetes (based on claims history) yet do not have a claim for a statin medication. The letter works to notify the providers so they can utilize their clinical judgment and prescribe a statin medication to their members where appropriate. From an adherence standpoint: the benefit design for our GHP Family Members has been expanded, and they are now able to obtain a 90-day supply of their maintenance medications (started 4/2019). This 90-day supply benefit works to improve adherence with fewer trips to the pharmacy and copay savings to the member. Along with the 90-day supply benefit, members have the ability to utilize mail order pharmacy to have their medications mailed directly to their homes to help ease barriers such as transportation concerns.

Future Actions Planned: Moving forward we hope to send letters to providers more frequently as well as initiate member outreach via educational letters and live phone calls. We will set up reporting on a monthly basis to identify these members and either call members to discuss statin medications or formulate a letter for mail merge each month. We hope to implement a process for this additional outreach by the end of Q2 2020 (June 2020) by expanding our pharmacy quality and adherence team. Each letter mailed will have a pharmacist contact number for any questions the member may have. For statin medication adherence we hope to utilize a text messaging platform along with live refill reminder calls to help boost adherence (goal is end of 2020). By implementing these future projects, we hope to see a significant increase in statin adherence in our GHP Family population. As a follow up on the population of members that we outreach to either via telephonic outreach, letter, text messaging we will continue to monitor their adherence via PDC as well as identify members still without a claim for a statin medication.

Reference Number: [GEI] 2018.16: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Diabetes Short-Term Complications Admission Rate (Age 65+ years) per 100,000 member months

Follow Up Actions Taken Through 06/30/19: Fresh Food Farmacy (FFF) at Shamokin clinic, diabetes care through a good as medicine approach; looking at social determinants. Our experiences and history providing our evidence-based programs like the Diabetes Prevention Program and Live your Best Life with Diabetes (part of FFF), has helped us to create resources, outreach, media and advertising, and reminders to help our populations attend and complete these programs. Media and marketing reach those who receive information in various ways: mail, newspaper, TV, printed flyers, websites, newsletters, and program information shared by their PCP or clinical care teams including HM (Health Manager) nurses and CHA's. We take the programs to the members and community.

Future Actions Planned: Planning to expand the Fresh food Farmacy to 2 additional locations. Also, pursuing a year-long CDC evidence-based program looking at life style related to pre-diabetes: Diabetes Prevention Program 3. Diabetes Prevention Program (DPP) retention. Planning to implement an incentive schedule, with the intent to get participants to continue coming to sessions, especially sessions in the latter 6 months of the program, as these are only monthly and not weekly sessions like the first 6 months.

Reference Number: [GEI] 2018.17: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate

Follow Up Actions Taken Through 06/30/19: In an effort to help improve scores for this measure one quarter (2/2019) each year a letter is sent to providers identifying GHP Family members who have cardiovascular disease (based on claims history) yet do not have a claim for a statin medication. The letter works to notify the providers so they can utilize their clinical judgment and prescribe a statin medication to their members where appropriate.

From an adherence standpoint: the benefit design for our GHP Family Members has been expanded, and they are now able to obtain a 90-day supply of their maintenance medications (started 4/2019). This 90-day supply benefit works to improve adherence with fewer trips to the pharmacy and copay savings to the member. Along with the 90-day supply benefit, members have the ability to utilize mail order pharmacy to have their medications mailed directly to their homes to help ease barriers such as transportation concerns.

Future Actions Planned: Moving forward we hope to send letters to providers more frequently as well as initiate member outreach via educational letters and live phone calls. We will set up reporting on a monthly basis to identify these members and either call members to discuss statin medications or formulate a letter for mail merge each month. We hope to implement a process for this additional outreach by the end of Q2 2020 (June 2020) by expanding our pharmacy quality and adherence team. Each letter mailed will have a pharmacist contact number for any questions the member may have. For statin adherence we hope to utilize a text messaging platform along with live refill reminder calls to help boost adherence (goal is end of 2020).

By implementing these future projects, we hope to see a significant increase in statin adherence in our GHP Family population. As a follow up on the population of members that we outreach to either via telephonic outreach, letter, text messaging we will continue to monitor their adherence via PDC as well as identify members still without a claim for a statin medication.

Reference Number: [GEI] 2018.18: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Use of Opioids from Multiple Providers (4 or more prescribers)

Follow Up Actions Taken Through 06/30/19: On a monthly basis, members prescribed opioid medication(s) with a MED greater than or equal to 90 along with 3 or more providers and 3 or more pharmacies OR 5 or more prescribers regardless of the number of pharmacies are reviewed and outreach to both provider and member is made where appropriate. This process was started 12/2017 and is being conducted monthly (ongoing process). Members that have flagged on our report one month will continue to flag each subsequent month if they meet the above criteria, we will continue to monitor these patients moving forward as necessary.

As a component of our opioid prior authorization criteria we require providers to check the PDMP prior to approving opioid prior authorization requests, this allows providers to see if a member is utilizing multiple providers to obtain controlled substance prescriptions.
Future Actions Planned: We hope to have a program in place to refer members who may benefit from counseling, pain management and medication-assisted treatment. Provider communication and use of the PDMP is extremely important to combat issues with multiple provider or pharmacy use. Educating both providers and retail pharmacies to always utilize the PDMP is another step of the opioid prescribing process we would like to emphasize and address (Goal implementation end of 2020). By educating members, providers, and pharmacies we hope to decrease the number of members utilizing multiple providers for their opioid medications. We will continue to monitor this through the monthly reports.

Root Cause Analysis and Action Plan

The 2019 EQR is the tenth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measures on the HEDIS 2018 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 2019 EQR, GEI was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Annual Dental Visit (Ages 2 – 20 years) (Table 4.2)

GEI submitted an initial Root Cause Analysis and Action Plan in September 2019.

Table 4.2: RCA and Action Plan: Annual Dental Visit (Ages 2 – 20 years

Instructions: For each measure in grade categories D and F, complete this form identifying factors contributing to poor performance.

Managed Care Organization:	***Geisinger Health Plan***
Response Date:	**9/13/18**
Measure:	**Annual Dental Visit (Ages 2 – 20 years)**
Reason for Root Cause Analysis:	**Annual Dental Visit (Ages 2 – 20 years) is statistically significantly lower/worse than the 2018 MMC weighted average.**
Goal Statement: Please specify goal(s) for measure	**Reach or exceed the MMC WA for Annual Dental Visit (Ages 2 – 20 years), as well as improve year over year**
Part A: Identify Factors via Analysis	

Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year.

- If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average.
  and/or
- If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.

Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	Lack of dental providers in general coupled with the closure of the GMC general dental department impacted appointment availability and rendering of patient dental care as of 3/18 with both dentists and hygienists alike.
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	Technical complication involving not allowing for the capturing of dental codes billed by PHDH from 7/1/18-12/31/18. The error was not detected until Spring of 2019.
People? (e.g., personnel, provider network, patients)	The medical directors/PHDH's started with GHP effective 7/1/18. The impact during the inception/transition was unremarkable until late fall 2018.
Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	N/A
Other? (specify)	N/A

Part B: Identify Actions – implemented and planned

For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2019

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**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?
Directly submitting dental codes utilized by PHDH through the Avesis Portal.	Policies	6/19 Ongoing	Continual measurement of proactive HEDIS on a monthly basis

Credentialing PHDH to allow for expanded services and care to be rendered for the benefit of the members without a dentist physically present within the allowable locations for them to render services.	Procedures	8/19 Ongoing	Continual measurement of proactive HEDIS on a monthly basis
Improving access to care by purchasing Dental Mobile Unit to outreach to underserved members/populations/geographical locations.	People	6/19 purchase 3/20 anticipate implementing utilization	Continual measurement of proactive HEDIS on a monthly basis
Assist with contacting members to schedule ADV based upon reports generated involving newly pregnant members and members seeking dental treatment at ED's.	People	6/19 Ongoing	Continual measurement of proactive HEDIS on a monthly basis
Expanding relationships and territories with Head Starts to provide oral health instruction, assessments, and fluoride applications.	Procedure	6/19 Ongoing	Continual measurement of proactive HEDIS on a quarterly basis
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.	N/A		

V: 2019 Strengths and Opportunities for Improvement

The review of MCO's 2019 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

- GEI was found to be fully compliant on Subparts C, D, and F of the structure and operations standards.

- For approximately 25 percent of reported measures, the MCO's performance was statistically significantly above/better than the MMC weighted average in 2019 (MY 2018) on the following measures:
    - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years)
    - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)
    - Body Mass Index: Percentile (Total)
    - Developmental Screening in the First Three Years of Life - 1 year
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days)
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days)
    - Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk
    - Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
    - Prenatal Screening for Smoking
    - Prenatal Counseling for Smoking
    - Postpartum Screening for Depression
    - Postpartum Screening Positive for Depression
    - Prenatal Screening for Alcohol use
    - Prenatal Screening for Illicit drug use
    - Prenatal Screening for Prescribed or over-the-counter drug use
    - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
    - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
    - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
    - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
    - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years)
    - Asthma Medication Ratio (5-11 years)
    - Asthma Medication Ratio (19-50 years)
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months
    - HbA1c Control (<8.0%)
    - Retinal Eye Exam
    - Blood Pressure Controlled <140/90 mm Hg
    - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
    - HbA1c Poor Control (>9.0%)
    - Controlling High Blood Pressure (Total Rate)
    - Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)
    - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months
    - Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months
    - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
    - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)

- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 - 11 years
- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years
- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate
- Use of Opioids at High Dosage

- The following strengths were noted in 2019 (MY 2018) for Adult and child CAHPS survey items:
  - Of the four Adult CAHPS composite survey items reviewed, three items were above the 2019 MMC Weighted average. Three items increased in 2019 (MY 2018) as compared to 2018 (MY 2017).
  - Of the four Child CAHPS composite survey items reviewed, one item was above the 2019 MMC Weighted average. Two items increased in 2019 (MY 2018) as compared to 2018 (MY 2017).

Opportunities for Improvement

- The MCO's performance was statistically significantly below/worse than the MMC weighted average in 2019 (MY 2018) on the following measures:
  - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase
  - Annual Dental Visit (Age 2–20 years)
  - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)
  - Chlamydia Screening in Women (Total)
  - Chlamydia Screening in Women (Age 16-20 years)
  - Chlamydia Screening in Women (Age 21-24 years)
  - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
  - Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
  - Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
  - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44)
  - Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
  - Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
  - Prenatal Counseling for Depression
  - Elective Delivery
  - Appropriate Testing for Children with Pharyngitis
  - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) per 100,000 member months
  - Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months

- The following opportunities were noted in 2019 (MY 2018) for Adult and Child CAHPS survey items:
  - Of the four Adult CAHPS composite survey items reviewed, one item fell below the 2019 MMC weighted average. One item decreased between 2019 (MY 2018) and 2018 (MY 2017).
  - Of the four Child CAHPS composite survey items reviewed, three items fell below the 2019 MMC weighted average. Two items decreased in 2019 (MY 2018).

Additional targeted opportunities for improvement are found in the MCO-specific HEDIS 2019 P4P Measure Matrix that follows.

P4P Measure Matrix Report Card 2019

The Pay-for-Performance (P4P) Matrix Report Card provides a comparative look at all measures in the Quality Performance Measures component of the "HealthChoices MCO Pay for Performance Program." Nine measures are Healthcare Effectiveness Data Information Set (HEDIS®) measures, and the remaining two are PA specific measures. The matrix:

1. Compares the Managed Care Organization's (MCO's) own P4P measure performance over the two most recent reporting years (2019 and 2018); and
2. Compares the MCO's 2019 P4P measure rates to the 2019 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 2019 rate is statistically significantly above/better than the 2019 MMC weighted average and above/better than the MCO's 2018 rate.

The light green boxes (B) indicate either that the MCO's 2019 rate does not differ from the 2019 MMC weighted average and is above/better than 2018 or that the MCO's 2019 rate is statistically significantly above/better than the 2019 MMC weighted average but there is no change from the MCO's 2018 rate.

The yellow boxes (C) indicate that the MCO's 2019 rate is statistically significantly below/worse than the 2019 MMC weighted average and is above/better than the 2018 rate, or the MCO's 2019 rate does not differ from the 2019 MMC weighted average and there is no change from 2018, or the MCO's 2019 rate is statistically significantly above/better than the 2019 MMC weighted average but is lower/worse than the MCO's 2018 rate. No action is required although MCOs should identify continued opportunities for improvement.

The orange boxes (D) indicate either that the MCO's 2019 rate is statistically significantly lower/worse than the 2019 MMC weighted average and there is no change from 2018, or that the MCO's 2019 rate is not different than the 2019 MMC weighted average and is lower/worse than the MCO's 2018 rate. ***A root cause analysis and plan of action is therefore required.***

The red box (F) indicates that the MCO's 2019 rate is statistically significantly below/worse than the 2019 MMC weighted average and is below/worse than the MCO's 2018 rate. ***A root cause analysis and plan of action is therefore required.***

GEI Key Points

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

Measures that in 2019 are statistically significantly above/better than 2018, and are statistically significantly above/better than the 2019 MMC weighted average are:

- Medication Management for People With Asthma: 75% Total

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

Measures that in 2019 did not statistically significantly change from 2018, but are statistically significantly above/better than the 2019 MMC weighted average are:

- Comprehensive Diabetes Care: HbA1c Poor Control[1]
- Controlling High Blood Pressure
- Reducing Potentially Preventable Readmissions[2]

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

Measures that in 2019 did not statistically significantly change from 2018, and are not statistically significantly different from the 2019 MMC weighted average are:

- Adolescent Well-Care Visits
- Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits
- Prenatal Care in the First Trimester
- Postpartum Care
- Well-Child Visits in the First 15 Months of Life, 6 or more
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Measures that in 2019 are statistically significantly above/better than 2018, and are statistically significantly below/worse than the 2019 MMC weighted average are:

- Annual Dental Visit (Ages 2 – 20 years)

D - Root cause analysis and plan of action required

- No P4P measures fell into this comparison category.

F Root cause analysis and plan of action required

- No P4P measures fell into this comparison category.

[1] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[2] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

Figure 5.1: P4P Measure Matrix

Year to Year Statistical Significance Comparison	Trend	Medicaid Managed Care Weighted Average Statistical Significance Comparison: Below/Worse than Average	Average	Above/Better than Average
	⬆	**C** Annual Dental Visit (Ages 2 – 20 years)	**B**	**A** Medication Management for People With Asthma: 75% Total
	No Change	**D**	**C** Adolescent Well-Care Visits Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Prenatal Care in the First Trimester Postpartum Care Well-Child Visits in the First 15 Months of Life, 6 or more Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	**B** Comprehensive Diabetes Care: HbA1c Poor Control[3] Controlling High Blood Pressure Reducing Potentially Preventable Readmissions[4]
	⬇	**F**	**D**	**C**

[3] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[4] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

P4P performance measure rates for 2016, 2017, 2018, and 2019 as applicable are displayed in Figure 5.2. 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.

Table 5.1: P4P Measure Rates

Quality Performance Measure – HEDIS®	HEDIS® 2016 Rate	HEDIS® 2017 Rate	HEDIS® 2018 Rate	HEDIS® 2019 Rate	HEDIS® 2019 MMC WA
Adolescent Well Care Visits (Age 12 21 Years)	52.7% ▼	55.4% =	60.7% =	61.0% =	62.4%
Comprehensive Diabetes Care HbA1c Poor Control[5]	28.8% =	34.5% ▲	32.3% =	29.1% =	34.7%
Controlling High Blood Pressure	74.9% ▲	72.0% =	70.5% =	71.8% =	66.4%
Prenatal Care in the First Trimester	90.0% =	90.5% =	86.6% =	85.2% =	87.0%
Postpartum Care	74.5% =	65.9% ▼	70.3% =	68.6% =	67.7%
Annual Dental Visits (Ages 2 20 years)	55.9% =	57.7% ▲	57.8% =	58.5% ▲	64.0%
Well Child Visits in the First 15 Months of Life, 6 or more	74.3% =	72.0% =	74.9% =	74.1% =	71.6%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	73.5% NA	78.7% =	79.9% =	77.1% =	77.7%
Medication Management for People with Asthma: 75% Total	43.4% NA	47.5% ▲	47.9% =	51.2% ▲	44.3%
Quality Performance Measure – PA	**2016 Rate**	**2017 Rate**	**2018 Rate**	**2019 Rate**	**2019 MMC WA**
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	73.5% =	73.0% =	79.1% ▲	76.9% =	73.4%
Reducing Potentially Preventable Readmissions[6]	9.8% =	10.6% ▲	9.6% ▼	9.4% =	11.9%

[5] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[6] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

VI: Summary of Activities

Structure and Operations Standards

- GEI was found to be fully compliant on Subparts C, D, and F. Compliance review findings for GEI from RY 2018, RY 2017, and RY 2016 were used to make the determinations.

Performance Improvement Projects

- As previously noted, GEI's Dental and Readmission PIP Final Project submissions were validated. The MCO received feedback and subsequent information related to these activities from IPRO.

Performance Measures

- GEI reported all HEDIS, PA-Specific, and CAHPS Survey performance measures in 2019 for which the MCO had a sufficient denominator.

2018 Opportunities for Improvement MCO Response

- GEI provided a response to the opportunities for improvement issued in the 2018 annual technical report and a root cause analysis and action plan for those measures on the HEDIS 2018 P4P Measure Matrix receiving either "D" or "F" ratings.

2019 Strengths and Opportunities for Improvement

- Both strengths and opportunities for improvement have been noted for GEI in 2019. A response will be required by the MCO for the noted opportunities for improvement in 2020.