Commonwealth of Pennsylvania
Department of Human Services
2019 External Quality Review Report

Statewide Medicaid Managed Care Annual Report

April 29, 2020

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Table of Contents

Overview **4**
Introduction and Purpose **8**
Information Sources 8
Section I: Compliance with Structure and Operations Standards **9**
Evaluation of PH-MCO Compliance 9
Evaluation of CHIP-MCO Compliance 10
Evaluation of BH-MCO Compliance 11
Evaluation of CHC-MCO Compliance 12
Subpart C: Enrollee Rights and Protections 14
Subpart D: Quality Assessment and Performance Improvement Regulations 17
Subpart F: Federal and State Grievance System Standards 20
Subpart H: Certification and Program Integrity (CHIP) 22
Section II: Performance Improvement Projects **23**
Overall Project Performance Score 23
Scoring Matrix 24
PH-MCO PIP Review 24
CHIP-MCO PIP Review 28
BH-MCO PIP Review 30
CHC-MCO PIP Review 34
Section III: Performance Measures **38**
PH-MCO Performance Measures 38
CHIP-MCO Performance Measures 55
BH-MCO Performance Measures 64
CHC-MCO Performance Measures 66
Section IV: 2018 Opportunities for Improvement – MCO Response **73**
Section V: 2019 Strengths and Opportunities for Improvement **74**
Overall Strengths 74
Overall Opportunities 74
Section VI: 2018 Adult Community Autism Program (ACAP) **78**
Performance Improvement Project 78
Performance Measures 78
Annual Monitoring 79
Final Project Reports **82**

List of Tables

Table 1a: PH-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations 14
Table 1b: CHIP-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations 15
Table 1c: BH-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations 16
Table 2a: PH-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations 17
Table 2b: CHIP-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations 18
Table 2c: BH-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations 19
Table 3a: PH-MCO Compliance with Subpart F – Federal and State Grievance System Standards 20
Table 3b: BH-MCO Compliance with Subpart F – Federal and State Grievance System Standards 21
Table 4: CHIP-MCO Compliance with Subpart H – Certification and Program Integrity 22
Table 5: PIP Review Element Scoring Weights 24
Table 6a: PH-MCO PIP Review Score – Improving Access to Pediatric Preventive Dental Care 27
Table 6b: PH-MCO PIP Review Score – Reducing Potentially Preventable Hospital Admissions, Readmissions and ED Visits 27
Table 7a: CHIP-MCO PIP Review Score – Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years 30
Table 7b: CHIP-MCO PIP Review Score – Improving Blood Lead Screening Rates in Children 2 Years of Age 30
Table 8: BH-MCO PIP Review Score – Successful Transition from Inpatient Care to Ambulatory Care for Pennsylvania HealthChoices Members Hospitalized with a Mental Health or a Substance Abuse Diagnosis 33
Table 9: PIP Review Element Scoring Weights (CHC) 36
Table 10a: CHC-MCO PIP Review Findings: Strengthening Care Coordination, Proposed PIP Expansion of the PIP for CHC Phase 2 37
Table 10b: CHC-MCO PIP Review Findings: Transitions of Care from the Nursing Facility to the Community, Proposed PIP Expansion of the PIP for CHC Phase 2 . 37
Table 11a: PH-MCO Results for 2019 (MY 2018) HEDIS Measures 38
Table 11b: PH-MCO Results for 2019 (MY 2018) PAPMs 50
Table 12a: CHIP-MCO Results for 2019 (MY 2018) HEDIS Measures 55
Table 12b: CHIP-MCO Results for 2019 (MY 2018) PAPMs 64
Table 13: BH-MCO Results for 2019 (MY 2018) PAPMs 65
Table 14: CHC-MCO Results for 2019 (MY 2018) HEDIS Measures 66
Table 15: PH-MCO Root Cause Analysis for 2019 (MY 2018) Measure Results 76
Table 16: BH-MCO Root Cause Analysis for 2019 (MY 2018) Measure Results (HEDIS Indicators) 77
Table 17: ACAP Results for 2019 (MY 2018) Performance Measures 78

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Overview

This report is a summary of Medicaid and CHIP managed care (MMC) external quality review (EQR) findings for the Commonwealth of Pennsylvania's behavioral health (BH), physical health (PH), Children's Health Insurance Program (CHIP), Community HealthChoices (CHC) managed care organizations (MCOs), and the Adult Community Autism Program (ACAP) Prepaid Inpatient Health Plan (PIHP). ACAP is currently a small program, with 159 members enrolled as of December 2018, and EQR findings for this program are presented in a separate section within this report.

For the Commonwealth of Pennsylvania (PA), MMC services are administered separately for PH services, for BH services, for CHIP services, for autism services, and for CHC services, as applicable. The HealthChoices Program is the Commonwealth of Pennsylvania's mandatory managed care program for Medical Assistance recipients. The HealthChoices Program has three subprograms detailed in this report: PH, BH, and Long-Term Living.

The Pennsylvania (PA) Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) oversees the PH component of the HealthChoices Program. DHS OMAP contracts with PH-MCOs to provide physical health care services to recipients.

DHS's Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the behavioral health (BH) component of the HealthChoices Program. OMHSAS determined that the Pennsylvania county governments would be offered "right of first opportunity" to enter into capitated contracts with the Commonwealth for the administration of the HealthChoices Behavioral Health (HC BH) Program, the mandatory managed care program that provides Medical Assistance (i.e., Medicaid) recipients with services to treat mental health and/or substance abuse diagnoses/disorders. Forty-three of the 67 counties have signed agreements using the right of first opportunity and have subcontracted with a private sector behavioral health managed care organization (BH-MCO) to manage the HC BH Program. Twenty-four counties have elected not to enter into a capitated agreement and, as such, the DHS/OMHSAS holds agreements directly with two BH-MCOs to directly manage the HC BH Program in those counties. Through these BH-MCOs, recipients receive mental health and/or drug and alcohol services.

Starting in 1997, the HealthChoices Program was implemented for PH and BH services using a zone phase-in schedule. The zones originally implemented were:

- **Southeast Zone** - Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties;
- **Southwest Zone** - Allegheny, Armstrong, Beaver, Butler, Fayette, Green, Indiana, Lawrence, Washington, and Westmoreland Counties; and
- **Lehigh/Capital Zone** - Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York Counties.

Expansion of the HealthChoices PH Program began in July 2012 with Bedford, Blair, Cambria, and Somerset Counties in the Southwest Zone and Franklin, Fulton, and Huntingdon Counties in the Lehigh/Capital Zone. In October 2012, HealthChoices PH expanded into the New West Zone, which includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Mercer, McKean, Potter, Warren, and Venango Counties. In March 2013, HealthChoices PH expanded further, into these remaining Counties: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming. HealthChoices PH served nearly 2.3 million recipients in 2019.

Starting in July 2006, the HealthChoices BH Program began statewide expansion on a zone phase-in schedule, incorporating additional zones to the original three listed above. The Northeast region's BH implementation went into effect in July 2006, followed by two North/Central implementations. The first North/Central implementation is a directly held state contract that covers 23 counties implemented in January 2007, followed by the second implementation of 15 counties that exercised the right of first opportunity and were implemented in July 2007. The counties included in each of these zones are indicated below:

- **Northeast Zone** - Lackawanna, Luzerne, Susquehanna, and Wyoming Counties;
- **North/Central Zone – State Option** - Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Potter, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, and Wayne Counties; and
- **North/Central Zone – County Option** - Bedford, Blair, Cambria, Carbon, Clinton, Crawford, Erie, Fulton, Franklin, Lycoming, Mercer, Monroe, Pike, Somerset, and Venango Counties.

All Pennsylvania counties were covered by the HealthChoices PH Program in 2014, when it became mandatory statewide. For PH services in 2019, Medical Assistance enrollees had a choice of three to five PH-MCOs within their county (depending on the zone of residence).
The PH MCOs that were participating in the HealthChoices PH Program as of December 2019 were:

Physical Health MCOs

- Aetna Better Health (ABH),
- AmeriHealth NorthEast (ACN),
- AmeriHealth Caritas Pennsylvania (ACP),
- Geisinger Health Plan (GEI),
- Gateway Health(GH),
- Health Partners Plan (HPP),
- Keystone First (KF),
- United Healthcare Community Plan (UHC), and
- UPMC for You (UPMC).

The HealthChoices BH Program differs from the PH component in that, for mental health and drug and alcohol services, each county/HC BH contractor contracts with one BH-MCO to provide services to all enrollees residing in that county. The HealthChoices BH Program is also mandatory statewide.

The BH-MCOs that were participating in the HealthChoices BH Program as of December 2019 were:

Behavioral Health MCOs

- Beacon Health Options of Pennsylvania (BHO) (formerly Value Behavioral Health)
- Community Behavioral Health (CBH),
- Community Care Behavioral Health (CCBH),
- Magellan Behavioral Health (MBH), and
- PerformCare.

Pennsylvania's Children's Health Insurance Program (CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, amended by Act 136 of 2006, and amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act), and as amended by Act 58 of 2017. It has long been acknowledged as a national model, receiving specific recognition in the Federal Balanced Budget Act of 1997 as one of only three child health insurance programs nationwide that met Congressional specifications.

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP through the Cover All Kids initiative. As of March 2007:

- Free CHIP: Coverage has been available to eligible children in households with incomes no greater than 208% of the federal poverty level (FPL);
- Low-Cost CHIP: Coverage is available for those with incomes greater than 208% but not greater than 314% of the FPL; and
- At-Cost CHIP: Families with incomes greater than 314% of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. Historically, federal funding paid for about two- thirds of the total cost of CHIP; however, under CHIPRA, CHIP's federal funds allotment was substantially increased. CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Affordable Care Act (the Patient Protection and Affordable Care Act, together with the Health Care and Education Reconciliation Act of 2010; ACA), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods, and procedures in place on the date of passage of the ACA or refund the state's federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). As of July 1, 2018, the CHIP Managed Care Organizations (MCOs) were required to comply with changes to the federal managed care regulations (42 CFR chapters 457 and 438). CHIP continues to work with the CHIP MCOs to ensure organized and efficient implementation of these regulations. On January 22, 2018, the federal government passed a continuing resolution and adopted the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). CHIP was authorized at the federal level, including funding appropriations through September 30, 2023. On February 9, 2018, Congress acted again to extend CHIP for an additional four years, or until September 30, 2027. CHIP is provided by the following private health insurance companies that are licensed and regulated by the Department of Human Services and have contracts with the Commonwealth to offer CHIP coverage:

CHIP-MCOs

- Aetna Better Health (ABH),
- Capital Blue Cross (CBC),
- Geisinger Health Plan (GEI),
- Highmark HMO,
- Highmark PPO,
- Health Partners Plan (HPP),
- Independence Blue Cross (IBC),
- First Priority Health (NEPA),
- United Healthcare Community Plan (UHC), and
- UPMC for Kids (UPMC).

The PA DHS Office of Long-Term Living (OLTL) oversees CHC, which is PA's mandatory managed care program for Long-Term Living. CHC is for adults dually-eligible for Medicare and Medicaid, and for older adults, and adults with physical disabilities, in need of long-term services and supports (LTSS). LTSS includes services and supports in the nursing facility setting, as well as the home and community setting to help individuals perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications. CHC aims to serve more people in communities, give them the opportunity to work, spend more time with their families, and experience an overall better quality of life. CHC was developed to improve and enhance medical care access and coordination, as well as create a person-driven LTSS system, in which people have a full array of quality services and supports that foster independence, health, and quality of life. CHC is being phased in over a three year period: Phase 1 began January 1, 2018 in the Southwest region (Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties); Phase 2 began January 1, 2019, in the Southeast region (Bucks, Chester, Delaware, Montgomery and Philadelphia Counties); and Phase 3 is scheduled to begin January 1, 2020, in the remaining part of the state (Lehigh/Capital, Northwest, and Northeast). Statewide, PA DHS OLTL contracts with CHC-MCOs to provide CHC benefits to members.

The CHC-MCOs that were participating in CHC as of December 2019 were:

Community HealthChoices MCOs

- AmeriHealth Caritas Pennsylvania (AHC; in the Southeast region, known as Keystone First),
- Pennsylvania Health & Wellness (PHW), and
- University of Pittsburgh Medical Center Health Plan (UPMC).

These three CHC-MCOs have been contracted with DHS OLTL since the initial implementation of CHC in January 2018.

Introduction and Purpose

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 EQR of the services provided by contracted Medicaid 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 recipients.

The EQR-related activities that must be included in the detailed technical reports are reviewed 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.

DHS contracted with Island Peer Review Organization (IPRO) as its EQRO to conduct the 2019 EQRs for the Medicaid and CHIP MCOs.

Information Sources

The following information sources were used by IPRO to evaluate the MCOs' performance:

- MCO-conducted Performance Improvement Projects (PIPs);
- Healthcare Effectiveness Data Information Set (HEDIS®) performance measure data, as available for each MCO;
- Pennsylvania-Specific Performance Measures (PAPMs); and
- Structure and Operations Standards Reviews conducted by DHS.

PH-, BH-, CHIP-, and CHC-MCO compliance results are indicated using the following designations in the current report:

Acronym	Description
C	Compliant
P	Partially compliant
NC	Not compliant
ND	Not determined
NA	Not applicable

To evaluate the MMC compliance with the BBA categories, IPRO grouped the appropriate MCOs and assigned the compliance status for the category as a whole. Each MCO individually can be given a compliance status of compliant (C), not compliant (NC), partially compliant (P), or not determined (ND). Categories regarded as not applicable (NA) to the applicable DHS entity are indicated as such. Each category as a whole was then assigned a compliance status value of C, NC, P, or ND based on the aggregate compliance of each of the applicable MCOs for the category. Therefore, if all applicable MCOs were compliant, the category was deemed compliant; if some MCOs were compliant and some were partially compliant or not compliant, the category was deemed partially compliant. If all MCOs were not compliant, the category was deemed not compliant. If none of the MCOs were evaluated for a category, the aggregate compliance status was deemed not determined.

Section I: Compliance with Structure and Operations Standards

This section of the EQR report presents a review by IPRO of the PH-, BH-, CHIP-, and CHC-MCOs with regard to compliance with structure and operations standards. Summaries of methodological evaluations of compliance are further described in these programs' subsections, below.

Following the summaries in each programs' subsection, tabulated findings are formatted to be consistent with the subparts prescribed by the BBA regulations. Applicable regulatory requirements are grouped under subject headings, consistent with the applicable subparts set out in the BBA regulations and described in the *MCO Monitoring Protocol.* Under each subpart heading are the individual regulatory categories appropriate to those headings. As applicable, IPRO's findings are presented in a manner consistent with the applicable BBA regulations subparts, as explained in the *Protocol*, namely: Subpart C, Enrollee Rights and Protections; Subpart D, Quality Assessment And Performance Improvement (including access, structure and operation, and measurement and improvement standards); Subpart F, Federal and State Grievance System Standards; and, Subpart H, Certification and Program Integrity.

Evaluation of PH-MCO Compliance

For the PH Medicaid MCOs, the information for the Compliance with Standards section of the report is derived from the OMAP's monitoring of the MCOs against the SMART standards, from the HealthChoices Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results.

The SMART Items provide much of the information necessary for each PH-MCO's review. The SMART Items are a comprehensive set of monitoring items that the DHS staff reviews on an ongoing basis for each PH-MCO. IPRO reviewed the elements in the SMART Item List and created a crosswalk to pertinent BBA regulations. The SMART Items did not directly address two categories: Cost Sharing and Effectuation of Reversed Resolutions. 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. A total of 126 unique SMART Items were identified that were relevant to evaluation of PH-MCO compliance with the BBA regulations. These Items vary in review periodicity from annually, semiannually, quarterly, or monthly, to as needed. The SMART Items from Review Year (RY) 2018, RY 2017, and RY 2016 provided the information necessary for this assessment.

To evaluate PH-MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCOs' compliance status with regard to these 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 not compliant in the Item Log submitted by the OMAP. 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 not compliant, the MCO was evaluated as partially compliant. If all Items were not compliant, the MCO was evaluated as not compliant. For categories where Items were not evaluated, under review, or received an approved waiver for RY 2018, results from reviews conducted within the two prior review years (RY 2017 and RY 2016) were evaluated to determine compliance. If no Items were evaluated for a given category and no other source of information was available to determine compliance over the three-year period, a value of not determined was assigned for that specific category.

Evaluation of CHIP-MCO Compliance

For CHIP-MCOs, the information is derived from monitoring conducted by DHS's CHIP office. The categories that were reviewed by CHIP are subsequently categorized to be consistent with the subparts prescribed by the Balanced Budget Act regulations.

Prior to the on-site monitoring visit performed at the MCO, documents are provided to CHIP by the MCO that address various areas of compliance. These documents include training materials, provider manuals, MCO organization charts, policies and procedures manuals, and geographical access maps. Additional documents reviewed prior to the on-site monitoring visit include Quality of Care of Medical Services, Provider Adequacy, Applications and Eligibility, Customer Service, Marketing Outreach, Audits, and IT reports. These items assess the MCO's overall operational, fiscal, and programmatic activities to ensure compliance with contractual obligations. Federal and state law require that CHIP conduct monitoring and oversight of its CHIP MCOs.

Throughout the visit, these areas of compliance are discussed with the MCO and clarifying information is provided, where possible. Discussions that occur are compiled along with the reviewed documentation to provide a final determination of compliance, partial compliance, or non-compliance for each section.

IPRO's findings are presented in a manner consistent with the three BBA regulations subparts, as explained in the *Protocol* in Subpart C: Enrollee Rights and Protections; Subpart D: Quality Assessment and Performance Improvement (including access, structure, and operation and measurement and improvement standards); and Subpart H: Certifications and Program Integrity. Subpart F was not included in the CHIP monitoring findings. The items are presented as found in the monitoring reports provided by CHIP, with full item descriptions presented when available. As PA CHIP continues to move forward with alignment of the EQR provisions to the CHIP population, re-assessment of the review items and crosswalks may be warranted.

IPRO reviewed the most recent elements in the areas that CHIP monitors and created a crosswalk to pertinent BBA regulations. A total of 31 unique items were identified that were relevant to evaluation of CHIP-MCOs' compliance with the BBA regulations. These Items vary in review periodicity from annually, semiannually, quarterly, or monthly, to as needed. The items from Review Year (RY) 2019 provide the information necessary for this assessment. For RY 2019, Pennsylvania is designated a Cycle 1 state for CMS Payment Error Rate Measurement (PERM). The Cycle 1 review had not been completed at the time of the onsite review. PERM results and any Corrective Action Plan will be presented to CHIP MCOs in the future.

Subsections under parts C, D and H are based on the items that were reviewed during the most recent review year. This focuses the current year's technical reports on results that were found during the current year for compliance review. As items are required to be reviewed during a three year time period, it is possible that an MCO has been evaluated for an item but was not reviewed this year. In these instances, an NA is notated for the MCO in the report. There is no corresponding non-compliance penalty for an MCO in this case.

Information necessary for this review is provided through the on-site review that is conducted by CHIP, Quality Assurance Division. Throughout the duration of the on-site review, each area highlighted above is reviewed and a rating scale is utilized to determine compliance. The CHIP-MCO can be rated as not compliant, partially compliant, or compliant in each area, based on the findings of the audit. Following each rating scale, a comprehensive description of identified strengths and weaknesses is provided to the CHIP-MCO. If all items were compliant, the CHIP-MCO was evaluated as compliant. If some were compliant and some were not compliant, the CHIP-MCO was evaluated as partially compliant. If all items were not compliant, the CHIP-MCO was evaluated as not 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.

Evaluation of BH-MCO Compliance

For BH-MCOs, the information is derived from monitoring conducted by OMHSAS against the Commonwealth's Program Evaluation Performance Summary (PEPS) Review Application for both BH-MCOs and contracted HealthChoices Oversight Entities. As necessary, the HealthChoices BH Program Standards and Requirements (PS&R) and Readiness Assessment Instrument (RAI) are also used.

OMHSAS determined that the county governments would be offered the right of first opportunity to enter into capitated agreements with the Commonwealth for the administration of the HealthChoices Behavioral Health (HC BH) Program; the mandatory managed care program that provides Medical Assistance recipients with services to treat mental health and/or substance abuse diagnoses/disorders. Forty-three of the 67 counties have signed agreements using the right of first opportunity and have subcontracted with a private sector behavioral health managed care organization (BH-MCO) to manage the HC BH Program. Twenty-four counties have elected not to enter into a capitated agreement and, as such, the DHS/OMHSAS holds agreements directly with two BH-MCOs to directly manage the HC BH Program in those counties. In the interest of operational efficiency, numerous counties have come together to create HealthChoices Oversight Entities that coordinate the HC BH contractors while providing an oversight function of the BH-MCOs.

In some cases, the HealthChoices Oversight Entity is the HealthChoices Behavioral Health (HC BH) Contractor and, in other cases, multiple HC BH contractors contract with a HealthChoices Oversight Entity to manage their HealthChoices Behavioral Health Program. Operational reviews are completed for each HealthChoices Oversight Entity. The Department holds the HC BH Program Standards and Requirements (PS&R) Agreement with the HC BH contractors, who, in turn, contract with a private sector BH-MCO. The HC BH contractor is responsible for its regulatory compliance with federal and state regulations and the HC BH PS&R Agreement compliance. The HC BH PS&R Agreement includes the HC BH contractor's responsibility for the oversight of BH-MCOs' compliance.

The findings in this section of the report are based on IPRO's assessment of data provided by OMHSAS resulting from the evaluation of BH-MCOs by OMHSAS monitoring staff within the past three review years (RYs 2018, 2017, 2016). These evaluations are performed at the BH-MCO and HealthChoices Oversight Entity levels, and the findings are reported in OMHSAS's PEPS Review Application for RY 2018. OMHSAS opts to review compliance standards on a rotating basis due to the complexities of multi-county reviews. Some standards are reviewed annually, while others are reviewed triennially. In addition to those standards reviewed annually and triennially, some substandards are considered Readiness Review items only. Substandards reviewed at the time of the Readiness Review upon initiation of the HealthChoices Behavioral Health Program contract are documented in the RAI. If the Readiness Review occurred within the three-year time frame under consideration, the RAI was provided to IPRO. For those HealthChoices Oversight Entities and BH-MCOs that completed their Readiness Reviews outside of the current three-year time frame, the Readiness Review Substandards were deemed as complete. As necessary, the HealthChoices Behavioral Health Program's Program Standards and Requirements (PS&R) are also used. In Calendar Year 2017, Cambria County moved from VBH to MBH. If a county is contracted with more than one BH-MCO in the review period, compliance findings for that county are not included in the BBA reporting for either BH-MCO for a three-year period.

The documents informing the current report include the review of structure and operations standards completed by OMHSAS in August 2018 and entered into the PEPS Application as of March 2019 for RY 2018. Information captured within the PEPS Application informs this report. The PEPS Application is a comprehensive set of monitoring standards that OMHSAS staff reviews on an ongoing basis for each HealthChoices Oversight Entity/BH-MCO. Within each standard, the PEPS Application specifies the Substandards or "Items" for review, the supporting documents to be reviewed to determine compliance with each standard, the date of the review, the reviewer's initials, and an area to collect additional reviewer comments. Based on the PEPS Application, a HealthChoices Oversight Entity/BH-MCO is evaluated against substandards that crosswalk to pertinent BBA regulations, as well as related supplemental OMHSAS-specific PEPS Substandards that are part of OMHSAS's more rigorous monitoring criteria.

Because OMHSAS's review of the HealthChoices Oversight Entities and their subcontracted BH-MCOs occurs over a three-year cycle, OMHSAS has the flexibility to assess compliance with the review standards on a staggered basis, provided that all BBA categories are reviewed within that time frame. The PEPS substandards from RY 2018, RY 2017, and RY 2016 provided the information necessary for the 2019 assessment. Those standards not reviewed through the PEPS system in RY 2018 were evaluated on their performance based on RY 2017 and/or RY 2016 decisions, or other supporting documentation, if necessary. From time to time standards or substandards may be modified to reflect updates to the Final Rule and corresponding BBA provisions. Standards or substandards that are introduced or retired are done so following the rotating three-year schedule for all five BH-MCOs. For those HealthChoices Oversight Entities that completed their Readiness Reviews within the three-year time frame under consideration, RAI Substandards were evaluated when none of the PEPS Substandards crosswalked to a particular BBA category were reviewed.

To evaluate HealthChoices Oversight Entity/BH-MCO compliance on individual provisions, IPRO grouped the required and relevant monitoring substandards by provision ("category") and evaluated the HC BH contractors' and BH-MCOs' compliance status with regard to the PEPS Substandards. Each substandard was assigned a value of met, partially met, or not met in the PEPS Application submitted by the Commonwealth. If a substandard was not evaluated for a particular HealthChoices Oversight Entity/BH-MCO, it was assigned a value of not determined. Compliance with the BBA provisions was then determined based on the aggregate results across the three-year period of the PEPS Items linked to each provision. If all Items were met, the HealthChoices Oversight Entity/BH-MCO was evaluated as compliant; if some were met and some were partially met or not met, the HealthChoices Oversight Entity/BH-MCO was evaluated as partially compliant. If all Items were not met, the HealthChoices Oversight Entity/BH-MCO was evaluated as not compliant. If no crosswalked Items were evaluated for a given provision, and no other source of information was available to determine compliance, a value of not applicable (NA) was assigned for that provision. A value of null was assigned to a provision when none of the existing PEPS Substandards directly covered the Items contained within the provision, or if it was not covered in any other documentation provided. Finally, all compliance results for all provisions within a given category were aggregated to arrive at a summary compliance status for the category. For example, all provisions relating to enrollee rights are summarized under Enrollee Rights - 438.100.

Evaluation of CHC-MCO Compliance

For RY 2019, each CHC-MCO was assessed on structure and operations standards in terms of readiness: prior to the enrollment of CHC participants and the start date for each zone, DHS's OLTL determines the CHC-MCO's ability to provide required services. Each CHC-MCO must cooperate with all the readiness activities, including on-site visits by OLTL. As part of determining readiness, each CHC-MCO must successfully test claims processing systems prior to implementation of CHC in a given zone. If readiness is not sufficiently demonstrated, OLTL will not permit the enrollment of CHC participants; OLTL may extend the time period for the readiness determinations, or not authorize the CHC-MCO operations.

Readiness to operate and commence enrollment of CHC participants in the Southeast Zone was ascertained through on-site readiness reviews, which is a required methodology for standardized determinations on CHC-MCO capacity and capability. Information was collected using DHS's formalized and standardized readiness review tool, which was adapted to add LTSS-related documentation from an existing readiness review tool used for the HealthChoices readiness review process. Collected information was used to identify strengths and opportunities for improvement. The readiness review reports provided an evaluation of structural systems for CHC claims processing by zone. Additionally, the following operational domains were evaluated: organizational overview, participant services contact center, overview of the case management system, provider services, overview of the provider directory, provider dispute process, subcontracting and oversight, and service coordination.

To evaluate compliance of individual CHC-MCO provisions, the readiness review tool used selected criteria, including with regard to the domains listed above, to ascertain readiness. OLTL utilized an LTSS designed and approved readiness review tool to ensure CHC-MCO compliance and readiness prior to CHC implementation. Findings on the structural systems and operational domains for the CHC-MCO were provided by OLTL, which included multiple reports for the CHC-MCO, including justifications and integrations using supplemental readiness documentation.

The results for the MCO's onsite reviews of structural systems and operations readiness, supporting documentation of structural systems and operations readiness, and the determinations in terms of compliance with standards of quality in accordance with or aligned with BBA reporting requirements, are summarized as follows:

- For organization overviews: the CHC-MCOs demonstrated an overview of their organization structures and operations to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For participant services call center: the CHC-MCOs demonstrated their participant services call center structures and operations readiness to DHS; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For case management systems: the CHC-MCOs demonstrated their case management system structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For provider services: the CHC-MCOs demonstrated their provider service structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For provider directories: the CHC-MCOs demonstrated their provider directory structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For provider dispute processes: the CHC-MCOs demonstrated their provider dispute process structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For subcontracting and oversight: the CHC-MCOs demonstrated their subcontracting and oversight structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.
- For service coordination: the CHC-MCOs demonstrated their service coordination structures and operations readiness to OLTL; all three CHC-MCOs were found by OLTL to be compliant with associated contractual obligations.

All three CHC-MCOs demonstrated to OLTL their structure and operations readiness across multiple required areas. In accordance with the contract, each CHC-MCO is subject to full review of the first requirements for NCQA accreditation. As of December 2019, the CHC-MCOs received their NCQA accreditations. Additionally, the Department requires that the MCO have LTSS accreditation; these CHC-MCOs LTSS accreditations are currently in process at the time of this report. Overall, all three CHC-MCOs were found by OLTL to be compliant with contractual obligations for structure and operations.

In the future, the compliance information for CHC-MCOs will be crosswalked directly to Items for further evaluation in terms of BBA Subparts for Enrollee Rights and Protections, Quality Assessment and Performance Improvement Regulations, and Federal and State Grievance System Standards via Systematic Monitoring, Access and Retrieval Technology (SMART) standards.

Subpart C: Enrollee Rights and Protections

The general purpose of the Subpart C regulations is to ensure that each MCO has written policies regarding enrollee rights and complies with applicable federal and state laws that pertain to enrollee rights and that the MCO ensures that the MCO's staff and affiliated providers take into account those rights when furnishing services to enrollees (42 CFR 438.100 [a], [b]).

Tables 1a-1c present MCO compliance with Subpart C, Enrollee Rights and Protection Regulations, with summaries of findings below each table.

Table 1a: PH-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations

Subpart C: Enrollee Rights and Protection	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
Enrollee Rights	C	C	C	C	C	C	C	C	C	C
Provider-Enrollee Communications	C	C	C	C	C	C	C	C	C	C
Marketing Activities	C	C	C	C	C	C	C	C	C	C
Liability for Payment	C	C	C	C	C	C	C	C	C	C
Cost Sharing	C	C	C	C	C	C	C	C	C	C
Emergency Services: Coverage and Payment	C	C	C	C	C	C	C	C	C	C
Emergency and Post-stabilization Services	C	C	C	C	C	C	C	C	C	C
Solvency Standards	C	C	C	C	C	C	C	C	C	C

- All eight categories in Subpart C were compliant overall for PH MMC.
- All nine PH-MCOs were compliant for all categories in Subpart C.

Table 1b: CHIP-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations

Subpart C: Enrollee Rights and Protection	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	IBC	NEPA	UHC	UPMC	TOTAL CHIP MMC
Medical Services											
PH-95	C	C	C	C	C	C	C	C	NA	C	C
Bright Futures	C	NC	C	C	C	C	C	C	C	C	P
Case Management	C	C	C	C	C	C	C	C	C	C	C
Utilization Management	C	C	C	C	C	C	C	C	C	C	C
Quality Improvement Plans	C	NA	C	C	C	C	C	C	NA	C	C
Quality of Care											
Provider Network and Adequacy	C	C	C	C	C	P	C	C	C	C	P
Provider Credentialing	C	P	C	C	C	C	P	C	C	C	P
Appointment Standards	C	C	C	C	C	NA	NA	C	C	C	C
Communication to Providers and Members	C	C	C	C	C	C	P	C	C	C	P
Provider Enrollment	C	C	C	C	C	C	C	C	C	C	C
Application and Eligibility											
Application Timeliness and Renewal Rates	C	C	C	C	C	C	C	C	C	C	C
UFI Random Sample	C	C	C	C	C	C	C	C	C	C	C
Transfers In/ Out of Enrollment	C	NA	NA	NA	NA	NA	NA	NA	NA	NA	C

- For all CHIP-MCOs that were scored, each CHIP-MCO was found to be compliant for PH-95, Case Management, Utilization Management, Quality Improvement Plans, Appointment Standards, Provider Enrollment, Application Timeliness and Renewals, UFI Random Sample, and Transfers In/Out of Enrollment.
- One CHIP-MCO was found to be non-compliant under the Bright Futures Item.
- Only one CHIP-MCO was scored under the Transfers In/Out of Enrollment item, and this plan was found to be compliant for the item.

Table 1c: BH-MCO Compliance with Subpart C – Enrollee Rights and Protections Regulations

Subpart C: Enrollee Rights and Protection	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Enrollee Rights	P	P	P	P	P	P
Provider-Enrollee Communications	C	C	C	C	C	C
Marketing Activities	NA	NA	NA	NA	NA	NA
Liability for Payment	C	C	C	C	C	C
Cost Sharing	C	C	C	C	C	C
Emergency and Post-stabilization Services	C	C	C	C	C	C
Solvency Standards	C	C	C	C	C	C

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/HC BH Contractors (i.e., if seven HC BH contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- All five BH-MCOs were partially compliant with Enrollee Rights.
- Information pertaining to Marketing Activities was considered not applicable (NA) as OMHSAS received a Center for Medicare and Medicaid Services (CMS) waiver on the Marketing Activities category for PA BH-MCOs. As a result of the CMS HealthChoices waiver, DHS has been granted an allowance to offer only one BH-MCO per county.
- All five BH-MCOs were compliant for the remaining categories in Subpart C.

Subpart D: Quality Assessment and Performance Improvement Regulations

The general purpose of the regulations included under this heading is to ensure that all services covered under the DHS's Medicaid Managed Care Program are available and accessible to MCO enrollees (42 CFR 438.206 [a]).

Tables 2a-2c present MCO compliance with Subpart D, Quality Assessment and Performance Improvement Regulations, with summaries of findings below each table.

Table 2a: PH-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations

Subpart D: Quality Assessment and Performance Improvement	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
Access Standards										
Availability of Services (Access to Care)	C	C	C	C	C	C	C	C	C	C
Coordination and Continuity of Care	C	C	C	C	C	C	C	C	C	C
Coverage and Authorization of Services	C	C	C	C	C	C	C	C	C	C
Structure and Operation Standards										
Provider Selection	C	C	C	C	C	C	C	C	C	C
Provider Discrimination Prohibited	C	C	C	C	C	C	C	C	C	C
Confidentiality	C	C	C	C	C	C	C	C	C	C
Enrollment and Disenrollment	C	C	C	C	C	C	C	C	C	C
Grievance Systems	C	C	C	C	C	C	C	C	C	C
Subcontractual Relationships and Delegation	C	C	C	C	C	C	C	C	C	C
Measurement and Improvement Standards										
Practice Guidelines	C	C	C	C	C	C	C	C	C	C
Health Information Systems	C	P	P	C	C	C	P	C	C	P

- Each PH-MCO was compliant for 10 of the 11 categories of Quality Assessment and Performance Improvement Regulations: Availability of Services (Access to Care), Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Provider Discrimination Prohibited, Confidentiality, Enrollment and Disenrollment, Grievance Systems, Subcontractual Relationships and Delegation, and Practice Guidelines.
- Three MCOs (ACN, ACP, and KF) were partially compliant for Health Information Systems.

Table 2b: CHIP-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations

Subpart D: Quality Assessment and Performance Improvement	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	IBC	NEPA	UHC	UPMC	TOTAL CHIP MMC
Customer Service											
CHIP Dedicated Customer Service Staff	C	C	C	C	C	C	C	C	C	C	C
CHIP Information	C	NA	NA	NA	NA	NA	NA	NA	NA	NA	C
Application Input	C	C	C	NA	NA	NA	NA	NA	C	NA	C
General Website and Online Manuals	C	C	C	C	C	P	P	C	C	C	P
Blue and Green Sheets	C	C	C	C	C	C	C	C	C	C	C
Marketing and Outreach											
Community Outreach	C	NA	NA	NA	NA	NA	NA	NA	NA	NA	C
Programmatic Change Requests	C	C	C	C	C	C	C	C	C	C	C

- For all CHIP-MCOs that were scored, each was found to be compliant for CHIP Dedicated Customer Service Staff, CHIP Information, Application Input, Blue and Green Sheets, Community Outreach, and Programmatic Change Requests.
- Health Partners and Independence Blue Cross were partially compliant for General Website and Online Materials.
- Only Aetna was scored under the CHIP Information item. Aetna was also the only CHIP-MCO scored under the Community Outreach item, and Aetna was found to be compliant for both sections.

Table 2c: BH-MCO Compliance with Subpart D – Quality Assessment and Performance Improvement Regulations

Subpart D: Quality Assessment and Performance Improvement	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Access Standards						
Elements of State Quality Strategies	C	C	C	C	C	C
Availability of Services (Access to Care)	P	P	P	P	P	P
Coordination and Continuity of Care	P	NC	C	NC	NC	P
Coverage and Authorization of Services	P	NC	C	P	P	P
Structure and Operation Standards						
Provider Selection	C	P	C	C	C	P
Confidentiality	C	C	C	C	C	C
Subcontractual Relationships and Delegation	P	C	C	C	P	P
Measurement and Improvement Standards						
Practice Guidelines	P	P	P	P	P	P
Quality Assessment and Performance Improvement Program	P	P	P	P	C	P
Health Information Systems	C	C	C	C	C	C

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/HC BH contractors (i.e., if seven HC BH contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- All five BH-MCOs were compliant for 3 of the 10 categories: Elements of State Quality Strategies, Confidentiality, and Health Information Systems. Across the other 7 categories, some or all of the BH-MCOs were partially compliant, therefore making BH MMC overall partially compliant for those categories. For 3 categories that were partially compliant for BH MMC, each category had multiple BH-MCOs that were partially compliant or not compliant.
- Four of the BH-MCOs were compliant for Provider Selection. CBH was partially compliant.
- CCBH was compliant for Coverage and Authorization of Services.
- PerformCare was compliant for Quality Assessment and Performance Improvement Regulations. The other four BH-MCOs were partially compliant. CBH, CCBH, and MBH were compliant for Subcontractual Relationships and Delegation. The other two BH-MCOs were partially compliant.
- All five BH-MCOs were partially compliant for Availability of Services (Access to Care) and Practice Guidelines.
- CBH, MBH, and PerformCare were not compliant for Coordination and Continuity of Care. CCBH was compliant and BHO was partially compliant.

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.

Tables 3a and 3b present MCO compliance with Subpart F, Federal and State Grievance System Standards, with summaries of findings below each table.

Table 3a: PH-MCO Compliance with Subpart F – Federal and State Grievance System Standards

Subpart F: Federal and State Grievance System Standards	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
General Requirements	C	C	C	C	C	C	C	C	C	C
Notice of Action	C	C	C	C	C	C	C	C	C	C
Handling of Grievances and Appeals	C	C	C	C	C	C	C	C	C	C
Resolution and Notification: Grievances and Appeals	C	C	C	C	C	C	C	C	C	C
Expedited Appeals Process/Resolution	C	C	C	C	C	C	C	C	C	C
Information to Providers & Subcontractors	C	C	C	C	C	C	C	C	C	C
Recordkeeping and Recording Requirements	C	C	C	C	C	C	C	C	C	C
Continuation of Benefits Pending Appeal and State Fair Hearings	C	C	C	C	C	C	C	C	C	C
Effectuation of Reversed Resolutions	C	C	C	C	C	C	C	C	C	C

- All nine PH-MCOs were compliant for all categories of Federal and State Grievance Standards.

Table 3b: BH-MCO Compliance with Subpart F – Federal and State Grievance System Standards

Subpart F: Federal and State Grievance System Standards	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Statutory Basis and Definitions	P	P	P	P	P	P
General Requirements	P	P	P	P	P	P
Notice of Action	P	P	C	P	P	P
Handling of Grievances and Appeals	P	P	P	P	P	P
Resolution and Notification: Grievances and Appeals	P	P	P	P	P	P
Expedited Appeals Process/Resolution	P	P	P	P	P	P
Information to Providers & Subcontractors	P	C	P	P	P	P
Recordkeeping and Recording Requirements	C	C	C	C	C	C
Continuation of Benefits Pending Appeal and State Fair Hearings	P	P	P	P	P	P
Effectuation of Reversed Resolutions	P	P	P	P	P	P

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/HC BH contractors (i.e., if seven HC BH Contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- Statewide, the BH MMC program was partially compliant with 9 of 10 categories of Subpart F: Federal and State Grievance System Standards.
- CCBH was compliant for Notice of Action. The other four BH-MCOs were partially compliant.
- CBH was compliant for Information to Providers and Subcontractors. The other four BH-MCOs were partially compliant.
- All BH-MCOs were compliant for Recordkeeping and Recording Requirements.

Subpart H: Certification and Program Integrity (CHIP)

The general purpose of the regulations included under this heading is to ensure the promotion of program integrity through programs that prevent fraud and abuse through means of misspent program funds and to promote quality health care services for CHIP enrollees.

Table 4 presents CHIP-MCO compliance with Subpart H, Certification and Program Integrity, with a summary of findings below the table.

Table 4: CHIP-MCO Compliance with Subpart H – Certification and Program Integrity

Subpart H: Certification and Program Integrity	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	IBC	NEPA	UHC	UPMC	TOTAL CHIP MMC
Audits and Reports											
ERP Logs and Resolution	C	C	C	C	C	C	P	C	C	C	P
Fraud and Abuse	C	C	C	C	C	C	C	C	C	C	C
Precluded Provider Report	C	NA	NA	C	C	C	C	C	NA	C	C
HIPAA Breaches	C	C	C	C	C	C	C	C	C	C	C
PPS Reporting	C	C	C	C	C	C	C	C	C	C	C
A-133	C	C	C	C	C	C	C	C	C	C	C
Information Technology Files and Reports											
Ad Hoc	C	C	C	C	C	C	C	C	C	C	C
TMSIS/Encounter Data	C	C	P	P	P	C	P	P	C	C	P
Provider Files	P	C	C	P	P	P	P	P	C	C	P
Testing	C	C	P	C	C	P	C	C	C	C	P

- For all CHIP-MCOs that were scored, each CHIP-MCO was found to be compliant for Fraud and Abuse, Precluded Provider Report, HIPAA Breaches, PPS Reporting, A-133, and Ad Hoc.
- Independence Blue Cross was partially compliant for ERP Logs and Resolutions. Geisinger, Highmark HMO, Highmark PPO, Independence Blue Cross, and NEPA were partially compliant for TMSIS/Encounter Data. Aetna, Health Partners, Highmark HMO, Highmark PPO, Independence Blue Cross, and NEPA were partially compliant for Provider Files. Two CHIP-MCOs (Geisinger and Health Partners) were partially compliant for Testing.

Section II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO undertook validation of PIPs for each Medicaid MCO.

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by CMS (Updated: *Validating Performance Improvement Projects, Final Protocol, Version 2.0, September* 2012) and meets the requirements of the updated final rule on External Quality Review (EQR) of Medicaid Managed Care Organizations issued on May 6, 2016. IPRO's review evaluates each project against 10 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, and
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. Each element carries a separate weight. IPRO's scoring for each element is based on full, partial, and non-compliance status. Points are awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

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

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

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. The nine review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all seven demonstrable improvement elements is 80 points (80% x 100 points for full compliance).

PIPs also are reviewed for the achievement of sustainability of documented improvement. This has a weight of 20%, for a possible maximum total of 20 points. The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has one review element.

Scoring Matrix

For PH, BH, CHC, and CHIP, when the PIPs are reviewed, all projects are evaluated for the same elements according to the timeline established for that PIP. For all PIPs, the scoring matrix is completed for those review elements where activities have occurred in the review year. At the time of the review, a project is reviewed for only the elements that are due, according to the PIP submission schedule. It will then be evaluated for the remaining elements at later dates, 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 finding of 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 5 indicates the PIP Review Element Scoring Weights utilized for the current PH and BH PIPs in progress.

Table 5: PIP 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%**

As part of the new EQR PIP cycle that was initiated for all CHIP-MCOs in 2017 and for all CHC-MCOs in 2018, IPRO adopted the LEAN methodology, including re-developed templates for submission and evaluation. These updated methodologies are further described in these programs' PIP Review subsections, below.

PH-MCO PIP Review

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 Federal Fiscal Year (FFY) 2011-2013 data from the CMS-416 indicate 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-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, or
    - any dental or oral health service;
- Total Eligibles Receiving Oral Health Services Provided by a Non-dentist Provider;
- Total Eligibles Receiving Preventive Dental Services; and
- 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 early childhood caries (ECC) who are disease free at one year,
- Percentage of children with dental caries (ages 1-8 years),
- Percentage of oral health patients that are caries free, and
- 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 HEDIS and PAPMs 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 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), and
    - 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 16th 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, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

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 continued and progressed throughout the review year. **Tables 6a** and **6b** summarize PIP compliance assessments across MCOs.

Table 6a: PH-MCO PIP Review Score – Improving Access to Pediatric Preventive Dental Care

Project 1 - Improving Access to Pediatric Preventive Dental Care	ABH	ACN-ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
1. Project Topic and Topic Relevance	C	C	C	C	C	C	C	C	C
2. Study Question (Aim Statement)	C	P	NC	C	C	P	C	C	P
3. Study Variables (Performance Indicators)	C	P	P	C	C	P	C	C	P
4/5. Identified Study Population and Sampling Methods	C	P	P	C	C	P	C	C	P
6. Data Collection Procedures	C	P	P	C	C	C	C	C	P
7. Improvement Strategies (Interventions)	P	P	C	C	P	P	C	C	P
8/9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	C	P	P	P	P	P	C	C	P
10. Sustainability of Documented Improvement	P	P	C	C	C	P	P	C	P

Table 6b: PH-MCO PIP Review Score – Reducing Potentially Preventable Hospital Admissions, Readmissions and ED Visits

Project 2 - Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits	ABH	ACN-ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
1. Project Topic and Topic Relevance	C	C	C	C	C	C	P	C	P
2. Study Question (Aim Statement)	C	C	C	P	C	C	C	C	P
3. Study Variables (Performance Indicators)	P	P	P	C	C	C	C	C	P
4/5. Identified Study Population and Sampling Methods	C	C	C	P	C	C	C	C	P
6. Data Collection Procedures	C	C	C	C	C	C	C	C	C
7. Improvement Strategies (Interventions)	C	C	C	P	C	C	C	C	P
8/9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	P	P	P	P	C	P	C	C	P
10. Sustainability of Documented Improvement	P	C	P	C	C	C	C	P	P

CHIP-MCO PIP Review

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each CHIP MCO. For the purposes of the EQR, CHIP MCOs were required to participate in studies selected by DHS CHIP for validation by IPRO in 2019 for 2018 activities. Under the applicable Agreement with the DHS in effect during this review period, CHIP MCOs are required to conduct focused studies each year. For all CHIP MCOs, two PIPs were implemented as part of this requirement. CHIP 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 for each proposal.

As part of the EQR PIP cycle that was initiated for all CHIP MCOs in 2017, IPRO adopted the LEAN methodology, following the CMS recommendation that Quality Improvement Organizations (QIOs) and other healthcare stakeholders embrace LEAN in order to promote continuous quality improvement in healthcare.

2019 is the eleventh year to include validation of PIPs. For each PIP, all CHIP MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS CHIP 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.

In 2018, CHIP MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, the two topics selected were "Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years" and "Improving Blood Lead Screening Rate in Children 2 Years of Age". Interim results included in the following section were provided by plans for both of these PIPs in 2019.

"Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years" was selected after review of the HEDIS Developmental Screening in the First Three Years measure, as well as a number of additional developmental measures. The performance of these measures across Pennsylvania CHIP contractors has been flat and, in some cases, has not improved across years. Available data indicate that fewer than half of Pennsylvania children from birth to age 3 enrolled in CHIP and Medicaid in 2014 were receiving recommended screenings. Taking into account that approximately 1 in 10 Pennsylvania children may experience a delay in one or more aspects of development, this topic was selected with the aim of all children at risk are reached. The Aim Statement for the topic is "By the end of 2020, the MCO aims to increase developmental screening rates for children ages one, two, and three years old." Contractors are asked to create objectives that support this Aim Statement.

For this PIP, DHS CHIP is requiring all CHIP contractors to submit rates at the baseline, interim, and final measurement years for "Developmental Screening in the First Three Years of Life." Additionally, contractors are encouraged to consider other performance measures, such as:

- Proportion of children identified at risk for developmental, behavioral, and social delays who were referred to early intervention;
- Percentage of children and adolescents with access to primary care practitioners; and
- Percentage of children with well-child visits in the first 15 months of life.

"Improving Blood Lead Screening Rates in Children 2 Years of Age" was selected as the result of a number of observations. Despite an overall decrease over the last 30 years in children with elevated blood lead levels in the United States, children from low-income families in specific states, including Pennsylvania, have seen decreased rates of screening of blood lead levels. Current CHIP policy requires that all children ages one and two years old and all children ages three through six without a prior lead blood test have blood levels screened, consistent with current Department of Health and CDC standards. The average national

lead screening rate in 2016 is 66.5%, while the Pennsylvania CHIP average is 53.2%. Despite an overall improvement in lead screening rates for Pennsylvania CHIP contractors over the past few years, rates by contractor and weighted average fall below the national average. In addition to lead screening rate, contractors are encouraged to consider these measures as optional initiatives:

- Percentage of home investigations where lead exposure risk hazards/factors are identified,
- Total number of children successfully identified with elevated blood lead levels,
- Percentage of the population under the age of five suffering from elevated blood lead levels, or
- Percentage of individuals employed in the agriculture, forestry, mining, and construction industries.

The PIPs extend from January 2017 through December 2020, with research beginning in 2017, initial PIP proposals developed and submitted in second quarter 2018, and a final report due in June 2021. The non-intervention baseline period is January 2017 to December 2017. Following the formal PIP proposal, the timeline defined for the PIPs includes required interim reports in June 2019 and June 2020, as well as a final report in June 2021. In adherence with this timeline, all MCOs submitted their initial round of interim reports in July 2019, with review and findings administered by IPRO in Fall 2019.

2019 is the eleventh year to include validation of PIPs. For each PIP, all CHIP MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS CHIP 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 CHIP-MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

Under the LEAN methodology adopted for the new CHIP PIP cycle and utilizing the new LEAN templates developed for this process, IPRO's review for CHIP MCOs evaluated each project against seven review elements:

- Element 1. Project Topic/Rationale
- Element 2. Aim
- Element 3. Methodology
- Element 4. Barrier Analysis
- Element 5. Robust Interventions
- Element 6. Results Table
- Element 7. Discussion and Validity of Reported Improvement

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

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 continued and progressed throughout the review year. **Tables 7a** and **7b** summarize PIP compliance assessments across MCOs.

Table 7a: CHIP-MCO PIP Review Score – Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years

Project 1 - Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	NEPA	IBC	UHC	UPMC	TOTAL CHIP MMC
1. Project Topic and Rationale	C	C	C	C	C	C	C	C	C	C	C
2. Aim Statement	C	C	C	C	C	C	C	C	C	C	C
3. Methodology	P	C	C	C	C	C	C	C	C	C	P
4. Barrier Analysis	P	C	C	C	C	C	C	C	C	C	P
5. Robust Interventions	C	P	C	C	C	C	C	C	C	C	P
6. Results Table	C	C	C	C	C	C	C	C	C	C	C
7. Discussion	C	C	C	C	C	C	C	C	C	C	C

Table 7b: CHIP-MCO PIP Review Score – Improving Blood Lead Screening Rates in Children 2 Years of Age

Project 1 - Improving Blood Lead Screening Rates in Children 2 Years of Age	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	NEPA	IBC	UHC	UPMC	TOTAL CHIP MMC
1. Project Topic and Rationale	C	C	C	C	C	C	C	C	C	C	C
2. Aim Statement	C	C	C	C	C	C	C	C	C	C	C
3. Methodology	P	C	P	C	C	C	C	C	C	C	P
4. Barrier Analysis	C	C	C	C	C	C	C	C	C	C	C
5. Robust Interventions	C	C	P	C	C	C	C	P	C	C	P
6. Results Table	C	C	C	C	C	C	C	C	C	C	C
7. Discussion	C	C	C	C	C	C	C	C	C	C	C

BH-MCO PIP Review

In accordance with current BBA regulations, IPRO undertook validation of one Performance Improvement Project (PIP) for each HealthChoices BH-MCO. Under the existing HealthChoices Behavioral Health agreement with OMHSAS, HC BH contractors, along with the responsible subcontracted entities (i.e., BH-MCOs), are required to conduct a minimum of two focused studies per year. The HC BH contractors and BH-MCOs are required to implement improvement actions and to conduct follow-up including, but not limited to, subsequent studies or re-measurement of previous studies in order to demonstrate improvement or the need

for further action. For the purposes of the EQR, BH-MCOs were required to participate in a study selected by OMHSAS for validation by IPRO in 2019 for 2018 activities.

The EQR PIP cycle effective in 2018 began for BH-MCOs and HC BH contractors in 2014. For this PIP cycle, OMHSAS selected the topic, "Successful Transitions from Inpatient Care to Ambulatory Care for Pennsylvania HealthChoices Members Hospitalized with a Mental Health or a Substance Abuse Diagnosis" as the topic for this PIP. The topic was selected because the Aggregate HealthChoices 30-day Readmission Rate had consistently not met the OMHSAS goal of a rate of 10% or less. In addition, all HealthChoices BH-MCOs continued to remain below the 75th percentile in the HEDIS Follow-up After Hospitalization (FUH) metrics.

The Aim Statement for this PIP was "Successful transition from inpatient care to ambulatory care for Pennsylvania HealthChoices members hospitalized with a mental health or a substance abuse diagnosis." OMHSAS selected three common objectives for all BH-MCOs:

1. Reduce behavioral health and substance abuse readmissions post-inpatient discharge.
2. Increase kept ambulatory follow-up appointments post-inpatient discharge.
3. Improve medication adherence post-inpatient discharge.

Additionally, OMHSAS required all BH-MCOs to submit the following core performance measures on an annual basis:

- **Readmission Within 30 Days of Inpatient Psychiatric Discharge (Mental Health Discharges) (BHR-MH)**
  The percentage of members who were discharged from an acute inpatient facility to an ambulatory setting who were readmitted within 30 days without a substance abuse diagnosis during the initial stay.
- **Readmission Within 30 Days of Inpatient Psychiatric Discharge (Substance Abuse Discharges) (BHR-SA)**
  The percentage of members who were discharged from an acute inpatient facility to an ambulatory setting who were readmitted within 30 days with a substance abuse diagnosis (primary or secondary) during the initial stay.
- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)**
  The percentage of members diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. This measure is based on the HEDIS measure of the same name.
- **Components of Discharge Management Planning (DMP)**
  This measure is based on review of facility discharge management plans and assesses the following:
  a. The percentage of discharge plans, including both medication reconciliation and all components of medication and therapy follow-up appointments: appointment dates, appointment times, provider names, provider addresses, and provider phone numbers.
  b. The percentage of discharge plans, including both medication reconciliation and all components of medication and therapy follow-up appointments: appointment dates, appointment times, provider names, provider addresses, and provider phone numbers where at least one of the scheduled appointments occurred.

This PIP project extended from January 2014 through December 2018, with initial PIP proposals submitted in 2014 and a final report due in September 2019. This PIP was formally introduced to the BH-MCOs and HC BH contractors during a quality management directors meeting in June 2014. As required by OMHSAS, the project topic was Successful Transitions from Inpatient Care to Ambulatory Care. During the latter half of 2014, OMHSAS and IPRO conducted follow-up calls with the BH-MCOs and HC BH contractors, as needed. In 2016, OMHSAS elected to add an additional intervention year to the PIP cycle to allow sufficient time for the demonstration of outcomes. The non-intervention baseline period was from January 2014 to December 2014. BH-MCOs were required to submit an initial PIP proposal during November 2014, with a final proposal due in early 2015. BH-MCOs were required to submit interim reports in the summers of 2016, 2017, and 2018. BH-MCOs were required to submit a final report in September 2019. Since Measurement Year (MY) 2017 was the second re-measurement, BH-

MCOs were not required to submit MY 2018 performance indicator results in the final report. BH-MCOs were required to develop performance indicators and implement interventions based on evaluations of HC BH contractor-level and BH-MCO-level data, including clinical history and pharmacy data. This PIP was designed to be a collaboration between the HC BH contractors and BH-MCOs. The BH-MCOs and each of their HC BH contractors were required to collaboratively develop a root cause/barrier analysis that identified potential barriers at the BH-MCO level of analysis. Each of the barriers identified should have included the contributing HC BH contract-level data and illustrated how HC BH contractor knowledge of their high-risk populations contributed to addressing the barriers within their specific service areas. Each BH-MCO submitted the single root cause/barrier analysis according to the PIP schedule.

The 2019 EQR report is the 16th review to include validation of PIPs. With this PIP cycle, all BH-MCOs/HC BH contractors shared the same baseline period and timeline. To initiate the PIP cycle in 2014, IPRO developed guidelines on behalf of OMHSAS that addressed the PIP submission schedule, the applicable study measurement periods, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given to the BH-MCOs/HC BH contractors with regard to expectations for PIP relevance, quality, completeness, resubmission, and timeliness. The BH-MCOs were expected to implement the interventions that were planned in 2014, to monitor the effectiveness of their interventions, and to improve their interventions based on their monitoring results.

The BH-MCOs were required by OMHSAS to submit their projects using a standardized PIP template form, which is consistent with the Centers for Medicare & Medicaid Services (CMS) protocol, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

In 2018, OMHSAS continued conducting quarterly PIP review calls with each BH-MCO. The purpose of these calls was to discuss ongoing monitoring of PIP activity, to discuss the status of implementing planned interventions, and to provide a forum for technical assistance as necessary. MCOs were asked to provide up-to-date data on process measures and outcome measures prior to each meeting. Because of the level of detail provided during these meetings, BH-MCOs were asked to submit only one PIP interim report in 2018, rather than two semiannual submissions. The BH-MCOs submitted their Final Report for review in September 2019. IPRO reviewed and scored the BH-MCO submissions for Sustained Improvement and Overall Project Performance.

During the final implementation year, the BH-MCOs made improvements across several areas of their PIP. Improvements in study designs and implementation continued their trend, but plans also made important strides in data collection, trending, and reporting which helped to increase compliance levels for several review elements. All five plans successfully met requirements for reporting out on their performance indicators, which contributed to improvements in reporting. Nevertheless, only two of the five BH-MCOs scored as met on the Demonstrable Improvement requirements and only one plan, CCBH, was able to demonstrated sustained improvement in their PIP. The other four BH-MCOs were found deficient in their interpretation and validation of results. The reasons varied but centered on the lack of working hypotheses and of adequate intervention tracking measures that would enable the BH-MCOs to detect and then explain any significant changes in either the implementation of their interventions or ultimately in the performance indicators themselves..

It should be noted that there was as much variation in performance among the plans as there were similarities, with BH-MCOs evincing different strengths and opportunities for improvement. **Table 8** summarizes PIP compliance assessments across BH-MCOs.

Table 8: BH-MCO PIP Review Score – Successful Transition from Inpatient Care to Ambulatory Care for Pennsylvania HealthChoices Members Hospitalized with a Mental Health or a Substance Abuse Diagnosis

Successful transition from inpatient care to ambulatory care for Pennsylvania HealthChoices members hospitalized with a mental health or a substance abuse diagnosis	**BHO**	**CBH**	**CCBH**	**MBH**	**PerformCare**	**TOTAL BH MMC**
1. Project Topic and Topic Relevance	P	C	C	C	C	P
2. Study Question (Aim Statement)	C	C	C	C	C	C
3. Study Variables (Performance Indicators)	C	C	C	C	C	C
4/5. Identified Study Population and Sampling Methods	C	C	C	C	C	C
6. Data Collection Procedures	P	C	C	C	P	P
7. Improvement Strategies (Interventions)	P	P	C	C	P	P
8/9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	P	P	C	P	P	P
10. Sustainability of Documented Improvement	P	P	C	P	P	P
Overall Project Performance	**P**	**P**	**C**	**P**	**P**	**P**

In regard to overall project compliance, CCBH met all requirements while the remaining four BH-MCOs were partially compliant. For the duration of the PIP, from 2015 through 2018, performance indicator results were mixed, as outlined below for BHR-MH, BHR-SA, SAA, and DMP.

BHR-MH:

- BHO and CCBH improved over the course of the PIP, significantly. In contrast, PerformCare saw a significant increase in readmissions for members with mental health diagnoses, while MBH showed no significant change in their BHR-MH rates.
- CBH did not take a measurement in 2018; however, CBH showed significant increase (worsening) in its BHR-MH rates over the course of the core PIP period from 2014-2017.
- Between 2017 and 2018, overall, PA showed statistically significant improvement.

BHR-SA:

- CBH did not take a measurement in 2018; however, CBH showed no significant change in its BHR-SA rate over the course of the core PIP period from 2014-2017.
- BHO, CCBH, and PerformCare demonstrated statistically significant improvement over the course of the PIP, while MBH registered a significant increase (worsening) in the BHR-SA rate.
- Statewide, PA saw no significant change in its BHR-SA rate over the course of the PIP.

SAA:

- CCBH and PerformCare were the only two plans that showed statistically significant improvement over the course of the PIP. These two plans also contributed significantly to the State's overall significant improvement in its SAA rate over the course of the PIP. As with the other measures, statewide, only a handful of Contractors showed significant improvement over the course of the PIP although, notably, there were no Contractors that did significantly worse.

- With respect to PIP results, 2017 was clearly an anomalous year for BHO, and the anomalies were fairly evenly distributed across its Contractors, suggesting BHO encounter data issues impacting SAA. As such, comparisons to 2017 for BHO and its Contractors are suspect.
- CBH did not take a measurement in 2018; however, CBH showed no significant change in its SAA rate over the course of the core PIP period from 2014-2017.

DMP:

- Only BHO opted to re-measure DMP for 2018. BHO improved on the major metrics with the exception of Numerator 6, suggesting that while improvements to the DMP process continued, those improvements were not yet contributing to keeping scheduled follow-up appointments.
- No p-value was calculable for DMP since samples were drawn at the facility-level and therefore not generalizable at the BH-MCO level.

In summary, achievement of PIP objectives was mixed, and opportunities for improvement certainly remain. Still, the PIP did produce both clinical and non-clinical ("system") successes which the BH-MCOs will be in a position to build on as they transition to a new PIP.

CHC-MCO PIP Review

In accordance with current BBA regulations, IPRO will undertake validation of PIPs for the CHC-MCOs. For the purposes of the EQR, the CHC-MCOs are required to participate in studies selected by the DHS OLTL for proposal review and validation of methodology, and reported on in the 2018 BBA report. Two new PIPs were initiated in 2018 as part of this requirement. Over the course of implementation of all PIPs, the CHC-MCOs must implement improvement actions and conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action. As part of the new EQR PIP cycle that was initiated for all CHC-MCOs starting in 2018, IPRO has adopted the LEAN methodology, following the CMS recommendation that QIOs and other health care stakeholders embrace LEAN in order to promote continuous quality improvement in healthcare.

The CHC-MCOs are required to develop and implement PIPs to assess and improve outcomes of care rendered by the CHC-MCOs. PIP topics were discussed and selected in collaboration with the DHS OLTL and IPRO. For the current EQR PIP cycle, the CHC-MCOs were required to implement interventions and measure performance on two topics: Strengthening Care Coordination (clinical) and Transition of Care from the Nursing Facility to the Community (non-clinical). An evaluation is conducted for each PIP upon proposal submission, and then again for interim and final re-measurement, using a tool developed by IPRO and consistent with CMS EQR protocols for PIP validation.

Initial PIP proposals were submitted on September 15, 2018, ahead of PIP implementation on January 1, 2019, for Phase 1 and for the Southwest zone; eligible populations for both topics included the Nursing Facility Clinically Eligible (NFCE) participants. CHC MCOs submitted proposals for PIP expansion for Phase 2 (Southeast expansion) in September 2019, and CHC MCOs will submit proposals for PIP expansion for Phase 3 (Lehigh/Capital, Northeast, and Northwest expansion) in September 2020.

All CHC-MCOs share the same baseline period and timeline defined for each PIP, factoring the expansion of implementation during the course of phasing in CHC. To introduce each PIP cycle, DHS OLTL provided specific guidelines that addressed the PIP submission schedule, 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 CHC-MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

Under the LEAN methodology adopted for the new CHC-PIP cycle and utilizing the new LEAN templates developed for this process, IPRO's review evaluated each project against seven review elements:

- Element 1. Project Topic/Rationale,
- Element 2. Aim,
- Element 3. Methodology,
- Element 4. Barrier Analysis,
- Element 5. Robust Interventions,
- Element 6. Results Table,
- Element 7. Discussion and Validity of Reported Improvement, and
- Element 8: Sustainability.

The first six elements relate to the baseline and demonstrable improvement phases of the project. The seventh element relates to validity of reported improvement, and the eighth element relates to sustainability of this improvement. Each submitted PIP report is evaluated against the eight review elements and associated requirements. 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 assessment results of full, partial, and non-compliance. Points are awarded for the two phases of the PIP noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance, as described above under the Scoring Matrix subsection: if the element is designated as full compliance (defined as having met or exceeded the element requirements), the designation weight is 100%; if the element is designated as partial compliance (defined as having met essential requirements, but is deficient in some areas), the designation weight is 50%; if the element is designated as not in compliance (defined as having not met the essential requirements of the element), the designation weight is 0%.

Overall Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance scores 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; refer to **Table 9**).

Table 9: PIP Review Element Scoring Weights (CHC)

Review Element	Standard	Scoring Weight
1	Topic/rationale	5%
2	Aim	5%
3	Methodology	15%
4	Barrier analysis	15%
5	Robust interventions	15%
6	Results table	5%
7	Discussion and validity of reported improvement	20%
Total demonstrable improvement score		**80%**
8	Sustainability	20%
Total sustained improvement score		**20%**
Overall project performance score		**100%**

PIPs are also reviewed for the achievement of sustained improvement. For the EQR of CHC-MCO PIPs, sustained improvement elements have a total weight of 20%, for a possible maximum total of 20 points. The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements. The standards for demonstrable and sustainable improvement will be reported by the MCO and evaluated by IPRO at the end of the current PIP cycle in 2022; therefore, this section will be reported in the subsequent BBA report.

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements for which activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. The same project will then be evaluated for other elements at a later date, according to the PIP submission schedule. Each element is scored. Elements that are met receive an evaluation score of 100%, elements that are partially met receive a score of 50%, and elements that are not met receive a score of 0%. Overall, for PIP implementation, compliance determinations are as follows: compliance is deemed met for scores ≥ 85%, partially met for scores 60–84% (which results in a corrective action plan), and not met for scores < 60% (which also results in a corrective action plan). At the discretion of OLTL, PIP proposals (including PIP expansion proposals) are approved for implementation.

For 2019, PIP activities included establishing PIP performance indicator goals, baseline rates, barrier analyses, and intervention development and implementation. During establishment of measurement parameters, multiple data sources were allowable, including: MCO pharmacies, service coordinator entities, copayments (i.e. after day 20), and traditional long-term care claims. Preliminary measurements were based on participants that were Medicaid-only CHC participants and/or aligned D-SNP CHC participants (at the time of submission of PIP proposals, MCO's data was sources from internal claims). For subsequent reporting, regional baseline rates upon expansion will be recalculated (and integrated into the PIP) with improved access to data. CHC MCOs will submit PIP reports on Year 1 Implementation on July 31, 2020. Year 1 Implementation review findings will be included in the subsequent year's BBA report.
Tables 10a and **10b** summarize PIP compliance assessments across CHC-MCOs, reflecting the proposed expansion of the PIP for Phase 2 into the Southeast region.

Table 10a: CHC-MCO PIP Review Findings: Strengthening Care Coordination, Proposed PIP Expansion of the PIP for CHC Phase 2

Project 1 - Strengthening Care Coordination	AHC	PHW	UPMC	TOTAL CHC MMC
1. Project Topic and Rationale	C	P	C	P
2. Aim Statement	P	P	P	P
3. Methodology	P	C	C	P
4. Barrier Analysis	C	C	C	C
5. Robust Interventions	C	P	P	P
6. Results Table	NA	NA	NA	NA
7. Discussion	NA	NA	NA	NA
8. Sustainability	NA	NA	NA	NA

Note: Findings for AHC account for proposed PIP expansion through Keystone First (in the Southeast region of Pennsylvania, AHC is known as Keystone First).

Table 10b: CHC-MCO PIP Review Findings: Transitions of Care from the Nursing Facility to the Community, Proposed PIP Expansion of the PIP for CHC Phase 2

Project 1 - Transitions of Care from the Nursing Facility to the Community	AHC	PHW	UPMC	TOTAL CHC MMC
1. Project Topic and Rationale	C	C	C	C
2. Aim Statement	P	P	P	P
3. Methodology	P	C	P	P
4. Barrier Analysis	C	C	C	C
5. Robust Interventions	C	C	P	P
6. Results Table	NA	NA	NA	NA
7. Discussion	NA	NA	NA	NA
8. Sustainability	NA	NA	NA	NA

Note: Findings for AHC account for proposed PIP expansion through Keystone First (in the Southeast region of Pennsylvania, AHC is known as Keystone First).

CHC-MCOs were approved to begin PIP implementation starting January 1, 2018 for Phase 1 for the Southwest region. Annual PIP reports on Year 1 of Implementation, which are subjected to EQR, will be submitted in July 2020. At the time of this report, CHC-MCOs had received approval to begin PIP implementation in accordance with the proposed PIP expansion starting January 1, 2019 for Phase 2 for the Southeast region.

Section III: Performance Measures

The BBA requires that performance measures be validated in a manner consistent with the EQR protocol, *Validating Performance Measures*. Audits of MCOs are to be conducted as prescribed in NCQA's *HEDIS 2019, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and are consistent with the validation method described in the EQRO protocols.

PH-MCO Performance Measures

Each PH-MCO underwent a full HEDIS Compliance Audit in 2019. The PH-MCOs are required by DHS to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the *HEDIS 2019: Volume 2: Technical Specifications*. All the PH-MCO HEDIS rates are compiled and provided to DHS on an annual basis. **Table 11a** represents the HEDIS performance for all nine PH-MCOs in 2019, as well as the PH MMC mean and the PH MMC weighted average.

Comparisons to fee-for-service Medicaid data are not included in this report as the fee-for-service data and processes were not subject to a HEDIS compliance audit for HEDIS 2019 measures.

Table 11a is the full set of HEDIS 2019 measures reported to OMAP. The individual MCO 2019 EQR reports include a subset of these measures.

Table 11a: PH-MCO Results for 2019 (MY 2018) HEDIS Measures

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
Effectiveness of Care												
Prevention and Screening												
Adult BMI Assessment (ABA)												
ABA: Rate	90.75%	94.16%	93.67%	91.73%	92.45%	97.50%	91.00%	93.20%	94.00%	93.16%	93.18%	▲
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)												
WCC: BMI Percentile Ages 3-11 years	73.16%	74.91%	80.78%	76.06%	88.31%	90.91%	89.27%	89.90%	80.17%	82.61%	83.63%	▲
WCC: BMI Percentile Ages 12-17 years	74.82%	78.13%	84.62%	78.95%	86.21%	91.96%	84.67%	82.84%	84.03%	82.91%	83.62%	▲
WCC: BMI Percentile Total	73.72%	75.91%	82.00%	77.13%	87.50%	91.22%	87.59%	87.13%	81.65%	82.65%	83.61%	▲
WCC: Counseling for Nutrition Ages 3-11 years	65.81%	73.14%	72.24%	70.27%	76.19%	86.36%	80.84%	79.81%	75.86%	75.61%	76.55%	▲
WCC: Counseling for Nutrition Ages 12-17 years	66.91%	68.75%	76.92%	73.68%	68.97%	83.93%	77.33%	73.88%	71.53%	73.54%	74.30%	▲
WCC: Counseling for Nutrition Total	66.18%	71.78%	73.72%	71.53%	73.40%	85.64%	79.56%	77.49%	74.20%	74.83%	75.71%	▲
WCC: Counseling for Physical Activity Ages 3-11 years	59.19%	67.14%	64.41%	65.64%	66.23%	67.05%	70.11%	72.60%	70.26%	66.96%	67.75%	▲
WCC: Counseling for Physical Activity Ages 12-17 years	67.63%	65.63%	75.38%	71.05%	70.34%	83.04%	74.00%	78.36%	70.14%	72.84%	73.36%	▲

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
WCC: Counseling for Physical Activity Ages Total	62.04%	66.67%	67.88%	67.64%	67.82%	71.81%	71.53%	74.85%	70.21%	68.94%	69.68%	▲
Childhood Immunization Status (CIS)												
CIS: DtaP/DT	72.02%	71.78%	76.16%	75.91%	78.35%	80.29%	79.81%	76.64%	81.27%	76.91%	78.00%	▼
CIS: IPV	86.62%	91.73%	90.02%	92.94%	91.48%	91.73%	94.89%	90.51%	94.16%	91.57%	92.29%	▲
CIS: MMR	87.59%	85.40%	89.78%	91.73%	88.08%	90.75%	92.21%	89.78%	93.92%	89.92%	90.92%	▲
CIS: HiB	84.91%	86.13%	87.83%	89.54%	86.37%	91.73%	93.67%	89.78%	91.97%	89.11%	90.20%	▲
CIS: Hepatitis B	89.29%	93.67%	93.19%	94.16%	92.70%	93.19%	94.16%	92.21%	93.92%	92.94%	93.22%	▲
CIS: VZV	86.37%	87.10%	90.27%	91.24%	88.08%	90.51%	93.19%	90.27%	93.19%	90.02%	90.94%	▲
CIS: Pneumococcal Conjugate	76.40%	77.37%	78.59%	80.78%	78.59%	81.75%	80.54%	80.05%	84.18%	79.81%	80.58%	▼
CIS: Hepatitis A	82.00%	80.29%	84.67%	85.89%	81.51%	88.08%	89.05%	86.37%	90.02%	85.32%	86.61%	▲
CIS: Rotavirus	62.53%	73.24%	70.32%	70.80%	69.59%	73.97%	75.43%	70.56%	74.94%	71.26%	72.11%	▼
CIS: Influenza	47.93%	34.31%	49.39%	50.12%	42.09%	57.91%	60.58%	56.69%	49.39%	49.82%	52.13%	▼
CIS: Combination 2	69.34%	66.42%	74.45%	72.75%	75.43%	78.35%	77.62%	75.18%	80.05%	74.40%	75.78%	▼
CIS: Combination 3	66.42%	64.48%	71.78%	70.07%	72.02%	74.45%	75.18%	72.99%	77.13%	71.61%	72.96%	▼
CIS: Combination 4	63.99%	60.83%	69.10%	67.40%	67.15%	72.99%	73.97%	71.53%	76.40%	69.26%	70.99%	▼
CIS: Combination 5	52.31%	56.93%	60.58%	57.18%	58.88%	63.99%	63.50%	61.31%	65.21%	59.99%	61.09%	▼
CIS: Combination 6	40.88%	29.68%	42.82%	42.58%	37.96%	50.36%	54.01%	50.85%	43.80%	43.66%	45.79%	▼
CIS: Combination 7	50.36%	53.77%	59.12%	56.20%	55.72%	62.77%	62.53%	61.07%	64.72%	58.48%	59.88%	▼
CIS: Combination 8	40.15%	28.71%	42.82%	41.85%	36.74%	49.88%	53.28%	50.61%	43.55%	43.07%	45.23%	▼
CIS: Combination 9	34.06%	27.01%	37.71%	36.50%	33.33%	45.01%	47.20%	45.01%	38.20%	38.23%	40.02%	▼
CIS: Combination 10	33.58%	26.03%	37.71%	36.01%	32.60%	44.53%	46.72%	45.01%	37.96%	37.79%	39.63%	▼
Immunizations for Adolescents (IMA)												
IMA: Meningococcal	86.13%	88.08%	89.54%	92.46%	91.24%	92.46%	89.54%	88.32%	92.21%	90.00%	90.49%	▲
IMA: Tdap/Td	90.02%	90.27%	91.00%	92.21%	93.43%	93.19%	90.75%	89.29%	92.21%	91.38%	91.52%	▲
IMA: HPV	31.39%	29.93%	41.85%	34.06%	33.58%	54.99%	49.15%	36.74%	33.82%	38.39%	39.88%	
IMA: Combination #1	85.40%	86.62%	86.13%	89.78%	90.02%	91.00%	88.08%	87.10%	91.48%	88.40%	88.93%	▲
IMA: Combination #2	28.95%	28.22%	37.96%	32.85%	31.63%	54.01%	47.20%	35.52%	32.85%	36.58%	38.20%	
Lead Screening in Children (LSC)												
LSC: Rate	77.86%	78.88%	75.24%	79.32%	82.24%	81.27%	83.94%	80.29%	86.37%	80.60%	81.62%	▲
Breast Cancer Screening (BCS)												
BCS: Rate	45.61%	55.90%	62.56%	55.02%	59.84%	61.13%	59.48%	50.52%	57.09%	56.35%	57.31%	▼
Cervical Cancer Screening (CCS)												
CCS: Rate	52.80%	57.42%	65.21%	61.56%	64.30%	68.36%	65.94%	60.10%	62.37%	62.01%	63.02%	▲

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
Chlamydia Screening in Women (CHL)												
CHL: Ages 16-20 years	52.71%	48.78%	53.12%	54.30%	50.91%	73.41%	66.98%	57.73%	47.68%	56.18%	57.40%	▲
CHL: Ages 21-24 years	62.64%	59.55%	60.00%	63.73%	60.43%	76.31%	73.60%	64.76%	56.52%	64.17%	65.12%	▲
CHL: Total Rate	57.57%	53.84%	56.17%	58.43%	55.08%	74.84%	69.85%	60.85%	51.76%	59.82%	60.90%	▲
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)												
NCS: Rate	0.63%	1.94%	0.65%	0.56%	2.42%	0.55%	0.30%	0.51%	0.83%	0.93%	0.77%	▼
Respiratory Conditions												
Appropriate Testing for Children with Pharyngitis (CWP)												
CWP: Rate	82.37%	79.41%	82.55%	84.74%	80.38%	84.12%	85.69%	85.07%	87.27%	83.51%	84.30%	▲
Appropriate Treatment for Children with Upper Respiratory Infection (URI)												
URI: Rate	91.63%	87.50%	92.15%	91.15%	89.93%	96.12%	95.89%	91.78%	88.25%	91.60%	91.53%	▲
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)												
AAB: Rate	39.35%	31.53%	37.79%	44.58%	44.70%	44.85%	39.92%	42.14%	41.07%	40.66%	41.26%	▲
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)												
SPR: Rate	24.66%	27.64%	32.68%	27.78%	28.63%	28.34%	29.11%	31.06%	32.12%	29.11%	29.51%	▼
Pharmacotherapy Management of COPD Exacerbation (PCE)												
PCE: Systemic Corticosteroid	81.13%	74.89%	81.46%	73.72%	77.49%	76.75%	74.61%	73.28%	73.43%	76.31%	75.60%	▲
PCE: Bronchodilator	80.28%	81.33%	88.48%	83.30%	88.32%	91.91%	91.72%	78.86%	80.69%	84.99%	85.50%	▲
Medication Management for People With Asthma (MMA)												
MMA: 50% Ages 5-11 years	59.68%	73.06%	65.26%	58.56%	72.18%	57.30%	59.80%	53.19%	65.11%	62.68%	60.89%	▼
MMA: 50% Ages 12-18 years	59.82%	69.44%	68.46%	60.89%	68.32%	59.27%	61.16%	59.61%	67.73%	63.86%	62.94%	▲
MMA: 50% Ages 19-50 years	65.61%	77.14%	72.51%	66.76%	73.75%	67.38%	65.53%	64.99%	69.20%	69.21%	68.39%	▼
MMA: 50% Ages 51-64 years	75.30%	81.56%	81.38%	79.92%	81.71%	80.17%	80.95%	73.73%	82.43%	79.68%	80.38%	▲
MMA: 50% Total	63.53%	75.27%	71.08%	64.84%	73.07%	64.92%	64.22%	60.49%	69.39%	67.42%	66.46%	▲
MMA: 75% Ages 5-11 years	37.90%	44.49%	43.21%	36.36%	46.99%	34.26%	34.54%	30.20%	40.95%	38.77%	36.99%	▼
MMA: 75% Ages 12-18 years	36.25%	49.07%	50.35%	37.97%	43.94%	36.15%	38.71%	36.75%	43.13%	41.37%	40.29%	▲
MMA: 75% Ages 19-50 years	41.98%	58.37%	52.36%	45.51%	52.42%	44.27%	44.44%	43.83%	46.71%	47.77%	46.80%	▼
MMA: 75% Ages 51-64 years	53.01%	61.70%	64.99%	58.79%	69.21%	61.87%	60.78%	55.08%	66.02%	61.27%	61.98%	▲
MMA: 75% Total	40.64%	53.85%	51.45%	42.96%	51.19%	42.60%	41.46%	38.50%	46.73%	45.49%	44.35%	▼
Asthma Medication Ratio (AMR)												
AMR: 5-11 years	74.40%	81.23%	82.57%	74.09%	82.76%	72.15%	74.35%	69.30%	79.18%	76.67%	75.48%	▲
AMR: 12-18 years	67.19%	76.64%	76.69%	69.72%	73.78%	70.67%	70.77%	66.09%	70.82%	71.37%	71.00%	▲
AMR: 19-50 years	56.24%	60.35%	61.37%	57.33%	62.06%	58.73%	57.98%	48.95%	56.76%	57.75%	57.96%	▲

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
AMR: 51-64 years	59.15%	62.77%	66.32%	60.70%	60.77%	62.12%	58.63%	52.21%	64.62%	60.81%	61.10%	▼
AMR: Total Rate	64.00%	67.80%	70.60%	64.67%	68.63%	65.12%	66.19%	59.67%	66.10%	65.86%	65.90%	▲
Cardiovascular Conditions												
Controlling High Blood Pressure (CBP)												
CBP: Total Rate	61.80%	68.13%	68.37%	65.45%	71.78%	68.13%	63.99%	65.21%	66.42%	66.59%	66.40%	▲
Persistence of Beta Blocker Treatment After a Heart Attack (PBH)												
PBH: Rate	80.25%	86.30%	84.56%	83.43%	80.47%	81.42%	86.01%	79.41%	84.48%	82.93%	83.25%	▼
Statin Therapy for Patients With Cardiovascular Disease (SPC)												
SPC: Received Statin Therapy - 21-75 years (Male)	79.43%	78.78%	87.10%	82.26%	81.70%	84.98%	84.49%	79.00%	81.79%	82.17%	82.55%	▲
SPC: Received Statin Therapy - 40-75 years (Female)	81.09%	83.00%	83.06%	80.73%	83.63%	81.26%	81.52%	76.01%	73.37%	80.41%	79.51%	▲
SPC: Received Statin Therapy - Total Rate	80.09%	80.54%	85.26%	81.57%	82.55%	83.25%	83.26%	77.74%	78.21%	81.39%	81.23%	▲
SPC: Statin Adherence 80% - 21-75 years (Male)	65.66%	74.89%	76.98%	70.45%	70.66%	70.01%	75.68%	63.40%	73.47%	71.24%	71.78%	▲
SPC: Statin Adherence 80% - 40-75 years (Female)	68.16%	73.49%	73.91%	66.78%	67.53%	71.29%	71.74%	61.56%	70.01%	69.39%	69.44%	▼
SPC: Statin Adherence 80% - Total Rate	66.67%	74.29%	75.63%	68.81%	69.26%	70.59%	74.08%	62.64%	72.09%	70.45%	70.79%	▲
Diabetes												
Comprehensive Diabetes Care (CDC)												
CDC: HbA1c Testing	84.39%	86.46%	86.23%	88.83%	87.05%	88.59%	83.83%	88.53%	86.07%	86.66%	86.58%	▼
CDC: HbA1c Poor Control (> 9.0%)	35.26%	32.81%	34.25%	42.38%	29.14%	31.41%	34.33%	35.13%	35.49%	34.47%	34.69%	▼
CDC: HbA1c Control (< 8.0%)	53.86%	53.99%	54.91%	43.09%	58.27%	55.63%	55.67%	52.33%	50.75%	53.16%	52.92%	▲
CDC: HbA1c Control (< 7.0%)	32.36%	36.98%	38.44%	31.14%	38.20%	41.61%	44.04%	36.98%	37.47%	37.47%	38.34%	▲
CDC: Eye Exam	52.98%	52.60%	62.48%	56.91%	66.55%	60.47%	52.67%	59.32%	61.36%	58.37%	58.63%	▼
CDC: Medical Attention for Nephropathy	87.19%	89.93%	86.57%	86.88%	89.75%	90.16%	88.33%	90.86%	90.22%	88.88%	88.97%	▼
CDC: Blood Pressure Controlled (< 140/90 mm Hg)	59.82%	72.57%	65.06%	62.41%	78.96%	65.78%	65.50%	69.53%	74.63%	68.25%	68.30%	▼
Statin Therapy for Patients With Diabetes (SPD)												
SPD: Received Statin Therapy	65.61%	66.95%	67.99%	66.68%	66.01%	70.94%	67.01%	64.05%	64.34%	66.62%	66.84%	▲
SPD: Statin Adherence 80%	63.23%	70.28%	70.98%	66.01%	67.63%	67.50%	68.44%	61.69%	71.00%	67.42%	67.85%	▲
Musculoskeletal												
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)												

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
ART: Rate	71.61%	84.17%	84.12%	81.23%	82.72%	75.67%	72.83%	74.91%	76.74%	78.22%	77.69%	▲
Use of Imaging Studies for Low Back Pain (LBP)												
LBP: Rate	68.72%	66.54%	69.19%	70.54%	69.00%	76.32%	79.78%	71.10%	73.58%	71.64%	72.70%	▲
Behavioral Health												
Follow-up Care for Children Prescribed ADHD Medication (ADD)												
ADD: Initiation Phase	32.32%	35.73%	28.35%	48.16%	40.06%	60.15%	23.27%	55.51%	52.95%	41.83%	43.05%	▲
ADD: Continuation and Maintenance Phase	38.89%	39.86%	31.11%	56.38%	38.97%	68.13%	28.46%	62.74%	61.20%	47.30%	49.83%	▲
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)												
SSD: Rate	88.61%	89.75%	88.34%	89.25%	91.60%	81.40%	87.88%	87.25%	90.20%	88.25%	88.29%	▲
Diabetes Monitoring for People With Diabetes And Schizophrenia (SMD)												
SMD: Rate	73.98%	75.00%	69.18%	71.88%	78.07%	76.63%	74.42%	68.05%	76.08%	73.70%	74.08%	▼
Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia (SMC)												
SMC: Rate	NA	NA	NA	73.68%	NA	82.98%	83.78%	NA	67.44%	76.97%	78.22%	▲
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)												
SAA: Rate	50.00%	76.47%	67.86%	68.80%	69.37%	59.23%	65.82%	59.17%	66.02%	64.75%	64.17%	▼
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)												
APC: Ages 1-5 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	▼
APC: Ages 6-11 years	0.45%	0.00%	0.00%	1.59%	2.65%	0.85%	0.29%	0.66%	1.86%	0.93%	1.21%	▲
APC: Ages 12-17 years	2.85%	2.69%	1.28%	2.13%	2.19%	0.49%	2.09%	0.95%	2.47%	1.90%	2.03%	▲
APC: Total Rate	1.91%	1.61%	0.89%	1.95%	2.35%	0.61%	1.50%	0.85%	2.27%	1.55%	1.75%	▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)												
APM: Ages 1-5 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	▼
APM: Ages 6-11 years	68.63%	68.78%	74.69%	70.03%	74.86%	51.57%	69.18%	64.67%	62.17%	67.18%	68.09%	▲
APM: Ages 12-17 years	67.46%	70.00%	70.01%	64.39%	69.62%	46.62%	65.82%	56.99%	61.45%	63.60%	64.05%	▲
APM: Total Rate	67.90%	69.53%	71.73%	66.30%	71.56%	48.81%	66.69%	59.61%	61.65%	64.86%	65.42%	▲
Medication Management												
Annual Monitoring for Patients on Persistent Medications (MPM)												
MPM: ACE inhibitors or ARBs	85.96%	87.34%	88.90%	87.52%	86.90%	89.22%	85.57%	86.23%	86.41%	87.11%	87.05%	▼
MPM: Diuretics	85.74%	88.86%	88.65%	87.05%	88.25%	88.05%	85.28%	84.95%	86.18%	87.00%	86.73%	▼
MPM: Total Rate	85.87%	87.90%	88.80%	87.33%	87.41%	88.73%	85.45%	85.70%	86.32%	87.06%	86.92%	▼
Overuse/Appropriateness												
Risk of Continued Opioid Use (COU)												
COU: 18-64 years - >=15 Days covered	3.22%	3.51%	2.98%	4.26%	6.15%	5.11%	4.16%	2.30%	5.40%	4.12%	4.39%	

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
COU: 65+ years - >=15 Days covered	9.09%	5.88%	11.76%	10.34%	23.08%	7.50%	2.86%	2.86%	6.38%	6.95%	6.33%	
COU: Total - >=15 Days covered	3.24%	3.52%	3.02%	4.28%	6.19%	5.12%	4.15%	2.30%	5.41%	4.14%	4.40%	
COU: 18-64 years - >=31 Days covered	1.58%	1.66%	1.28%	1.99%	2.81%	2.58%	2.07%	1.45%	2.66%	2.01%	2.15%	
COU: 65+ years - >=31 Days covered	0.00%	0.00%	3.92%	3.45%	7.69%	3.75%	0.71%	0.00%	2.13%	2.33%	2.19%	
COU: Total - >=31 Days covered	1.58%	1.65%	1.30%	2.00%	2.82%	2.58%	2.06%	1.45%	2.66%	2.01%	2.15%	
Use of Opioids at High Dosage (UOD)												
UOD: Rate	7.97%	5.46%	6.81%	6.68%	4.24%	8.39%	10.70%	9.44%	5.73%	7.27%	7.26%	▼
Use of Opioids from Multiple Providers (UOP)												
UOP: Rate receiving prescription opioids (4 or more prescribers)	14.59%	14.98%	20.11%	20.31%	16.71%	10.65%	15.32%	12.30%	15.25%	15.58%	15.76%	▼
UOP: Rate receiving prescription opioids (4 or more pharmacies)	5.10%	3.62%	5.59%	3.84%	1.96%	2.14%	6.13%	2.15%	2.67%	3.69%	3.68%	▼
UOP: Rate receiving prescription opioids (4 or more prescribers & pharmacies)	2.37%	1.29%	2.37%	2.10%	0.80%	1.07%	2.39%	0.90%	1.25%	1.62%	1.62%	▼
Access/Availability of Care												
Adults' Access to Preventive/Ambulatory Health Services (AAP)												
AAP: Ages 20-44 years	67.60%	82.37%	83.40%	81.73%	84.35%	74.06%	76.35%	71.78%	80.85%	78.06%	77.81%	▼
AAP: Ages 45-64 years	73.60%	86.61%	89.99%	88.22%	88.90%	86.04%	85.75%	79.78%	87.44%	85.15%	85.61%	▼
AAP: Ages 65+ years	67.23%	87.63%	87.07%	83.31%	87.41%	83.85%	81.53%	75.92%	81.35%	81.70%	81.46%	▼
AAP: Total Rate	69.48%	83.86%	85.68%	83.91%	85.93%	78.45%	79.72%	74.32%	83.19%	80.50%	80.50%	▼
Children and Adolescents' Access to Primary Care Practitioners (CAP)												
CAP: Ages 12 - 24 months	94.32%	97.09%	96.92%	96.91%	96.95%	94.77%	96.37%	93.21%	98.95%	96.17%	96.40%	▲
CAP: Ages 25 months - 6 years	87.37%	90.59%	89.89%	88.86%	91.75%	88.00%	88.48%	86.01%	96.89%	89.76%	90.19%	▲
CAP: Ages 7 - 11 years	91.11%	94.06%	93.78%	92.86%	94.87%	92.69%	93.49%	90.32%	93.38%	92.95%	92.98%	▲
CAP: Ages 12 - 19 years	90.27%	94.42%	93.20%	91.83%	94.35%	90.65%	93.13%	90.06%	92.29%	92.24%	92.17%	▲
Annual Dental Visits (ADV)												
ADV: Ages 2 - 3 years	44.40%	38.85%	47.38%	51.66%	40.08%	64.49%	60.35%	47.19%	45.81%	48.91%	50.99%	▲
ADV: Ages 4 - 6 years	68.29%	73.77%	70.50%	71.58%	66.61%	76.45%	78.34%	65.35%	67.75%	70.96%	71.42%	▲
ADV: Ages 7 - 10 years	68.68%	75.75%	72.19%	71.22%	68.07%	74.88%	78.18%	65.76%	68.37%	71.46%	71.75%	▲
ADV: Ages 11 - 14 years	63.44%	71.35%	70.43%	67.18%	62.65%	70.95%	75.83%	62.09%	64.72%	67.63%	68.12%	▲
ADV: Ages 15 - 18 years	55.01%	62.59%	61.84%	59.97%	53.41%	61.02%	67.15%	53.88%	57.86%	59.19%	59.74%	▲
ADV: Ages 19 - 20 years	33.15%	48.72%	44.54%	43.80%	40.26%	41.92%	45.95%	37.24%	41.84%	41.93%	42.03%	▼
ADV: Total Rate	59.34%	65.36%	64.85%	64.04%	58.49%	67.90%	71.16%	58.05%	60.79%	63.33%	63.97%	▲

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
Prenatal and Postpartum Care (PPC)												
PPC: Timeliness of Prenatal Care	79.81%	91.00%	90.51%	83.45%	85.16%	88.32%	88.81%	84.90%	89.05%	86.78%	87.01%	▲
PPC: Postpartum Care	60.34%	68.37%	74.94%	63.02%	68.61%	72.75%	69.34%	65.10%	66.18%	67.63%	67.72%	▲
Utilization and Risk Adjusted Utilization												
Utilization												
Well-Child Visits in the First 15 Months of Life (W15)												
W15: 0 Visits	0.49%	0.24%	0.24%	0.49%	0.93%	1.11%	0.73%	2.18%	0.56%	0.77%	0.79%	▼
W15: 1 Visit	1.46%	0.49%	0.49%	0.97%	0.62%	1.67%	0.49%	1.56%	0.83%	0.95%	0.94%	▲
W15: 2 Visits	4.87%	1.70%	2.19%	2.68%	1.56%	3.06%	1.95%	2.18%	3.61%	2.64%	2.70%	▲
W15: 3 Visits	4.62%	2.19%	3.89%	3.65%	5.92%	5.56%	4.62%	4.05%	3.06%	4.17%	4.21%	▼
W15: 4 Visits	5.60%	8.27%	10.46%	7.79%	6.85%	7.50%	8.03%	8.10%	5.56%	7.57%	7.41%	▼
W15: 5 Visits	15.57%	13.14%	9.98%	14.11%	9.97%	8.61%	12.65%	11.21%	14.17%	12.16%	12.32%	▼
W15: ≥ 6 Visits	67.40%	73.97%	72.75%	70.32%	74.14%	72.50%	71.53%	70.72%	72.22%	71.73%	71.63%	▲
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)												
W34: Rate	74.70%	75.43%	79.32%	77.62%	77.06%	81.20%	75.91%	75.34%	79.73%	77.37%	77.66%	▲
Adolescent Well-Care Visits (AWC)												
AWC: Rate	54.26%	65.94%	64.48%	57.42%	61.01%	63.03%	66.91%	67.27%	59.69%	62.22%	62.39%	▲
Frequency of Selected Procedures (FSP)												
FSP: Bariatric Weight Loss Surgery F Ages 0-19 Procs/1,000 MM	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00		
FSP: Bariatric Weight Loss Surgery F Ages 20-44 Procs/1,000 MM	0.34	0.41	0.47	0.26	0.28	0.40	0.29	0.18	0.21	0.32		
FSP: Bariatric Weight Loss Surgery F Ages 45-64 Procs/1,000 MM	0.20	0.28	0.48	0.26	0.24	0.28	0.22	0.15	0.22	0.26		
FSP: Bariatric Weight Loss Surgery M Ages 0-19 Procs/1,000 MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
FSP: Bariatric Weight Loss Surgery M Ages 20-44 Procs/1,000 MM	0.03	0.09	0.12	0.06	0.04	0.06	0.04	0.04	0.06	0.06		
FSP: Bariatric Weight Loss Surgery M Ages 45-64 Procs/1,000 MM	0.04	0.09	0.15	0.04	0.05	0.05	0.05	0.03	0.05	0.06		
FSP: Tonsillectomy MF Ages 0-9 Procs/1,000 MM	0.53	0.69	0.77	0.67	0.68	0.56	0.48	0.45	0.74	0.62		
FSP: Tonsillectomy MF Ages 10-19 Procs/1,000 MM	0.28	0.32	0.37	0.33	0.35	0.20	0.21	0.19	0.31	0.28		
FSP: Hysterectomy Abdominal F Ages 15-44 Procs/1,000 MM	0.08	0.11	0.07	0.08	0.10	0.07	0.07	0.05	0.09	0.08		

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
FSP: Hysterectomy Abdominal F Ages 45-64 Procs/1,000 MM	0.19	0.12	0.18	0.23	0.22	0.22	0.25	0.13	0.15	0.19		
FSP: Hysterectomy Vaginal F Ages 15-44 Procs/1,000 MM	0.09	0.12	0.10	0.10	0.06	0.04	0.05	0.05	0.11	0.08		
FSP: Hysterectomy Vaginal F Ages 45-64 Procs/1,000 MM	0.08	0.13	0.17	0.13	0.13	0.15	0.14	0.10	0.11	0.13		
FSP: Cholecystectomy, Open M Ages 30-64 Procs/1,000 MM	0.02	0.06	0.02	0.02	0.05	0.04	0.02	0.02	0.03	0.03		
FSP: Cholecystectomy, Open F Ages 15-44 Procs/1,000 MM	0.01	0.03	0.02	0.01	0.02	0.01	0.01	0.01	0.01	0.01		
FSP: Cholecystectomy Open F Ages 45-64 Procs/1,000 MM	0.05	0.03	0.02	0.02	0.05	0.03	0.03	0.01	0.03	0.03		
FSP: Cholecystectomy Closed M Ages 30-64 Procs/1,000 MM	0.17	0.33	0.30	0.23	0.33	0.16	0.15	0.17	0.36	0.25		
FSP: Cholecystectomy Closed F Ages 15-44 Procs/1,000 MM	0.57	0.78	0.73	0.64	0.78	0.35	0.37	0.46	0.72	0.60		
FSP: Cholecystectomy Closed F Ages 45-64 Procs/1,000 MM	0.49	0.73	0.67	0.69	0.65	0.39	0.35	0.44	0.62	0.56		
FSP: Back Surgery M Ages 20-44 Procs/1,000 MM	0.16	0.20	0.30	0.20	0.31	0.10	0.13	0.11	0.26	0.20		
FSP: Back Surgery F Ages 20-44 Procs/1,000 MM	0.13	0.20	0.18	0.18	0.23	0.05	0.10	0.15	0.21	0.16		
FSP: Back Surgery M Ages 45-64 Procs/1,000 MM	0.41	0.60	0.74	0.61	0.71	0.30	0.37	0.55	0.77	0.56		
FSP: Back Surgery F Ages 45-64 Procs/1,000 MM	0.47	0.56	0.58	0.58	0.65	0.31	0.35	0.39	0.72	0.51		
FSP: Mastectomy F Ages 15-44 Procs/1,000 MM	0.04	0.03	0.04	0.04	0.02	0.03	0.06	0.05	0.04	0.04		
FSP: Mastectomy F Ages 45-64 Procs/1,000 MM	0.13	0.16	0.11	0.16	0.12	0.11	0.16	0.09	0.15	0.13		
FSP: Lumpectomy F Ages 15-44 Procs/1,000 MM	0.10	0.10	0.10	0.09	0.12	0.14	0.13	0.11	0.09	0.11		
FSP: Lumpectomy F Ages 45-64 Procs/1,000 MM	0.27	0.36	0.41	0.34	0.37	0.39	0.44	0.37	0.36	0.37		
Ambulatory Care: Total (AMBA)												
AMBA: Outpatient Visits/1,000 MM	284.95	407.73	419.14	380.13	402.75	298.15	318.14	304.30	389.64	356.10	351.77	▲
AMBA: Emergency Department Visits/1,000 MM	65.36	77.11	77.84	76.76	63.40	68.35	63.68	59.90	62.12	68.28	66.86	▼
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)												

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
IPUA: Total Discharges/1,000 MM	6.04	6.99	6.95	7.26	5.97	6.96	8.41	5.89	6.89	6.82	
IPUA: Medicine Discharges/1,000 MM	2.78	3.32	3.17	3.32	2.83	3.30	4.55	3.04	3.00	3.26	
IPUA: Surgery Discharges/1,000 MM	1.60	1.46	1.51	1.83	1.32	1.66	1.92	1.21	1.98	1.61	
IPUA: Maternity Discharges/1,000 MM	2.25	3.02	3.22	2.94	2.45	2.68	2.72	2.20	2.59	2.67	
Antibiotic Utilization: Total (ABXA)											
ABXA: Total # of Antibiotic Prescriptions M&F	145,998	88,047	147,623	235,521	203,707	170,796	291,191	168,273	426,958	208,679	
ABXA: Average # of Antibiotic Prescriptions PMPY M&F	0.83	1.09	0.84	0.90	1.11	0.69	0.74	0.74	1.01	0.88	
ABXA: Total Days Supplied for all Antibiotic Prescriptions M&F	1,251,544	824,936	1,368,151	2,208,052	1,960,741	1,521,496	2,669,108	1,614,757	4,171,287	1,954,452	
ABXA: Average # Days Supplied per Antibiotic Prescription M&F	8.57	9.37	9.27	9.38	9.63	8.91	9.17	9.60	9.77	9.29	
ABXA: Total # of Prescriptions for Antibiotics of Concern M&F	57,142	35,921	52,339	86,266	85,250	58,574	101,167	60,792	168,211	78,407	
ABXA: Average # of Prescriptions for Antibiotics of Concern M&F	0.32	0.44	0.30	0.33	0.46	0.24	0.26	0.27	0.40	0.34	
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions	39.14%	40.80%	35.45%	36.63%	41.85%	34.29%	34.74%	36.13%	39.40%	37.60%	
Risk Adjusted Utilization											
Plan All-Cause Readmissions (PCR)											
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 18-44)	1,651	793	1,656	3,206	1,916	2,764	5,555	2,228	4,782	2,727.89	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 45-54)	943	579	1,163	2,099	1,215	1,993	3,523	1,393	3,258	1,796.22	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 55-64)	1,032	594	1,190	2,332	1,348	2,440	3,827	1,584	3,852	2,022.11	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages Total)	3,626	1,966	4,009	7,637	4,479	7,197	12,905	5,205	11,892	6,546.22	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 18-44)	237	112	254	704	221	382	1,619	361	574	496.00	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 45-54)	197	60	168	402	130	355	949	207	410	319.78	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 55-64)	159	64	181	462	124	402	978	280	545	355.00	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages Total)	593	236	603	1,568	475	1,139	3,546	848	1,529	1,170.78	

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 18-44)	1,888	905	1,910	3,910	2,137	3,146	7,174	2,589	5,356	3,223.89	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 45-54)	1,140	639	1,331	2,501	1,345	2,348	4,472	1,600	3,668	2,116.00	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 55-64)	1,191	658	1,371	2,794	1,472	2,842	4,805	1,864	4,397	2,377.11	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)	4,219	2,202	4,612	9,205	4,954	8,336	16,451	6,053	13,421	7,717.00	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 18-44)	87	47	75	194	108	110	401	132	251	156.11	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 45-54)	69	32	71	147	73	115	336	90	201	126.00	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 55-64)	94	37	90	204	128	177	333	136	298	166.33	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages Total)	250	116	236	545	309	402	1070	358	750	448.44	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 18-44)	97	45	107	389	141	139	927	142	202	243.22	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 45-54)	81	23	72	184	58	131	420	64	155	132.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 55-64)	47	21	72	211	51	152	468	122	197	149.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages Total)	225	89	251	784	250	422	1815	328	554	524.22	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 18-44)	184	92	182	583	249	249	1328	274	453	399.33	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 45-54)	150	55	143	331	131	246	756	154	356	258.00	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 55-64)	141	58	162	415	179	329	801	258	495	315.33	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages Total)	475	205	487	1329	559	824	2885	686	1304	972.67	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 18-44)	234.45	117.43	219.89	465.05	274.63	396.26	816.74	309.50	326.52	351.16	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 45-54)	153.92	100.29	191.25	372.83	204.35	379.73	608.57	226.11	231.42	274.27	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 55-64)	197.58	103.76	201.37	427.83	241.98	504.64	703.20	276.31	289.56	327.36	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages Total)	585.95	321.48	612.51	1,265.71	720.96	1,280.63	2,128.51	811.92	847.49	952.80	

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 18-44)	75.59	38.35	102.64	260.48	100.68	161.33	647.31	127.13	55.20	174.30	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 45-54)	80.96	21.30	60.05	144.41	52.59	161.86	355.98	69.50	41.52	109.80	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 55-64)	55.42	19.22	65.05	171.09	40.35	156.56	379.09	102.89	56.65	116.26	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages Total)	211.97	78.88	227.74	575.98	193.62	479.75	1,382.39	299.53	153.37	400.36	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 18-44)	310.04	155.78	322.52	725.53	375.32	557.60	1,464.05	436.64	381.72	525.47	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 45-54)	234.88	121.60	251.30	517.25	256.94	541.59	964.55	295.61	272.94	384.07	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 55-64)	253.01	122.98	266.42	598.91	282.33	661.20	1,082.30	379.20	346.21	443.62	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages Total)	797.92	400.36	840.25	1,841.69	914.58	1,760.39	3,510.89	1,111.45	1,000.87	1,353.15	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 18-44)	5.27%	5.93%	4.53%	6.05%	5.64%	3.98%	7.22%	5.92%	5.25%	5.53%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 45-54)	7.32%	5.53%	6.10%	7.00%	6.01%	5.77%	9.54%	6.46%	6.17%	6.66%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 55-64)	9.11%	6.23%	7.56%	8.75%	9.50%	7.25%	8.70%	8.59%	7.74%	8.16%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages Total)	6.89%	5.90%	5.89%	7.14%	6.90%	5.59%	8.29%	6.88%	6.31%	6.64%	
PCR: Observed Readmission Rate - 4+ Stays (Ages 18-44)	40.93%	40.18%	42.13%	55.26%	63.80%	36.39%	57.26%	39.34%	35.19%	45.61%	
PCR: Observed Readmission Rate - 4+ Stays (Ages 45-54)	41.12%	38.33%	42.86%	45.77%	44.62%	36.90%	44.26%	30.92%	37.80%	40.29%	
PCR: Observed Readmission Rate - 4+ Stays (Ages 55-64)	29.56%	32.81%	39.78%	45.67%	41.13%	37.81%	47.85%	43.57%	36.15%	39.37%	
PCR: Observed Readmission Rate - 4+ Stays (Ages Total)	37.94%	37.71%	41.63%	50.00%	52.63%	37.05%	51.18%	38.68%	36.23%	42.56%	
PCR: Observed Readmission Rate - Total Stays (Ages 18-44)	9.75%	10.17%	9.53%	14.91%	11.65%	7.91%	18.51%	10.58%	8.46%	11.27%	
PCR: Observed Readmission Rate - Total Stays (Ages 45-54)	13.16%	8.61%	10.74%	13.23%	9.74%	10.48%	16.91%	9.63%	9.71%	11.36%	
PCR: Observed Readmission Rate - Total Stays (Ages 55-64)	11.84%	8.81%	11.82%	14.85%	12.16%	11.58%	16.67%	13.84%	11.26%	12.54%	
PCR: Observed Readmission Rate - Total Stays (Ages Total)	11.26%	9.31%	10.56%	14.44%	11.28%	9.88%	17.54%	11.33%	9.72%	11.70%	

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
PCR: Expected Readmission Rate - 1-3 Stays (Ages 18-44)	14.20%	14.81%	13.28%	14.51%	14.33%	14.34%	14.70%	13.89%	6.83%	13.43%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages 45-54)	16.32%	17.32%	16.44%	17.76%	16.82%	19.05%	17.27%	16.23%	7.10%	16.04%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages 55-64)	19.15%	17.47%	16.92%	18.35%	17.95%	20.68%	18.37%	17.44%	7.52%	17.09%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages Total)	16.16%	16.35%	15.28%	16.57%	16.10%	17.79%	16.49%	15.60%	7.13%	15.27%	
PCR: Expected Readmission Rate - 4+ Stays (Ages 18-44)	31.89%	34.24%	40.41%	37.00%	45.56%	42.23%	39.98%	35.22%	9.62%	35.13%	
PCR: Expected Readmission Rate - 4+ Stays (Ages 45-54)	41.10%	35.51%	35.75%	35.92%	40.45%	45.60%	37.51%	33.58%	10.13%	35.06%	
PCR: Expected Readmission Rate - 4+ Stays (Ages 55-64)	34.86%	30.03%	35.94%	37.03%	32.54%	38.94%	38.76%	36.75%	10.39%	32.81%	
PCR: Expected Readmission Rate - 4+ Stays (Ages Total)	35.75%	33.42%	37.77%	36.73%	40.76%	42.12%	38.98%	35.32%	10.03%	34.54%	
PCR: Expected Readmission Rate - Total Stays (Ages 18-44)	16.42%	17.21%	16.89%	18.56%	17.56%	17.72%	20.41%	16.87%	7.13%	16.53%	
PCR: Expected Readmission Rate - Total Stays (Ages 45-54)	20.60%	19.03%	18.88%	20.68%	19.10%	23.07%	21.57%	18.48%	7.44%	18.76%	
PCR: Expected Readmission Rate - Total Stays (Ages 55-64)	21.24%	18.69%	19.43%	21.44%	19.18%	23.27%	22.52%	20.34%	7.87%	19.33%	
PCR: Expected Readmission Rate - Total Stays (Ages Total)	18.91%	18.18%	18.22%	20.01%	18.46%	21.12%	21.34%	18.36%	7.46%	18.01%	
PCR: Observed to Expected Readmission Ratio - 1-3 Stays (Ages Total)	0.43	0.36	0.39	0.43	0.43	0.31	0.50	0.44	0.88	0.46	
PCR: Observed to Expected Readmission Ratio - 4+ Stays (Ages Total)	1.06	1.13	1.10	1.36	1.29	0.88	1.31	1.10	3.61	1.43	
PCR: Observed to Expected Readmission Ratio - Total Stays (Ages Total)	0.60	0.51	0.58	0.72	0.61	0.47	0.82	0.62	1.30	0.69	
Health Plan Descriptive Information											
Board Certification (BCR)											
BCR: % of Family Medicine Board Certified	54.94%	88.75%	88.75%	69.33%	86.35%	85.55%	85.33%	78.14%	84.90%	80.23%	
BCR: % of Internal Medicine Board Certified	57.35%	91.19%	91.19%	74.78%	86.83%	82.74%	85.13%	77.08%	84.72%	81.22%	

PH MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
BCR: % of Ob/Gyns Board Certified	52.96%	84.53%	84.53%	49.18%	81.23%	85.29%	79.71%	81.69%	80.31%	75.49%	
BCR: % of Pediatricians Board Certified	51.32%	94.79%	94.79%	74.97%	90.67%	89.42%	91.87%	83.86%	90.12%	84.65%	
BCR: % of Geriatricians Board Certified	67.92%	81.63%	81.63%	64.52%	80.00%	84.09%	83.67%	64.02%	79.84%	76.37%	
BCR: % of Other Physician Specialists Board Certified	52.39%	91.24%	91.24%	67.51%	86.99%	88.08%	85.80%	79.39%	87.04%	81.08%	

In addition to HEDIS, PH-MCOs are required to calculate PAPMs, which are validated by IPRO on an annual basis. The individual PH-MCO reports include:

- A description of each PAPM,
- The MCO's review year measure rates with 95% upper and lower confidence intervals (95% CI),
- Two years of data (the MY and previous year) and the MMC rate, and
- Comparisons to the MCO's previous year rate and to the MMC rate.

Results for PAPMs are presented for each PH-MCO in **Table 11b**, along with the PH MMC average and PH MMC weighted average, which takes into account the proportional relevance of each MCO.

Table 11b: PH-MCO Results for 2019 (MY 2018) PAPMs

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)											
Rate	62.82%	68.32%	66.77%	58.78%	63.99%	67.10%	70.63%	54.37%	55.39%	63.13%	62.44%
Cesarean Rate for Nulliparous Singleton Vertex											
Rate1	21.44%	26.30%	22.72%	24.74%	22.46%	21.79%	22.23%	20.08%	23.51%	22.81%	22.59%
Percent of Live Births weighing less than 2,500 grams (Positive)											
Rate1	9.26%	9.26%	7.88%	7.71%	9.31%	9.11%	10.52%	9.89%	8.22%	9.02%	9.07%
Elective Delivery (Adult Core Measure PC01-AD)											
Rate1	18.21%	18.22%	15.56%	17.48%	11.18%	8.14%	10.80%	12.64%	11.63%	13.76%	12.64%
Reducing Potentially Preventable Readmissions											
Rate2	12.35%	8.53%	9.53%	9.38%	10.70%	13.21%	14.21%	12.55%	11.16%	11.29%	11.89%
Prenatal Screening for Smoking											
Rate 1 - Prenatal Screening for Smoking	90.57%	81.07%	76.50%	90.22%	77.80%	97.56%	85.23%	92.75%	90.02%	86.86%	86.66%
CHIPRA Rate 1 - Prenatal Screening for Smoking during one of the first two visits	90.57%	81.07%	76.50%	89.78%	77.57%	97.32%	85.23%	92.75%	90.02%	86.76%	86.55%
Rate 2 - Prenatal Screening for Environmental	43.45%	47.66%	49.89%	52.67%	14.72%	83.41%	60.63%	55.18%	63.02%	52.29%	52.06%

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Tobacco Smoke Exposure											
Rate 3 - Prenatal Counseling for Smoking	79.46%	82.09%	72.64%	85.29%	57.85%	69.57%	80.68%	100%	80.13%	78.64%	78.65%
Rate 4 - Prenatal Counseling for Environmental Tobacco Smoke	80.00%	85.71%	75.86%	80.00%	61.76%	84.00%	75.68%	100%	87.50%	81.17%	81.87%
Rate 5 - Prenatal Smoking Cessation	8.93%	22.39%	33.96%	23.26%	19.33%	18.84%	36.36%	10.34%	13.16%	20.73%	18.46%
Perinatal Depression Screening											
Rate 1 – Prenatal Screen for Depression	55.63%	68.37%	71.40%	76.85%	54.91%	93.66%	79.42%	87.11%	81.75%	74.34%	74.03%
CHIPRA Rate 1 – Prenatal Screening for Depression during one of the first two visits	53.10%	66.15%	68.51%	71.99%	44.16%	90.98%	78.97%	79.90%	78.83%	70.29%	70.03%
Rate 2 – Prenatal Screening Positive for Depression	19.83%	14.01%	20.50%	22.29%	27.66%	13.54%	9.58%	23.37%	24.50%	19.48%	18.99%
Rate 3 - Prenatal Counseling for Depression	62.50%	79.07%	89.39%	66.22%	81.54%	92.31%	91.18%	81.01%	80.00%	80.36%	79.85%
Rate 4 – Postpartum Screening for Depression	65.74%	72.78%	71.75%	89.56%	69.06%	80.12%	63.78%	93.17%	100%	78.44%	77.35%
Rate 5 – Postpartum Screening Positive for Depression	15.96%	14.71%	12.20%	20.68%	19.00%	9.71%	11.44%	17.58%	20.32%	15.73%	15.70%
Rate 6 – Postpartum Counseling for Depression*	85.29%	85.71%	90.32%	90.91%	95.24%	88.89%*	88.89%*	91.67%	82.35%	88.81%	88.86%
Maternity Risk Factor Assessment											
CHIPRA Rate 1 - Prenatal Screening for Alcohol use	88.05%	76.39%	69.62%	94.22%	66.12%	97.80%	84.79%	89.38%	87.35%	83.75%	83.55%
CHIPRA Rate 2 - Prenatal Screening for Illicit drug use	88.28%	75.72%	70.95%	94.67%	66.59%	97.56%	84.79%	89.12%	86.62%	83.81%	83.63%
CHIPRA Rate 3 - Prenatal Screening for Prescribed or over-the-counter drug use	89.66%	77.73%	72.28%	96.44%	76.64%	99.27%	84.79%	92.75%	91.00%	86.73%	86.50%
CHIPRA Rate 4 - Prenatal Screening for Intimate partner violence	60.00%	55.01%	56.76%	61.56%	33.64%	85.12%	71.81%	73.06%	72.75%	63.30%	62.99%
Behavioral Health Risk Assessment (BHRA-CH)											
CHIPRA Rate - Prenatal Screening for Behavioral Health Risk Assessment	38.85%	48.55%	50.11%	50.23%	15.65%	79.27%	66.00%	62.37%	67.88%	53.21%	52.92%
Follow-up for Care Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (include the BH data) (CHIPRA 21)											
Rate 1 – Initiation Phase	32.32%	35.73%	28.35%	40.06%	48.16%	60.15%	23.27%	55.51%	52.95%	41.83%	43.05%
Rate 2 – Continuation Phase	38.89%	39.86%	31.11%	38.97%	56.38%	68.13%	28.46%	62.74%	61.20%	47.30%	49.83%
Rate 1 – BH ED Enhanced Initiation Phase	33.91%	35.73%	28.50%	41.37%	48.78%	60.22%	23.31%	55.65%	53.58%	42.34%	43.51%
Rate 2 – BH ED Enhanced Continuation Phase	40.09%	40.85%	32.56%	43.77%	59.34%	71.07%	30.96%	65.77%	64.06%	49.83%	52.64%
Frequency of Ongoing Prenatal Care (FPC)											

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Numerator 1: <21%	5.60%	1.22%	0.73%	1.95%	1.70%	0.97%	1.70%	2.92%	1.95%	2.08%	2.08%
Numerator 2: 21-40%	4.62%	3.16%	2.92%	3.16%	3.89%	3.16%	6.57%	4.62%	2.43%	3.84%	3.84%
Numerator 3: 41-60%	9.49%	6.81%	5.35%	4.38%	5.84%	7.79%	7.06%	9.73%	5.84%	6.92%	6.92%
Numerator 4: 61-80%	17.52%	11.68%	13.14%	13.63%	11.19%	13.63%	12.90%	15.33%	14.60%	13.73%	13.73%
Numerator 5: ≥81%	62.77%	77.13%	77.86%	76.89%	77.37%	74.45%	71.78%	67.40%	75.18%	73.43%	73.43%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)											
SAA Rate: MCO Defined	50.00%	76.47%	67.86%	69.37%	68.80%	59.23%	65.82%	59.17%	66.02%	64.75%	64.17%
SAA Rate: BH ED Enhanced	65.52%	86.94%	80.45%	81.95%	83.11%	71.36%	77.08%	77.42%	82.61%	78.49%	78.02%
Adult Asthma Admission Rate (PQI 15)											
Asthma in Younger Adults Admission Rate (Age 18-39 years) per 100,000 member months[3]	5.62	6.66	7.19	8.96	7.78	9.24	19.01	7.74	5.98	8.69	9.31
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 05)											
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months[3]	44.15	64.66	60.90	59.68	87.90	75.57	113.22	60.20	51.03	68.59	71.76
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 65+ years) per 100,000 member months[3]	22.36	68.87	61.77	35.66	72.34	30.16	41.26	77.01	47.17	50.73	47.82
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 40+ years) per 100,000 member months[3]	43.72	64.72	60.92	59.37	87.63	74.32	111.16	60.59	50.99	68.16	71.28
Diabetes Short-Term Complications Admission Rate (PQI 01)											
Age Cohort 1 (18-64 Years) - Admission rate per 100,000 member months[3]	15.19	20.60	19.34	26.31	27.34	16.99	29.00	17.21	16.28	20.92	21.04
Age Cohort 2 (65+ Years) - Admission rate per 100,000 member months[3]	11.18	0.00	0.00	0.00	0.00	5.03	3.44	0.00	0.00	2.18	2.66
Total 3 (Age 18+ Years) - Admission rate per 100,000 member months[3]	15.16	20.49	19.17	26.17	27.15	16.85	28.70	17.06	16.21	20.77	20.89
Congestive Heart Failure Admissions Rate (PQI 08)											
Age Cohort 1 (18-64 Years) Admission rate per 100,000 member months[3]	18.32	20.96	20.08	18.19	25.19	34.33	32.13	20.18	12.49	22.43	22.72
Age Cohort 2 (65+ Years) Admission rate per 100,000 member months[3]	111.82	137.74	82.36	106.99	126.59	35.18	82.52	23.10	70.75	86.34	75.28

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Total 3 (Age 18+ Years) Admission rate per 100,000 member months[3]	18.99	21.58	20.63	18.63	25.87	34.34	32.72	20.21	12.75	22.86	23.13
Developmental Screening in the First Three Years of Life (CHIPRA Measure DEV-CH)											
Rate 1: Total	57.37%	55.12%	50.84%	57.74%	54.45%	51.20%	56.64%	54.97%	67.03%	56.15%	57.12%
Rate 2: 1 year	53.68%	52.41%	40.89%	54.58%	48.35%	39.88%	49.91%	50.43%	62.80%	50.32%	51.08%
Rate 3: 2 years	60.04%	57.07%	56.19%	59.90%	58.49%	59.35%	60.83%	57.49%	68.43%	59.75%	60.78%
Rate 4: 3 years	58.30%	56.29%	56.57%	59.09%	57.01%	54.19%	58.63%	57.09%	70.14%	58.59%	59.67%
Dental Sealants for 6- to 9-Year-Old Children at Elevated Caries Risk (CHIPRA Measure SEAL-CH)											
MCO-Defined	25.22%	26.51%	23.62%	28.44%	24.32%	23.62%	22.75%	1.30%	23.97%	22.19%	21.86%
Dental-Enhanced	23.53%	24.91%	22.79%	25.29%	24.44%	23.49%	22.00%	20.12%	23.88%	23.38%	23.11%
Contraceptive Care for all Women (CCW)											
Provision of most or moderately effective contraception (Ages 15-20)	32.96%	36.67%	31.08%	37.93%	34.70%	28.24%	29.92%	30.97%	35.78%	33.14%	32.74%
Provision of LARC contraception (Ages 15-20)	2.52%	3.23%	4.76%	2.97%	4.12%	3.95%	3.44%	3.40%	3.45%	3.54%	3.58%
Provision of most or moderately effective contraception (Ages 21-44)	26.67%	29.78%	30.29%	29.46%	29.06%	29.29%	30.60%	26.70%	26.91%	28.75%	28.73%
Provision of LARC (Ages 21-44)	3.00%	4.14%	5.60%	4.07%	4.58%	4.80%	4.62%	4.30%	3.75%	4.32%	4.34%
Provision of most or moderately effective contraception (Ages 15-44)	28.07%	31.34%	30.48%	31.54%	30.53%	29.05%	30.42%	27.86%	29.13%	29.82%	29.74%
Provision of LARC (Ages 15-44)	2.89%	3.93%	5.39%	3.80%	4.46%	4.61%	4.31%	4.05%	3.68%	4.13%	4.15%
Contraceptive Care for Postpartum Women (CCP)											
Numerator 1: Most or moderately effective contraception - 3 days (Ages 15-20)	7.58%	5.59%	8.78%	5.83%	6.91%	22.45%	16.35%	4.04%	4.97%	9.17%	9.80%
Numerator 2: Most or moderately effective contraception - 60 days (Ages 15-20)	43.68%	43.58%	45.50%	42.07%	41.44%	46.57%	41.97%	30.88%	43.83%	42.17%	42.16%
Numerator 3: LARC - 3 days (Ages 15-20)	2.53%	0.00%	6.70%	0.65%	2.67%	15.18%	7.22%	0.71%	2.26%	4.21%	4.78%
Numerator 4: LARC - 60 days (Ages 15-20)	13.36%	8.94%	20.32%	7.77%	10.68%	24.32%	14.87%	8.08%	13.10%	13.49%	14.02%
Numerator 1: Most or moderately effective contraception - 3 days (Ages 21-44)	13.88%	13.62%	16.78%	9.18%	14.28%	21.61%	19.31%	4.11%	13.56%	14.04%	14.73%
Numerator 2: Most or moderately effective contraception - 60 days (Ages 21-44)	41.38%	43.92%	47.83%	37.76%	42.69%	45.08%	43.57%	29.41%	42.71%	41.59%	41.88%
Numerator 3: LARC - 3 days (Ages 21-44)	1.64%	0.20%	2.71%	0.36%	1.34%	6.94%	4.99%	0.37%	1.48%	2.23%	2.64%
Numerator 4: LARC - 60 days (Ages 21-44)	8.45%	6.31%	12.44%	6.56%	9.05%	14.70%	12.50%	7.30%	9.62%	9.66%	10.27%
Numerator 1: Most or moderately effective contraception - 3 days (Ages 15-44)	13.22%	12.77%	15.82%	8.81%	13.35%	21.70%	19.01%	4.10%	12.77%	13.51%	14.21%

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Numerator 2: Most or moderately effective contraception - 60 days (Ages 15-44)	41.62%	43.88%	47.55%	38.23%	42.53%	45.24%	43.41%	29.57%	42.81%	41.65%	41.91%
Numerator 3: LARC - 3 days (Ages 15-44)	1.73%	0.18%	3.19%	0.39%	1.51%	7.78%	5.21%	0.41%	1.55%	2.44%	2.87%
Numerator 4: LARC - 60 days (Ages 15-44)	8.96%	6.59%	13.38%	6.69%	9.26%	15.68%	12.74%	7.39%	9.94%	10.07%	10.67%
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C (HBA1C) Poor Control (> 9.0%) (HPCMI-AD)											
Ages 18-64 years	83.51%	91.03%	85.52%	90.05%	66.81%	85.40%	92.50%	92.77%	84.05%	85.74%	84.81%
Ages 65-75 years*	100%*	0.00%*	100%*	100%*	60.00%*	80.00%*	71.43%*	0.00%*	77.78%*	65.47%	78.13%
Age Total	83.62%	91.03%	85.59%	90.07%	66.77%	85.38%	92.38%	92.77%	84.01%	85.74%	84.78%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)											
Ages 1-5 years*	33.33%*	50.00%*	66.67%*	54.55%*	66.67%*	66.67%*	33.33%*	20.00%*	57.14%*	49.82%	50.94%
Ages 6-11 years	68.09%	72.46%	72.61%	78.74%	72.81%	86.67%	69.94%	72.22%	72.02%	73.95%	73.29%
Ages 12-17 years	58.39%	70.51%	71.31%	71.49%	70.25%	70.21%	63.27%	64.88%	67.00%	67.48%	67.33%
Ages Total	61.63%	70.59%	71.75%	74.05%	71.16%	76.43%	65.04%	66.96%	68.55%	69.57%	69.27%
Follow-up After Emergency Department (ED) Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM)											
FUA: Ages 18-64 (7 days)	15.17%	12.06%	12.44%	16.23%	14.54%	14.26%	16.63%	14.48%	19.62%	15.05%	15.72%
FUA: Ages 18-64 (30 days)	23.87%	24.70%	19.37%	26.21%	22.90%	22.53%	26.27%	23.35%	29.81%	24.33%	24.86%
FUA: Ages 65+ (7 days)*	0.00%*	0.00%*	0.00%*	0.00%*	20.00%*	0.00%*	0.00%*	25.00%*	0.00%*	5.00%	8.70%
FUA: Ages 65+ (30 days)*	0.00%*	0.00%*	0.00%*	0.00%*	20.00%*	0.00%*	0.00%*	25.00%*	0.00%*	5.00%	8.70%
FUM: Ages 18-64 (7 days)	37.33%	54.68%	37.12%	61.08%	41.08%	23.17%	25.55%	32.43%	40.20%	39.18%	38.32%
FUM: Ages 18-64 (30 days)	48.01%	66.35%	53.34%	71.02%	55.25%	35.16%	38.63%	44.55%	54.95%	51.92%	51.30%
FUM: Ages 65+ (7 days)*	0.00%*	0.00%*	33.33%*	100%*	0.00%*	0.00%*	0.00%*	100%*	0.00%*	25.93%	41.67%
FUM: Ages 65+ (30 days)*	0.00%*	0.00%*	33.33%*	100%*	0.00%*	0.00%*	0.00%*	100%*	100%*	37.04%	50.00%
Concurrent Use of Opioids and Benzodiazepines (COB)											
Ages 18-64 years	22.18%	25.69%	25.17%	25.21%	21.37%	27.09%	26.65%	21.35%	22.22%	24.10%	24.18%
Ages 65+ *	0.00%*	0.00%*	11.11%*	17.39%*	4.17%*	23.53%*	14.63%	0.00%*	16.13%	9.66%	13.02%
Ages Total	22.14%	25.65%	25.10%	25.19%	21.30%	27.08%	26.60%	21.29%	22.20%	24.06%	24.15%
Adult Annual Dental Visit ≥ 21 Years (AADV)											
21+ Years (Ages 21-35 years)	35.41%	33.53%	37.93%	33.85%	35.87%	35.37%	36.87%	69.93%	34.37%	39.24%	39.60%
21+ Years (Ages 36-59 years)	41.72%	29.82%	35.55%	31.94%	32.56%	33.34%	34.08%	76.63%	31.26%	38.54%	37.22%
21+ Years (Ages 60-64 years)	39.72%	25.23%	30.61%	27.20%	27.25%	29.19%	29.73%	80.06%	26.36%	35.04%	33.27%
21+ Years (Ages 65+ years)*	0.00%*	17.53%	22.56%	17.48%	21.57%	22.59%	21.31%	76.56%	21.67%	24.59%	27.62%
21+ Years (Ages Total)	38.97%	31.02%	36.08%	32.33%	33.54%	33.75%	34.74%	73.68%	32.17%	38.48%	37.87%
Women with a Live Birth (Ages 21-35 years)	30.95%	29.99%	35.78%	30.92%	35.46%	42.99%	36.67%	85.77%	33.49%	40.22%	40.26%

PH MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Women with a Live Birth (Ages 36-59 years)	35.19%	23.75%	34.78%	35.47%	32.33%	40.58%	37.37%	86.42%	30.72%	39.62%	39.81%
Women with a Live Birth (Ages Total)	31.32%	29.39%	35.68%	31.36%	35.18%	42.70%	36.76%	85.84%	33.21%	40.16%	40.22%

*Some denominators contained fewer than 30 members. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.

[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.

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

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

CHIP-MCO Performance Measures

Each CHIP-MCO underwent a full HEDIS Compliance Audit in 2019. Each year, DHS updates its requirements for the CHIP-MCOs to be consistent with NCQA's requirement for the reporting year. CHIP-MCOs are required to report the complete set of CHIP measures mandated by DHS, as specified in the *HEDIS 2019: Volume 2: Technical Specifications*. All the CHIP-MCO HEDIS rates are compiled and provided to DHS CHIP on an annual basis. The individual MCO 2019 EQR reports include these measures. **Table 12a** represents the HEDIS performance for all 10 CHIP-MCOs in 2019, as well as the CHIP mean and the CHIP weighted average; this table includes the full set of HEDIS 2019 measures reported to DHS CHIP.

Table 12a: CHIP-MCO Results for 2019 (MY 2018) HEDIS Measures

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
Effectiveness of Care												
Prevention and Screening												
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)												
WCC: BMI Ages 3-11 years	80.17%	80.38%	90.87%	84.11%	87.12%	84.62%	78.82%	80.68%	88.61%	83.92%	83.93%	84.39%
WCC: BMI Ages 12-17 years	79.88%	83.23%	87.21%	87.72%	83.82%	83.64%	78.15%	69.73%	88.04%	77.62%	81.90%	82.25%
WCC: BMI Ages 3-17 years Total Rate	80.05%	81.65%	89.21%	85.37%	85.25%	84.17%	78.53%	75.51%	88.40%	81.29%	82.94%	83.46%
WCC: Nutrition Ages 3-11 years	77.27%	76.56%	78.37%	84.11%	79.55%	78.46%	71.92%	78.26%	83.54%	78.39%	78.64%	78.90%
WCC: Nutrition Ages 12-17 years	75.15%	70.06%	77.33%	83.33%	76.88%	74.55%	75.50%	71.89%	80.43%	71.33%	75.64%	75.56%
WCC: Nutrition Ages 3-17 years Total Rate	76.40%	73.67%	77.89%	83.84%	78.03%	76.67%	73.45%	75.26%	82.40%	75.44%	77.30%	77.46%
WCC: Physical Activity Ages 3-11 years	74.38%	68.90%	72.12%	70.09%	80.30%	72.82%	62.07%	75.36%	79.75%	74.87%	73.07%	73.42%
WCC: Physical Activity Ages 12-17 years	73.96%	70.06%	77.91%	84.21%	78.03%	80.61%	74.83%	77.30%	83.70%	69.23%	76.98%	76.36%
WCC: Physical Activity Ages 3-17 years Total Rate	74.21%	69.41%	74.74%	75.00%	79.02%	76.39%	67.51%	76.28%	81.20%	72.51%	74.63%	74.56%
Childhood Immunization Status (CIS)												

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
CIS: DtaP	82.35%	82.58%	87.43%	84.94%	90.32%	88.51%	85.83%	76.62%	89.54%	87.83%	85.60%	86.72%
CIS: IPV	86.85%	89.77%	92.51%	92.77%	97.85%	91.95%	90.83%	85.71%	95.13%	94.40%	91.78%	92.61%
CIS: MMR	88.93%	89.39%	90.12%	90.36%	92.47%	91.38%	92.08%	83.12%	92.70%	94.40%	90.50%	91.62%
CIS: HiB	86.85%	89.02%	90.42%	93.98%	97.85%	92.53%	92.50%	84.42%	94.65%	93.67%	91.59%	92.23%
CIS: Hepatitis B	82.35%	87.50%	92.22%	92.77%	95.70%	89.08%	87.92%	85.71%	94.65%	95.62%	90.35%	91.62%
CIS: VZV	86.16%	89.02%	89.82%	91.57%	91.40%	88.51%	91.25%	85.71%	93.19%	93.67%	90.03%	91.12%
CIS: Pneumococcal Conjugate	82.35%	84.09%	85.33%	86.14%	91.40%	86.78%	84.58%	76.62%	90.51%	90.02%	85.78%	87.23%
CIS: Hepatitis A	84.78%	81.06%	82.04%	90.36%	88.17%	85.06%	90.00%	76.62%	89.29%	91.97%	85.94%	87.42%
CIS: Rotavirus	66.44%	72.35%	79.04%	78.92%	79.57%	77.59%	77.08%	71.43%	82.24%	85.89%	77.05%	79.06%
CIS: Influenza	60.90%	50.76%	50.00%	64.46%	67.74%	54.02%	68.75%	48.05%	58.88%	62.04%	58.56%	58.87%
CIS: Combination 2	73.01%	77.27%	84.13%	80.72%	86.02%	82.18%	82.50%	66.23%	85.40%	85.40%	80.29%	82.21%
CIS: Combination 3	70.59%	75.38%	81.14%	79.52%	83.87%	79.89%	79.17%	63.64%	83.70%	83.70%	78.06%	80.11%
CIS: Combination 4	69.20%	70.45%	73.95%	79.52%	79.57%	77.01%	78.33%	57.14%	80.78%	82.00%	74.80%	77.14%
CIS: Combination 5	56.40%	65.91%	71.86%	69.88%	72.04%	69.54%	69.58%	53.25%	72.99%	77.86%	67.93%	70.52%
CIS: Combination 6	52.60%	44.32%	47.01%	59.04%	61.29%	47.70%	62.50%	41.56%	54.26%	57.42%	52.77%	53.54%
CIS: Combination 7	55.36%	63.64%	65.27%	69.88%	69.89%	66.67%	68.75%	46.75%	71.78%	77.37%	65.54%	68.63%
CIS: Combination 8	52.25%	44.32%	44.01%	59.04%	59.14%	47.13%	61.67%	36.36%	53.77%	56.93%	51.46%	52.65%
CIS: Combination 9	41.18%	40.91%	43.41%	51.81%	54.84%	43.10%	55.42%	36.36%	50.61%	55.96%	47.36%	48.99%
CIS: Combination 10	40.83%	40.91%	40.72%	51.81%	53.76%	42.53%	54.58%	31.17%	50.12%	55.72%	46.21%	48.22%
Immunizations for Adolescents (IMA)												
IMA: Meningococcal	92.70%	91.24%	88.32%	92.70%	92.86%	89.78%	94.16%	91.09%	92.70%	95.62%	92.12%	92.74%
IMA: Tdap/Td	93.43%	94.40%	90.27%	93.92%	94.09%	92.21%	93.92%	93.02%	93.67%	95.86%	93.48%	93.85%
IMA: HPV	36.74%	29.68%	29.93%	47.93%	33.25%	30.41%	39.17%	27.52%	38.69%	34.79%	34.81%	35.64%
IMA: Combination 1	91.00%	90.51%	86.86%	91.00%	92.61%	88.08%	92.70%	89.15%	91.48%	94.40%	90.78%	91.45%
IMA: Combination 2	36.25%	27.74%	28.71%	45.74%	32.76%	28.95%	36.74%	25.58%	37.47%	33.58%	33.35%	34.17%
Lead Screening in Children (LSC)												
LSC: Rate	61.25%	46.21%	67.96%	75.30%	46.24%	52.87%	67.50%	41.56%	67.88%	80.05%	60.68%	66.15%
Chlamydia Screening in Women (CHL)												
CHL: Ages 16-19 years	46.20%	37.82%	43.09%	54.76%	36.06%	39.04%	53.90%	37.89%	45.16%	36.54%	43.05%	42.56%
CHL: Total Rate	46.20%	37.82%	43.09%	54.76%	36.06%	39.04%	53.90%	37.89%	45.16%	36.54%	43.05%	42.56%
Respiratory Conditions												
Asthma Medication Ratio (AMR)												

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
AMR: 5 - 11 years	70.97%	90.27%	90.80%	67.02%	88.57%	83.87%	52.80%	NA	78.85%	87.66%	78.98%	77.19%
AMR: 12 - 18 years	69.84%	78.49%	74.32%	66.07%	68.85%	78.21%	65.79%	66.67%	69.64%	66.88%	70.48%	70.16%
AMR: 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
AMR: Total	70.51%	84.76%	83.33%	66.67%	76.53%	80.71%	59.24%	72.00%	74.81%	77.07%	74.56%	73.93%
Appropriate Testing for Children with Pharyngitis (CWP)												
CWP: Rate	86.49%	88.29%	83.20%	86.85%	87.06%	89.32%	88.07%	78.23%	86.06%	90.15%	86.37%	87.27%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)												
URI: Rate	95.45%	89.99%	89.84%	94.87%	84.18%	90.85%	94.11%	84.76%	90.50%	88.60%	90.31%	90.44%
Medication Management for People With Asthma (MMA)												
MMA: Medication Compliance 50% Ages 5-11 years	51.16%	66.97%	64.71%	62.79%	71.88%	61.02%	59.60%	NA	60.85%	64.63%	62.62%	61.94%
MMA: Medication Compliance 50% Ages 12-18 years	52.46%	61.63%	70.31%	62.75%	74.51%	62.50%	52.78%	NA	54.30%	56.34%	60.84%	58.76%
MMA: Medication Compliance 50% Ages 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MMA: Medication Compliance 50% Total Rate	51.70%	64.82%	67.33%	62.77%	71.76%	61.83%	56.42%	57.78%	58.08%	60.55%	61.31%	60.41%
MMA: Medication Compliance 75% Ages 5-11 years	31.40%	41.28%	51.76%	44.19%	43.75%	47.46%	33.11%	NA	31.13%	35.37%	39.94%	37.64%
MMA: Medication Compliance 75% Ages 12-18 years	29.51%	40.70%	45.31%	37.25%	50.98%	40.28%	31.94%	NA	27.81%	32.39%	37.35%	35.28%
MMA: Medication Compliance 75% Ages 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MMA: Medication Compliance 75% Total Rate	30.61%	40.70%	48.67%	41.61%	47.06%	43.51%	32.77%	33.33%	29.59%	33.91%	38.18%	36.39%
Behavioral Health												
Follow-up Care for Children Prescribed ADHD Medication (ADD)												
ADD: Initiation Phase	42.11%	42.98%	46.51%	28.57%	54.17%	49.33%	39.81%	NA	51.24%	60.22%	46.11%	49.00%
ADD: Continuation and Maintenance Phase	NA	48.48%	NA	NA	NA	NA	NA	NA	67.44%	67.37%	61.10%	63.74%
Follow up After Hospitalization for Mental Illness (FUH)												
FUH: 7 Days	41.18%	50.00%	42.22%	54.05%	NA	60.61%	19.12%	NA	46.74%	58.54%	46.56%	46.89%
FUH: 30 Days	70.59%	82.00%	73.33%	70.27%	NA	84.85%	35.29%	NA	67.39%	80.49%	70.53%	69.92%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)												
APM: Ages 1-5 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APM: Ages 6-11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APM: Ages 12-17 years	NA	NA	NA	NA	NA	NA	NA	NA	41.67%	32.43%	37.05%	36.99%
APM: Ages 1-17 years Total Rate	NA	NA	48.72%	NA	NA	NA	NA	NA	42.86%	37.78%	43.12%	42.86%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)												
APC: Ages 1-5 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APC: Ages 6-11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
APC: Ages 12-17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APC: Ages 1-17 years Total Rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Access/Availability of Care												
Children and Adolescents' Access to Primary Care Practitioners (CAP)												
CAP: Ages 12-24 months	97.56%	94.81%	95.72%	100%	97.96%	100%	97.37%	97.14%	98.34%	99.37%	97.83%	97.92%
CAP: Ages 25 months-6 years	92.28%	90.77%	90.60%	92.64%	93.22%	94.45%	93.77%	94.38%	93.53%	98.62%	93.43%	94.10%
CAP: Ages 7-11 years	96.69%	95.86%	96.04%	95.74%	97.21%	97.35%	97.07%	97.62%	96.35%	96.88%	96.68%	96.58%
CAP: Ages 12-19 years	96.02%	95.10%	95.14%	94.91%	97.42%	97.48%	97.26%	97.44%	96.14%	96.29%	96.32%	96.27%
Annual Dental Visits (ADV)												
ADV: Ages 2-3 years	59.57%	41.18%	39.07%	71.90%	34.44%	41.05%	59.01%	40.43%	49.76%	42.31%	47.87%	47.97%
ADV: Ages 4-6 years	76.30%	75.60%	66.91%	83.81%	74.38%	75.77%	83.25%	76.45%	75.12%	75.05%	76.26%	75.92%
ADV: Ages 7-10 years	78.68%	80.80%	70.95%	81.73%	79.26%	82.35%	85.86%	80.96%	77.67%	76.17%	79.44%	78.74%
ADV: Ages 11-14 years	75.40%	80.63%	64.89%	77.40%	78.42%	78.92%	81.43%	78.01%	73.09%	72.57%	76.08%	75.23%
ADV: Ages 15-18 years	63.53%	73.36%	56.27%	68.88%	73.45%	70.26%	69.10%	71.47%	62.55%	62.98%	67.18%	66.00%
ADV: Ages 19 years	45.00%	82.14%	36.17%	NA	58.54%	65.63%	55.17%	NA	55.88%	51.32%	56.23%	54.31%
ADV: Ages 2-19 years Total Rate	72.25%	75.31%	62.35%	77.27%	74.20%	74.32%	77.85%	73.95%	70.29%	68.91%	72.67%	71.76%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)												
APP: Ages 1-5 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APP: Ages 6-11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APP: Ages 12-17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
APP: Ages 1-17 years Total Rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	68.57%	68.57%	68.57%
Use of Services												
Well-Child Visits in the First 15 Months of Life (W15)												
W15: 0 Visits	0.00%	0.00%	0.00%	1.43%	NA	0.00%	1.25%	NA	0.00%	0.00%	0.33%	0.20%
W15: 1 Visit	0.00%	0.00%	0.00%	0.00%	NA	0.00%	0.00%	NA	0.00%	0.00%	0.00%	0.00%
W15: 2 Visits	0.00%	1.27%	0.72%	0.00%	NA	0.00%	0.00%	NA	0.00%	1.20%	0.40%	0.40%
W15: 3 Visits	0.88%	2.53%	0.00%	0.00%	NA	0.00%	1.25%	NA	1.83%	0.60%	0.89%	1.07%
W15: 4 Visits	4.42%	7.59%	2.90%	2.86%	NA	4.55%	2.50%	NA	2.74%	0.00%	3.45%	2.95%
W15: 5 Visits	15.93%	11.39%	16.67%	21.43%	NA	20.45%	22.50%	NA	7.31%	13.25%	16.12%	13.66%
W15: ≥ 6 Visits	78.76%	77.22%	79.71%	74.29%	NA	75.00%	72.50%	NA	88.13%	84.94%	78.82%	81.72%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)												
W34: Rate 3-6 years	84.18%	79.45%	79.20%	84.24%	82.84%	81.24%	91.30%	80.85%	83.11%	86.16%	83.26%	83.97%

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
Adolescent Well-Care Visits (AWC)												
AWC: Rate 12-19 years	64.96%	69.54%	64.84%	73.39%	68.28%	66.73%	75.08%	66.77%	73.78%	69.13%	69.25%	70.19%
Ambulatory Care: Total (AMBA)												
AMBA: Outpatient Visits/1,000 MM Ages < 1 year	685.85	762.55	762.81	612.05	778.85	770.47	697.48	675.00	652.14	819.99	721.72	727.44
AMBA: Outpatient Visits/1,000 MM Ages 1-9 years	245.94	286.97	281.25	209.44	277.85	298.38	232.11	276.81	257.92	325.54	269.22	273.40
AMBA: Outpatient Visits/1,000 MM Ages 10-19 years	181.31	272.41	239.58	163.06	270.74	268.97	197.54	239.03	222.77	292.07	234.75	237.76
AMBA: Outpatient Visits/1,000 MM Ages < 1-19 years Total Rate	216.81	282.58	262.01	187.36	274.90	285.09	215.04	255.46	242.43	312.30	253.40	257.32
AMBA: Emergency Department Visits/1,000 MM Ages < 1 year	30.22	28.31	41.20	69.88	65.38	43.42	42.14	21.43	35.35	44.61	42.19	40.21
AMBA: Emergency Department Visits/1,000 MM Ages 1-9 years	30.60	24.50	30.40	31.64	31.63	24.32	27.89	27.95	31.96	33.09	29.40	30.21
AMBA: Emergency Department Visits/1,000 MM Ages 10-19 years	23.68	21.13	26.68	24.50	27.59	19.90	21.95	26.82	25.88	29.21	24.73	25.12
AMBA: Emergency Department Visits/1,000 MM Ages < 1-19 years Total Rate	27.02	22.66	28.52	28.10	29.12	22.01	24.56	27.26	28.77	31.16	26.92	27.52
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)												
IPUA: Total Discharges/1,000 MM Ages < 1 year	3.84	6.44	3.34	1.20	5.77	1.24	5.03	0.00	2.36	4.99	3.42	
IPUA: Total Discharges/1,000 MM Ages 1-9 years	0.59	0.52	0.64	0.71	0.41	0.56	1.36	0.83	0.59	0.76	0.77	
IPUA: Total Discharges/1,000 MM Ages 10-19 years	0.77	0.75	0.89	0.54	0.79	0.57	1.07	0.89	0.71	0.96	0.51	
IPUA: Total Discharges/1,000 MM Ages < 1-19 years Total Rate	0.72	0.69	0.78	0.62	0.68	0.57	1.22	0.86	0.66	0.90	0.70	
IPUA: Total Inpatient ALOS Ages < 1 year	13.88	3.00	4.00	1.00	5.33	3.00	2.88		3.25	2.16	0.22	
IPUA: Total Inpatient ALOS Ages 1-9 Years	3.36	4.76	3.40	2.52	2.27	1.94	2.05	2.18	2.79	2.88	0.79	
IPUA: Total Inpatient ALOS Ages 10-19 years	3.54	4.55	3.96	4.13	3.25	2.80	2.45	5.89	3.07	3.81	4.28	
IPUA: Total Inpatient ALOS Ages < 1-19 years Total Rate	4.01	4.51	3.74	3.24	3.13	2.43	2.27	4.53	2.97	3.36	2.81	
IPUA: Surgery Discharges/1,000 MM Ages < 1 year	0.96	0.64	0.00	0.00	3.85	0.00	1.26	0.00	0.00	1.84	3.75	
IPUA: Surgery Discharges/1,000 MM Ages 1-9 years	0.11	0.10	0.11	0.20	0.11	0.14	0.32	0.30	0.07	0.26	3.42	
IPUA: Surgery Discharges/1,000 MM Ages 10-19 years	0.23	0.18	0.29	0.19	0.24	0.15	0.29	0.40	0.15	0.35	0.85	
IPUA: Surgery Discharges/1,000 MM Ages < 1-19 years Total Rate	0.18	0.15	0.20	0.19	0.21	0.14	0.31	0.36	0.11	0.32	0.17	
IPUA: Surgery ALOS Ages < 1 year	46.50	4.00	N/A	N/A	5.00	N/A	5.00	N/A	N/A	2.14	0.25	
IPUA: Surgery ALOS Ages 1-9 years	8.36	12.78	6.33	3.62	2.50	1.75	3.00	2.63	3.50	3.95	12.53	
IPUA: Surgery ALOS Ages 10-19 years	3.56	5.95	5.38	7.57	3.88	3.09	2.82	8.18	4.65	5.96	4.84	

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
IPUA: Surgery ALOS Ages < 1-19 years Total Rate	7.21	7.93	5.63	5.67	3.73	2.53	2.95	6.40	4.31	5.00	5.10	
IPUA: Medicine Discharges/1,000 MM Ages < 1 year	2.88	5.79	3.34	1.20	1.92	1.24	3.77	0.00	2.36	3.15	5.14	
IPUA: Medicine Discharges/1,000 MM Ages 1-9 years	0.48	0.42	0.53	0.51	0.30	0.43	1.04	0.53	0.52	0.50	2.57	
IPUA: Medicine Discharges/1,000 MM Ages 10-19 years	0.48	0.47	0.53	0.31	0.50	0.30	0.71	0.40	0.44	0.53	0.53	
IPUA: Medicine Discharges/1,000 MM Ages < 1-19 years Total Rate	0.50	0.49	0.54	0.41	0.44	0.36	0.87	0.45	0.49	0.54	0.47	
IPUA: Medicine ALOS Ages < 1 year	3.00	2.89	4.00	1.00	6.00	3.00	2.17	N/A	3.25	2.17	3.05	
IPUA: Medicine ALOS Ages 1-9 years	2.21	2.81	2.80	2.09	2.18	2.00	1.76	1.93	2.70	2.32	2.28	
IPUA: Medicine ALOS Ages 10-19 years	3.57	3.98	3.06	2.26	3.00	2.95	2.19	4.47	2.67	2.68	3.08	
IPUA: Medicine ALOS Ages < 1-19 years Total Rate	2.93	3.44	2.97	2.14	2.87	2.46	1.97	3.32	2.71	2.50	2.73	
IPUA: Maternity/1000 MM Ages 10 - 19 years	0.06	0.10	0.08	0.04	0.05	0.11	0.07	0.09	0.11	0.08	0.08	
IPUA: Maternity ALOS Ages 10 - 19 years Total Rate	3.29	4.73	4.86	2.33	2.67	2.00	3.55	2.25	2.58	2.00	3.02	
Mental Health Utilization (MPT)												
MPT: Any Services/1,000 MM Ages 0-12 years – Male	4.81%	6.86%	7.46%	3.82%	11.02%	10.52%	6.31%	8.99%	6.08%	10.49%	7.64%	
MPT: Any Services/1,000 MM Ages 0-12 years - Female	3.00%	5.27%	5.18%	2.06%	7.81%	8.61%	4.36%	5.93%	3.99%	7.66%	5.39%	
MPT: Any Services/1,000 MM Ages 0-12 years - Total Rate	3.92%	6.06%	6.33%	2.95%	9.40%	9.57%	5.35%	7.47%	5.04%	9.09%	6.52%	
MPT: Any Services/1,000 MM Ages 13-17 years – Male	5.53%	8.91%	8.97%	3.46%	12.83%	12.55%	8.06%	11.73%	7.46%	13.68%	9.32%	
MPT: Any Services/1,000 MM Ages 13-17 years - Female	8.81%	15.33%	14.38%	6.42%	22.17%	20.38%	11.58%	19.26%	12.09%	22.35%	15.28%	
MPT: Any Services/1,000 MM Ages 13-17 years - Total Rate	7.19%	12.12%	11.67%	4.92%	17.50%	16.40%	9.85%	15.53%	9.76%	18.00%	12.29%	
MPT: Inpatient/1,000 MM Ages 0-12 years - Male	0.10%	0.08%	0.06%	0.08%	0.13%	0.20%	0.12%	0.06%	0.09%	0.11%	0.10%	
MPT: Inpatient/1,000 MM Ages 0-12 years - Female	0.05%	0.06%	0.10%	0.08%	0.29%	0.14%	0.16%	0.06%	0.15%	0.07%	0.12%	
MPT: Inpatient/1,000 MM Ages 0-12 years - Total Rate	0.08%	0.07%	0.08%	0.08%	0.21%	0.17%	0.14%	0.06%	0.12%	0.09%	0.11%	
MPT: Inpatient/1,000 MM Ages 13-17 years - Male	0.37%	0.66%	0.58%	0.57%	0.63%	0.55%	0.67%	0.40%	0.44%	0.64%	0.55%	
MPT: Inpatient/1,000 MM Ages 13-17 years - Female	0.95%	1.28%	1.50%	1.49%	0.95%	1.63%	0.90%	1.47%	1.11%	1.41%	1.27%	
MPT: Inpatient/1,000 MM Ages 13-17 years - Total Rate	0.66%	0.97%	1.04%	1.02%	0.79%	1.08%	0.79%	0.94%	0.78%	1.02%	0.91%	
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Male	0.18%	0.15%	0.00%	0.11%	0.13%	0.20%	0.20%	0.00%	0.14%	0.12%	0.12%	
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Female	0.14%	0.11%	0.06%	0.14%	0.08%	0.17%	0.10%	0.00%	0.07%	0.08%	0.10%	
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Total Rate	0.16%	0.13%	0.03%	0.13%	0.11%	0.18%	0.15%	0.00%	0.11%	0.10%	0.11%	

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years - Male	0.33%	0.43%	0.05%	0.31%	0.25%	0.30%	0.52%	0.10%	0.17%	0.39%	0.29%	
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years - Female	0.71%	0.77%	0.24%	0.91%	0.51%	0.63%	1.10%	0.10%	0.61%	0.70%	0.63%	
MPT: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years - Total Rate	0.52%	0.60%	0.14%	0.61%	0.38%	0.46%	0.81%	0.10%	0.39%	0.54%	0.46%	
MPT: Outpatient/1,000 MM Ages 0-12 years - Male	4.68%	6.82%	7.46%	3.79%	11.02%	10.41%	6.21%	8.99%	5.96%	10.40%	7.57%	
MPT: Outpatient/1,000 MM Ages 0-12 years – Female	2.97%	5.23%	5.18%	1.98%	7.81%	8.56%	4.24%	5.93%	3.94%	7.61%	5.34%	
MPT: Outpatient/1,000 MM Ages 0-12 years - Total Rate	3.84%	6.02%	6.33%	2.89%	9.40%	9.49%	5.24%	7.47%	4.96%	9.02%	6.46%	
MPT: Outpatient/1,000 MM Ages 13-17 years – Male	5.21%	8.60%	8.73%	3.21%	12.64%	12.55%	7.86%	11.53%	7.27%	13.42%	9.10%	
MPT: Outpatient/1,000 MM Ages 13-17 years - Female	8.33%	15.09%	13.99%	5.70%	21.92%	20.26%	11.10%	18.97%	11.66%	22.20%	14.92%	
MPT: Outpatient/1,000 MM Ages 13-17 years - Total Rate	6.79%	11.85%	11.36%	4.44%	17.28%	16.34%	9.50%	15.28%	9.45%	17.79%	12.01%	
MPT: ED/1,000 MM Ages 0-12 years - Male	0.00%	0.02%	0.00%	0.00%	0.00%	0.06%	0.00%	0.06%	0.03%	0.01%	0.02%	
MPT: ED/1,000 MM Ages 0-12 years - Female	0.02%	0.00%	0.02%	0.00%	0.00%	0.03%	0.03%	0.00%	0.02%	0.02%	0.01%	
MPT: ED/1,000 MM Ages 0-12 years - Total Rate	0.01%	0.01%	0.01%	0.00%	0.00%	0.04%	0.01%	0.03%	0.03%	0.01%	0.02%	
MPT: Telehealth/1,000 MM Ages 0-12 years - Male	0.00%	0.04%	0.10%	0.00%	0.00%	0.00%	0.06%	0.10%	0.04%	0.02%	0.03%	
MPT: Telehealth/1,000 MM Ages 0-12 years - Female	0.00%	0.00%	0.10%	0.00%	0.06%	0.13%	0.03%	0.20%	0.04%	0.13%	0.07%	
MPT: Telehealth/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.02%	0.10%	0.00%	0.03%	0.06%	0.04%	0.15%	0.04%	0.08%	0.05%	
MPT: Telehealth/1000 MM Ages 13-17 years - Male	0.00%	0.00%	0.04%	0.00%	0.04%	0.00%	0.00%	0.06%	0.01%	0.01%	0.02%	
MPT: Telehealth/1,000 MM Ages 13-17 years - Female	0.02%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.06%	0.00%	0.00%	0.01%	
MPT: Telehealth/1,000 MM Ages 13-17 years - Total Rate	0.01%	0.00%	0.02%	0.00%	0.04%	0.00%	0.00%	0.06%	0.00%	0.00%	0.01%	
MPT: Telehealth/1,000 MM Ages 0-12 years - Male	0.04%	0.00%	0.05%	0.00%	0.06%	0.06%	0.00%	0.00%	0.00%	0.00%	0.02%	
MPT: Telehealth Ages 13 - 17 years - Female	0.00%	0.00%	0.34%	0.00%	0.44%	0.00%	0.00%	0.20%	0.04%	0.00%	0.10%	
MPT: Telehealth Ages 13 - 17 years - Total Rate	0.02%	0.00%	0.19%	0.00%	0.25%	0.03%	0.00%	0.10%	0.02%	0.00%	0.06%	
Identification of Alcohol and Other Drug Services (IAD)												
IAD: Any Services/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.04%	0.06%	0.03%	0.06%	0.02%	0.02%	0.02%	
IAD: Any Services/1,000 MM Ages 0-12 years – Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.04%	0.05%	0.02%	
IAD: Any Services/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.02%	0.03%	0.04%	0.03%	0.03%	0.03%	0.02%	
IAD: Any Services/1,000 MM Ages 13-17 years – Male	0.89%	1.24%	1.64%	0.94%	1.26%	1.45%	0.96%	0.89%	0.69%	1.18%	1.12%	
IAD: Any Services/1,000 MM Ages 13-17 years – Female	0.79%	0.66%	1.07%	0.58%	1.08%	1.00%	0.76%	0.88%	0.86%	0.83%	0.85%	

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
IAD: Any Services/1,000 MM Ages 13-17 years - Total Rate	0.84%	0.95%	1.35%	0.77%	1.17%	1.23%	0.86%	0.89%	0.78%	1.00%	0.98%	
IAD: Inpatient/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.01%	
IAD: Inpatient/1,000 MM Ages 0-12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	
IAD: Inpatient/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.03%	0.00%	0.00%	0.01%	
IAD: Inpatient/1,000 MM Ages 13-17 years - Male	0.12%	0.15%	0.39%	0.06%	0.38%	0.18%	0.15%	0.10%	0.12%	0.06%	0.17%	
IAD: Inpatient/1,000 MM Ages 13-17 years - Female	0.16%	0.23%	0.19%	0.13%	0.13%	0.31%	0.14%	0.20%	0.23%	0.13%	0.19%	
IAD: Inpatient/1,000 MM Ages 13-17 years - Total Rate	0.14%	0.19%	0.29%	0.10%	0.25%	0.25%	0.14%	0.15%	0.17%	0.09%	0.18%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years - Male	0.20%	0.12%	0.05%	0.06%	0.00%	0.06%	0.09%	0.00%	0.06%	0.07%	0.07%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years – Female	0.08%	0.08%	0.05%	0.06%	0.06%	0.06%	0.14%	0.00%	0.06%	0.02%	0.06%	
IAD: Intensive Outpatient/Partial Hospitalization/1,000 MM Ages 13-17 years - Total Rate	0.14%	0.10%	0.05%	0.06%	0.03%	0.06%	0.11%	0.00%	0.06%	0.05%	0.07%	
IAD: Outpatient/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.04%	0.03%	0.00%	0.00%	0.01%	0.01%	0.01%	
IAD: Outpatient/1,000 MM Ages 0-12 years – Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.04%	0.00%	
IAD: Outpatient/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.02%	0.01%	0.00%	0.00%	0.01%	0.02%	0.01%	
IAD: Outpatient/1,000 MM Ages 13-17 years - Male	0.49%	0.81%	0.92%	0.63%	0.76%	1.03%	0.70%	0.50%	0.39%	0.95%	0.72%	
IAD: Outpatient/1,000 MM Ages 13-17 years – Female	0.51%	0.23%	0.58%	0.19%	0.76%	0.69%	0.31%	0.29%	0.51%	0.58%	0.47%	
IAD: Outpatient/1,000 MM Ages 13-17 years - Total Rate	0.50%	0.52%	0.75%	0.41%	0.76%	0.86%	0.50%	0.39%	0.45%	0.77%	0.59%	
IAD: ED/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.01%	0.01%	0.01%	
IAD: ED/1,000 MM Ages 0-12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.03%	0.01%	0.01%	
IAD: ED/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.01%	0.00%	0.02%	0.01%	0.01%	
IAD: ED/1,000 MM Ages 13-17 years - Male	0.33%	0.31%	0.48%	0.25%	0.25%	0.48%	0.29%	0.40%	0.21%	0.26%	0.33%	
IAD: ED/1,000 MM Ages 13-17 years - Female	0.24%	0.19%	0.29%	0.26%	0.25%	0.31%	0.31%	0.39%	0.18%	0.21%	0.26%	
IAD: ED/1,000 MM Ages 13-17 years - Total Rate	0.28%	0.25%	0.39%	0.26%	0.25%	0.40%	0.30%	0.39%	0.19%	0.23%	0.30%	
IAD: Telehealth/1,000 MM Ages 0-12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Telehealth/1,000 MM Ages 0-12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Telehealth/1,000 MM Ages 0-12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

CHIP MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average
IAD: Telehealth/1,000 MM Ages 13-17 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Telehealth/1,000 MM Ages 13-17 years - Female	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
IAD: Telehealth/1,000 MM Ages 13-17 years - Total Rate	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

In addition to HEDIS, CHIP-MCOs are required to calculate PAPMs, which are validated by IPRO on an annual basis. The individual CHIP-MCO reports include:

- A description of each PAPM,
- The MCO's review year rates with 95% upper and lower confidence intervals (95% CI),
- Two years of data (the MY and previous year) and the MMC rate, and
- Comparisons to the MCO's previous year rate and to the MMC rate.

Results for PAPMs are presented for each CHIP-MCO in **Table 12b**, along with the CHIP average and CHIP weighted average, which takes into account the proportional relevance of each MCO.

Table 12b: CHIP-MCO Results for 2019 (MY 2018) PAPMs

CHIP MCO PAPMs	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	CHIP Average	CHIP Weighted Average
Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Rooms Visits												
Rate[1]	21.46%	4.70%	4.42%	21.67%	7.16%	4.41%	9.40%	6.27%	9.55%	6.83%	9.59%	9.96%
Contraceptive Care for Postpartum Women Ages 15-20												
Most or moderately effective contraception-3 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Most or moderately effective contraception-60 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LARC - 3 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LARC - 60 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Contraceptive Care for Women Ages 15-20												
Provision of most or moderately effective contraception	20.87%	31.42%	35.13%	32.47%	34.28%	30.63%	18.35%	21.69%	25.54%	33.60%	28.40%	28.20%
Provision of LARC	1.63%	1.96%	0.35%	2.79%	2.22%	2.15%	1.65%	1.19%	1.89%	2.36%	1.82%	1.90%
Dental Sealants for 6- to 9-Year-Old Children at Elevated Caries Risk												
CHIPRA	24.44%	22.07%	20.77%	30.89%	22.75%	17.86%	27.18%	26.37%	1.20%	26.48%	22.00%	18.91%
CHIPRA: Dental-Enhanced	24.25%	22.07%	20.40%	30.78%	22.33%	17.82%	25.71%	26.63%	2.94%	26.16%	21.91%	19.20%
Developmental Screening in the First Three Years of Life												
1 Year	36.00%	30.59%	NA	38.78%	NA	46.67%	NA	54.39%	54.72%	68.46%	47.08%	49.82%
2 Years	60.90%	47.17%	33.77%	35.38%	62.37%	44.83%	65.66%	73.88%	58.62%	68.67%	55.12%	58.29%
3 Years	57.00%	39.53%	37.10%	38.08%	59.85%	42.50%	58.96%	64.07%	54.43%	66.14%	51.77%	55.11%
Total	57.10%	41.16%	37.79%	36.77%	62.45%	43.69%	59.21%	66.49%	56.13%	67.19%	52.80%	55.98%

*Some denominators contained fewer than 30 members. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.

[1] Lower rate indicates better performance for the Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits.

BH-MCO Performance Measures

In accordance with OMHSAS, BH-MCOs are not required to complete a HEDIS Compliance Audit. BH-MCOs and HC BH contractors are required to calculate PAPMs, which are validated annually by IPRO. For 2019 (MY 2018), these measures were: Follow-up After Hospitalization for Mental Illness (both HEDIS and PAPMs) and Readmission Within 30 Days of Inpatient Psychiatric Discharge.

At the conclusion of the validation process for MY 2011, OMHSAS began re-examination of the benchmarks. This discussion was based on several years of performance data from this measure, as well as the comparisons to the HEDIS percentiles. As a result of this discussion, OMHSAS adopted HEDIS percentiles as the goals for the HEDIS follow-up indicators. In 2018 (MY 2017), in part to better account for the growing population of members 65+ years, OMHSAS changed its benchmarking to the FUH All Ages (6+ years) measure. OMHSAS established a three-year goal for the State to meet or exceed the 75th percentile for the All Ages measure, based on the annual HEDIS Quality Compass® published percentiles for 7-day and 30-day FUH. This change in 2018 also coincided with a more proactive approach to goal-setting. BH-MCOs were given interim goals for MY 2019 for both the 7-day and 30-day FUH All Ages rates based on their MY 2017 results. These MY 2017 results were reported in the 2018 BBA report. Due to this change in the goal-setting method, no goals were set for MY 2018. Among the

updates in 2019 (MY 2018), NCQA added the following reporting strata for FUH, ages: 6-17, 18-64, and 65 and over. These changes resulted in a change in the reporting of FUH results in this report, which effective this year, comprises ages: 6-17, 18-64, and 6 and over (All Ages).

HEDIS percentiles for the 7-day and 30-day FUH All-Ages indicators have been adopted as the benchmarks for determining the requirement for a root cause analysis (RCA) and corresponding quality improvement plan (QIP) for each underperforming indicator. Rates for the HEDIS FUH 7-day and 30-day indicators that fall below the 75th percentile for each of these respective indicators will result in a request to the BH MCO for an RCA and QIP. MY 2018 performance measure results are presented in **Table 13** for each BH-MCO, along with the BH MMC average and BH MMC weighted average, which takes into account the proportional relevance of each MCO.

Table 13: BH-MCO Results for 2019 (MY 2018) PAPMs

BH MCO Performance Measure	BHO	CBH	CCBH	MBH	PerformCare	BH MMC Average	BH MMC Weighted Average
HEDIS Follow-up After Hospitalization for Mental Illness							
Within 7 Days – Ages 18-64	36.7%	22.0%	41.4%	34.9%	38.1%	34.6%	35.5%
Within 30 Days – Ages 18-64	59.8%	36.2%	62.7%	57.5%	60.6%	55.3%	56.0%
Within 7 Days – All Ages	40.6%	26.1%	44.9%	37.3%	43.8%	38.5%	39.4%
Within 30 Days – All Ages	64.0%	40.5%	66.2%	60.3%	65.9%	59.4%	60.2%
Within 7 Days – Ages 6-17	56.1%	51.5%	58.6%	47.6%	61.8%	55.1%	55.7%
Within 30 Days – Ages 6-17	81.6%	67.4%	80.8%	71.6%	82.2%	76.7%	77.7%
Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness							
Within 7 Days – All Ages	50.9%	47.7%	56.6%	50.4%	57.1%	52.5%	53.1%
Within 30 Days – All Ages	70.5%	61.4%	73.1%	66.2%	74.9%	69.2%	69.6%
Readmission Within 30 Days of Inpatient Psychiatric Discharge							
Rate	12.4%	13.3%	13.4%	16.0%	13.5%	13.7%	13.7%
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment							
Initiation of AOD Treatment – Ages 13-17	45.1%	57.3%	40.6%	37.3%	51.7%	46.4%	44.7%
Engagement of AOD Treatment – Ages 13-17	33.4%	39.7%	29.9%	25.9%	33.5%	32.5%	31.8%
Initiation of AOD Treatment – Ages 18+	46.8%	39.5%	43.0%	39.0%	40.0%	41.7%	41.9%
Engagement of AOD Treatment – Ages 18+	36.1%	23.6%	30.4%	24.2%	26.0%	28.1%	28.3%
Initiation of AOD Treatment – Ages 13+	46.8%	40.1%	42.9%	38.9%	40.6%	41.8%	42.0%
Engagement of AOD Treatment – Ages 13+	36.0%	24.1%	30.4%	24.3%	26.4%	28.2%	28.5%

- The BH MMC weighted averages (HealthChoices Aggregate of all BH-MCOs) for the HEDIS FUH 7- and 30-day All-Ages measures were between the HEDIS 50th and 75th percentiles. Consequently, the OMHSAS goal of meeting or exceeding the HEDIS 75th percentile for ages 6+ for both 7- and 30-day rates was not achieved. The HC BH Contractors that met or exceeded the 75th percentile on at least one of the two measures were: Bedford-Somerset, Berks, Blair, CABHC, Chester, CMP, Cumberland, Erie, Fayette, Franklin-Fulton, Greene, Lancaster, Lebanon, Lycoming-Clinton, NBHCC, NCSO, and Perry.
- For the Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness rates, the State significantly improved on the 7-day measure but saw no significant change in the 30-day rate, when compared to the previous year.
- The Statewide rate for Readmission Within 30 Days of Inpatient Psychiatric Discharge (REA) did not change significantly from the previous year.
- None of the BH-MCOs met the OMHSAS performance goal of 10% (or lower) for REA.
- Statewide, Initiation of Alcohol and Other Drug Dependence Treatment rates for ages 18-64 and overall improved (increased) statistically significantly from 2017.
- Statewide, Engagement in Alcohol and Other Drug Dependence Treatment rates for all three age groups worsened (decreased) statistically significantly from 2017. 2018 Statewide rates for all age groups exceeded the 75th HEDIS percentile.

CHC-MCO Performance Measures

Each CHC-MCO underwent a full HEDIS Compliance Audit in 2019. Each year, DHS updates its requirements for the CHC-MCOs to be consistent with NCQA's requirement for the reporting year. CHC-MCOs are required to report the complete set of CHC measures mandated by DHS, as specified in NCQA's *HEDIS 2019: Volume 2: Technical Specifications*. All the CHC-MCO HEDIS rates are compiled and provided to DHS OLTL on an annual basis. The individual CHC-MCO 2019 EQR reports include these measures. **Table 14** represents HEDIS performance reported to DHS OLTL for all three CHC-MCOs in 2019, as well as the CHC mean and the CHC weighted average.

Table 14: CHC-MCO Results for 2019 (MY 2018) HEDIS Measures

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
Effectiveness of Care					
Prevention and Screening					
Adult BMI Assessment (ABA)					
ABA: Rate	NA	NA	NA	NA	NA
Breast Cancer Screening (BCS)					
BCS: Rate	NA	NA	NA	NA	NA
Care for Older Adults (COA)[2]					
COA: Advance care planning	NA	10.94%	19.24%	15.09%	19.18%
COA: Medication review	NA	73.44%	9.18%	41.31%	9.71%
COA: Functional status assessment	NA	51.56%	37.26%	44.41%	37.38%
COA: Pain assessment	NA	60.94%	16.00%	38.47%	16.37%
Cervical Cancer Screening (CCS)					

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
CCS: Rate	21.30%	16.91%	45.68%	27.96%	45.00%
Chlamydia Screening in Women (CHL)					
CHL: Ages 21-24 years	NA	NA	NA	NA	NA
CHL: Total Rate	NA	NA	NA	NA	NA
Respiratory Conditions					
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)					
AAB: Rate	NA	NA	NA	NA	NA
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)					
SPR: Rate	NA	NA	NA	NA	NA
Pharmacotherapy Management of COPD Exacerbation (PCE)					
PCE: Systemic Corticosteroid	NA	59.62%	67.25%	63.44%	67.00%
PCE: Bronchodilator	NA	80.77%	82.54%	81.66%	82.35%
Medication Management for People With Asthma (MMA)					
MMA: 50% Ages 19-50 years	NA	NA	NA	NA	NA
MMA: 50% Ages 51-64 years	NA	NA	NA	NA	NA
MMA: 50% Total	NA	NA	NA	NA	NA
MMA: 75% Ages 19-50 years	NA	NA	NA	NA	NA
MMA: 75% Ages 51-64 years	NA	NA	NA	NA	NA
MMA: 75% Total	NA	NA	NA	NA	NA
Asthma Medication Ratio (AMR)					
AMR: 19-50 years	NA	NA	NA	NA	NA
AMR: 51-64 years	NA	NA	NA	NA	NA
AMR: Total Rate	NA	NA	NA	NA	NA
Cardiovascular Conditions					
Controlling High Blood Pressure (CBP)					
CBP: Total Rate	66.10%	61.01%	38.65%	55.25%	39.29%
Persistence of Beta Blocker Treatment After a Heart Attack (PBH)					
PBH: Rate	NA	NA	NA	NA	NA
Statin Therapy for Patients With Cardiovascular Disease (SPC)					
SPC: Received Statin Therapy - 21-75 years (Male)	NA	NA	NA	NA	NA
SPC: Received Statin Therapy - 40-75 years (Female)	NA	NA	NA	NA	NA
SPC: Received Statin Therapy - Total Rate	NA	NA	NA	NA	NA
SPC: Statin Adherence 80% - 21-75 years (Male)	NA	NA	NA	NA	NA
SPC: Statin Adherence 80% - 40-75 years (Female)	NA	NA	NA	NA	NA
SPC: Statin Adherence 80% - Total Rate	NA	NA	NA	NA	NA
Diabetes					

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
Comprehensive Diabetes Care (CDC)					
CDC: HbA1c Testing	92.11%	84.18%	91.65%	89.31%	91.08%
CDC: HbA1c Poor Control (> 9.0%)	42.98%	50.51%	37.59%	43.69%	38.01%
CDC: HbA1c Control (< 8.0%)	42.11%	39.29%	45.98%	42.46%	44.57%
CDC: HbA1c Control (< 7.0%)	NA	30.51%	41.32%	35.92%	39.89%
CDC: Eye Exam	42.98%	50.00%	72.61%	55.20%	70.76%
CDC: Medical Attention for Nephropathy	85.96%	90.82%	93.91%	90.23%	93.47%
CDC: Blood Pressure Controlled (< 140/90 mm Hg)	61.40%	47.45%	32.23%	47.03%	32.07%
Statin Therapy for Patients With Diabetes (SPD)					
SPD: Received Statin Therapy	NA	NA	NA	NA	NA
SPD: Statin Adherence 80%	NA	NA	NA	NA	NA
Musculoskeletal					
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)					
ART: Rate	NA	NA	74.06%	74.06%	74.07%
Use of Imaging Studies for Low Back Pain (LBP)					
LBP: Rate	NA	NA	65.45%	65.45%	66.07%
Behavioral Health					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)					
SSD: Rate	NA	71.88%	85.71%	78.80%	85.30%
Diabetes Monitoring for People With Diabetes And Schizophrenia (SMD)					
SMD: Rate	NA	NA	NA	NA	NA
Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia (SMC)					
SMC: Rate	NA	NA	NA	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)					
SAA: Rate	NA	83.33%	82.95%	83.14%	83.16%
Medication Management					
Annual Monitoring for Patients on Persistent Medications (MPM)					
MPM: ACE inhibitors or ARBs	90.32%	91.37%	92.86%	91.52%	92.79%
MPM: Diuretics	96.25%	90.35%	93.93%	93.51%	93.88%
MPM: Total Rate	93.06%	90.91%	93.32%	92.43%	93.26%
Transitions of Care (TRC)[2,3]					
TRC: Total - Notification of Inpatient Admission.	NA	NA	NA	NA	NA
TRC: Total - Receipt of Discharge Information	NA	NA	NA	NA	NA
TRC: Total - Patient Engagement After Inpatient Discharge	NA	NA	75.52%	75.52%	75.50%
TRC: Total - Medication Reconciliation Post-Discharge	NA	NA	17.32%	17.32%	17.30%
Overuse/Appropriateness					

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
Risk of Continued Opioid Use (COU)					
COU:18-64 years - >=15 Days covered	NA	33.33%	41.28%	37.31%	40.15%
COU:18-64 years - >=31 Days covered	NA	26.67%	33.39%	30.03%	42.20%
COU:65+ years - >=15 Days covered	NA	NA	41.96%	41.96%	40.90%
COU:65+ years - >=31 Days covered	NA	NA	26.43%	26.43%	32.46%
COU:Total - >=15 Days covered	NA	37.14%	41.54%	39.34%	26.61%
COU:Total - >=31 Days covered	NA	28.57%	30.77%	29.67%	30.33%
Use of Opioids at High Dosage (UOD)					
UOD: Rate	10.00%	3.23%	9.39%	7.54%	9.26%
Use of Opioids from Multiple Providers (UOP)					
UOP: Multiple Prescribers	22.73%	7.56%	15.84%	15.38%	15.74%
UOP: Multiple Pharmacies	1.52%	0.00%	2.66%	1.39%	2.59%
UOP: Multiple Prescribers and Multiple Pharmacies	0.00%	0.00%	1.44%	0.48%	1.39%
Access/Availability of Care					
Adults' Access to Preventive/Ambulatory Health Services (AAP)					
AAP: Ages 20-44 years	90.91%	91.80%	93.19%	91.97%	93.08%
AAP: Ages 45-64 years	97.62%	95.36%	97.09%	96.69%	97.03%
AAP: Ages 65+ years	100.00%	95.08%	96.89%	97.32%	96.88%
AAP: Total Rate	96.96%	94.62%	96.49%	96.02%	96.44%
Annual Dental Visit (ADV)					
ADV: Total Rate	NA	NA	NA	NA	NA
Utilization and Risk Adjusted Utilization					
Utilization					
Frequency of Selected Procedures (FSP)					
FSP: Bariatric Weight Loss Surgery, 20-44, M	0.00	0.88	0.07	0.32	
FSP: Bariatric Weight Loss Surgery, 20-44, F	0.00	0.00	0.12	0.04	
FSP: Bariatric Weight Loss Surgery, 45-64, M	0	0.00	0.05	0.02	
FSP: Bariatric Weight Loss Surgery, 45-64, F	0.00	0.23	0.15	0.13	
FSP: Hysterectomy, Abdominal, 15-44, F	0.00	0.00	0.00	0.00	
FSP: Hysterectomy, Abdominal, 45-64, F	0.00	0.00	0.08	0.03	
FSP: Hysterectomy, Vaginal, 15-44, F	1.67	0.00	0.06	0.58	
FSP: Hysterectomy, Vaginal, 45-64, F	0.00	0.23	0.02	0.08	
FSP: Cholecystectomy, Open, 30-64, M	0.00	0.00	0.08	0.03	
FSP: Cholecystectomy, Open, 15-44, F	0.00	0.00	0.00	0.00	
FSP: Cholecystectomy, Open, 45-64, F	0.64	0.00	0.03	0.22	
FSP: Cholecystectomy, Laparoscopic, 30-64, M	0.00	0.00	0.44	0.15	

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
FSP: Cholecystectomy, Laparoscopic, 15-44, F	0.00	0.00	0.52	0.17	
FSP: Cholecystectomy, Laparoscopic, 45-64, F	1.28	0.46	0.58	0.77	
FSP: Back Surgery, 20-44, M	0.00	0.00	0.14	0.05	
FSP: Back Surgery, 20-44, F	0.00	0.00	0.46	0.15	
FSP: Back Surgery, 45-64, M	0.00	0.34	0.88	0.41	
FSP: Back Surgery, 45-64, F	0.32	0.46	0.83	0.54	
FSP: Mastectomy, 15-44, F	0.00	0.00	0.06	0.02	
FSP: Mastectomy, 45-64, F	0.64	0.00	0.05	0.23	
FSP: Lumpectomy, 15-44, F	1.67	0.00	0.23	0.63	
FSP: Lumpectomy, 45-64, F	0.32	0.23	0.10	0.22	
Ambulatory Care: Total (AMBA)					
AMBA: Outpatient Visits/1,000 MM	910.83	874.87	227.57	671.09	
AMBA: Emergency Department Visits/1,000 MM	75.42	75.83	29.06	60.10	
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA) [4]					
IPUA: Maternity Discharges/1,000 MM	0.00	0.00	0.08	0.03	
IPUA: Medicine Discharges/1,000 MM	70.61	48.50	13.83	44.31	
IPUA: Surgery Discharges/1,000 MM	22.98	16.55	6.86	15.46	
IPUA: Total Discharges/1,000 MM	93.59	65.06	0.21	52.95	
Antibiotic Utilization: Total (ABXA)					
ABXA: Total Antibiotic Scrips	1,322	2,051	8,904	4,092.33	
ABXA: Average Scrips PMPY for Antibiotics	2.06	2.19	0.45	1.57	
ABXA: Total Days Supply for All Antibiotic Scrips	11,115	17,458	94,870	41,147.67	
ABXA: Average Days Supply per Antibiotic Scrip	8.41	8.51	10.65	9.19	
ABXA: Total Number of Scrips for Antibiotics of Concern	655	1,025	4,159	1,946.33	
ABXA: Average Scrips PMPY for Antibiotics of Concern	1.02	1.09	0.21	0.77	
ABXA: Percentage of Antibiotics of Concern of All Antibiotic Scrips	49.55%	49.98%	46.71%	48.75%	
Risk Adjusted Utilization					
Plan All-Cause Readmissions (PCR)					
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 18-44)	0	1	19	6.67	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 45-54)	0	2	26	9.33	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages 55-64)	1	2	64	22.33	
PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages Total)	1	5	109	38.33	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 18-44)	0	0	0	0.00	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 45-54)	0	0	0	0.00	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages 55-64)	0	0	0	0.00	
PCR: Count of Index Hospital Stays (IHS) - 4+ Stays (Ages Total)	0	0	0	0.00	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 18-44)	0	1	19	6.67	

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 45-54)	0	2	26	9.33	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 55-64)	1	2	64	22.33	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)	1	5	109	38.33	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 18-44)	0	0	3	1.00	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 45-54)	0	0	5	1.67	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages 55-64)	1	1	11	4.33	
PCR: Count of Observed 30-Day Readmissions - 1-3 Stays (Ages Total)	1	1	19	7.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 18-44)	0	0	0	0.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 45-54)	0	0	0	0.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages 55-64)	0	0	0	0.00	
PCR: Count of Observed 30-Day Readmissions - 4+ Stays (Ages Total)	0	0	0	0.00	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 18-44)	0	0	3	1.00	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 45-54)	0	0	5	1.67	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 55-64)	1	1	11	4.33	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages Total)	1	1	19	7.00	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 18-44)	0.00	0.16	1.67	0.61	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 45-54)	0.00	0.24	2.36	0.87	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages 55-64)	0.15	0.33	6.32	2.27	
PCR: Count of Expected 30-Day Readmissions - 1-3 Stays (Ages Total)	0.15	0.73	10.36	3.75	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 18-44)	0.00	0.00	0.00	0.00	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 45-54)	0.00	0.00	0.00	0.00	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages 55-64)	0.00	0.00	0.00	0.00	
PCR: Count of Expected 30-Day Readmissions - 4+ Stays (Ages Total)	0.00	0.00	0.00	0.00	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 18-44)	0.00	0.16	1.67	0.61	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 45-54)	0.00	0.24	2.36	0.87	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 55-64)	0.15	0.33	6.32	2.27	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages Total)	0.15	0.73	10.36	3.75	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 18-44)	NA	0.00%	15.79%	7.90%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 45-54)	NA	0.00%	19.23%	9.62%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages 55-64)	100.00%	50.00%	17.19%	55.73%	
PCR: Observed Readmission Rate - 1-3 Stays (Ages Total)	100.00%	20.00%	17.43%	45.81%	
PCR: Observed Readmission Rate - 4+ Stays (Ages 18-44)	NA	NA	NA	NA	
PCR: Observed Readmission Rate - 4+ Stays (Ages 45-54)	NA	NA	NA	NA	
PCR: Observed Readmission Rate - 4+ Stays (Ages 55-64)	NA	NA	NA	NA	
PCR: Observed Readmission Rate - 4+ Stays (Ages Total)	NA	NA	NA	NA	
PCR: Observed Readmission Rate - Total Stays (Ages 18-44)	NA	0.00%	15.79%	7.90%	
PCR: Observed Readmission Rate - Total Stays (Ages 45-54)	NA	0.00%	19.23%	9.62%	

CHC MCO HEDIS Measure	AHC[1]	PHW	UPMC	PA CHC MEAN	Weighted Average
PCR: Observed Readmission Rate - Total Stays (Ages 55-64)	100.00%	50.00%	17.19%	55.73%	
PCR: Observed Readmission Rate - Total Stays (Ages Total)	100.00%	20.00%	17.43%	45.81%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages 18-44)	NA	16.44%	8.79%	12.62%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages 45-54)	NA	12.12%	9.09%	10.61%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages 55-64)	14.69%	16.30%	9.88%	13.62%	
PCR: Expected Readmission Rate - 1-3 Stays (Ages Total)	14.69%	14.66%	9.50%	12.95%	
PCR: Expected Readmission Rate - 4+ Stays (Ages 18-44)	NA	NA	NA	NA	
PCR: Expected Readmission Rate - 4+ Stays (Ages 45-54)	NA	NA	NA	NA	
PCR: Expected Readmission Rate - 4+ Stays (Ages 55-64)	NA	NA	NA	NA	
PCR: Expected Readmission Rate - 4+ Stays (Ages Total)	NA	NA	NA	NA	
PCR: Expected Readmission Rate - Total Stays (Ages 18-44)	NA	16.44%	8.79%	12.62%	
PCR: Expected Readmission Rate - Total Stays (Ages 45-54)	NA	12.12%	9.09%	10.61%	
PCR: Expected Readmission Rate - Total Stays (Ages 55-64)	14.69%	16.30%	9.88%	13.62%	
PCR: Expected Readmission Rate - Total Stays (Ages Total)	14.69%	14.66%	9.50%	12.95%	
PCR: Observed to Expected Readmission Ratio - 1-3 Stays (Ages Total)	6.81	1.36	1.83	3.34	
PCR: Observed to Expected Readmission Ratio - 4+ Stays (Ages Total)	NA	NA	NA	NA	
PCR: Observed to Expected Readmission Ratio - Total Stays (Ages Total)	6.81	1.36	1.83	3.34	

Note: The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. For PA CHC Weighted Average calculations, the size of each CHC-MCO's contribution was accounted for, regardless if a given CHC-MCO's rate had a denominator too small for reporting at the individual CHC-MCO-level.

[1] One CHC-MCO (AHC) noted an error in their identification for CHC beneficiary types for reporting HEDIS for 2019.

[2] Two HEDIS measures (COA and TRC) do not apply to Medicaid, and are required to be reported via Medicare IDSS

[3] One HEDIS measure (TRC) is a Medicare measure, and is required for Special Needs Plans and Medicare-Medicaid Plans only.

[4] One CHC-MCO (AHC) reported IPU with bias in two submeasures (Medicine and Total); the number of discharges and days was noted to be overstated, impacting discharges and days/1,000 MM, as well as the average length of stay.

In addition to HEDIS, CHC-MCOs are required to calculate PAPMs, which are validated by IPRO on an annual basis. The individual CHC-MCO reports include: description of each PAPM; the CHC-MCO's review year measure rates, and the CHC weighted and unweighted averages; and, as applicable and upon availability, comparisons of CHC-MCO rates over time and to the CHC averages. For 2019 (MY 2018), complete DHS enrollment data abstracts were unavailable for integration into the validation activities for PAPMs, which limited assessment of results in terms of CHC enrollment type element validity during the first year's implementation of CHC PAPMs. It was noted that one CHC-MCO (PHW) was partially compliant with source code submission requirements for PAPM validation, and that all three CHC-MCOs were found to have bias in reporting for two or more of four hybrid LTSS measures based on medical record review validation. The individual CHC-MCO 2019 EQR reports include these PAPMs' results for informational purposes, and further discuss limitations and approaches for enhancement of PAPMs and CHC-MCO compliance with requirements for the PAPM validation process.

Section IV: 2018 Opportunities for Improvement – MCO Response

To achieve full compliance with federal regulations, MCOs are requested to respond to each noted opportunity for improvement from the prior year's reports. For this year's report, the PH-MCOs, BH-MCOs, and CHIP-MCOs had previously identified opportunities for improvement, and were requested to respond to the noted opportunities for improvement from the prior year's reports. The general purpose of this section of the report was to document the degree to which each MCO had addressed the opportunities for improvement made by IPRO in the 2018 EQR Technical Reports, which were distributed in April 2019. The 2019 EQR Technical Report is the 12th to include descriptions of current and proposed interventions considered by each MCO as applicable that address the prior year recommendations.

The PH-MCOs, BH-MCOs, and CHIP-MCOs were required to submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that responses were reported consistently across the Pennsylvania Medicaid MCOs. The activities followed a longitudinal format and were designed to capture information related to:

- Follow-up actions that the MCOs had taken through June 30 (BH-MCOs and PH-MCOs), and July 31 (CHIP-MCOs) 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.

PH-MCOs and BH-MCOs were also required to prepare a Root Cause Analysis and Action Plan for select performance measures noted as opportunities for improvement in the prior year's EQR Technical Report. For 2018, PH-MCOs were required to address those measures on the 2018 Pay for Performance (P4P) Measure Matrix receiving either D or F ratings, while BH-MCOs were required to address any FUH All-Ages rates that fell below the HEDIS (MY 2018) 75 percentile. These MCOs were required to submit the following for each underperforming measure:

- 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.

Individual current and proposed interventions and applicable Root Cause Analysis and Action Plan for each PH-MCO, BH-MCO, and CHIP-MCOs are detailed in their respective annual technical reports. Corrective action plans that were in place at the OMHSAS level were also forwarded to IPRO for inclusion in the BH-MCO 2019 annual technical reports.

For CHC-MCOs, Phase 1 of CHC operations started in 2018, which was the first review year in regard to reporting on BBA requirements. No improvement opportunities were identified in regard to these BBA reporting requirements. Therefore, there were no opportunities under discussion in this section for BBA reporting for 2019. In subsequent review years, the MCO will respond to any identified opportunities for improvement in its current and proposed interventions, and submit information to IPRO to review and accordingly incorporate into this section of the report.

Section V: 2019 Strengths and Opportunities for Improvement

Overall Strengths

- All PH-MCOs were compliant with all Structure and Operations Standards of Subparts C: Enrollee Rights and Protections Regulations and Subpart F: Federal and State Grievance System Standards.
- All PH-MCOs successfully completed NCQA HEDIS Compliance Audits in 2019, and all PH-MCOs successfully calculated and completed validation of all PAPMs.
- All CHIP-MCOs successfully completed NCQA HEDIS Compliance Audits in 2019, and all CHIP-MCOs successfully calculated and completed validation of all PAPMs.
- All BH-MCOs were compliant with most of the categories in Subpart C: Enrollee Rights and Protection.
- All five BH-MCOs successfully calculated and completed validation of Performance Measures related to Follow-up After Hospitalization for Mental Illness as well as Readmission Within 30 Days of Inpatient Psychiatric Discharge.
- All PH-MCOs and BH-MCOs provided responses to the Opportunities for Improvements issued in the 2018 annual technical reports.
- All five BH-MCOs demonstrated HEDIS IET Engagement rates at or above the NCQA Quality Compass 75th percentile.
- All three CHC-MCOs were found by OLTL to be compliant with contractual obligations for structure and operations readiness.
- All three CHC-MCOs had received their NCQA accreditations as of December 2019.
- All CHC-MCOs were approved to commence operations with enrollment of CHC participants for Phase 2 of CHC with expansion into the Southeast region, effective January 1, 2019, based on the determinations of sufficient compliance with standards of quality.
- All CHC-MCOs received conditional approval from DHS on proposals to expand PIP implementation into the Southeast region, aligned with Phase 2 of CHC.

Overall Opportunities

- One PH-MCO was partially compliant with some Structure and Operations Standards of Subpart D: Quality Assessment and Performance Improvement Regulations.
- Two CHIP-MCOs were partially compliant and one non-compliant with some Structure and Operations Standards of Subparts C: Enrollee Rights and Protections Regulations.
- Two CHIP-MCOs were partially compliant with some Structure and Operations Standards of Subpart D: Quality Assessment and Performance Improvement Regulations.
- Seven CHIP-MCOs were partially compliant with some Structure and Operations Standards of Subpart H: Certifications and Program Integrity.
- Most BH-MCOs were only partially compliant with many, if not most, of the categories of Subpart D: Quality Assessment and Performance Improvement Regulations.
- All BH-MCOs were only partially compliant with most of the categories of Subpart F: Federal and State Grievance System Standards.
- Three of the five BH-MCOs did not meet the Quality Compass 75th percentile for the All-Ages/Overall (6+) HEDIS 7-Day or 30-Day Follow-up After Hospitalization for Mental Illness measure.
- None of the BH-MCOs achieved the OMHSAS goal of 10% or less for the Readmission Within 30 Days of Inpatient Psychiatric Discharge measure.

- None of the BH-MCOs met or exceeded the HEDIS 75th percentile for IET Initiation for the All Ages group. Only two of the BH-MCOs performed between the 50th and 75th percentiles (BHO and CCBH).
- One CHC-MCO (AHC) had an error in the identification for CHC beneficiary types for reporting HEDIS 2019; AHC reported results with bias in two submeasures (Medicine and Total) for the HEDIS IPU measure.
- One CHC-MCO (PHW) was partially compliant with source code submission requirements for validation of PAPMs, and that all three CHC-MCOs were found to have bias in reporting for two or more of four hybrid LTSS PAPMs based on medical record review validation.

Individual MCO strengths and opportunities are detailed in their respective annual technical reports.

Targeted opportunities for improvement were made for PH-MCOs and BH-MCOs regarding select measures via MCO-Specific Matrices. For PH-MCOs, each P4P Matrix provides a comparative look at selected measures and indicators included in the Quality Performance Measures component of the HealthChoices MCO Pay for Performance Program. The P4P Matrix indicates when an MCO's performance rates for the P4P measures are notable or whether there is cause for action. Those measures that fall into the D and F graded categories require a root cause analysis and action plan to assist the MCOs with identifying factors contributing to poor performance.

Table 15 displays the P4P measures for each PH-MCO requiring a root cause analysis and action plan.

Table 15: PH-MCO Root Cause Analysis for 2019 (MY 2018) Measure Results

Rating	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC
D	Adolescent Well-Care Visits Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Prenatal Care in the First Trimester Postpartum Care Reducing Potentially Preventable Readmissions[2]				Adolescent Well-Care Visits Comprehensive Diabetes Care: HbA1c Poor Control[1] Postpartum Care			Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Medication Management for People With Asthma: 75% Total	
F						Reducing Potentially Preventable Readmissions[2]	Reducing Potentially Preventable Readmissions[2] Medication Management for People With Asthma: 75% Total	Annual Dental Visit (Ages 2 – 20 years) Reducing Potentially Preventable Readmissions[2]	

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

For the Behavioral Health program, there was another programmatic change in 2018 in the requirements for doing root cause analyses and corresponding action plans. The HEDIS FUH 7-day and 30-day measures for the 6-64 years age group were replaced with the HEDIS Overall (Ages 6+) measures for 7-day and 30-day follow-up. This change reflected the Commonwealth's increased focus on the aging population. A root cause analysis and "quality improvement plan" (QIP) was required for any indicator rate that fell below the NCQA Quality Compass 75th percentile for each indicator. Moreover, this root cause analysis and QIP planning continued a proactive approach that centered on performance goals for CY 2019 calculated in relation to validated MY 2017 results.

Table 16 displays the HEDIS FUH Overall (Ages 6+) performance measure results for each BH-MCO identified as requiring a root cause analysis and action plan for CY 2019:

Table 16: BH-MCO Root Cause Analysis for 2019 (MY 2018) Measure Results (HEDIS Indicators)

Rating	BHO	CBH	CCBH	MBH	PerformCare
Indicators that are greater than or equal to the 50th percentile but less than the 75th percentile	**QI 1 – HEDIS 7-Day Follow-up (Overall)** **QI 2 – HEDIS 30-Day Follow-up (Overall)**				
Indicators that are less than the 50th percentile		**QI 1 – HEDIS 7-Day Follow-up (Overall)** **QI 2 – HEDIS 30-Day Follow-up (Overall)**		**QI 1 – HEDIS 7-Day Follow-up (Overall)** **QI 2 – HEDIS 30-Day Follow-up (Overall)**	

Section VI: 2018 Adult Community Autism Program (ACAP)

This waiver program is overseen by the Bureau of Supports for Autism and Special Populations (BSASP) within the Office of Developmental Programs and is designed to meet the needs of adults with an autism spectrum disorder. The program is administered by Keystone Autism Services (KAS). KAS provides ambulatory medical services and community and support services to the adults enrolled in the program. As of December 2018, 159 members were enrolled in the program.

Performance Improvement Project

A new PIP topic was selected in 2018 that focuses on mitigating and overcoming social isolation among ACAP members. A Social Isolation Survey tool was developed based on work by the Patient-Reported Outcomes Measurement Information System (PROMIS®), a Northwestern University project funded by the National Institutes of Health, and by Temple University. The survey tool will be utilized on a quarterly basis to record members' perceptions of social isolation, companionship, and community participation. Baseline data were collected during the fourth quarter of 2018. KAS submitted a proposal in Spring 2019, which was accepted after a revision. The principal intervention features a person-centered care-planning model that sets goals for attaining socially valued roles. Intervention tracking measures center on measurement using a Goal Attainment Scale (GAS). Two performance indicators are based on the Social Isolation tool: a Social Isolation Index score which measures the average social isolation of ACAP members, and the percentage of members reporting feeling socially isolated. The PIP started in June 2019.

Performance Measures

KAS submitted documentation for the procedures used to track and report the following measures for MY 2018:

1. Annual Number of Law Enforcement Events
2. Psychiatric Emergency Room Care
3. Psychiatric Inpatient Hospitalization
4. Initial PCP visit within three weeks of enrollment or Annual PCP Visit
5. Annual Dental Exam

IPRO validated the data submitted and procedures used to report all five measures. MY 2018 results are reported in **Table 17**.

Table 17: ACAP Results for 2019 (MY 2018) Performance Measures

Annual Number of Law Enforcement Events	28 events
Psychiatric Emergency Room Care	10 events
Psychiatric Inpatient Hospitalization	10 events
Initial PCP visit within three weeks of enrollment or Annual PCP Visit	85% of new enrollees
Annual Dental Exam	94%

Annual Monitoring

BAS monitored compliance for 2018 and provided IPRO with a final monitoring report. Findings were presented under the following categories:

- General Information & Organization
  - Description of the Contractor
  - Personnel Requirements
  - Governing Body
  - Plan Advisory Committee
  - Natural Disasters
- Administration
  - Training
  - Program Integrity
  - Participant Records
  - Admittance to an Institution for Mental Disease
  - Moral or Religious Objections to Service
  - Incident Reports
  - Information Systems
  - Federal Requirements
- Providers
  - Provider Selection
  - Contracted Services
  - Primary Care Providers
  - After-Hours Call-in System
  - Provider Monitoring
  - Provider Termination
  - Fiscal Soundness
  - Risk Reserve
  - Insolvency
  - Insurance
  - Cost Avoidance
- Outreach and Marketing
- Services
  - Service Delivery
  - Additional Services
  - Team
  - Individual Service Plan (ISP)
  - Practice Guidelines
  - Service Authorization
  - Timeliness of Services
  - Out-of-Network Services

- Participant Rights, Responsibilities, and Education
    - Explanation of Rights and Responsibilities
    - Education of Providers about Complaints, Grievances, and Fair Hearing Rights
    - Advance Directives
    - Seclusion and Restraint
    - Complaint, Grievance, and DPW Fair Hearings
    - Participant Education
- Quality Assurance and Improvement
    - Plan of Quality Assurance & Improvement
    - Measuring Quality and Improvement
    - Audits of Medical and Service Records
    - Committees
- Participant Enrollment and Disenrollment
    - Eligibility to Enroll
    - Enrollment Process
    - Identification Card Sleeve/Sticker
    - Disenrollment
- Payment
    - Participant Liability
- Data Collection, Record Maintenance & Reporting
    - Maintenance of Records
    - Confidentiality
    - Reporting Requirements

Monitoring includes administrative review of organizational structure, policies, and procedures, as well as a review of a sample of individual service plans (ISPs) for participants. Thirty-four ISPs were audited for MY 2018.

ISP audit findings were presented covering the following areas: ISP Quality; Goals and Objectives; Functional Behavioral Assessment (FBA), Behavioral Support Plan (BSP), Crisis Intervention Plan (CIP), and Medication Therapeutic Management Plan; and Authorized Services. In 2017, BAS introduced the Periodic Risk Evaluation (PRE) as a required assessment. The purpose of the PRE is to identify risks in order to inform planning, monitoring, tracking, and risk mitigation. In the 2018 monitoring cycle, the PRE Monitoring Checklist was added to the clinical monitoring of the ISPs. In 2018, the ACAP Agreement was amended to remove the requirement that every participant must have a FBA, BSP, and CIP. Consequently, the monitoring for these three areas in 2018 was case-specific and depended on whether an FBA and BSP were required and completed during the review period.

For 2018, BSASP noted a general decline in the quality of the audited ISPs when compared with previous years. Areas that saw a decrease in compliance included: alignment of behavioral information across the ISP sections and documentation of strengths and needs in the Functional Information section of the ISP as identified on the Scales of Independent Behavior-Revised (SIBR) assessment. A declining trend in updated medical information and needs related to safety risk factors in the ISPs continued in 2018. This was probably due, in part, to the implementation of the PRE, which revealed a lack of documentation related to identifying and mitigating risks. Implementation of the PRE and integration with the ISP continues to be a significant area for improvement. Most notably,

perhaps, 0% of the sampled ISPs for individuals with identified risks related to SUD or Law Enforcement identified those risks in the ISP; 0% of the sampled ISPs for individuals with identified risks related to Law Enforcement or Unstable Housing contained risk mitigation strategies for those risks. More generally, none of the risk categories were completely addressed by the entire sample of ISPs. There were also cases where the PRE was never completed (either at intake or annually). Audited ISPs did however reflect an improvement in the quality of goals and objectives. BSASP attributes this improvement in part to the Systematic Skill Building (SSB) and Goal Attainment Scaling (GAS) training provided to the Behavioral Health Specialists providing the ISP services. The GAS was implemented in 2018. Full implementation of GAS and Skill Building Plans (SBPs), along with more general training and guidance on ISPs, was planned for the 2019 monitoring cycle.

Deficiencies were also noted in the areas of FBAs and BSPs. BSPs were in some cases developed without FBA input, and in other cases FBAs were incomplete. Remediation strategies, which include requiring approval by BHS Team Leaders of FBAs and BSPs for all new eligible ACAP participants, were noted as accepted by BSASP in early 2019. None of the audited ISPs required a medication therapeutic management plan. KAS indicated that a PharmD consultant was however in place to complete reviews as needed.

Staffing at KAS to meet ACAP communications-, service-, and reporting demands continues to be a focal area of monitoring. Participants interviewed by BSASP reported communication issues among participants, families, and KAS which indicated a need for more staffing support and retention. ISP approval timeliness continues to be an issue in some instances, which has also been attributed to staffing shortages. In 2019, BSASP began analysis of service authorization and utilization reports and indicated it would follow up with KAS on more specific recommendations based on those findings. The 2018 Monitoring Report notes that KAS did improve its service authorization process, including signature documentation. KAS also continued to address staffing concerns through education, outreach and recruitment, and appropriate trainings. A KAS Recruitment and Retention Plan was reviewed and accepted by BSASP. KAS similarly submitted a plan and timeline for updating provider and training materials. A new Learning Management System will be used by KAS to monitor training standards.

A file review by BSASP of ACAP participants revealed several cases where the annual MA 51 recertification form was not completed within 365 days of the existing certification date. KAS will improve the tracking system for Supports Coordinators (SCs) to improve timeliness of recertifications while BSASP stated it would clarify the language in the Agreement around this requirement.

While KAS met the general requirements for an on-call system, BSASP noted that there is a need for KAS to ensure that BHS on-call procedures are reviewed and explained to participants and families. KAS developed a one-page reference document for participants and families, which KAS proposed as an addendum (Attachment F) to the Participant Handbook. BSASP noted that the proposed addendum did not sufficiently clarify expectations around on-call support.

In general, KAS responded to all recommendations and requests for remediation noted by BAS. All KAS responses to non-compliance were accepted as adequately addressing the issues identified.

Final Project Reports

Upon request, the following reports can be made available:

1. Individual PH-MCO BBA reports for 2019
2. Individual CHIP-MCO BBA reports for 2019
3. Individual BH-MCO BBA reports for 2019
4. Individual CHC-MCO BBA reports for 2019
5. Individual CHC-MCO 2017 Readiness Review reports for 2018 and 2018 Readiness Review reports for 2019.
6. Individual CHC-MCO reviews of PIP proposals for 2018 and for 2019.
7. Follow-up After Hospitalization for Mental Illness External Quality Review Aggregate Data Tables – MY 2018 (BH-MCOs), and Report – MY 2017 and MY 2018
8. Readmission Within 30 Days of Inpatient Psychiatric Discharge External Quality Review Aggregate Data Tables – MY 2018 (BH-MCOs)
9. HEDIS 2019 Member-Level Data Reports, Data Analysis Trends (PH-MCOs)
10. HEDIS 2019 Member-Level Data Reports, Data Findings by Measure (PH-MCOs)
11. HEDIS 2019 Member-Level Data Reports, Year-to-Year Data Findings – Southeast Zone/Region (PH-MCOs)
12. HEDIS 2019 Member-Level Data Reports, Year-to-Year Data Findings – Southwest Zone/Region (PH-MCOs)
13. HEDIS 2019 Member-Level Data Reports, Year-to-Year Data Findings – Lehigh/Capital Zone/Region (PH-MCOs)
14. HEDIS 2019 Member-Level Data Reports, Year-to-Year Data Findings – New West Zone/Region (PH-MCOs)
15. Medicaid Managed Care (MMC) Performance Measures, Examination of Year-to-Year Statistical Comparisons for MMC Weighted Averages (PH-MCOs)
16. Medicaid Managed Care Performance Measure Matrices (PH-MCOs and BH-MCOs)
17. 2019 PA CHIP CAHPS 5.0 Rate Table and Results by Item
18. 2019 CHIP Report Card

Note: Reports 7 and 8 display data by MMC, BH-MCO, County, Region (report 8 only), Gender, Age, Race, and Ethnicity.
Reports 9 through 14 display data by MMC, PH-MCO, Region, Race, and Ethnicity.