Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

2019 External Quality Review Report
United Healthcare

Final Report
April 2020

IPRO
Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

Table of Contents

List of Tables and Figures

Introduction

Purpose and Background

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

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

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

HealthChoices Physical Health (PH) is the mandatory managed care program that provides Medical Assistance recipients with physical health services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO as its EQRO to conduct the 2019 EQRs for the HealthChoices PH MCOs and to prepare the technical reports. This technical report includes six core sections:

I. Structure and Operations Standards
II. Performance Improvement Projects
III. Performance Measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
IV. 2018 Opportunities for Improvement – MCO Response
V. 2019 Strengths and Opportunities for Improvement
VI. Summary of Activities

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

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

Section IV, 2018 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2018 EQR Technical Report's opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

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

I: Structure and Operations Standards

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

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DHS staff as of December 31, 2018, and the most recent NCQA Accreditation Survey for UHC, effective December 2018.

The SMART items provided much of the information necessary for this review. The SMART items are a comprehensive set of monitoring items that PA DHS staff reviews on an ongoing basis for each Medicaid MCO. The SMART items and their associated review findings for each year are maintained in a database. The SMART database has been maintained internally at DHS since Review Year (RY) 2013. In 2018, upon receipt of the findings for RY 2017, IPRO and DHS discussed changes to the information included. First, the only available review conclusions were Compliant and non-Compliant. All other options previously available were re-designated in RY 2017 from review conclusion elements to review status elements and were therefore not included in the RY 2017 findings. Additionally, as of RY 2017, reviewers had the option to review zones covered by an MCO separately, and to provide multiple findings within a year (e.g., quarterly). As a result, there was an increase in the number of partially compliant items for RY 2017. These changes remained for the findings received in 2019. Upon review of the data elements from each version of database, IPRO merged the RY 2018, 2017, and 2016 findings for use in the current review. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 126 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS.

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

Table 1.1: SMART Items Count Per Regulation

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

BBA Regulation	SMART Items
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
Notice of Action	3
Handling of Grievances and Appeals	9
Resolution and Notification	7
Expedited Resolution	4
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	2
Effectuation of Reversed Resolutions	0

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

Determination of Compliance

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

Format

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

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

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

Findings

Of the 126 SMART Items, 50 items were evaluated and 76 were not evaluated for the MCO in RY 2018, RY 2017, or RY 2016. For categories where items were not evaluated for compliance for RY 2018, results from reviews conducted within the two prior years (RY 2017 and RY 2016) were evaluated to determine compliance, if available.

Subpart C: Enrollee Rights and Protections

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable Federal and State laws that pertain to enrollee rights, and that the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to enrollees. [42 C.F.R. §438.100 (a), (b)]

Table 1.2: UHC Compliance with Enrollee Rights and Protections Regulations

ENROLLEE RIGHTS AND PROTECTIONS REGULATIONS		
Subpart C: Categories	**Compliance**	**Comments**
Enrollee Rights	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 6 items and was compliant on 6 items based on RY 2018.
Provider-Enrollee Communication	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Marketing Activities	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Liability for Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Cost Sharing	Compliant	Per HealthChoices Agreement
Emergency Services: Coverage and Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2018.
Solvency Standards	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.

UHC was evaluated against 16 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 16 items. UHC was found to be compliant on all eight of the categories of Enrollee Rights and Protections Regulations. UHC was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regulations

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

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

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

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	**Compliance**	**Comments**
Access Standards		
Availability of Services	Compliant	14 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2018.
Structure and Operation Standards		
Provider Selection	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Provider Discrimination Prohibited	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Confidentiality	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Enrollment and Disenrollment	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Grievance Systems	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Subcontractual Relationships and Delegations	Compliant	3 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2018.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on 1 item based on RY 2018.
Health Information Systems	Compliant	18 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 1 item and partially compliant on 2 items based on RY 2018.

UHC was evaluated against 21 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on 19 items and partially compliant on 2 items. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, UHC was found to be compliant on all 11 categories.

Subpart F: Federal and State Grievance System Standards

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

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

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

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	**Compliance**	**Comments**
General Requirements	Compliant	8 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Notice of Action	Compliant	3 items was crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Handling of Grievances & Appeals	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Resolution and Notification	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Expedited Resolution	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Information to Providers and Subcontractors	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Recordkeeping and Recording	Compliant	6 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2018.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2018.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2019

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

Accreditation Status

UHC underwent an NCQA Accreditation Survey effective through June 7, 2022 and was granted an Accreditation Status of Commendable.

II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each Medicaid PH MCO. For the purposes of the EQR, PH MCOs were required to participate in studies selected by OMAP for validation by IPRO in 2019 for 2018 activities. Under the applicable HealthChoices Agreement with the DHS in effect during this review period, Medicaid PH MCOs are required to conduct focused studies each year. For all PH MCOs, two PIPs were initiated as part of this requirement. For all PIPs, PH MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

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

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

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

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

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

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

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

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

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

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

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

MCO-developed Performance Measures

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

DHS-defined Performance Measures

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

The PIPs extended from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals were developed and submitted in first quarter 2016, and a final report was due in June 2019. The non-intervention baseline period was January 2015 to December 2015. Following the formal PIP proposal, the timeline defined for the PIPs included required interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019. Based on validation findings in 2016, the timeline has undergone adjustments to require submission of interim reports in July of each year. For the current review year, 2019, final reports were also due in July.

The 2019 EQR is the sixteenth year to include validation of PIPs. For each PIP, all PH MCOs shared the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions and timeliness.

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

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

Validation Methodology

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

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

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

Review Element Designation/Weighting

For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on full, partial and non-compliance. Points can be awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance. For the current PIPs, compliance levels were assessed, but no formal scoring was provided.

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

Table 2.1: Element Designation

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

Overall Project Performance Score

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

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

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements where activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP submission schedule. At the time each element is reviewed, a finding is given of "Met", "Partially Met", or "Not

Met". Elements receiving a "Met" will receive 100% of the points assigned to the element, "Partially Met" elements will receive 50% of the assigned points, and "Not Met" elements will receive 0%.

Table 2.2: Review Element Scoring Weights

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

Findings

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

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

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

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

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

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

Improving Access to Pediatric Preventive Dental Care

UHC received full credit for all elements numbered 1 through 7. The MCO provided their 2014 and 2015 HEDIS ADV data provided showing a need for improvement for this measure. UHC provided an additional literature review on national concerns relating to current poor oral health rates. The Aim statement of this PIP was to increase access to and utilization of routine dental care for pediatric Pennsylvania Health Choice members by 5% year over year, which has the potential to impact early oral healthcare and overall health for UHC members. Several measures were added to the Project Topic section for further elaboration on the goal. Benchmarks and goals were laid out specifically in a table, based on NCQA Quality Compass, Oral Health Initiative 75th Percentile, UHC PIP Workgroup Quality Meeting, and CMS National Average.

Two performance indicators were identified by UHC, (1) the percentage of enrollees 1 to 20 years of age that had at least one preventive dental service during the measurement year and (2) the percentage 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. The eligible population is clearly defined, along with numerators and denominators for both of these measures. In addition, UHC properly defined Core Measures for the PIP. The indicators are reliable from HEDIS and PA CHIP dental sealants rates that can measure process of care with strong associations of improved outcomes. The specifications for all measures were supplied and eligible populations and numerators and denominators.

No sampling was used, as the entire eligible population is to be pulled. Regarding data collection procedures, UHC specified that claims data received from practitioners will be used to identify services rendered to members during the measurement period. Administrative data refreshes occur on a monthly basis and measure results are recalculated at that time using the MedMeasures software. UHC confirmed that they have a HEDIS software application that is certified and audited, and discussed how they are ensuring the validity and reliability of the data. UHC provided a detailed data analysis plan. In the data analysis plan the MCO plans to compare baseline results to each re-measurement period; compare data to the health plan goal; statistical significance testing; identify confounding variables; identify factors that could influence data accuracy, completeness, validity and /or reliability; the health plan defined methodology; causal-barrier analysis; barriers and the interventions for improvement and the findings of the causal-barrier analysis and the additional drill-downs necessary.

UHC provided a complete barrier analysis for Providers, members and the MCO through a fishbone diagram. The MCO listed multiple interventions and following review, clarified dates for interventions. UHC also created process measures for each intervention in order to track the effectiveness of each, and which help contribute to the improvements in the performance measures.

UHC received full credit for review elements 8 and 9. Both the 2017 Interim Update and the Project Year 3 Update included outcome measure/performance data for baseline, each year, and goal. Additionally, UHC included a statistical comparison of baseline to remeasurement, and a summary discussion of changes in rates relative to the interventions.

Review Element 10 was reviewed in 2019 as part of the Final Project submission, and UHC received partial credit. UHC included documentation of all interventions and their modifications as the project progressed. According to the results from the project, the final rates for some performance measure indicators improved over the baseline rates.

Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits

UHC received partial credit for element 1. The data was utilized to identify MCO-driven issues, in addition to the PIP's requirements. The MCO's rationale for topic selection was based on evidence found in the literature. The proposal discusses the importance of patient responsibility in disease management, social determinants of health, health disparities and low English proficiency (LEP). Demographics of the member population were analyzed along with the

identification of ED super-utilizers. However, it was not demonstrated how integration of the BH-PH Integrated Care Plan Pay for Performance Program or the Community Based Care Management Program (CBCM) aligns with the rationale for topic selection and PIP goals.

UHC received full credit for remaining elements 2 through 7. The aim statement was set as the goal to "reduce potentially avoidable Emergency Department (ED), Admission rates, and Readmission rates for UHC Medicaid eligible members by increasing access to primary care services through community resources can improve patient care outcomes. [T]his will be accomplished by increasing access by 10%, and measured by increase of outpatient visits to providers."

For performance indicators, UHC noted their PIP workgroup reviews HEDIS data on a bi-monthly basis. They review the progress of performance measures and interventions and make adjustments to interventions accordingly. UHC adequately defined the specifications for each Performance Measure and Process Measure and included the eligible population along with definitions of the numerators and denominators. Additionally, UHC defined at-risk population in the Project Topic Section. The MCO identified members with serious persistent mental illness (SPMI), substance abuse (SA), ED super-utilizers, demographic populations and clinical conditions (CHF and Asthma). MCO-developed clinical condition-specific performance measures were also included.

The data sources were included for all performance and process measures included in the PIP proposal. Concerning review of data collection, UHC's PIP workgroup is comprised of the Medical Director, Plan Director of Quality Management and Staff and National UnitedHealthcare quality professionals with data analysis and statistical experience. This group meets quarterly or more frequently to review data.

A complete data analysis plan for each of the measures was provided. UHC noted that it will identify and address confounding variables/factors that could impact the accuracy, completeness, validity and/or reliability of the data. Oversight of the data is completed internally and not through an external compliance auditor. Information regarding an interactive tool (ChiSq) used to determine statistical significance and information regarding internal data auditing was laid out. Part of the data analysis plan includes specific study groups to be used in the data analysis. Analysis was done using baseline data for the above mentioned measures and stratified by Counties, Age and Gender, Asthma and CHF diagnoses and Ethnicity. MCO-driven areas were identified to focus on, which includes specific counties, specific age ranges, and gender and ethnicity groups with a diagnosis of CHF and Asthma. Furthermore, UHC noted areas and populations to target with new interventions, which will be reviewed by their PIP Workgroup.

Information regarding Causal-barrier analysis (Ishikawa fishbone diagram), barriers and interventions were described in the Barrier and Analysis section. UHC provided barriers specific to coordination between BH and PH plans regarding care management and integrated care plans, thereby better aligning the PIP with the BH-PH Integrated Care Plan and CBCM Program Initiatives. The interventions table provided detailed information describing interventions. The interventions were matched to the barriers addressed, with start dates included. Both of these items assist in the evaluation of interventions. The Healthy First Steps (HFS) initiative includes new program resources to achieve a face to face model of care with 50% assessments, with clarifications or added further descriptions of specific interventions related to the CBCM Program.

Upon review, UHC narrowed down specific initiatives as well as interventions to be implemented and monitored and in this PIP. UHC retained the interventions specifically developed, tailored and implemented to address barriers to reducing potentially preventable admission, readmission and ED visits and increasing coordination between PH-MCOs and BH-MCOs.

UHC received full credit for review elements 8 and 9. Both the 2017 Interim Update and the Project Year 3 Update included outcome measure/performance data for baseline, each year, and goal. Additionally, UHC included a statistical comparison of baseline to remeasurement, and a summary discussion of changes in rates relative to the interventions.

Review Element 10 was reviewed in 2019 as part of the Final Project submission, and UHC received full credit. UHC implemented interventions that increase access to primary care services through community resources, in the effort to

reduce the amount of avoidable ED visits, hospital admissions, and readmissions. These interventions were thoroughly documented by the MCO and updated as appropriate. UHC noted improvements over the baseline rates for their chosen performance measure indicators.

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

Table 2.3: UHC PIP Compliance Assessments

Review Element	Improving Access to Pediatric Preventive Dental Care	Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits
1. Project Topic and Topic Relevance	Full	Partial
2. Study Question (Aim Statement)	Full	Full
3. Study Variables (Performance Indicators)	Full	Full
4. & 5. Identified Study Population and Sampling Methods	Full	Full
6. Data Collection Procedures	Full	Full
7. Improvement Strategies (Interventions)	Full	Full
8. & 9. Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	Full	Full
10. Sustainability of Documented Improvement	Partial	Full

III: Performance Measures and CAHPS Survey

Methodology

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

The MCOs were provided with final specifications for the PA Performance Measures from December 2018 to June 2019. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2019. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for up to three resubmissions, if necessary. Additional resubmissions required discussion with and approval from DHS. Pseudo code was reviewed by IPRO. Raw data were also reviewed for reasonability and IPRO ran code against these data to validate that the final reported rates were accurate. Additionally MCOs were provided with comparisons to the previous year's rates and were requested to provide explanations for highlighted differences. For measures reported as percentages, differences were highlighted for rates that were statistically significant and displayed at least a 3-percentage point difference in observed rates. For measures not reported as percentages (e.g. adult admission measures) differences were highlighted based only on statistical significance, with no minimum threshold.

For three PA performance Birth-related measures: Cesarean Rate for Nulliparous Singleton Vertex (CRS), Live Births Weighing Less Than 2,500 Grams (PLB), and Elective Delivery, rates for each of the measures were produced utilizing MCO Birth files in addition to the 2019 (MY 2018) Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. IPRO then utilized the MCO file in addition to the most recent applicable PA Department of Health Birth File to identify the denominator, numerator and rate for the three measures.

HEDIS 2019 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A Final Audit Report was submitted to NCQA for each MCO. Because the PA-specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA-specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA-specific measures.

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

Table 3.1: Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents' Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 65+)
HEDIS	Adult Body Mass Index Assessment
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)
HEDIS	Childhood Immunizations Status by Age 2 (Combination 2)

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

Source	Measures
Women's Health	
HEDIS	Breast Cancer Screening (Age 50–74 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-24 years)
HEDIS	Non-Recommended Cervical Cancer Screening in Adolescent Females
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
Obstetric and Neonatal Care	
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
PA EQR	Perinatal Depression Screening: Prenatal Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Prenatal Counseling for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Postpartum Counseling for Depression
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Alcohol use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Illicit drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Prescribed or over-the-counter drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Intimate partner violence
PA EQR	Behavioral Health Risk Assessment
PA EQR	Elective Delivery
Respiratory Conditions	
HEDIS	Appropriate Testing for Children with Pharyngitis
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)

Source	Measures
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Total)
HEDIS	Asthma Medication Ratio (5-11 years)
HEDIS	Asthma Medication Ratio (12-18 years)
HEDIS	Asthma Medication Ratio (19-50 years)
HEDIS	Asthma Medication Ratio (51-64 years)
HEDIS	Asthma Medication Ratio (Total)
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years) – Admission per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) - Admission per 100,000 Member Months
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Control (<8.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 18-64 years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 65+ years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Total Rate)
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 - 75 Years of Age)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate1 (Age 18-64 Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Age 65+ Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Total Age 18+ Years) per 100,000 member months
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia
Utilization	
PA EQR	Reducing Potentially Preventable Readmissions
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 1 - 5 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 6 - 11 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 12 - 17 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 - 5 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 6 - 11 years)

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

PA-Specific Performance Measure Selection and Descriptions

Several PA-specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DHS direction, IPRO created the indicator specifications to resemble HEDIS specifications. Measures previously developed and added as mandated by CMS for children in accordance with the Children's Health Insurance Program Reauthorization Act (CHIPRA) and for adults in accordance with the Affordable Care Act (ACA) were continued as applicable to revised CMS specifications. Additionally, new measures were developed and added in 2019 as mandated in accordance with the ACA. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, as well as other specifications, as needed. Indicator rates are calculated through one of two methods: (1) administrative, which uses only the MCO's data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator "hits" for rate calculation.

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

PA Specific Administrative Measures

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

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

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

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

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse. IPRO evaluated this measure using HEDIS 2019 Medicaid member level data submitted by the PH MCO.

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

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

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

Developmental Screening in the First Three Years of Life– CHIPRA Core Set

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

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

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

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

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

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

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

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

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

Annual Dental Visits For Enrollees with Developmental Disabilities

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

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

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

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

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

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

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

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

Frequency of Ongoing Prenatal Care

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

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

Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

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

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

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

Elective Delivery – Adult Core Set

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

Asthma in Younger Adults Admission Rate – Adult Core Set

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

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

This performance measure assesses the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid members 40 years and older. Three age groups will be reported: ages 40-64 years, age 65 years and older, and 40+ years.

Diabetes Short-Term Complications Admission Rate – Adult Core Set

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

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

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

Heart Failure Admission Rate – Adult Core Set

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

Reducing Potentially Preventable Readmissions

This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute discharge. This measure utilized the 2019 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges. For this measure, a lower rate indicates better performance.

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

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

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

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

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

PA Specific Hybrid Measures

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

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

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

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

Perinatal Depression Screening

This performance measure assesses the percentage of enrollees who were:

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

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

Maternity Risk Factor Assessment

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

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

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

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2019. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS2019, Volume 2 Narrative. The measurement year for HEDIS 2019 measures is 2018, as well as prior years for selected measures. Each year, DHS updates its requirements for

the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assesses the percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year (for Medicaid or Medicare). The following age groups are reported: 20-44, 45-64, 65+ and total.

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Well-Child Visits in the First 15 Months of Life

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

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

This measure assessed the percentage of members who were 3, 4, 5, or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Childhood Immunization Status (Combos 2 and 3)

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rates were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:
(4) Diphtheria, Tetanus, and Acellular Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)
(3) Injectable Polio Vaccine (IPV)
(1) Measles, Mumps, and Rubella (MMR)
(3) Haemophilus Influenza Type B (HiB)
(3) Hepatitis B (HepB)
(1) Chicken Pox (VZV)
(4) Pneumococcal Conjugate Vaccine (PCV) – Combination 3 only

Adolescent Well-Care Visits

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

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

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

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

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

Immunization for Adolescents (Combo 1)

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

Lead Screening in Children

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

Follow-up Care for Children Prescribed ADHD Medication

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

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Annual Dental Visit

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

Breast Cancer Screening

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

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

Cervical Cancer Screening

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

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

Chlamydia Screening in Women

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

Non-Recommended Cervical Cancer Screening in Adolescent Females

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

Prenatal and Postpartum Care

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

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

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure assessed the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

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

Pharmacotherapy Management of COPD Exacerbation

This measure assessed the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

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

Medication Management for People with Asthma - 75% Compliance

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

Asthma Medication Ratio

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

Comprehensive Diabetes Care

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

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

Statin Therapy for Patients With Diabetes

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

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

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Controlling High Blood Pressure

This measure assessed the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year.

Statin Therapy for Patients With Cardiovascular Disease

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

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

Total rates for 1 and 2 are also reported.

Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia

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

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

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

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

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

For this measure, a lower rate indicates better performance.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

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

Use of Opioids at High Dosage

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

For this measure, a lower rate indicates better performance.

Use of Opioids from Multiple Providers

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

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

A lower rate indicates better performance for all three rates.

Plan All-Cause Readmissions (PCR)

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

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

Risk of Continued Opioid Use – New 2019

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

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

For this measure, a lower rate indicates better performance.

CAHPS® Survey

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

Implementation of PA-Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA-specific measures for 2019 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA-specific measures. As previously indicated, for three PA Birth-related performance measures IPRO utilized the MCO Birth files in addition to the 2019 Department of Health Birth File to identify the denominator, numerator and rate for the Birth-related measures.

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

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

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

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

For UHC, the primary questions that arose regarding data used for RPR were 1) if fee-for-service (FFS) claims were inappropriately included and 3) if claims assigned as denied by the MCO included only claims allowed per the specification (i.e., claims when services were rendered regardless of MCO non-payment), or if other claims not covered by the specifications would be assigned as denied and would therefore also be included in the measure. Regarding FFS claims, UHC noted that UHC does not include any FFS claims, and the MCO's vendor highlighted the applicable logic in its source code. For denied claims, UHC advised that duplicate claims, which are to be excluded, are handled as part of the adjustment algorithm and that all remaining claims are considered valid and included in the measure. UHC worked with the vendor to submit as applicable corrected files, source code, and completed attestation form to pass validation.

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

Findings

MCO results are presented in Tables 3.2 through 3.11. For each measure, the denominator, numerator, and measurement year rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% confidence interval indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would fall within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the confidence interval 95 times, or 95% of the time.

Rates for both the measurement year and the previous year are presented, as available [i.e., 2019 (MY 2018) and 2018 (MY 2017)]. In addition, statistical comparisons are made between the 2019 and 2018 rates. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations. For comparison of 2019 rates to 2018 rates, statistically significant increases are indicated by "+", statistically significant decreases by "–" and no statistically significant change by "n.s."

In addition to each individual MCO's rate, the MMC average for 2019 (MY 2018) is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of difference between the plan's measurement year rate and the MMC average for the same year. For comparison of 2019 rates to MMC rates, the "+" symbol denotes that the plan rate exceeds the MMC rate; the "–" symbol denotes that the MMC rate exceeds the plan rate and "n.s." denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful. Hence, results corresponding to each table highlight only differences that are both statistically significant, and display at least a **3**-percentage point

difference in observed rates. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates may not yield statistical significance due to reduced power; if statistical significance is not achieved, results will not be highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, "NA" (Not Applicable) appears in the corresponding cells. However, "NA" (Not Available) also appears in the cells under the HEDIS 2019 percentile column for PA-specific measures that do not have HEDIS percentiles to compare.

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

Access to/Availability of Care

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

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Children and Adolescents' Access to PCPs (Age 12-24 months) – 3.2 percentage points
  - Children and Adolescents' Access to PCPs (Age 25 months-6 years) – 4.2 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years) – 6.0 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years) – 5.8 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services(Age 65+ years) – 5.5 percentage points

Table 3.2: Access to/Availability of Care

		2019 (MY 2018)					2019 (MY 2019) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 24 months)	5,746	5,356	**93.2%**	92.6%	93.9%	94.7%	-	96.4%	-	>= 10th and < 25th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months 6 years)	22,704	19,527	**86.0%**	85.6%	86.5%	87.4%	-	90.2%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 7 11 years)	19,842	17,922	**90.3%**	89.9%	90.7%	91.3%	-	93.0%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 19 years)	28,815	25,950	**90.1%**	89.7%	90.4%	91.1%	-	92.2%	-	>= 25th and < 50th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 20 44 years)	57,891	41,557	**71.8%**	71.4%	72.2%	71.7%	n.s.	77.8%	-	>= 25th and < 50th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45 64 years)	26,685	21,289	**79.8%**	79.3%	80.3%	79.7%	n.s.	85.6%	-	>= 10th and < 25th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ years)	785	596	**75.9%**	72.9%	79.0%	74.6%	n.s.	81.5%	-	< 10th percentile
HEDIS	Adult BMI Assessment (Age 18 74 years)	147	137	**93.2%**	88.8%	97.6%	92.0%	n.s.	93.2%	n.s.	>= 50th and < 75th percentile
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)	5	1	**NA**	NA	NA	NA	NA	50.9%	NA	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)	126	91	**72.2%**	64.0%	80.4%	68.0%	n.s.	73.3%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)	205	133	**64.9%**	58.1%	71.7%	67.1%	n.s.	67.3%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)	336	225	**67.0%**	61.8%	72.1%	67.5%	n.s.	69.3%	n.s.	NA

Well-Care Visits and Immunizations

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

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Adolescent Well-Care Visits (Age 12 to 21 Years) – 4.9 percentage points
  - Body Mass Index: Percentile (Age 3 - 11 years) – 6.3 percentage points
  - Counseling for Physical Activity (Total) – 5.2 percentage points

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

Table 3.3: Well-Care Visits and Immunizations

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	321	227	**70.7%**	65.6%	75.9%	74.5%	n.s.	71.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)	296	223	**75.3%**	70.3%	80.4%	77.1%	n.s.	77.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 2)	411	309	**75.2%**	70.9%	79.5%	76.4%	n.s.	75.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 3)	411	300	**73.0%**	68.6%	77.4%	74.5%	n.s.	73.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	388	261	**67.3%**	62.5%	72.1%	62.3%	n.s.	62.4%	+	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 3 11 years)	208	187	**89.9%**	85.6%	94.2%	82.2%	+	83.6%	+	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 12 17 years)	134	111	**82.8%**	76.1%	89.6%	83.5%	n.s.	83.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Body Mass Index: Percentile (Total)	342	298	**87.1%**	83.4%	90.8%	82.7%	n.s.	83.6%	n.s.	>= 75th and < 90th percentile
HEDIS	Counseling for Nutrition (Age 3 11 years)	208	166	**79.8%**	74.1%	85.5%	79.8%	n.s.	76.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Age 12 17 years)	134	99	**73.9%**	66.1%	81.7%	74.4%	n.s.	74.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Total)	342	265	**77.5%**	72.9%	82.1%	77.6%	n.s.	75.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 3 11 years)	208	151	**72.6%**	66.3%	78.9%	69.6%	n.s.	67.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 12 17 years)	134	105	**78.4%**	71.0%	85.7%	75.0%	n.s.	73.4%	n.s.	>= 75th and < 90th percentile
HEDIS	Counseling for Physical Activity (Total)	342	256	**74.9%**	70.1%	79.6%	71.8%	n.s.	69.7%	+	>= 75th and < 90th percentile
HEDIS	Immunization for Adolescents (Combo 1)	411	358	**87.1%**	83.7%	90.5%	83.9%	n.s.	88.9%	n.s.	>= 75th and < 90th percentile

EPSDT: Screenings and Follow-up

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

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase – 12.5 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase – 12.9 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase – 12.1 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase – 13.1 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
    - Developmental Screening in the First Three Years of Life - 2 years – 3.3 percentage points
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days) – 5.9 percentage points
    - Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days) – 6.8 percentage points

Table 3.4: EPSDT: Screenings and Follow-up

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Lead Screening in Children (Age 2 years)	411	330	**80.3%**	76.3%	84.3%	81.5%	n.s.	81.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	1,461	811	**55.5%**	52.9%	58.1%	55.4%	n.s.	43.1%	+	>= 75th and < 90th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	424	266	**62.7%**	58.0%	67.5%	64.0%	n.s.	49.8%	+	>= 75th and < 90th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	1,461	813	**55.7%**	53.1%	58.2%	55.5%	n.s.	43.5%	+	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	409	269	**65.8%**	61.0%	70.5%	66.3%	n.s.	52.6%	+	NA
PA EQR	Developmental Screening in the First Three Years of Life Total	13,960	7,674	**55.0%**	54.1%	55.8%	55.0%	n.s.	57.1%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year	4,723	2,382	**50.4%**	49.0%	51.9%	50.7%	n.s.	51.1%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years	4,660	2,679	**57.5%**	56.1%	58.9%	57.6%	n.s.	60.8%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years	4,577	2,613	**57.1%**	55.6%	58.5%	56.6%	n.s.	59.7%	-	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 7 days)	1,073	348	**32.4%**	29.6%	35.3%	25.3%	n.s.	38.3%	-	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 30 days)	1,073	478	**44.6%**	41.5%	47.6%	41.4%	n.s.	51.3%	-	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 7 days)	2,086	302	**14.5%**	12.9%	16.0%	15.4%	n.s.	15.7%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 30 days)	2,086	487	**23.4%**	21.5%	25.2%	21.9%	n.s.	24.9%	n.s.	NA

PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 30 days)	4	1	**NA**	NA	NA	NA	NA	8.7%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 30 days)	2	2	**NA**	NA	NA	NA	NA	50.0%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 7 days)	4	1	**NA**	NA	NA	NA	NA	8.7%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 7 days)	2	2	**NA**	NA	NA	NA	NA	41.7%	NA	NA

Dental Care for Children and Adults

No strengths are identified for Dental Care for Children and Adults performance measures.

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Annual Dental Visit (Age 2–20 years) – 5.9 percentage points
  - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years) – 8.1 percentage points
  - Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk – 20.6 percentage points

Table 3.5: EPSDT: Dental Care for Children and Adults

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Annual Dental Visit (Age 2 20 years)	83,715	48,600	**58.1%**	57.7%	58.4%	58.8%	-	64.0%	-	>= 50th and < 75th percentile
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2 20years)	5,161	2,806	**54.4%**	53.0%	55.7%	56.2%	n.s.	62.4%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk	11,096	144	**1.3%**	1.1%	1.5%	21.3%	-	21.9%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk (Dental Enhanced)	11,667	2,347	**20.1%**	19.4%	20.9%	23.3%	-	23.1%	-	NA

Women's Health

No strengths are identified for Women's Health performance measures.

Opportunities for improvement are identified for the following measures:

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

- Breast Cancer Screening (Age 50-74 years) – 6.8 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20) – 5.8 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20) – 11.3 percentage points
- Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20) – 4.1 percentage points
- Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20) – 5.9 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44) – 10.6 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44) – 12.5 percentage points

Table 3.6: Women's Health

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Breast Cancer Screening (Age 50 74 years)	6,305	3,185	**50.5%**	49.3%	51.8%	50.9%	n.s.	57.3%	-	>= 10th and < 25th percentile
HEDIS	Cervical Cancer Screening (Age 21 64 years)	411	247	**60.1%**	55.2%	65.0%	57.7%	n.s.	63.0%	n.s.	>= 25th and < 50th percentile
HEDIS	Chlamydia Screening in Women (Total)	9,443	5,746	**60.8%**	59.9%	61.8%	61.0%	n.s.	60.9%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Age 16 20 years)	5,254	3,033	**57.7%**	56.4%	59.1%	56.6%	n.s.	57.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Age 21 24 years)	4,189	2,713	**64.8%**	63.3%	66.2%	66.3%	n.s.	65.1%	n.s.	>= 50th and < 75th percentile
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	9,408	48	**0.5%**	0.4%	0.7%	0.6%	n.s.	0.8%	-	>= 50th and < 75th percentile
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)	11,257	3,486	**31.0%**	30.1%	31.8%	25.0%	+	32.7%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)	11,257	383	**3.4%**	3.1%	3.7%	4.6%	-	3.6%	n.s.	NA
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)	30,261	8,081	**26.7%**	26.2%	27.2%	21.5%	+	28.7%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)	30,261	1,300	**4.3%**	4.1%	4.5%	5.8%	-	4.3%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 15 to 20)	421	17	**4.0%**	2.0%	6.0%	3.9%	n.s.	9.8%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 15 to 20)	421	130	**30.9%**	26.3%	35.4%	33.0%	n.s.	42.2%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 15 to 20)	421	3	**0.7%**	0.0%	1.6%	1.3%	n.s.	4.8%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 15 to 20)	421	34	**8.1%**	5.4%	10.8%	12.5%	-	14.0%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 21 to 44)	3,478	143	**4.1%**	3.4%	4.8%	5.4%	-	14.7%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 21 to 44)	3,478	1,023	**29.4%**	27.9%	30.9%	27.6%	n.s.	41.9%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 21 to 44)	3,478	13	**0.4%**	0.2%	0.6%	1.0%	-	2.6%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 21 to 44)	3,478	254	**7.3%**	6.4%	8.2%	9.5%	-	10.3%	-	NA

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

Obstetric and Neonatal Care

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

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Prenatal Screening for Smoking – 6.1 percentage points
  - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator) – 6.2 percentage points
  - Prenatal Counseling for Smoking – 21.4 percentage points
  - Prenatal Counseling for Environmental Tobacco Smoke Exposure – 18.1 percentage points
  - Prenatal Screening for Depression – 13.1 percentage points
  - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator) – 9.9 percentage points
  - Postpartum Screening for Depression – 15.8 percentage points
  - Prenatal Screening for Alcohol use – 5.8 percentage points
  - Prenatal Screening for Illicit drug use – 5.5 percentage points
  - Prenatal Screening for Prescribed or over-the-counter drug use – 6.2 percentage points
  - Prenatal Screening for Intimate partner violence – 10.1 percentage points
  - Prenatal Screening for Behavioral Health Risk Assessment – 9.4 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received – 4.4 percentage points
  - Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received – 6.0 percentage points
  - Prenatal Smoking Cessation – 8.1 percentage points

Table 3.7: Obstetric and Neonatal Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 61% of Expected Prenatal Care Visits Received	411	340	**82.7%**	78.9%	86.5%	83.7%	n.s.	87.2%	-	NA
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 81% of Expected Prenatal Care Visits Received	411	277	**67.4%**	62.7%	72.1%	64.0%	n.s.	73.4%	-	NA
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	384	326	**84.9%**	81.2%	88.6%	84.4%	n.s.	87.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Prenatal and Postpartum Care Postpartum Care	384	250	**65.1%**	60.2%	70.0%	63.3%	n.s.	67.7%	n.s.	>= 25th and < 50th percentile
PA EQR	Prenatal Screening for Smoking	386	358	**92.7%**	90.0%	95.5%	86.6%	+	86.7%	+	NA
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	386	358	**92.7%**	90.0%	95.5%	86.6%	+	86.6%	+	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	386	213	**55.2%**	50.1%	60.3%	47.6%	+	52.1%	n.s.	NA
PA EQR	Prenatal Counseling for Smoking	79	79	**100.0%**	99.4%	100.0%	100.0%	NA	78.6%	+	NA
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	38	38	**100.0%**	98.7%	100.0%	100.0%	NA	81.9%	+	NA
PA EQR	Prenatal Smoking Cessation	348	36	**10.3%**	7.0%	13.7%	5.9%	+	18.5%	-	NA
PA EQR	Prenatal Screening for Depression	388	338	**87.1%**	83.7%	90.6%	76.1%	+	74.0%	+	NA
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	388	310	**79.9%**	75.8%	84.0%	69.5%	+	70.0%	+	NA
PA EQR	Prenatal Screening Positive for Depression	338	79	**23.4%**	18.7%	28.0%	21.5%	n.s.	19.0%	n.s.	NA

PA EQR	Prenatal Counseling for Depression	79	64	**81.0%**	71.7%	90.3%	79.0%	n.s.	79.8%	n.s.	NA
PA EQR	Postpartum Screening for Depression	293	273	**93.2%**	90.1%	96.2%	90.8%	n.s.	77.3%	+	NA
PA EQR	Postpartum Screening Positive for Depression	273	48	**17.6%**	12.9%	22.3%	15.0%	n.s.	15.7%	n.s.	NA
PA EQR	Postpartum Counseling for Depression	48	44	**91.7%**	82.8%	100.0%	88.2%	n.s.	88.9%	n.s.	NA
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	991	199	**20.1%**	17.5%	22.6%	20.0%	n.s.	22.6%	n.s.	NA
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	4,562	451	**9.9%**	9.0%	10.8%	10.2%	n.s.	9.1%	n.s.	NA
PA EQR	Prenatal Screening for Alcohol use	386	345	**89.4%**	86.2%	92.6%	83.7%	+	83.6%	+	NA
PA EQR	Prenatal Screening for Illicit drug use	386	344	**89.1%**	85.9%	92.4%	82.4%	+	83.6%	+	NA
PA EQR	Prenatal Screening for Prescribed or over the counter drug use	386	358	**92.7%**	90.0%	95.5%	88.7%	n.s.	86.5%	+	NA
PA EQR	Prenatal Screening for Intimate partner violence	386	282	**73.1%**	68.5%	77.6%	63.2%	+	63.0%	+	NA
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	388	242	**62.4%**	57.4%	67.3%	47.6%	+	52.9%	+	NA
PA EQR	Elective Delivery	1,187	150	**12.6%**	10.7%	14.6%	4.5%	+	12.6%	n.s.	NA

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

Respiratory Conditions

Strengths are identified for the following Respiratory Conditions performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months – 11.6 admissions per 100,000 member months
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months – 10.7 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator – 6.6 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years) – 6.8 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years) – 6.9 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years) – 5.8 percentage points
  - Asthma Medication Ratio (5-11 years) – 6.2 percentage points
  - Asthma Medication Ratio (12-18 years) – 4.9 percentage points
  - Asthma Medication Ratio (19-50 years) – 9.0 percentage points
  - Asthma Medication Ratio (51-64 years) – 8.9 percentage points
  - Asthma Medication Ratio (Total) – 6.2 percentage points

Table 3.8: Respiratory Conditions

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	3,543	3,014	**85.1%**	83.9%	86.3%	83.6%	n.s.	84.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection	5,136	422	**91.8%**	91.0%	92.5%	89.6%	+	91.5%	n.s.	>= 25th and < 50th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1,431	828	**42.1%**	39.5%	44.7%	37.7%	+	41.3%	n.s.	>= 75th and < 90th percentile

HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	586	182	**31.1%**	27.2%	34.9%	31.4%	n.s.	29.5%	n.s.	>= 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	932	683	**73.3%**	70.4%	76.2%	73.4%	n.s.	75.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	932	735	**78.9%**	76.2%	81.5%	81.8%	n.s.	85.5%	-	>= 10th and < 25th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 years)	831	251	**30.2%**	27.0%	33.4%	33.7%	n.s.	37.0%	-	>= 25th and < 50th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 years)	713	262	**36.7%**	33.1%	40.4%	35.3%	n.s.	40.3%	n.s.	>= 75th and < 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 years)	794	348	**43.8%**	40.3%	47.3%	39.8%	n.s.	46.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 years)	236	130	**55.1%**	48.5%	61.6%	50.5%	n.s.	62.0%	-	>= 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Total Age 5 64 years)*	2,574	991	**38.5%**	36.6%	40.4%	37.4%	n.s.	44.3%	-	>= 50th and < 75th percentile
HEDIS	Asthma Medication Ratio (5 11 years)	938	650	**69.3%**	66.3%	72.3%	69.5%	n.s.	75.5%	-	>= 10th and < 25th percentile
HEDIS	Asthma Medication Ratio (12 18 years)	814	538	**66.1%**	62.8%	69.4%	63.9%	n.s.	71.0%	-	>= 50th and < 75th percentile
HEDIS	Asthma Medication Ratio (19 50 years)	1,095	536	**48.9%**	45.9%	52.0%	49.7%	n.s.	58.0%	-	>= 25th and < 50th percentile
HEDIS	Asthma Medication Ratio (51 64 years)	339	177	**52.2%**	46.7%	57.7%	52.6%	n.s.	61.1%	-	>= 10th and < 25th percentile
HEDIS	Asthma Medication Ratio (Total)	3,186	1,901	**59.7%**	57.9%	61.4%	60.1%	n.s.	65.9%	-	>= 25th and < 50th percentile
PA EQR	Asthma in Younger Adults Admission Rate (Age 18 39 years) per 100,000 member months	969,597	75	**7.7**	6.0	9.5	6.2	n.s.	9.3	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months	541,522	326	**60.2**	53.7	66.7	79.2	-	71.8	-	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months	12,986	10	**77.0**	29.3	124.7	16.3	+	47.8	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months	554,508	336	**60.6**	54.1	67.1	77.7	-	71.3	-	NA

[1] Per NCQA, a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).
[2] Per NCQA, a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).
[3] For the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

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

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
    - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age) – 8.0 percentage points
    - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) per 100,000 member months – 3.8 admissions per 100,000 member months
    - Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months – 3.8 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
    - Statin Therapy for Patients With Diabetes: Statin Adherence 80% – 6.2 percentage points

Table 3.9: Comprehensive Diabetes Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2017	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Hemoglobin A1c (HbA1c) Testing	558	494	**88.5%**	85.8%	91.3%	84.9%	n.s.	86.6%	n.s.	>= 25th and < 50th percentile
HEDIS	HbA1c Poor Control (>9.0%)	558	196	**35.1%**	31.1%	39.2%	37.1%	n.s.	34.7%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Control (<8.0%)	558	292	**52.3%**	48.1%	56.6%	52.5%	n.s.	52.9%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Good Control (<7.0%)	411	152	**37.0%**	32.2%	41.8%	37.8%	n.s.	38.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Retinal Eye Exam	558	331	**59.3%**	55.2%	63.5%	57.1%	n.s.	58.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Medical Attention for Nephropathy	558	507	**90.9%**	88.4%	93.3%	88.5%	n.s.	89.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Blood Pressure Controlled <140/90 mm Hg	558	388	**69.5%**	65.6%	73.4%	70.8%	n.s.	68.3%	n.s.	>= 50th and < 75th percentile
PA EQR	Diabetes Short Term Complications Admission Rate (Age 18 64 years) per 100,000 member months	1,511,119	260	**17.2**	15.1	19.3	12.8	+	21.0	-	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Age 65+ years) per 100,000 member months	12,986	0	**0.0**	0.0	0.0	0.0	NA	2.7	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months	1,524,105	260	**17.1**	15.0	19.1	12.7	+	20.9	-	NA
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy	3,611	2,313	**64.1%**	62.5%	65.6%	63.4%	n.s.	66.8%	-	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%	2,313	1,427	**61.7%**	59.7%	63.7%	59.5%	n.s.	67.8%	-	>= 50th and < 75th percentile
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 64 Years of Age)	429	398	**92.8%**	90.2%	95.3%	91.5%	n.s.	84.8%	+	NA
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 75 Years of Age)	0	0	**NA**	NA	NA	NA	NA	78.1%	NA	NA

[1] For HbA1c Poor Control, lower rates indicate better performance.
[2] For the Adult Admission Rate measures, lower rates indicate better performance

Cardiovascular Care

Strengths are identified for the following Cardiovascular Care performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:
    - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months – 2.5 admissions per 100,000 member months
    - Heart Failure Admission Rate (Age 65+ years) per 100,000 member months – 52.2 admissions per 100,000 member months

- Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months – 2.9 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male) – 3.5 percentage points
  - Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate – 3.5 percentage points
  - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male) – 8.4 percentage points
  - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female) – 7.9 percentage points
  - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate – 8.1 percentage points

Table 3.10: Cardiovascular Care

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	136	108	**79.4%**	72.2%	86.6%	80.2%	n.s.	83.3%	n.s.	>= 50th and < 75th percentile
HEDIS	Controlling High Blood Pressure (Total Rate)	411	268	**65.2%**	60.5%	69.9%	65.7%	n.s.	66.4%	n.s.	>= 50th and < 75th percentile
PA EQR	Heart Failure Admission Rate (Age 18 64 years) per 100,000 member months	1,511,119	305	**20.2**	17.9	22.4	22.2	n.s.	22.7	-	NA
PA EQR	Heart Failure Admission Rate (Age 65+ years) per 100,000 member months	12,986	3	**23.1**	0.0	49.2	81.6	-	75.3	-	NA
PA EQR	Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months	1,524,105	308	**20.2**	18.0	22.5	22.7	n.s.	23.1	-	NA
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21 75 years (Male)	581	459	**79.0%**	75.6%	82.4%	81.4%	n.s.	82.5%	-	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40 75 years (Female)	421	320	**76.0%**	71.8%	80.2%	77.1%	n.s.	79.5%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate	1,002	779	**77.7%**	75.1%	80.4%	79.6%	n.s.	81.2%	-	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 21 75 years (Male)	459	291	**63.4%**	58.9%	67.9%	62.0%	n.s.	71.8%	-	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 40 75 years (Female)	320	197	**61.6%**	56.1%	67.0%	63.3%	n.s.	69.4%	-	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% Total Rate	779	488	**62.6%**	59.2%	66.1%	62.6%	n.s.	70.8%	-	>= 25th and < 50th percentile
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia	22	17	**NA**	NA	NA	NA	NA	78.2%	NA	NA

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

Utilization

Strengths are identified for the following Utilization performance measures.

- The following rates are statistically significantly above/better than the 2019 MMC weighted average:

- Use of Opioids From Multiple Providers (4 or more prescribers) – 3.5 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2019 MMC weighted average:
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia – 5.0 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years – 7.1 percentage points
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate – 5.8 percentage points

Table 3.11: Utilization

		2019 (MY 2018)					2019 (MY 2018) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2018 (MY2017) Rate	2019 Rate Compared to 2018	MMC	2019 Rate Compared to MMC	HEDIS 2019 Percentile
PA EQR	Reducing Potentially Preventable Readmissions	15,643	1,963	**12.5%**	12.0%	13.1%	10.9%	+	11.9%	+	NA
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	627	371	**59.2%**	55.2%	63.1%	62.8%	n.s.	64.2%	-	>= 25th and < 50th percentile
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	1,572	1,217	**77.4%**	75.3%	79.5%	66.9%	+	78.0%	n.s.	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 1 5 years	5	0	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 6 11 years	305	2	**0.7%**	0.0%	1.7%	0.0%	n.s.	1.2%	n.s.	>= 50th and < 75th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 12 17 years	632	6	**0.9%**	0.1%	1.8%	0.8%	n.s.	2.0%	n.s.	>= 75th and < 90th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Total Rate	942	8	**0.8%**	0.2%	1.5%	0.5%	n.s.	1.8%	-	>= 75th and < 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 5 years	8	6	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 11 years	368	238	**64.7%**	59.7%	69.7%	59.8%	n.s.	68.1%	n.s.	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 17 years	758	432	**57.0%**	53.4%	60.6%	60.9%	n.s.	64.0%	-	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate	1,134	676	**59.6%**	56.7%	62.5%	60.3%	n.s.	65.4%	-	>= 90th percentile
HEDIS	Use of Opioids at High Dosage	2,236	211	**9.4%**	8.2%	10.7%	9.7%	n.s.	7.3%	+	>= 10th and < 25th percentile
HEDIS	Use of Opioids from Multiple Providers (4 or more prescribers)	2,789	343	**12.3%**	11.1%	13.5%	17.7%	-	15.8%	-	>= 90th percentile
HEDIS	Use of Opioids From Multiple Providers (4 or more pharmacies)	2,789	60	**2.2%**	1.6%	2.7%	2.5%	n.s.	3.7%	-	>= 75th and < 90th percentile
HEDIS	Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies)	2,789	25	**0.9%**	0.5%	1.3%	1.2%	n.s.	1.6%	-	>= 90th percentile
HEDIS	Risk of Continued Opioid Use New Episode Lasts at Least 15 Days	11,605	267	**2.3%**	2.0%	2.6%	NA	NA	4.4%	-	NA
HEDIS	Risk of Continued Opioid Use New Episode Lasts at Least 31 Days	11,605	168	**1.4%**	1.2%	1.7%	NA	NA	2.1%	-	NA

PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 18 64 years)	2,468	527	**21.4%**	19.7%	23.0%	NA	NA	24.2%	-	NA
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Age 65 years and older)	7	0	**NA**	NA	NA	NA	NA	13.0%	NA	NA
PA EQR	Concurrent Use of Opioids and Benzodiazepines (Total Ages 18 years and older)	2,475	527	**21.3%**	19.7%	22.9%	NA	NA	24.1%	-	NA
		2019 (MY 2018)					**2019 (MY 2018) Rate Comparison**				
Indicator Source	**Indicator**		**Count**	**Rate**			**2018 (MY2017) Rate**	**2019 Rate Compared to 2018**			**HEDIS 2019 Percentile**
HEDIS	PCR: Count of Index Hospital Stays (IHS) 1 3 Stays (Ages Total)		5,205				5,172				NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) 4+ Stays (Ages Total)		848				865				NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) Total Stays (Ages Total)		6,053				6,037				NA
HEDIS	PCR: Count of 30 Day Readmissions 1 3 Stays (Ages Total)		358				374				NA
HEDIS	PCR: Count of 30 Day Readmissions 4+ Stays (Ages Total)		328				423				NA
HEDIS	PCR: Count of 30 Day Readmissions Total Stays (Ages Total)		686				797				NA
HEDIS	PCR: Observed Readmission Rate 1 3 Stays (Ages Total)			**6.9%**			7.2%	NA			NA
HEDIS	PCR: Observed Readmission Rate 4+ Stays (Ages Total)			**38.7%**			48.9%	NA			NA
HEDIS	PCR: Observed Readmission Rate Total Stays (Ages Total)			**11.3%**			13.2%	NA			NA
HEDIS	PCR: Expected Readmission Rate 1 3 Stays (Ages Total)			**15.6%**			15.3%	NA			NA
HEDIS	PCR: Expected Readmission Rate 4+ Stays (Ages Total)			**35.3%**			38.2%	NA			NA
HEDIS	PCR: Expected Readmission Rate Total Stays (Ages Total)			**18.4%**			18.6%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 1 3 Stays (Ages Total)			**44.1%**			47.4%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 4+ Stays (Ages Total)			**109.5%**			127.9%	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio Total Stays (Ages Total)			**61.7%**			71.2%	NA			NA

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

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

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

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

2019 Adult CAHPS 5.0H Survey Results

Table 3.12: CAHPS 2019 Adult Survey Results

Survey Section/Measure Your Health Plan	2019 (MY 2018)	2019 Rate Compared to 2018	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2019 MMC Weighted Average
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	79.31%	▲	72.90%	▼	72.93%	80.72%
Getting Needed Information (Usually or Always)	78.31%	▼	82.08%	▲	77.10%	84.19%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	75.00%	▼	75.97%	▲	71.71%	77.03%
Appointment for Routine Care When Needed (Usually or Always)	76.44%	▼	85.58%	▲	80.54%	82.42%

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

2019 Child CAHPS 5.0H Survey Results

Table 3.13: CAHPS 2019 Child Survey Results

CAHPS Items Your Child's Health Plan	2019 (MY 2018)	2019 Rate Compared to 2018	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2019 MMC Weighted Average
Satisfaction with Child's Health Plan (Rating of 8 to 10)	83.37%	▼	83.56%	▼	86.82%	87.41%
Information or Help from Customer Service (Usually or Always)	84.85%	▼	85.71%	▲	76.97%	83.11%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	85.17%	▼	85.21%	▼	88.08%	87.51%
Appointment for Routine Care When Needed (Usually or Always)	87.65%	▲	86.16%	▼	90.85%	88.68%

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

IV: 2018 Opportunities for Improvement MCO Response

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2018 EQR Technical Reports, which were distributed June 2019. The 2019 EQR is the eleventh to include descriptions of current and proposed interventions from each PH MCO that address the 2018 recommendations.

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

- Follow-up actions that the MCO has taken through June 30, 2019 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the response submitted to IPRO as of September 2019, as well as any additional relevant documentation provided by UHC.

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

Table 4.1: Current and Proposed Interventions

Reference Number: [UHC] 2018.01: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
Follow Up Actions Taken Through 06/30/19 Clinical Practice Consultant (CPC) Program • CPC's distributed Quick reference Guide for Adult HEDIS® measures, educate on these measures and provide specific feedback to providers. This is done frequently throughout the year and documentation performed on which providers had this outreach (Ongoing) • CPC's are assigned to high volume locations and educate sites on closing gaps in care, identification of noncompliant members, perform telephone member outreach to educate members on disease states, importance of preventive health visits, assist in scheduling an appointment, importance of medication compliance, and lab screenings (Ongoing) • CPC's abstracted supplemental data for HEDIS throughout the year, opportunities for improvement are identified timely. This data is also be utilized to increase administrative scores and gain better traction with the provider incentive programs (Ongoing) Provider Outreach and Education • UHC On Air programming with continuing education credits for HEDIS topics (Ongoing) • Uhcprovider.com has education resources and updated clinical guidelines (Ongoing) • Targeted MedExpress sites treating a high volume of UHC members. Enrollment is verified and gaps in care identified and closed for any UHC member who presents at MedExpress for urgent care. Utilized Quality Outreach team to identify members who have visited MedExpress before and work with MedExpress to identify and close gaps in care on future visits. Educated Med Express on the HEDIS measures and closing gaps in care when members are utilizing their facility for sick visits also. Data claims analysis done to determine outcome of effort (Ongoing) Member Outreach and Education • Special Needs Unit (SNU) case management model sends mailers with a handy magnet to members that we have connected with that have case management needs, address is confirmed and then SNU mailer are sent. The magnet inside has our phone number should they need it in the future. We are tracking how many go out each month (Ongoing) • NurseLine is a 24/7 ongoing advice line available at no charge to members who can access a Registered Nurse for symptom management and to assist member with choosing an appropriate level of care: PCP, urgent care or ER. Mailers are sent out several times during the calendar year to members. (Ongoing) • Mailing to members who utilized the emergency department in MedExpress counties. Mailer sent to members who utilized ED in MedExpress counties with MedExpress services and hours of operation (twice a year, ongoing) • Women's Email campaign, an email to women that opted in, Informs members of importance of Breast Cancer, Cervical

Cancer screenings and yearly wellness exam for women age 20-85 (annually May 2018 and May 2019)

- Silverlink voice recognition outreach calls made to remind member on importance of preventative care (Ongoing)
- HealthTALK member newsletter sent to members with educational articles including "Easy Access Options for Women's Health Services" informing female members of UHC to get in-network women's health specialists for covered routine and preventive health care services and "Mammograms Save Lives"(sent out 4th Q 2018)
- Upon becoming a member, along with receiving their identification card, members receive an informational mailer called "Getting Started" informing them of the UHC app, online access, completion of a health assessment, benefits including dental, prescription and vision. Member services phone number is listed for member to call for assistance in finding a PCP, Specialist or dental provider or any other questions. Also, phone number listed for NurseLine 24/7 access. Members informed of available free transportation to medical appointments. Information contained on urgent care clinics, that they are available as an option to the PCP, if issue requires quick attention and they cannot get a PCP appointment quickly.

Whole Person Care

- Community Health Workers function as a bridge between individuals and healthcare. Advocate through experience and skills to assist members with healthcare and social needs, resources (Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best support the call and/or care the member is requiring: provides provider information, appointment scheduling, assists with PCP and Provider searches, completing a Health Assessment (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visit for cervical cancer screenings, breast cancer screenings, diabetic care and other health services based on contract metrics (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. They can strengthen adherence to medication and treatment plans (Ongoing)

Alegis

- Homecare vendor that offers a licensed practitioner to perform a home visit for non-compliant members to assist in gap closure and coordinate with the member's PCP and reengage membership thus improving the patient/physician relationship. Currently 11 counties in PA (Ongoing)
- Will reach out to PCP as result of home visit to report any concerns/issues and generate a Case Management referral when indicated (Ongoing)

Future Actions Planned:

Doctor Chat Program

- New program that will allow members to chat with a doctor 24/7. Will be open to all members but will be targeted at high ED utilizers and those using ED for non- emergent diagnoses. Text based encounters with live ER physicians. This program will be available for all Community Plan members but will be promoted to those that are High ED utilizers. The physicians can escalate the interaction to a telephonic or video engagement or when appropriate refer to Urgent Care or ED.(Q3 2019 and will be Ongoing)

Maxim Comprehensive Diabetic Program

- New homecare vendor with a four county focus that has practitioners to perform home visits for the following bundle: (AAP) Comprehensive Wellness Assessment, (CDCA1C) HbA1C, (CDC nephrology) urine collection for kidney function test, (CBP, CDC CBP) BP check.
- Will notify PCP of findings and generate case management referral if indicated (Projected to begin July 2019 and will be ongoing)

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.02: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)

Follow Up Actions Taken Through 06/30/19

See Reference Number: [UHC] 2018. 01

Reference Number: [UHC] 2018.03: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years)

Follow Up Actions Taken Through 06/30/19
See Reference Number: [UHC] 2018. 01

Reference Number: [UHC] 2018.04: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Annual Dental Visit (Age 2–20 years)

Follow Up Actions Taken Through 06/30/19:

Dental Strategy Workgroup

- Dental Advisory Committee formed to focus on dental program: quality initiative, barriers to treatment, and network expansion. (Ongoing)
- Pilot for Broken Appointments- Began in June 2018 with Dr. Geshay in the SW Zone for any member that had at least 2 broken appointments. The hygienist called the families and provided oral health instruction, discussed the broken appointment and encouraged the parent/guardian to call and reschedule. If there are any Social Determinants of Health related issues, the SNU will provide an outreach if member is agreeable. (Ongoing)

Clinical Practice Consultant (CPC) Program and Dental Advocates

- Partnered together to provide education and outreach to dental providers: quality initiative, barriers to treatment, and network expansion. (Ongoing)
- Provide care gap lists for dental for FQHCs and high volume provider sites (Ongoing)
- Encouraging providers to follow EPSDT guidelines including a knee to knee visit (ADV) for infant/toddler 0-2 when siblings are in chair for dental visit to increase familiarity with dentist. (Ongoing)
- CPC's distribute Quick reference Guide for Adult and Child HEDIS® measures, educate on these measures and provide specific feedback to providers. This is done frequently throughout the year and documentation performed on which providers had this outreach. (Ongoing)
- CPC's are assigned to high volume locations and educate sites on closing gaps in care, identification of noncompliant members, perform telephone member outreach to educate members on disease states, importance of preventive health visits, assist in scheduling an appointment, importance of medication compliance, and lab screenings. (Ongoing)
- CPC's abstracted supplemental data for HEDIS throughout the year, opportunities for improvement are identified timely. This data is also be utilized to increase administrative scores and gain better traction with the provider incentive programs. (Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP and Dental searches, completing a Health Assessment. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visits for ADV and other health services based on contract metrics. (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)

Provider Outreach and Education:

- Provider Incentive care gap program continues to encourage and incentivize providers to close dental gaps in care. $25.00 per member Program Incentive for 2018 -letter distributed to providers Q3 2018. (Ongoing annually)
- Placement of a PHDHP in an FQHC setting to facilitate physician screening preventive services, patient education referral PHDHP program at Cornerstone. (Ongoing)
- Educating providers on varnish coding and application and encouraging members that receive varnish to follow up with dentist; sharing a list of general dentists that provide dental services to children; Healthy Teeth Healthy Children Program. (Ongoing)
- CPCs will provide care gap lists for dental for FQHCs and high volume provider sites (provided Q3 and Q4 2018-Ongoing)
- Dental network staff visited providers to identify barriers and work on access issue. (Ongoing)
- Provider education regarding integrating D1351 into emergency visits when definitive treatment must be scheduled at a later appointment. Will increase the provider productivity and lower overhead while closing the dental sealant gaps. Also targeting Oral Health initiative (Ongoing)
- Provider Education on UHC On Air on Oral Health. (Ongoing)
- Statewide Town Hall meetings held March 2019 and June 2019 for providers: discuss ADV, sealants, fluoride treatments, any billing or authorization concerns or additional issues they may have that they would like to discuss. (Ongoing)

Member Outreach and Education

- Member services message that states that periodontal disease is related to overall health while member is on hold for

member services. (Ongoing)

- Quality Management Outreach staff conduct telephonic outreach to multiple members in household to assist member with appointment scheduling to close dental care gaps
- Fluoride Varnish Project targeting providers and members. (Ongoing)
- Member Rewards Dental Visit (Medicaid Only) - Gift Card $30.00. (Ongoing)
- Dental Smiles Mailing to Members in Target Schools and dental van flyer with schedule for ADV while in school. (Ongoing)
- 2018 Oral Health Disparities Project started 11/2018 with telephonic outreach to Cambodian members in disparity zip code 19045 to educate and assist these members with scheduling an annual dental visit with use of language line. (Telephonic Outreach Ended November 2018)
- Cambodian mailer, written in Cambodian, distributed in pilot area zip code 19045 in May 2019 which included 62 ADV noncompliant Cambodian members (May 2019, unsure at this time whether this will be ongoing until data is gathered on whether mailings were an effective intervention with this population)
- HealthTALK member newsletter article with information on importance of annual dental visit and dental sealants, what they are, importance of and them being a no cost benefit. (Ongoing)
- Dental Hygienist performs telephonic outreach to provide oral hygiene education to noncompliant members and households-also educates on importance of an annual dental visit, fluoride treatment, and dental sealants to increase utilization on ADV and dental sealants. Attempts to connect the household with a dental home by providing households with options for a dental home and will attempt to assist member by making the initial appointment. (began June 2019, will be Ongoing)
- KidsHealth: a website for Parents, Kids and Teens with information on Dental care also. (Ongoing)

Community Outreach

- Outreach by dental strategy workgroup to dental schools to recruit new dentists. (Ongoing)

Future Actions Planned:

Dental Hygienist telephonic outreach and dental hygiene education, attempt to also schedule/link with a dental home (MA only) began June 2019. Will be ongoing.

Oral Health Initiative-in PA trying to get reimbursement for D1320 Tobacco Cessation Counseling for providers and will perform training to providers.

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of ADV and services by members 2-20 is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.05: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years)

Follow Up Actions Taken Through 06/30/19:

See Reference Number: [UHC] 2018.04

Reference Number: [UHC] 2018.06: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk

Follow Up Actions Taken Through 06/30/19:

See Reference Number: [UHC] 2018.04

Reference Number: [UHC] 2018.07: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Breast Cancer Screening (Age 50-74 years)

Follow Up Actions Taken Through 06/30/19:

Clinical Practice Consultant (CPC) Program

- CPC's going to high volume OB offices; providing gaps in care lists and collecting medical records while on site. (Ongoing)
- CPC's are assigned to FQHC locations and will educate sites on closing gaps in care, identification of noncompliant members. (Ongoing)
- CPC's provide ongoing education and resources to providers and assist offices with outreach calls to patients. CPC's encourage and support practices to look at barriers and begin putting systems in place to focus on importance of medication compliance, importance of preventive health visits, education on disease states and lab screenings. (Ongoing)
- Provided with Women's Resource Guide on HEDIS measures. (Ongoing)

Provider Outreach and Education:

- Web Based Clinical guidelines posted on the UHC website. (Ongoing)

Member Outreach and Education

- QM Outreach staff conducts telephonic outreach to members to assist members with scheduling. (Ongoing)
- Silverlink Interactive Voice Recognition (IVR) Female Prevention: Auto messaging to educate/ encourage noncompliant women to complete their mammogram. (Ongoing)
- Women's Email campaign email to all women that opted in informed of importance of BCS, CCS and yearly wellness exam. (Annually, last sent May 2019)
- Mailer to members stressing importance of mammogram-sent to members with gap in care for this measure. (Ongoing)
- Member Rewards - Breast Cancer Screening (Medicaid Only) Gift Card $25.00 (2019)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, Provider searches and completion of a Health Assessment. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visit for cervical cancer screenings, breast cancer screenings, diabetic care, ADV and others health services based on contract metrics. (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)

Community Outreach

- Mobile van – Lackawanna-that will perform breast cancer screenings at designated sites throughout the year. (Ongoing)

Future Actions Planned:

Researching process of becoming a supporting partner for Women's Health Organization.

Researching possibility of a cobranded campaign with high volume OB/GYN providers to encourage women to schedule mammogram.

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of BCS by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with these initiatives.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.08: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)

Follow Up Actions Taken Through 06/30/19:

Member Outreach and Education

- Stellar-Expedos is a Pyxis kiosk machine located at high volume provider location sites to allow for the clinician to prescribe and dispense contraceptives and devices at the actual time of the visit, allowing office dispensing. Targeting 29 sites in the SE zone. (Ongoing)
- Food and Drug Administration-approved contraceptive methods, including contraceptive devices, injectable contraceptives, IUDs and implants; voluntary sterilization procedures, and patient education and counseling, not including abortifacient drugs, are provided at a no cost share to the member. (Current, no anticipated change in this)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP/OB/GYN and other Provider searches, and completion of a member Health Assessment that can be viewed by the provider when completed. (Ongoing)

Future Actions Planned:

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of contraceptive care by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with these initiatives.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.09: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.08**

Reference Number: [UHC] 2018.10: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.08**:

Reference Number: [UHC] 2018.11: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.08**

Reference Number: [UHC] 2018.13: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.08**

Reference Number: [UHC] 2018.14: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for ≥ 81% of Expected Prenatal Care Visits Received

Follow Up Actions Taken Through 06/30/19:

Clinical Practice Consultant (CPC) Program

- Global billing practices investigated: UHC contracting is pulling data to review providers that still use global (bundled) billing codes for perinatal period. CPC goes out and discusses this billing practice with providers and the effect it has on HEDIS® rates. (Ongoing)
- CPC's will be abstracting supplemental data for HEDIS throughout the year: Real time data will be collected and opportunities for improvement will be identified timely. (Ongoing)
- CPC's distribute Women's reference guide to providers to give to members

Provider Outreach and Education:

- CPC's outreach and educate OB Providers on clinical practice guidelines for prenatal care, encourage the postpartum provider gap in care incentive program, completion of ONAF promoting electronic submission and assist in collection of medical records. (Ongoing)
- CPC's distribute document: Five Major Steps to Intervention (The 5 A's) regarding how to intervene with tobacco cessation: Ask, Advise, Assess, Assist and Arrange.

Member Outreach and Education

- Pregnancy Program Interactive Voice Recognition (IVR) - IVR campaign (including both prenatal and post-partum outreach) during their pregnancy with helpful tips and appointment reminders. (Ongoing)
- Oral Health and Pregnancy Educational and Outreach Flyer for Community Health Workers and Community Events. (Ongoing)
- QM team performs telephonic outreach to members to assist with gap closure. (Ongoing)

Wellhop for Mom and Baby

- Pilot program for Virtual Group Prenatal Care Program for C&S pregnant members to let them know about a new offering for virtual group prenatal care. There are 16 total sessions that help moms learn about what to expect during their pregnancy and in the 3 months postpartum - will identify by Healthy First Steps weekly analytics, website: momandbaby.wellhop.com. (Started in Q2 2019, pilot program)

P3-Prematurity Prevention Program

- Pilot disparity program to enhance healthy moms and babies in 6 counties around Philadelphia area. The program consists of telephonic case management with requirement of 2 face to face visits and the participants receive MANNA (nutritionally complete) meals. (pilot program)

Whole Person Care

- Previously called Person Centered Care Model, where community health workers function as a bridge between individuals and healthcare. Advocate through experience and skills to assist members with healthcare and social needs, resources. Can receive MANNA Meals and education by CHW for Medical Nutrition Therapy sessions in the home. (Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Assessment. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visits for cervical cancer screenings, breast cancer screenings, diabetic care, ADV and other health services based on contract metrics (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)

Baby Blocks Program

- An interactive web and smartphone program that encourages and reminds members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips; Baby Blues and guidance for assistance directing the member back to the provider. (Ongoing)

Healthy First Steps

- Maternity case management tool focused on earlier identification and engagement of pregnant members along with enhanced support for healthcare providers. Better member experience is optimized by streamlining the outbound calls to a single touch point and empowering the inbound call team to provide education to pregnant members calling in. (Ongoing)
- Collaboration with Community partners to engage and educate members. (Ongoing)
- Field based Community Health workers will assist in removing social barriers to care. Support Healthcare Providers by providing education and resources for the care of pregnant members. (Ongoing)
- Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits. This program leverages the potential of Community Health Worker (CHW) to engage additional members who are identified as pregnant but who do not respond to traditional telephonic outreach with a focus on high risk pregnant members. High risk=more than 1 baby, chronic illness, homelessness, under age 18 or over age 35, serious mental illness, history of past preterm labor, and not engaged in prenatal care. CHW's attempts phone calls and will make field visit if the phone call is unsuccessful. They complete an assessment, help resolve barriers (lack of food, housing, transportation) and confirm the member has a provider and is actively receiving care. (Ongoing)

Full time Maternity Child Nurse Coordinator

- Performs continued member outreach to inform of the availability of home nursing visits. (Ongoing)
- Attempt to reach pregnant members who have missed their monthly OB appointment. (Ongoing)
- Additional full time RN Case Manager hired and started in July 2019 to assist the Full time Maternity Child Nurse Coordinator (Ongoing)

Future Actions Planned:

Oral Health Initiative-in PA trying to get reimbursement for D1320 Tobacco Cessation Counseling and will perform training to all providers. (originated from Dental Strategy Workgroup and when approved will roll out to entire population)

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.15: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Prenatal Smoking Cessation

Follow Up Actions Taken Through 06/30/19

See **[UHC] Reference Number: [UHC] 2018.14** Members are educated on smoking cessation in all prenatal materials and outreach efforts as well as cessation products being covered for the member.

Reference Number: [UHC] 2018.16: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Pharmacotherapy Management of COPD Exacerbation: Bronchodilator

Asthma Therapy Optimization Program (Ongoing)

- Goal is to optimize the use of long-term controller medications as recommended by current guidelines, promote the appropriate use of short-acting beta-agonists and provide asthma management education to members and their providers.

- Provider mailing introducing the intervention and highlighting current recommendations and reporting patients with potentially suboptimal asthma control
- Provider web posting that contains educational pieces on the diagnosis, treatment and management of asthma based on current guidelines from the NIH and GINA

Clinical Practice Consultant (CPC) Program :

- CPC's discuss with providers prescribing inhaled corticosteroids for all members with persistent asthma, assist in creating an asthma action plan. (Ongoing)
- Distribute UHC PATH Reference Guide for Adult and Pediatric Health to providers. (Ongoing)
- CPC's distribute educational materials (Sesame Street) to providers to give to members: CD, brochures, coloring pages and provide ongoing education with providers on QRP, clinical practice guidelines, asthma medication ratio and medication management with asthma. (Ongoing)
- CPC's going to high volume PCP offices, providing gaps in care lists. (Ongoing)
- CPC's are assigned to FQHC locations and will educate sites on closing gaps in care, identification of noncompliant members. (Ongoing)
- CPC's provide ongoing education and resources to providers and assist offices with outreach calls to patients. CPC's encourage and support practices to look at barriers and begin putting systems in place to focus on importance of medication compliance, importance of preventive health visits, and education on disease states. (Ongoing)
- Scorecards which show members that are compliant 75% and noncompliant to top two providers: Hershey and CHOP (Ongoing)

Provider Outreach/Education:

- Provider Incentive-Quality Rewards Program-rewards for Quality Benchmarks for eligible PCP's > 36% -$25.00/member and > 44% -$75.00/member for Medication Management for People with Asthma. (Ongoing Program, rewards change year to year)
- Web Based through UHCprovider.com and online tools for asthma management. (Ongoing)
- Pharmacist (OPTUM) outreach calls to provider when member gets or refills short acting inhaler and member does not have a prescription for a long acting control medication. (Ongoing)
- 90 day prescriptions for Asthma medications were approved May 2019, provider letters were mailed April 2019. UHC On-Air and bulletins were also sent to the providers.

Member Outreach/Education:

- Member letters informing of the availability of 90 day prescriptions for Asthma were mailed in April, 2019.
- Silverlink IVR calls are made to members to encourage asthma disease management. (Ongoing)
- HealthTALK member newsletter article Spring 2019 informed member of Nurse on Call with NurseLine and Summer 2019 article informed on way to "Control Asthma" (Q2-2019)
- Brochure sent informing parent/guardian of members with gaps in care "Asthma Disease Management for Children" This brochure also contained member education on the proper use of corticosteroids and other prescribed medications, asthma triggers and how to avoid them. (Ongoing, sent several times a year)
- Web Based @ kidshealth.org with information for Parents, Kids and Teens. Members are made aware of this site at the Resource Corner of the HealthTALK member newsletter and on the UHC Medicaid brochure that is utilized during community events to give to potential members. (Ongoing)
- On web at UHC Community Plan for members-link to Pennsylvania Asthma Partnership (PAP) link on website with toolkits and various resources for individuals with asthma. (Ongoing)

Advocate for Me Customer Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Assessment. (Ongoing)

Pharmacy Point of Care(POC) program (ongoing)

- Stellar-Expedos is a Pyxis kiosk machine located at high volume provider location sites to allow for the clinician to prescribe and dispense asthma medications and/or spacer devices at the actual time of the visit allowing office dispensing.-targeting 29 sites in the SE zone. (Ongoing)
- Free home delivery of refills of medications and supplies. (Ongoing)

Pennsylvania Pharmacists Care Network (PPCN) (ongoing)

- Improve the quality of patient care with the assistance of independent pharmacies by focusing on comprehensive medication management in disease states which may include diabetes, asthma/COPD, smoking cessation, heart failure management, hypertension/hyperlipidemia management, HIV, and opioid use. (Ongoing)

Physicians Pharmacy Alliance (PPA)(ongoing)

- Medication Care Management program coordinated with PPA pharmacy staff and PCP/prescribing physician(s) to achieve optimal medication regimen for identified chronic complex members. (Ongoing)

Whole Person Care

- Previously called Person Centered Care Model, where community health workers function as a bridge between individuals and healthcare. Advocate through experience and skills to assist members with healthcare and social needs, resources. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visits for cervical cancer screenings, breast cancer screenings, diabetic care, ADV and others health services based on contract metrics (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)
- Working with ACO's by providing data pulls for members diagnosed with chronic conditions and reviewing their medication regime for asthma with the ACO. (Ongoing)

Future Actions Planned:

- Oral Health Initiative-in PA trying to get reimbursement for D1320 Tobacco Cessation Counseling and will perform training to all providers. (originated from Dental Strategy Workgroup and when approved will roll out to entire population)
- MMA letters, one for providers and one for members have been submitted for approval and will be mailed when approved to members who have gaps in care for this measure and/or are below the 75% compliance rate.
- CHOP CAPP/Room to Breathe (RTB) Program
    - Pilot program with series of 7 Asthma Home Visits to address asthma flare ups that lead to ED and IP utilization Members receive care at Karabots, Cobbs Creek or South Philadelphia PCP, ICD-10 code in J45 series, have had 1 inpatient and/or 2 ED visits at CHOP. UHC will provide list of eligible members to provider. R2B will launch at Temple Pediatrics by July 1 2019. Ages for RTB are 2-14 and CAPP is 2-16 (Ongoing)
- July 2019 Asthma workgroup was formed to meet and discuss additional initiatives and interventions to help increase this measure.(Ongoing)

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.17: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.16**

Reference Number: [UHC] 2018.18: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.19: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.20: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.21: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.22: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Asthma Medication Ratio (12-18 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC]Reference Number: [UHC] 2018.16**

Reference Number: [UHC] 2018.23: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Asthma Medication Ratio (19-50 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.24: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Asthma Medication Ratio (51-64 years)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.25: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Asthma Medication Ratio (Total)

Follow Up Actions Taken Through 06/30/19:
See **[UHC] Reference Number: 2018.16**

Reference Number: [UHC] 2018.26: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Diabetes: Statin Adherence 80%

Follow Up Actions Taken Through 06/30/19:
Provider Outreach and Education:

- Updated Clinical Guidelines to Providers on Statin therapy for patients with Diabetes on uhcprovider.com. (ongoing)

Member Outreach and Education

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition) are mailed disease specific health information materials that provide education on minimizing the effects of their disease. (Ongoing)
- Alegis home visit program with practitioners that will notify PCP of diabetic members not prescribed any statins. (Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, Provider searches, and completion of a Health Assessment. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients that have chronic conditions like diabetes to schedule a visit. (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)

Future Actions Planned:
Expected outcome or goals of the actions that were taken or will be taken:
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.
Process for monitoring the actions to determine the effectiveness of the actions taken:
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.27: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.26**

Reference Number: [UHC] 2018.28: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)

Follow Up Actions Taken Through 06/30/19:
See Reference Number: [UHC] 2018.26

Reference Number: [UHC] 2018.29: The MCO's rate was statistically significantly below the 2018 (MY 2017) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate

Follow Up Actions Taken Through 06/30/19:
See Reference Number: [UHC] 2018.26

Reference Number: [UHC] 2018.30: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months

Follow Up Actions Taken Through 06/30/19:

Wellspan Bridges to Health

- A patient centered medical home program (PCMH) with a focus on members with chronic conditions like COPD and CHF to reduce ED and IP Admissions, through wrap around services and care coordination. Members identified with multiple comorbidities and complex health issues; vie metrics (Max 20 members enrolled at any one time) (Ongoing)

Transitional Care Management (TCM) Program

- This member-centric intervention was designed to improve continuity for patients with care needs as they transition from the inpatient setting (e.g., acute inpatient, rehabilitation, skilled nursing care) to home. Members receive a follow-up visit within seven (7) days of discharge allowing the treating physician to conduct medication reconciliation, symptom monitoring and assess compliance with discharge instructions. (Ongoing)

Whole Person Care

- Previously called Person Centered Care Model, where community health workers function as a bridge between individuals and healthcare. Advocate through experience and skills to assist members with healthcare and social needs, resources. Also, there are added strategies to significantly increase member face to face visits. Community Health workers are assigned to 40 hospitals and see members three days a week in that setting. (Started Q2 2019-Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Assessment. (Ongoing)

ACO's

- We partner with these providers by having staff at the practitioner's site to review [UHC]'s Accountable Care Population Registry and outreach to their patients to schedule visits for PCP, cervical cancer screenings, breast cancer screenings, diabetic care, ADV and others health services based on contract metrics. (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers. (Ongoing)

Future Actions Planned:

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.31: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months

Follow Up Actions Taken Through 06/30/19:
See **Reference Number: [UHC] 2018.30**

Reference Number: [UHC] 2018.32: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Use of Opioids at High Dosage

Follow Up Actions Taken Through 06/30/19:

Participate with CVS in drug take back days in Central PA and Western PA

Clinical Policy updates (4th Quarter 2017-Ongoing)

- Clinical policy changes occurred for both the Long-Acting Opioids and the Short-Acting Opioids in 2017 due to the recommendations by DHS and the CDC guidelines published in 2016. (Ongoing)
- Each Clinical Policy includes a cumulative 90 mg morphine equivalent dose (MED) Limit for opioids will be decreased 7/1/2019 to 49 MME (Ongoing)

Prior Authorization (1st Quarter 2017-Ongoing)

- Required for long acting opioids-6 month period of time

- Required for Short acting Opioids-6 month period of time along with supply limit being contingent upon age (September 2017)
- Letters sent New to Therapy members informing of the updated limit that will take effect 7/01/2019-over 21 new to therapy 5 day limit every 6 months, under 21 years of age 3 day limit max dose 49 MME/day (7/01/2019)Mailings 5/29 and 7/25

Opioid Advisory Committee (2nd Quarter 2018-Ongoing)

- Select group of members formed with significant and diverse experience in the opioid epidemic, with regional representation to help address specific issues on an ongoing basis

Opioid Use Disorder (OUD) Coordinator (3rd Quarter 2018-Ongoing)

- Outreach to members and help the members connect with treatment providers or Centers of Excellence (COE)
- Provide support for members on high dose/ long term opioids with tapering

Member Outreach and Care Coordination (3rd Quarter 2018-Ongoing)

- Outreach to members with Opioid Use Disorder (OUD) who are enrolled in Medication Assisted Treatment (MAT)

Provider/Prescriber Outreach and Education (3rd Quarter 2018-Ongoing)

- UHC collaborates with Community Based Providers to share best practices and practice specific data on a periodic basis which addresses the use of Opioids at High doses.
- Distribute "Working Together to Help End the Opioid Epidemic" and "Confronting the Opioid Epidemic" documents to providers that contain stats, tips, how to prevent, treat and support members on opioids.
- Fraud waste and Abuse investigates prescribers that are over prescribing based on data and analytics.

Lock In Program

- Members that have had multiple prescriptions for opioids and/or multiple prescribers can be locked into one pharmacy or one provider after following proper protocol.

ACO's

- We partner with these providers and have health services based on contract metrics. (Ongoing)
- Embedded Community Health Workers to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers and can discuss ways to support long term recovery for those recovering from opioid use disorder.(Ongoing)

Whole Person Care

- Previously called Person Centered Care Model, where community health workers function as a bridge between individuals and healthcare. Advocate through experience and skills to assist members with healthcare and social needs, resources. (Ongoing)

Advocate for Me Customer Care Service Model

- Connects the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, PCP and Provider searches, completing Health Assessment. (Ongoing)

Future Actions Planned:

Expected outcome or goals of the actions that were taken or will be taken:

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

Process for monitoring the actions to determine the effectiveness of the actions taken:

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions by monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to develop new initiatives to improve rates, and monitor HEDIS rates month over month.

Reference Number: [UHC] 2018.33: The MCO's rate was statistically significantly below/worse than the 2018 (MY 2017) MMC weighted average for Use of Opioids from Multiple Providers (4 or more prescribers)

Follow Up Actions Taken Through 06/30/19:

See Reference Number: [UHC] 2018.32

Root Cause Analysis and Action Plan

The 2019 EQR is the tenth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measures on the HEDIS 2018 P4P Measure Matrix receiving either "D" or "F" ratings. Each P4P measure in categories "D" and "F" required that the MCO submit:

- A goal statement;

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

For the 2019 EQR, UHC was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits (Table 4.2)
2. Reducing Potentially Preventable Readmissions (Table 4.3)
3. Medication Management for People With Asthma: 75% Total (Table 4.4)

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

Table 4.2: RCA and Action Plan: Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits

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

Managed Care Organization:	***United Healthcare***
Response Date:	**9/1/19**
Measure:	**Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits**
Reason for Root Cause Analysis:	**Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits is statistically significantly lower/worse than the 2018 MMC weighted average.**
Goal Statement: Please specify goal(s) for measure	**Reach or exceed the MMC WA for Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits, as well as improve year over year**
Part A: Identify Factors via Analysis	
Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year. • If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average. and/or • If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.	
Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	There has been challenges with identifying who the providers are that are rendering care; There are providers that work at multiple service sites which can be difficult to identify where services/care is taking place.
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	Providers are utilizing bundling codes for billing which make it challenging to determine services via claims; Also, Obstetrical Needs Assessment Form (ONAF) are not received by all active OB providers.
People? (e.g., personnel, provider network, patients)	Members are not seeking prenatal care timely. They are often late to care which makes it difficult to ID members quickly to get them enrolled into pregnant programs; Members seek care at facilities such as planned parenthood and free clinics for their 1st pregnant test and therefore we do not get the information that members are pregnant, in addition after pregnant diagnosis they enroll in Medicaid and that info is not given to the plan to ID pregnant members.

Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Poor demographic/contact information makes it challenging to mail out educational and pregnancy related program materials.
Other? (specify)	Overall the plan does not have a lot of preterm babies based on review of our gestational age of the babies of the moms in this measure. Therefore, the overall issue for UHC women who are late to care and being able to ID them quickly to get them for services.

Part B: Identify Actions – implemented and planned

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

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
Healthy First Steps Program • Early identification and engagement of pregnant members, and enhanced support for health care providers. • A Maternal Child Health Coordinators enhances the Healthy First Steps program thru telephonic outreach to members, coordination with providers and agencies to maintain close oversight and case manage the high risk pregnant women. This also allows for updated member information to be obtained	**Factor – People, Provision, & Other**	Updated May 2017- Ongoing	• Monitoring of prematurity rate reports • Monitoring by monthly Dashboard reporting metrics with members reached • Monitoring of NICU Admission Rates • Enhanced/holistic reporting inclusive of all member touch points
Clinical Practice Consultant (CPC) OB Education • Education and outreach to OB Providers on clinical practice guidelines for prenatal care. • CPCs educate on HEDIS measures and Quality benchmarks. • Provide the gaps in care lists for identification of noncompliant members. • Global billing practices investigated: UHC contracting is pulling data to review providers	**Factor - Policy**	January 2017- Ongoing	• Monitoring monthly prenatal & Postpartum rates

that still use global (bundled) billing codes for perinatal period. CPC goes out and discusses this billing practice with providers (Ongoing) and the effect it has on HEDIS® rates.			
Baby Blocks Program • A smartphone and innovative program for pregnant and newly delivered members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, health education, healthy pregnancy and well-baby tips, Tobacco Cessation and referral to smoke counseling tips; signs & symptoms of Baby Blues and guidance for re-directing the member back to the provider for care • The plan continues mailings to invite members to participate • CPCs will be outreaching to educate and deliver to OB/Gyn and PCP offices Baby Blocks brochures. • Healthy First Steps Coordinators continue to promote and educate on program	**Factor – People & Other**	July 2017-Ongoing	• Monitoring monthly prenatal and postpartum rates • Monitor monthly reports of Baby Blocks member engagement and participation. • Annual outcome evaluation of Baby Blocks Program and impact on improving prenatal, postpartum and well visits that leads to improved rates with increased participation rates
Pregnancy Program – Auto Call Campaign Interactive • An auto call campaign for prenatal outreach during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor's appointments during Prenatal and Follow-up visits.	**Factor – People**	2015 – Ongoing	• Monitoring monthly prenatal HEDIS rates
Whole Person Care Program (WPC) • Community Health Worker (CHW) engages members in a Patient Center Care model. The target is members who are identified as pregnant but who do not respond to traditional telephonic outreach. • CHWs complete home visits ad provide education and information regarding prenatal care and support the scheduling of members into the prenatal care and case management services.	**Factor – People & Other**	April 2016 - Ongoing	• Monitoring monthly home visits completed • Tracking appointments scheduled and members enrolled in UHC services
Wellhop Pilot Program • A program for pregnant members offering virtual group prenatal care. There are 16 total	**Factor – People & Other**	July 2019	• Monitoring member enrollments and

sessions that help moms learn about what to expect during their pregnancy, the importance of prenatal care and postpartum care			workgroup engagement on a monthly basis
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.	N/A		

Table 4.3: RCA and Action Plan: Reducing Potentially Preventable Readmissions

Managed Care Organization:	***United Healthcare***
Response Date:	**9/1/19**
Measure:	**Reducing Potentially Preventable Readmissions**
Reason for Root Cause Analysis:	**Reducing Potentially Preventable Readmissions is statistically significantly lower/worse than the 2018 MMC weighted average.**
Goal Statement: Please specify goal(s) for measure	**Reach or exceed the MMC WA for Reducing Potentially Preventable Readmissions, as well as improve year over year**

Part A: Identify Factors via Analysis

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

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

Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	N/A
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	In 2018 our WPC efforts were centered on telephonic outreach and management of our members. While this allowed us to extend our reach and contact more members, it did not always foster the engagement of these members on an ongoing basis. We recognized that an increase in face to face engagement would likely yield stronger engagement. Discharge Care Management is a key strategy in managing readmission risk. In 2018, these processes were not as robust or focused as it could have been.
People? (e.g., personnel, provider network, patients)	Staff turnover in our Whole Person Care teams was higher than expected. The WPC is a key strategy in reducing readmissions for high risk members.
Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	It was noted in 2018 that some hospitals were not giving UHC required notification of admissions. This resulted in limited ability to assess clinical information and actively participate in discharge planning efforts for complex discharges.

Other? (specify)	In 2018 we implemented several community based care management programs designed to support members with chronic diseases such as diabetes, asthma, as well as member with higher readmission risk scores. However, enrollment in those programs was not optimal, and resulted in a limited impact on readmissions overall. Our transitions of care program was also challenged by "unable to reach" members, with a resultant lower than expected impact.

Part B: Identify Actions – implemented and planned

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

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
Clinical Continuum Rounds are now conducted 3 x week with our CMO and clinical staff. This has been in place over the past year and is a process with ongoing ideas and enhancements implemented. This fosters case specific discussion of readmission risk, SDOH impacts, and maximizing the use of our clinical and CHW staff. One enhancement is the use of video chats when a CHW is seeing a member in the hospital. This allows the member to "see and hear" an RN CM and discuss any medical questions or concerns.	Factor - Procedures	Ongoing for over 1 year.	Monthly review of adm/K, Days/K, ALOS. Also readmission rates, and clinical rounds to assess if prescribed processes are being carried out.
On July 8 2019, we implemented a new initiative: 18 CHWs assigned to 40 hospitals, with the expectation to visit members with high risk scores. This has significantly increased our face to face engagement and allows early identification of barriers that could impact readmission risk.	Factor - Procedures	July 8 2019	Monthly review of adm/K, Days/K, ALOS. Also readmission rates, and clinical rounds to assess if prescribed processes are being carried out.
Morning Huddles: in early August, we met to strategize how we could enhance and strengthen efforts for effective DCM. We started to meet 3xweek with DCM staff as well as managers in inpt review and WPC. The expectation was to reduce readmission risk through effective discharge planning.	Factor - Procedures	August 2019	Daily inpatient census review, timely discharge, and readmission reduction.
Our CBCM programs are being assessed for outcome measure specific to cost and utilization. Programs that are not yielding expected results will be terminated, as we explore other programs that are likely to yield improved results.	Factor - Other	July 2019	Quarterly reassessment of outcome measures.

We are working to identify specific hospitals, and underlying causes, for admissions for which we receive late notification. We will search for common causative factors.	Factor - Provisions	August 2019	Ongoing monitoring and will address hospitals for problem resolution.
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.	N/A		

Table 4.4: RCA and Action Plan: Medication Management for People with Asthma: 75% Total

Managed Care Organization:	***United Healthcare***
Response Date:	**9/1/19**
Measure:	**Medication Management for People With Asthma: 75% Total**
Reason for Root Cause Analysis:	**Medication Management for People With Asthma: 75% Total is statistically significantly lower/worse than the 2018 MMC weighted average.**
Goal Statement: Please specify goal(s) for measure	**Reach or exceed the MMC WA for Medication Management for People With Asthma: 75% Total, as well as improve year over year**
Part A: Identify Factors via Analysis	
Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year. • If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average. and/or • If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.	
Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	The plan did not have a 90 Script program therefore members had to go to Pharmacy monthly to refill meds.
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	Members do not have simple way to process asthma medication prescription.
People? (e.g., personnel, provider network, patients)	Provider over prescribing asthma medications. Members having left over meds and not refilling prescriptions as needed/prescribed; Ongoing adherence issues to asthma medication are often seen in members. Member knowledge deficit on asthma medication adherence.
Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Providers not having information on patient compliance with medication and refilling prescriptions timely
Other? (specify)	N/A

Part B: Identify Actions – implemented and planned			
For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2019			
Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
90 Day Script Program • The plan now offers a 90 day refill prescription program that does include several classes of asthma medications. Members now have the opportunity to receive a 90 day supply of medications	**Factor- Policy**	May 2019- Ongoing	• Monitor member utilization of prescription program through quarterly reporting
Onsite Medication Kiosk • A unique point of care solution for stocking and despising asthma medications. Pixus machine installed at provider location sites to allow for a clinician to prescribe & dispense asthma meds/spacer devices	**Factor- Procedure**	September 2016- Ongoing	• Monitor monthly dashboard for medication utilization
Provider MMA Scorecard • A scorecard is created for prescribing providers that identifies patients currently prescribed asthma medication as well as being non adherent for medication usage	**Factor - Provisions**	July 2019- Ongoing	• Monitoring the monthly HEDIS Rate
Children's Hospital of Philadelphia -CHOP Community Asthma Prevention Program (CAPP): • A yearlong community based program for members that include asthma education and provide family resources • Home visits are provided to address the home environment of children with asthma and to provide one-on-one education	**Factor - People**	July 2017- Ongoing	• Monthly tracking through program reports that include data on member enrollment and education sessions completed
Provider Outreach- Fax and Onsite Visit • Conduct outreach to provider via fax as well as visiting the practices to educate on those members that have not refilled their asthma medication prescription more than 1x a month	**Factor - People**	September 2019	• Annual review of members asthma medication compliance
Provider Quality Reward Program • The provider incentive program available to practitioners that perform and meet key	**Factor - People**	January 2019- Ongoing	• Monthly HEDIS Rate • Report of the

benchmarks and metrics outlined in the program including the MMA HEDIS measure at 75% adherence • This incentive helps ensure our members receive the care they need and supports Healthcare Effectiveness Information and Data Set (HEDIS) quality standards			number of providers that participated in the program • Annual report on Financial spend on the Program
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.	N/A		

V: 2019 Strengths and Opportunities for Improvement

The review of MCO's 2019 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

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

- The MCO's performance was statistically significantly above/better than the MMC weighted average in 2019 (MY 2018) on the following measures:
    - Adolescent Well-Care Visits (Age 12 to 21 Years)
    - Body Mass Index: Percentile (Age 3 - 11 years)
    - Counseling for Physical Activity (Total)
    - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase
    - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase
    - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase
    - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase
    - Prenatal Screening for Smoking
    - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
    - Prenatal Counseling for Smoking
    - Prenatal Counseling for Environmental Tobacco Smoke Exposure
    - Prenatal Screening for Depression
    - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
    - Postpartum Screening for Depression
    - Prenatal Screening for Alcohol use
    - Prenatal Screening for Illicit drug use
    - Prenatal Screening for Prescribed or over-the-counter drug use
    - Prenatal Screening for Intimate partner violence
    - Prenatal Screening for Behavioral Health Risk Assessment
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months
    - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
    - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) per 100,000 member months
    - Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months
    - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months
    - Heart Failure Admission Rate (Age 65+ years) per 100,000 member months
    - Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months
    - Use of Opioids From Multiple Providers (4 or more prescribers)

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

Opportunities for Improvement

- For approximately 20 percent of reported measures, the MCO's performance was statistically significantly below/worse than the MMC weighted average in 2019 (MY 2018) on the following measures:
    - Children and Adolescents' Access to PCPs (Age 12-24 months)
    - Children and Adolescents' Access to PCPs (Age 25 months-6 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)

- Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
- Adults' Access to Preventive/Ambulatory Health Services(Age 65+ years)
- Developmental Screening in the First Three Years of Life - 2 years
- Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days)
- Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days)
- Annual Dental Visit (Age 2–20 years)
- Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)
- Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk
- Breast Cancer Screening (Age 50-74 years)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
- Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
- Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
- Prenatal Smoking Cessation
- Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
- Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
- Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
- Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years)
- Asthma Medication Ratio (5-11 years)
- Asthma Medication Ratio (12-18 years)
- Asthma Medication Ratio (19-50 years)
- Asthma Medication Ratio (51-64 years)
- Asthma Medication Ratio (Total)
- Statin Therapy for Patients With Diabetes: Statin Adherence 80%
- Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male)
- Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 - 17 years
- Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate

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

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

P4P Measure Matrix Report Card 2019

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

1. Compares the Managed Care Organization's (MCO's) own P4P measure performance over the two most recent reporting years (2019 and 2018); and
2. Compares the MCO's 2019 P4P measure rates to the 2019 Medicaid Managed Care (MMC) Weighted Average.

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

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

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

The green box (A) indicates that performance is notable. The MCO's 2019 rate is statistically significantly above/better than the 2019 MMC weighted average and above/better than the MCO's 2018 rate.

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

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

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

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

UHC Key Points

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

- No P4P measures fell into this comparison category

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

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

- Adolescent Well-Care Visits

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

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

- Comprehensive Diabetes Care: HbA1c Poor Control[1]
- Controlling High Blood Pressure
- Prenatal Care in the First Trimester
- Postpartum Care
- Well-Child Visits in the First 15 Months of Life, 6 or more
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

D - Root cause analysis and plan of action required

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

- Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits
- Medication Management for People With Asthma: 75% Total

F Root cause analysis and plan of action required

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

- 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

Figure 5.1: P4P Measure Matrix

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

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

P4P performance measure rates for 2016, 2017, 2018, and 2019 as applicable are displayed in Figure 5.2. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

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

Table 5.1: P4P Measure Rates

Quality Performance Measure – HEDIS®	HEDIS® 2016 Rate	HEDIS® 2017 Rate	HEDIS® 2018 Rate	HEDIS® 2019 Rate	HEDIS® 2019 MMC WA
Adolescent Well Care Visits (Age 12 21 Years)	53.8% =	58.4% =	62.3% =	67.3% =	62.4%
Comprehensive Diabetes Care HbA1c Poor Control[5]	43.4% =	37.9% ▼	37.1% =	35.1% =	34.7%
Controlling High Blood Pressure	63.7% ▲	64.5% =	65.7% =	65.2% =	66.4%
Prenatal Care in the First Trimester	82.7% =	85.2% =	84.4% =	84.9% =	87.0%
Postpartum Care	58.6% =	60.1% =	63.3% =	65.1% =	67.7%
Annual Dental Visits (Ages 2 20 years)	59.9% ▲	58.2% ▼	58.8% ▲	58.1% ▼	64.0%
Well Child Visits in the First 15 Months of Life, 6 or more	69.2% =	67.9% =	74.5% ▲	70.7% =	71.6%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	78.0% NA	79.8% =	77.1% =	75.3% =	77.7%
Medication Management for People with Asthma: 75% Total	28.6% NA	35.6% ▲	37.4% =	38.5% =	44.3%
Quality Performance Measure – PA	**2016 Rate**	**2017 Rate**	**2018 Rate**	**2019 Rate**	**2019 MMC WA**
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	61.8% ▲	63.0% =	64.0% =	67.4% =	73.4%
Reducing Potentially Preventable Readmissions[6]	13.4% ▲	10.1% ▼	10.9% =	12.5% ▲	11.9%

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

VI: Summary of Activities

Structure and Operations Standards

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

Performance Improvement Projects

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

Performance Measures

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

2018 Opportunities for Improvement MCO Response

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

2019 Strengths and Opportunities for Improvement

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