



**Commonwealth of Pennsylvania  
Department of Health Services  
Office of Mental Health and Substance  
Abuse Services**

**Follow-Up After Hospitalization for Mental  
Illness - External Quality Review,  
Performance Measure Validation, and  
Reporting  
Measurement Year 2013  
FINAL REPORT**

**4/21/2015**

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## GLOSSARY OF TERMS

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<b>Average</b> (i.e., arithmetic mean or mean)	The sum of all items divided by the number of items in the list. All items have an equal contribution to the calculation therefore this is un-weighted.
<b>HC BH Contractor</b>	Behavioral Health HealthChoices Contract. A county or primary contractor that contracts directly with a BH-MCO for the Behavioral Health HealthChoices benefit.
<b>Confidence Interval</b>	Confidence intervals (CIs) are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% CI indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would be within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the CI 95 times, or 95% of the time.
<b>HealthChoices Aggregate Rate</b>	The sum of all Behavioral Health (BH) Managed Care Organization (MCO) numerators divided by the sum of all BH-MCO denominators.
<b>HealthChoices BH-MCO Average</b>	The sum of the individual BH-MCO rates divided by the total number of BH-MCOs (five BH-MCOs). Each BH-MCO has an equal contribution to the HealthChoices BH-MCO Average value.
<b>HealthChoices HC BH Contractor Average</b>	The sum of the individual HC BH Contractor rates divided by the total number of HC BH Contractors (37). Each HC BH Contractor has an equal contribution to the HealthChoices HC BH Contractor Average value.
<b>Rate</b>	A proportion indicated as a percentage of members who received services out of the total population of identified eligible members.
<b>Percentage Point Difference</b>	The arithmetic difference between two rates.
<b>Weighted Average</b>	Similar to an arithmetic mean (the most common type of average), where instead of each of the data points contributing equally to the final average, some data points contribute more than others.
<b>Statistical Significance</b>	A result that is unlikely to have occurred by chance. The use of the word significance in statistics is different from the standard one, which suggests that something is important or meaningful.
<b>Z-ratio</b>	The z-ratio expresses how far and in what direction the calculated rate diverged from the most probable result (i.e., the distribution's mean). Statistically significant differences (SSD) at the .05 level between groups are noted, as well as the percentage point difference (PPD) between the rates.

# CHAPTER I : EXECUTIVE SUMMARY

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## 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). IPRO (Island Peer Review Organization) serves as the independent EQRO for the Commonwealth of Pennsylvania, Department of Health Services (DHS). The HealthChoices Program is the DHS's mandatory managed care program for Medical Assistance recipients, and within the program, there is separate administration of physical health services, behavioral health services and long term living services. DHS's Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the behavioral health (BH) component of the HealthChoices Program

This EQR activity evaluated services provided to individuals with mental illnesses enrolled in the HealthChoices BH Program. The study focus is follow-up care after an acute inpatient hospitalization for mental illness. The review purpose is to evaluate the current level of performance against national benchmarks, to identify variances in performance for subsets of the population, and to provide recommendations regarding next steps. Evaluation of 2014 review year [measurement year (MY) 2013] data includes comparisons to both the 2013 review year (MY 2012) and 2012 review year (MY 2011). Comparisons to prior years' rates are also available in the report's appendices.

This study examines behavioral health services provided to members participating in the HealthChoices BH Program in all 67 counties of the Commonwealth. Five BH-MCOs are subcontracted across the 67 counties: Community Behavioral Health (CBH), Community Behavioral HealthCare Network of Pennsylvania (CBHNP), Community Care Behavioral Health (CCBH), Magellan Behavioral Health (MBH), and Value Behavioral Health of Pennsylvania (VBH). Additionally, analysis was done of follow-up rates at the HealthChoices Behavioral Health (HC BH) Contractor level. A HC BH Contractor is a county or group of counties that contract with a BH-MCO to provide behavioral health services. There are 34 HC BH contractors in the HealthChoices system.

## Methodology

The study indicators were based on the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) 2014 Follow-up After Hospitalization for Mental Illness measure. Quality Indicator (QI) 1 assesses ambulatory or day/night follow-up after hospitalization within seven days of discharge. QI 2 assesses ambulatory or day/night follow-up within 30 days of discharge. In addition to the HEDIS indicators, two additional Pennsylvania (PA)-specific indicators were collected – QI A (a seven-day measure) and QI B (a 30-day measure). The 2014 PA-specific measure includes 19 additional service codes (including 5 CPT codes and 12 HCPCS codes) and an additional Place of Service (POS) code (to be used in conjunction with 2 CPT codes), to distinguish the PA-specific measure from the HEDIS measure. Refer to the appendix for more detailed information.

In March 2014, the HC BH Contractors and BH-MCOs received draft indicator specifications for the MY 2013 performance measures. Before the indicators were finalized, feedback was solicited from county, HC BH Contractor, and BH-MCO staff. The feedback was considered and incorporated into the final specifications as applicable. The final indicator specifications were distributed on April 9, 2014.

IPRO received data files and source code directly from the BH-MCOs for validation. In addition to validation of the data, IPRO conducted quantitative and qualitative analyses to assess differences in rates for race, age, gender, and HC BH Contractor, as well as year-to-year changes among the reported groups for the indicators where comparisons were available.

At the conclusion of the validation process for MY 2011, OMHSAS began re-examination of the benchmarks. This discussion was based on several years of performance data from this measure as well

as the comparisons to the HEDIS benchmarks. As a result of this discussion, OMHSAS adopted HEDIS benchmarks as the goals for the HEDIS indicators. The 3-year OMHSAS goal is to achieve the 75<sup>th</sup> percentile for members ages 6-64 at the date of discharge, based on the annual HEDIS published benchmarks for 7-day and 30-day FUH by Measurement Year 2016 for members ages 6+ years old. For Measurement Years 2013 and 2015, BH MCOs will be given interim goals for the next Measurement Year for both the 7 and 30 day follow-up rates based on their previous years' results.

Interim goals were provided to the BH MCOs after the MY 2012 rates were received. The interim goals will be updated from MY 2013 to MY 2015. The interim goals are used to evaluate the BH-MCOs progress in achieving the OMHSAS goal of the 75<sup>th</sup> percentile for the age 6 to 64 population. HEDIS benchmarks for the 7- and 30-day FUH indicators have been adopted as the benchmarks for determining the requirement for a root cause analysis for these indicators.

## Findings

The study population for the MY 2013 study included 34,564 cases. This is a slight decrease from the MY 2012 study, which consisted of 35,972 cases, but the MY 2013 population maintained similar demographic characteristics as MY 2012. Rates for both the HEDIS and PA-specific indicators were based on the same study population.

### **OMHSAS Goal Results:**

#### **Interim (MY2013) Goal**

The overall HealthChoices population did not meet the interim MY 2013 goal for either QI 1 (i.e., HEDIS seven-day) or QI 2 (i.e., HEDIS 30-day) for members aged 6 to 64 years old. Three of the five BH-MCOs (CBH, MBH and VBH) met their interim goal for QI 1, and CBH and MBH also met the interim goal for QI 2. For the HC BH Contractors, 13 of 34 met the QI 1 interim goal, and 8 met their QI 2 goal. Seven HC BH Contractors (Bucks, Greene, Lehigh, Montgomery, Northampton, Philadelphia and Washington) met both the QI 1 and QI 2 interim goals.

#### **Final (MY 2016) Goal**

The final OMHSAS goal is to achieve a rate at or above the HEDIS 75<sup>th</sup> percentile for QI 1 and QI 2 (members ages 6 to 64) for all BH-MCOs and HC BH Contractors. No BH-MCO achieved this for either QI 1 or QI 2. One HC BH Contractor had a rate above the 75<sup>th</sup> percentile for QI 1, and six were above the 75<sup>th</sup> percentile for QI 2. One HC BH Contractor (Northampton) was above the 75<sup>th</sup> percentile for QI 1 and QI 2.

**HealthChoices Rates.** The MY 2013 aggregate HealthChoices rate for QI 1 was 46.9% (95% CI 46.4%, 47.4%). The MY 2013 aggregate rate for QI 2 was 67.5% (95% CI 67.0%, 68.0%). The MY 2013 rates for QI A and QI B (PA-specific seven and 30-day) were 57.0% (95% CI 56.5%, 57.5%) and 73.4% (95% CI 72.9%, 73.9% respectively). The aggregate QI A and QI B rates were statistically significantly higher in MY 2013 than MY 2012.

**Rates by Race.** From MY 2012 to MY 2013, statistically significant decreases were noted for QI A and QI B for the Black/African American population and the Other/Chose Not to Respond group, and for QI B for the White population. There were no statistically significant changes for QI 1 or QI 2 for any race categories. In MY 2013, rates for Black/African Americans were statistically significantly lower than rates for White members on all four indicators. The percentage point differences between the rates for Black/African Americans as compared to Whites in MY 2013 were 3.1, 7.3, 5.0, and 7.9 for QIs 1, 2, A, and B, respectively.

**Rates by Ethnicity.** From MY 2012 to MY 2013, rates for the Non-Hispanic group statistically significantly decreased for the QI 2, QI A, and QI B indicators. Rates for the Hispanic group significantly decreased for the QI A and QI B indicators. For QI 1 and QI 2, Hispanics had statistically significantly higher rates than non-Hispanics. For QI A, Hispanics had significantly lower rates than non-Hispanics.

**Rates by Age.** The MY 2013 QI A and QI B rates for the 21-64 year age group statistically significantly decreased from MY 2012, and the QI B rates for the 6-20 year age group significantly decreased. Similar to the MY 2011 study, there was a statistically significant disparity in follow-up care for recipients under age 20 as compared to those over age 20. The younger age group had statistically significantly higher follow-up rates than older members for all four indicators. The percentage point differences in the rates for the younger population as compared to the older population were 12.7 for QI 1, 12.8 for QI 2, 10.9 for QI A, and 10.1 for QI B.

**Rates by Gender.** From MY 2012 to MY 2013, QI A and QI B rates for females statistically significantly decreased, while there was no statistically significant change for males in any of the four rates. The MY 2013 rates for males were statistically significantly lower than rates for females for QI 1, QI 2, and QI B. In MY 2013, the percentage point differences between the males and females were 2.0, 3.6, and 1.8 for QIs 1, 2, and B, respectively.

**Rates by BH-MCO.** Comparing MY 2012 to MY 2013, CBH and MBH had statistically significant increases for both HEDIS indicators, while CCBH and PerformCare had statistically significant decreases for both HEDIS indicators. Rate changes for VBH were not statistically significant for QI 1 or QI 2. The HEDIS BH-MCO Averages were 45.9% for QI 1 and 66.5% for QI 2.

When comparing BH-MCO rates to the MY 2013 HealthChoices BH-MCO Average for QI 1, the rates for CBH, CCBH and MBH were statistically significantly higher than the average, the rate for PerformCare was statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average. For QI 2, rates for CCBH, MBH and VBH were statistically significantly higher than the average, and the rates for CBH and PerformCare were statistically significantly lower than the average.

As compared to the *HEDIS 2014 Audit Means, Percentiles & Ratios*, the HealthChoices BH-MCO Average rates for QI 1 and QI 2 each fell between the respective 50<sup>th</sup> and 75<sup>th</sup> percentiles for the 6-64 year age group<sup>1</sup>. Overall, Health Choices did not meet their MY 2013 goal for QI 1 or QI 2. The individual performance rates of each BH-MCO as compared to the HEDIS 2014 percentiles for the 6 to 64 age group varied. Three of the five BH-MCOs (CBH, MBH and VBH) met their 7-day FUH goal for the 6 to 64 age group, while two of the BH-MCOs (CBH and MBH) met their 30-day FUH goal for this population. CCBH and PerformCare did not meet their QI 1 or QI 2 goals. PerformCare showed significant declines in their performance from the prior year, with a 23.7% decline in their 7-day performance rate and a 14.6% decline in their 30-day performance rate. MBH had the greatest improvement from baseline for the 7-day rate, with an 8.9% increase in performance, while CBH had the greatest improvement for the 30-day rate, with a 5.6% increase from their baseline. No BH-MCO achieved a performance rate above the NCQA 75<sup>th</sup> percentile for either measure in the 6 to 64 age group.

With regard to the PA-specific indicators, the QI A and QI B rates for MBH were statistically significantly higher in MY 2013 compared to MY 2012. CBH and PerformCare's QI A and QI B rates were statistically significantly lower in MY 2013 as compared to MY 2012. Rate changes for the remaining BH-MCOs and indicators were not statistically significant.

In MY 2013, the HealthChoices BH-MCO Average for QI A and QI B were 55.7% and 72.2%, respectively. When comparing BH-MCO rates to the MY 2013 HealthChoices BH-MCO Average for QI A, the rates for CCBH and MBH were statistically significantly above the average, the rates for CBH and PerformCare were statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average. For QI B, rates for CCBH MBH and VBH were statistically significantly above the average, and the rates for CBH and PerformCare were statistically significantly lower than the average. PerformCare also showed significant declines in their PA-Specific

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<sup>1</sup> The HEDIS percentile is only available for ages 6+. The OMHSAS goals are for ages 6-64. The HealthChoices 6-64 rates are slightly higher than the 6+ plus rates.

performance rates from the prior year, with a 10.6 percentage point decline in their QI A performance rate and a 8.9 percentage point decline in their QI B performance rate.

**Rates by HC BH Contractor.** Individual HC BH Contractor rates for MY 2013 and MY 2012 were compared. Statistically significant increases and decreases were noted among the HC BH Contractors for the four indicator rates. Table 1A lists the HC BH Contractors that reported statistically significant changes from MY 2012 to MY 2013. Table 1B lists the HC BH Contractors where the MY 2013 rate was statistically different from the HealthChoices HC BH Contractor average.

**Table 1A: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to MY 2012**

Statistically Significant Difference in Year-to-Year Rates				
Indicator	Rate Statistically Significantly Increased Between MY 2012 and MY 2013		Rate Statistically Significantly Decreased Between MY 2012 and MY 2013	
QI 1 (HEDIS 7-day)	BUCKS	WASHINGTON	ADAMS	DAUPHIN
	LEHIGH		ALLEGHENY	FRANKLIN-FULTON
	MONTGOMERY		BEDFORD-SOMERSET	LANCASTER
	NCSO-1		BERKS	LEBANON
	PHILADELPHIA		CUMBERLAND	PERRY
QI 2 (HEDIS 30-day)	LEHIGH		BEDFORD-SOMERSET	FRANKLIN-FULTON
	MONTGOMERY		BERKS	LANCASTER
	PHILADELPHIA		CHESTER	LYCOMING-CLINTON
	WASHINGTON		CUMBERLAND	NCSO-2
			DAUPHIN	
QI A (PA-specific 7-day)	BLAIR		BEDFORD-SOMERSET	FRANKLIN-FULTON
	LEHIGH		BERKS	LANCASTER
			CUMBERLAND	LEBANON
			DAUPHIN	PHILADELPHIA
QI B (PA-Specific 30-day)	LEHIGH		BEDFORD-SOMERSET	FRANKLIN-FULTON
			BERKS	LANCASTER
			CUMBERLAND	LEBANON
			DAUPHIN	PHILADELPHIA

**Table 1B: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to HC BH Contractor Average**

Statistically Significant Difference Compared to HealthChoices HC BH Contractor Average				
Indicator	MY 2013 Rate Statistically Significantly Above the HealthChoices HC BH Contractor Average		MY 2013 Rate Statistically Significantly Below the HealthChoices HC BH Contractor Average	
<b>QI 1 (HEDIS 7-day) HealthChoices HC BH Contractor Average (45.7%)</b>	ARMSTRONG-INDIANA	MONTGOMERY	BEDFORD-SOMERSET	
	BERKS	NBHCC	CUMBERLAND	
	BUCKS	NCSO-1	DAUPHIN	
	LEHIGH	NORTHAMPTON	LANCASTER	
<b>QI 2 (HEDIS 30-day) HealthChoices HC BH Contractor Average (68.3%)</b>	ARMSTRONG-INDIANA	NCSO-2	ALLEGHENY	DELAWARE
	BEAVER	NCSO-4	BEDFORD-SOMERSET	LANCASTER
	NBHCC	NORTHAMPTON	CUMBERLAND	LYCOMING-CLINTON
	NCSO-1		DAUPHIN	PHILADELPHIA
<b>QI A (PA-specific 7-day) HealthChoices HC BH Contractor Average (56.3%)</b>	ALLEGHENY	GREENE	ADAMS	PERRY
	ARMSTRONG-INDIANA	LEHIGH	BEDFORD-SOMERSET	PHILADELPHIA
	BERKS	MONTGOMERY	CUMBERLAND	YORK
	BUCKS	NBHCC	FAYETTE	
	CHESTER	NCSO-1	LANCASTER	
	DELAWARE	NCSO-2	LYCOMING-CLINTON	
<b>QI B (PA-specific 30-day) HealthChoices HC BH Contractor Average (74.6%)</b>	EERIE	NORTHAMPTON	NWBHP	
	ALLEGHENY	NCSO-1	BEDFORD-SOMERSET	PERRY
	ARMSTRONG-INDIANA	NCSO-2	CUMBERLAND	PHILADELPHIA
	BEAVER	NORTHAMPTON	DAUPHIN	YORK
	GREENE	WESTMORELAND	LANCASTER	
	NBHCC	LYCOMING-CLINTON		

Thirteen of the thirty-four<sup>2</sup> HC BH Contractors met their QI 1 goal in the 6 to 64 age group, while eight met the QI 2 goal for this population. Seven HC BH Contractors (Bucks, Greene, Lehigh, Montgomery, Northampton, Philadelphia and Washington) met their goals for both measures. Philadelphia had the greatest improvement from MY 2012 for both rates, with a 14.3% improvement from their 7-day baseline rate and a 9.9% improvement in their 30-day rate. Perry had the most dramatic declines in performance, with a 34.9% decline in their seven-day rate and a 20.2% decline in their 30-day rate. One HC BH Contractor (Northampton) achieved a performance rate above the NCQA 75<sup>th</sup> percentile for the 7 day rate, and six HC BH Contractors (Armstrong-Indiana, Beaver, Greene, NBHCC, NCSO, and Northampton) achieved 30-day FUH performance rates above the NCQA 75<sup>th</sup> percentile.

<sup>2</sup> For the purposes of OMHSAS goal setting, the North Central State Option (NCSO) HC BH Contractor is considered one contractor. In the remainder of the report, NCSO is reported by the separate regions (NCSO-1 to NCSO-4).

## Recommendations

Despite a number of years of data collection and interventions, FUH rates have not increased meaningfully, and FUH for the Medicaid Managed Care (MMC) population continues to be an area of concern for OMHSAS. As a result, many recommendations previously proposed remain pertinent. Additionally, OMHSAS continues to examine strategies that may facilitate improvement in this area. In consideration of preliminary work conducted, the recommendations may assist in future discussions.

**Recommendation 1:** The purpose of this re-measurement study is to inform OMHSAS, the HC BH Contractors and the BH-MCOs of the effectiveness of the interventions implemented during 2011, 2012 and 2013 to promote continuous quality improvement with regard to follow-up care after psychiatric hospitalization. The information contained within this study should be used to **further develop strategies for improving** the likelihood that **at-risk members** will receive follow-up care. The HC BH Contractors and BH-MCOs participating in this study should continue to **evaluate the current interventions in place** with respect to their follow-up rates to assess how these interventions affected change in follow-up rates from the prior measurement years MY 2012 and MY 2013. The HC BH Contractors and BH-MCOs should continue to **conduct additional root cause and barrier analyses** to identify further impediments in receiving follow-up care and then **implement action and monitoring plans** to further increase their rates.

**Recommendation 2:** The findings of this re-measurement indicate that disparities in rates between racial and ethnic groups persist. There were several cases in MY 2013 where improvements or declines in performance from MY 2012 affected certain racial or ethnic groups disproportionately within BH-MCOs or HC BH Contractors. It is important for these entities to **analyze performance rates by racial and ethnic categories and continue to target the demographic populations that do not perform as well as their counterparts**. It is recommended that BH-MCOs and HC BH Contractors continue to **focus interventions on populations that exhibit lower follow-up rates** (e.g., Black/African American population). Possible reasons for these rate disparities include access, cultural differences and financial factors, which should all be considered and evaluated to determine their potential impact on performance. BH-MCOs are encouraged to initiate targeted interventions that address disparate rates between study populations.

**Recommendation 3:** It is essential to **ensure that improvements are consistent, sustained across measurement years, and applicable to all groups**. For instance, the apparent decrease in gender disparity from MY 2012 to MY 2013 is a consequence of a decline in female performance rates rather than a reflection of sustained and equitable improvements. Historically performance rates in female populations have been prone to some fluctuation relative to male populations. BH-MCOs should investigate root causes for populations where rates demonstrate inconsistent trends.

**Recommendation 4:** BH-MCOs and HC BH Contractors are encouraged to **review the findings of the follow-up study in conjunction with inpatient psychiatric readmission rates. Focused review of those individuals** that had an inpatient psychiatric readmission in less than 30 days is recommended to determine the extent to which those individuals either had or did not have evidence of ambulatory follow-up/aftercare visit(s) during the interim period.

## CHAPTER II: PURPOSE AND BACKGROUND

### Purpose

This EQR evaluated a specific area of services provided through the HealthChoices BH Program to members with mental illness; that is, timely follow-up care after an acute inpatient hospitalization. This report is designed to provide information that will assist OMHSAS, the HC BH Contractors and the BH-MCOs to: (1) evaluate current performance across the HealthChoices BH Program, (2) facilitate the increase in members' access to needed care, (3) foster improvement in the quality of care provided to Medicaid members, and (4) set future directions for BH-MCOs to provide timely care to MMC members.

### Background

IPRO serves as the independent external quality review organization (EQRO) for DHS in accordance with the final rule of the Balanced Budget Act (BBA) of 1997. In this capacity, IPRO performs an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs) under the physical and behavioral health HealthChoices program.

This study examines behavioral health services provided to members participating in the HealthChoices BH Program in 67 counties of the Commonwealth of Pennsylvania. For the purpose of this analysis, the 67 counties are grouped into 34 Behavioral Health HealthChoices Contracts (HC BH Contractors). One HC BH Contractor Contract, the North Central State Option (NCSO) is divided into four regions: NCSO-1, NCSO-2, NCSO-3, and NCSO-4. The NCSO comprises 23 counties that OMHSAS contracts directly with the BH-MCO to provide services for members residing in those counties. Each HC BH Contractor contracts with a BH-MCO to provide the HealthChoices services, with the exception of Philadelphia, which operates as a single county providing services through CBH. Table 2 below lists the HC BH Contractors and their contracted BH-MCOs.

**Table 2: MY 2013 Participating HC BH Contractors by BH-MCO**

MCO	HC BH Contractor		
CBH	PHILADELPHIA		
CCBH	ADAMS	CHESTER	NCSO-2
	ALLEGHENY	ERIE	NCSO-3
	BERKS	LYCOMING-CLINTON*	NCSO-4
	BLAIR*	NBHC	YORK
	CMP	NCSO-1	
MBH	BUCKS	LEHIGH	NORTHAMPTON
	DELAWARE	MONTGOMERY	
PerformCare	BEDFORD-SOMERSET	DAUPHIN	LEBANON
	BLAIR*	FRANKLIN-FULTON	LYCOMING-CLINTON*
	CUMBERLAND	LANCASTER	PERRY
VBH	ARMSTRONG-INDIANA	FAYETTE	WASHINGTON
	BEAVER	GREENE	WESTMORELAND
	BUTLER	LAWRENCE	
	CAMBRIA	NWBHP	

\*On 7/1/2013, the BH-MCO affiliation of Blair and Lycoming-Clinton changed from PerformCare to CCBH.

For the past several years, OMHSAS has included Follow-up after Hospitalization for Mental Illness as a performance measure for validation. This measure continues to be of interest to OMHSAS for the purposes of comparing HC BH Contractor and BH-MCO rates to available national benchmarks and to prior years' rates.

MY 2002 was the first year follow-up rates were reported. QI 1 and QI 2 utilize the HEDIS methodology for this measure. The PA-specific indicators were added to include services with high utilization in the HealthChoices BH Program that could not be mapped to any of the standard coding used in the HEDIS measure to identify follow-up office visits. Each year the QI 1 and QI 2 specifications are aligned with the HEDIS Follow-up after Mental Health Hospitalization measure. The PA-specific codes that are not included in the HEDIS measure are also reviewed for accuracy on an annual basis.

The last major change to the PA-specific measures was in MY 2006. Codes added to the measures as per suggestions from OMHSAS, the counties, and BH-MCOs changed the measures substantially, and rates for these indicators were no longer comparable to those from preceding measurement years. Consequently, these indicators were renamed to QI A and QI B, respectively. As these indicators represented a significant deviation from HEDIS measure specifications, comparisons to HEDIS rates were not made. In addition, for MY 2006 the follow-up measure was collected for the newly implemented HealthChoices Northeast Counties, and these counties were asked to collect data for the six-month time frame that they were in service for 2006.

For MY 2007, all PA local codes previously mapped to standard CPT and HCPCS codes as per HIPAA requirements were retired and removed. Additionally, the measure was initiated for the 23 North/Central State Option Counties implemented in January 2007. As with the Northeast Counties for MY 2006, the North/Central County Option Counties were asked to collect data for the six-month time frame that they were in service for 2007.

For MY 2008 to MY 2012, there were only minor changes made to the specifications. The specifications were modified each year to align with the HEDIS measure.

In July 2013, after the BH-MCOs submitted their MY 2012 results, IPRO and OMHSAS conducted an encounter data validation of each BH-MCO. Part of this validation was a complete review of how each MCO produced and validated their performance measures. Based on these reviews, minor inconsistencies were found in how each BH-MCO produces their PM results. It was found that not all BH-MCOs include denied claims in their submission, and there are differences in how BH-MCOs identify transfers. Based on the results of these validations, the following changes were made to the specifications for MY 2013: If a member was known to have multiple member IDs in the measurement year, BH-MCOs were required to combine the eligibility and claims data into a single ID prior to producing the data. BH-MCOs were reminded that denied claims must be included in this measure, and that they must use the original procedure and revenue code submitted on the claim.

## CHAPTER III : QUALITY INDICATOR SIGNIFICANCE<sup>3</sup>

According to the *Global Burden of Disease: 2004 Update* released by the World Health Organization (WHO) in 2008, mental illnesses and mental disorders represent six of the 20 leading causes of disability worldwide. Among developed nations, depression is the leading cause of disability for people aged 0-59 years, followed by drug and alcohol use disorders and psychoses (e.g., bipolar disorder and schizophrenia)<sup>1</sup>. Mental disorders also contribute to excess mortality from suicide, one of the leading preventable causes of death in the United States. Additionally, patients with schizophrenia or bipolar disorder have elevated rates of preventable medical co-morbidities<sup>2,3</sup> such as obesity, cardiovascular diseases and diabetes, partly attributed to the epidemiology of the disorder, antipsychotic prescription patterns<sup>4,5</sup>, reduced use of preventive services<sup>6</sup> and substandard medical care that they receive<sup>7,8,9</sup>. Moreover, these patients are five times more likely to become homeless than those without these disorders<sup>10</sup>. On the whole, serious mental illnesses account for more than 15 percent of overall disease burden in the U.S.<sup>11</sup>, and they incur a growing estimate of \$317 billion in economic burden through direct (e.g. medication, clinic visits, or hospitalization) and indirect (e.g., reduced productivity and income) channels<sup>12</sup>. For these reasons, timely and appropriate treatment for mental illnesses is essential.

It has long been recognized that continuity of care is critical to positive outcome and to prevent long-term deterioration in people with severe and persistent mental illness<sup>13</sup>. As noted in its 2007 *The State of Health Care Quality* report by the National Committee for Quality Assurance (NCQA), appropriate treatment and follow-up care can reduce the duration of disability from mental illnesses, and the likelihood of recurrence<sup>14</sup>. An outpatient visit within at least 30 days (ideally seven days) of discharge ensures that the patient's transition to home and/or work is supported and that gains made during hospitalization are maintained. These types of contacts specifically allow physicians to ensure medication effectiveness and compliance, and identify complications early on to avoid more inappropriate and costly use of hospitals and emergency departments<sup>15</sup>. With the expansion of evidence-based practice in the recent decade, continuity has become a core principle in care delivery and in performance measurement for mental health services<sup>16</sup>. And one way to improve continuity of care is to provide greater readiness of aftercare by shortening the time between discharge from the hospital and the first day of outpatient contact<sup>17</sup>.

The difficulty in engaging psychiatric patients after inpatient hospitalization, however, has been a long standing concern of behavioral health care systems with some researchers having estimated that 40 to 60 percent of patients fail to connect with an outpatient clinician<sup>18</sup>. Research has suggested that patients who do not have an outpatient appointment after discharge were two times more likely to be re-hospitalized in the same year than patients who kept at least one outpatient appointment<sup>19</sup>. Over the course of a year, patients who have kept appointments have been shown to have a decreased chance of being re-hospitalized than those who do not follow-up with outpatient care<sup>20</sup>. Patients who received follow-up care were also found to have experienced better quality of life at endpoint, better community function, lower severity of symptoms, and greater service satisfaction<sup>21</sup>. Patients with higher functioning in turn had significantly lower community costs, and improved provider continuity was associated with lower hospital<sup>22</sup> and Medicaid costs<sup>23</sup>.

There are various measures of treatment efficacy, such as service satisfaction, functional status and health outcomes. Among them, re-hospitalization rates continue to be used as a reliable indicator of the effectiveness of inpatient treatment<sup>24</sup>. Inpatient readmission is clearly a step backward in treatment and a costly alternative to effective and efficient ambulatory care. Timely follow-up care, therefore, is an important component of comprehensive care, and is an effective means to control the cost and maximize the quality of mental health services.

IPRO and OMHSAS jointly selected four key indicators to measure this critical component of comprehensive care, with an objective to assess and improve the quality and timeliness of care furnished to people receiving mental health services under the behavioral health HealthChoices program. This

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<sup>3</sup> Cited references can be found on page A65 of this report.

measure is based on NCQA's HEDIS methodology. Quality indicators (QIs) 1 and 2 are calculated by MCOs nationally. Each indicator measures the percentage of discharges for members six years and older who were hospitalized for treatment of selected mental health disorders and seen on an ambulatory basis or were in day/night treatment with a mental health provider:

#### **I: HEDIS Indicators**

##### **Quality Indicator 1 (QI 1):**

*Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Calculation based on Industry Standard codes used in HEDIS)*

##### **Quality Indicator 2 (QI 2):**

*Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on Industry Standard codes used in HEDIS)*

#### **II: PA Indicators**

##### **Quality Indicator A (QI A):**

*Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Calculation based on QI 1 codes and additional PA-specific codes not used in HEDIS).*

##### **Quality Indicator B (QI B):**

*Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on QI 1 codes and additional PA-specific codes not used in HEDIS).*

As noted, this measure and the issue of follow-up have been and remain of interest to OMHSAS, and results are reviewed for potential trends each year. While factors such as those outlined in this section may persist and continue to impact follow-up rates, OMHSAS is exploring new and related areas of research as well as the factors that may impact optimal follow-up. OMHSAS will continue to discuss the development of new or enhanced initiatives with the goal of continual improvement of care.

## CHAPTER IV : METHODOLOGY

### Introduction

A cross-sectional quality improvement study design was employed. As indicated previously, the source for all information was administrative data provided to IPRO by the BH-MCOs for each HC BH Contractor participating in the current study. The source for all administrative data was the BH-MCOs' transactional claims systems. Each BH-MCO was required to submit their member level data files for validation purposes and verification of reported rates. Table 3 provides additional details on each of the four QIs. Complete indicator specifications can be found in the Appendix.

**Table 3: Quality Indicator Summary**

<b>Eligible Population</b>	<p><b>Inclusion:</b> Members six years and older with one (or more) hospital discharge from any acute care facility with a discharge date occurring between January 1 and December 1, 2012, and a principal ICD-9-CM diagnosis code indicating one of the select mental health disorders (see Appendix).</p> <p><b>Exclusion:</b> Members with discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays); members discharged from an acute hospitalization followed by a readmission within 30 days, or a direct transfer to a non-acute mental health facility.</p>
<b>HEDIS Quality Indicators</b>	
<b>Quality Indicator</b>	<b>Criteria</b>
<p>QI 1: HEDIS Follow-up After Hospitalization for Mental Illness within seven days after discharge (Calculation based on Industry Standard codes used in HEDIS)</p>	<p><b>Denominator:</b> Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p><b>Numerator:</b> An ambulatory visit with a mental health practitioner on the date of discharge or up to seven days after hospital discharge with one of the qualifying industry standard ambulatory service codes (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>
<p>QI 2: HEDIS Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Calculation based on Industry Standard codes used in HEDIS)</p>	<p><b>Denominator:</b> Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p><b>Numerator:</b> An ambulatory visit with a mental health practitioner on the date of discharge or up to 30 days after hospital discharge with one of the qualifying industry standard ambulatory service codes (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>
<b>PA-Specific Quality Indicators</b>	
<b>Quality Indicator</b>	<b>Criteria</b>
<p>QI A: PA-Specific Follow-up After Hospitalization for Mental Illness within seven days after discharge. (Expanded calculation based on QI 1 codes and additional PA-specific codes <u>not</u> used in HEDIS)</p>	<p><b>Denominator:</b> Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p><b>Numerator:</b> An ambulatory visit with a mental health practitioner or peer support network on the date of discharge or up to seven days after hospital discharge</p>

	with one of the qualifying industry standard <u>or</u> PA-specific ambulatory service codes provided (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.
QI B: PA-Specific Follow-up After Hospitalization for Mental Illness within 30 days after discharge. (Expanded calculation based on QI 1 codes and additional PA-specific codes <u>not</u> used in HEDIS)	<p><u>Denominator:</u> Eligible population. <i>Note: The eligible population for this measure is based on discharges, not members. It is possible for the denominator to contain multiple discharge records for the same individual.</i></p> <p><u>Numerator:</u> An ambulatory visit with a mental health practitioner or peer support network on the date of discharge or up to 30 days after hospital discharge with one of the qualifying industry standard <u>or</u> PA-specific ambulatory service codes provided (see Appendix). The date of service must clearly indicate a qualifying ambulatory visit with a mental health practitioner or day/night treatment with a mental health practitioner.</p>

### Performance Goals

Since the initial implementation of this measure, performance goals had been set at the OMHSAS designated gold standard of 90% for all indicators. In addition, the HEDIS measures have been compared to industry benchmarks, where the aggregate and BH-MCO indicator rates are compared to the HEDIS 2014 Audit Means, Percentiles & Ratios. These benchmarks contain means, 10th, 25th, 50th (median), 75th and 90th percentiles, and the enrollment ratios for nearly all HEDIS measures. There are tables published by product line (i.e., Commercial, Medicaid, and Medicare). The appropriate Medicaid benchmarks available for the measurement year were used for comparison in the findings section of this report. The PA-specific measures are not comparable to these industry benchmarks. At the conclusion of the validation process for MY 2011, OMHSAS began a re-examination of the benchmarks. This discussion was based on several years of performance data from this measure as well as the comparisons to the HEDIS benchmarks. As a result of this discussion, OMHSAS adopted HEDIS benchmarks as the goals for the HEDIS indicators. The 3-year OMHSAS goal is to achieve the 75th percentile for members aged 6-64 years old as of the date of discharge, based on the annual HEDIS published benchmarks for 7-day and 30-day FUH (ages 6+) by Measurement Year 2016. For Measurement Years 2013 and 2015, BH-MCOs will be given interim goals for the next Measurement Year for both the 7 and 30 day follow-up rates based on their previous years' results.

The interim goals are defined as follows:

1. If a BH-MCO achieves a rate greater than or equal to the NCQA 75<sup>th</sup> percentile, the goal for the next Measurement Year is to maintain or improve the rate above the 75<sup>th</sup> percentile.
2. If a BH-MCO's rate is within 2% of the 75<sup>th</sup> percentile and above the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to meet or exceed the 75<sup>th</sup> percentile.
3. If a BH-MCO's rate is more than 2% below the 75<sup>th</sup> percentile and above the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by 2%.
4. If a BH-MCO's rate is within 2% of the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their rate by 2%.
5. If a BH-MCO's rate is between 2% and 5% below the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by the difference between their current year's rate and the 50<sup>th</sup> percentile.
6. If a BH-MCO's rate is greater than 5% below the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by 5%.

Interim goals were provided to the BH-MCOs after the MY 2012 rates were received. The interim goals will be updated from MY 2013 to MY 2015. The interim goals are used to assess the BH-MCO's progress in achieving the OMHSAS goal of the 75<sup>th</sup> percentile.

HEDIS benchmarks for the 7- and 30-day FUH indicators have been adopted as the benchmarks for determining the requirement for a root cause analysis for these indicators. Beginning in MY 2012 and continuing for MY 2013, rates for the HEDIS FUH 7- and 30-day indicators that fall below the 75<sup>th</sup> percentile benchmarks for each of these respective indicators will result in a request for a root cause analysis.

### **Eligible Population**

The entire eligible population was used for in this study.

Eligible cases were defined as those members in the HealthChoices BH Program who met the following criteria:

- Members who have had one (or more) hospital discharges from any acute care facility with a discharge date occurring between January 1 and December 1, 2013,
- A principal ICD-9-CM diagnosis code indicating one of the specified mental health disorders;
- Six years old and over as of the date of discharge; and
- Continuously enrolled from the date of hospital discharge through 30 days after discharge, with no gaps in enrollment.

Members with multiple discharges on or before December 1, 2013, greater than 30 days apart, with a principal diagnosis indicating one of the mental health disorders specified, are counted more than once in the eligible population. If a readmission or direct transfer followed a discharge for one of the selected mental health disorders to an acute mental health facility within 30 days after discharge, only the subsequent discharge is counted in the denominator, as long as the subsequent discharge is on or before December 1<sup>st</sup>, 2013. The methodology for identification of the eligible population for these indicators was consistent with the HEDIS 2014 methodology for the Follow-up After Hospitalization for Mental Illness measure.

Each of the five BH-MCOs provided IPRO with the source code used to generate the populations and numerator hits for each QI. IPRO's programming and analytical staff reviewed the source code and data, offering technical assistance to BH-MCO staff on programming issues, as necessary. This source code review entailed continued communication between IPRO and the BH-MCOs in order to clarify misinterpretations of the technical specifications or other errors in execution. In combination with the source code review, IPRO validated accompanying member level data files by running several checks on each file. The BH-MCOs were given the opportunity to re-submit data as time permitted. The validation process is discussed in detail in the following section. For the final analysis, 34,564 records met denominator criteria and were included in the final calculation of rates. The BH-MCOs were asked to provide the data sources from which the files were extracted and sign off on final rates for each indicator.

### **Validation Process**

In March 2014, the HC BH Contractors and BH-MCOs received a draft of the modifications and updates for the 2013 re-measurement. As done with prior studies, the MY 2013 indicator specifications were separated into two documents:

- (1) the HEDIS Indicators 1 and 2, and
- (2) the PA-Specific Indicators A and B.

Each indicator specification included the following: a summary of changes made to the specifications from the last measurement (as applicable), a general description of the indicator, a description of the eligible

population, denominator and numerator requirements, a description of the required documentation for the source code review and a file layout of the required data format. The PA-specific documents also included a list of the additional procedure codes that distinguish the measure from the HEDIS measure, along with their corresponding service descriptions. Before the indicators were finalized, feedback was solicited from county, HC BH Contractor, and BH-MCO Staff. All BH-MCO-specific inquiries were responded to and addressed directly with the BH-MCO. The final indicator specifications and notice of key dates for the project were distributed to the HC BH Contractors and BH-MCOs on April 9, 2014. The final indicator specifications and flow charts that were provided to the HC BH Contractors and BH-MCOs are presented in the Appendix.

Once the validation process began, IPRO provided technical assistance and other support as necessary. Close contact was maintained with the HC BH Contractors and BH-MCOs during the portion of the project when the BH-MCOs were required to programmatically identify their eligible populations and determine the study denominator and numerators. To facilitate this validation process, IPRO was in contact with the person identified at each respective BH-MCO as the one most familiar with the source code and programming logic used to produce the measures. As the source code review was conducted, IPRO provided feedback via a detailed validation tool. Along with comments, each BH-MCO was provided those cases for which these issues were found. The BH-MCOs were given the opportunity to revise and resubmit both source code and data until validation was finalized. Final review results were provided to each of the BH-MCOs along with a final e-mail indicating when the submissions were approved. Final rate sheets were sent to and signed off on by each of the BH-MCOs to indicate agreement with the calculated rates. The rates and member level data from the BH-MCOs' final validated submission were used by IPRO in the analysis and reporting phase of the measures.

## **Data Analysis**

The quality indicators were defined as rates, based on a numerator and a denominator. The denominator equaled the number of discharges eligible for the quality indicator, while the numerator was the total number of members for which the particular event occurred. The overall, or aggregate, performance rate for each indicator was the total numerator divided by the total denominator, which represented the rate derived from the total population of discharges that qualified for the indicator. Year-to-year comparisons to MY 2012 data were provided where applicable, and findings were analyzed by topics based on OMHSAS interest (e.g., race, ethnicity, age, and gender). As appropriate, disparate rates were calculated for various categories in the current study. The significance of the difference between two independent proportions was determined by calculating the z-ratio. Statistically significant differences (SSD) at the .05 level between groups are noted, as well as the percentage point difference (PPD) between the rates.

In addition to the presentation of the aggregate data by topic, the results are also presented at the BH-MCO and HC BH Contractor level. The BH-MCO-specific rates were calculated using the numerator and denominator for that particular BH-MCO (i.e., across HC BH Contractors with the same contracted BH-MCO). The HC BH Contractor-specific rates were calculated using the numerator and denominator for that particular HC BH Contractor. For each of these rates, the 95% CI was reported. Both the HealthChoices BH-MCO Average and HealthChoices HC BH Contractor Average rates were also calculated for the indicators.

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

HC BH Contractor-specific rates were compared to the HealthChoices HC BH Contractor Average to determine if they were statistically significantly above or below that value. Whether or not a HC BH Contractor performed statistically significantly below or above the average was determined by whether or

not that HC BH Contractor 95% CI included the HealthChoices HC BH Contractor Average for the indicator. Statistically significant HC BH Contractor-specific differences are noted.

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## CHAPTER V : FINDINGS

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The denominator did not vary for any of the four individual QIs. Numerator compliance for each indicator varied with regard to:

- (1) the specified time period (seven-day or 30-day criteria),
- (2) those codes that met the qualifications for ambulatory services with a mental health practitioner under the HEDIS specifications for QIs 1 and 2, and
- (3) those codes that met the qualifications for ambulatory visits with a mental health practitioner or peer support network under the PA-specific requirements for QIs A and B.

The respective numerator criteria are detailed in Chapter 4, Table 3. The eligible population for this measure was based on discharges, not members. As stated previously, it was possible for this measure to contain multiple discharge records for the same member.

The MY 2013 results for these indicators are presented in this chapter. MY 2011 and MY 2012 data are also displayed, although year-to-year comparisons are made primarily between MY 2013 and MY 2012.

### I. Overall Population

#### Demographics

The demographic characteristics of the 34,564 discharges in the eligible population included in the 2014 (MY 2013) study are presented in Table 4. Data for both the HEDIS and PA-specific indicators are extracted from the same study population. The population decreased by 1,408 discharges for MY 2013 from the MY 2012 study, but the population maintained similar demographic characteristics as previous studies. The population had a higher proportion of females (51.8%) than males (48.2%). The majority of members (70.7%) were between 21 and 64 years of age at the time of their hospital discharge. Most (68.0%) of the eligible population was White, with Black/African Americans being the next largest racial group at 23.0%. Approximately 90% of the study population was designated as Non-Hispanic ethnicity.

**Table 4: Study Population Characteristics – Distribution by Age, Gender & Race**

<b>AGE CATEGORY</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Ages 6 – 64	34,026	98.4%
Ages 6 – 20 Years	9,604	27.8%
Ages 21 – 64 Years	24,422	70.7%
Ages 65 Years and Over	538	1.6%
<b>GENDER</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Female	17,887	51.8%
Male	16,677	48.2%
<b>RACE</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Black/African American	7,943	23.0%
American Indian/Alaskan Native	66	0.2%
Asian	219	0.6%
White	23,518	68.0%
Other/Chose not to Respond	2,818	8.2%
Hawaiian/Pacific Islander	0	0.0%
<b>ETHNICITY</b>	<b>FREQUENCY</b>	<b>PERCENT</b>
Non-Hispanic	30,450	88.1%
Hispanic	2,438	7.1%
Missing or Not Available	1,676	4.8%

The distribution of eligible study members across the participating counties is presented in Table 5A. The largest percentages of discharges were for members from Philadelphia and Allegheny Counties, which accounted for 17.1% and 10.2% of the study population, respectively. The smallest percentage of discharges was for members from Forest County and Sullivan County, which each accounted for less than 0.1% of the total population. Among the five BH-MCOs, by enrollment, CCBH served the largest population of members in the eligible population, with 39.6% of the overall population, and PerformCare the smallest, with 11.5%.

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

BH-MCO	FREQUENCY	PERCENT	COUNTY	FREQUENCY	PERCENT
CBH	5,897	17.1%	Philadelphia	5,897	17.1%
PerformCare	3,970	11.5%	Bedford	93	0.3%
			Blair*	247	0.7%
			Clinton*	46	0.1%
			Cumberland	346	1.0%
			Dauphin	884	2.6%
			Franklin	280	0.8%
			Fulton	18	0.1%
			Lancaster	1,218	3.5%
			Lebanon	354	1.0%
			Lycoming*	174	0.5%
			Perry	114	0.3%
Somerset	196	0.6%			
CCBH	13,700	39.6%	Adams	111	0.3%
			Allegheny	3,511	10.2%
			Berks	1,157	3.3%
			Blair*	249	0.7%
			Bradford	168	0.5%
			Cameron	19	0.1%
			Carbon	232	0.7%
			Centre	228	0.7%
			Chester	673	1.9%
			Clarion	144	0.4%
			Clearfield	349	1.0%
			Clinton*	61	0.2%
			Columbia	154	0.4%
			Elk	131	0.4%
			Erie	1,092	3.2%
			Forest	4	0.0%
			Huntingdon	102	0.3%
			Jefferson	219	0.6%
			Juniata	41	0.1%
Lackawanna	699	2.0%			
Luzerne	1,026	3.0%			
Lycoming*	138	0.4%			

BH-MCO	FREQUENCY	PERCENT	COUNTY	FREQUENCY	PERCENT
			McKean	151	0.4%
			Mifflin	196	0.6%
			Monroe	288	0.8%
			Montour	57	0.2%
			Northumberland	308	0.9%
			Pike	76	0.2%
			Potter	43	0.1%
			Schuylkill	566	1.6%
			Snyder	72	0.2%
			Sullivan	16	0.0%
			Susquehanna	52	0.2%
			Tioga	91	0.3%
			Union	58	0.2%
			Warren	115	0.3%
			Wayne	96	0.3%
Wyoming	44	0.1%			
York	963	2.8%			
MBH	5,389	15.6%	Bucks	922	2.7%
			Delaware	1,126	3.3%
			Lehigh	1,254	3.6%
			Montgomery	1,287	3.7%
			Northampton	800	2.3%
VBH	5,608	16.2%	Armstrong	232	0.7%
			Beaver	543	1.6%
			Butler	434	1.3%
			Cambria	665	1.9%
			Crawford	315	0.9%
			Fayette	492	1.4%
			Greene	146	0.4%
			Indiana	234	0.7%
			Lawrence	337	1.0%
			Mercer	386	1.1%
			Venango	183	0.5%
			Washington	623	1.8%
			Westmoreland	1,018	2.9%

\*On 7/1/2013, the BH-MCO affiliation of Blair County, Lycoming County and Clinton County changed from PerformCare to CCBH. Discharges that occurred before the change are counted as PerformCare, and discharges that occurred after are counted as CCBH.

Table 5B below shows the frequency and percentage of discharges by HC BH Contractor. Philadelphia County had the highest percentage of discharges (17.1%), Adams and Perry had the lowest, both at 0.3%.

**Table 5B: Study Population Characteristics – Distribution by HC BH Contractor and BH-MCO**

BH-MCO	FREQUENCY	PERCENT	BH HC CONTRACTOR	FREQUENCY	PERCENT
CBH	5,897	17.1%	Philadelphia	5,897	17.1%
PerformCare	3,970	11.5%	Bedford-Somerset	289	0.8%
			Blair*	247	0.7%
			Cumberland	346	1.0%
			Dauphin	884	2.6%
			Franklin-Fulton	298	0.9%
			Lancaster	1,218	3.5%
			Lebanon	354	1.0%
			Lycoming-Clinton*	220	0.6%
			Perry	114	0.3%
CCBH	13,700	39.6%	Adams	111	0.3%
			Allegheny	3,511	10.2%
			Berks	1,157	3.3%
			Blair*	249	0.7%
			Chester	673	1.9%
			CMP	596	1.7%
			Erie	1,092	3.2%
			Lycoming-Clinton*	199	0.6%
			NBHCC	1,821	5.3%
			NCSO-1	567	1.6%
			NCSO-2	1,175	3.4%
			NCSO-3	1,215	3.5%
			NCSO-4	371	1.1%
York	963	2.8%			
MAGELLAN	5,389	15.6%	Bucks	922	2.7%
			Delaware	1,126	3.3%
			Lehigh	1,254	3.6%
			Montgomery	1,287	3.7%
			Northampton	800	2.3%
VBH-PA	5,608	16.2%	Armstrong-Indiana	466	1.3%
			Beaver	543	1.6%
			Butler	434	1.3%
			Cambria	665	1.9%
			Fayette	492	1.4%
			Greene	146	0.4%
			Lawrence	337	1.0%
			NWBHP	884	2.6%
			Washington	623	1.8%
Westmoreland	1,018	2.9%			

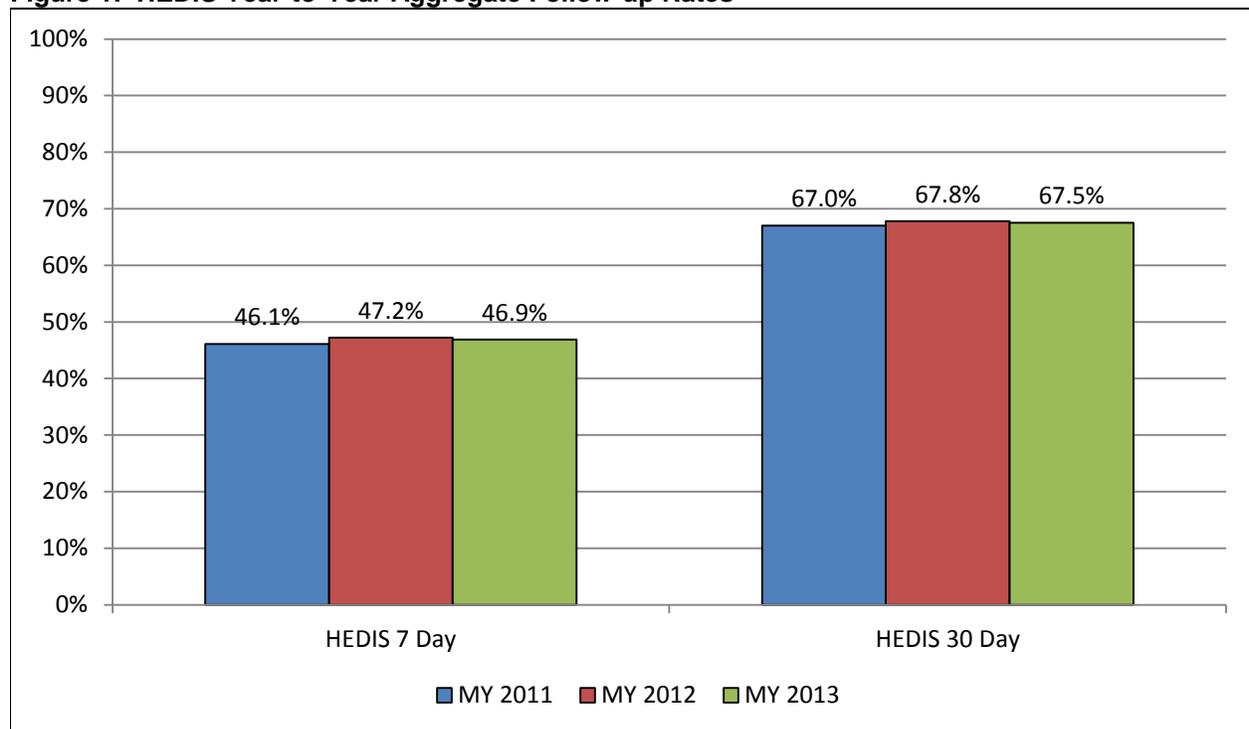
\*On 7/1/2013, the BH-MCO affiliation of Blair and Lycoming-Clinton changed from PerformCare to CCBH. Discharges that occurred before the change are counted as PerformCare, and discharges that occurred after are counted as CCBH.

## II. Overall Quality Indicator Rates

For each denominator event (discharge), the follow-up visit must occur on or after the applicable discharge date to count towards the numerator. The seven-day follow-up measures (QI 1 and QI A) account for an aftercare visit occurring up to seven days after the hospital discharge, with the date of discharge counting as day zero. The 30-day follow-up measures (QI 2 and QI B) are based on the same criteria for an aftercare visit occurring up to 30-days. The procedure codes that meet the qualifications for inclusion in each of the measures are included in the indicator specifications provided in the Appendix.

From MY 2012 to MY 2013, aggregate follow-up rates for the HealthChoices population did not statistically significantly change for QI 1 or QI 2. A total of 16,196 of the 34,564 discharges in this study met the criteria for QI 1, a rate of 46.9% (95% CI 46.4%, 47.4%). For the 30-day HEDIS measure, QI 2, 23,332 discharges were compliant, a rate of 67.5% (95% CI 67.0%, 68.0%). The overall rates for QIs 1 and 2 for the three most recent measurement years, MY 2011, MY 2012, and MY 2013 are presented in Figure 1. Quantitative and statistical differences between the MY 2013 indicator rates and those from prior years' studies are presented in Table 6A. The table also identifies the percentage point different (PPD) and whether the changes in rates represent statistically significant differences (SSD).

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

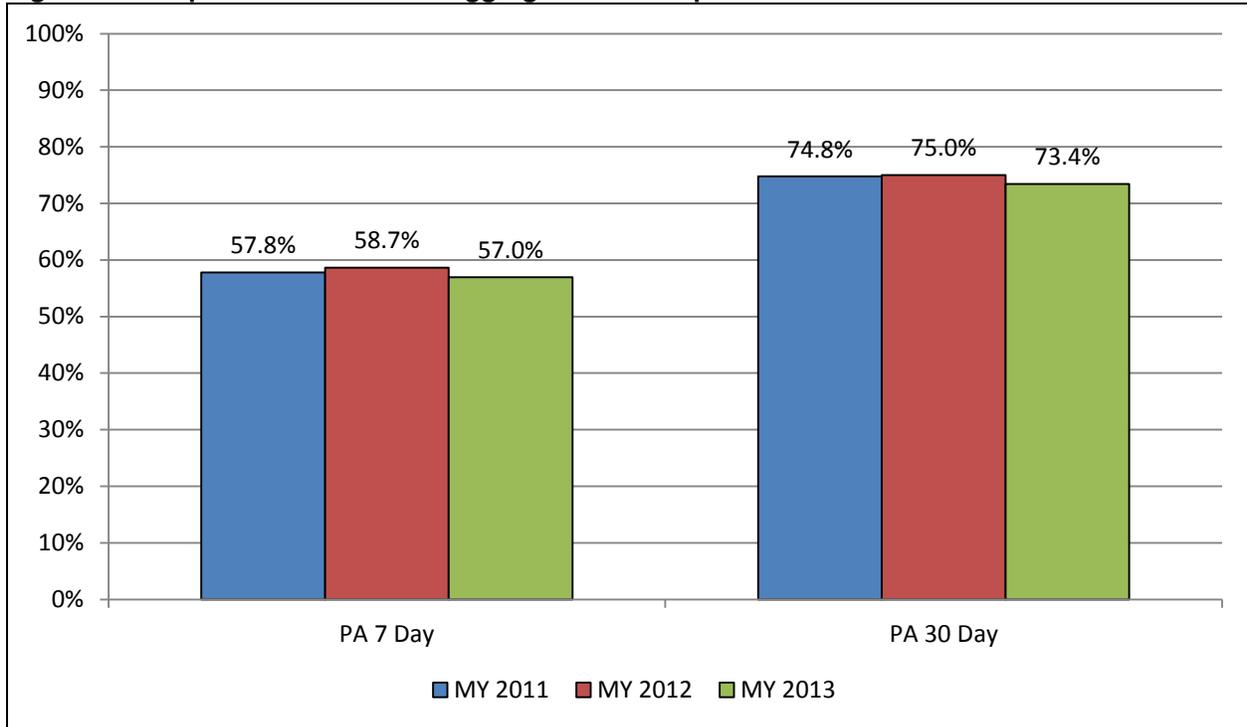


**Table 6A: HEDIS MY 2013 Aggregate Rates and Year-to-Year Comparisons**

Indicator	MY 2011	Comparison of MY 2013 to MY 2011		MY 2012	Comparison of MY 2013 to MY 2012		MY 2013
	%	PPD	SSD	%	PPD	SSD	%
QI 1	46.1%	1.1	NO	47.2%	-0.3	NO	46.9%
QI 2	67.0%	0.8	NO	67.8%	-0.3	NO	67.5%

For the PA-specific measures, both the QI A and QI B aggregate rates had statistically significant decreases. In MY 2013, 19,687 of the 34,564 discharges were compliant for QI A, a rate of 57.0% (95% CI 56.5%, 57.5%). For QI B, 25,381 discharges met the criteria for the measure. This indicates a QI B rate of 73.4% (95% CI 72.9%, 73.9%). The overall rates for QIs A and B are presented in Figure 2, and the quantitative and statistical differences between the MY 2013 indicator rates and those from prior years' studies are presented in Table 6B.

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



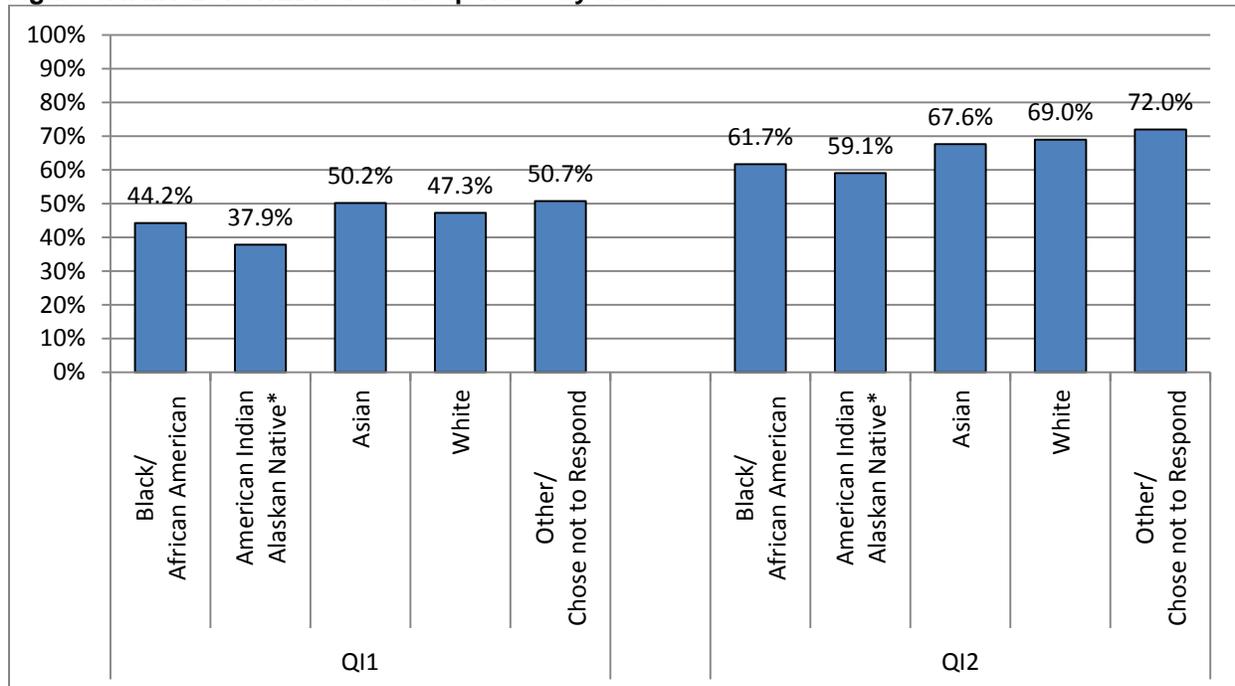
**Table 6B: PA-Specific MY 2013 Aggregate Rates and Year-to-Year Comparisons**

Indicator	MY 2011	Comparison of MY 2013 to MY 2011		MY 2012	Comparison of MY 2013 to MY 2012		MY 2013
	%	PPD	SSD		PPD	SSD	%
QI A	57.8%	-0.8	YES	58.7%	-1.7	YES	57.0%
QI B	74.8%	-1.3	YES	75.0%	-1.6	YES	73.4%

### III. Follow-up Rates by Race Category

Follow-up rates by race are presented in Figure 3A and Figure 3B. The race categories included the following: Black/African American, American Indian/Alaskan Native, Asian, White, and Other/Recipient Chose Not to Respond. In MY 2013 there were no reported members of Hawaiian/Pacific Islander origin.

**Figure 3A: MY 2013 HEDIS Follow-up Rates by Race**



\*There were fewer than 100 discharges in this population

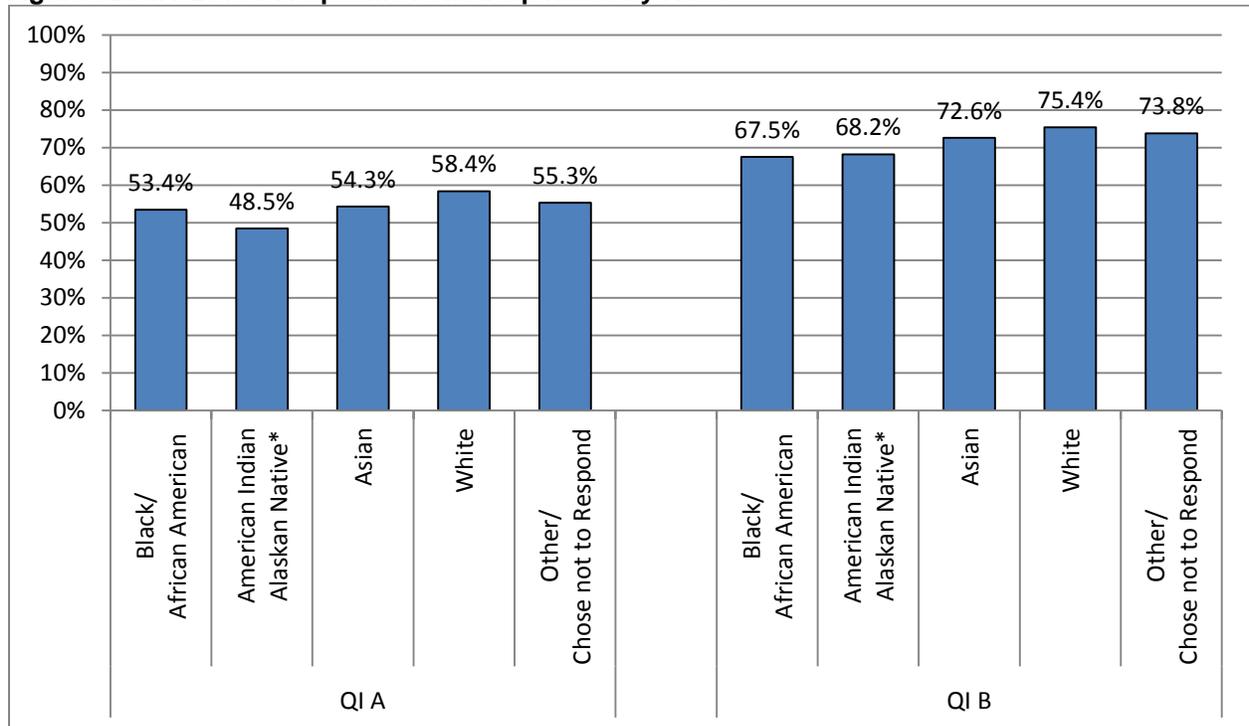
**Table 7A: HEDIS MY 2013 Rates and Year-to-Year Comparisons by Race**

RACE	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
Black/African American	QI 1	40.9%	3,860	8,822	43.8%	3,512	7,943	44.2%	0.5	NO
	QI 2	58.9%	5,462	8,822	61.9%	4,900	7,943	61.7%	-0.2	NO
American Indian/Alaskan Native	QI 1	40.0%	30	64	46.9%	25	66	37.9%	-9.0	NO
	QI 2	61.4%	39	64	60.9%	39	66	59.1%	-1.8	NO
Asian	QI 1	48.8%	105	238	44.1%	110	219	50.2%	6.1	NO
	QI 2	67.5%	148	238	62.2%	148	219	67.6%	5.4	NO
White	QI 1	47.2%	11,517	24,079	47.8%	11,119	23,518	47.3%	-0.6	NO
	QI 2	69.6%	16,752	24,079	69.6%	16,217	23,518	69.0%	-0.6	NO
Other/Chose Not to Respond	QI 1	52.3%	1,466	2,769	52.9%	1,430	2,818	50.7%	-2.2	NO
	QI 2	71.1%	1,987	2,769	71.8%	2,028	2,818	72.0%	0.2	NO

Note: Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable. Rates produced from small denominators are subject to greater variability, or greater margin of error.

Table 7A presents the HEDIS follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2011, MY 2012, and MY 2013. For QI 1 and QI 2, there were no statistically significant rate changes for any race category between MY 2012 and MY 2013.

**Figure 3B: MY 2013 PA-Specific Follow-up Rates by Race**



\*There were fewer than 100 discharges in this population

**Table 7B: PA-Specific MY 2013 Rates and Year-to-Year Comparisons by Race**

RACE	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
Black/African American	QI A	53.5%	4,958	8,822	56.2%	4,244	7,943	53.4%	-2.8	YES
	QI B	68.8%	6,245	8,822	70.8%	5,361	7,943	67.5%	-3.3	YES
American Indian/ Alaskan Native	QI A	48.6%	37	64	57.8%	32	66	48.5%	-9.3	NO
	QI B	68.6%	48	64	75.0%	45	66	68.2%	-6.8	NO
Asian	QI A	63.3%	143	238	60.1%	119	219	54.3%	-5.7	NO
	QI B	78.8%	175	238	73.5%	159	219	72.6%	-0.9	NO
White	QI A	59.0%	14,255	24,079	59.2%	13,733	23,518	58.4%	-0.8	NO
	QI B	76.6%	18,378	24,079	76.3%	17,737	23,518	75.4%	-0.9	YES
Other/Chose Not to Respond	QI A	60.8%	1,703	2,769	61.5%	1,559	2,818	55.3%	-6.2	YES
	QI B	77.1%	2,132	2,769	77.0%	2,079	2,818	73.8%	-3.2	YES

Table 7B presents the PA-Specific follow-up rates for the HealthChoices population by racial category for the three most recent measurement years, MY 2011, MY 2012, and MY 2013. From MY 2012 to MY 2013 there were decreases in QI A and QI B rates for all race categories. The QI A rate declines were statistically significant in the Black/African American population (2.8 percentage points) and the Other/No Response population (6.2 percentage points), while QI B rate decreases were statistically significant in the Black/African American population (3.3 percentage points), the White population (0.9 percentage points), and the Other/No Response population (3.2 percentage points).

**Table 8A: HEDIS MY 2013 Rates for Race by BH-MCO**

BH-MCO	QI	Overall	BLACK/AFRICAN AMERICAN			WHITE			Comparison of White Race to Black / African American Race	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
TOTAL	QI 1	46.9%	3,512	7,943	44.2%	11,119	23,518	47.3%	3.1	YES
	QI 2	67.5%	4,900	7,943	61.7%	16,217	23,518	69.0%	7.3	YES
CBH	QI 1	47.4%	1,716	3,727	46.0%	666	1,385	48.1%	2.0	NO
	QI 2	63.0%	2,292	3,727	61.5%	873	1,385	63.0%	1.5	NO
CCBH	QI 1	48.1%	942	2,222	42.4%	5,101	10,428	48.9%	6.5	YES
	QI 2	69.8%	1,387	2,222	62.4%	7,412	10,428	71.1%	8.7	YES
MBH	QI 1	51.3%	473	953	49.6%	1,947	3,819	51.0%	1.3	NO
	QI 2	68.4%	626	953	65.7%	2,600	3,819	68.1%	2.4	NO
PerformCare	QI 1	36.1%	178	570	31.2%	1,045	2,834	36.9%	5.6	YES
	QI 2	60.9%	292	570	51.2%	1,764	2,834	62.2%	11.0	YES
VBH	QI 1	46.5%	203	471	43.1%	2,360	5,052	46.7%	3.6	NO
	QI 2	70.3%	303	471	64.3%	3,568	5,052	70.6%	6.3	YES

Follow-up rates for the Black/African American and White populations are compared in Table 8A and Table 8B. As in prior studies, the aggregate rates are statistically significantly higher among the White population, with a percentage point difference of 3.1 for QI 1, 7.3 for QI 2, 5.0 for QI A and 7.9 for QI B.

Performance rates by Black and White race were evaluated for each BH-MCO to determine if disparities were present within BH-MCOs regardless of the overall BH-MCO performance. Tables 8A and 8B show the performance by BH-MCO for both the HEDIS and PA-specific indicators, respectively, outlining the overall indicator rate for each BH-MCO, and for their corresponding Black/African American and White racial groups.

As seen in Table 8A, Black/African Americans had lower rates than Whites across all five BH-MCOs in varying amounts. For QI 1 the difference was statistically significant in 2 BH-MCOs (CCBH and PerformCare), and for QI 2 the difference was statistically significant in 3 BH-MCOs (CCBH, PerformCare and VBH).

For QI 1, the aggregate rates for Black/African American and White populations were 44.2% and 47.3%, respectively. Among the five BH-MCOs, the performance rate for PerformCare was the lowest for both Black/African Americans (31.2%) and for Whites (36.9%). MBH reported the highest QI 1 rates for both race groups, at 49.6% for Black/African Americans and 51.0% for Whites. CCBH had the largest Black/African American-White disparity of the BH-MCOs, with a statistically significant difference of 6.5 percentage points between Black/African Americans and Whites. PerformCare also had a statistically significant difference between the Black/African American and White QI 1 rates by 5.6 percentage points. The rate disparities for CBH, MBH and VBH were not statistically significant.

For QI 2, the aggregate rates for the Black/African American and White populations were 61.7% and 69.0%, respectively, a statistically significant difference of 7.3 percentage points. PerformCare had the lowest rate for both Black/African Americans and Whites at 51.2% and 62.2% respectively. MBH had the highest rate for Black/African Americans at 65.7%; CCBH had the highest rate for Whites at 71.1%. Three of the five BH-MCOs (CCBH, PerformCare and VBH) had statistically significant rate differences between Black/African American and White populations. PerformCare had the greatest difference between Black/African American and White populations, with an 11.0 percentage point difference.

**Table 8B: PA-specific MY 2013 Rates and Year-to-Year Comparisons by BH-MCO**

BH-MCO	QI	Overall %	BLACK/AFRICAN AMERICAN			WHITE			Comparison of White Race to Black / African American Race	
			(N)	(D)	%	(N)	(D)	%	PPD	SSD
TOTAL	QI A	57.0%	4,244	7,943	53.4%	13,733	23,518	58.4%	5.0	YES
	QI B	73.4%	5,361	7,943	67.5%	17,737	23,518	75.4%	7.9	YES
CBH	QI A	50.3%	1,872	3,727	50.2%	719	1,385	51.9%	1.7	NO
	QI B	63.9%	2,347	3,727	63.0%	901	1,385	65.1%	2.1	NO
CCBH	QI A	60.3%	1245	2,222	56.0%	6,390	10,428	61.3%	5.2	YES
	QI B	77.0%	1,593	2,222	71.7%	8,150	10,428	78.2%	6.5	YES
MBH	QI A	62.5%	601	953	63.1%	2,362	3,819	61.8%	-1.2	NO
	QI B	75.3%	715	953	75.0%	2,850	3,819	74.6%	-0.4	NO
PerformCare	QI A	48.8%	279	570	48.9%	1,398	2,834	49.3%	0.4	NO
	QI B	69.1%	370	570	64.9%	1,983	2,834	70.0%	5.1	YES
VBH	QI A	56.4%	247	471	52.4%	2,864	5,052	56.7%	4.2	NO
	QI B	75.9%	336	471	71.3%	3,853	5,052	76.3%	4.9	YES

For PA-specific indicator QI A, the aggregate rates for the Black/African American and White population were 53.4% and 58.4%, respectively, with a statistically significant difference of 5.0 percentage points between the two groups (Table 8B). For QI B, the aggregate rate for the Black/African American population (67.5%) was statistically significantly lower than that of and White population (75.4%) by 7.9 percentage points. With the exception of MBH, all BH-MCOs demonstrated lower PA-specific indicator rates in their Black/African American populations than their White populations.

The lowest QI A rates for both Black/African Americans and Whites were noted in PerformCare (48.9% and 49.3%, respectively), while MBH had the highest QI rates for both groups (63.1% and 61.8%, respectively). CCBH was the only BH-MCO that had a statistically significant QI A rate difference between Black and White populations, with a rate difference of 5.2 percentage points.

As with MY 2012, CBH had the lowest QI B rates for both races, with a rate of 63.0% in Black/African Americans and 65.1% in Whites. MBH had the highest Black/African American QI B rate at 75.0%, and CCBH had the highest rate for Whites at 78.2%. CCBH had the greatest rate disparity, with a statistically significantly lower rate in Black/African Americans than in Whites by 6.5 percentage points. PerformCare and VBH also had statistically significant differences in their rates, while CBH and MBH did not.

In general, findings for all four indicators in this study suggest that racial disparity was present regardless of the overall BH-MCO performance. Although racial disparities for QI 1 and QI 2 continue to decrease (Table 10), the difference between the White and Black/African American populations in QI A and QI B rates has increased from MY 2012. CBH and MBH did not have any significant differences in their rates for any of the four indicators. CCBH had higher rates for Whites than for Black/African Americans for all four indicators. VBH had statistically significant differences in the 30-day indicators (QI 2 and QI B) only.

**Table 9A: HEDIS MY 2012 to MY 2013 Rate Comparisons for Race by BH-MCO**

		BLACK/AFRICAN AMERICAN						WHITE					
		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012	
BH-MCO	QI	%	(N)	(D)	%	PPD	SSD	%	(N)	(D)	%	PPD	SSD
TOTAL	QI 1	43.8%	3,512	7,943	44.2%	0.5	NO	47.8%	11,119	23,518	47.3%	-0.6	NO
	QI 2	61.9%	4,900	7,943	61.7%	-0.2	NO	69.6%	16,217	23,518	69.0%	-0.6	NO
CBH	QI 1	43.8%	1,716	3,727	46.0%	2.3	YES	42.2%	666	1,385	48.1%	5.9	YES
	QI 2	59.4%	2,292	3,727	61.5%	2.1	NO	56.5%	873	1,385	63.0%	6.5	YES
CCBH	QI 1	45.6%	942	2,222	42.4%	-3.2	YES	50.1%	5,101	10,428	48.9%	-1.2	NO
	QI 2	66.0%	1,387	2,222	62.4%	-3.5	YES	72.7%	7,412	10,428	71.1%	-1.6	YES
MBH	QI 1	44.2%	473	953	49.6%	5.4	YES	47.0%	1,947	3,819	51.0%	4.0	YES
	QI 2	62.2%	626	953	65.7%	3.5	NO	64.5%	2,600	3,819	68.1%	3.5	YES
PerformCare	QI 1	38.4%	178	570	31.2%	-7.1	YES	48.8%	1,045	2,834	36.9%	-12.0	YES
	QI 2	63.8%	292	570	51.2%	-12.6	YES	73.0%	1,764	2,834	62.2%	-10.7	YES
VBH	QI 1	40.9%	203	471	43.1%	2.2	NO	45.4%	2,360	5,052	46.7%	1.3	NO
	QI 2	64.8%	303	471	64.3%	-0.5	NO	70.0%	3,568	5,052	70.6%	0.7	NO

HEDIS indicator rate differences between MY 2012 and MY 2013 for each BH-MCO by Black/African American and White race are presented in Table 9A. CBH and MBH had statistically significant QI 1 rate increases between 2012 and 2013 in both their Black/African American and White populations; in CBH the rate improvement was more pronounced in the White population, which had a 5.9 percentage point increase, while the percentage point increase was 2.3 for the the Black/African American population. Conversely, for MBH the rate increase was greater in the Black/African American population, which increased by 5.4 percentage points compared to the 4.0 percentage point increase in the White population. The QI 1 rates for CCBH and PerformCare declined between MY 2012 and MY 2013 for both race categories, although for CCBH the rate decline was not statistically significant in the White population. For PerformCare, the White population had the greater QI 1 rate decline, at 12.0 percentage points, while the Black/African American population experienced a rate decline of 7.1 percentage points. Overall, the aggregate QI 1 rate differences between MY 2012 and MY 2013 were not statistically significant for either race category.

For QI 2, CBH and MBH had statistically significant rate increases from MY 2012 to MY 2013 in the White populations, while the rate increases for the Black/African American populations were not statistically significant. CCBH and PerformCare both had greater rate declines in their Black populations (3.5 and 12.6 percentage points, respectively) than their White populations (1.6 and 10.7 percentage points, respectively). Overall the aggregate QI 2 rate difference between MY 2012 and MY 2013 were not statistically significant for either race category.

**Table 9B: PA Specific MY 2012 to MY 2013 Rate Comparisons for Race by BH-MCO**

		BLACK/AFRICAN AMERICAN						WHITE					
		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012	
BH-MCO	QI	%	(N)	(D)	%	PPD	SSD	%	(N)	(D)	%	PPD	SSD
TOTAL	QI A	56.2%	4,244	7,943	53.4%	-2.8	YES	59.2%	13,733	23,518	58.4%	-0.8	NO
	QI B	70.8%	5,361	7,943	67.5%	-3.3	YES	76.3%	17,737	23,518	75.4%	-0.9	YES
CBH	QI A	55.0%	1,872	3,727	50.2%	-4.8	YES	54.1%	719	1,385	51.9%	-2.2	NO
	QI B	68.8%	2,347	3,727	63.0%	-5.8	YES	68.5%	901	1,385	65.1%	-3.4	YES
CCBH	QI A	58.7%	1,245	2,222	56.0%	-2.7	NO	61.4%	6,390	10,428	61.3%	-0.2	NO
	QI B	73.7%	1,593	2,222	71.7%	-2.0	NO	78.5%	8,150	10,428	78.2%	-0.4	NO
MBH	QI A	58.5%	601	953	63.1%	4.5	YES	58.9%	2,362	3,819	61.8%	3.0	YES
	QI B	73.0%	715	953	75.0%	2.1	NO	72.6%	2,850	3,819	74.6%	2.0	NO
PerformCare	QI A	55.9%	279	570	48.9%	-7.0	YES	60.4%	1,398	2,834	49.3%	-11.1	YES
	QI B	73.2%	370	570	64.9%	-8.3	YES	79.3%	1,983	2,834	70.0%	-9.3	YES
VBH	QI A	51.8%	247	471	52.4%	0.6	NO	56.0%	2,864	5,052	56.7%	0.7	NO
	QI B	69.5%	336	471	71.3%	1.8	NO	75.9%	3,853	5,052	76.3%	0.4	NO

PA-Specific indicator rate differences between MY 2012 and MY 2013 for Black/African American and White race by BH-MCO are presented in Table 9B. Overall the aggregate QI A and QI B rates decreased from MY 2012 to MY 2013 for both Black/African American and White populations, but these decreases are more pronounced in the Black/African American population. The aggregate QI A rate in the Black/African American population had a statistically significant decrease of 2.8 percentage points, while the decrease was not statistically significant in the White population. The aggregate QI B rate in the Black/African American population had a statistically significant decrease of 3.3 percentage points from the MY 2012 rate, while the White population had a statistically significant rate decrease by 0.9 percentage points.

MBH was the only individual BH-MCO that had statistically significant QI A increases between MY 2012 and MY 2013 in both Black and White populations; the rate increase was more pronounced in the Black population (4.5 percentage point increase) than the White population (3.0 percentage point increase). PerformCare had statistically significant rate declines for QI A and QI B for both race categories, with greater declines noted in the White population for both rates. CBH also had rate declines for both QI A and QI B. PerformCare's QI A rate decline was statistically significant in the Black/African American population but not in the White population; their QI B rate decline was statistically significant in both groups, although the decline was more pronounced in the Black/African American population. VBH and CCBH did not have any statistically significant QI A or QI B rate changes for either race category.

**Table 10: Percentage Point Differences of the Black/African American and White Populations**

	MY 2010	MY 2011	MY 2012	MY 2013
QI 1	8.3	6.3	4.1	3.1
QI 2	11.9	10.7	7.7	7.3
QI A	7.7	5.5	3.0	5.0
QI B	9.3	7.9	5.5	7.9

Note: A positive number indicates that the rate in the White population was higher than that of the Black/African American population.

Table 10 shows the aggregate percentage point differences between the White and Black/African American populations for the last four consecutive measurement years. Since MY 2010, follow-up rates have been higher in the White population than in the Black population for each indicator. There has been a general decrease in percentage point differences between Black/African American and White populations since MY 2010, however in MY 2013 there was a slight reversal of this trend for QI A and QI B, which had greater percentage point rate differences compared to the prior year.

#### IV. Follow-up Rates by Ethnicity

**Table 11A: HEDIS MY 2013 Rates and Year-to-Year Comparisons by Ethnicity**

		MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
ETHNICITY	QI	%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
HISPANIC	QI 1	53.4%	995	1,912	52.0%	1,223	2,438	50.2%	-1.9	NO
	QI 2	71.9%	1,350	1,912	70.6%	1,762	2,438	72.3%	1.7	NO
NON-HISPANIC	QI 1	46.2%	15,201	32,137	47.3%	14,248	30,450	46.8%	-0.5	NO
	QI 2	67.6%	21,948	32,137	68.3%	20,570	30,450	67.6%	-0.7	YES

**Table 11B: PA-Specific MY 2013 Rates and Year-to-Year Comparisons by Ethnicity**

		MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
ETHNICITY	QI	%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
HISPANIC	QI A	61.6%	1,162	1,912	60.8%	1,327	2,438	54.4%	-6.3	YES
	QI B	77.7%	1,462	1,912	76.5%	1,792	2,438	73.5%	-3.0	YES
NON-HISPANIC	QI A	58.3%	18,982	32,137	59.1%	17,597	30,450	57.8%	-1.3	YES
	QI B	75.3%	24,260	32,137	75.5%	22,579	30,450	74.2%	-1.3	YES

Table 11A presents a year-to-year comparison of HEDIS rates by ethnicity. From MY 2012 to MY 2013, there was a statistically significant decrease in the Non-Hispanic QI 2 rate. The QI 1 and Q2 rates for the Hispanic group and the QI 1 rate for the Non-Hispanic group had no statistically significant differences from MY 2012 to MY 2013. Table 11B presents PA-specific follow-up rates for MY 2012 and MY 2013 by ethnicity. All indicators for both Hispanic and Non-Hispanic ethnic groups had statistically significant declines.

**Table 12A: HEDIS MY 2013 Rates by Ethnicity**

		HISPANICS					NON-HISPANICS					Comparison of Non-Hispanics to Hispanics	
QI	(N)	(D)	%	95% LCL*	95% UCL*	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD	
QI 1	1,223	2,438	50.2%	48.2%	52.2%	14,248	30,450	46.8%	46.2%	47.4%	-3.4	YES	
QI 2	1,762	2,438	72.3%	70.5%	74.1%	20,570	30,450	67.6%	67.0%	68.1%	-4.7	YES	

\*95% LCL indicates the 95% lower confidence interval; 95% UCL represents the 95% upper confidence interval.

**Table 12B: PA-Specific MY 2013 Rates by Ethnicity**

		HISPANICS					NON-HISPANICS					Comparison of Non-Hispanics to Hispanics	
QI	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD	
QI A	1,327	2,438	54.4%	52.4%	56.4%	17,597	30,450	57.8%	57.2%	58.3%	3.4	YES	
QI B	1,792	2,438	73.5%	71.7%	75.3%	22,579	30,450	74.2%	73.7%	74.6%	0.6	NO	

As shown in Tables 12A and 12B, the MY 2013 rates for Hispanics for QI 1 and QI 2 were significantly higher than those rates for Non-Hispanics by 3.4 and 4.7 percentage points, respectively. The MY 2013

QI A rate for Hispanics was statistically significantly lower than rate for Non-Hispanics by 3.4 percentage points. There was no statistically significant difference in rates by ethnicity for the QI B indicator.

## V. Follow-up Rates by Age Category

**Table 13A: HEDIS MY 2013 Rates and Year-to-Year Comparisons by Age Category**

AGE CATEGORY	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 6 – 20 YEARS	QI 1	55.9%	5,404	9,700	55.7%	5,382	9,604	56.0%	0.3	NO
	QI 2	76.1%	7,454	9,700	76.8%	7,374	9,604	76.8%	-0.1	NO
AGES 21 – 64 YEARS	QI 1	43.0%	11,406	25,681	44.4%	10,653	24,422	43.6%	-0.8	NO
	QI 2	64.2%	16,656	25,681	64.9%	15,707	24,422	64.3%	-0.5	NO
AGES 65 YEARS and OVER	QI 1	26.8%	168	591	28.4%	161	538	29.9%	1.5	NO
	QI 2	42.6%	278	591	47.0%	251	538	46.7%	-0.4	NO
AGES 21+ (COMBINED)	QI 1	42.6%	11,574	26,272	44.1%	10,814	24,960	43.3%	-0.7	NO
	QI 2	63.8%	16,934	26,272	64.5%	15,958	24,960	63.9%	-0.5	NO
AGES 6-64	QI 1	46.4%	16,810	35,381	47.5%	16,035	34,026	47.1%	-0.4	NO
	QI 2	67.4%	24,110	35,381	68.1%	23,081	34,026	67.8%	-0.3	NO

**Table 13B: PA-Specific MY 2013 Rates and Year-to-Year Comparisons by Age Category**

AGE CATEGORY	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
AGES 6 – 20 YEARS	QI A	65.5%	6,380	9,700	65.8%	6,225	9,604	64.8%	-1.0	NO
	QI B	81.4%	7,956	9,700	82.0%	7,754	9,604	80.7%	-1.3	YES
AGES 21 – 64 YEARS	QI A	55.3%	14,473	25,681	56.4%	13,224	24,422	54.1%	-2.2	YES
	QI B	72.7%	18,692	25,681	72.8%	17,315	24,422	70.9%	-1.9	YES
AGES 65 YEARS and OVER	QI A	40.9%	243	591	41.1%	238	538	44.2%	3.1	NO
	QI B	54.8%	330	591	55.8%	312	538	58.0%	2.2	NO
AGES 21+ (COMBINED)	QI A	55.1%	14,716	26,272	56.0%	13,462	24,960	53.9%	-2.1	YES
	QI B	72.4%	19,022	26,272	72.4%	17,627	24,960	70.6%	-1.8	YES
AGES 6-64	QI A	58.1%	20,853	35,381	58.9%	19,449	34,026	57.2%	-1.8	YES
	QI B	75.1%	26,648	35,381	75.3%	25,069	34,026	73.7%	-1.6	YES

Table 13A shows the HEDIS follow-up rates by age category for the three most recent measurement years. A comparison of rates between MY 2013 and MY 2012 rates is presented as well. Table 13B displays the MY 2013 PA-specific rates and the applicable comparisons to MY 2012.

As shown in both tables, the highest rates were observed for the 6-20 year age group, whereas the lowest rates were noted for the 65 years and over population across the four indicators. These findings are consistent with both MY 2012 and MY 2011. When comparing MY 2013 to MY 2012, there are no

statistically significant changes in HEDIS follow-up rates for any age group. There are statistically significant declines in QI A rates for the 21-64 year age group, the 21+ year age group, and the 6-64 year age group by 2.2, 2.1, and 1.8 percentage points, respectively. There are statistically significant declines in QI B rates between MY 2012 and MY 2013 for the 6-20 year age group, the 21-64 year age group, the 21+ year age group, and the 6-64 year age group by 1.3, 1.9, 1.8, and 1.6 percentage points, respectively.

**Table 14A: HEDIS MY 2013 Rates by Age Category**

QI	AGES 6 – 20 YEARS					AGES 21 YEARS and OVER					Comparison of 21+ Years Old to 6-20 Years Old	
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD
QI 1	5,382	9,604	56.0%	55.0%	57.0%	10,814	24,960	43.3%	42.7%	43.9%	-12.7	YES
QI 2	7,374	9,604	76.8%	75.9%	77.6%	15,958	24,960	63.9%	63.3%	64.5%	-12.8	YES

**Table 14B: PA-Specific MY 2013 Rates by Age Category**

QI	AGES 6 – 20 YEARS					AGES 21 YEARS and OVER					Comparison of 21+ Years Old to 6-20 Years Old	
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD
QI A	6,225	9,604	64.8%	63.9%	65.8%	13,462	24,960	53.9%	53.3%	54.6%	-10.9	YES
QI B	7,754	9,604	80.7%	79.9%	81.5%	17,627	24,960	70.6%	70.1%	71.2%	-10.1	YES

Tables 14A and 14B compare the follow-up rates for members in the Ages 6-20 years category with those calculated for a combined population of all members, ages 21 years and above.

As shown in both tables, there was a statistically significant difference in follow-up care between recipients under 21 years of age and 21 years and over for all four QIs. This was also observed for MY 2011 and MY 2012. For MY 2013, rates for the Ages 6-20 years group were statistically significantly higher than those for the 21 years and over group by 12.7 percentage points for QI 1, and 12.8 percentage points for QI 2. For the PA-specific indicators, the QI A rate for members under 21 years old was statistically significantly higher than that for the 21 years and over population by 10.9 percentage points. The QI B rate for members under 21 years old was also statistically significantly higher than that for the 21 years and over population by 10.1 percentage points.

The statistically significant disparity in rates observed between the Ages 6-20 years population and the 21 years and over population is consistent with findings from prior studies. It should be noted that because the derived rates are calculated based on administrative data provided by the BH-MCOs for claims that the BH-MCO had a payment responsibility, any appointment within that time frame that was not captured within the BH-MCOs' claims systems would not be captured. Third Party Liability (TPL) eligibility is therefore a potential confounding factor that can contribute to the lower rates observed for members over 21 years of age. The potential impact of TPL coverage on ambulatory follow-up rates for this population, however, is not measured in this study.

## VI. Follow-up Rates by Gender

**Table 15A: HEDIS MY 2013 Rates and Year-to-Year Comparisons by Gender**

		MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
GENDER	QI	%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
FEMALES	QI 1	47.0%	9,093	18,619	48.8%	8,552	17,887	47.8%	-1.0	NO
	QI 2	68.3%	13,018	18,619	69.9%	12,389	17,887	69.3%	-0.7	NO
MALES	QI 1	45.2%	7,885	17,353	45.4%	7,644	16,677	45.8%	0.4	NO
	QI 2	65.7%	11,370	17,353	65.5%	10,943	16,677	65.6%	0.1	NO

**Table 15B: PA-Specific MY 2013 Rates and Year-to-Year Comparisons by Gender**

		MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
GENDER	QI	%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
FEMALES	QI A	57.9%	11,045	18,619	59.3%	10,179	17,887	56.9%	-2.4	YES
	QI B	75.4%	14,252	18,619	76.5%	13,287	17,887	74.3%	-2.3	YES
MALES	QI A	57.7%	10,051	17,353	57.9%	9,508	16,677	57.0%	-0.9	NO
	QI B	74.0%	12,726	17,353	73.3%	12,094	16,677	72.5%	-0.8	NO

Tables 15A and 15B presents the respective HEDIS and PA-specific rates by gender. From MY 2012 to MY 2013, the only statistically significant decreases were noted for PA-specific indicators in the female population, while there were no statistically significant changes for the HEDIS indicators or for the male population.

**Table 16A: HEDIS MY 2013 Rates by Gender**

		FEMALES					MALES					Comparison Females to Males	
QI	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD	
QI 1	8,552	17,887	47.8%	47.1%	48.5%	7,644	16,677	45.8%	45.1%	46.6%	2.0	YES	
QI 2	12,389	17,887	69.3%	68.6%	69.9%	10,943	16,677	65.6%	64.9%	66.3%	3.6	YES	

**Table 16B: PA-Specific MY 2013 Rates by Gender**

		FEMALES					MALES					Comparison Females to Males	
QI	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	PPD	SSD	
QI A	10,179	17,887	56.9%	56.2%	57.6%	9,508	16,677	57.0%	56.3%	57.8%	-0.1	NO	
QI B	13,287	17,887	74.3%	73.6%	74.9%	12,094	16,677	72.5%	71.8%	73.2%	1.8	YES	

As shown in Tables 16A and 16B, for MY 2013, the rates for females were statistically significantly higher than those for males for all indicators except QI A. The QI 1 rate for females was 2.0 percentage points higher than males, the QI 2 rate for females was 3.6 percentage points higher, and the QI B rate was 1.8 percentage points higher.

**Table 17A: HEDIS MY 2013 Rate Comparisons for Gender by BH-MCO**

BH-MCO	QI	Overall	FEMALE			MALE			Comparison of Females to Males	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
TOTAL	QI 1	46.9%	8,552	17,887	47.8%	7,644	16,677	45.8%	2.0	YES
	QI 2	67.5%	12,389	17,887	69.3%	10,943	16,677	65.6%	3.6	YES
CBH	QI 1	47.4%	1,411	3,022	46.7%	1,382	2,875	48.1%	-1.4	NO
	QI 2	63.0%	1,910	3,022	63.2%	1,806	2,875	62.8%	0.4	NO
CCBH	QI 1	48.1%	3,520	7,128	49.4%	3,075	6,572	46.8%	2.6	YES
	QI 2	69.8%	5,107	7,128	71.6%	4,462	6,572	67.9%	3.8	YES
MBH	QI 1	51.3%	1,492	2,781	53.6%	1,274	2,608	48.8%	4.8	YES
	QI 2	68.4%	1,988	2,781	71.5%	1,700	2,608	65.2%	6.3	YES
PerformCare	QI 1	36.1%	777	2,083	37.3%	657	1,887	34.8%	2.5	NO
	QI 2	60.9%	1,307	2,083	62.7%	1,112	1,887	58.9%	3.8	YES
VBH	QI 1	46.5%	1,352	2,873	47.1%	1,256	2,735	45.9%	1.1	NO
	QI 2	70.3%	2,077	2,873	72.3%	1,863	2,735	68.1%	4.2	YES

As seen in Table 17A, differences between male and female QI 1 and QI 2 rates varied across BH-MCOs. Females had higher rates for both HEDIS indicators for all five BH-MCOs, with the exception of the QI 1 rate for CBH, where males had a higher rate than females, although this difference was not statistically significant.

For QI 1, the difference between male and female performance rates was statistically significant for two BH-MCOs: CCBH and MBH. The largest disparity was observed in MBH, with a statistically significant difference of 4.8 percentage points between males and females. Of the five BH-MCOs, MBH reported the highest rates for both males (48.8%) and females (53.6%), while PerformCare reported the lowest for both genders, with a rate of 34.8% in males and 37.3% in females.

For QI 2, the difference between male and female performance rates was statistically significant for CCBH, MBH, PerformCare, and VBH. MBH had the largest gender difference, with a 6.3 percentage point difference between males and females. VBH reported the highest rates for males (68.1%) and females (72.3%), and PerformCare reported the lowest rates for both genders, with a rate of 58.9% in males and 62.7% in females.

**Table 17B: PA-Specific MY 2013 Rate Comparisons for Gender by BH-MCO**

		Overall	FEMALE			MALE			Comparison of Females to Males	
BH-MCO	QI	%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
TOTAL	QI A	57.0%	10,179	17,887	56.9%	9,508	16,677	57.0%	-0.1	NO
	QI B	73.4%	13,287	17,887	74.3%	12,094	16,677	72.5%	1.8	YES
CBH	QI A	50.3%	1,420	3,022	47.0%	1,544	2,875	53.7%	-6.7	YES
	QI B	63.9%	1,860	3,022	61.5%	1,909	2,875	66.4%	-4.9	YES
CCBH	QI A	60.3%	4,345	7,128	61.0%	3,914	6,572	59.6%	1.4	NO
	QI B	77.0%	5,580	7,128	78.3%	4,971	6,572	75.6%	2.6	YES
MBH	QI A	62.5%	1,794	2,781	64.5%	1,572	2,608	60.3%	4.2	YES
	QI B	75.3%	2,173	2,781	78.1%	1,887	2,608	72.4%	5.8	YES
PerformCare	QI A	48.8%	1,004	2,083	48.2%	932	1,887	49.4%	-1.2	NO
	QI B	69.1%	1,448	2,083	69.5%	1,294	1,887	68.6%	0.9	NO
VBH	QI A	56.4%	1,616	2,873	56.2%	1,546	2,735	56.5%	-0.3	NO
	QI B	75.9%	2,226	2,873	77.5%	2,033	2,735	74.3%	3.1	YES

Differences between male and female QI A and QI B rates varied across BH-MCOs. For QI A, the difference between male and female performance rates was statistically significant for CBH and MBH (Table 17B). Among the five BH-MCOs, MBH had the highest QI A performance rate for both males (60.3%) and females (64.5%), while PerformCare had the lowest rate for males (49.4%) and CBH had the lowest rate for females (47.0%). CBH had the largest QI A rate difference, with a female rate that was 6.7 percentage points lower than the rate for males.

For QI B, the difference between male and female performance rates was statistically significant for four BH-MCOs (CBH, CCBH, MBH, and VBH). CCBH had the highest rates for males (75.6%) and females (78.3%), and CBH had the lowest rates for both genders, with a rate of 66.4% in males and 61.5% in females. MBH had the largest gender difference, with a 5.8 percentage point difference between males and females.

**Table 18A: HEDIS MY 2012 to MY 2013 Rate Comparisons for Gender by BH-MCO**

		FEMALE						MALE					
		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012	
BH-MCO	QI	%	(N)	(D)	%	PPD	SSD	%	(N)	(D)	%	PPD	SSD
TOTAL	QI 1	48.8%	8,552	17,887	47.8%	-1.0	NO	45.4%	7,644	16,677	45.8%	0.4	NO
	QI 2	69.9%	12,389	17,887	69.3%	-0.7	NO	65.5%	10,943	16,677	65.6%	0.1	NO
CBH	QI 1	45.4%	1,411	3,022	46.7%	1.3	NO	43.6%	1,382	2,875	48.1%	4.5	YES
	QI 2	61.0%	1,910	3,022	63.2%	2.2	NO	58.3%	1,806	2,875	62.8%	4.5	YES
CCBH	QI 1	51.4%	3,520	7,128	49.4%	-2.1	YES	47.9%	3,075	6,572	46.8%	-1.1	NO
	QI 2	73.6%	5,107	7,128	71.6%	-2.0	YES	69.7%	4,462	6,572	67.9%	-1.8	YES
MBH	QI 1	49.1%	1,492	2,781	53.6%	4.5	YES	44.7%	1,274	2,608	48.8%	4.2	YES
	QI 2	68.0%	1,988	2,781	71.5%	3.5	YES	61.3%	1,700	2,608	65.2%	3.8	YES
PerformCare	QI 1	48.6%	777	2,083	37.3%	-11.3	YES	45.6%	657	1,887	34.8%	-10.7	YES
	QI 2	73.9%	1,307	2,083	62.7%	-11.1	YES	68.7%	1,112	1,887	58.9%	-9.8	YES
VBH	QI 1	47.1%	1,352	2,873	47.1%	0.0	NO	42.8%	1,256	2,735	45.9%	3.1	YES
	QI 2	72.0%	2,077	2,873	72.3%	0.3	NO	66.8%	1,863	2,735	68.1%	1.3	NO

HEDIS indicator rate differences between MY 2012 and MY 2013 for each BH-MCO by gender are presented in Table 18A. MBH had statistically significant increases in both genders for both indicators, while PerformCare had statistically significant declines in both genders for both indicators. For QI 1, CBH and VBH both had a statistically significant rate increase their male populations (by 4.5 and 3.1 percentage points, respectively), but no statistically significant change in their female populations. CCBH had a statistically significant QI 1 rate decline of 2.1 percentage points in its female population, but no statistically significant change in its male population. For QI 2, CBH had a statistically significant rate increase in their male population by 4.5 percentage points, with no statistically significant change in the female population. CCBH had statistically significant QI 2 rate decreases for both males and females.

**Table 18B: PA Specific MY 2012 to MY 2013 Rate Comparisons for Gender by BH-MCO**

		FEMALE						MALE					
		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012		MY 2012	MY 2013			Comparison of MY 2013 to MY 2012	
BH-MCO	QI	%	(N)	(D)	%	PPD	SSD	%	(N)	(D)	%	PPD	SSD
TOTAL	QI A	59.3%	10,179	17,887	56.9%	-2.4	YES	57.9%	9,508	16,677	57.0%	-0.9	NO
	QI B	76.5%	13,287	17,887	74.3%	-2.3	YES	73.3%	12,094	16,677	72.5%	-0.8	NO
CBH	QI A	55.7%	1,420	3,022	47.0%	-8.7	YES	56.0%	1,544	2,875	53.7%	-2.3	NO
	QI B	70.4%	1,860	3,022	61.5%	-8.8	YES	68.9%	1,909	2,875	66.4%	-2.5	YES
CCBH	QI A	62.0%	4,345	7,128	61.0%	-1.0	NO	60.1%	3,914	6,572	59.6%	-0.6	NO
	QI B	79.0%	5,580	7,128	78.3%	-0.7	NO	76.3%	4,971	6,572	75.6%	-0.7	NO
MBH	QI A	60.0%	1,794	2,781	64.5%	4.5	YES	58.2%	1,572	2,608	60.3%	2.1	NO
	QI B	75.4%	2,173	2,781	78.1%	2.8	YES	70.7%	1,887	2,608	72.4%	1.6	NO
PerformCare	QI A	59.8%	1,004	2,083	48.2%	-11.6	YES	59.0%	932	1,887	49.4%	-9.6	YES
	QI B	79.7%	1,448	2,083	69.5%	-10.2	YES	75.9%	1,294	1,887	68.6%	-7.4	YES
VBH	QI A	56.8%	1,616	2,873	56.2%	-0.6	NO	54.2%	1,546	2,735	56.5%	2.3	NO
	QI B	77.6%	2,226	2,873	77.5%	-0.1	NO	72.8%	2,033	2,735	74.3%	1.5	NO

PA-Specific indicator rate differences between MY 2012 and MY 2013 for each BH-MCO by gender are presented in Table 18B. MBH had QI A and QI B rate increases for both genders, although the increases were statistically significant only in the female population (4.5 percentage point increase for QI A, 2.8 percentage point increase for QI B). For QI A, there was a statistically significant decline in CBH’s female population, while the decline was not statistically significant in the male population. PerformCare had statistically significant rate declines for both genders, although rate decreases were more pronounced among females (11.6 percentage point decline) than males (9.6 percentage point decline). For QI B, PerformCare and CBH both had statistically significant rate declines for both genders. In both cases the rate declines were steeper among female populations: PerformCare’s female QI B rate declined by 10.2 percentage points while the male population declined by 7.4 percentage points; the CBH QI B rate for females declined by 8.8 percentage points, while the CBH QI B rate for males declined by 2.5 percentage points. Overall, there were statistically significant PA-specific rate decreases in the aggregate female population (by 2.4 percentage points for QI A and 2.3 percentage points for QI B), but no statistically significant decreases in the aggregate male population.

**Table 19: Percentage Point Differences by Gender**

	MY 2010	MY 2011	MY 2012	MY 2013
QI 1	1.4	1.8	3.4	2.0
QI 2	2.2	2.6	4.4	3.6
QI A	0.1	0.3	1.4	-0.1
QI B	1.8	1.4	3.2	1.8

Table 19 shows the aggregate percentage point differences of the male and female populations for the last four measurement years. Except for the QI A rate in MY 2013, rate differences indicate higher rates for the female populations for all indicators for the past four measurement years; the negative difference for QI A in MY 2013 indicates that the male population had higher rates than the female population. The rate disparity between males and females decreased from MY 2012 to MY 2013 for all indicators.

## VII. Performance by BH-MCO

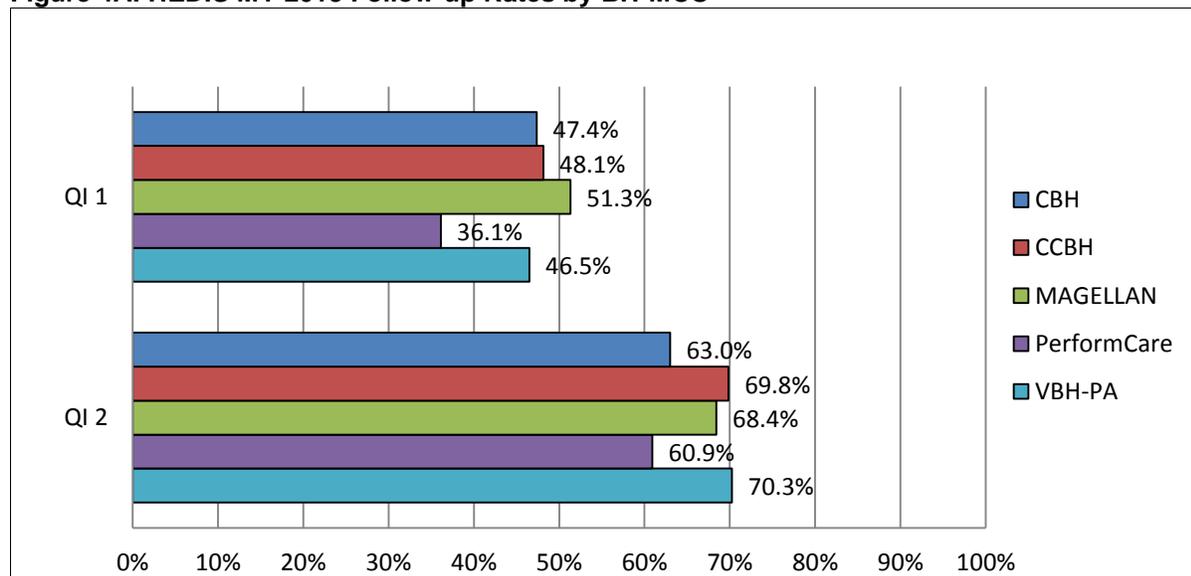
**Table 20A: HEDIS MY 2013 Rates and Year-to-Year Comparisons by BH-MCO**

BH-MCO	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
CBH	QI 1	39.1%	3,289	7,392	44.5%	2,793	5,897	47.4%	2.9	YES
	QI 2	55.5%	4,412	7,392	59.7%	3,716	5,897	63.0%	3.3	YES
CCBH	QI 1	49.3%	6,635	13,351	49.7%	6,595	13,700	48.1%	-1.6	YES
	QI 2	71.7%	9,576	13,351	71.7%	9,569	13,700	69.8%	-1.9	YES
MBH	QI 1	49.7%	2,620	5,573	47.0%	2,766	5,389	51.3%	4.3	YES
	QI 2	67.9%	3,612	5,573	64.8%	3,688	5,389	68.4%	3.6	YES
PerformCare	QI 1	45.2%	1,926	4,081	47.2%	1,434	3,970	36.1%	-11.1	YES
	QI 2	69.9%	2,917	4,081	71.5%	2,419	3,970	60.9%	-10.5	YES
VBH	QI 1	45.6%	2,508	5,575	45.0%	2,608	5,608	46.5%	1.5	NO
	QI 2	69.0%	3,871	5,575	69.4%	3,940	5,608	70.3%	0.8	NO

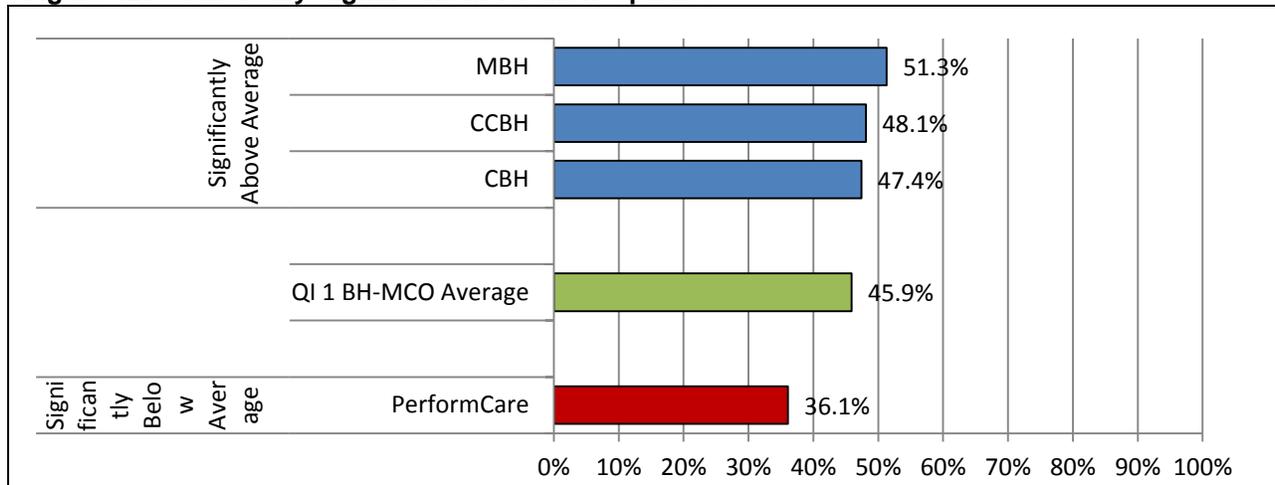
Table 20A shows HEDIS follow-up rates by BH-MCO for the past three measurement years, and rate comparisons between MY 2012 and MY 2013. Percentage point changes and statistically significant differences between MY 2013 and MY 2012 rates are noted. Between MY 2012 and MY 2013, CBH and MBH reported statistically significant rate increases for both HEDIS indicators. CCBH and PerformCare had statistically significant decreases for both HEDIS indicators. HEDIS rate changes for VBH were not statistically significant.

MY 2013 HEDIS indicator rates for each BH-MCO are presented in Figure 4A.

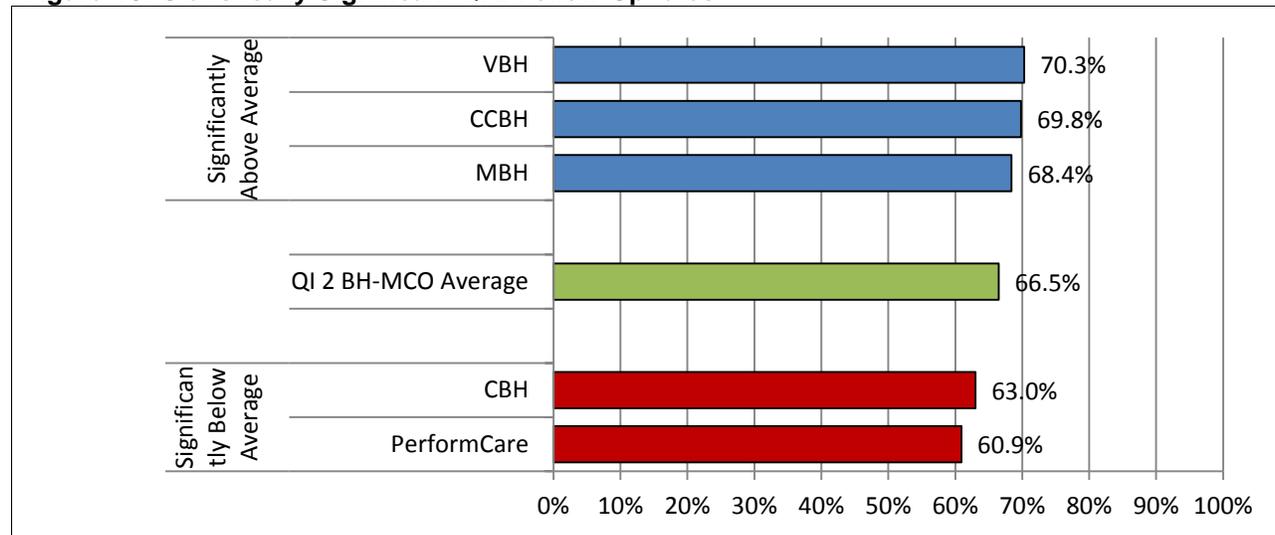
**Figure 4A: HEDIS MY 2013 Follow-up Rates by BH-MCO**



**Figure 4B: Statistically Significant QI 1 Follow-Up rates**



**Figure 4C: Statistically Significant QI 2 Follow-Up rates**



The MY 2013 HealthChoices BH-MCO Average for QI 1 was 45.9%. This QI 1 average is a 0.8 percentage point decrease from the MY 2012 HealthChoices BH-MCO Average of 46.7%. In this study, the QI 1 rate for MBH was the highest at 51.3%, while the rate for PerformCare was the lowest at 36.1%. The QI 1 rate for PerformCare was statistically significantly lower than the QI 1 HealthChoices BH-MCO Average of 45.9%, while the QI 1 rates for CBH, CCBH, and MBH were statistically significantly higher than the QI 1 HealthChoices BH-MCO Average. The QI 1 follow-up rate for VBH was not significantly different from the HealthChoices BH-MCO Average. Compared to MY 2012, the QI 1 rates for CBH and MBH statistically significantly increased by 2.9 and 4.3 percentage points respectively, and the QI 1 rates for CCBH and PerformCare statistically significantly decreased by 1.6 and 11.1 percentage points, respectively. The QI 1 rate change for VBH was not statistically significant.

The MY 2013 HealthChoices BH-MCO Average for QI 2 across the five BH-MCOs was 66.5%. This QI 2 average is a 0.9 percentage point decrease from the QI 2 MY 2012 HealthChoices BH-MCO Average of 67.4%. The QI 2 rate for VBH was highest at 70.3%, while the QI 2 rate for PerformCare was the lowest at 60.9%. QI 2 rates for CCBH, MBH and VBH were statistically significantly higher than the QI 2 HealthChoices BH-MCO Average, while the QI 2 rates for CBH and PerformCare were statistically significantly lower. Compared to MY 2012, the QI 2 rates for CBH and MBH statistically significantly increased by 3.3 and 3.6 percentage points respectively, and the QI 2 rates for CCBH and PerformCare

statistically significantly decreased by 1.9 and 10.5 percentage points, respectively. The QI 2 rate change for VBH was not statistically significant. Across the two HEDIS indicators measured in this study, QI 1 and QI 2 rates for PerformCare were both statistically significantly lower than the HealthChoices BH-MCO Average. QI 1 and QI 2 indicator rates for CCBH and MBH were statistically significantly above the BH-MCO Average.

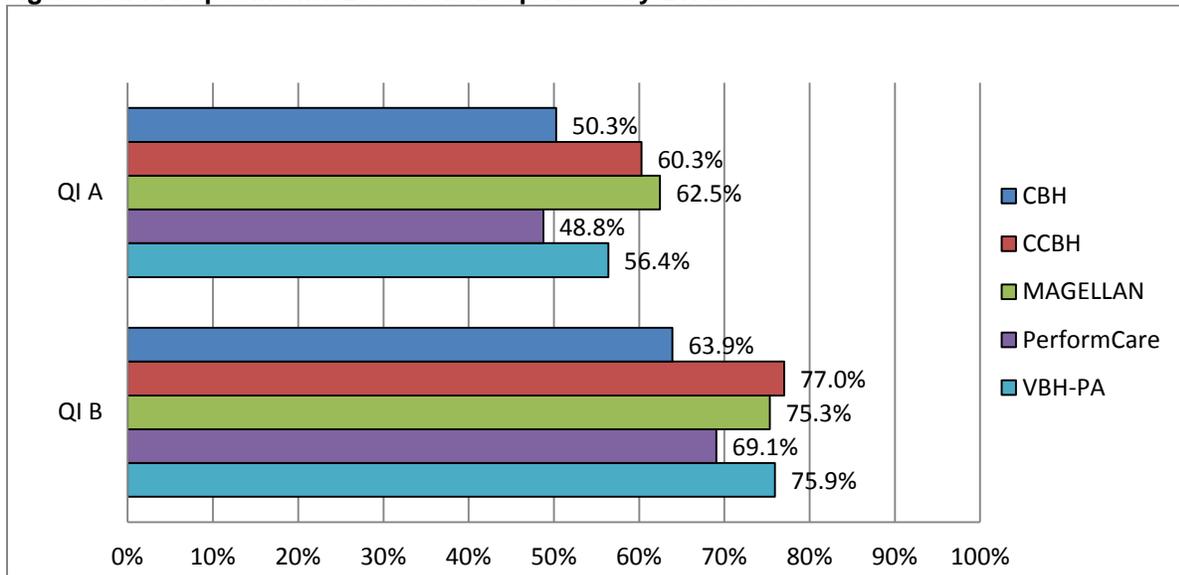
MY 2013 BH-MCO-specific performance rates for the PA-specific measures with comparisons to MY 2012 data are presented in Table 20B. BH-MCO-specific performance rates for the MY 2013 PA-specific indicators are presented in Figure 5A.

**Table 20B: PA-Specific MY 2013 Rates and Year-to-Year Comparisons by BH-MCO**

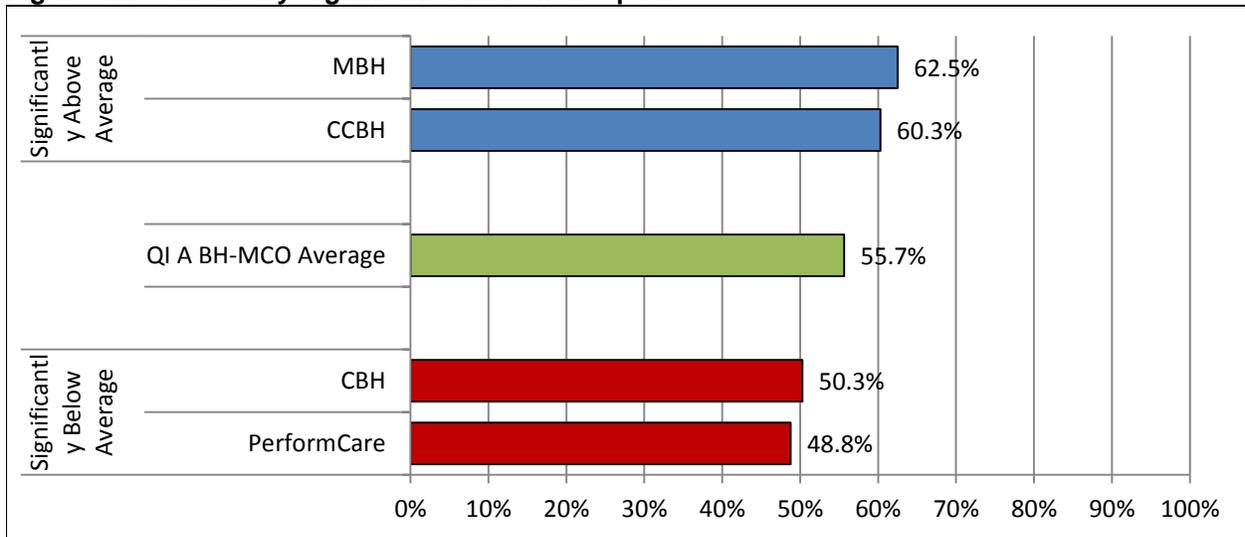
BH-MCO	QI	MY 2011	MY 2012			MY 2013			Comparison of MY 2013 to MY 2012	
		%	(N)	(D)	%	(N)	(D)	%	PPD	SSD
CBH	QI A	51.4%	4,126	7,392	55.8%	2,964	5,897	50.3%	-5.6	YES
	QI B	67.2%	5,149	7,392	69.7%	3,769	5,897	63.9%	-5.7	YES
CCBH	QI A	60.3%	8,153	13,351	61.1%	8,259	13,700	60.3%	-0.8	NO
	QI B	77.5%	10,373	13,351	77.7%	10,551	13,700	77.0%	-0.7	NO
MBH	QI A	62.1%	3,297	5,573	59.2%	3,366	5,389	62.5%	3.3	YES
	QI B	75.6%	4,078	5,573	73.2%	4,060	5,389	75.3%	2.2	YES
PerformCare	QI A	57.4%	2,424	4,081	59.4%	1,936	3,970	48.8%	-10.6	YES
	QI B	76.7%	3,182	4,081	78.0%	2,742	3,970	69.1%	-8.9	YES
VBH	QI A	57.0%	3,096	5,575	55.5%	3,162	5,608	56.4%	0.9	NO
	QI B	76.3%	4,196	5,575	75.3%	4,259	5,608	75.9%	0.7	NO

Compared to MY 2012, the QI A rate for MBH statistically significantly increased by 3.3 percentage points, and the QI A rates for CBH and PerformCare statistically significantly decreased by 5.6 and 10.6 percentage points, respectively. QI A rate changes for CCBH and VBH were not statistically significant. Compared to MY 2012, the QI B rate for MBH statistically significantly increased by 2.2 percentage points, and the QI B rates for CBH and PerformCare statistically significantly decreased by 5.7 and 8.9 percentage points, respectively. QI B rate changes for CCBH and VBH were not statistically significant.

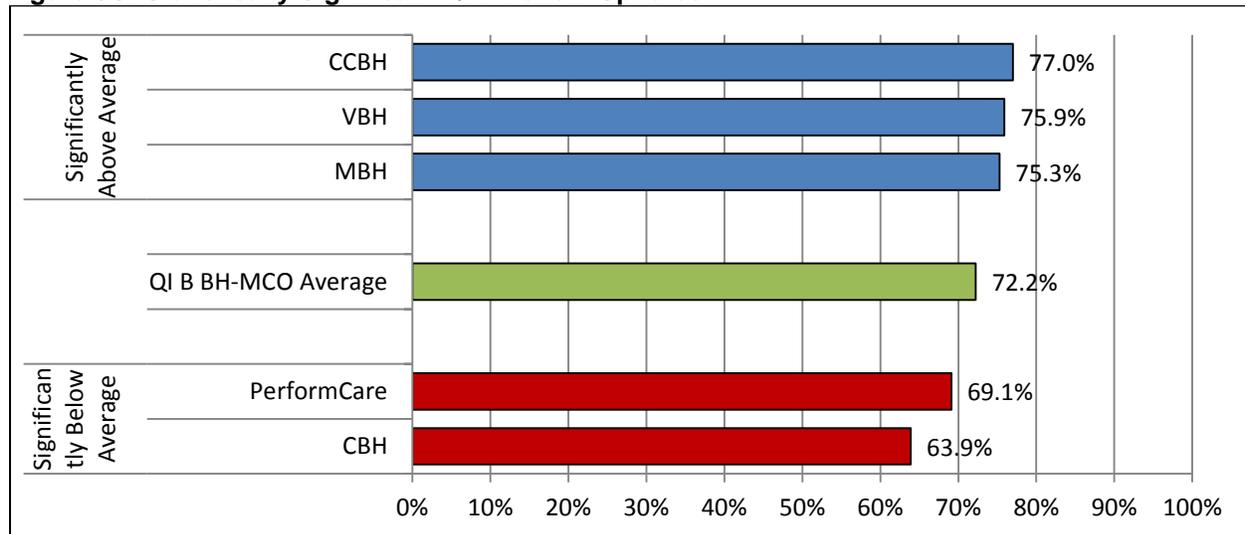
**Figure 5A: PA-Specific MY 2013 Follow-up Rates by BH-MCO**



**Figure 5B: Statistically Significant QI A Follow-Up rates**



**Figure 5C: Statistically Significant QI B Follow-Up rates**



The MY 2013 HealthChoices BH-MCO Average for QI A was 55.7%. The MY 2013 QI A average is a 2.5 percentage point decrease from the MY 2012 QI A HealthChoices BH-MCO Average of 58.2%. The QI A rate for MBH was the highest at 62.5%, and the QI A rate for PerformCare was the lowest at 48.8%. The QI A rate for CCBH and MBH were statistically significantly higher than the QI A HealthChoices BH-MCO Average. The QI A rate for PerformCare and CBH were statistically significantly lower than the QI A HealthChoices BH-MCO Average. The QI A rate for VBH not statistically significantly different from the QI A HealthChoices BH-MCO Average.

The MY 2013 HealthChoices BH-MCO Average for QI B was 72.2%. This QI B average is a 2.6 percentage point decrease from the MY 2012 QI B HealthChoices BH-MCO Average of 74.8%. The QI B rate for CCBH was the highest at 77.0%, while the QI B rate for CBH was the lowest at 63.9%. The QI B rates for CCBH, MBH and VBH were statistically significantly higher than the QI B HealthChoices BH-MCO Average, while the QI B rates for CBH and PerformCare were statistically significantly lower.

## VIII. Performance by HC BH Contractor

All 37 HC BH Contractors in Pennsylvania were evaluated in this study. In this analysis, the individual HC BH Contractor rates were first compared to MY 2012 rates to identify year-to-year differences as applicable, then to the HealthChoices HC BH Contractor Average. Statistically significant differences were determined using each HC BH Contractor's upper and lower 95% confidence intervals. Tables 21A, 21B, 21C and 21D list the HC BH Contractors that had statistically significant rate changes for each of the four study indicators as compared to MY 2012 rates. Tables 22A, 22B, 22C and 22D list the HC BH Contractors that had statistically significant rate differences compared to the HC BH Contractor Averages for each of the study indicators. Figures 6A, 6B, 6D and 6D respectively present the HealthChoices HC BH Contractor Averages for QI 1, QI 2, QI A, and QI B, as well as the individual HC BH Contractors that had rates statistically significantly above or below each respective HealthChoices Average. The percentage point differences between the HC BH Contractor rate and the HealthChoices HC BH Contractor Average are also indicated. Figures 7A, 7B, 7C and 7D present the MY 2013 HC BH Contractor rates and 95% confidence intervals for each of the QIs, and display the statistically significant differences in HC BH Contractor performances.

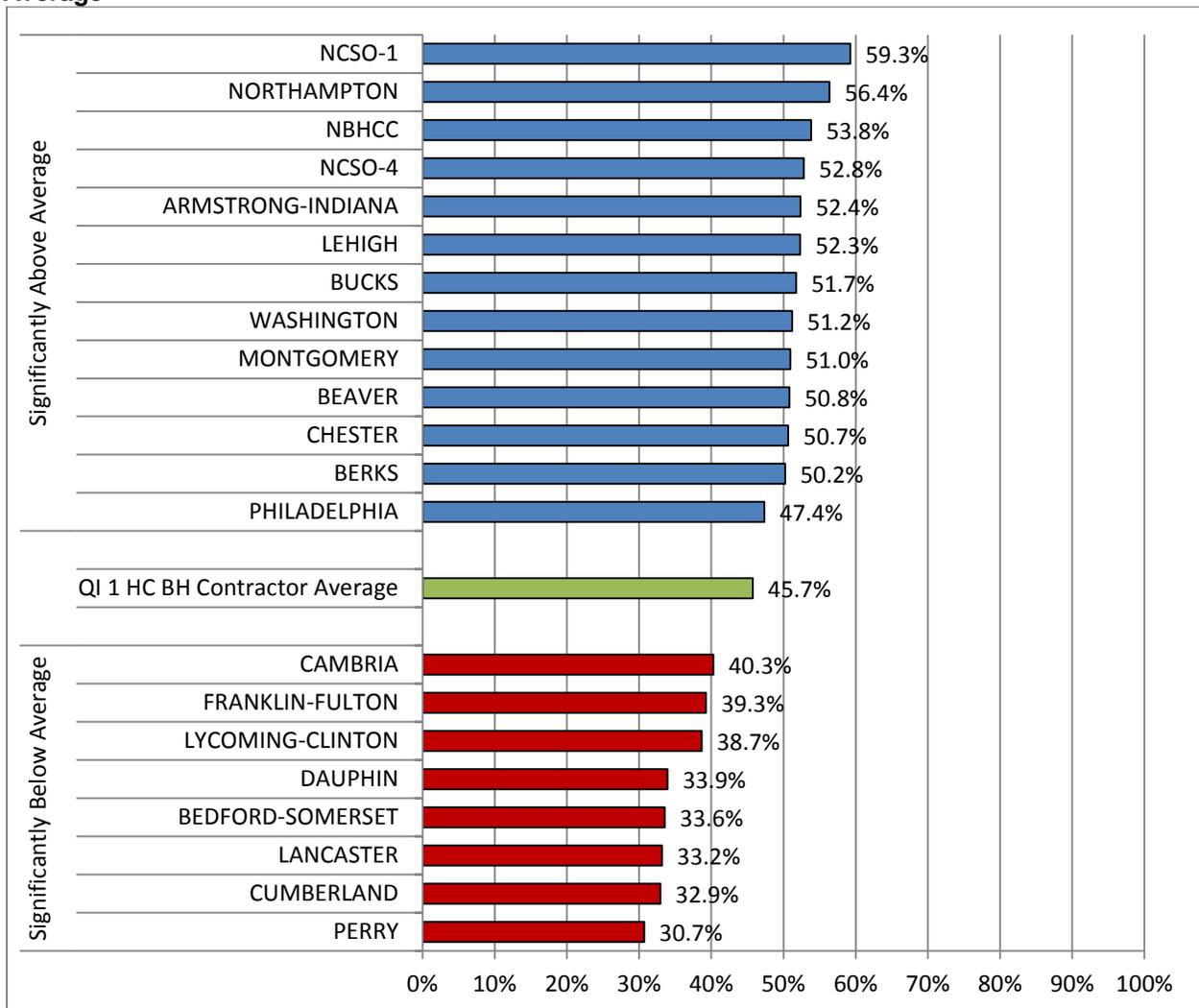
**Table 21A: Year-to-Year QI 1 Rate Comparisons by HC BH Contractor**

Statistically Significant Difference in Year-to-Year Rates				
	Rate Statistically Significantly Increased Between MY 2012 and MY 2013		Rate Statistically Significantly Decreased Between MY 2012 and MY 2013	
QI 1	BUCKS	WASHINGTON	ADAMS	DAUPHIN
	LEHIGH		ALLEGHENY	FRANKLIN-FULTON
	MONTGOMERY		BEDFORD-SOMERSET	LANCASTER
	NCSO-1		BERKS	LEBANON
	PHILADELPHIA		CUMBERLAND	PERRY

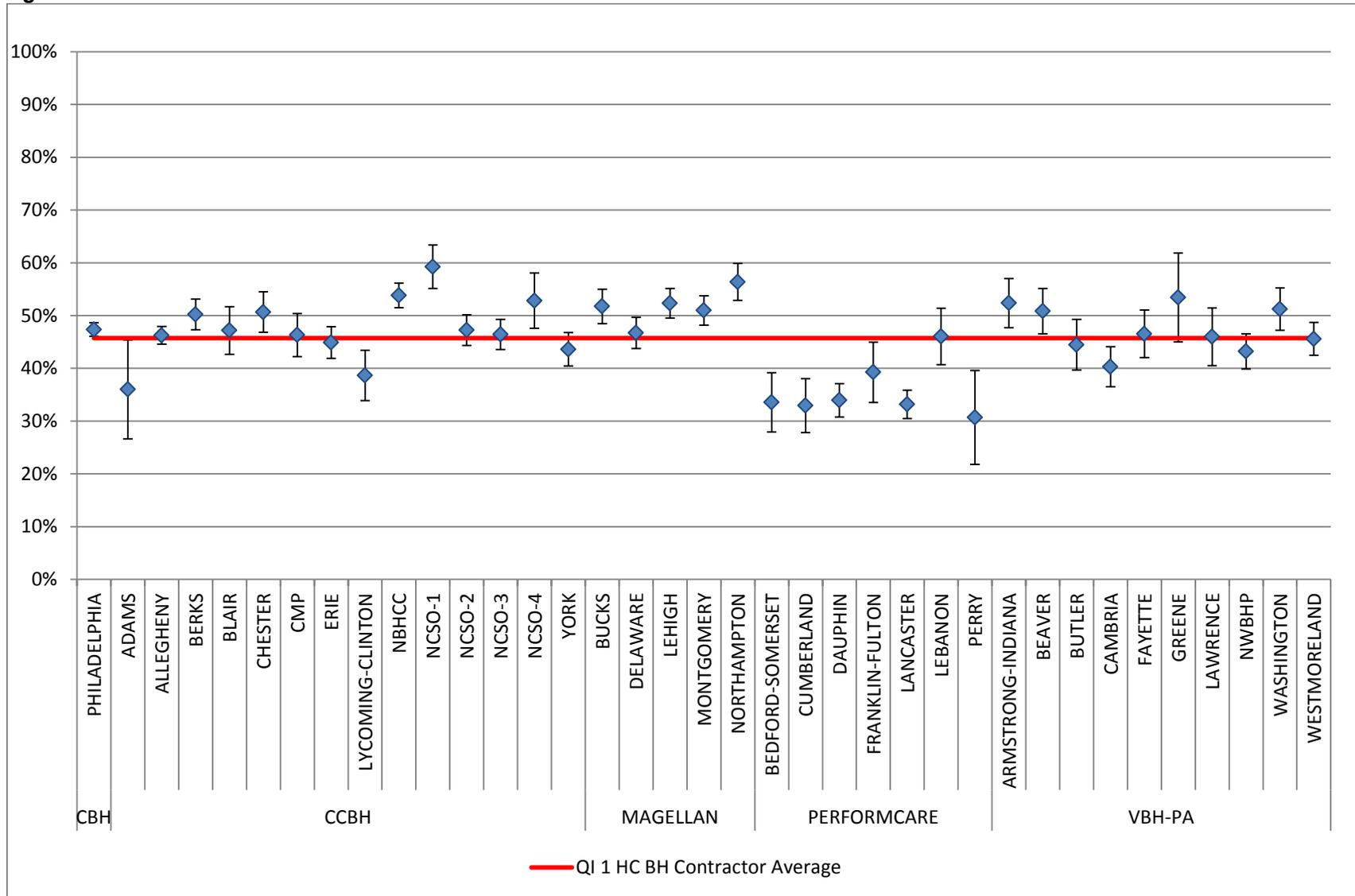
**Table 22A: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to HC BH Contractor Average**

Statistically Significant Difference Compared to HealthChoices HC BH Contractor Average				
	MY 2013 Rate Statistically Significantly Above the HealthChoices HC BH Contractor Average		MY 2013 Rate Statistically Significantly Below the HealthChoices HC BH Contractor Average	
QI 1 HealthChoices HC BH Contractor Average (45.7%)	ARMSTRONG-INDIANA	NBHCC	BEDFORD-SOMERSET	PERRY
	BEAVER	NCSO-1	CAMBRIA	
	BERKS	NCSO-4	CUMBERLAND	
	BUCKS	NORTHAMPTON	DAUPHIN	
	CHESTER	PHILADELPHIA	FRANKLIN-FULTON	
	LEHIGH	WASHINGTON	LANCASTER	
	MONTGOMERY		LYCOMING-CLINTON	

**Figure 6A: Q1 1 HC BH Contractor Rates Compared to Q1 1 HealthChoices HC BH Contractor Average**



**Figure 7A: MY 2013 QI 1 HC BH Contractor Rates**



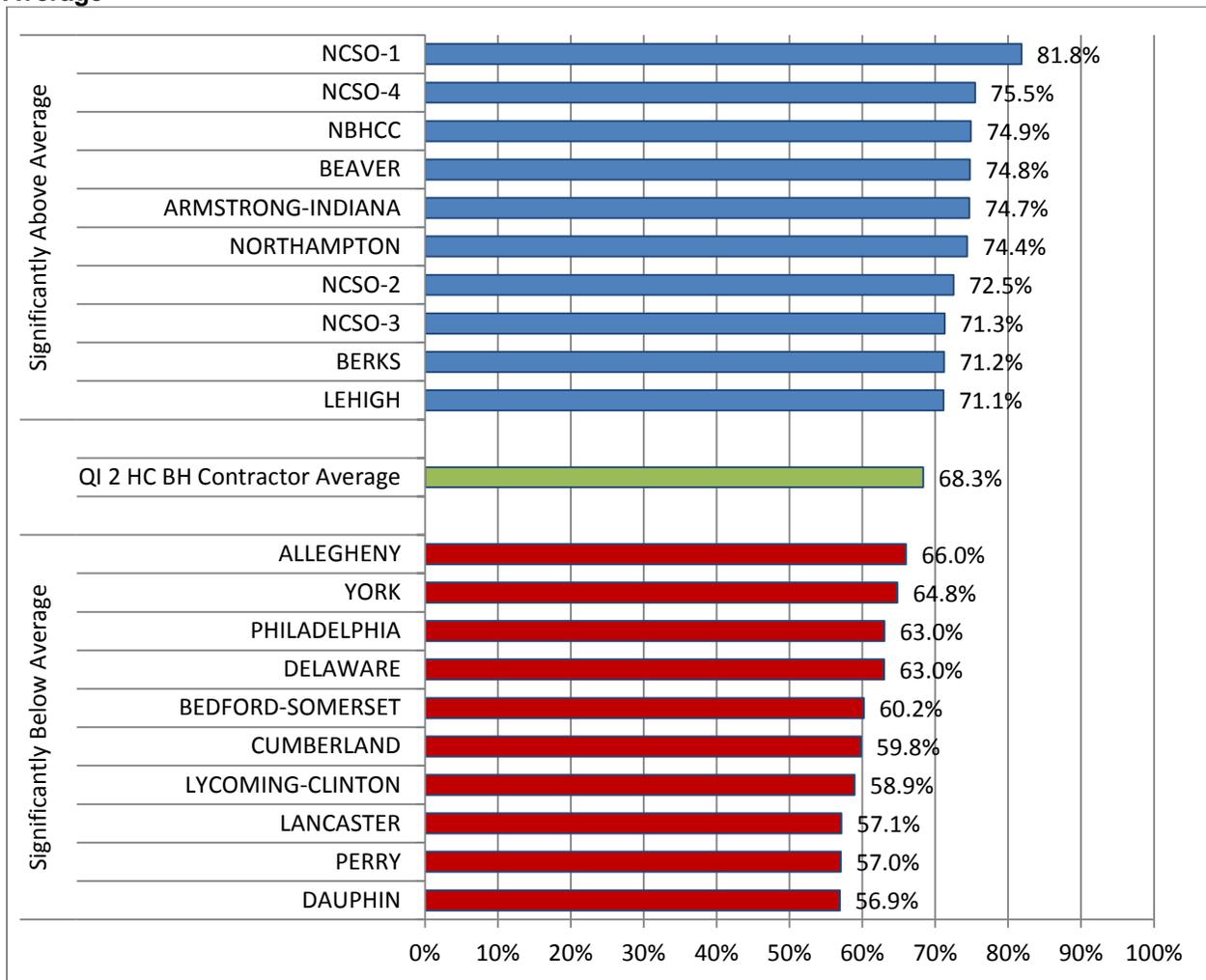
**Table 21B: Year-to-Year QI 2 Rate Comparisons by HC BH Contractor**

Statistically Significant Difference in Year-to-Year Rates			
	Rate Statistically Significantly <i>Increased</i> Between MY 2012 and MY 2013	Rate Statistically Significantly <i>Decreased</i> Between MY 2012 and MY 2013	
<b>QI 2</b>	LEHIGH	BEDFORD-SOMERSET	FRANKLIN-FULTON
	MONTGOMERY	BERKS	LANCASTER
	PHILADELPHIA	CHESTER	LYCOMING-CLINTON
	WASHINGTON	CUMBERLAND	NCSO-2
		DAUPHIN	

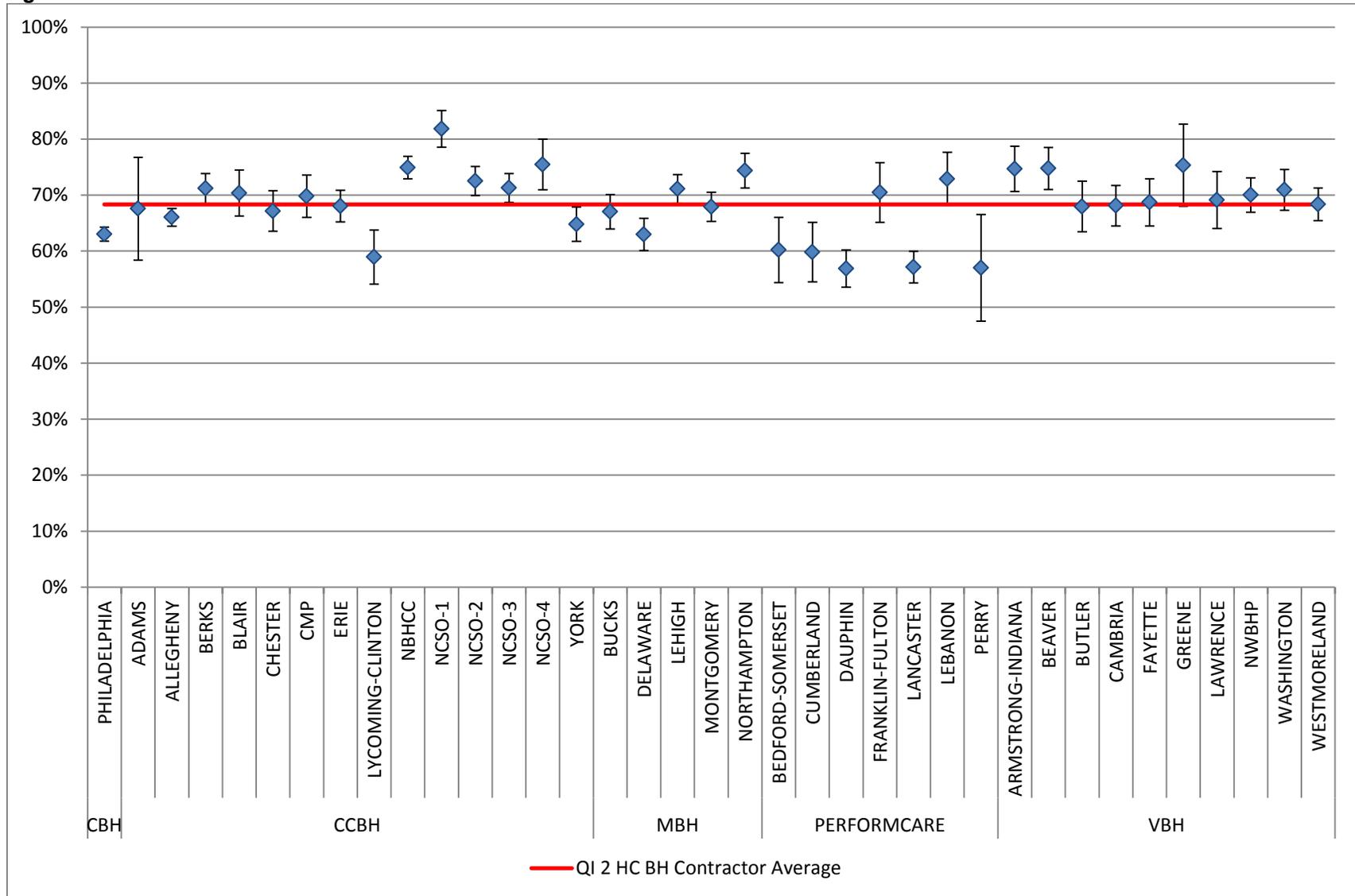
**Table 22B: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to HC BH Contractor Average**

Statistically Significant Difference Compared to HealthChoices HC BH Contractor Average				
	MY 2013 Rate Significantly <i>Above</i> the HealthChoices HC BH Contractor Average		MY 2013 Rate Statistically Significantly <i>Below</i> the HealthChoices HC BH Contractor Average	
<b>QI 2 HealthChoices HC BH Contractor Average (68.3%)</b>	ARMSTRONG-INDIANA	NCSO-1	ALLEGHENY	LANCASTER
	BEAVER	NCSO-2	BEDFORD-SOMERSET	LYCOMING-CLINTON
	BERKS	NCSO-3	CUMBERLAND	PERRY
	LEHIGH	NCSO-4	DAUPHIN	PHILADELPHIA
	NBHCC	NORTHAMPTON	DELAWARE	YORK

**Figure 6B: QI 2 HC BH Contractor Rates Compared to QI 2 HealthChoices HC BH Contractor Average**



**Figure 7B: MY 2013 QI 2 HC BH Contractor Rates**



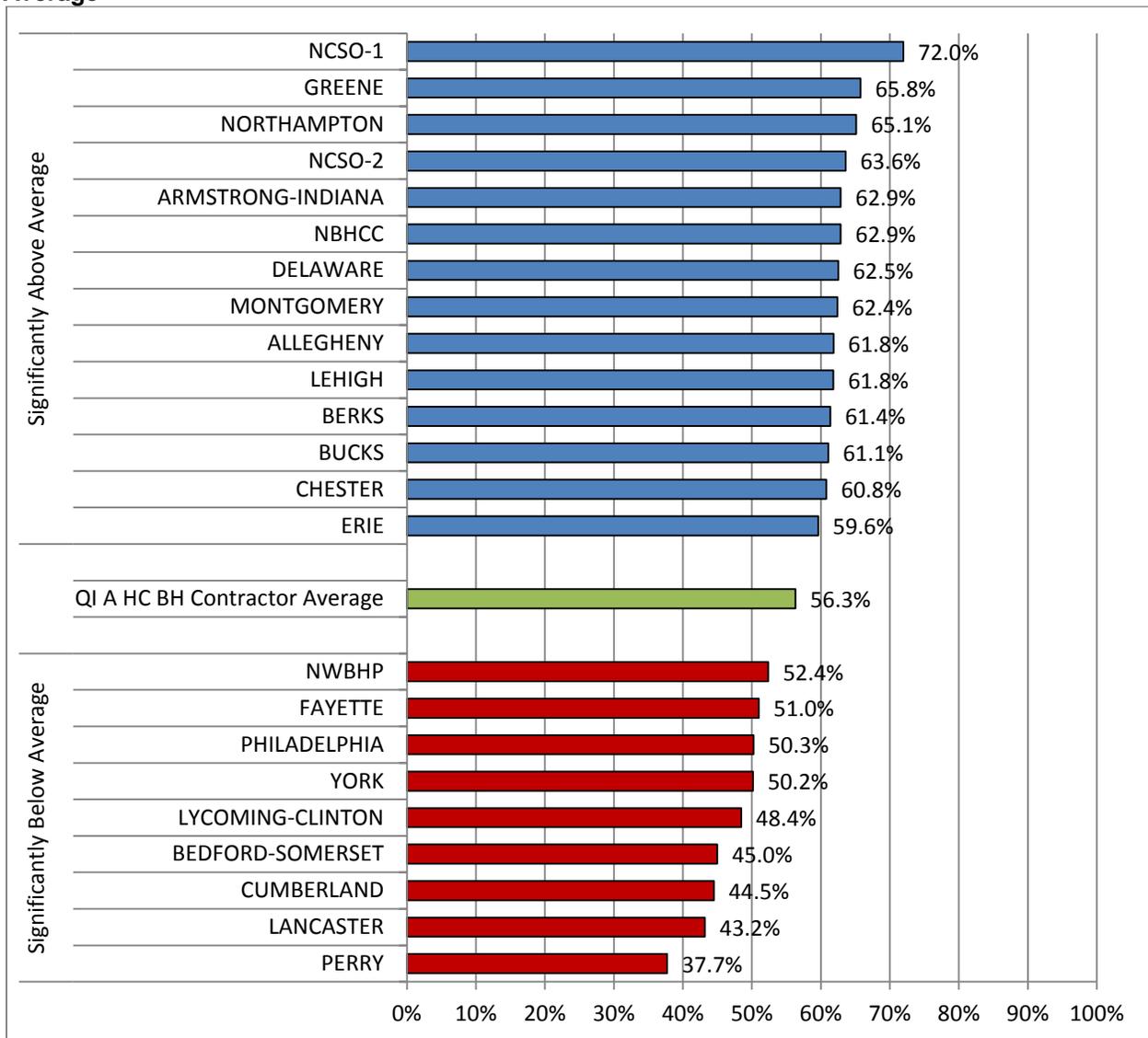
**Table 21C: Year-to-Year QI A Rate Comparisons by HC BH Contractor**

Statistically Significant Difference in Year-to-Year Rates			
	Rate Statistically Significantly <i>Increased</i> Between MY 2012 and MY 2013	Rate Statistically Significantly <i>Decreased</i> Between MY 2012 and MY 2013	
QI A	BUCKS	BEDFORD-SOMERSET	FRANKLIN-FULTON
	LEHIGH	BERKS	LANCASTER
		CUMBERLAND	LEBANON
		DAUPHIN	PHILADELPHIA

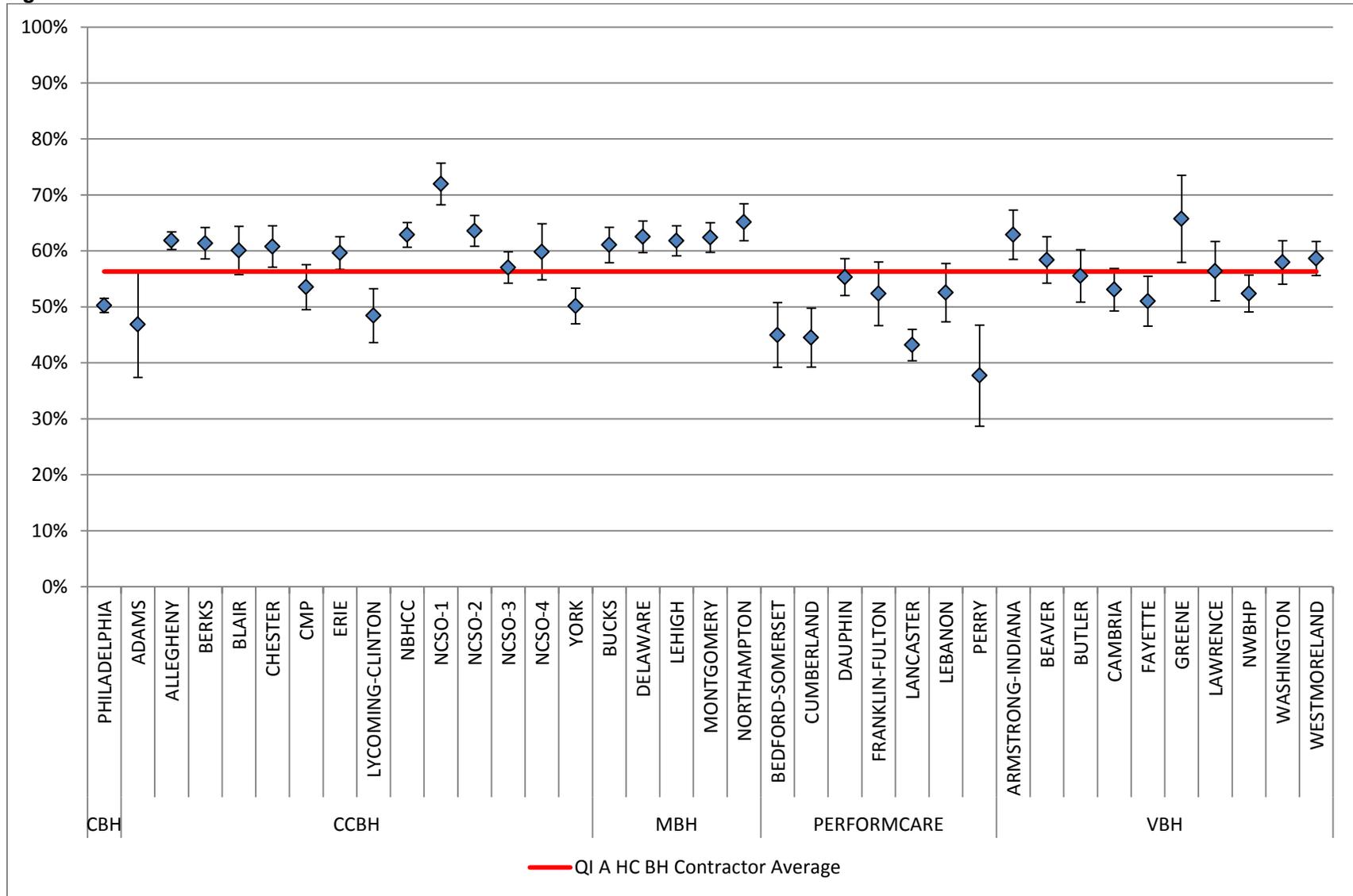
**Table 22C: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to HC BH Contractor Average**

Statistically Significant Difference Compared to HealthChoices HC BH Contractor Average				
	MY 2013 Rate Significantly <i>Above</i> the HealthChoices HC BH Contractor Average		MY 2013 Rate Statistically Significantly <i>Below</i> the HealthChoices HC BH Contractor Average	
QI A HealthChoices HC BH Contractor Average (56.3%)	ALLEGHENY	GREENE	BEDFORD-SOMERSET	PHILADELPHIA
	ARMSTRONG-INDIANA	LEHIGH	CUMBERLAND	YORK
	BERKS	MONTGOMERY	FAYETTE	
	BUCKS	NBHCC	LANCASTER	
	CHESTER	NCSO-1	LYCOMING-CLINTON	
	DELAWARE	NCSO-2	NWBHP	
	ERIE	NORTHAMPTON	PERRY	

**Figure 6C: QI A HC BH Contractor Rates Compared to QI A HealthChoices HC BH Contractor Average**



**Figure 7C: MY 2013 QI A HC BH Contractor Rates**



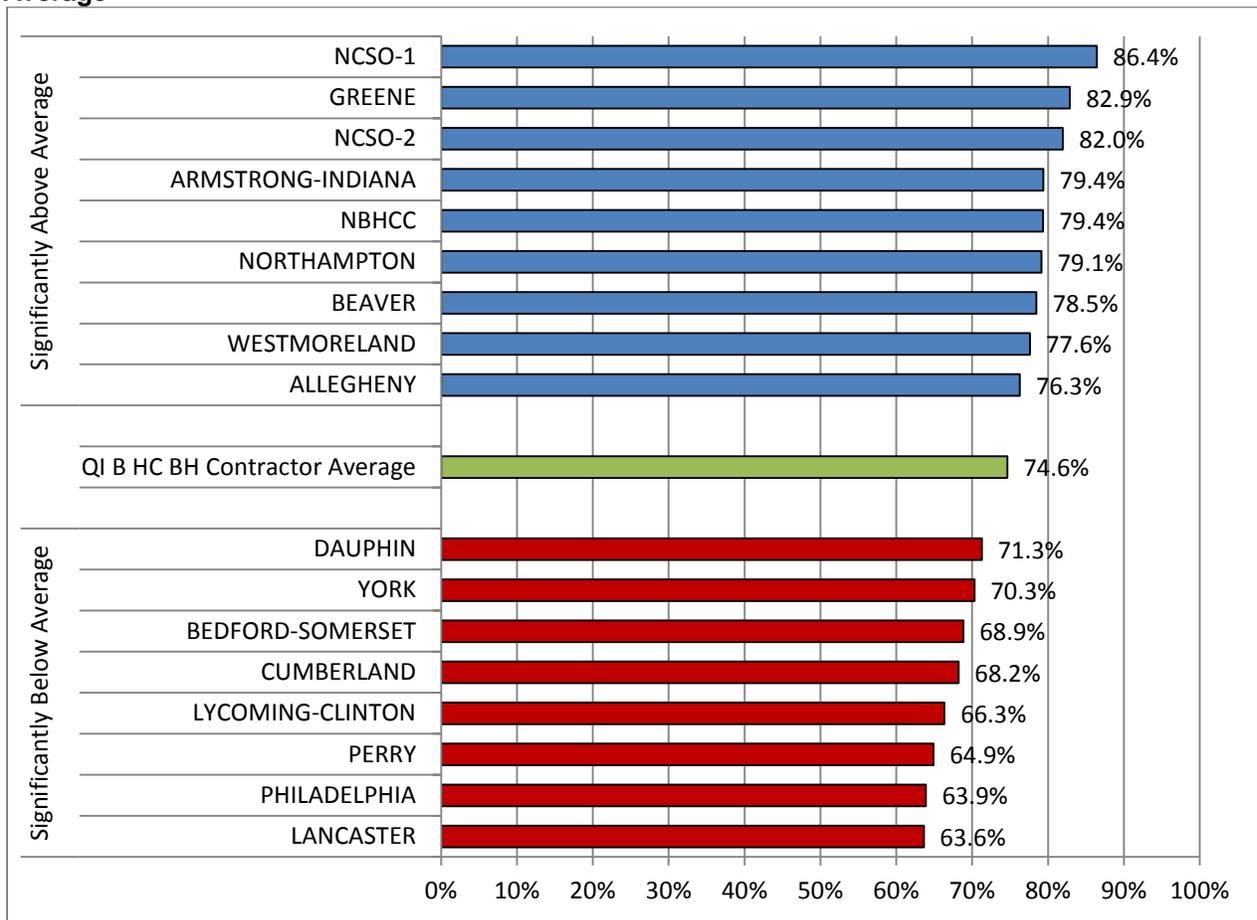
**Table 21D: Year-to-Year QI B Rate Comparisons by HC BH Contractor**

Statistically Significant Difference in Year-to-Year Rates			
	Rate Statistically Significantly <i>Increased</i> Between MY 2012 and MY 2013	Rate Statistically Significantly <i>Decreased</i> Between MY 2012 and MY 2013	
QI B	LEHIGH	BEDFORD-SOMERSET BERKS CUMBERLAND DAUPHIN	FRANKLIN-FULTON LANCASTER LEBANON PHILADELPHIA

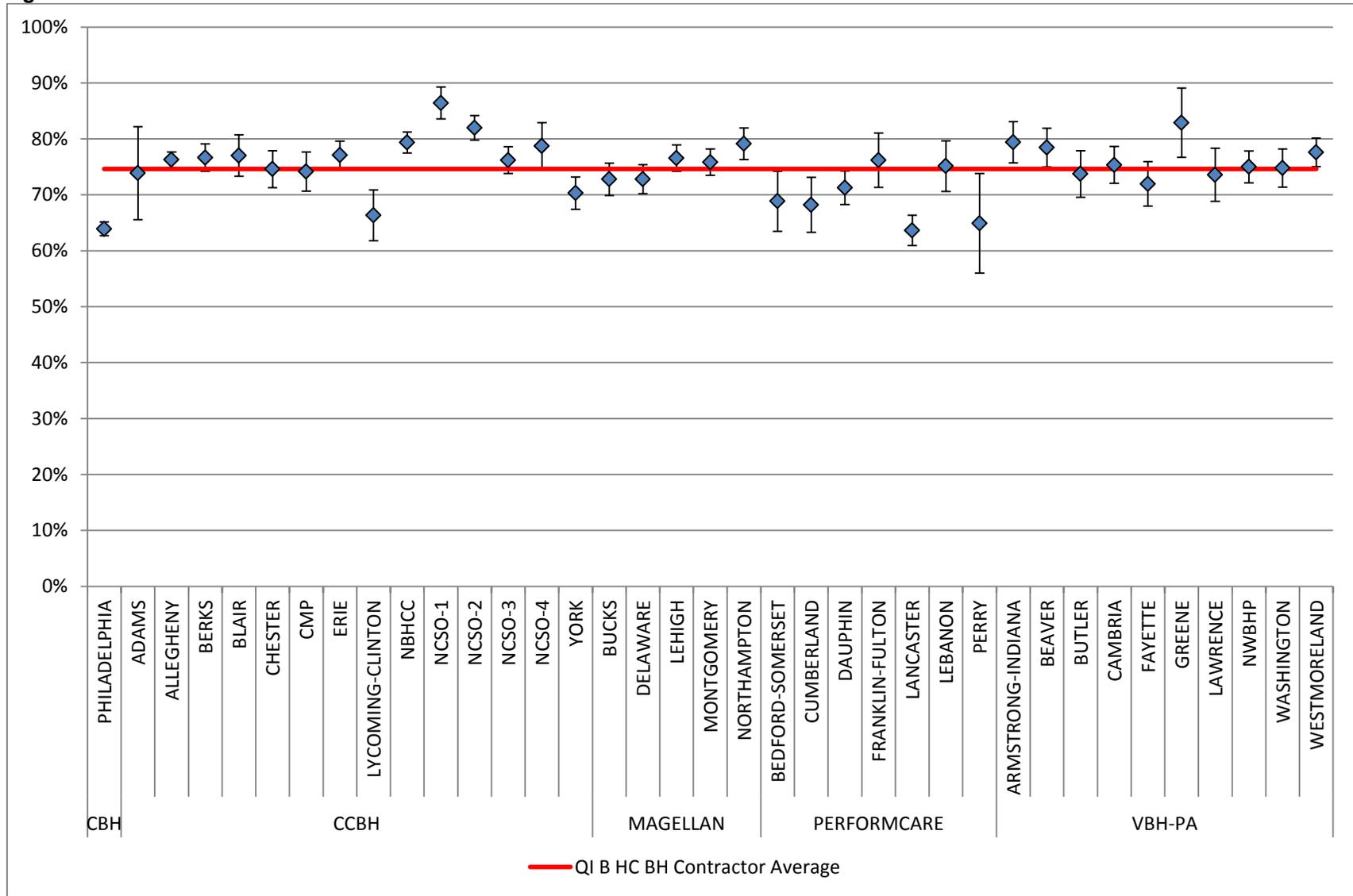
**Table 22D: Summary of HC BH Contractors with Statistically Significant MY 2013 Rates Compared to HC BH Contractor Average**

Statistically Significant Difference Compared to HealthChoices HC BH Contractor Average				
	MY 2013 Rate Significantly <i>Above</i> the HealthChoices HC BH Contractor Average		MY 2013 Rate Statistically Significantly <i>Below</i> the HealthChoices HC BH Contractor Average	
QI B HealthChoices HC BH Contractor Average (74.6%)	ALLEGHENY	NCSO-1	BEDFORD-SOMERSET	PERRY
	ARMSTRONG-INDIANA	NCSO-2	CUMBERLAND	PHILADELPHIA
	BEAVER	NORTHAMPTON	DAUPHIN	YORK
	GREENE	WESTMORELAND	LANCASTER	
	NBHCC		LYCOMING-CLINTON	

**Figure 6D: QI B HC BH Contractor Rates Compared to QI B HealthChoices HC BH Contractor Average**



**Figure 7D: MY 2013 QI B HC BH Contractor Rates**



HC BH Contractor-specific performance rates for MY 2013 with the 95% confidence intervals are presented in Tables 23A and 23B for the HEDIS and PA-specific measures, respectively. The tables also include individual HC BH Contractor rates from MY 2012 as available, and identify whether year-to-year changes between MY 2013 and MY 2012 are statistically significant. Figures of the observed rates by HC BH Contractor are included in the Appendix.

**Table 23A: HEDIS MY 2013 Rates and MY 2012 Comparisons by HC BH Contractor**

<b>HEDIS SPECIFICATIONS</b>																
<b>BY HC BH Contractor</b>	<b>QUALITY INDICATOR 1</b>								<b>QUALITY INDICATOR 2</b>							
	<b>MY 2012</b>	<b>MY 2013</b>					<b>Comparison of MY 2013 to MY 2012</b>		<b>MY 2012</b>	<b>MY 2013</b>					<b>Comparison of MY 2013 to MY 2012</b>	
	<b>%</b>	<b>(N)</b>	<b>(D)</b>	<b>%</b>	<b>Lower 95% CI</b>	<b>Upper 95% CI</b>	<b>PPD</b>	<b>SSD</b>	<b>%</b>	<b>(N)</b>	<b>(D)</b>	<b>%</b>	<b>Lower 95% CI</b>	<b>Upper 95% CI</b>	<b>PPD</b>	<b>SSD</b>
<b>Adams</b>	51.0%	40	111	<b>36.0%</b>	26.7%	45.4%	-15.01	YES	72.9%	75	111	<b>67.6%</b>	58.4%	76.7%	-5.35	NO
<b>Allegheny</b>	49.0%	1,624	3,511	<b>46.3%</b>	44.6%	47.9%	-2.71	YES	67.1%	2,319	3,511	<b>66.0%</b>	64.5%	67.6%	-1.04	NO
<b>Armstrong-Indiana</b>	46.0%	244	466	<b>52.4%</b>	47.7%	57.0%	6.38	NO	75.7%	348	466	<b>74.7%</b>	70.6%	78.7%	-0.99	NO
<b>Beaver</b>	55.4%	276	543	<b>50.8%</b>	46.5%	55.1%	-4.57	NO	76.2%	406	543	<b>74.8%</b>	71.0%	78.5%	-1.46	NO
<b>Bedford-Somerset</b>	45.9%	97	289	<b>33.6%</b>	27.9%	39.2%	-12.36	YES	72.2%	174	289	<b>60.2%</b>	54.4%	66.0%	-12.01	YES
<b>Berks</b>	57.8%	581	1,157	<b>50.2%</b>	47.3%	53.1%	-7.60	YES	75.7%	824	1,157	<b>71.2%</b>	68.6%	73.9%	-4.45	YES
<b>Blair</b>	52.0%	234	496	<b>47.2%</b>	42.7%	51.7%	-4.83	NO	74.2%	349	496	<b>70.4%</b>	66.2%	74.5%	-3.84	NO
<b>Bucks</b>	45.5%	477	922	<b>51.7%</b>	48.5%	55.0%	6.27	YES	63.8%	618	922	<b>67.0%</b>	63.9%	70.1%	3.19	NO
<b>Butler</b>	47.5%	193	434	<b>44.5%</b>	39.7%	49.3%	-2.98	NO	71.3%	295	434	<b>68.0%</b>	63.5%	72.5%	-3.32	NO
<b>Cambria</b>	36.1%	268	665	<b>40.3%</b>	36.5%	44.1%	4.21	NO	66.6%	453	665	<b>68.1%</b>	64.5%	71.7%	1.51	YES
<b>Chester</b>	52.8%	341	673	<b>50.7%</b>	46.8%	54.6%	-2.10	NO	72.9%	452	673	<b>67.2%</b>	63.5%	70.8%	-5.72	NO
<b>CMP</b>	45.6%	276	596	<b>46.3%</b>	42.2%	50.4%	0.72	NO	72.7%	416	596	<b>69.8%</b>	66.0%	73.6%	-2.91	NO
<b>Cumberland</b>	46.1%	114	346	<b>32.9%</b>	27.9%	38.0%	-13.18	YES	71.7%	207	346	<b>59.8%</b>	54.5%	65.1%	-11.89	YES
<b>Dauphin</b>	44.2%	300	884	<b>33.9%</b>	30.8%	37.1%	-10.24	YES	68.1%	503	884	<b>56.9%</b>	53.6%	60.2%	-11.15	YES
<b>Delaware</b>	43.4%	526	1,126	<b>46.7%</b>	43.8%	49.7%	3.36	NO	61.6%	709	1,126	<b>63.0%</b>	60.1%	65.8%	1.37	NO
<b>Erie</b>	41.4%	490	1,092	<b>44.9%</b>	41.9%	47.9%	3.44	NO	68.1%	743	1,092	<b>68.0%</b>	65.2%	70.9%	-0.08	NO
<b>Fayette</b>	48.5%	229	492	<b>46.5%</b>	42.0%	51.1%	-1.93	NO	70.5%	338	492	<b>68.7%</b>	64.5%	72.9%	-1.83	NO

HEDIS SPECIFICATIONS																
	QUALITY INDICATOR 1								QUALITY INDICATOR 2							
	MY 2012	MY 2013					Comparison of MY 2013 to MY 2012		MY 2012	MY 2013					Comparison of MY 2013 to MY 2012	
BY HC BH Contractor	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
Franklin-Fulton	55.9%	117	298	39.3%	33.5%	45.0%	-16.68	YES	83.2%	210	298	70.5%	65.1%	75.8%	-12.75	YES
Greene	46.4%	78	146	53.4%	45.0%	61.9%	7.07	NO	70.2%	110	146	75.3%	68.0%	82.7%	5.14	NO
Lancaster	44.5%	404	1,218	33.2%	30.5%	35.9%	-11.33	YES	69.5%	696	1,218	57.1%	54.3%	60.0%	-12.38	YES
Lawrence	45.1%	155	337	46.0%	40.5%	51.5%	0.90	NO	69.3%	233	337	69.1%	64.1%	74.2%	-0.14	NO
Lebanon	55.2%	163	354	46.0%	40.7%	51.4%	-9.15	YES	79.2%	258	354	72.9%	68.1%	77.7%	-6.35	NO
Lehigh	47.3%	656	1,254	52.3%	49.5%	55.1%	4.99	YES	65.1%	892	1,254	71.1%	68.6%	73.7%	6.06	YES
Lycoming-Clinton	44.0%	162	419	38.7%	33.9%	43.4%	-5.35	NO	65.7%	247	419	58.9%	54.1%	63.8%	-6.74	YES
Montgomery	46.3%	656	1,287	51.0%	48.2%	53.7%	4.65	YES	64.0%	874	1,287	67.9%	65.3%	70.5%	3.94	YES
NBHCC	55.9%	980	1,821	53.8%	51.5%	56.1%	-2.05	NO	76.1%	1,364	1,821	74.9%	72.9%	76.9%	-1.15	NO
NCSO-1	51.8%	336	567	59.3%	55.1%	63.4%	7.42	YES	78.5%	464	567	81.8%	78.6%	85.1%	3.31	NO
NCSO-2	47.5%	555	1,175	47.2%	44.3%	50.1%	-0.25	NO	77.2%	852	1,175	72.5%	69.9%	75.1%	-4.71	YES
NCSO-3	48.9%	564	1,215	46.4%	43.6%	49.3%	-2.51	NO	73.2%	866	1,215	71.3%	68.7%	73.9%	-1.91	NO
NCSO-4	48.0%	196	371	52.8%	47.6%	58.0%	4.82	NO	68.9%	280	371	75.5%	71.0%	80.0%	6.57	NO
Northampton	54.5%	451	800	56.4%	52.9%	59.9%	1.87	NO	71.4%	595	800	74.4%	71.3%	77.5%	2.98	NO
NWBHP	43.6%	382	884	43.2%	39.9%	46.5%	-0.43	NO	67.7%	619	884	70.0%	66.9%	73.1%	2.37	NO
Perry	47.1%	35	114	30.7%	21.8%	39.6%	-16.44	YES	71.4%	65	114	57.0%	47.5%	66.5%	-14.41	NO
Philadelphia	44.5%	2,793	5,897	47.4%	46.1%	48.6%	2.87	YES	59.7%	3,716	5,897	63.0%	61.8%	64.3%	3.33	YES
Washington	44.2%	319	623	51.2%	47.2%	55.2%	7.05	YES	63.6%	442	623	70.9%	67.3%	74.6%	7.31	YES
Westmoreland	43.1%	464	1,018	45.6%	42.5%	48.7%	2.46	NO	68.5%	696	1,018	68.4%	65.5%	71.3%	-0.11	NO
York	43.5%	420	963	43.6%	40.4%	46.8%	0.10	NO	65.6%	624	963	64.8%	61.7%	67.9%	-0.81	NO
HC BH Contractor Average	47.7%	45.7%							70.5%	68.4%						

**Table 23B: PA-Specific MY 2013 Rates and MY 2012 Comparisons by HC BH Contractor**

<b>PA-SPECIFICATIONS</b>																
<b>BY HC BH Contractor</b>	<b>QUALITY INDICATOR A</b>								<b>QUALITY INDICATOR B</b>							
	<b>MY 2012</b>	<b>MY 2013</b>					<b>Comparison of MY 2013 to MY 2012</b>		<b>MY 2012</b>	<b>MY 2013</b>					<b>Comparison of MY 2013 to MY 2012</b>	
	<b>%</b>	<b>(N)</b>	<b>(D)</b>	<b>%</b>	<b>Lower 95% CI</b>	<b>Upper 95% CI</b>	<b>PPD</b>	<b>SSD</b>	<b>%</b>	<b>(N)</b>	<b>(D)</b>	<b>%</b>	<b>Lower 95% CI</b>	<b>Upper 95% CI</b>	<b>PPD</b>	<b>SSD</b>
<b>Adams</b>	56.3%	52	111	<b>46.8%</b>	37.1%	56.6%	-9.40	NO	75.0%	82	111	<b>73.9%</b>	65.3%	82.5%	-1.13	NO
<b>Allegheny</b>	61.6%	2,171	3,511	<b>61.8%</b>	60.2%	63.5%	0.25	NO	75.6%	2,678	3,511	<b>76.3%</b>	74.9%	77.7%	0.67	NO
<b>Armstrong-Indiana</b>	57.9%	293	466	<b>62.9%</b>	58.4%	67.4%	4.94	NO	80.6%	370	466	<b>79.4%</b>	75.6%	83.2%	-1.22	NO
<b>Beaver</b>	62.7%	317	543	<b>58.4%</b>	54.1%	62.6%	-4.29	NO	79.8%	426	543	<b>78.5%</b>	74.9%	82.0%	-1.31	NO
<b>Bedford-Somerset</b>	60.7%	130	289	<b>45.0%</b>	39.1%	50.9%	-15.76	YES	81.5%	199	289	<b>68.9%</b>	63.3%	74.4%	-12.62	YES
<b>Berks</b>	66.7%	710	1,157	<b>61.4%</b>	58.5%	64.2%	-5.33	YES	80.7%	887	1,157	<b>76.7%</b>	74.2%	79.1%	-4.00	YES
<b>Blair</b>	64.9%	298	496	<b>60.1%</b>	55.7%	64.5%	-4.82	NO	80.1%	382	496	<b>77.0%</b>	73.2%	80.8%	-3.11	NO
<b>Bucks</b>	55.5%	563	922	<b>61.1%</b>	57.9%	64.3%	5.61	YES	69.1%	671	922	<b>72.8%</b>	69.8%	75.7%	3.66	NO
<b>Butler</b>	56.3%	241	434	<b>55.5%</b>	50.7%	60.3%	-0.72	NO	75.9%	320	434	<b>73.7%</b>	69.5%	78.0%	-2.19	NO
<b>Cambria</b>	49.4%	353	665	<b>53.1%</b>	49.2%	57.0%	3.67	NO	72.0%	501	665	<b>75.3%</b>	72.0%	78.7%	3.33	NO
<b>Chester</b>	62.4%	409	673	<b>60.8%</b>	57.0%	64.5%	-1.62	NO	77.4%	502	673	<b>74.6%</b>	71.2%	78.0%	-2.81	NO
<b>CMP</b>	52.4%	319	596	<b>53.5%</b>	49.4%	57.6%	1.15	NO	75.9%	442	596	<b>74.2%</b>	70.6%	77.8%	-1.77	NO
<b>Cumberland</b>	57.9%	154	346	<b>44.5%</b>	39.1%	49.9%	-13.40	YES	76.4%	236	346	<b>68.2%</b>	63.2%	73.3%	-8.22	YES
<b>Dauphin</b>	64.1%	489	884	<b>55.3%</b>	52.0%	58.7%	-8.82	YES	79.1%	630	884	<b>71.3%</b>	68.2%	74.3%	-7.83	YES
<b>Delaware</b>	60.6%	704	1,126	<b>62.5%</b>	59.7%	65.4%	1.88	NO	73.3%	820	1,126	<b>72.8%</b>	70.2%	75.5%	-0.50	NO
<b>Erie</b>	56.8%	651	1,092	<b>59.6%</b>	56.7%	62.6%	2.80	NO	75.2%	842	1,092	<b>77.1%</b>	74.6%	79.6%	1.94	NO
<b>Fayette</b>	55.3%	251	492	<b>51.0%</b>	46.5%	55.5%	-4.31	NO	74.5%	354	492	<b>72.0%</b>	67.9%	76.0%	-2.57	NO
<b>Franklin-Fulton</b>	66.1%	156	298	<b>52.3%</b>	46.5%	58.2%	-13.73	YES	87.8%	227	298	<b>76.2%</b>	71.2%	81.2%	-11.59	YES
<b>Greene</b>	67.5%	96	146	<b>65.8%</b>	57.7%	73.8%	-1.80	NO	82.1%	121	146	<b>82.9%</b>	76.4%	89.3%	0.76	NO

PA-SPECIFICATIONS																
	QUALITY INDICATOR A								QUALITY INDICATOR B							
	MY 2012	MY 2013					Comparison of MY 2013 to MY 2012		MY 2012	MY 2013					Comparison of MY 2013 to MY 2012	
BY HC BH Contractor	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD	%	(N)	(D)	%	Lower 95% CI	Upper 95% CI	PPD	SSD
Lancaster	54.3%	526	1,218	43.2%	40.4%	46.0%	-11.09	YES	74.7%	775	1,218	63.6%	60.9%	66.4%	-11.07	YES
Lawrence	55.9%	190	337	56.4%	50.9%	61.8%	0.50	NO	73.2%	248	337	73.6%	68.7%	78.4%	0.39	NO
Lebanon	62.0%	186	354	52.5%	47.2%	57.9%	-9.48	YES	83.7%	266	354	75.1%	70.5%	79.8%	-8.54	YES
Lehigh	57.2%	775	1,254	61.8%	59.1%	64.5%	4.56	YES	72.5%	960	1,254	76.6%	74.2%	78.9%	4.09	YES
Lycoming-Clinton	51.7%	203	419	48.4%	43.5%	53.4%	-3.24	NO	70.2%	278	419	66.3%	61.7%	71.0%	-3.85	NO
Montgomery	61.0%	803	1,287	62.4%	59.7%	65.1%	1.44	NO	74.5%	976	1,287	75.8%	73.5%	78.2%	1.35	NO
NBHCC	64.2%	1,145	1,821	62.9%	60.6%	65.1%	-1.34	NO	79.6%	1,445	1,821	79.4%	77.5%	81.2%	-0.24	NO
NCSO-1	70.6%	408	567	72.0%	68.2%	75.7%	1.41	NO	86.7%	490	567	86.4%	83.5%	89.3%	-0.24	NO
NCSO-2	64.7%	747	1,175	63.6%	60.8%	66.4%	-1.09	NO	84.3%	963	1,175	82.0%	79.7%	84.2%	-2.38	NO
NCSO-3	58.7%	693	1,215	57.0%	54.2%	59.9%	-1.71	NO	77.6%	926	1,215	76.2%	73.8%	78.6%	-1.34	NO
NCSO-4	56.0%	222	371	59.8%	54.7%	65.0%	3.87	NO	73.9%	292	371	78.7%	74.4%	83.0%	4.83	NO
Northampton	61.3%	521	800	65.1%	61.8%	68.5%	3.84	NO	76.3%	633	800	79.1%	76.2%	82.0%	2.80	NO
NWBHP	52.3%	463	884	52.4%	49.0%	55.7%	0.09	NO	73.9%	663	884	75.0%	72.1%	77.9%	1.14	NO
Perry	52.9%	43	114	37.7%	28.4%	47.1%	-15.14	NO	74.3%	74	114	64.9%	55.7%	74.1%	-9.37	NO
Philadelphia	55.8%	2,964	5,897	50.3%	49.0%	51.5%	-5.55	YES	69.7%	3,769	5,897	63.9%	62.7%	65.1%	-5.74	YES
Washington	54.1%	361	623	57.9%	54.0%	61.9%	3.89	NO	70.8%	466	623	74.8%	71.3%	78.3%	4.02	NO
Westmoreland	56.4%	597	1,018	58.6%	55.6%	61.7%	2.28	NO	76.2%	790	1,018	77.6%	75.0%	80.2%	1.42	NO
York	49.7%	483	963	50.2%	46.9%	53.4%	0.49	NO	69.3%	677	963	70.3%	67.4%	73.2%	0.96	NO
HC BH Contractor Average	58.7%	56.3%							76.6%	74.6%						

## **IX. Comparison of Performance to OMHSAS Goals and HEDIS Percentiles.**

Beginning in MY 2012 OMHSAS initiated a new 3 year performance goal for all BH-MCOs and HC BH Contractors. The new 3-year OMHSAS goal is to meet or exceed the 75<sup>th</sup> percentile for ages 6-64, based on the annual HEDIS published benchmarks for 7-day and 30-day FUH by Measurement Year 2016. For Measurement Years 2012 to 2015 BH-MCOs and HC BH Contractors will be given interim goals for the next Measurement Year for both the 7 and 30 day follow-up rates based on their previous years' results.

The interim goals are defined as follows:

1. If a BH-MCO achieves a rate greater than or equal to the NCQA 75<sup>th</sup> percentile, the goal for the next Measurement Year is to maintain or improve the rate above the 75<sup>th</sup> percentile.
2. If a BH-MCO's rate is within 2% of the 75<sup>th</sup> percentile and above the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to meet or exceed the 75<sup>th</sup> percentile.
3. If a BH-MCO's rate is more than 2% below the 75<sup>th</sup> percentile and above the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by 2%
4. If a BH-MCO's rate is within 2% of the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their rate by 2%
5. If a BH-MCO's rate is between 2% and 5% below the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by the difference between their current year's rate and the 50<sup>th</sup> percentile.
6. If a BH-MCO's rate is greater than 5% below the 50<sup>th</sup> percentile, their goal for the next Measurement Year is to increase their current year's rate by 5%

Interim goals were provided to the BH-MCOs after the MY 2012 rates were received. The interim goals will be updated from MY 2013 to MY 2015. The interim goals are used to assess the BH-MCOs progress in achieving the OMHSAS goal of the 75<sup>th</sup> percentile.

HEDIS benchmarks for the 7- and 30-day FUH indicators have been adopted as the benchmarks for determining the requirement for a root cause analysis for these indicators. BH-MCOs who have not met the 75<sup>th</sup> percentile for the HEDIS 7 and 30 day follow-up will be requested to submit a root cause analysis.

Overall, Health Choices did not meet the interim MY 2013 goal for QI 1 or QI 2. Three of the five BH-MCOs (CBH, MBH and VBH) met their 7-day FUH MY 2013 goal, while two of the BH-MCO's (CBH and MBH) met their 30-day FUH MY 2013 goal. CCBH and PerformCare did not meet their QI 1 or QI 2 goals (Table 24A, Table 24B). PerformCare showed significant declines in their performance from the baseline year, with a 23.6% decline in their 7-day performance rate and a 14.9% decline in their 30-day performance rate. Magellan had the greatest improvement from baseline for the 7-day rate, with an 8.9% increase in performance, while CBH had the greatest improvement for the 30-day rate, with a 5.6% increase from their baseline.

Comparing the BH-MCO results to the HEDIS Percentiles, four of the five BH-MCOs (CBH, CCBH, MBH and VBH) reported a rate between the 50<sup>th</sup> and 75<sup>th</sup> percentile for QI 1, and three of the five BH-MCOs (CCBH, MBH and VBH) reported a rate between the 50<sup>th</sup> and 75<sup>th</sup> percentile for QI 2. PerformCare's rates were between the 25<sup>th</sup> and 50<sup>th</sup> percentile for both QI 1 and QI 2. No BH-MCO achieved a performance rate above the NCQA 75<sup>th</sup> percentile for either measure. It should be noted that the HEDIS percentiles are reported for members aged 6 years and older, while the BH-MCO and HC BH Contractor rates are reported for members aged 6 to 64 years old.

**Table 24A: QI 1 (HEDIS 7-Day) BH-MCO Performance Goal Report**

BH-MCO	Baseline: MY 2012 Results		Year 1: MY 2013 Results					
	MY 12 Rate	MY 13 Goal	MY 13 Rate	MY 13 (N)	MY 13 (D)	2013 Goal Met	Percentage change from MY 12 to MY 13*	MY 2014 Goal
CBH	44.81%	45.70%	47.71%	2,757	5,779	Y	6.47%	48.66%
CCBH	49.93%	50.93%	48.43%	6,540	13,504	N	-3.00%	49.40%
MBH	47.28%	48.23%	51.49%	2,736	5,314	Y	8.90%	52.52%
PerformCare	47.57%	48.52%	36.35%	1,425	3,920	N	-23.59%	38.17%
VBH	45.48%	46.39%	46.78%	2,577	5,509	Y	2.86%	47.71%
HealthChoices Aggregate	47.51%	48.46%	47.13%	16,035	34,026	N	-0.80%	48.07%

\* Percentage change is the percentage increase or decreases of the MY 2013 rate when compared to the MY 2012 rate.  
 Shading Key: Dark green – above the 75<sup>th</sup> percentile, light green – above 50<sup>th</sup> percentile, below 75<sup>th</sup> percentile, pink – above 25<sup>th</sup> percentile below 50<sup>th</sup> percentile, red – below 25<sup>th</sup> percentile

**Table 24B: QI 2 (HEDIS 30-Day) BH-MCO Performance Goal Report**

BH-MCO	Baseline: MY 2012 Results		Year 1: MY 2013 Results					
	MY 12 Rate	MY 13 Goal	MY 13 Rate	MY 13 (N)	MY 13 (D)	2013 Goal Met	Percentage change from MY 12 to MY 13*	MY 2014 Goal
CBH	60.15%	63.15%	63.51%	3,670	5,779	Y	5.59%	64.78%
CCBH	71.94%	73.37%	70.15%	9,473	13,504	N	-2.49%	71.55%
MBH	65.21%	66.51%	68.63%	3,647	5,314	Y	5.24%	70.00%
PerformCare	71.78%	73.22%	61.28%	2,402	3,920	N	-14.63%	64.34%
VBH	69.91%	71.31%	70.59%	3,889	5,509	N	0.97%	72.01%
HealthChoices Aggregate	68.14%	69.51%	67.83%	23,081	34,026	N	-0.45%	69.19%

\* Percentage change is the percentage increase or decreases of the MY 2013 rate when compared to the MY 2012 rate.  
 Shading Key: Dark green – above the 75<sup>th</sup> percentile, light green – above 50<sup>th</sup> percentile, below 75<sup>th</sup> percentile, pink – above 25<sup>th</sup> percentile below 50<sup>th</sup> percentile, red – below 25<sup>th</sup> percentile

Thirteen of the thirty-four HC BH Contractors met their MY 2013 seven-day goals, and eight met the interim 30-day goal. Seven HC BH Contractors (Bucks, Greene, Lehigh, Montgomery, Northampton, Philadelphia and Washington) met the interim goals for both the seven-day and 30-day measures (Table 25A, Table 25B). Washington had the greatest improvement from baseline for both rates, with a 14.30% improvement from their seven-day baseline rate and a 9.93% improvement in their 30-day rate. Perry had the most dramatic declines in performance, with a 34.87% decline in their seven-day rate and a 20.17% decline in their 30-day rate. Six HC BH Contractors (Armstrong-Indiana, Beaver, Greene, NBHCC, NCSO, and Northampton) achieved performance rates above the NCQA 75<sup>th</sup> percentile for their 30-day FUH rate, while only Northampton scored above the NCQA 75<sup>th</sup> percentile for the seven-day FUH rate.

**Table 25A: Q1 1 (HEDIS 7-Day) HC BH Contractor Performance Goal Report**

HC BH Contractor	MY 2012 Results		MY 2013 Results					
	MY 12 Rate	MY 13 Goal	MY 13 Rate	MY 13 (N)	MY 13 (D)	2013 Goal Met	Percentage change: MY 12 to MY 13*	MY 2014 Goal
Adams	50.53%	51.54%	37.04%	40	108	N	-26.70%	38.89%
Allegheny	49.48%	50.47%	46.57%	1,602	3,440	N	-5.88%	47.50%
Armstrong-Indiana	46.88%	47.82%	52.97%	241	455	Y	12.99%	54.03%
Beaver	55.34%	54.80%	50.83%	274	539	N	-8.15%	51.85%
Bedford-Somerset	46.42%	47.34%	33.92%	97	286	N	-26.93%	35.61%
Berks	58.12%	54.80%	50.26%	573	1,140	N	-13.52%	51.27%
Blair	52.16%	53.21%	47.84%	233	487	N	-8.28%	48.80%
Bucks	45.85%	46.76%	51.80%	475	917	Y	12.98%	52.84%
Butler	48.57%	49.54%	45.28%	192	424	N	-6.77%	46.19%
Cambria	36.55%	38.38%	40.31%	260	645	Y	10.29%	42.30%
Chester	52.93%	53.99%	50.98%	339	665	N	-3.68%	52.00%
CMP	45.55%	46.46%	46.25%	271	586	N	1.54%	47.17%
Cumberland	46.60%	47.53%	33.24%	114	343	N	-28.67%	34.90%
Dauphin	44.47%	45.36%	34.02%	297	873	N	-23.50%	35.72%
Delaware	43.10%	44.66%	46.65%	516	1,106	Y	8.24%	47.59%
Erie	41.50%	43.57%	45.32%	489	1,079	Y	9.20%	46.23%
Fayette	49.13%	50.12%	46.68%	225	482	N	-4.99%	47.61%
Franklin-Fulton	56.38%	54.80%	39.80%	117	294	N	-29.41%	41.79%
Greene	47.95%	48.90%	54.23%	77	142	Y	13.10%	54.45%
Lancaster	44.96%	45.86%	33.36%	401	1,202	N	-25.80%	35.03%
Lawrence	44.70%	45.60%	45.65%	152	333	Y	2.13%	46.56%
Lebanon	55.42%	54.80%	46.29%	162	350	N	-16.47%	47.21%
Lehigh	47.86%	48.82%	52.58%	651	1,238	Y	9.86%	53.64%
Lycoming-Clinton	44.60%	45.49%	38.55%	160	415	N	-13.57%	40.48%
Montgomery	46.56%	47.49%	51.07%	646	1,265	Y	9.69%	52.09%
NBHCC	55.94%	54.80%	54.20%	974	1,797	N	-3.11%	54.45%
NCSO	49.04%	50.02%	49.92%	1,643	3,291	N	1.79%	50.92%
Northampton	55.06%	54.80%	56.85%	448	788	Y	3.25%	Maintenance & Improvement
NWBHP	43.98%	44.85%	43.53%	380	873	N	-1.02%	44.40%
Perry	47.14%	48.09%	30.70%	35	114	N	-34.87%	32.24%
Philadelphia	44.81%	45.70%	47.71%	2,757	5,779	Y	6.47%	48.66%
Washington	45.03%	45.93%	51.47%	316	614	Y	14.30%	52.50%
Westmoreland	43.32%	44.66%	45.91%	460	1,002	Y	5.98%	46.83%
York	43.67%	44.66%	43.82%	418	954	N	0.34%	44.69%
HealthChoices Aggregate	47.51%	48.46%	47.13%	16,035	34,026	N	-0.80%	48.07%

\* Percentage change is the percentage increase or decreases of the MY 2013 rate when compared to the MY 2012 rate.  
 Shading Key: Dark green – above the 75<sup>th</sup> percentile, light green – above 50<sup>th</sup> percentile, below 75<sup>th</sup> percentile, pink – above 25<sup>th</sup> percentile below 50<sup>th</sup> percentile, red – below 25<sup>th</sup> percentile

**Table 25B: QI 2 (HEDIS 30-Day) HC BH Contractor Performance Goal Report**

HC BH Contractor	MY 2012 Results		MY 2013 Results					MY 2014 Goal
	MY 12 Rate	MY 13 Goal	MY 13 Rate	MY 13 (N)	MY 13 (D)	2013 Goal Met	Percentage change: MY 12 to MY 13*	
Adams	72.63%	74.08%	68.52%	74	108	N	-5.66%	69.89%
Allegheny	67.52%	68.87%	66.42%	2,285	3,440	N	-1.63%	67.75%
Armstrong-Indiana	76.56%	75.68%	75.38%	343	455	N	-1.54%	Maintenance & Improvement
Beaver	76.28%	75.68%	74.77%	403	539	N	-1.98%	Maintenance & Improvement
Bedford-Somerset	73.21%	74.67%	60.49%	173	286	N	-17.37%	63.51%
Berks	75.96%	75.68%	71.49%	815	1,140	N	-5.88%	72.92%
Blair	74.46%	75.68%	70.64%	344	487	N	-5.13%	72.05%
Bucks	64.21%	65.85%	67.18%	616	917	Y	4.63%	68.52%
Butler	72.62%	74.07%	69.10%	293	424	N	-4.85%	70.49%
Cambria	67.24%	68.59%	68.22%	440	645	N	1.46%	69.58%
Chester	73.02%	74.48%	67.22%	447	665	N	-7.94%	68.56%
CMP	72.43%	73.88%	69.62%	408	586	N	-3.88%	71.02%
Cumberland	72.45%	73.90%	60.06%	206	343	N	-17.10%	63.06%
Dauphin	67.92%	69.28%	57.16%	499	873	N	-15.84%	60.02%
Delaware	61.50%	64.58%	62.93%	696	1,106	N	2.33%	64.63%
Erie	68.13%	69.49%	68.67%	741	1,079	N	0.79%	70.05%
Fayette	71.10%	72.52%	68.88%	332	482	N	-3.12%	70.26%
Franklin-Fulton	83.33%	75.68%	71.43%	210	294	N	-14.28%	72.86%
Greene	72.60%	74.05%	76.76%	109	142	Y	5.73%	Maintenance & Improvement
Lancaster	69.96%	71.36%	57.57%	692	1,202	N	-17.71%	60.45%
Lawrence	69.21%	70.59%	69.07%	230	333	N	-0.20%	70.45%
Lebanon	79.52%	75.68%	73.43%	257	350	N	-7.66%	74.09%
Lehigh	65.66%	66.97%	71.32%	883	1,238	Y	8.62%	72.75%
Lycoming-Clinton	65.98%	67.30%	58.80%	244	415	N	-10.88%	61.73%
Montgomery	64.42%	65.85%	68.06%	861	1,265	Y	5.65%	69.42%
NBHCC	76.17%	75.68%	75.07%	1,349	1,797	N	-1.44%	Maintenance & Improvement
NCSO	75.31%	75.68%	74.32%	2,446	3,291	N	-1.31%	Maintenance & Improvement
Northampton	72.15%	73.59%	75.00%	591	788	Y	3.95%	Maintenance & Improvement
NWBHP	67.56%	68.91%	70.33%	614	873	Y	4.10%	71.74%
Perry	71.43%	72.86%	57.02%	65	114	N	-20.17%	59.87%
Philadelphia	60.15%	63.15%	63.51%	3,670	5,779	Y	5.59%	64.78%
Washington	64.74%	66.03%	71.17%	437	614	Y	9.93%	72.60%
Westmoreland	68.58%	69.95%	68.66%	688	1,002	N	0.12%	70.04%
York	65.67%	66.98%	64.99%	620	954	N	-1.04%	66.29%
HealthChoices Aggregate	68.14%	69.51%	67.83%	23,081	34,026	N	-0.45%	69.19%

\* Percentage change is the percentage increase or decreases of the MY 2013 rate when compared to the MY 2012 rate.  
 Shading Key: Dark green – above the 75<sup>th</sup> percentile, light green – above 50<sup>th</sup> percentile, below 75<sup>th</sup> percentile, pink – above 25<sup>th</sup> percentile below 50<sup>th</sup> percentile, red – below 25<sup>th</sup> percentile

## CHAPTER VI : CONCLUSIONS AND RECOMMENDATIONS

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### Conclusions

For MY 2013, a total of 16,196 of the 34,564 (46.9%) discharges had a follow-up visit that met the criteria for QI 1, the seven-day HEDIS indicator. For the corresponding 30-day measure, QI 2, 67.5% of discharges had a follow-up visit. As compared to the *HEDIS 2014 Audit Means, Percentiles & Ratios*, the performance rates for QI 1 and QI 2 both fell between the respective 50<sup>th</sup> and 75<sup>th</sup> percentiles. For QI A, the PA-specific seven-day measure, 19,687 (57.0%) discharges had a follow-up visit that met the PA-specific criteria. For QI B, the PA-specific 30-day measure, 25,381 (73.4%) discharges had a follow-up visit. The MY 2013 rates for QI A and QI B statistically significantly decreased, while the rate for QI 1 and QI 2 had no statistically significant change as compared to the corresponding MY 2012 rates. Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that may not be clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful.

The PA-specific indicator rates for the Black/African American population had a statistically significant decrease between MY 2012 and MY 2013. As with previous measurements, the rates for the Black/African Americans continued to be lower than those for the White population for all QIs. While the disparity between the White and Black/African American populations remained statistically significant for all four QIs in MY 2013, the absolute difference in rates has declined from MY 2011 to MY 2013 for most indicators.

The PA-Specific indicators (QI A and QI B) had a statistically significant decrease from MY 2012 and MY 2013 for Hispanic and Non-Hispanic populations. QI 2 rate for the Non-Hispanic group statistically significantly decreased in MY 2013 compared to MY 2012. Comparing MY 2013 rates for Hispanics and Non-Hispanics, Hispanics had statistically significantly higher rates for QI 1 and QI 2, and statistically significantly lower rates for QI A.

For MY 2013, there were statistically significant decreases in QI A and QI B rates for the Ages 21-64 years category, the 21+ age category, and the 6-64 age categories when compared to MY 2012. There was a statistically significant decline in QI B in the Age 6-20 age category. In MY 2013, the 6-20 years old group had statistically significantly higher rates than the 21+ years old group for all four measures. This is consistent with previous studies.

From MY 2012 to MY 2013, decreases were noted for all four indicators for the female population, with QI A and QI B having statistically significant decreases. There were no statistically significant changes in any rates for the male group. In MY 2013, females had statistically significantly higher rates than males for QI 1, QI 2, and QI B. Overall, the gender disparity indicated by the HEDIS and PA-specific indicators has increased from MY 2012 to MY 2013.

For MY 2013, rates varied among the five BH-MCOs. The BH-MCO rates for QI 1 ranged from 36.1% to 51.3%, and from 60.9% to 70.3% for QI 2. When comparing MY 2013 to MY 2012, both HEDIS rates for CBH and MBH increased statistically significantly, while both rates for CCBH and PerformCare decreased statistically significantly. Comparing the BH-MCO rates to the MY 2013 HealthChoices BH-MCO Average for QI 1, the rates for CBH, CCBH and MBH were statistically significantly higher than the average, the rate for PerformCare was statistically significantly lower than the average, and the rate for VBH was not statistically significantly different from the average. For QI 2, rates for CCBH, MBH and VBH were statistically significantly higher than the average, and rates for CBH and PerformCare were statistically significantly lower than the average.

Three of the five BH-MCOs (CBH, MBH and VBH) met their 7-day FUH goal for the 6 to 64 age group, while two of the BH-MCO's (CBH and MBH) met their 30-day FUH goal for this population. CCBH and PerformCare did not meet their QI 1 or QI 2 goals. PerformCare showed significant declines in their

performance from the baseline year, with a 23.6% decline in their 7-day performance rate and a 14.9% decline in their 30-day performance rate. MBH had the greatest improvement from baseline for the seven-day rate, with an 8.9% increase in performance, while CBH had the greatest improvement for the 30-day rate, with a 5.6% increase from their baseline. No BH-MCO achieved a performance rate above the NCQA 75<sup>th</sup> percentile for either measure in the 6 to 64 age group

With regard to the PA-specific indicators, the QI A rates by BH-MCO ranged from 48.8% to 62.5%, and from 63.9% and 77.0% for QI B. Compared to MY 2012, MBH had statistically significant increases for both rates, and CBH and PerformCare had statistically significant decreases for both rates. Comparing BH-MCO rates to the MY 2013 HealthChoices BH-MCO Average for QI A, the rates for CCBH and MBH were statistically significantly above the average, and the rates for CBH and PerformCare were significantly lower than the average. For QI B, rates for CCBH, MBH and VBH were statistically significantly above the average, and the rates for CBH and PerformCare were significantly below the average.

For the HEDIS indicators, the HealthChoices HC BH Contractor Averages for QI 1 and QI 2 were 45.7% and 68.4%, respectively. For QI 1, rates for 8 HC BH Contractors were statistically significantly above the QI 1 HealthChoices HC BH Contractor Average, while rates for four HC BH Contractors were statistically significantly below this average. From MY 2012 to MY 2013, QI 1 rates for six HC BH Contractors statistically significantly increased, and the rates for ten HC BH Contractors statistically significantly decreased. With regard to QI 2, rates for nine HC BH Contractors were statistically significantly above the QI 2 HealthChoices HC BH Contractor Average, and ten were statistically significantly below. Compared to MY 2012, the rate for four HC BH Contractors had a statistically significant increase, and the rates for nine HC BH Contractors statistically significantly decreased.

As for the PA-specific indicators, the HealthChoices HC BH Contractor Average for QI A and QI B were 56.3% and 74.6%, respectively. For QI A, rates for fourteen HC BH Contractors were statistically significantly above the QI A HealthChoices HC BH Contractor Average, whereas rates for another 10 HC BH Contractors were statistically significantly below this average. Between MY 2012 and MY 2013, QI A rates for two HC BH Contractors statistically significantly increased, while rates for ten HC BH Contractors statistically significantly decreased. With regard to QI B, MY 2013 rates for nine HC BH Contractors were statistically significantly above the QI B HealthChoices HC BH Contractor Average, and eight were statistically significantly below. Compared to MY 2012, a statistically significant increase was noted for one HC BH Contractor (Lehigh), and eight HC BH Contractors had statistically significant decreases.

Thirteen of the thirty-four HC BH Contractors met their FUH MY 2013 QI 1 goal in the 6 to 64 age group, while eight met the FUH MY 2013 QI 2 goal for this population. Seven HC BH Contractors (Bucks, Greene, Lehigh, Montgomery, Northampton, Philadelphia and Washington) met their FUH MY 2013 interim goals for both measures. Washington had the greatest improvement from baseline for both rates, with a 14.3% improvement from their 7-day baseline rate and a 9.9% improvement in their 30-day rate. Perry had the most dramatic declines in performance, with a 34.9% decline in their seven-day rate and a 20.2% decline in their 30-day rate. One HC BH Contractor (Northampton) achieved a performance rate above the NCQA 75<sup>th</sup> percentile for QI 1, and six HC BH Contractors (Armstrong-Indiana, Beaver, Greene, NBHCC, NCSO, and Northampton) achieved 30-day FUH performance rates above the NCQA 75<sup>th</sup> percentile.

## **Recommendations**

Despite a number of years of data collection and interventions, historically FUH rates have not increased meaningfully; in fact FUH rates show a general decline from MY 2012 to MY 2013. FUH for the Medicaid Managed Care (MMC) population continues to be an area of concern for OMHSAS. As a result, many recommendations previously proposed remain pertinent. Additionally, OMHSAS continues to examine strategies that may facilitate improvement in this area. In consideration of preliminary work conducted, the following recommendations may assist in future discussions.

**Recommendation 1:** The purpose of this re-measurement study is to inform OMHSAS, the HC BH Contractors and the BH-MCOs of the effectiveness of the interventions implemented during 2011, 2012 and 2013 to promote continuous quality improvement with regard to follow-up care after psychiatric hospitalization. The information contained within this study should be used to **further develop strategies for improving** the likelihood that **at-risk members** will receive follow-up care. The HC BH Contractors and BH-MCOs participating in this study should continue to **evaluate the current interventions in place** with respect to their follow-up rates to assess how these interventions affected change in follow-up rates from the prior measurement years MY 2012 and MY 2013. The HC BH Contractors and BH-MCOs should continue to **conduct additional root cause and barrier analyses** to identify further impediments in receiving follow-up care and then **implement action and monitoring plans** to further increase their rates.

**Recommendation 2:** The findings of this re-measurement indicate that disparities in rates between racial and ethnic groups persist. There were several cases in MY 2013 where improvements or declines in performance from MY 2012 affected certain racial or ethnic groups disproportionately within BH-MCOs or HC BH Contractors. It is important for these entities to **analyze performance rates by racial and ethnic categories and continue to target the demographic populations that do not perform as well as their counterparts**. It is recommended that BH-MCOs and HC BH Contractors continue to **focus interventions on populations that exhibit lower follow-up rates** (e.g., Black/African American population). Possible reasons for these rate disparities include access, cultural differences and financial factors, which should all be considered and evaluated to determine their potential impact on performance. BH-MCOs are encouraged to initiate targeted interventions that address disparate rates between study populations.

**Recommendation 3:** It is essential to **ensure that improvements are consistent, sustained across measurement years, and applicable to all groups**. For instance, the apparent decrease in gender disparity from MY 2012 to MY 2013 is a consequence of a decline in female performance rates rather than a reflection of sustained and equitable improvements. Historically performance rates in female populations have been prone to some fluctuation relative to male populations. BH-MCOs should investigate root causes for populations where rates demonstrate inconsistent trends.

**Recommendation 4:** BH-MCOs and HC BH Contractors are encouraged to **review the findings of the follow-up study in conjunction with inpatient psychiatric readmission rates. Focused review of those individuals** that had an inpatient psychiatric readmission in less than 30 days is recommended to determine the extent to which those individuals either had or did not have evidence of ambulatory follow-up/aftercare visit(s) during the interim period.

# APPENDIX

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## **FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS SPECIFICATIONS**

HEDIS 2014 Specifications.....	A2
PA-Specific 2014 Specifications.....	A13

## **STATEWIDE RATES**

Total.....	A25
Race.....	A26
Ethnicity.....	A28
Age .....	A30
Gender.....	A32
BH-MCO.....	A34

## **BH-MCO RATES**

Race.....	A36
Ethnicity.....	A38
Age.....	A39
Gender.....	A41

## **HC BH Contractor RATES**

Race.....	A42
Ethnicity.....	A46
Gender.....	A50
Age.....	A54

<b>COUNTY TO HC BH Contractor CROSSWALK.....</b>	<b>A58</b>
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<b>REFERENCES.....</b>	<b>A60</b>
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# HEDIS 2014 SPECIFICATIONS

Commonwealth of Pennsylvania Department of Public Welfare  
Office of Mental Health and Substance Abuse Services  
2014 Behavioral Health Performance Measure (Measurement Year 2013)

HEDIS® FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS  
Eligible Population, Denominator and Numerator Specifications

## *SUMMARY OF CHANGES TO 2014 MEASURE*

- Dates updated to reflect current measurement year.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2014 technical specifications.
- Clarification on members with multiple IDs
- Clarification on inclusion of BH-MCO denied claims
- Clarification on crosswalked procedure codes

**Description:** This HEDIS indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of members who received follow-up within seven days of discharge.
2. The percentage of members who received follow-up within 30 days of discharge.

## GENERAL GUIDELINES

### Members With Multiple IDs

In rare cases, a member might be assigned multiple IDs. When the MCO identifies members with multiple IDs during the measurement period, the enrollment and encounter data must be combined into one ID prior to measure calculation.

### BH-MCO Denied Claims

Most claim denials should be included in this measure. It is vital to include BH-MCO denied claims in this measure because the member received service although the MCO did not render payment.

All claims that meet both of the criteria below should be included in this measure, regardless of the paid/denied status of the claim.

1. The member was active in the BH-MCO's Behavioral Health HealthChoices program as of the date of service.
2. The service indicated on the claim was performed.

Claims that meet any of the criteria below should be excluded from the measure

1. Claims denied for duplicate services.
2. Claims with dates of service outside of HealthChoices eligibility.
3. Claims where it was determined that the service was not rendered.

### Crosswalked Procedure Codes

MCOs must use the provider-submitted CPT/Revenue/HCPCS codes when calculating this measure. MCOs should not use crosswalked codes for this measure.

## STEP 1: IDENTIFY ELIGIBLE POPULATION

### Definition

Product Line: Pennsylvania HealthChoices Medicaid. Non-HealthChoices members should not be included in the eligible group.

Ages: Six years and older as of the date of discharge.

Continuous Enrollment: Date of discharge through 30 days after discharge.

Allowable gap: No gaps in enrollment.

Anchor Date: None.

Event/diagnosis: Discharged alive from an acute inpatient setting with a principal diagnosis or mental illness (as listed in Table 1.1) on or between January 1 and December 1 of the measurement year. Use only facility claims to identify discharges. Do not use diagnoses from professional claims to identify discharges.

The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

MCOs should not count discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays). Refer to Table 1.3 for codes to identify non-acute care.

Mental health readmission or direct transfers: If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of mental health (Table 1.2) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred.

Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year.

Exclude discharges followed by readmission or direct transfer to a nonacute facility (Table 1.3) for a principal diagnosis of mental health (Table 1.2) within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.

Non-mental health readmission or direct transfer: Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-mental health (any principal diagnosis code other than those included in Table 1.2). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.

**Table 1.1** Mental Illness Diagnosis Codes

ICD-9-CM Codes
295, 295.0, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.1, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.2, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.3, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.4, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.5, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.6, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.7, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.8, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.9, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 296, 296.0, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.1, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.2, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.3, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89, 296.9, 296.90, 296.99, 297, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299, 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, 299.91, 300.3, 300.4, 301, 301.0, 301.1, 301.10, 301.11, 301.12, 301.13, 301.2, 301.20, 301.21, 301.22, 301.3, 301.4, 301.5, 301.50, 301.51, 301.59, 301.6, 301.7, 301.8, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9, 308, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309, 309.0, 309.1, 309.2, 309.21, 309.22, 309.23, 309.24, 309.28, 309.29, 309.3, 309.4, 309.8, 309.81, 309.82, 309.83, 309.89, 309.9, 311, 312, 312.0, 312.00, 312.01, 312.02, 312.03, 312.1, 312.10, 312.11, 312.12, 312.13, 312.2, 312.20, 312.21, 312.22, 312.23, 312.3, 312.30, 312.31, 312.32, 312.33, 312.34, 312.35, 312.39, 312.4, 312.8, 312.81, 312.82, 312.89, 312.9, 313, 313.0, 313.1, 313.2, 313.21, 313.22, 313.23, 313.3, 313.8, 313.81, 313.82, 313.83, 313.89, 313.9, 314, 314.0, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9

**Table 1.2** Mental Health Diagnosis Codes

ICD-9-CM Codes
290, 290.0, 290.1, 290.10, 290.11, 290.12, 290.13, 290.2, 290.20, 290.21, 290.3, 290.4, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 293, 293.0, 293.1, 293.8, 293.81, 293.82, 293.83, 293.84, 293.89, 293.9, 294, 294.0, 294.1, 294.10, 294.11, 294.2, 294.20, 294.21, 294.8, 294.9, 295, 295.0, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.1, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.2, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.3, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.4, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.5, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.6, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.7, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.8, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.9, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 296, 296.0, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.1, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.2, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.3, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89, 296.9, 296.90, 296.99, 297, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299, 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, 299.91, 300, 300.0, 300.00, 300.01, 300.02, 300.09, 300.1, 300.10, 300.11, 300.12, 300.13, 300.14, 300.15, 300.16, 300.19, 300.2, 300.20, 300.21, 300.22, 300.23, 300.29, 300.3, 300.4, 300.5, 300.6, 300.7, 300.8, 300.81, 300.82, 300.89, 300.9, 301, 301.0, 301.1, 301.10, 301.11, 301.12, 301.13, 301.2, 301.20, 301.21, 301.22, 301.3, 301.4, 301.5, 301.50, 301.51, 301.59, 301.6, 301.7, 301.8, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9, 302, 302.0, 302.1, 302.2, 302.3, 302.4, 302.5, 302.50, 302.51, 302.52, 302.53, 302.6, 302.7, 302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79, 302.8, 302.81, 302.82, 302.83, 302.84, 302.85, 302.89, 302.9, 306, 306.0, 306.1, 306.2, 306.3, 306.4, 306.5, 306.50, 306.51, 306.52, 306.53, 306.59, 306.6, 306.7, 306.8, 306.9, 307, 307.0, 307.1, 307.2, 307.20, 307.21, 307.22, 307.23, 307.3, 307.4, 307.40, 307.41, 307.42, 307.43, 307.44, 307.45, 307.46, 307.47, 307.48, 307.49, 307.5, 307.50, 307.51, 307.52, 307.53, 307.54, 307.59, 307.6, 307.7, 307.8, 307.80, 307.81, 307.89, 307.9, 308, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309, 309.0, 309.1, 309.2, 309.21, 309.22, 309.23, 309.24, 309.28, 309.29, 309.3, 309.4, 309.8, 309.81, 309.82, 309.83, 309.89, 309.9, 310, 310.0, 310.1, 310.2, 310.8, 310.81, 310.89, 310.9, 311, 312, 312.0, 312.00, 312.01, 312.02, 312.03, 312.1, 312.10, 312.11, 312.12, 312.13, 312.2, 312.20, 312.21, 312.22, 312.23, 312.3, 312.30, 312.31, 312.32, 312.33, 312.34, 312.35, 312.39, 312.4, 312.8, 312.81, 312.82, 312.89, 312.9, 313, 313.0, 313.1, 313.2, 313.21, 313.22, 313.23, 313.3, 313.8, 313.81, 313.82, 313.83, 313.89, 313.9, 314, 314.0, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9, 315, 315.0, 315.00, 315.01, 315.02, 315.09, 315.1, 315.2, 315.3, 315.31, 315.32, 315.34, 315.35, 315.39, 315.4, 315.5, 315.8, 315.9, 316

**TABLE 1.3** CODES TO IDENTIFY NON-ACUTE CARE EXCLUSIONS\*

Description	HCPCS	UB Revenue	UB Type of Bill**	POS
Non-acute Care	T2048, H0019, H0017, H0018	0190, 0650, 0656, 0115, 0125, 0135, 0145, 0155, 0658, 0655, 0659, 0199, 0118, 0128, 0138, 0148, 0158, 1002, 1001, 0191, 0192, 0193, 0194,	0821, 0811, 0211, 0221, 0181, 0281, 082F, 081F, 021F, 022F, 018F, 028F, 082H, 081H, 021H, 022H, 018H, 028H, 082G, 081G, 021G, 022G, 018G, 028G, 0829, 0819, 0289, 082A, 081A, 082E, 081E, 082C, 081C, 082J, 081J, 021J, 022J, 018J, 028J, 0823, 0813, 0213, 0223, 0183, 0283, 0822, 0812, 0212, 0222, 0182, 0282, 0824, 0814, 0214, 0224, 0184, 0284, 082I, 081I, 021I, 022I, 018I, 028I, 0825, 0815, 0215, 0225, 0185, 0285, 082M, 081M, 021M, 022M, 018M, 028M, 082Z, 081Z, 021Z, 022Z, 018Z, 028Z, 0820, 0810, 0210, 0220, 0180, 0280, 082O, 081O, 021O, 022O, 018O, 028O, 082K, 081K, 021K, 022K, 018K, 028K, 082N, 081N, 021N, 022N, 028N, 082Y, 081Y, 021Y, 022Y, 018Y, 028Y, 0827, 0817, 0217, 0227, 0187, 0287, 082B, 081B, 082D, 081D, 082X, 081X, 021X, 022X, 018X, 028X, 0828, 0818, 0218, 0228, 0188, 0288,	61, 34, 54, 32, 56, 55, 31
Other non-acute care facilities that do not use the UB revenue or type of bill codes for billing (e.g., ICF, SNF)				

\*Codes included in this table are intended as a guide to identify non-acute care exclusions. The table is not a comprehensive list of all qualifying exclusions. MCOs and Counties are advised to use all the codes listed, along with other codes that are consistent with those provided in Table 1.3.

\*\* An "X" in a Type of Bill code does not equal a wildcard

**STEP 2: IDENTIFY DENOMINATOR AND NUMERATOR POSITIVES USING ADMINISTRATIVE DATA**

There are two rates that are calculated for this indicator. Both utilize the same denominator, but have different numerators:

**Denominator:** The eligible population

**Numerators:** **Numerator 1 – HEDIS 7 Day Follow-up**

An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

**Numerator 2 – HEDIS 30 Day Follow-up**

An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.

Note: Look for the earliest qualifying ambulatory visit. It is important to ensure that follow-up visits occur on dates after corresponding inpatient discharges. The indicator measures the proportion of patients who follow-up with a mental health practitioner within seven days, and the proportion of patients who follow-up with a mental health practitioner within 30 days. Therefore, a patient who is a numerator positive for the seven-day follow-up rate is automatically a numerator positive for the 30-day follow-up rate. There is no requirement for two visits within the 30-day time frame.

For a visit to meet the numerator requirements of this measure, it must satisfy the following criteria:

- (1) The date of service for the qualifying follow-up visit must be between 1/1/2013 and 12/31/2013,
- (2) The date of service must have occurred within seven days of the hospital discharge (on the date of discharge up to seven days after discharge) for Numerator 1 and within 30 days for Numerator 2 (on the date of discharge up to 30 days after discharge), and
- (3) The date of service must clearly indicate a qualifying visit/treatment with a mental health practitioner as defined by any of the following criteria:

- A qualifying CPT code (Table 1.4) delivered by a mental health practitioner.
- OR
- A qualifying CPT code **with** a qualifying place of service (POS) code (Table 1.4) delivered by a mental health practitioner.
- OR
- A qualifying UB Revenue Code (Table 1.4) delivered by a mental health practitioner.
- OR
- A qualifying UB Revenue Code (Table 1.4) that does not require determination of the practitioner type.
- OR
- A qualifying HCPCS (Table 1.4) delivered by a mental health practitioner.

Please refer to Appendix 3, page 3-1 of HEDIS 2014, Volume 2: Technical Specifications for the definition of a mental health practitioner.

- OR
- A qualifying follow visit determined by validated data entered in a acceptable supplemental database

*An acceptable administrative database related to numerator events would be a spreadsheet which included the type of service received, the date of service, the patient seen and the provider of the service. Such a spreadsheet could be derived from a care management system. All required elements for reporting must be present in the supplemental database. In this case, the type of service rendered could be a text field. This field would then be mapped to a standard code.*

*Validation of this database would require validation of the use of descriptions of services. The MCO should produce definitions of the services included in any given description. It would also include primary source validation of a sample of records drawn from the database. For these records, chart evidence of the occurrence of the service would be required and reviewed. It is imperative that supplemental databases contain all required elements at the appropriate level of date specificity. For example, a database that indicated that follow-up had occurred, but did not provide a specific date, could not be used. Similarly, scheduling or appointment databases cannot be used as evidence of services rendered.*

**Table 1.4** Codes to Identify Follow-up Visits

INCLUDED IN BOTH NUMERATORS (1 and 2)		
CPT		
Follow-up visits identified by the following CPT/HCPCS codes must be with a mental health practitioner.		
90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99510		
CPT*	POS	
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.		
90791, 90792, 90801, 90802, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	<i>WITH</i>	52, 53
UB Revenue		
The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.		
0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911-0917, 0919		
Visits identified by the following Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table 1.1.		
0510, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0526, 0527, 0528, 0529, 0982, 0983		
HCPCS		
Follow-up visits identified by the following HCPCS codes must be with a mental health practitioner.		
G0155, G0176, G0177, G0409, G0410, G0411, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485		
Transitional Care Management		
Transitional Care Management codes must have a date of service equal to 29 days after discharge.		
99495 – Considered a follow-up visit within 30 days		
99246 – Considered a follow-up visit within 7 days		

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

## SUBMISSION REQUIREMENTS

- All BH-MCOs are required to submit one data file with the eligible population, numerator positives, and source code for identification of both the eligible population and numerator events to IPRO for validation.
- MCOs are requested to post the information to IPRO's secure FTP site by the scheduled due date. MCOs should notify the designated IPRO contact when files are posted and cc: County Contacts on all deliverables.
- BH-MCOs that contract with multiple county entities should provide a consolidated data file for all contracted Counties (i.e., one BH-MCO file). Separate county files will not be accepted.
- BH-MCO data files should be named according to the following file naming convention:  
*FUH\_MY2013\_HEDIS\_BHMCOName\_v#* (e.g., *FUH\_MY2013\_HEDIS\_ABCHP\_v1*)
- BH MCOs must identify the two-digit county code initials designated for each county as specified in the file layout document.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014**  
**HEDIS FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS**  
**Eligible Population, Denominator and Numerator Specifications**

File Format: Fixed width text file

File Record Length = 445

Filename: FUH\_MY2013\_HEDIS\_BHMCOName\_v# (v indicates version number v1 would be used for the first submission)

BH MCOs with multiple county contracts should provide one aggregate file

**DENOMINATOR INFORMATION**

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
1	BH MCO Name	Char	15	1	15	BH MCO Name
2	County Identifier	Char	2	16	17	Two digit Alpha Code
3	Enrollee Product Line	Char	1	18	18	M = Mandatory Medicaid V = Voluntary Medicaid
4	Enrollee Medicare Primary Insurer	Char	1	19	19	Y = Yes - enrollee has Medicare as primary insurer N = No - enrollee does not have Medicare primary
5	Enrollee Commercial Primary Insurer	Char	1	20	20	Y = Yes - enrollee has Commercial as primary insurer N = No - enrollee does not have Commercial primary
6	Enrollee Last Name	Char	35	21	55	Concatenate name length to 35 characters max
7	Enrollee First Name	Char	15	56	70	Concatenate name length to 15 characters max
8	Enrollee Date of Birth	Char	8	71	78	YYYYMMDD
9	Enrollee CIS #	Char	10	79	88	Include check digit
10	Enrollee Gender	Char	1	89	89	M = Male F = Female
11	Enrollee Zip Code	Char	5	90	94	5-digit zip code
12	Enrollee Race	Char	2	95	96	Two digit race code from DHS eligibility data: 01 = Black or African American 03 = American Indian or Alaskan Native 04 = Asian 05 = White 06 = Other or Not Volunteered by the Recipient 07 = Native Hawaiian or Other Pacific Islander 08 = Missing or Not Available
13	Enrollee Ethnicity	Char	2	97	98	Two digit ethnicity code from DHS eligibility data: 01 = Non Hispanic 02 = Hispanic 03 = Missing or Not Available
14	Qualifying Enrollment Date	Char	8	99	106	YYYYMMDD
15	Disenrollment Date	Char	8	107	114	YYYYMMDD - use 99999999 if still enrolled
16	Hospital/Facility ID #	Char	15	115	129	MCO assigned hospital/facility identifier
17	Hospital PROMISe Provider ID	Char	9	130	138	

18	Hospital NPI	Char	10	139	148	If available
19	Hospital Name	Char	100	149	248	If necessary, concatenate name length to 100 characters max
20	Date of Hospital Admission	Char	8	249	256	YYYYMMDD
21	Date of Hospital Discharge	Char	8	257	264	YYYYMMDD
22	Qualifying Principal Diagnosis Code	Char	6	265	270	<b>DO NOT INCLUDE DECIMALS</b> ICD-9-CM from Table 1.1
23	Procedure Code	Char	5	271	275	
24	Place of Service (POS) Code	Char	2	276	277	
25	Qualifying or Disqualifying Discharge Status Code	Char	2	278	279	
26	UB Type of Bill Code	Char	3	280	282	

#### NUMERATOR INFORMATION

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
27	Numerator 1 Compliance Indicator	Char	1	283	283	1 = met Numerator 1 requirements 0 = did not meet Numerator 1 requirements
28	Numerator 2 Compliance Indicator	Char	1	284	284	1 = met Numerator 2 requirements 0 = did not meet Numerator 2 requirements
29	Date of Earliest Qualifying Service	Char	8	285	292	YYYYMMDD
30	Procedure Code for the Qualifying Follow-up Visit	Char	5	293	297	CPT, UB-Revenue or HCPCS from Table 1.3
31	POS Code for the Qualifying Follow-up Visit	Char	2	298	299	POS from Table 1.3, if applicable
32	Principal ICD-9-CM Code	Char	5	300	304	<b>DO NOT INCLUDE DECIMALS</b>
33	Secondary ICD-9-CM Code	Char	5	305	309	<b>DO NOT INCLUDE DECIMALS</b>
34	Provider Name	Char	100	310	409	If necessary, concatenate name length to 100 characters max
35	MCO Provider ID #	Char	15	410	424	MCO assigned provider number
36	PROMISE Provider ID	Char	9	425	433	
37	NPI	Char	10	434	443	If available
38	PROMISE Provider Type	Char	2	444	445	

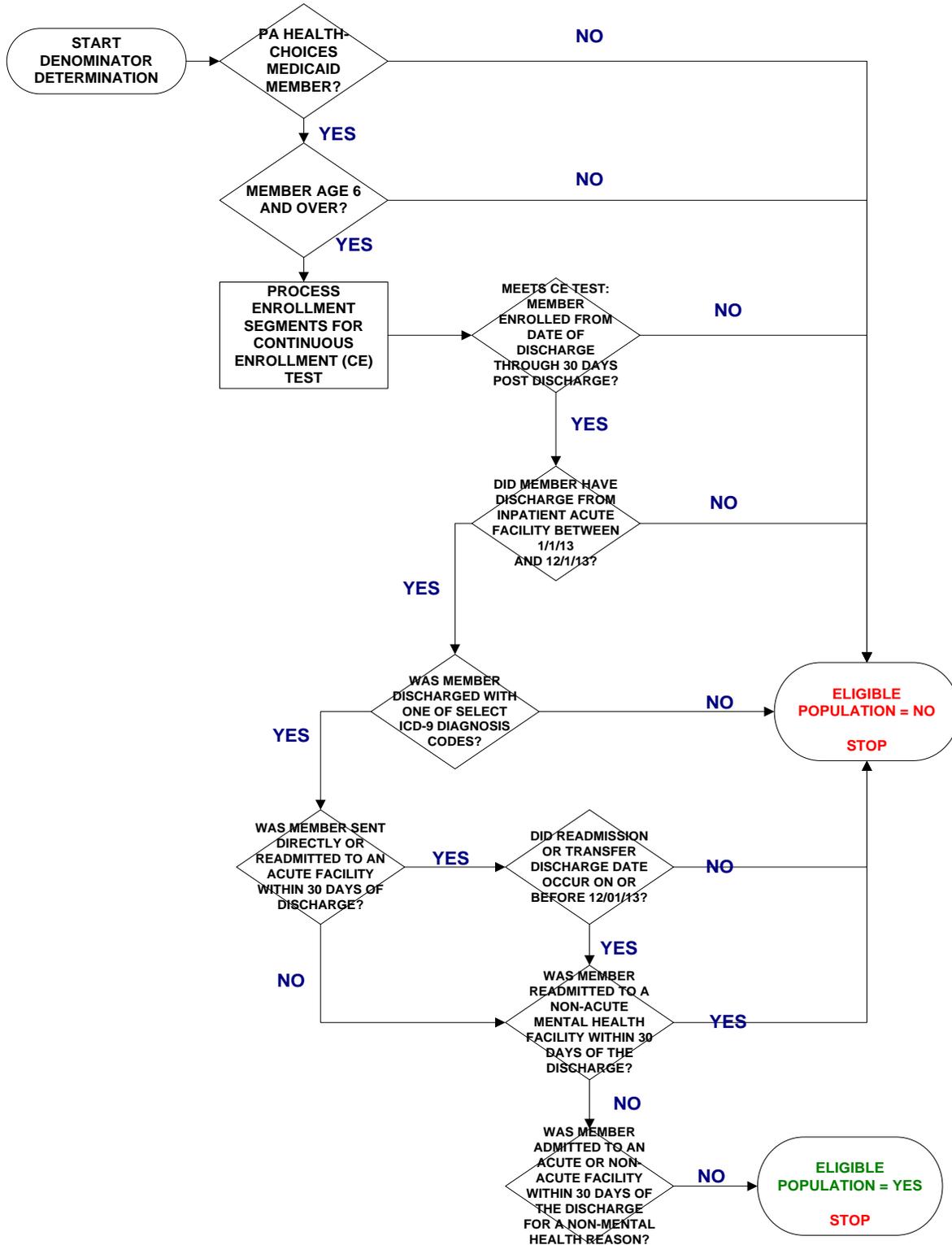
#### NOTES:

*(fields 29 – 38 will be blank for discharges without a subsequent numerator hit [qualifying follow-up appointment])*

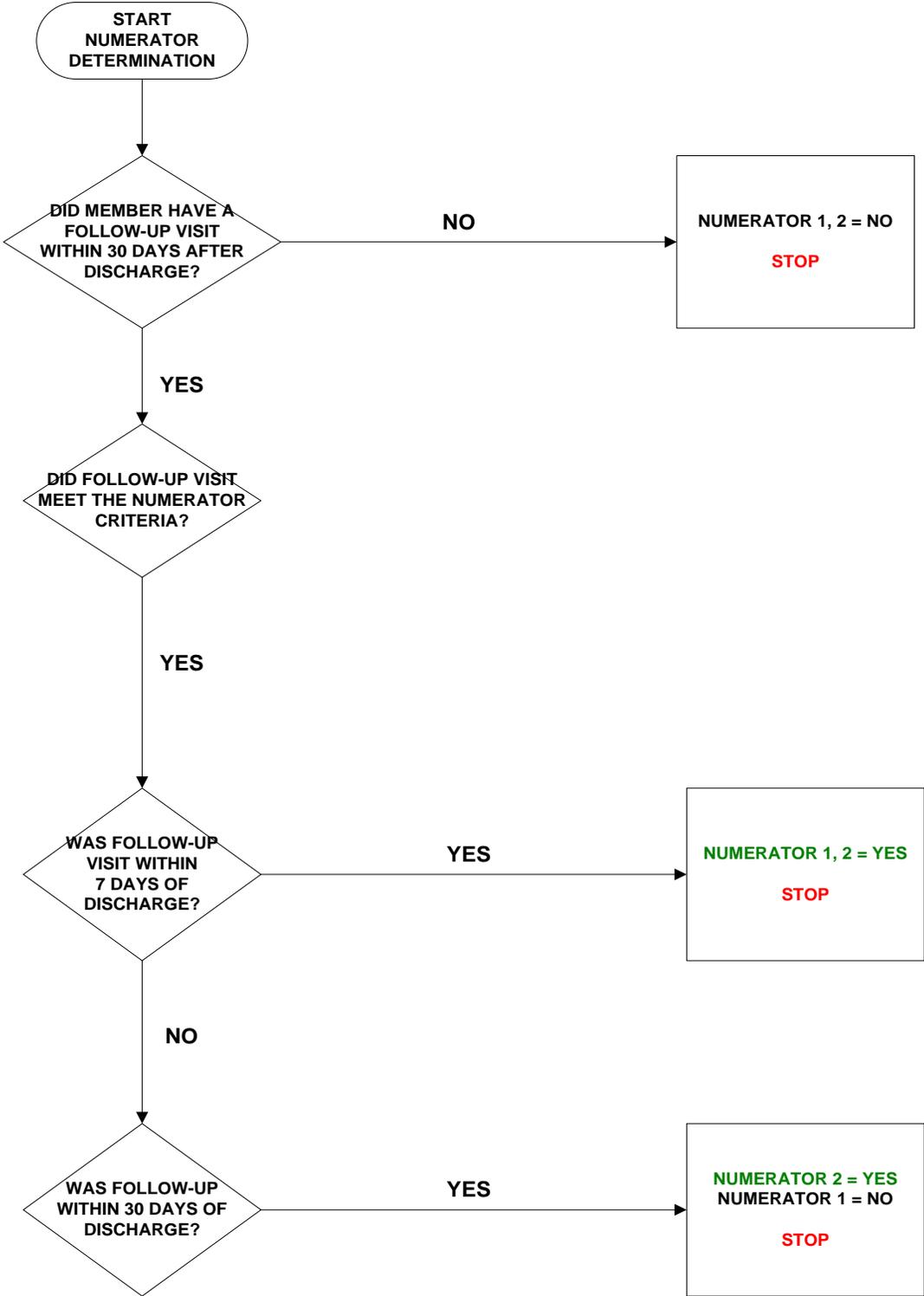
For each file, use a separate row for every discharge identified as meeting denominator requirements.

Only one row per discharge should be included. Include all discharges for members who have more than one discharge as a separate row.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014  
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS &  
 PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS  
 DENOMINATOR DETERMINATION**



**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014**  
**FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS**  
**HEDIS MEASURE NUMERATOR COMPLIANCE DETERMINATION**



# PA-SPECIFIC 2014 SPECIFICATIONS

Commonwealth of Pennsylvania Department of Public Welfare  
Office of Mental Health and Substance Abuse Services  
2014 Behavioral Health Performance Measure (Measurement Year 2013)

## PENNSYLVANIA SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS Eligible Population, Denominator and Numerator Specifications

### *SUMMARY OF CHANGES TO 2014 MEASURE*

- Dates updated to reflect current measurement year.
- Measure and code requirements aligned to Healthcare Effectiveness Data Information Set (HEDIS®) 2014 technical specifications.
- Clarification on members with multiple IDs
- Clarification on inclusion of BH-MCO denied claims
- Clarification on crosswalked procedure codes

**Description:** This Pennsylvania (PA) specific indicator measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, partial hospitalization with a mental health practitioner or peer support network meeting. Two rates are reported.

3. The percentage of members who received follow-up within seven days of discharge.
4. The percentage of members who received follow-up within 30 days of discharge.

### GENERAL GUIDELINES

#### Members With Multiple IDs

In rare cases, a member might be assigned multiple IDs. When the MCO identifies members with multiple IDs during the measurement period, the enrollment and encounter data must be combined into one ID prior to measure calculation.

#### BH-MCO Denied Claims

Most claim denials should be included in this measure. It is vital to include BH-MCO denied claims in this measure because the member received service although the MCO did not render payment.

All claims that meet both of the criteria below should be included in this measure, regardless of the paid/denied status of the claim.

3. The member was active in the BH-MCO's Behavioral Health HealthChoices program as of the date of service.
4. The service indicated on the claim was performed.

Claims that meet any of the criteria below should be excluded from the measure

4. Claims denied for duplicate services.
5. Claims with dates of service outside of HealthChoices eligibility.
6. Claims where it was determined that the service was not rendered.

#### Crosswalked Procedure Codes

MCOs must use the provider-submitted CPT/Revenue/HCPCS codes when calculating this measure. MCOs should not use crosswalked codes for this measure.

## STEP 1: IDENTIFY ELIGIBLE POPULATION

### Definition

Product Line:	Pennsylvania HealthChoices Medicaid. Non-HealthChoices members should <u>not</u> be included in the eligible group.
Ages:	Six years and older as of the date of discharge.
Continuous Enrollment:	Date of discharge through 30 days after discharge.
Allowable Gap:	No gaps in enrollment.
Anchor Date:	None.
Event/diagnosis:	<p>Discharged alive from an acute inpatient setting with a principal diagnosis or mental illness (as listed in Table A.1) on or between January 1 and December 1 of the measurement year. Use only facility claims to identify discharges. Do not use diagnoses from professional claims to identify discharges.</p> <p>The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.</p> <p>MCOs should not count discharges from non-acute mental health facilities (e.g., Residential Treatment or Rehabilitation Stays). Refer to Table A.3 for codes to identify non-acute care.</p>
Mental health readmission or direct transfers:	<p>If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of mental health (Table A.2) within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred.</p> <p>Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year.</p> <p>Exclude discharges followed by readmission or direct transfer to a nonacute facility (Table A.3) for a principal diagnosis of mental health (Table A.2) within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.</p>
Non-mental health readmission or direct transfer:	Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a principal diagnosis of non-mental health (any principal diagnosis code other than those included in Table A.2). These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.

**Table A.1** Mental Illness Diagnosis Codes

ICD-9-CM Codes
295, 295.0, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.1, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.2, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.3, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.4, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.5, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.6, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.7, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.8, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.9, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 296, 296.0, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.1, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.2, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.3, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89, 296.9, 296.90, 296.99, 297, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299, 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, 299.91, 300.3, 300.4, 301, 301.0, 301.1, 301.10, 301.11, 301.12, 301.13, 301.2, 301.20, 301.21, 301.22, 301.3, 301.4, 301.5, 301.50, 301.51, 301.59, 301.6, 301.7, 301.8, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9, 308, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309, 309.0, 309.1, 309.2, 309.21, 309.22, 309.23, 309.24, 309.28, 309.29, 309.3, 309.4, 309.8, 309.81, 309.82, 309.83, 309.89, 309.9, 311, 312, 312.0, 312.00, 312.01, 312.02, 312.03, 312.1, 312.10, 312.11, 312.12, 312.13, 312.2, 312.20, 312.21, 312.22, 312.23, 312.3, 312.30, 312.31, 312.32, 312.33, 312.34, 312.35, 312.39, 312.4, 312.8, 312.81, 312.82, 312.89, 312.9, 313, 313.0, 313.1, 313.2, 313.21, 313.22, 313.23, 313.3, 313.8, 313.81, 313.82, 313.83, 313.89, 313.9, 314, 314.0, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9

**Table A.2** Mental Health Diagnosis Codes

ICD-9-CM Codes
290, 290.0, 290.1, 290.10, 290.11, 290.12, 290.13, 290.2, 290.20, 290.21, 290.3, 290.4, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 293, 293.0, 293.1, 293.8, 293.81, 293.82, 293.83, 293.84, 293.89, 293.9, 294, 294.0, 294.1, 294.10, 294.11, 294.2, 294.20, 294.21, 294.8, 294.9, 295, 295.0, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.1, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.2, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.3, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.4, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.5, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.6, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.7, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.8, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.9, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 296, 296.0, 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.1, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.2, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.3, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89, 296.9, 296.90, 296.99, 297, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9, 299, 299.0, 299.00, 299.01, 299.1, 299.10, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, 299.91, 300, 300.0, 300.00, 300.01, 300.02, 300.09, 300.1, 300.10, 300.11, 300.12, 300.13, 300.14, 300.15, 300.16, 300.19, 300.2, 300.20, 300.21, 300.22, 300.23, 300.29, 300.3, 300.4, 300.5, 300.6, 300.7, 300.8, 300.81, 300.82, 300.89, 300.9, 301, 301.0, 301.1, 301.10, 301.11, 301.12, 301.13, 301.2, 301.20, 301.21, 301.22, 301.3, 301.4, 301.5, 301.50, 301.51, 301.59, 301.6, 301.7, 301.8, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9, 302, 302.0, 302.1, 302.2, 302.3, 302.4, 302.5, 302.50, 302.51, 302.52, 302.53, 302.6, 302.7, 302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79, 302.8, 302.81, 302.82, 302.83, 302.84, 302.85, 302.89, 302.9, 306, 306.0, 306.1, 306.2, 306.3, 306.4, 306.5, 306.50, 306.51, 306.52, 306.53, 306.59, 306.6, 306.7, 306.8, 306.9, 307, 307.0, 307.1, 307.2, 307.20, 307.21, 307.22, 307.23, 307.3, 307.4, 307.40, 307.41, 307.42, 307.43, 307.44, 307.45, 307.46, 307.47, 307.48, 307.49, 307.5, 307.50, 307.51, 307.52, 307.53, 307.54, 307.59, 307.6, 307.7, 307.8, 307.80, 307.81, 307.89, 307.9, 308, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309, 309.0, 309.1, 309.2, 309.21, 309.22, 309.23, 309.24, 309.28, 309.29, 309.3, 309.4, 309.8, 309.81, 309.82, 309.83, 309.89, 309.9, 310, 310.0, 310.1, 310.2, 310.8, 310.81, 310.89, 310.9, 311, 312, 312.0, 312.00, 312.01, 312.02, 312.03, 312.1, 312.10, 312.11, 312.12, 312.13, 312.2, 312.20, 312.21, 312.22, 312.23, 312.3, 312.30, 312.31, 312.32, 312.33, 312.34, 312.35, 312.39, 312.4, 312.8, 312.81, 312.82, 312.89, 312.9, 313, 313.0, 313.1, 313.2, 313.21, 313.22, 313.23, 313.3, 313.8, 313.81, 313.82, 313.83, 313.89, 313.9, 314, 314.0, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9, 315, 315.0, 315.00, 315.01, 315.02, 315.09, 315.1, 315.2, 315.3, 315.31, 315.32, 315.34, 315.35, 315.39, 315.4, 315.5, 315.8, 315.9, 316

**TABLE A.3** CODES TO IDENTIFY NON-ACUTE CARE EXCLUSIONS\*

Description	HCPCS	UB Revenue	UB Type of Bill**	POS
Non-acute Care	T2048, H0019, H0017, H0018	0190, 0650, 0656, 0115, 0125, 0135, 0145, 0155, 0658, 0655, 0659, 0199, 0118, 0128, 0138, 0148, 0158, 1002, 1001, 0191, 0192, 0193, 0194,	0821, 0811, 0211, 0221, 0181, 0281, 082F, 081F, 021F, 022F, 018F, 028F, 082H, 081H, 021H, 022H, 018H, 028H, 082G, 081G, 021G, 022G, 018G, 028G, 0829, 0819, 0289, 082A, 081A, 082E, 081E, 082C, 081C, 082J, 081J, 021J, 022J, 018J, 028J, 0823, 0813, 0213, 0223, 0183, 0283, 0822, 0812, 0212, 0222, 0182, 0282, 0824, 0814, 0214, 0224, 0184, 0284, 082I, 081I, 021I, 022I, 018I, 028I, 0825, 0815, 0215, 0225, 0185, 0285, 082M, 081M, 021M, 022M, 018M, 028M, 082Z, 081Z, 021Z, 022Z, 018Z, 028Z, 0820, 0810, 0210, 0220, 0180, 0280, 082O, 081O, 021O, 022O, 018O, 028O, 082K, 081K, 021K, 022K, 018K, 028K, 082N, 081N, 021N, 022N, 028N, 082Y, 081Y, 021Y, 022Y, 018Y, 028Y, 0827, 0817, 0217, 0227, 0187, 0287, 082B, 081B, 082D, 081D, 082X, 081X, 021X, 022X, 018X, 028X, 0828, 0818, 0218, 0228, 0188, 0288,	61, 34, 54, 32, 56, 55, 31
Other non-acute care facilities that do not use the UB revenue or type of bill codes for billing (e.g., ICF, SNF)				

\*Codes included in this table are intended as a guide to identify non-acute care exclusions. The table is not a comprehensive list of all qualifying exclusions. MCOs and Counties are advised to use all the codes listed, along with other codes that are consistent with those provided in Table A.3.

\*\* An "X" in a Type of Bill code does not equal a wildcard

**STEP 2: IDENTIFY DENOMINATOR AND NUMERATOR POSITIVES USING ADMINISTRATIVE DATA**

There are two rates that are calculated for this indicator. Both utilize the same denominator, but have different numerators:

**Denominator:** The eligible population

**Numerators: Numerator A – PA Specific 7 Day**

An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner or peer support network meeting within seven days of discharge. Include visits that occur on the date of discharge.

**Numerator B – PA Specific 30 Day**

An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner or peer support network meeting within 30 days of discharge. Include visits that occur on the date of discharge.

Note: Look for the earliest qualifying ambulatory visit. It is important to ensure that follow-up visits occur on dates after corresponding inpatient discharges. The indicator is measuring the proportion of patients who follow-up with a mental health practitioner or peer support network meeting within seven days, and the proportion of patients who follow-up with a mental health practitioner or peer support network meeting within 30 days. Therefore, a patient who is a numerator positive for the seven-day follow-up rate is automatically a numerator positive for the 30-day follow-up rate. There is no requirement for two visits within the 30-day time frame.

For a visit to meet the numerator requirements of this measure, it must satisfy the following criteria:

- (4) The date of service for the qualifying follow-up visit must be between 1/1/2013 and 12/31/2013,
- (5) The date of service must have occurred within seven days of the hospital discharge (on the date of discharge up to seven days after discharge) for Numerator A and within 30 days for Numerator B (on the date of discharge up to 30 days after discharge), and

(6) The date of service must clearly indicate a qualifying visit/treatment with a mental health practitioner as defined by any of the following criteria:

- A qualifying CPT code (Table A.4) delivered by a mental health practitioner.
- OR
- A qualifying CPT code **with** a qualifying place of service (POS) code (Table A.4) delivered by a mental health practitioner.
- OR
- A qualifying UB Revenue Code (Table A.4) delivered by a mental health practitioner.
- OR
- A qualifying UB Revenue Code (Table A.4) that does not require determination of the practitioner type.
- OR
- A qualifying HCPCS (Table A.4) delivered by a mental health practitioner.
- OR
- A qualifying UB Revenue Code (Table A.4) that does not require determination of the practitioner type.
- OR
- A qualifying HCPCS (Table A.4) delivered by a mental health practitioner or peer support network.

Please refer to Appendix 3, page 3-1 of HEDIS 2014, Volume 2: Technical Specifications for the definition of a mental health practitioner.

OR

- A qualifying follow visit determined by validated data entered in a acceptable supplemental database

*An acceptable administrative database related to numerator events would be a spreadsheet which included the type of service received, the date of service, the patient seen and the provider of the service. Such a spreadsheet could be derived from a care management system. All required elements for reporting must be present in the supplemental database. In this case, the type of service rendered could be a text field. This field would then be mapped to a standard code.*

*Validation of this database would require validation of the use of descriptions of services. The MCO should produce definitions of the services included in any given description. It would also include primary source validation of a sample of records drawn from the database. For these records, chart evidence of the occurrence of the service would be required and reviewed. It is imperative that supplemental databases contain all required elements at the appropriate level of date specificity. For example, a database that indicated that follow-up had occurred, but did not provide a specific date, could not be used. Similarly, scheduling or appointment databases cannot be used as evidence of services rendered.*

**Table A.4** Codes to Identify Follow-up Visits

INCLUDED IN BOTH NUMERATORS (A and B)**		
CPT		
Follow-up visits identified by the following CPT/HCPCS codes must be with a mental health practitioner.		
90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90899, 96101, 96116, 96118, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99383, 99384, 99385, 99386, 99387, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99510		
CPT***	POS	
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.		
90791, 90792, 90801, 90802, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
90801, 90802 <sup>4</sup>	<i>WITH</i>	99
99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	<i>WITH</i>	52, 53
UB Revenue		
The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.		
0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911-0917, 0919		
Visits identified by the following Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table A.1.		
0510, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0526, 0527, 0528, 0529, 0982, 0983		
HCPCS		
Follow-up visits identified by the following HCPCS codes must be with a mental health practitioner.		
G0155, G0176, G0177, G0409, G0410, G0411, H0002, H0004, H0015, H0020, H0031, H0032, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H0046, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2021, H2030, H2035, M0064, S0201, S9480, S9484, S9485, T1015, T1016, T1017		
Transitional Care Management		
Transitional Care Management codes must have a date of service equal to 29 days after discharge.		
99495 – Considered a follow-up visit within 30 days 99246 – Considered a follow-up visit within 7 days		

\*\*This includes HCPCS and other industry standard CPT codes and represents a deviation from the HEDIS measure methodology. These indicators cannot be compared to HEDIS benchmarks.

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

<sup>4</sup> Follow-up visits identified through CPT codes 90801 and 90802 can also be identified in conjunction with POS code 99.

**Table A.5** Narrative Description of Codes in PA Specific Measure Not Included in HEDIS Measure

90899	Unlisted Psychiatric Service or Procedure
96101	Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report
96116	96116 - Neurobehavioral Status Exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report (Comprehensive Neuropsychological Evaluation with Personality Assessment)
96118	Neuropsychological Testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face to face time with the patient and time interpreting test results and preparing the report
90801 with POS 99 (other POS)	Psychiatric Diagnostic Interview Examination
90802 with POS 99 (other POS)	Interactive Psychiatric Diagnostic Interview Examination Using Play Equipment, Physical Devices, Language Interpreter, or Other Mechanisms Of Communication
90846	Family Psychotherapy
H0015	Alcohol and/or Drug Services; Intensive Outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), Including Assessment, Counseling, Crisis Intervention, and Activity Therapies Or Education
H0020	Alcohol and/or Drug Services; Methadone Administration and/or Service
H0032	Mental Health Service Plan Development by Non-physician
H0038	Self Help/Peer Services, Per 15 Minutes
H0046	Mental Health Services, Not Otherwise Specified
H0047	Alcohol and/or Other Drug Abuse Services, Not Otherwise Specified
H2021	Community-based Wraparound Services (TSS)
H2030	Mental Health Clubhouse Services
H2035	Alcohol and/or Drug Treatment Program
T1015	Clinic Visit/Encounter, All-inclusive
T1016	Case Management
T1017	Targeted Case Management

## **SUBMISSION REQUIREMENTS**

- All BH MCOs are required to submit one data file with the eligible population, numerator positives, and source code for identification of both the eligible population and numerator events to IPRO for validation.
- MCOs are requested to post the information to IPRO's secure FTP site by the scheduled due date. MCOs should notify the designated IPRO contact when files are posted and cc: County Contacts on all deliverables.
- BH MCOs that contract with multiple county entities should provide a consolidated data file for all contracted Counties (i.e., one BH MCO file). Separate county files will not be accepted.
- BH MCO data files should be named according to the following file naming convention:  
*FUH\_MY2013\_PA\_BHMCOName\_v#* (e.g., *FUH\_MY2013\_PA\_ABCHP\_v1*)
- BH MCOs must identify the two-digit county code initials designated for each county as specified in the file layout document.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014**  
**PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS**  
**Eligible Population, Denominator and Numerator Specifications**

File Format: Fixed width text file

File Record Length = 445

Filename: FUH\_MY2013\_PA\_BHMCOName\_v# (v indicates version number v1 would be used for the first submission)

BH MCOs with multiple county contracts should provide one aggregate file

**DENOMINATOR INFORMATION**

#	DATA ELEMENT	FORMAT	FIELD POSITIONS			DESCRIPTION
			LENGTH	START	END	
1	BH MCO Name	Char	15	1	15	BH MCO Name
2	County Identifier	Char	2	16	17	Two digit Alpha Code
3	Enrollee Product Line	Char	1	18	18	M = Mandatory Medicaid V = Voluntary Medicaid
4	Enrollee Medicare Primary Insurer	Char	1	19	19	Y = Yes - enrollee has Medicare as primary insurer N = No - enrollee does not have Medicare primary
5	Enrollee Commercial Primary Insurer	Char	1	20	20	Y = Yes - enrollee has Commercial as primary insurer N = No - enrollee does not have Commercial primary
6	Enrollee Last Name	Char	35	21	55	Concatenate name length to 35 characters max
7	Enrollee First Name	Char	15	56	70	Concatenate name length to 15 characters max
8	Enrollee Date of Birth	Char	8	71	78	YYYYMMDD
9	Enrollee CIS #	Char	10	79	88	Include check digit
10	Enrollee Gender	Char	1	89	89	M = Male F = Female
11	Enrollee Zip Code	Char	5	90	94	5-digit zip code
12	Enrollee Race	Char	2	95	96	Two digit race code from DHS eligibility data: 01 = Black or African American 03 = American Indian or Alaskan Native 04 = Asian 05 = White 06 = Other or Not Volunteered by the Recipient 07 = Native Hawaiian or Other Pacific Islander 08 = Missing or Not Available
13	Enrollee Ethnicity	Char	2	97	98	Two digit ethnicity code from DHS eligibility data: 01 = Non Hispanic 02 = Hispanic 03 = Missing or Not Available
14	Qualifying Enrollment Date	Char	8	99	106	YYYYMMDD
15	Disenrollment Date	Char	8	107	114	YYYYMMDD - use 99999999 if still enrolled
16	Hospital/Facility ID #	Char	15	115	129	MCO assigned hospital/facility identifier
17	Hospital PROMISe Provider ID	Char	9	130	138	

18	Hospital NPI	Char	10	139	148	If available
19	Hospital Name	Char	100	149	248	If necessary, concatenate name length to 100 characters max
20	Date of Hospital Admission	Char	8	249	256	YYYYMMDD
21	Date of Hospital Discharge	Char	8	257	264	YYYYMMDD
22	Qualifying Principal Diagnosis Code	Char	6	265	270	<b>DO NOT INCLUDE DECIMALS</b> ICD-9-CM from Table A.1
23	Procedure Code	Char	5	271	275	
24	Place of Service (POS) Code	Char	2	276	277	
25	Qualifying or Disqualifying Discharge Status Code	Char	2	278	279	
26	UB Type of Bill Code	Char	3	280	282	

#### NUMERATOR INFORMATION

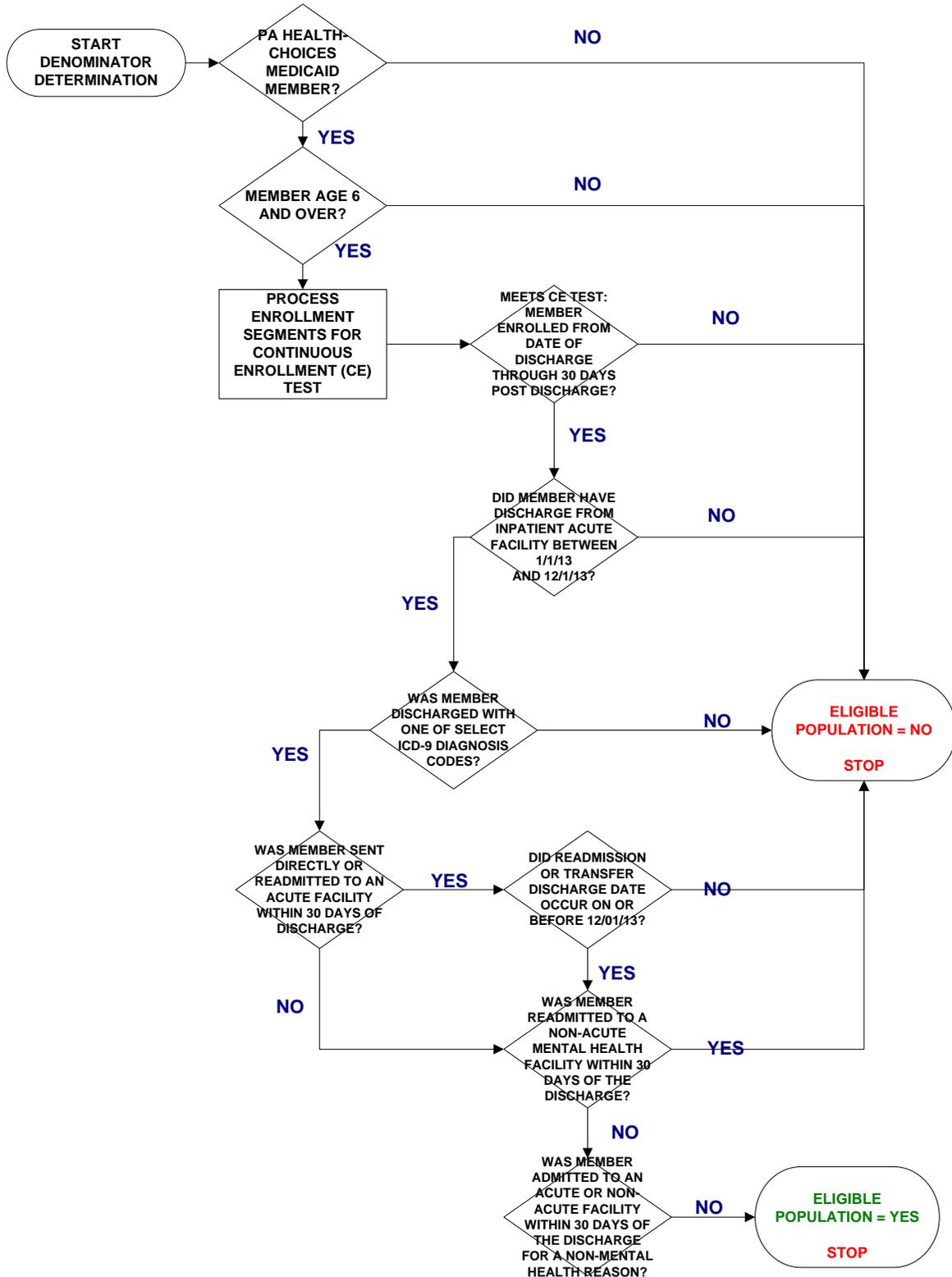
#	DATA ELEMENT	FIELD POSITIONS				DESCRIPTION
		FORMAT	LENGTH	START	END	
27	Numerator A Compliance Indicator	Char	1	283	283	1 = met Numerator A requirements 0 = did not meet Numerator A requirements
28	Numerator B Compliance Indicator	Char	1	284	284	1 = met Numerator B requirements 0 = did not meet Numerator B requirements
29	Date of Earliest Qualifying Service	Char	8	285	292	YYYYMMDD
30	Procedure Code for the Qualifying Follow-up Visit	Char	5	293	297	CPT, UB-Revenue or HCPCS from Table A.3
31	POS Code for the Qualifying Follow-up Visit	Char	2	298	299	POS from Table A.3, if applicable
32	Principal ICD-9-CM Code	Char	5	300	304	<b>DO NOT INCLUDE DECIMALS</b>
33	Secondary ICD-9-CM Code	Char	5	305	309	<b>DO NOT INCLUDE DECIMALS</b>
34	Provider Name	Char	100	310	409	If necessary, concatenate name length to 100 characters max
35	MCO Provider ID #	Char	15	410	424	MCO assigned provider number
36	PROMISE Provider ID	Char	9	425	433	
37	NPI	Char	10	434	443	If available
38	PROMISE Provider Type	Char	2	444	445	

#### NOTES:

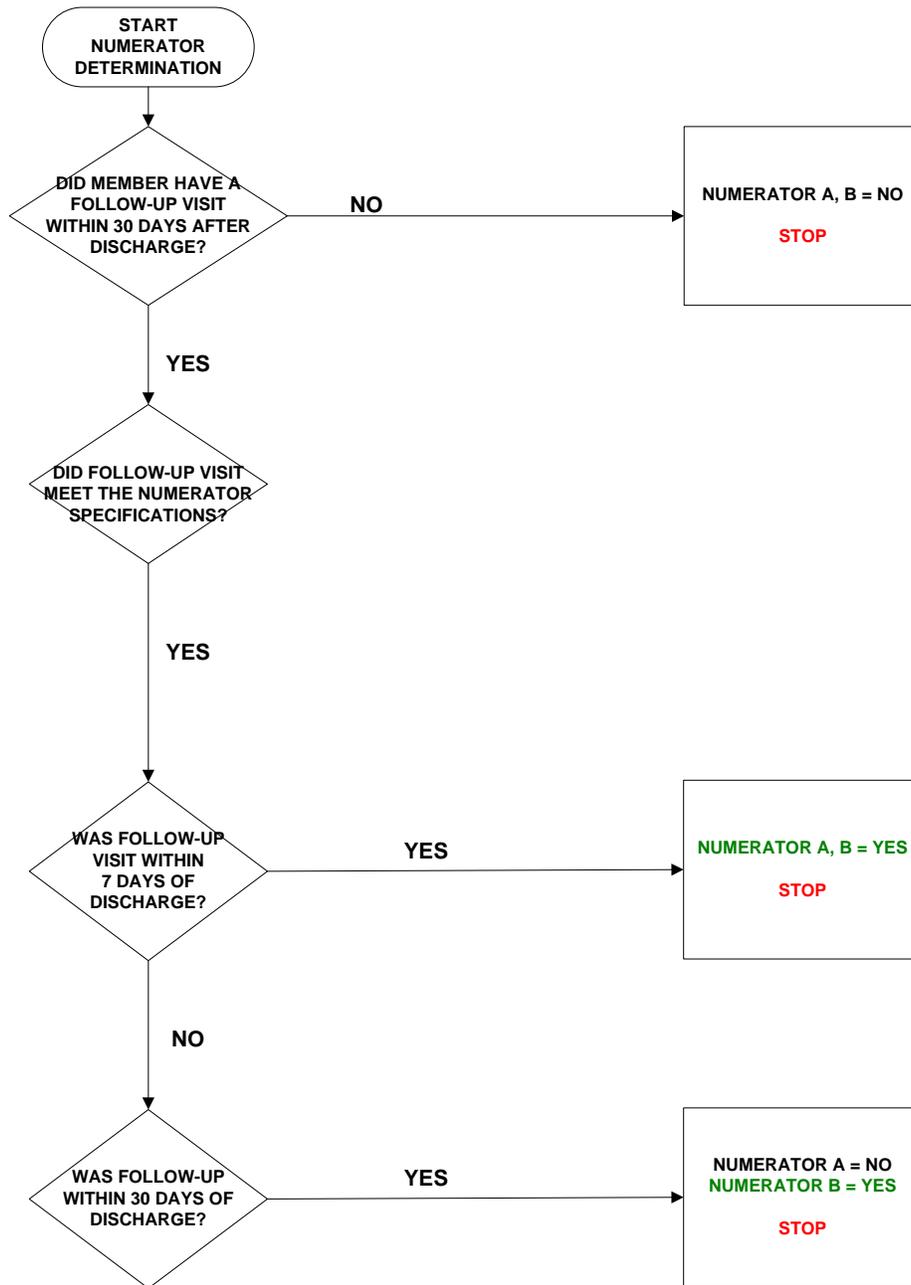
*(fields 29 – 38 will be blank for discharges without a subsequent numerator hit [qualifying follow-up appointment])*

For each file, use a separate row for every discharge identified as meeting denominator requirements. Only one row per discharge should be included. Include all discharges for members who have more than one discharge as a separate row.

**PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014  
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS &  
 PENNSYLVANIA-SPECIFIC FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS  
 DENOMINATOR DETERMINATION**



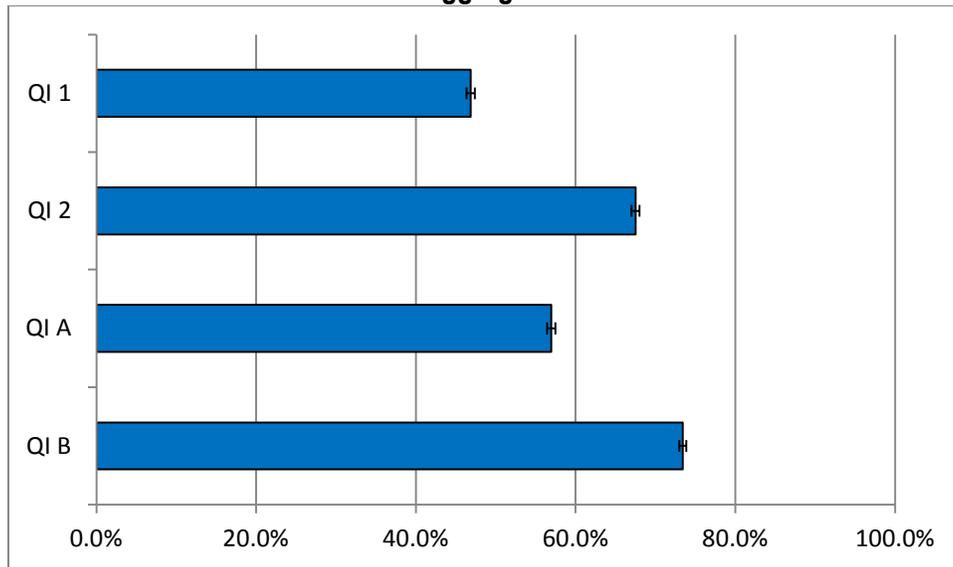
PENNSYLVANIA BEHAVIORAL HEALTH PERFORMANCE MEASURES 2014  
 FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS  
 PENNSYLVANIA-SPECIFIC NUMERATOR COMPLIANCE DETERMINATION



This is for the **Pennsylvania-specific** Follow-up After Hospitalization for Mental Illness measure only.

## MY 2013 FOLLOW-UP RATES - STATEWIDE

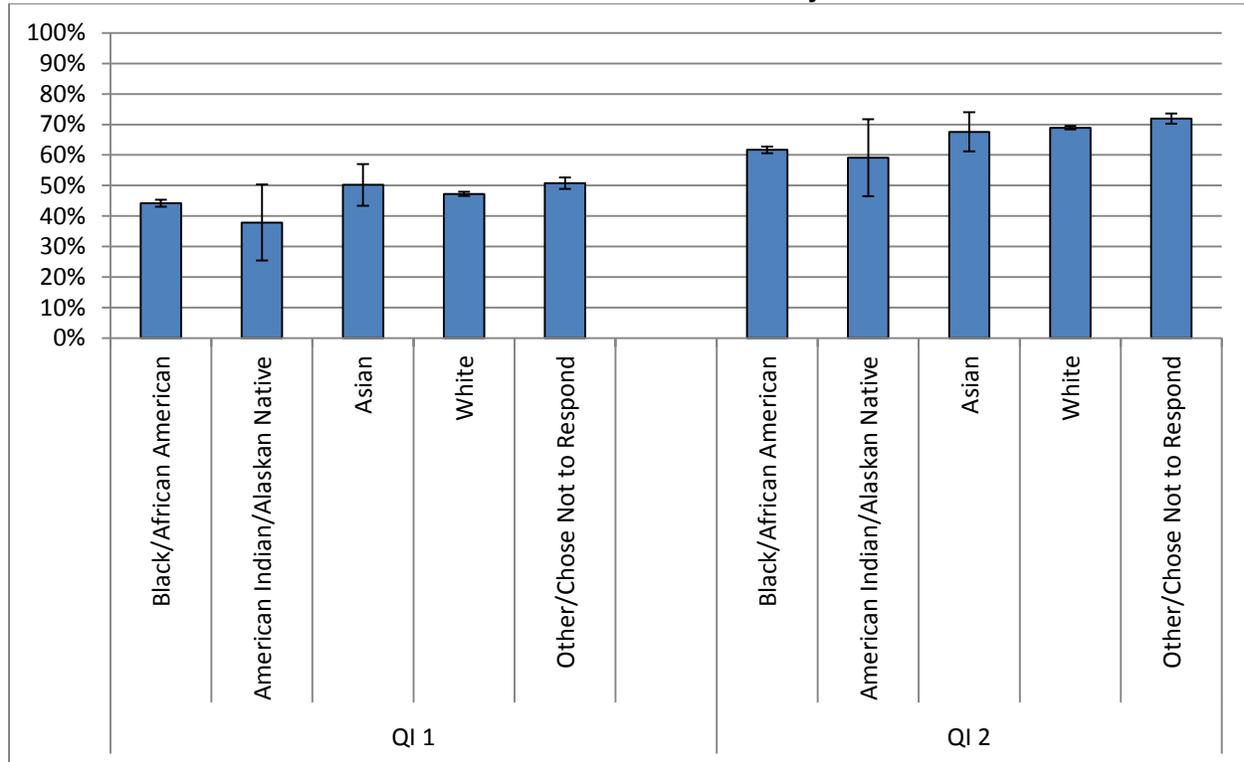
MY 2013 – Aggregate Indicators



	MY 2013				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI
QI 1	16,196	34,564	46.9%	46.3%	47.4%
QI 2	23,332	34,564	67.5%	67.0%	68.0%
QI A	19,687	34,564	57.0%	56.4%	57.5%
QI B	25,381	34,564	73.4%	73.0%	73.9%

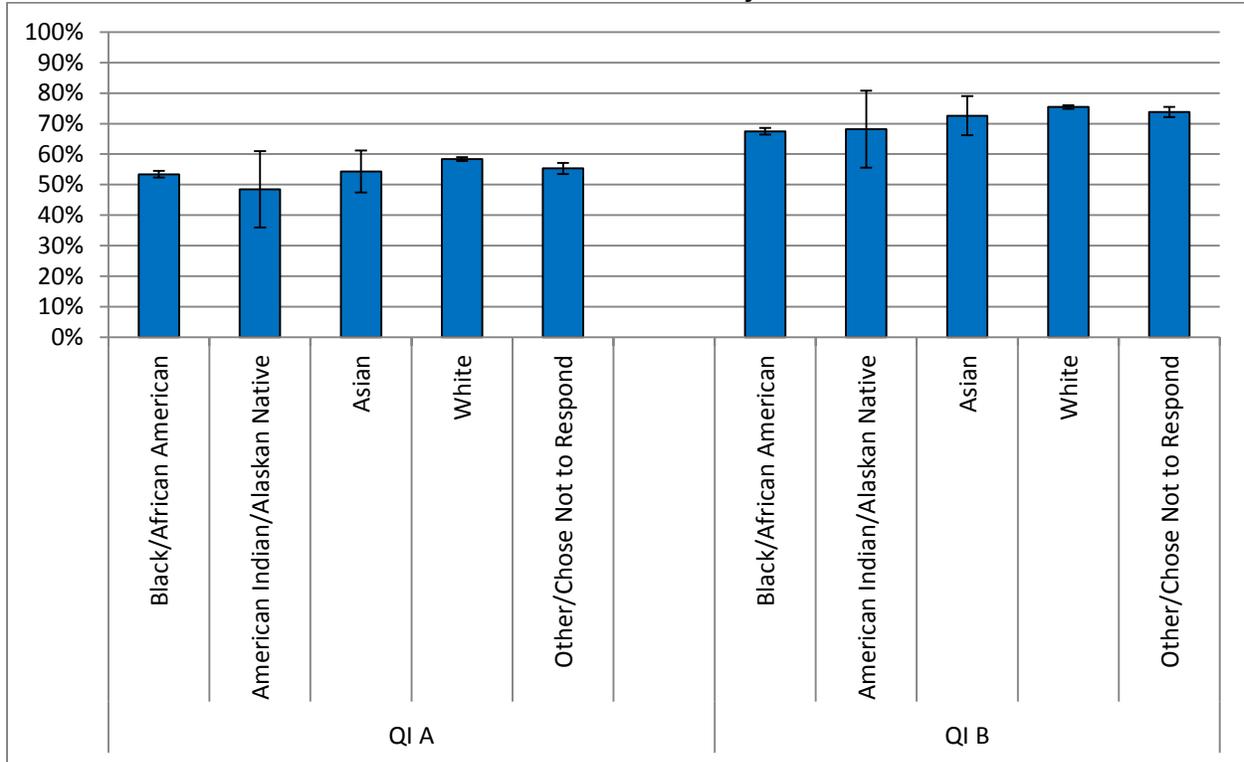
## MY 2013 FOLLOW-UP RATES – STATEWIDE BY RACE

MY 2013 – Indicators Q1 1 and Q1 2 by Race



RACE CATEGORY	QI	MY 2013				
		(N)	(D)	%	95% LCL	95% UCL
Black/African American	QI 1	3,512	7,943	44.2%	43.1%	45.3%
	QI 2	4,900	7,943	61.7%	60.6%	62.8%
American Indian/Alaskan Native	QI 1	25	66	37.9%	25.4%	50.3%
	QI 2	39	66	59.1%	46.5%	71.7%
Asian	QI 1	110	219	50.2%	43.4%	57.1%
	QI 2	148	219	67.6%	61.2%	74.0%
White	QI 1	11,119	23,518	47.3%	46.6%	47.9%
	QI 2	16,217	23,518	69.0%	68.4%	69.5%
Other/Chose Not to Respond	QI 1	1,430	2,818	50.7%	48.9%	52.6%
	QI 2	2,028	2,818	72.0%	70.3%	73.6%
Hawaiian/Pacific Islander	QI 1	N/A	N/A	N/A	N/A	N/A
	QI 2	N/A	N/A	N/A	N/A	N/A

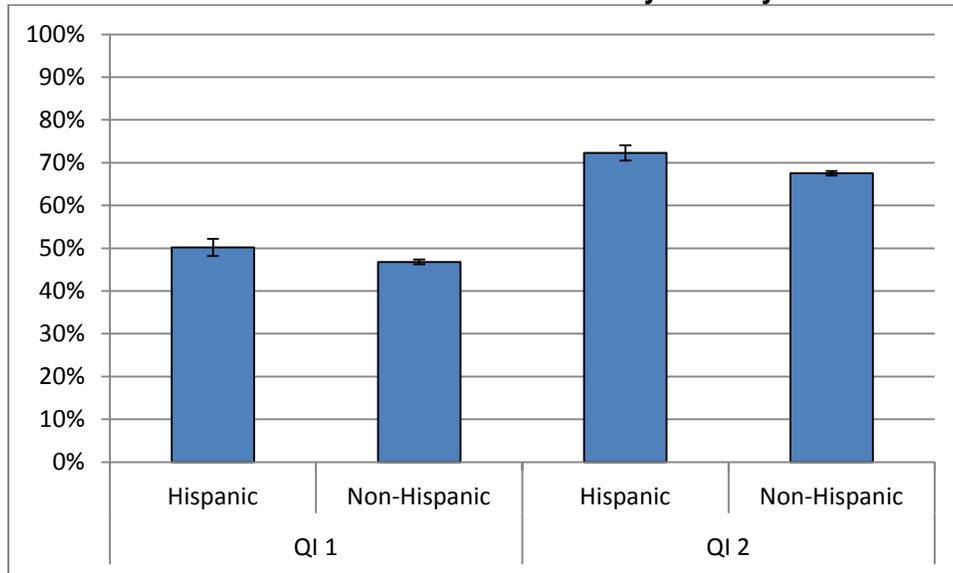
### MY 2013 – QI A and QI B by Race



RACE CATEGORY	QI	MY 2013				
		(N)	(D)	%	95% LCL	95% UCL
Black/African American	QI A	4,244	7,943	53.4%	52.3%	54.5%
	QI B	5,361	7,943	67.5%	66.5%	68.5%
American Indian/ Alaskan Native	QI A	32	66	48.5%	35.7%	61.3%
	QI B	45	66	68.2%	56.2%	80.2%
Asian	QI A	119	219	54.3%	47.5%	61.2%
	QI B	159	219	72.6%	66.5%	78.7%
White	QI A	13,733	23,518	58.4%	57.8%	59.0%
	QI B	17,737	23,518	75.4%	74.9%	76.0%
Other/Chose Not to Respond	QI A	1,559	2,818	55.3%	53.5%	57.2%
	QI B	2,079	2,818	73.8%	72.1%	75.4%
Hawaiian/ Pacific Islander	QI A	N/A	N/A	N/A	N/A	N/A
	QI B	N/A	N/A	N/A	N/A	N/A

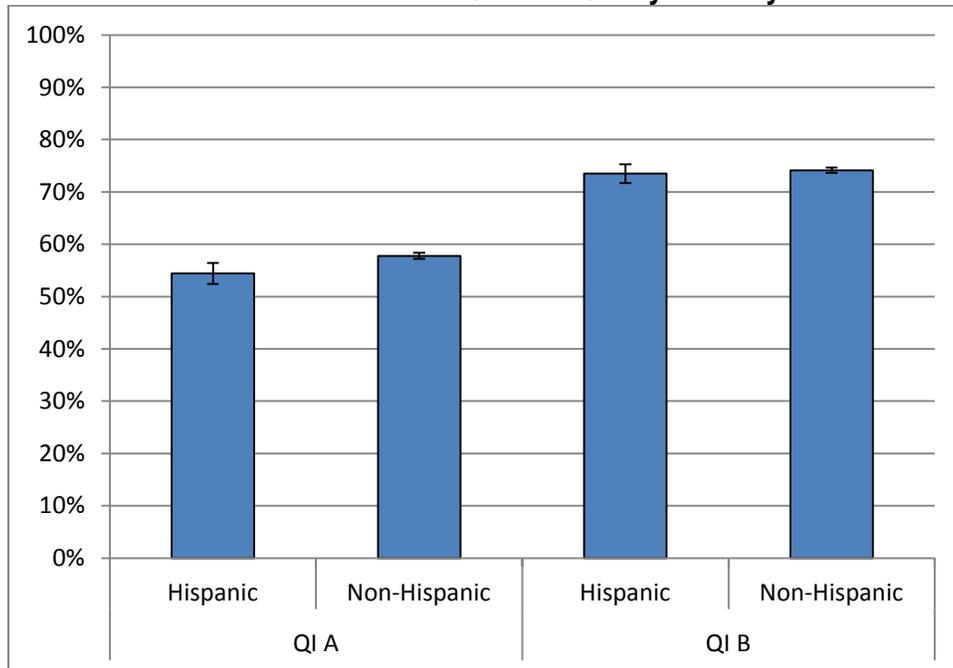
## MY 2013 FOLLOW-UP RATES – STATEWIDE BY ETHNICITY

MY 2013 – Indicators QI 1 and QI 2 by Ethnicity



ETHNICITY	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
HISPANIC	QI 1	1,223	2,438	50.16%	48.2%	52.2%
	QI 2	1,762	2,438	72.27%	70.5%	74.1%
NON-HISPANIC	QI 1	14,248	30,450	46.79%	46.2%	47.4%
	QI 2	20,570	30,450	67.55%	67.0%	68.1%

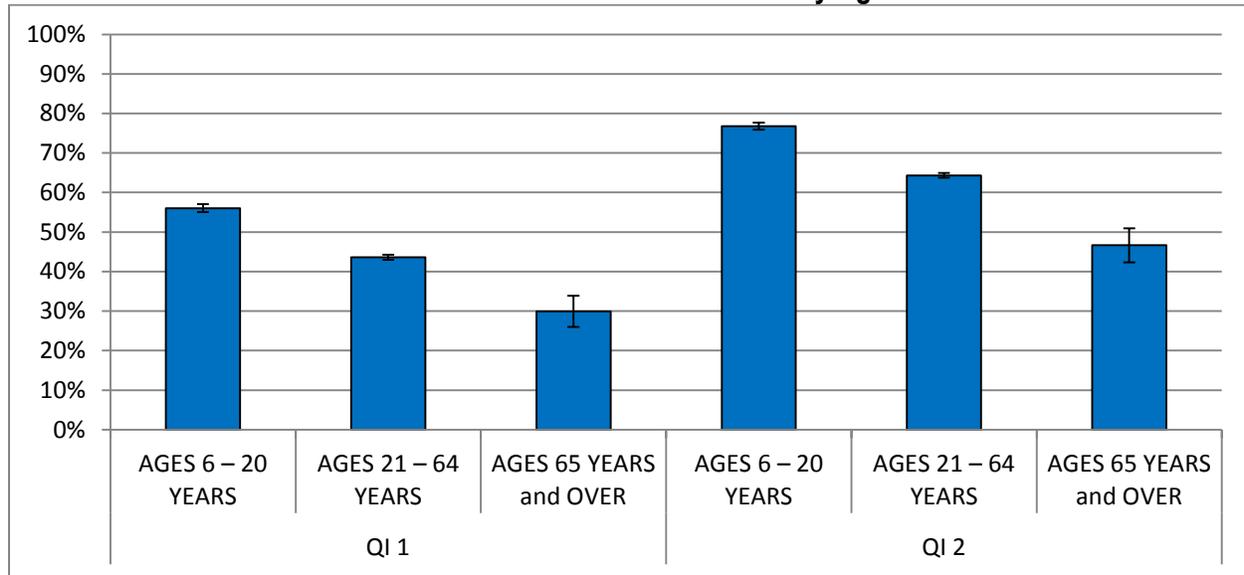
### MY 2013 – Indicators QI A and QI B by Ethnicity



		MY 2013				
ETHNICITY	QI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
HISPANIC	QI A	1,327	2,438	54.43%	52.4%	56.4%
	QI B	1,792	2,438	73.50%	71.7%	75.3%
NON-HISPANIC	QI A	17,597	30,450	57.79%	57.2%	58.3%
	QI B	22,579	30,450	74.15%	73.7%	74.6%

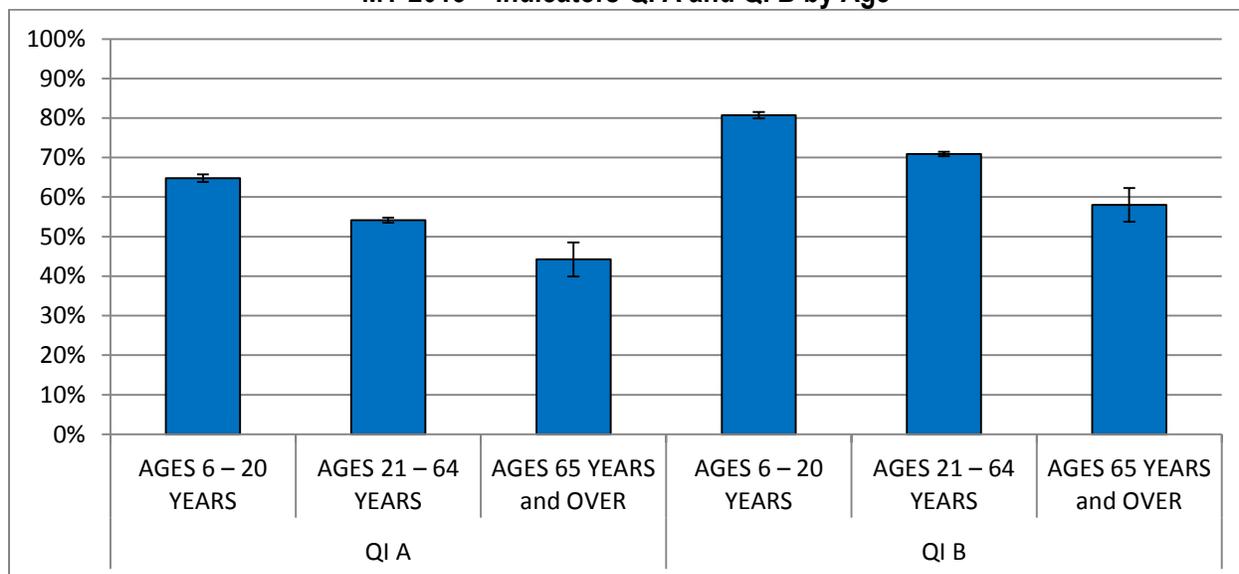
## MY 2013 FOLLOW-UP RATES – STATEWIDE BY AGE

MY 2013 – Indicators QI 1 and QI 2 by Age



AGE CATEGORY	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
AGES 6 – 20 YEARS	QI 1	5,382	9,604	56.04%	55.0%	57.0%
	QI 2	7,374	9,604	76.78%	75.9%	77.6%
AGES 21 – 64 YEARS	QI 1	10,653	24,422	43.62%	43.0%	44.2%
	QI 2	15,707	24,422	64.31%	63.7%	64.9%
AGES 65 YEARS and OVER	QI 1	161	538	29.93%	26.0%	33.9%
	QI 2	251	538	46.65%	42.3%	51.0%
AGES 21+ (COMBINED)	QI 1	10,814	24,960	43.33%	42.7%	43.9%
	QI 2	15,958	24,960	63.93%	63.3%	64.5%

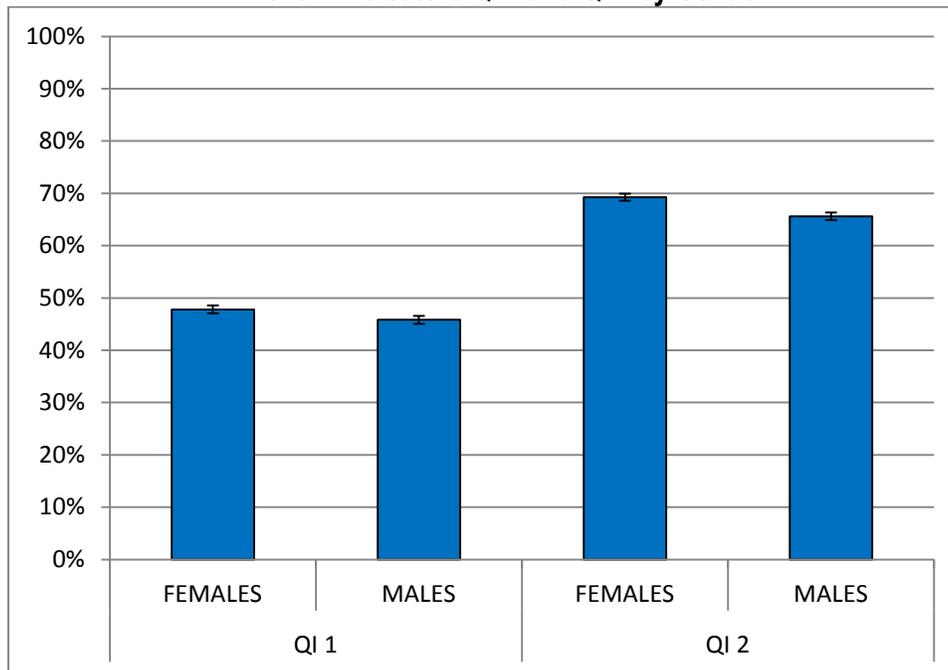
### MY 2013 – Indicators QI A and QI B by Age



AGE CATEGORY	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
AGES 6 – 20 YEARS	QI A	6,225	9,604	64.82%	63.9%	65.8%
	QI B	7,754	9,604	80.74%	79.9%	81.5%
AGES 21 – 64 YEARS	QI A	13,224	24,422	54.15%	53.5%	54.8%
	QI B	17,315	24,422	70.90%	70.3%	71.5%
AGES 65 YEARS and OVER	QI A	238	538	44.24%	39.9%	48.5%
	QI B	312	538	57.99%	53.7%	62.3%
AGES 21+ (COMBINED)	QI A	13,462	24,960	53.93%	53.3%	54.6%
	QI B	17,627	24,960	70.62%	70.1%	71.2%

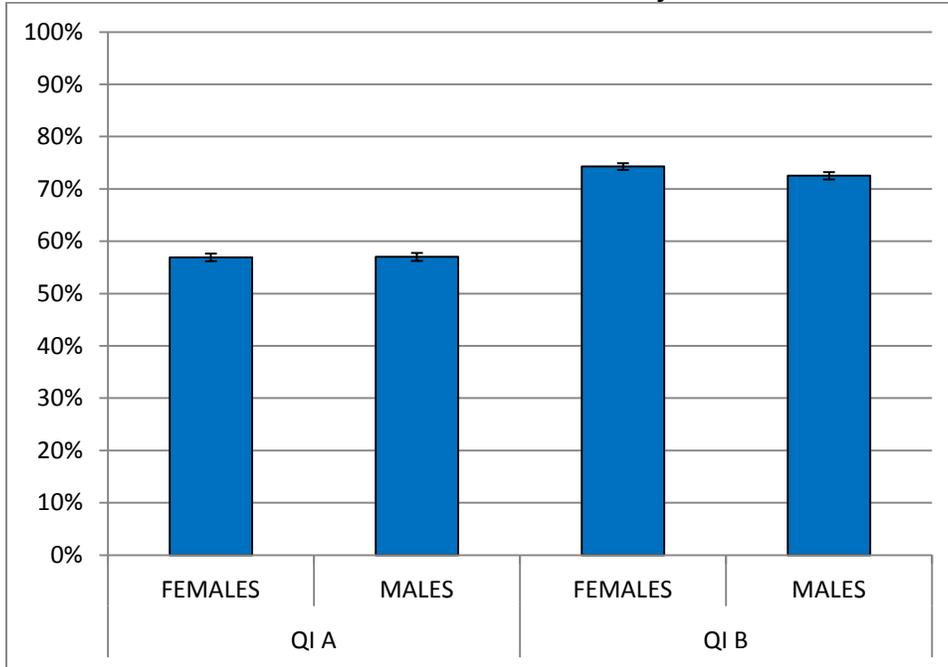
## MY 2013 FOLLOW-UP RATES – STATEWIDE BY GENDER

MY 2013 – Indicators QI 1 and QI 2 by Gender



GENDER	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
FEMALES	QI 1	8,552	17,887	47.8%	47.1%	48.5%
	QI 2	12,389	17,887	69.3%	68.6%	69.9%
MALES	QI 1	7,644	16,677	45.8%	45.1%	46.6%
	QI 2	10,943	16,677	65.6%	64.9%	66.3%

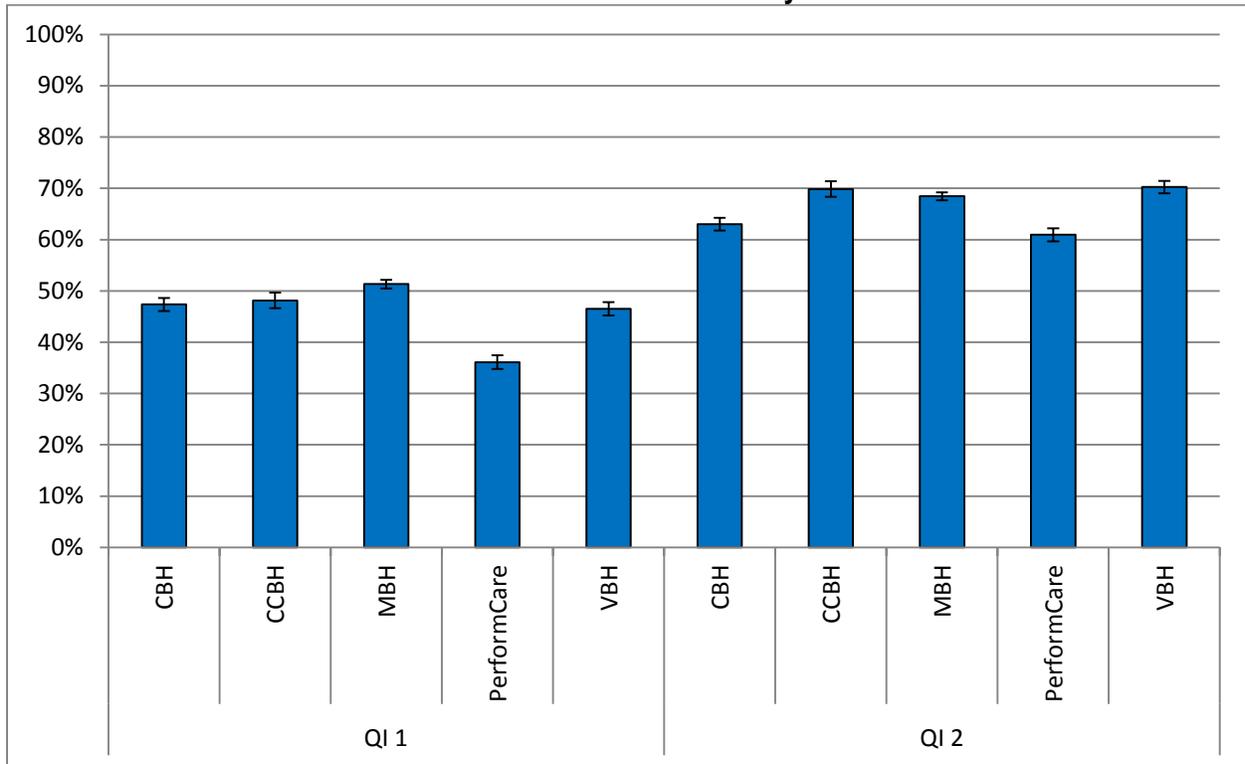
**MY 2013 – Indicators QI A and QI B by Gender**



GENDER	MY 2013					
	QI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
FEMALES	QI A	10,179	17,887	56.9%	56.2%	57.6%
	QI B	13,287	17,887	74.3%	73.6%	74.9%
MALES	QI A	9,508	16,677	57.0%	56.3%	57.8%
	QI B	12,094	16,677	72.5%	71.8%	73.2%

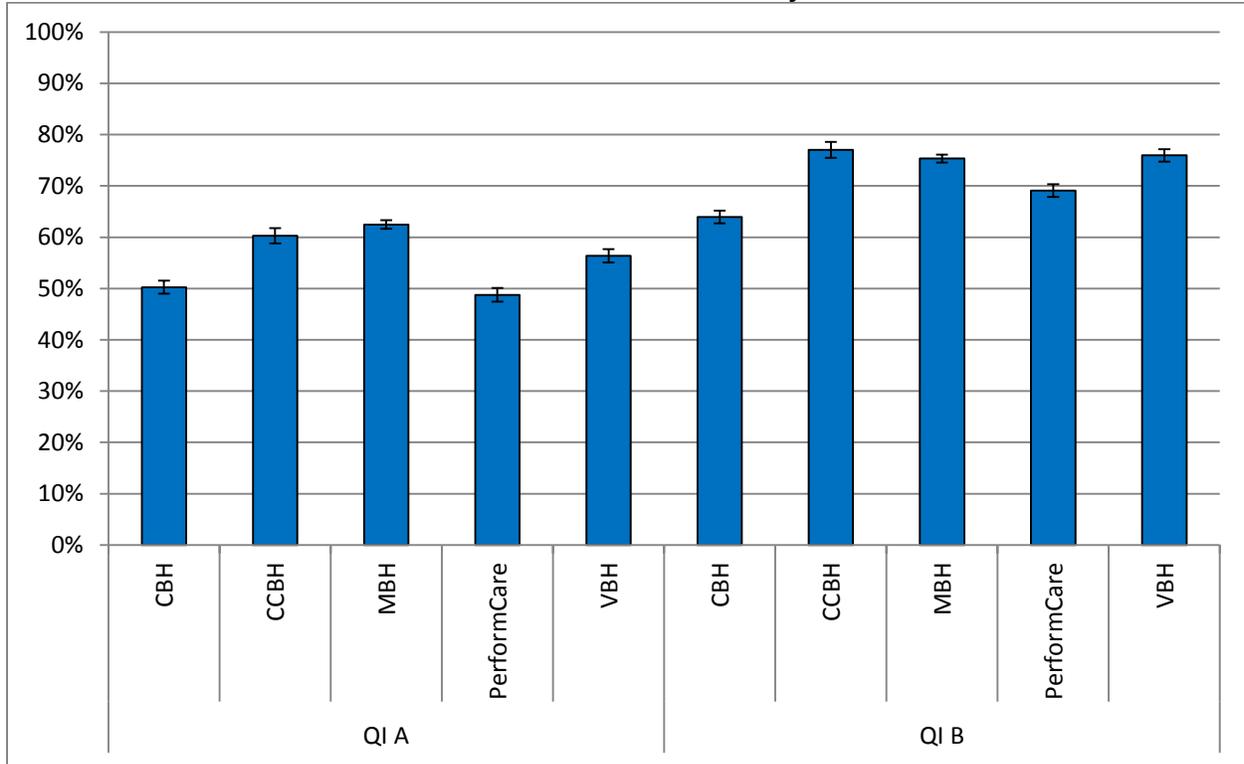
## MY 2013 FOLLOW-UP RATES – STATEWIDE BY BH-MCO

MY 2013 – Indicators QI 1 and QI 2 by BH-MCO



BY MCO	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	QI 1	2,793	5,897	47.4%	46.1%	48.6%
	QI 2	3,716	5,897	63.0%	61.8%	64.3%
CCBH	QI 1	6,595	13,700	48.1%	47.3%	49.0%
	QI 2	9,569	13,700	69.8%	69.1%	70.6%
MBH	QI 1	2,766	5,389	51.3%	50.0%	52.7%
	QI 2	3,688	5,389	68.4%	67.2%	69.7%
PerformCare	QI 1	1,434	3,970	36.1%	34.6%	37.6%
	QI 2	2,419	3,970	60.9%	59.4%	62.5%
VBH	QI 1	2,608	5,608	46.5%	45.2%	47.8%
	QI 2	3,940	5,608	70.3%	69.1%	71.5%

MY 2013 – Indicators QI A and QI B by BH-MCO



BH MCO	QI	MY 2013				
		(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	QI A	2,964	5,897	50.3%	49.0%	51.5%
	QI B	3,769	5,897	63.9%	62.7%	65.1%
CCBH	QI A	8,259	13,700	60.3%	59.5%	61.1%
	QI B	10,551	13,700	77.0%	76.3%	77.7%
MBH	QI A	3,366	5,389	62.5%	61.2%	63.8%
	QI B	4,060	5,389	75.3%	74.2%	76.5%
PerformCare	QI A	1,936	3,970	48.8%	47.2%	50.3%
	QI B	2,742	3,970	69.1%	67.6%	70.5%
VBH	QI A	3,162	5,608	56.4%	55.1%	57.7%
	QI B	4,259	5,608	75.9%	74.8%	77.1%

## MY 2013 BH-MCO FOLLOW-UP RATES – BY RACE

QI 1																				
Race	CBH				CCBH				MBH				PerformCare				VBH			
	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL
Black/African American	3,727	46.0%	44.4%	47.7%	2,222	42.4%	40.3%	44.5%	953	49.6%	46.4%	52.9%	570	31.2%	27.3%	35.1%	471	43.1%	38.5%	47.7%
American Indian/ Alaskan Native	9	55.6%	17.5%	93.6%	31	45.2%	26.0%	64.3%	9	33.3%	0.0%	69.7%	9	0.0%	0.0%	5.6%	8	37.5%	0.0%	77.3%
Asian	65	50.8%	37.8%	63.7%	58	58.6%	45.1%	72.2%	51	54.9%	40.3%	69.5%	28	21.4%	4.4%	38.4%	17	52.9%	26.3%	79.6%
White	1,385	48.1%	45.4%	50.8%	10,428	48.9%	48.0%	49.9%	3,819	51.0%	49.4%	52.6%	2,834	36.9%	35.1%	38.7%	5,052	46.7%	45.3%	48.1%
Other/Chose Not to Respond	711	52.5%	48.7%	56.2%	961	52.4%	49.2%	55.7%	557	56.6%	52.3%	60.8%	529	38.8%	34.5%	43.0%	60	55.0%	41.6%	68.4%

QI 2																				
Race	CBH				CCBH				MBH				PerformCare				VBH			
	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL
Black/African American	3,727	61.5%	59.9%	63.1%	2,222	62.4%	60.4%	64.5%	953	65.7%	62.6%	68.8%	570	51.2%	47.0%	55.4%	471	64.3%	59.9%	68.8%
American Indian/ Alaskan Native	9	66.7%	30.3%	100.0%	31	54.8%	35.7%	74.0%	9	44.4%	6.4%	82.5%	9	55.6%	17.5%	93.6%	8	87.5%	58.3%	100.0%
Asian	65	61.5%	48.9%	74.1%	58	79.3%	68.0%	90.6%	51	70.6%	57.1%	84.1%	28	46.4%	26.2%	66.7%	17	76.5%	53.4%	99.6%
White	1,385	63.0%	60.5%	65.6%	10,428	71.1%	70.2%	72.0%	3,819	68.1%	66.6%	69.6%	2,834	62.2%	60.4%	64.0%	5,052	70.6%	69.4%	71.9%
Other/Chose Not to Respond	711	71.0%	67.6%	74.4%	961	73.6%	70.7%	76.4%	557	75.8%	72.1%	79.4%	529	65.2%	61.1%	69.4%	60	81.7%	71.0%	92.3%

QI A																				
Race	CBH				CCBH				MBH				PerformCare				VBH			
	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL
Black/African American	3,727	50.2%	48.6%	51.8%	2,222	56.0%	53.9%	58.1%	953	63.1%	59.9%	66.2%	570	48.9%	44.8%	53.1%	471	52.4%	47.8%	57.1%
American Indian/ Alaskan Native	9	44.4%	6.4%	82.5%	31	61.3%	42.5%	80.0%	9	33.3%	0.0%	69.7%	9	11.1%	0.0%	37.2%	8	62.5%	22.7%	100.0%
Asian	65	47.7%	34.8%	60.6%	58	65.5%	52.4%	78.6%	51	60.8%	46.4%	75.2%	28	32.1%	13.1%	51.2%	17	58.8%	32.5%	85.2%
White	1,385	51.9%	49.2%	54.6%	10,428	61.3%	60.3%	62.2%	3,819	61.8%	60.3%	63.4%	2,834	49.3%	47.5%	51.2%	5,052	56.7%	55.3%	58.1%
Other/Chose Not to Respond	711	47.5%	43.8%	51.3%	961	59.0%	55.8%	62.2%	557	66.2%	62.2%	70.3%	529	47.1%	42.7%	51.4%	60	60.0%	46.8%	73.2%

QI B																				
Race	CBH				CCBH				MBH				PerformCare				VBH			
	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL	(D)	%	95% LCL	95% UCL
Black/ African American	3,727	63.0%	61.4%	64.5%	2,222	71.7%	69.8%	73.6%	953	75.0%	72.2%	77.8%	570	64.9%	60.9%	68.9%	471	71.3%	67.1%	75.5%
American Indian/ Alaskan Native	9	66.7%	30.3%	100.0%	31	67.7%	49.7%	100.0%	9	44.4%	6.4%	82.5%	9	77.8%	45.1%	100.0%	8	87.5%	58.3%	100.0%
Asian	65	67.7%	55.6%	79.8%	58	82.8%	72.2%	77.3%	51	74.5%	61.6%	87.5%	28	57.1%	37.0%	77.3%	17	76.5%	53.4%	99.6%
White	1,385	65.1%	62.5%	67.6%	10,428	78.2%	77.4%	71.7%	3,819	74.6%	73.2%	76.0%	2,834	70.0%	68.3%	71.7%	5,052	76.3%	75.1%	77.4%
Other/Chose Not to Respond	711	66.2%	62.7%	69.8%	961	76.9%	74.2%	73.2%	557	81.3%	78.0%	84.7%	529	69.2%	65.2%	73.2%	60	83.3%	73.1%	93.6%

## MY 2013 BH-MCO FOLLOW-UP RATES – BY ETHNICITY

Q1										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	1,696	3,538	47.9%	46.3%	49.6%	395	749	52.7%	49.1%	56.4%
CCBH	6,352	13,246	48.0%	47.1%	48.8%	243	454	53.5%	48.8%	58.2%
MBH	2,360	4,674	50.5%	49.0%	51.9%	406	715	56.8%	53.1%	56.8%
PerformCare	1,235	3,398	36.3%	34.7%	38.0%	176	506	34.8%	30.5%	39.0%
VBH	2,605	5,594	46.6%	45.3%	47.9%	3	14	21.4%	0.0%	46.5%

Q2										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	2,223	3,538	62.8%	61.2%	64.4%	532	749	71.0%	67.7%	74.3%
CCBH	9,216	13,246	69.6%	68.8%	70.4%	353	454	77.8%	73.8%	81.7%
MBH	3,140	4,674	67.2%	65.8%	68.5%	548	715	76.6%	73.5%	79.8%
PerformCare	2,057	3,398	60.5%	58.9%	62.2%	323	506	63.8%	59.5%	68.1%
VBH	3,934	5,594	70.3%	69.1%	71.5%	6	14	42.9%	13.4%	72.4%

Q1 A										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	1,879	3,538	53.1%	51.5%	54.8%	354	749	47.3%	43.6%	50.9%
CCBH	7,985	13,246	60.3%	59.4%	61.1%	274	454	60.4%	55.7%	65.0%
MBH	2,895	4,674	61.9%	60.5%	63.3%	471	715	65.9%	62.3%	69.4%
PerformCare	1,683	3,398	49.5%	47.8%	51.2%	221	506	43.7%	39.3%	48.1%
VBH	3,155	5,594	56.4%	55.1%	57.7%	7	14	50.0%	20.2%	79.8%

Q1 B										
BH MCO	Non-Hispanic					Hispanic				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	2,311	3,538	65.3%	63.7%	66.9%	494	749	66.0%	62.5%	69.4%
CCBH	10,187	13,246	76.9%	76.2%	77.6%	364	454	80.2%	76.4%	84.0%
MBH	3,480	4,674	74.5%	73.2%	75.7%	580	715	81.1%	78.2%	84.1%
PerformCare	2,350	3,398	69.2%	67.6%	70.7%	346	506	68.4%	64.2%	72.5%
VBH	4,251	5,594	76.0%	74.9%	77.1%	8	14	57.1%	27.6%	86.6%

## MY 2013 BH-MCO FOLLOW-UP RATES – BY AGE

QI 1															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	731	1,323	55.3%	52.5%	58.0%	2,026	4,456	45.5%	44.0%	46.9%	36	118	30.5%	21.8%	39.2%
CCBH	2,272	3,879	58.6%	57.0%	60.1%	4,268	9,625	44.3%	43.3%	45.3%	55	196	28.1%	21.5%	34.6%
MBH	820	1,579	51.9%	49.4%	54.4%	1,916	3,735	51.3%	49.7%	52.9%	30	75	40.0%	28.2%	51.8%
PerformCare	639	1,224	52.2%	49.4%	55.0%	786	2,696	29.2%	27.4%	30.9%	9	50	18.0%	6.4%	29.6%
VBH	920	1,599	57.5%	55.1%	60.0%	1,657	3,910	42.4%	40.8%	43.9%	31	99	31.3%	21.7%	41.0%

QI 2															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	967	1,323	73.1%	70.7%	75.5%	2,703	4,456	60.7%	59.2%	62.1%	46	118	39.0%	29.8%	48.2%
CCBH	3,067	3,879	79.1%	77.8%	80.4%	6,406	9,625	66.6%	65.6%	67.5%	96	196	49.0%	41.7%	56.2%
MBH	1,122	1,579	71.1%	68.8%	73.3%	2,525	3,735	67.6%	66.1%	69.1%	41	75	54.7%	42.7%	66.6%
PerformCare	911	1,224	74.4%	71.9%	76.9%	1,491	2,696	55.3%	53.4%	57.2%	17	50	34.0%	19.9%	48.1%
VBH	1,307	1,599	81.7%	79.8%	83.7%	2,582	3,910	66.0%	64.5%	67.5%	51	99	51.5%	41.2%	61.9%

QI A															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	779	1,323	58.9%	56.2%	61.6%	2,132	4,456	47.8%	46.4%	49.3%	53	118	44.9%	35.5%	54.3%
CCBH	2,622	3,879	67.6%	66.1%	69.1%	5,555	9,625	57.7%	56.7%	58.7%	82	196	41.8%	34.7%	49.0%
MBH	1,025	1,579	64.9%	62.5%	67.3%	2,300	3,735	61.6%	60.0%	63.2%	41	75	54.7%	42.7%	66.6%
PerformCare	742	1,224	60.6%	57.8%	63.4%	1,175	2,696	43.6%	41.7%	45.5%	19	50	38.0%	23.5%	52.5%
VBH	1,057	1,599	66.1%	63.8%	68.5%	2,062	3,910	52.7%	51.2%	54.3%	43	99	43.4%	33.2%	53.7%

QI B															
BH MCO	6-20 Years Old					21-64 Years Old					65+ Years Old				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
CBH	949	1,323	71.7%	69.3%	74.2%	2,758	4,456	61.9%	60.5%	63.3%	62	118	52.5%	43.1%	62.0%
CCBH	3,238	3,879	83.5%	82.3%	84.7%	7,193	9,625	74.7%	73.9%	75.6%	120	196	61.2%	54.1%	68.3%
MBH	1,250	1,579	79.2%	77.1%	81.2%	2,764	3,735	74.0%	72.6%	75.4%	46	75	61.3%	49.6%	73.0%
PerformCare	963	1,224	78.7%	76.3%	81.0%	1,754	2,696	65.1%	63.2%	66.9%	25	50	50.0%	35.1%	64.9%
VBH	1,354	1,599	84.7%	82.9%	86.5%	2,846	3,910	72.8%	71.4%	74.2%	59	99	59.6%	49.4%	69.8%

## MY 2013 BH-MCO FOLLOW-UP RATES – BY GENDER

Q1 1										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,411	3,022	46.7%	44.9%	48.5%	1,382	2,875	48.1%	46.2%	49.9%
CCBH	3,520	7,128	49.4%	48.2%	50.6%	3,075	6,572	46.8%	45.6%	48.0%
MBH	1,492	2,781	53.6%	51.8%	55.5%	1,274	2,608	48.8%	46.9%	50.8%
PerformCare	777	2,083	37.3%	35.2%	39.4%	657	1,887	34.8%	32.6%	37.0%
VBH	1,352	2,873	47.1%	45.2%	48.9%	1,256	2,735	45.9%	44.0%	47.8%

Q1 2										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,910	3,022	63.2%	61.5%	64.9%	1,806	2,875	62.8%	61.0%	64.6%
CCBH	5,107	7,128	71.6%	70.6%	72.7%	4,462	6,572	67.9%	66.8%	69.0%
MBH	1,988	2,781	71.5%	69.8%	73.2%	1,700	2,608	65.2%	63.3%	67.0%
PerformCare	1,307	2,083	62.7%	60.6%	64.8%	1,112	1,887	58.9%	56.7%	61.2%
VBH	2,077	2,873	72.3%	70.6%	73.9%	1,863	2,735	68.1%	66.4%	69.9%

Q1 A										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,420	3,022	47.0%	45.2%	48.8%	1,544	2,875	53.7%	51.9%	55.5%
CCBH	4,345	7,128	61.0%	59.8%	62.1%	3,914	6,572	59.6%	58.4%	60.7%
MBH	1,794	2,781	64.5%	62.7%	66.3%	1,572	2,608	60.3%	58.4%	62.2%
PerformCare	1,004	2,083	48.2%	46.0%	50.4%	932	1,887	49.4%	47.1%	51.7%
VBH	1,616	2,873	56.2%	54.4%	58.1%	1,546	2,735	56.5%	54.7%	58.4%

Q1 B										
BH MCO	Female					Male				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
CBH	1,860	3,022	61.5%	59.8%	63.3%	1,909	2,875	66.4%	64.7%	68.1%
CCBH	5,580	7,128	78.3%	77.3%	79.2%	4,971	6,572	75.6%	74.6%	76.7%
MBH	2,173	2,781	78.1%	76.6%	79.7%	1,887	2,608	72.4%	70.6%	74.1%
PerformCare	1,448	2,083	69.5%	67.5%	71.5%	1,294	1,887	68.6%	66.5%	70.7%
VBH	2,226	2,873	77.5%	75.9%	79.0%	2,033	2,735	74.3%	72.7%	76.0%

## MY 2013 HC BH CONTRACTOR FOLLOW-UP RATES – BY RACE

HC BH Contractor	Q1 1									
	Black / African American					White				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	3	5	60.0%	7.1%	100.0%	34	96	35.4%	25.3%	45.5%
Allegheny	567	1,295	43.8%	41.0%	46.5%	998	2,103	47.5%	45.3%	49.6%
Armstrong-Indiana	3	9	33.3%	0.0%	69.7%	240	455	52.7%	48.0%	57.4%
Beaver	42	95	44.2%	33.7%	54.7%	230	439	52.4%	47.6%	57.2%
Bedford-Somerset	1	2	50.0%	0.0%	100.0%	95	284	33.5%	27.8%	39.1%
Berks	56	142	39.4%	31.0%	47.8%	291	597	48.7%	44.7%	52.8%
Blair	9	22	40.9%	18.1%	63.7%	220	466	47.2%	42.6%	51.9%
Bucks	53	90	58.9%	48.2%	69.6%	383	751	51.0%	47.4%	54.6%
Butler	3	8	37.5%	0.0%	77.3%	186	415	44.8%	39.9%	49.7%
CMP	20	40	50.0%	33.3%	66.7%	227	496	45.8%	41.3%	50.3%
Cambria	27	61	44.3%	31.0%	57.5%	237	591	40.1%	36.1%	44.1%
Chester	74	163	45.4%	37.4%	53.3%	241	462	52.2%	47.5%	56.8%
Cumberland	6	17	35.3%	9.6%	61.0%	95	290	32.8%	27.2%	38.3%
Dauphin	114	359	31.8%	26.8%	36.7%	136	393	34.6%	29.8%	39.4%
Delaware	190	416	45.7%	40.8%	50.6%	285	615	46.3%	42.3%	50.4%
Erie	78	217	35.9%	29.3%	42.6%	379	809	46.8%	43.3%	50.3%
Fayette	20	40	50.0%	33.3%	66.7%	207	449	46.1%	41.4%	50.8%
Franklin-Fulton	8	22	36.4%	14.0%	58.7%	100	255	39.2%	33.0%	45.4%
Greene	0	0				76	144	52.8%	44.3%	61.3%
Lancaster	37	124	29.8%	21.4%	38.3%	263	792	33.2%	29.9%	36.6%
Lawrence	13	39	33.3%	17.3%	49.4%	142	297	47.8%	42.0%	53.7%
Lebanon	1	9	11.1%	0.0%	37.2%	135	292	46.2%	40.3%	52.1%
Lehigh	47	114	41.2%	31.8%	50.7%	533	1,002	53.2%	50.1%	56.3%
Lycoming-Clinton	16	57	28.1%	15.5%	40.6%	142	354	40.1%	34.9%	45.4%
Montgomery	135	258	52.3%	46.0%	58.6%	447	898	49.8%	46.5%	53.1%
NBHCC	51	120	42.5%	33.2%	51.8%	869	1,601	54.3%	51.8%	56.8%
NCSO-1	4	14	28.6%	1.3%	55.8%	319	530	60.2%	55.9%	64.5%
NCSO-2	7	24	29.2%	8.9%	49.4%	545	1,142	47.7%	44.8%	50.7%
NCSO-3	9	26	34.6%	14.4%	54.8%	534	1,156	46.2%	43.3%	49.1%
NCSO-4	1	5	20.0%	0.0%	65.1%	188	352	53.4%	48.1%	58.8%
NWBHP	27	72	37.5%	25.6%	49.4%	353	801	44.1%	40.6%	47.6%
Northampton	48	75	64.0%	52.5%	75.5%	299	553	54.1%	49.8%	58.3%
Perry	0	0				33	108	30.6%	21.4%	39.7%
Philadelphia	1,716	3,727	46.0%	44.4%	47.7%	666	1,385	48.1%	45.4%	50.8%
Washington	30	62	48.4%	35.1%	61.6%	279	550	50.7%	46.5%	55.0%
Westmoreland	38	85	44.7%	33.5%	55.9%	410	911	45.0%	41.7%	48.3%
York	58	129	45.0%	36.0%	53.9%	302	684	44.2%	40.4%	47.9%

HC BH Contractor	QI 2									
	Black / African American					White				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	3	5	60.0%	7.1%	100.0%	65	96	67.7%	57.8%	77.6%
Allegheny	819	1,295	63.2%	60.6%	65.9%	1,422	2,103	67.6%	65.6%	69.6%
Armstrong-Indiana	5	9	55.6%	17.5%	93.6%	341	455	74.9%	70.9%	79.0%
Beaver	66	95	69.5%	59.7%	79.3%	332	439	75.6%	71.5%	79.8%
Bedford-Somerset	1	2	50.0%	0.0%	100.0%	172	284	60.6%	54.7%	66.4%
Berks	85	142	59.9%	51.4%	68.3%	416	597	69.7%	65.9%	73.5%
Blair	12	22	54.5%	31.5%	77.6%	330	466	70.8%	66.6%	75.1%
Bucks	65	90	72.2%	62.4%	82.0%	494	751	65.8%	62.3%	69.2%
Butler	4	8	50.0%	9.1%	90.9%	283	415	68.2%	63.6%	72.8%
CMP	29	40	72.5%	57.4%	87.6%	344	496	69.4%	65.2%	73.5%
Cambria	40	61	65.6%	52.8%	78.3%	404	591	68.4%	64.5%	72.2%
Chester	105	163	64.4%	56.8%	72.1%	313	462	67.7%	63.4%	72.1%
Cumberland	8	17	47.1%	20.4%	73.7%	173	290	59.7%	53.8%	65.5%
Dauphin	186	359	51.8%	46.5%	57.1%	233	393	59.3%	54.3%	64.3%
Delaware	257	416	61.8%	57.0%	66.6%	386	615	62.8%	58.9%	66.7%
Erie	123	217	56.7%	49.9%	63.5%	572	809	70.7%	67.5%	73.9%
Fayette	28	40	70.0%	54.5%	85.5%	308	449	68.6%	64.2%	73.0%
Franklin-Fulton	14	22	63.6%	41.3%	86.0%	180	255	70.6%	64.8%	76.4%
Greene	0	0				108	144	75.0%	67.6%	82.4%
Lancaster	63	124	50.8%	41.6%	60.0%	447	792	56.4%	52.9%	60.0%
Lawrence	23	39	59.0%	42.3%	75.7%	209	297	70.4%	65.0%	75.7%
Lebanon	4	9	44.4%	6.4%	82.5%	217	292	74.3%	69.1%	79.5%
Lehigh	64	114	56.1%	46.6%	65.7%	723	1,002	72.2%	69.3%	75.0%
Lycoming-Clinton	24	57	42.1%	28.4%	55.8%	218	354	61.6%	56.4%	66.8%
Montgomery	182	258	70.5%	64.8%	76.3%	594	898	66.1%	63.0%	69.3%
NBHCC	86	120	71.7%	63.2%	80.1%	1,194	1,601	74.6%	72.4%	76.7%
NCSO-1	10	14	71.4%	44.2%	98.7%	436	530	82.3%	78.9%	85.6%
NCSO-2	13	24	54.2%	32.1%	76.2%	835	1,142	73.1%	70.5%	75.7%
NCSO-3	17	26	65.4%	45.2%	85.6%	826	1,156	71.5%	68.8%	74.1%
NCSO-4	1	5	20.0%	0.0%	65.1%	270	352	76.7%	72.1%	81.3%
NWBHP	47	72	65.3%	53.6%	77.0%	566	801	70.7%	67.4%	73.9%
Northampton	58	75	77.3%	67.2%	87.5%	403	553	72.9%	69.1%	76.7%
Perry	0	0				59	108	54.6%	44.8%	64.5%
Philadelphia	2,292	3,727	61.5%	59.9%	63.1%	873	1,385	63.0%	60.5%	65.6%
Washington	38	62	61.3%	48.4%	74.2%	393	550	71.5%	67.6%	75.3%
Westmoreland	52	85	61.2%	50.2%	72.1%	624	911	68.5%	65.4%	71.6%
York	76	129	58.9%	50.0%	67.8%	454	684	66.4%	62.8%	70.0%

HC BH Contractor	QIA									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	3	5	60.0%	7.1%	100.0%	45	96	46.9%	36.4%	57.4%
Allegheny	762	1,295	58.8%	56.1%	61.6%	1,333	2,103	63.4%	61.3%	65.5%
Armstrong-Indiana	5	9	55.6%	17.5%	93.6%	286	455	62.9%	58.3%	67.4%
Beaver	47	95	49.5%	38.9%	60.1%	265	439	60.4%	55.7%	65.1%
Bedford-Somerset	1	2	50.0%	0.0%	100.0%	128	284	45.1%	39.1%	51.0%
Berks	75	142	52.8%	44.3%	61.4%	378	597	63.3%	59.4%	67.3%
Blair	14	22	63.6%	41.3%	86.0%	279	466	59.9%	55.3%	64.4%
Bucks	63	90	70.0%	60.0%	80.0%	448	751	59.7%	56.1%	63.2%
Butler	3	8	37.5%	0.0%	77.3%	232	415	55.9%	51.0%	60.8%
CMP	25	40	62.5%	46.2%	78.8%	262	496	52.8%	48.3%	57.3%
Cambria	36	61	59.0%	45.9%	72.2%	313	591	53.0%	48.9%	57.1%
Chester	85	163	52.1%	44.2%	60.1%	295	462	63.9%	59.4%	68.3%
Cumberland	8	17	47.1%	20.4%	73.7%	130	290	44.8%	38.9%	50.7%
Dauphin	191	359	53.2%	47.9%	58.5%	226	393	57.5%	52.5%	62.5%
Delaware	263	416	63.2%	58.5%	68.0%	375	615	61.0%	57.0%	64.9%
Erie	111	217	51.2%	44.3%	58.0%	505	809	62.4%	59.0%	65.8%
Fayette	22	40	55.0%	38.3%	71.7%	227	449	50.6%	45.8%	55.3%
Franklin-Fulton	10	22	45.5%	22.4%	68.5%	136	255	53.3%	47.0%	59.7%
Greene	0	0				94	144	65.3%	57.2%	73.4%
Lancaster	53	124	42.7%	33.6%	51.9%	348	792	43.9%	40.4%	47.5%
Lawrence	19	39	48.7%	31.7%	65.7%	170	297	57.2%	51.4%	63.0%
Lebanon	1	9	11.1%	0.0%	37.2%	157	292	53.8%	47.9%	59.7%
Lehigh	59	114	51.8%	42.1%	61.4%	628	1,002	62.7%	59.6%	65.7%
Lycoming-Clinton	20	57	35.1%	21.8%	48.4%	179	354	50.6%	45.2%	55.9%
Montgomery	166	258	64.3%	58.3%	70.4%	555	898	61.8%	58.6%	65.0%
NBHCC	68	120	56.7%	47.4%	65.9%	1,010	1,601	63.1%	60.7%	65.5%
NCSO-1	6	14	42.9%	13.4%	72.4%	389	530	73.4%	69.5%	77.3%
NCSO-2	17	24	70.8%	50.6%	91.1%	723	1,142	63.3%	60.5%	66.1%
NCSO-3	12	26	46.2%	25.1%	67.2%	660	1,156	57.1%	54.2%	60.0%
NCSO-4	1	5	20.0%	0.0%	65.1%	213	352	60.5%	55.3%	65.8%
NWBHP	33	72	45.8%	33.6%	58.0%	428	801	53.4%	49.9%	57.0%
Northampton	50	75	66.7%	55.3%	78.0%	356	553	64.4%	60.3%	68.5%
Perry	0	0				41	108	38.0%	28.3%	47.6%
Philadelphia	1,872	3,727	50.2%	48.6%	51.8%	719	1,385	51.9%	49.2%	54.6%
Washington	34	62	54.8%	41.6%	68.0%	317	550	57.6%	53.4%	61.9%
Westmoreland	48	85	56.5%	45.3%	67.6%	532	911	58.4%	55.1%	61.7%
York	61	129	47.3%	38.3%	56.3%	351	684	51.3%	47.5%	55.1%

HC BH Contractor	QI B									
	Black / African American					White				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	3	5	60.0%	7.1%	100.0%	72	96	75.0%	65.8%	84.2%
Allegheny	951	1,295	73.4%	71.0%	75.9%	1,639	2,103	77.9%	76.1%	79.7%
Armstrong-Indiana	6	9	66.7%	30.3%	100.0%	362	455	79.6%	75.7%	83.4%
Beaver	69	95	72.6%	63.1%	82.1%	349	439	79.5%	75.6%	83.4%
Bedford-Somerset	1	2	50.0%	0.0%	100.0%	197	284	69.4%	63.8%	74.9%
Berks	100	142	70.4%	62.6%	78.3%	454	597	76.0%	72.5%	79.6%
Blair	15	22	68.2%	46.4%	89.9%	360	466	77.3%	73.3%	81.2%
Bucks	69	90	76.7%	67.4%	86.0%	536	751	71.4%	68.1%	74.7%
Butler	4	8	50.0%	9.1%	90.9%	308	415	74.2%	69.9%	78.5%
CMP	32	40	80.0%	66.4%	93.6%	366	496	73.8%	69.8%	77.8%
Cambria	47	61	77.0%	65.7%	88.4%	445	591	75.3%	71.7%	78.9%
Chester	111	163	68.1%	60.6%	75.6%	356	462	77.1%	73.1%	81.0%
Cumberland	10	17	58.8%	32.5%	85.2%	198	290	68.3%	62.7%	73.8%
Dauphin	248	359	69.1%	64.2%	74.0%	287	393	73.0%	68.5%	77.5%
Delaware	310	416	74.5%	70.2%	78.8%	436	615	70.9%	67.2%	74.6%
Erie	146	217	67.3%	60.8%	73.8%	644	809	79.6%	76.8%	82.4%
Fayette	28	40	70.0%	54.5%	85.5%	324	449	72.2%	67.9%	76.4%
Franklin-Fulton	14	22	63.6%	41.3%	86.0%	197	255	77.3%	71.9%	82.6%
Greene	0	0				119	144	82.6%	76.1%	89.2%
Lancaster	73	124	58.9%	49.8%	67.9%	503	792	63.5%	60.1%	66.9%
Lawrence	27	39	69.2%	53.5%	85.0%	220	297	74.1%	68.9%	79.2%
Lebanon	4	9	44.4%	6.4%	82.5%	225	292	77.1%	72.1%	82.0%
Lehigh	74	114	64.9%	55.7%	74.1%	773	1,002	77.1%	74.5%	79.8%
Lycoming-Clinton	29	57	50.9%	37.0%	64.7%	244	354	68.9%	64.0%	73.9%
Montgomery	200	258	77.5%	72.2%	82.8%	674	898	75.1%	72.2%	77.9%
NBHCC	93	120	77.5%	69.6%	85.4%	1,268	1,601	79.2%	77.2%	81.2%
NCSO-1	11	14	78.6%	53.5%	100.0%	461	530	87.0%	84.0%	89.9%
NCSO-2	19	24	79.2%	60.8%	97.5%	936	1,142	82.0%	79.7%	84.2%
NCSO-3	18	26	69.2%	49.6%	88.9%	884	1,156	76.5%	74.0%	79.0%
NCSO-4	2	5	40.0%	0.0%	92.9%	280	352	79.5%	75.2%	83.9%
NWBHP	52	72	72.2%	61.2%	83.3%	605	801	75.5%	72.5%	78.6%
Northampton	62	75	82.7%	73.4%	91.9%	431	553	77.9%	74.4%	81.5%
Perry	0	0				68	108	63.0%	53.4%	72.5%
Philadelphia	2,347	3,727	63.0%	61.4%	64.5%	901	1,385	65.1%	62.5%	67.6%
Washington	42	62	67.7%	55.3%	80.2%	413	550	75.1%	71.4%	78.8%
Westmoreland	61	85	71.8%	61.6%	81.9%	708	911	77.7%	75.0%	80.5%
York	83	129	64.3%	55.7%	73.0%	494	684	72.2%	68.8%	75.7%

## MY 2013 HC BH CONTRACTOR FOLLOW-UP RATES – BY ETHNICITY

HC BH Contractor	Q1 1									
	Non-Hispanics					Hispanics				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	37	108	34.3%	24.8%	43.7%	3	3	100.0%	83.3%	100.0%
Allegheny	1,617	3,498	46.2%	44.6%	47.9%	7	13	53.8%	22.9%	84.8%
Armstrong-Indiana	244	466	52.4%	47.7%	57.0%	0	0			
Beaver	276	543	50.8%	46.5%	55.1%	0	0			
Bedford-Somerset	97	288	33.7%	28.0%	39.3%	0	0			
Berks	456	945	48.3%	45.0%	51.5%	125	212	59.0%	52.1%	65.8%
Blair	230	489	47.0%	42.5%	51.6%	4	5	80.0%	34.9%	100.0%
Bucks	457	881	51.9%	48.5%	55.2%	20	41	48.8%	32.3%	65.3%
Butler	193	434	44.5%	39.7%	49.3%	0	0			
CMP	258	564	45.7%	41.5%	49.9%	18	32	56.3%	37.5%	75.0%
Cambria	268	660	40.6%	36.8%	44.4%	0	5	0.0%	0.0%	10.0%
Chester	330	652	50.6%	46.7%	54.5%	11	21	52.4%	28.6%	76.1%
Cumberland	107	325	32.9%	27.7%	38.2%	6	14	42.9%	13.4%	72.4%
Dauphin	255	770	33.1%	29.7%	36.5%	38	101	37.6%	27.7%	47.6%
Delaware	503	1,079	46.6%	43.6%	49.6%	23	47	48.9%	33.6%	64.3%
Erie	471	1,053	44.7%	41.7%	47.8%	19	39	48.7%	31.7%	65.7%
Fayette	227	489	46.4%	41.9%	50.9%	2	3	66.7%	0.0%	100.0%
Franklin-Fulton	113	279	40.5%	34.6%	46.4%	3	16	18.8%	0.0%	41.0%
Greene	78	146	53.4%	45.0%	61.9%	0	0			
Lancaster	303	903	33.6%	30.4%	36.7%	92	287	32.1%	26.5%	37.6%
Lawrence	155	337	46.0%	40.5%	51.5%	0	0			
Lebanon	127	269	47.2%	41.1%	53.4%	31	74	41.9%	30.0%	53.8%
Lehigh	449	879	51.1%	47.7%	54.4%	207	375	55.2%	50.0%	60.4%
Lycoming-Clinton	159	409	38.9%	34.0%	43.7%	3	10	30.0%	0.0%	63.4%
Montgomery	615	1,212	50.7%	47.9%	53.6%	41	75	54.7%	42.7%	66.6%
NBHCC	964	1,780	54.2%	51.8%	56.5%	16	41	39.0%	22.9%	55.2%
NCSO-1	332	562	59.1%	54.9%	63.2%	4	5	80.0%	34.9%	100.0%
NCSO-2	552	1,168	47.3%	44.4%	50.2%	3	7	42.9%	0.0%	86.7%
NCSO-3	556	1,198	46.4%	43.5%	49.3%	8	17	47.1%	20.4%	73.7%
NCSO-4	192	364	52.7%	47.5%	58.0%	4	7	57.1%	13.3%	100.0%
NWBHP	381	879	43.3%	40.0%	46.7%	1	5	20.0%	0.0%	65.1%
Northampton	336	623	53.9%	49.9%	57.9%	115	177	65.0%	57.7%	72.3%
Perry	34	110	30.9%	21.8%	40.0%	1	3	33.3%	0.0%	100.0%
Philadelphia	1,696	3,538	47.9%	46.3%	49.6%	395	749	52.7%	49.1%	56.4%
Washington	319	623	51.2%	47.2%	55.2%	0	0			
Westmoreland	464	1,017	45.6%	42.5%	48.7%	0	1	0.0%	0.0%	50.0%
York	397	910	43.6%	40.3%	46.9%	23	53	43.4%	29.1%	57.7%

HC BH Contractor	QI 2									
	Non-Hispanics					Hispanics				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	72	108	66.7%	57.3%	76.0%	3	3	100.0%	83.3%	100.0%
Allegheny	2,310	3,498	66.0%	64.5%	67.6%	9	13	69.2%	40.3%	98.2%
Armstrong-Indiana	348	466	74.7%	70.6%	78.7%	0	0			
Beaver	406	543	74.8%	71.0%	78.5%	0	0			
Bedford-Somerset	174	288	60.4%	54.6%	66.2%	0	0			
Berks	651	945	68.9%	65.9%	71.9%	173	212	81.6%	76.2%	87.1%
Blair	343	489	70.1%	66.0%	74.3%	5	5	100.0%	90.0%	100.0%
Bucks	587	881	66.6%	63.5%	69.8%	31	41	75.6%	61.2%	90.0%
Butler	295	434	68.0%	63.5%	72.5%	0	0			
CMP	391	564	69.3%	65.4%	73.2%	25	32	78.1%	62.2%	94.0%
Cambria	452	660	68.5%	64.9%	72.1%	1	5	20.0%	0.0%	65.1%
Chester	439	652	67.3%	63.7%	71.0%	13	21	61.9%	38.8%	85.1%
Cumberland	195	325	60.0%	54.5%	65.5%	8	14	57.1%	27.6%	86.6%
Dauphin	425	770	55.2%	51.6%	58.8%	69	101	68.3%	58.7%	77.9%
Delaware	677	1,079	62.7%	59.8%	65.7%	32	47	68.1%	53.7%	82.5%
Erie	715	1,053	67.9%	65.0%	70.8%	28	39	71.8%	56.4%	87.2%
Fayette	336	489	68.7%	64.5%	72.9%	2	3	66.7%	0.0%	100.0%
Franklin-Fulton	196	279	70.3%	64.7%	75.8%	12	16	75.0%	50.7%	99.3%
Greene	110	146	75.3%	68.0%	82.7%	0	0			
Lancaster	506	903	56.0%	52.7%	59.3%	175	287	61.0%	55.2%	66.8%
Lawrence	233	337	69.1%	64.1%	74.2%	0	0			
Lebanon	201	269	74.7%	69.3%	80.1%	50	74	67.6%	56.2%	78.9%
Lehigh	608	879	69.2%	66.1%	72.3%	284	375	75.7%	71.3%	80.2%
Lycoming-Clinton	243	409	59.4%	54.5%	64.3%	4	10	40.0%	4.6%	75.4%
Montgomery	820	1,212	67.7%	65.0%	70.3%	54	75	72.0%	61.2%	82.8%
NBHCC	1,333	1,780	74.9%	72.8%	76.9%	31	41	75.6%	61.2%	90.0%
NCSO-1	459	562	81.7%	78.4%	85.0%	5	5	100.0%	90.0%	100.0%
NCSO-2	845	1,168	72.3%	69.7%	75.0%	7	7	100.0%	92.9%	100.0%
NCSO-3	852	1,198	71.1%	68.5%	73.7%	14	17	82.4%	61.3%	100.0%
NCSO-4	274	364	75.3%	70.7%	79.8%	6	7	85.7%	52.6%	100.0%
NWBHP	617	879	70.2%	67.1%	73.3%	2	5	40.0%	0.0%	92.9%
Northampton	448	623	71.9%	68.3%	75.5%	147	177	83.1%	77.2%	88.9%
Perry	62	110	56.4%	46.6%	66.1%	2	3	66.7%	0.0%	100.0%
Philadelphia	2,223	3,538	62.8%	61.2%	64.4%	532	749	71.0%	67.7%	74.3%
Washington	442	623	70.9%	67.3%	74.6%	0	0			
Westmoreland	695	1,017	68.3%	65.4%	71.2%	1	1	100.0%	50.0%	100.0%
York	587	910	64.5%	61.3%	67.7%	37	53	69.8%	56.5%	83.1%

HC BH Contractor	QIA									
	Non-Hispanics					Hispanics				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	49	108	45.4%	35.5%	55.2%	3	3	100.0%	83.3%	100.0%
Allegheny	2,160	3,498	61.7%	60.1%	63.4%	11	13	84.6%	61.2%	100.0%
Armstrong-Indiana	293	466	62.9%	58.4%	67.4%	0	0			
Beaver	317	543	58.4%	54.1%	62.6%	0	0			
Bedford-Somerset	130	288	45.1%	39.2%	51.1%	0	0			
Berks	574	945	60.7%	57.6%	63.9%	136	212	64.2%	57.5%	70.8%
Blair	293	489	59.9%	55.5%	64.4%	5	5	100.0%	90.0%	100.0%
Bucks	537	881	61.0%	57.7%	64.2%	26	41	63.4%	47.5%	79.4%
Butler	241	434	55.5%	50.7%	60.3%	0	0			
CMP	301	564	53.4%	49.2%	57.6%	18	32	56.3%	37.5%	75.0%
Cambria	351	660	53.2%	49.3%	57.1%	2	5	40.0%	0.0%	92.9%
Chester	397	652	60.9%	57.1%	64.7%	12	21	57.1%	33.6%	80.7%
Cumberland	146	325	44.9%	39.4%	50.5%	6	14	42.9%	13.4%	72.4%
Dauphin	425	770	55.2%	51.6%	58.8%	55	101	54.5%	44.2%	64.7%
Delaware	671	1,079	62.2%	59.2%	65.1%	33	47	70.2%	56.1%	84.4%
Erie	630	1,053	59.8%	56.8%	62.8%	21	39	53.8%	36.9%	70.8%
Fayette	249	489	50.9%	46.4%	55.5%	2	3	66.7%	0.0%	100.0%
Franklin-Fulton	151	279	54.1%	48.1%	60.1%	4	16	25.0%	0.7%	49.3%
Greene	96	146	65.8%	57.7%	73.8%	0	0			
Lancaster	396	903	43.9%	40.6%	47.1%	116	287	40.4%	34.6%	46.3%
Lawrence	190	337	56.4%	50.9%	61.8%	0	0			
Lebanon	147	269	54.6%	48.5%	60.8%	33	74	44.6%	32.6%	56.6%
Lehigh	538	879	61.2%	57.9%	64.5%	237	375	63.2%	58.2%	68.2%
Lycoming-Clinton	200	409	48.9%	43.9%	53.9%	3	10	30.0%	0.0%	63.4%
Montgomery	752	1,212	62.0%	59.3%	64.8%	51	75	68.0%	56.8%	79.2%
NBHCC	1,125	1,780	63.2%	60.9%	65.5%	20	41	48.8%	32.3%	65.3%
NCSO-1	404	562	71.9%	68.1%	75.7%	4	5	80.0%	34.9%	100.0%
NCSO-2	741	1,168	63.4%	60.6%	66.2%	6	7	85.7%	52.6%	100.0%
NCSO-3	682	1,198	56.9%	54.1%	59.8%	11	17	64.7%	39.0%	90.4%
NCSO-4	217	364	59.6%	54.4%	64.8%	5	7	71.4%	30.8%	100.0%
NWBHP	461	879	52.4%	49.1%	55.8%	2	5	40.0%	0.0%	92.9%
Northampton	397	623	63.7%	59.9%	67.6%	124	177	70.1%	63.0%	77.1%
Perry	42	110	38.2%	28.6%	47.7%	1	3	33.3%	0.0%	100.0%
Philadelphia	1,879	3,538	53.1%	51.5%	54.8%	354	749	47.3%	43.6%	50.9%
Washington	361	623	57.9%	54.0%	61.9%	0	0			
Westmoreland	596	1,017	58.6%	55.5%	61.7%	1	1	100.0%	50.0%	100.0%
York	458	910	50.3%	47.0%	53.6%	25	53	47.2%	32.8%	61.6%

HC BH Contractor	QI B									
	Non-Hispanics					Hispanics				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	79	108	73.1%	64.3%	82.0%	3	3	100.0%	83.3%	100.0%
Allegheny	2,666	3,498	76.2%	74.8%	77.6%	12	13	92.3%	74.0%	100.0%
Armstrong-Indiana	370	466	79.4%	75.6%	83.2%	0	0			
Beaver	426	543	78.5%	74.9%	82.0%	0	0			
Bedford-Somerset	199	288	69.1%	63.6%	74.6%	0	0			
Berks	712	945	75.3%	72.5%	78.1%	175	212	82.5%	77.2%	87.9%
Blair	376	489	76.9%	73.1%	80.7%	5	5	100.0%	90.0%	100.0%
Bucks	638	881	72.4%	69.4%	75.4%	33	41	80.5%	67.1%	93.8%
Butler	320	434	73.7%	69.5%	78.0%	0	0			
CMP	417	564	73.9%	70.2%	77.6%	25	32	78.1%	62.2%	94.0%
Cambria	498	660	75.5%	72.1%	78.8%	3	5	60.0%	7.1%	100.0%
Chester	488	652	74.8%	71.4%	78.3%	14	21	66.7%	44.1%	89.2%
Cumberland	223	325	68.6%	63.4%	73.8%	8	14	57.1%	27.6%	86.6%
Dauphin	546	770	70.9%	67.6%	74.2%	74	101	73.3%	64.1%	82.4%
Delaware	784	1,079	72.7%	70.0%	75.4%	36	47	76.6%	63.4%	89.8%
Erie	811	1,053	77.0%	74.4%	79.6%	31	39	79.5%	65.5%	93.4%
Fayette	352	489	72.0%	67.9%	76.1%	2	3	66.7%	0.0%	100.0%
Franklin-Fulton	213	279	76.3%	71.2%	81.5%	12	16	75.0%	50.7%	99.3%
Greene	121	146	82.9%	76.4%	89.3%	0	0			
Lancaster	567	903	62.8%	59.6%	66.0%	189	287	65.9%	60.2%	71.5%
Lawrence	248	337	73.6%	68.7%	78.4%	0	0			
Lebanon	205	269	76.2%	70.9%	81.5%	53	74	71.6%	60.7%	82.6%
Lehigh	660	879	75.1%	72.2%	78.0%	300	375	80.0%	75.8%	84.2%
Lycoming-Clinton	273	409	66.7%	62.1%	71.4%	5	10	50.0%	14.0%	86.0%
Montgomery	917	1,212	75.7%	73.2%	78.1%	59	75	78.7%	68.7%	88.6%
NBHCC	1,414	1,780	79.4%	77.5%	81.3%	31	41	75.6%	61.2%	90.0%
NCSO-1	485	562	86.3%	83.4%	89.2%	5	5	100.0%	90.0%	100.0%
NCSO-2	956	1,168	81.8%	79.6%	84.1%	7	7	100.0%	92.9%	100.0%
NCSO-3	912	1,198	76.1%	73.7%	78.6%	14	17	82.4%	61.3%	100.0%
NCSO-4	285	364	78.3%	73.9%	82.7%	7	7	100.0%	92.9%	100.0%
NWBHP	661	879	75.2%	72.3%	78.1%	2	5	40.0%	0.0%	92.9%
Northampton	481	623	77.2%	73.8%	80.6%	152	177	85.9%	80.5%	91.3%
Perry	71	110	64.5%	55.2%	73.9%	2	3	66.7%	0.0%	100.0%
Philadelphia	2,311	3,538	65.3%	63.7%	66.9%	494	749	66.0%	62.5%	69.4%
Washington	466	623	74.8%	71.3%	78.3%	0	0			
Westmoreland	789	1,017	77.6%	75.0%	80.2%	1	1	100.0%	50.0%	100.0%
York	639	910	70.2%	67.2%	73.2%	38	53	71.7%	58.6%	84.8%

## MY 2013 HC BH CONTRACTOR FOLLOW-UP RATES – BY GENDER

HC BH Contractor	Q1 1									
	Female					Male				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	26	66	39.4%	26.8%	51.9%	14	45	31.1%	16.5%	45.7%
Allegheny	812	1,746	46.5%	44.1%	48.9%	812	1,765	46.0%	43.7%	48.4%
Armstrong-Indiana	143	252	56.7%	50.4%	63.1%	101	214	47.2%	40.3%	54.1%
Beaver	141	274	51.5%	45.4%	57.6%	135	269	50.2%	44.0%	56.3%
Bedford-Somerset	54	151	35.8%	27.8%	43.7%	43	138	31.2%	23.1%	39.2%
Berks	325	620	52.4%	48.4%	56.4%	256	537	47.7%	43.4%	52.0%
Blair	123	257	47.9%	41.6%	54.2%	111	239	46.4%	39.9%	53.0%
Bucks	254	473	53.7%	49.1%	58.3%	223	449	49.7%	44.9%	54.4%
Butler	97	224	43.3%	36.6%	50.0%	96	210	45.7%	38.7%	52.7%
CMP	159	341	46.6%	41.2%	52.1%	117	255	45.9%	39.6%	52.2%
Cambria	124	330	37.6%	32.2%	43.0%	144	335	43.0%	37.5%	48.4%
Chester	199	371	53.6%	48.4%	58.8%	142	302	47.0%	41.2%	52.8%
Cumberland	67	213	31.5%	25.0%	37.9%	47	133	35.3%	26.8%	43.8%
Dauphin	152	422	36.0%	31.3%	40.7%	148	462	32.0%	27.7%	36.4%
Delaware	308	618	49.8%	45.8%	53.9%	218	508	42.9%	38.5%	47.3%
Erie	231	516	44.8%	40.4%	49.2%	259	576	45.0%	40.8%	49.1%
Fayette	119	238	50.0%	43.4%	56.6%	110	254	43.3%	37.0%	49.6%
Franklin-Fulton	79	186	42.5%	35.1%	49.8%	38	112	33.9%	24.7%	43.1%
Greene	39	66	59.1%	46.5%	71.7%	39	80	48.8%	37.2%	60.3%
Lancaster	213	626	34.0%	30.2%	37.8%	191	592	32.3%	28.4%	36.1%
Lawrence	81	162	50.0%	42.0%	58.0%	74	175	42.3%	34.7%	49.9%
Lebanon	90	191	47.1%	39.8%	54.5%	73	163	44.8%	36.8%	52.7%
Lehigh	353	651	54.2%	50.3%	58.1%	303	603	50.2%	46.2%	54.3%
Lycoming-Clinton	83	207	40.1%	33.2%	47.0%	79	212	37.3%	30.5%	44.0%
Montgomery	351	654	53.7%	49.8%	57.6%	305	633	48.2%	44.2%	52.2%
NBHCC	519	940	55.2%	52.0%	58.4%	461	881	52.3%	49.0%	55.7%
NCSO-1	182	303	60.1%	54.4%	65.7%	154	264	58.3%	52.2%	64.5%
NCSO-2	336	667	50.4%	46.5%	54.2%	219	508	43.1%	38.7%	47.5%
NCSO-3	288	620	46.5%	42.4%	50.5%	276	595	46.4%	42.3%	50.5%
NCSO-4	117	209	56.0%	49.0%	63.0%	79	162	48.8%	40.8%	56.8%
NWBHP	186	433	43.0%	38.2%	47.7%	196	451	43.5%	38.8%	48.1%
Northampton	226	385	58.7%	53.7%	63.7%	225	415	54.2%	49.3%	59.1%
Perry	14	51	27.5%	14.2%	40.7%	21	63	33.3%	20.9%	45.8%
Philadelphia	1,411	3,022	46.7%	44.9%	48.5%	1,382	2,875	48.1%	46.2%	49.9%
Washington	175	354	49.4%	44.1%	54.8%	144	269	53.5%	47.4%	59.7%
Westmoreland	247	540	45.7%	41.4%	50.0%	217	478	45.4%	40.8%	50.0%
York	228	508	44.9%	40.5%	49.3%	192	455	42.2%	37.5%	46.8%

HC BH Contractor	Q1 2									
	Female					Male				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	45	66	68.2%	56.2%	80.2%	30	45	66.7%	51.8%	81.6%
Allegheny	1,161	1,746	66.5%	64.3%	68.7%	1,158	1,765	65.6%	63.4%	67.9%
Armstrong-Indiana	197	252	78.2%	72.9%	83.5%	151	214	70.6%	64.2%	76.9%
Beaver	203	274	74.1%	68.7%	79.5%	203	269	75.5%	70.1%	80.8%
Bedford-Somerset	96	151	63.6%	55.6%	71.6%	78	138	56.5%	47.9%	65.2%
Berks	463	620	74.7%	71.2%	78.2%	361	537	67.2%	63.2%	71.3%
Blair	186	257	72.4%	66.7%	78.0%	163	239	68.2%	62.1%	74.3%
Bucks	333	473	70.4%	66.2%	74.6%	285	449	63.5%	58.9%	68.0%
Butler	155	224	69.2%	62.9%	75.5%	140	210	66.7%	60.1%	73.3%
CMP	233	341	68.3%	63.2%	73.4%	183	255	71.8%	66.0%	77.5%
Cambria	223	330	67.6%	62.4%	72.8%	230	335	68.7%	63.5%	73.8%
Chester	262	371	70.6%	65.9%	75.4%	190	302	62.9%	57.3%	68.5%
Cumberland	131	213	61.5%	54.7%	68.3%	76	133	57.1%	48.4%	65.9%
Dauphin	245	422	58.1%	53.2%	62.9%	258	462	55.8%	51.2%	60.5%
Delaware	414	618	67.0%	63.2%	70.8%	295	508	58.1%	53.7%	62.5%
Erie	356	516	69.0%	64.9%	73.1%	387	576	67.2%	63.3%	71.1%
Fayette	173	238	72.7%	66.8%	78.6%	165	254	65.0%	58.9%	71.0%
Franklin-Fulton	135	186	72.6%	65.9%	79.3%	75	112	67.0%	57.8%	76.1%
Greene	55	66	83.3%	73.6%	93.1%	55	80	68.8%	58.0%	79.5%
Lancaster	363	626	58.0%	54.0%	61.9%	333	592	56.3%	52.2%	60.3%
Lawrence	122	162	75.3%	68.4%	82.3%	111	175	63.4%	56.0%	70.9%
Lebanon	139	191	72.8%	66.2%	79.3%	119	163	73.0%	65.9%	80.1%
Lehigh	476	651	73.1%	69.6%	76.6%	416	603	69.0%	65.2%	72.8%
Lycoming-Clinton	125	207	60.4%	53.5%	67.3%	122	212	57.5%	50.7%	64.4%
Montgomery	465	654	71.1%	67.6%	74.7%	409	633	64.6%	60.8%	68.4%
NBHCC	731	940	77.8%	75.1%	80.5%	633	881	71.9%	68.8%	74.9%
NCSO-1	250	303	82.5%	78.1%	87.0%	214	264	81.1%	76.1%	86.0%
NCSO-2	511	667	76.6%	73.3%	79.9%	341	508	67.1%	62.9%	71.3%
NCSO-3	444	620	71.6%	68.0%	75.2%	422	595	70.9%	67.2%	74.7%
NCSO-4	163	209	78.0%	72.1%	83.8%	117	162	72.2%	65.0%	79.4%
NWBHP	315	433	72.7%	68.4%	77.1%	304	451	67.4%	63.0%	71.8%
Northampton	300	385	77.9%	73.6%	82.2%	295	415	71.1%	66.6%	75.6%
Perry	28	51	54.9%	40.3%	69.5%	37	63	58.7%	45.8%	71.7%
Philadelphia	1,910	3,022	63.2%	61.5%	64.9%	1,806	2,875	62.8%	61.0%	64.6%
Washington	251	354	70.9%	66.0%	75.8%	191	269	71.0%	65.4%	76.6%
Westmoreland	383	540	70.9%	67.0%	74.8%	313	478	65.5%	61.1%	69.8%
York	347	508	68.3%	64.2%	72.5%	277	455	60.9%	56.3%	65.5%

HC BH Contractor	QI A									
	Female					Male				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	31	66	47.0%	34.2%	59.8%	21	45	46.7%	31.0%	62.4%
Allegheny	1,084	1,746	62.1%	59.8%	64.4%	1,087	1,765	61.6%	59.3%	63.9%
Armstrong-Indiana	174	252	69.0%	63.1%	75.0%	119	214	55.6%	48.7%	62.5%
Beaver	158	274	57.7%	51.6%	63.7%	159	269	59.1%	53.0%	65.2%
Bedford-Somerset	65	151	43.0%	34.8%	51.3%	65	138	47.1%	38.4%	55.8%
Berks	390	620	62.9%	59.0%	66.8%	320	537	59.6%	55.3%	63.8%
Blair	157	257	61.1%	54.9%	67.2%	141	239	59.0%	52.6%	65.4%
Bucks	303	473	64.1%	59.6%	68.5%	260	449	57.9%	53.2%	62.6%
Butler	126	224	56.3%	49.5%	63.0%	115	210	54.8%	47.8%	61.7%
CMP	185	341	54.3%	48.8%	59.7%	134	255	52.5%	46.2%	58.9%
Cambria	165	330	50.0%	44.5%	55.5%	188	335	56.1%	50.7%	61.6%
Chester	232	371	62.5%	57.5%	67.6%	177	302	58.6%	52.9%	64.3%
Cumberland	90	213	42.3%	35.4%	49.1%	64	133	48.1%	39.3%	57.0%
Dauphin	227	422	53.8%	48.9%	58.7%	262	462	56.7%	52.1%	61.3%
Delaware	398	618	64.4%	60.5%	68.3%	306	508	60.2%	55.9%	64.6%
Erie	301	516	58.3%	54.0%	62.7%	350	576	60.8%	56.7%	64.8%
Fayette	129	238	54.2%	47.7%	60.7%	122	254	48.0%	41.7%	54.4%
Franklin-Fulton	102	186	54.8%	47.4%	62.3%	54	112	48.2%	38.5%	57.9%
Greene	46	66	69.7%	57.9%	81.5%	50	80	62.5%	51.3%	73.7%
Lancaster	272	626	43.5%	39.5%	47.4%	254	592	42.9%	38.8%	47.0%
Lawrence	90	162	55.6%	47.6%	63.5%	100	175	57.1%	49.5%	64.8%
Lebanon	100	191	52.4%	45.0%	59.7%	86	163	52.8%	44.8%	60.7%
Lehigh	409	651	62.8%	59.0%	66.6%	366	603	60.7%	56.7%	64.7%
Lycoming-Clinton	99	207	47.8%	40.8%	54.9%	104	212	49.1%	42.1%	56.0%
Montgomery	421	654	64.4%	60.6%	68.1%	382	633	60.3%	56.5%	64.2%
NBHCC	597	940	63.5%	60.4%	66.6%	548	881	62.2%	58.9%	65.5%
NCSO-1	217	303	71.6%	66.4%	76.9%	191	264	72.3%	66.8%	77.9%
NCSO-2	441	667	66.1%	62.4%	69.8%	306	508	60.2%	55.9%	64.6%
NCSO-3	346	620	55.8%	51.8%	59.8%	347	595	58.3%	54.3%	62.4%
NCSO-4	131	209	62.7%	55.9%	69.5%	91	162	56.2%	48.2%	64.1%
NWBHP	217	433	50.1%	45.3%	54.9%	246	451	54.5%	49.8%	59.3%
Northampton	263	385	68.3%	63.5%	73.1%	258	415	62.2%	57.4%	67.0%
Perry	19	51	37.3%	23.0%	51.5%	24	63	38.1%	25.3%	50.9%
Philadelphia	1,420	3,022	47.0%	45.2%	48.8%	1,544	2,875	53.7%	51.9%	55.5%
Washington	196	354	55.4%	50.0%	60.7%	165	269	61.3%	55.3%	67.3%
Westmoreland	315	540	58.3%	54.1%	62.6%	282	478	59.0%	54.5%	63.5%
York	263	508	51.8%	47.3%	56.2%	220	455	48.4%	43.6%	53.1%

HC BH Contractor	QI B									
	Female					Male				
	(N)	(D)	%	95% LCL	95% UCL	(N)	(D)	%	95% LCL	95% UCL
Adams	48	66	72.7%	61.2%	84.2%	34	45	75.6%	61.9%	89.2%
Allegheny	1,332	1,746	76.3%	74.3%	78.3%	1,346	1,765	76.3%	74.2%	78.3%
Armstrong-Indiana	207	252	82.1%	77.2%	87.1%	163	214	76.2%	70.2%	82.1%
Beaver	211	274	77.0%	71.8%	82.2%	215	269	79.9%	75.0%	84.9%
Bedford-Somerset	105	151	69.5%	61.9%	77.2%	94	138	68.1%	60.0%	76.3%
Berks	487	620	78.5%	75.2%	81.9%	400	537	74.5%	70.7%	78.3%
Blair	204	257	79.4%	74.2%	84.5%	178	239	74.5%	68.7%	80.2%
Bucks	369	473	78.0%	74.2%	81.9%	302	449	67.3%	62.8%	71.7%
Butler	173	224	77.2%	71.5%	82.9%	147	210	70.0%	63.6%	76.4%
CMP	249	341	73.0%	68.2%	77.9%	193	255	75.7%	70.2%	81.1%
Cambria	250	330	75.8%	71.0%	80.5%	251	335	74.9%	70.1%	79.7%
Chester	284	371	76.5%	72.1%	81.0%	218	302	72.2%	67.0%	77.4%
Cumberland	147	213	69.0%	62.6%	75.5%	89	133	66.9%	58.5%	75.3%
Dauphin	297	422	70.4%	65.9%	74.9%	333	462	72.1%	67.9%	76.3%
Delaware	469	618	75.9%	72.4%	79.3%	351	508	69.1%	65.0%	73.2%
Erie	400	516	77.5%	73.8%	81.2%	442	576	76.7%	73.2%	80.3%
Fayette	182	238	76.5%	70.9%	82.1%	172	254	67.7%	61.8%	73.7%
Franklin-Fulton	143	186	76.9%	70.6%	83.2%	84	112	75.0%	66.5%	83.5%
Greene	59	66	89.4%	81.2%	97.6%	62	80	77.5%	67.7%	87.3%
Lancaster	398	626	63.6%	59.7%	67.4%	377	592	63.7%	59.7%	67.6%
Lawrence	124	162	76.5%	69.7%	83.4%	124	175	70.9%	63.8%	77.9%
Lebanon	142	191	74.3%	67.9%	80.8%	124	163	76.1%	69.2%	82.9%
Lehigh	512	651	78.6%	75.4%	81.9%	448	603	74.3%	70.7%	77.9%
Lycoming-Clinton	139	207	67.1%	60.5%	73.8%	139	212	65.6%	58.9%	72.2%
Montgomery	505	654	77.2%	73.9%	80.5%	471	633	74.4%	70.9%	77.9%
NBHCC	765	940	81.4%	78.8%	83.9%	680	881	77.2%	74.4%	80.0%
NCSO-1	265	303	87.5%	83.6%	91.4%	225	264	85.2%	80.8%	89.7%
NCSO-2	572	667	85.8%	83.0%	88.5%	391	508	77.0%	73.2%	80.7%
NCSO-3	472	620	76.1%	72.7%	79.6%	454	595	76.3%	72.8%	79.8%
NCSO-4	168	209	80.4%	74.8%	86.0%	124	162	76.5%	69.7%	83.4%
NWBHP	330	433	76.2%	72.1%	80.3%	333	451	73.8%	69.7%	78.0%
Northampton	318	385	82.6%	78.7%	86.5%	315	415	75.9%	71.7%	80.1%
Perry	32	51	62.7%	48.5%	77.0%	42	63	66.7%	54.2%	79.1%
Philadelphia	1,860	3,022	61.5%	59.8%	63.3%	1,909	2,875	66.4%	64.7%	68.1%
Washington	262	354	74.0%	69.3%	78.7%	204	269	75.8%	70.5%	81.1%
Westmoreland	428	540	79.3%	75.7%	82.8%	362	478	75.7%	71.8%	79.7%
York	379	508	74.6%	70.7%	78.5%	298	455	65.5%	61.0%	70.0%

## MY 2013 HC BH CONTRACTOR FOLLOW-UP RATES – BY AGE

HC BH Contractor	Q1 1									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	23	48	47.9%	32.7%	63.1%	17	63	27.0%	15.2%	38.7%
Allegheny	496	824	60.2%	56.8%	63.6%	1,128	2,687	42.0%	40.1%	43.9%
Armstrong-Indiana	72	117	61.5%	52.3%	70.8%	172	349	49.3%	43.9%	54.7%
Beaver	90	146	61.6%	53.4%	69.9%	186	397	46.9%	41.8%	51.9%
Bedford-Somerset	44	95	46.3%	35.8%	56.9%	53	194	27.3%	20.8%	33.8%
Berks	185	284	65.1%	59.4%	70.9%	396	873	45.4%	42.0%	48.7%
Blair	90	147	61.2%	53.0%	69.4%	144	349	41.3%	36.0%	46.6%
Bucks	162	277	58.5%	52.5%	64.5%	315	645	48.8%	44.9%	52.8%
Butler	62	134	46.3%	37.5%	55.1%	131	300	43.7%	37.9%	49.4%
CMP	111	223	49.8%	43.0%	56.6%	165	373	44.2%	39.1%	49.4%
Cambria	86	148	58.1%	49.8%	66.4%	182	517	35.2%	31.0%	39.4%
Chester	138	225	61.3%	54.7%	67.9%	203	448	45.3%	40.6%	50.0%
Cumberland	53	119	44.5%	35.2%	53.9%	61	227	26.9%	20.9%	32.9%
Dauphin	132	239	55.2%	48.7%	61.7%	168	645	26.0%	22.6%	29.5%
Delaware	162	357	45.4%	40.1%	50.7%	364	769	47.3%	43.7%	50.9%
Erie	136	276	49.3%	43.2%	55.4%	354	816	43.4%	39.9%	46.8%
Fayette	71	129	55.0%	46.1%	64.0%	158	363	43.5%	38.3%	48.8%
Franklin-Fulton	44	87	50.6%	39.5%	61.7%	73	211	34.6%	27.9%	41.3%
Greene	28	44	63.6%	48.3%	79.0%	50	102	49.0%	38.8%	59.2%
Lancaster	179	351	51.0%	45.6%	56.4%	225	867	26.0%	23.0%	28.9%
Lawrence	43	78	55.1%	43.4%	66.8%	112	259	43.2%	37.0%	49.5%
Lebanon	86	134	64.2%	55.7%	72.7%	77	220	35.0%	28.5%	41.5%
Lehigh	183	348	52.6%	47.2%	58.0%	473	906	52.2%	48.9%	55.5%
Lycoming-Clinton	73	134	54.5%	45.7%	63.3%	89	285	31.2%	25.7%	36.8%
Montgomery	173	350	49.4%	44.0%	54.8%	483	937	51.5%	48.3%	54.8%
NBHCC	374	609	61.4%	57.5%	65.4%	606	1,212	50.0%	47.1%	52.9%
NCSO-1	110	176	62.5%	55.1%	69.9%	226	391	57.8%	52.8%	62.8%
NCSO-2	194	325	59.7%	54.2%	65.2%	361	850	42.5%	39.1%	45.9%
NCSO-3	211	398	53.0%	48.0%	58.0%	353	817	43.2%	39.7%	46.7%
NCSO-4	73	120	60.8%	51.7%	70.0%	123	251	49.0%	42.6%	55.4%
NWBHP	158	289	54.7%	48.8%	60.6%	224	595	37.6%	33.7%	41.6%
Northampton	140	247	56.7%	50.3%	63.1%	311	553	56.2%	52.0%	60.5%
Perry	21	48	43.8%	28.7%	58.8%	14	66	21.2%	10.6%	31.8%
Philadelphia	731	1,323	55.3%	52.5%	58.0%	2,062	4,574	45.1%	43.6%	46.5%
Washington	124	192	64.6%	57.6%	71.6%	195	431	45.2%	40.4%	50.1%
Westmoreland	186	322	57.8%	52.2%	63.3%	278	696	39.9%	36.2%	43.7%
York	138	241	57.3%	50.8%	63.7%	282	722	39.1%	35.4%	42.7%

HC BH Contractor	QI 2									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	36	48	75.0%	61.7%	88.3%	39	63	61.9%	49.1%	74.7%
Allegheny	659	824	80.0%	77.2%	82.8%	1,660	2,687	61.8%	59.9%	63.6%
Armstrong-Indiana	105	117	89.7%	83.8%	95.7%	243	349	69.6%	64.7%	74.6%
Beaver	125	146	85.6%	79.6%	91.7%	281	397	70.8%	66.2%	75.4%
Bedford-Somerset	72	95	75.8%	66.6%	84.9%	102	194	52.6%	45.3%	59.9%
Berks	224	284	78.9%	73.9%	83.8%	600	873	68.7%	65.6%	71.9%
Blair	122	147	83.0%	76.6%	89.4%	227	349	65.0%	59.9%	70.2%
Bucks	205	277	74.0%	68.7%	79.4%	413	645	64.0%	60.2%	67.8%
Butler	100	134	74.6%	66.9%	82.4%	195	300	65.0%	59.4%	70.6%
CMP	164	223	73.5%	67.5%	79.6%	252	373	67.6%	62.7%	72.4%
Cambria	129	148	87.2%	81.4%	92.9%	324	517	62.7%	58.4%	66.9%
Chester	170	225	75.6%	69.7%	81.4%	282	448	62.9%	58.4%	67.5%
Cumberland	81	119	68.1%	59.3%	76.9%	126	227	55.5%	48.8%	62.2%
Dauphin	186	239	77.8%	72.3%	83.3%	317	645	49.1%	45.2%	53.1%
Delaware	229	357	64.1%	59.0%	69.3%	480	769	62.4%	58.9%	65.9%
Erie	210	276	76.1%	70.9%	81.3%	533	816	65.3%	62.0%	68.6%
Fayette	97	129	75.2%	67.4%	83.0%	241	363	66.4%	61.4%	71.4%
Franklin-Fulton	62	87	71.3%	61.2%	81.3%	148	211	70.1%	63.7%	76.6%
Greene	40	44	90.9%	81.3%	100.0%	70	102	68.6%	59.1%	78.1%
Lancaster	249	351	70.9%	66.0%	75.8%	447	867	51.6%	48.2%	54.9%
Lawrence	59	78	75.6%	65.5%	85.8%	174	259	67.2%	61.3%	73.1%
Lebanon	119	134	88.8%	83.1%	94.5%	139	220	63.2%	56.6%	69.8%
Lehigh	254	348	73.0%	68.2%	77.8%	638	906	70.4%	67.4%	73.4%
Lycoming-Clinton	97	134	72.4%	64.4%	80.3%	150	285	52.6%	46.7%	58.6%
Montgomery	236	350	67.4%	62.4%	72.5%	638	937	68.1%	65.1%	71.1%
NBHCC	499	609	81.9%	78.8%	85.1%	865	1,212	71.4%	68.8%	74.0%
NCSO-1	146	176	83.0%	77.1%	88.8%	318	391	81.3%	77.3%	85.3%
NCSO-2	263	325	80.9%	76.5%	85.3%	589	850	69.3%	66.1%	72.5%
NCSO-3	302	398	75.9%	71.6%	80.2%	564	817	69.0%	65.8%	72.3%
NCSO-4	96	120	80.0%	72.4%	87.6%	184	251	73.3%	67.6%	79.0%
NWBHP	231	289	79.9%	75.1%	84.7%	388	595	65.2%	61.3%	69.1%
Northampton	198	247	80.2%	75.0%	85.3%	397	553	71.8%	67.9%	75.6%
Perry	33	48	68.8%	54.6%	82.9%	32	66	48.5%	35.7%	61.3%
Philadelphia	967	1,323	73.1%	70.7%	75.5%	2,749	4,574	60.1%	58.7%	61.5%
Washington	163	192	84.9%	79.6%	90.2%	279	431	64.7%	60.1%	69.4%
Westmoreland	258	322	80.1%	75.6%	84.6%	438	696	62.9%	59.3%	66.6%
York	188	241	78.0%	72.6%	83.4%	436	722	60.4%	56.8%	64.0%

HC BH Contractor	QIA									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	27	48	56.3%	41.2%	71.3%	25	63	39.7%	26.8%	52.6%
Allegheny	570	824	69.2%	66.0%	72.4%	1,601	2,687	59.6%	57.7%	61.5%
Armstrong-Indiana	84	117	71.8%	63.2%	80.4%	209	349	59.9%	54.6%	65.2%
Beaver	97	146	66.4%	58.4%	74.4%	220	397	55.4%	50.4%	60.4%
Bedford-Somerset	53	95	55.8%	45.3%	66.3%	77	194	39.7%	32.5%	46.8%
Berks	202	284	71.1%	65.7%	76.6%	508	873	58.2%	54.9%	61.5%
Blair	107	147	72.8%	65.3%	80.3%	191	349	54.7%	49.4%	60.1%
Bucks	203	277	73.3%	67.9%	78.7%	360	645	55.8%	51.9%	59.7%
Butler	76	134	56.7%	48.0%	65.5%	165	300	55.0%	49.2%	60.8%
CMP	129	223	57.8%	51.1%	64.6%	190	373	50.9%	45.7%	56.1%
Cambria	98	148	66.2%	58.3%	74.2%	255	517	49.3%	44.9%	53.7%
Chester	162	225	72.0%	65.9%	78.1%	247	448	55.1%	50.4%	59.9%
Cumberland	64	119	53.8%	44.4%	63.2%	90	227	39.6%	33.1%	46.2%
Dauphin	159	239	66.5%	60.3%	72.7%	330	645	51.2%	47.2%	55.1%
Delaware	216	357	60.5%	55.3%	65.7%	488	769	63.5%	60.0%	66.9%
Erie	154	276	55.8%	49.8%	61.8%	497	816	60.9%	57.5%	64.3%
Fayette	78	129	60.5%	51.6%	69.3%	173	363	47.7%	42.4%	52.9%
Franklin-Fulton	51	87	58.6%	47.7%	69.5%	105	211	49.8%	42.8%	56.7%
Greene	32	44	72.7%	58.4%	87.0%	64	102	62.7%	52.9%	72.6%
Lancaster	202	351	57.5%	52.2%	62.9%	324	867	37.4%	34.1%	40.6%
Lawrence	54	78	69.2%	58.3%	80.1%	136	259	52.5%	46.2%	58.8%
Lebanon	95	134	70.9%	62.8%	79.0%	91	220	41.4%	34.6%	48.1%
Lehigh	219	348	62.9%	57.7%	68.1%	556	906	61.4%	58.1%	64.6%
Lycoming-Clinton	81	134	60.4%	51.8%	69.1%	122	285	42.8%	36.9%	48.7%
Montgomery	223	350	63.7%	58.5%	68.9%	580	937	61.9%	58.7%	65.1%
NBHCC	442	609	72.6%	69.0%	76.2%	703	1,212	58.0%	55.2%	60.8%
NCSO-1	126	176	71.6%	64.6%	78.5%	282	391	72.1%	67.6%	76.7%
NCSO-2	222	325	68.3%	63.1%	73.5%	525	850	61.8%	58.4%	65.1%
NCSO-3	263	398	66.1%	61.3%	70.9%	430	817	52.6%	49.1%	56.1%
NCSO-4	78	120	65.0%	56.0%	74.0%	144	251	57.4%	51.1%	63.7%
NWBHP	181	289	62.6%	56.9%	68.4%	282	595	47.4%	43.3%	51.5%
Northampton	164	247	66.4%	60.3%	72.5%	357	553	64.6%	60.5%	68.6%
Perry	22	48	45.8%	30.7%	61.0%	21	66	31.8%	19.8%	43.8%
Philadelphia	779	1,323	58.9%	56.2%	61.6%	2,185	4,574	47.8%	46.3%	49.2%
Washington	133	192	69.3%	62.5%	76.1%	228	431	52.9%	48.1%	57.7%
Westmoreland	224	322	69.6%	64.4%	74.7%	373	696	53.6%	49.8%	57.4%
York	155	241	64.3%	58.1%	70.6%	328	722	45.4%	41.7%	49.1%

HC BH Contractor	QI B									
	Ages 6-20					Ages 21+				
	(N)	(D)	%	Lower 95% CI	Upper 95% CI	(N)	(D)	%	Lower 95% CI	Upper 95% CI
Adams	38	48	79.2%	66.6%	91.7%	44	63	69.8%	57.7%	82.0%
Allegheny	694	824	84.2%	81.7%	86.8%	1,984	2,687	73.8%	72.2%	75.5%
Armstrong-Indiana	109	117	93.2%	88.2%	98.2%	261	349	74.8%	70.1%	79.5%
Beaver	128	146	87.7%	82.0%	93.3%	298	397	75.1%	70.7%	79.4%
Bedford-Somerset	77	95	81.1%	72.6%	89.5%	122	194	62.9%	55.8%	69.9%
Berks	233	284	82.0%	77.4%	86.7%	654	873	74.9%	72.0%	77.8%
Blair	128	147	87.1%	81.3%	92.8%	254	349	72.8%	68.0%	77.6%
Bucks	228	277	82.3%	77.6%	87.0%	443	645	68.7%	65.0%	72.3%
Butler	102	134	76.1%	68.5%	83.7%	218	300	72.7%	67.5%	77.9%
CMP	172	223	77.1%	71.4%	82.9%	270	373	72.4%	67.7%	77.1%
Cambria	132	148	89.2%	83.8%	94.5%	369	517	71.4%	67.4%	75.4%
Chester	187	225	83.1%	78.0%	88.2%	315	448	70.3%	66.0%	74.7%
Cumberland	90	119	75.6%	67.5%	83.8%	146	227	64.3%	57.9%	70.8%
Dauphin	196	239	82.0%	76.9%	87.1%	434	645	67.3%	63.6%	71.0%
Delaware	263	357	73.7%	69.0%	78.4%	557	769	72.4%	69.2%	75.7%
Erie	218	276	79.0%	74.0%	84.0%	624	816	76.5%	73.5%	79.4%
Fayette	97	129	75.2%	67.4%	83.0%	257	363	70.8%	66.0%	75.6%
Franklin-Fulton	65	87	74.7%	65.0%	84.4%	162	211	76.8%	70.8%	82.7%
Greene	42	44	95.5%	88.2%	100.0%	79	102	77.5%	68.9%	86.1%
Lancaster	264	351	75.2%	70.6%	79.9%	511	867	58.9%	55.6%	62.3%
Lawrence	63	78	80.8%	71.4%	90.2%	185	259	71.4%	65.7%	77.1%
Lebanon	120	134	89.6%	84.0%	95.1%	146	220	66.4%	59.9%	72.8%
Lehigh	278	348	79.9%	75.5%	84.2%	682	906	75.3%	72.4%	78.1%
Lycoming-Clinton	103	134	76.9%	69.4%	84.4%	175	285	61.4%	55.6%	67.2%
Montgomery	271	350	77.4%	72.9%	82.0%	705	937	75.2%	72.4%	78.1%
NBHCC	527	609	86.5%	83.7%	89.3%	918	1,212	75.7%	73.3%	78.2%
NCSO-1	151	176	85.8%	80.4%	91.2%	339	391	86.7%	83.2%	90.2%
NCSO-2	280	325	86.2%	82.2%	90.1%	683	850	80.4%	77.6%	83.1%
NCSO-3	324	398	81.4%	77.5%	85.4%	602	817	73.7%	70.6%	76.8%
NCSO-4	99	120	82.5%	75.3%	89.7%	193	251	76.9%	71.5%	82.3%
NWBHP	240	289	83.0%	78.5%	87.5%	423	595	71.1%	67.4%	74.8%
Northampton	210	247	85.0%	80.4%	89.7%	423	553	76.5%	72.9%	80.1%
Perry	34	48	70.8%	56.9%	84.7%	40	66	60.6%	48.1%	73.2%
Philadelphia	949	1,323	71.7%	69.3%	74.2%	2,820	4,574	61.7%	60.2%	63.1%
Washington	168	192	87.5%	82.6%	92.4%	298	431	69.1%	64.7%	73.6%
Westmoreland	273	322	84.8%	80.7%	88.9%	517	696	74.3%	71.0%	77.6%
York	201	241	83.4%	78.5%	88.3%	476	722	65.9%	62.4%	69.5%

## HC BH CONTRACTOR TO COUNTY CROSSWALK

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HC BH Contractor	County
Armstrong-Indiana	Armstrong
	Indiana
Bedford-Somerset	Bedford
	Somerset
CMP	Carbon
	Monroe
	Pike
Franklin-Fulton	Franklin
	Fulton
Lycoming-Clinton	Clinton
	Lycoming
NBHCC	Lackawanna
	Luzerne
	Susquehanna
	Wyoming
NCSO-1	Centre
	Huntingdon
	Juniata
	Mifflin
NCSO-2	Cameron
	Clarion
	Clearfield
	Elk
	Forest
	Jefferson
	McKean
	Potter
	Warren
NCSO-3	Columbia
	Montour
	Northumberland
	Schuylkill
	Snyder
	Union
NCSO-4	Bradford
	Sullivan
	Tioga
	Wayne
NWBHP	Crawford
	Mercer
	Venango

<b>HC BH Contractor</b>	<b>County</b>
Adams	Adams
Allegheny	Allegheny
Beaver	Beaver
Berks	Berks
Blair	Blair
Bucks	Bucks
Butler	Butler
Cambria	Cambria
Chester	Chester
Cumberland	Cumberland
Dauphin	Dauphin
Delaware	Delaware
Erie	Erie
Fayette	Fayette
Greene	Greene
Lancaster	Lancaster
Lawrence	Lawrence
Lebanon	Lebanon
Lehigh	Lehigh
Montgomery	Montgomery
Northampton	Northampton
Perry	Perry
Philadelphia	Philadelphia
Washington	Washington
Westmoreland	Westmoreland
York	York

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