



**Commonwealth of Pennsylvania**  
**Department of Public Welfare**  
**2012 External Quality Review Report**  
Statewide Medicaid Managed Care Annual Report

**FINAL REPORT**

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## OVERVIEW

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This report is a summary of Medicaid managed care (MMC) external quality review (EQR) findings for the Commonwealth of Pennsylvania's behavioral health (BH), long term living (LTL) and physical health (PH) Medicaid managed care organizations (MCOs).

Pennsylvania MMC services are administered separately for PH services, for BH services and for LTL services. The HealthChoices Program is the Commonwealth of Pennsylvania's mandatory managed care program for Medical Assistance recipients.

The Pennsylvania (PA) Department of Public Welfare (DPW) Office of Medical Assistance Programs (OMAP) oversees the PH component of the HealthChoices Program. DPW contracts with PH MCOs, to provide physical healthcare services to recipients.

DPW's Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the behavioral health (BH) component of the HealthChoices program. OMHSAS determined that the Pennsylvania County governments would be offered the right-of-first opportunity to enter into capitated contracts with the Commonwealth with regard to the administration of MMC BH services. Since the beginning of the HealthChoices program, twenty-four counties have opted out of the right-of-first opportunity, and OMHSAS directly contracts with a BH-MCO in these counties. The remaining counties subsequently chose a BH MCO subcontractor, which operates under the authority of that County, to administer BH services. Through these BH MCOs, recipients receive mental health and/or drug and alcohol services.

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

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

Expansion of the PH HealthChoices program began in July 2012 with Bedford, Blair, Cambria, and Somerset Counties in the Southwest Zone and Franklin, Fulton and Huntingdon Counties in the Lehigh/Capital Zone. In October 2012, PH HealthChoices expanded into the New West Zone, which includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Mercer, McKean, Potter, Warren, and Venango. With the expansion, PH HealthChoices served approximately 1.4 million recipients in 2012.

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

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

In 2012, Medical Assistance enrollees residing in a Pennsylvania County covered by HealthChoices, for PH had a choice of three to five PH MCOs (depending on the Zone of residence). In addition, a Voluntary PH Managed Care Program is offered in Pennsylvania Counties where PH HealthChoices has not been implemented. In 2012, there were 25 Voluntary Counties up until October 1, 2012. After implementation of the New West Zone, Voluntary Counties decreased to 12. Enrollees living in one of these Counties have the option to join one of the PH MCOs available in their County of residence.

The BH HealthChoices program differs from the PH component in that for mental health and drug and alcohol services, each County contracts with one BH MCO to provide services to all enrollees residing in that County. The BH HealthChoices program is now mandatory statewide.

The MCOs that were participating in the HealthChoices program as of December 2012 were:

#### **Physical Health MCOs**

- AmeriHealth Mercy Health Plan (AMHP)
- Gateway Health Plan (GHP)
- Health Partners Health Plan (HPHP)
- Keystone Mercy Health Plan (KMHP)
- United Healthcare Community Plan (UHCP)\*
- UPMC for You Health Plan (UPMC)
- Aetna Better Health (implemented April 1, 2010)
- Coventry Cares (implemented April 1, 2010)

\*United Healthcare Community Plan (UHCP) was formed as a result of the January 1, 2011 merger of AmeriChoice of Pennsylvania (ACPA) and Unison Health Plan (Unison). For the ACPA and Unison PIPs in progress at the time of the merger, the PA DPW determined that the merged organization would provide separate submissions to assure effective continuation of these PIPs. Findings for these submissions are presented for ACPA and Unison as applicable. All other EQR findings are presented for UHCP.

#### **Behavioral Health MCOs**

- Community Behavioral Health (CBH)
- Community Behavioral HealthCare Network of Pennsylvania (CBHNP)
- Community Care Behavioral Health (CCBH)
- Magellan Behavioral Health (MBH)
- Value Behavioral Health (VBH)

DPW's Office of Long Term Living (LTL), Bureau of Provider Support – Division of Field Operations (DFO) oversees the managed LTL program in Pennsylvania for Medicaid Managed Care recipients. All LTL Medicaid Managed Care services are arranged through Living Independence for the Elderly (LIFE) providers, which cover a comprehensive all-inclusive package of services. The program is known nationally as the Program of All-inclusive Care for the Elderly (PACE). As directed by DFO, external quality review (EQR) is conducted for the LTL MCOs in "pre-PACE" status. The first programs were implemented in Pennsylvania in 1998.

The pre-PACE MCOs participating in the managed LTL program as of December 2012 were:

- LIFE Butler County
- LIFE Northwestern Pennsylvania (NWPA)

## INTRODUCTION AND PURPOSE

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

The EQR-related activities that must be included in the detailed technical reports are reviewed to determine MCO compliance with structure and operations standards established by the State (42 CFR §438.358), validation of performance improvement projects, and validation of MCO performance measures.

DPW contracted with IPRO as its EQRO to conduct the 2012 EQRs for the Medicaid MCOs.

### Information Sources

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

- MCO-conducted Performance Improvement Projects (PIPs)
- Healthcare Effectiveness Data Information Set (HEDIS<sup>®1</sup>) performance measure data, as available for each MCO
- Pennsylvania-Specific Performance Measures
- Structure and Operations Standards Reviews conducted by DPW
  - For PH MCOs, the information is derived from the DPW's monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from the National Committee for Quality Assurance (NCQA<sup>™</sup>) accreditation results for each MCO.
  - For BH MCOs, the information is derived from monitoring conducted by OMHSAS against the Commonwealth's Program Evaluation Performance Summary (PEPS) review tools for both BH MCOs and contracted County entities. As necessary, the HealthChoices BH Program Standards and Requirements (PS&R) and Readiness Assessment Instrument (RAI) are also used.
  - For LTL MCOs, the information is derived from Quarterly and Annual Review Tools completed by DFO staff.

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

Acronym	Description
C	Compliant
P	Partially Compliant
NC	Not Compliant
ND	Not Determined
NA	Not Applicable

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<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA<sup>™</sup>).

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

Each LTL MCO is given individual designations for each category of Reviewed (R), **Reviewed with Findings (RF)** or **Not Determined (ND)**. Each category as a whole was then assigned a compliance status value of R or ND based on the whether all LTL MCOs were Reviewed (R or RF) or Not Determined overall.

Acronym	Description
R	Reviewed
<b>RF</b>	<b>Reviewed with Findings</b>
<b>ND</b>	<b>Not Determined</b>

## **SECTION I: COMPLIANCE WITH STRUCTURE AND OPERATIONS STANDARDS**

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This section of the EQR report presents a review by IPRO of the PH, BH and LTL MCOs with regard to compliance with structure and operations standards.

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

### **Evaluation of PH MCO Compliance**

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

The SMART Items provide much of the information necessary for each PH MCO's review. The SMART Items are a comprehensive set of monitoring Items that the DPW staff review on an ongoing basis for each PH MCO. IPRO reviewed the elements in the SMART Item List and created a crosswalk to pertinent BBA regulations. The SMART Items did not directly address two categories, Cost Sharing and Effectuation of Reversed Resolutions. Cost Sharing is addressed in the HealthChoices Agreements. Effectuation of Reversed Resolutions is evaluated as part of the most recent NCQA Accreditation review under Utilization Management (UM) Standard 8: Policies for Appeals and UM 9: Appropriate Handling of Appeals. A total of 98 unique SMART Items were identified that were relevant to evaluation of PH MCO compliance with the BBA regulations. These Items vary in review periodicity from annually, semi-annually, quarterly, monthly and as needed. The SMART Items from Review Year (RY) 2011, RY 2010 and RY 2009 provided the information necessary for this assessment.

To evaluate PH MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCOs' compliance status with regard to these SMART Items. For example, all provisions relating to enrollee rights are summarized under Enrollee Rights 438.100. Each Item was assigned a value of Compliant or Non-Compliant in the Item Log submitted by the OMAP. If an Item was not evaluated for a particular MCO, it was assigned a value of Not Determined. Compliance with the BBA requirements was then determined based on the aggregate results of the SMART Items linked to each provision within a requirement or category. If all Items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were Non-Compliant, the MCO was evaluated as Partially Compliant. If all Items were Non-Compliant, the MCO was evaluated as Not Compliant. For categories where Items were not evaluated, under review, or received an approved waiver for RY 2011, results from reviews conducted within the two prior review years, i.e., RY 2010 and RY 2009, were evaluated to determine compliance. If no Items were evaluated for a given category and no other source of information was available to determine compliance over the three year period, a value of Not Determined was assigned for that specific category.

### **Evaluation of BH MCO Compliance**

There are 34 HealthChoices (HC) Contracts supported by the counties and OMHSAS, whom have selected five behavioral health-managed care organizations (BH MCOs) to operate the HealthChoices-Behavioral Health (HC-BH) program throughout Pennsylvania. These five BH-MCOs

provide services for all the single and multi-county HC-BH contracts in the Commonwealth. For the BH Medicaid MCOs, the information for the Compliance with Standards section of the report is derived from monitoring conducted by the OMHSAS. These evaluations are performed at the HC Contract and BH MCO level and the findings are reported in OMHSAS' PEPS review tools. The findings in this section of the report are based on IPRO's assessment of data provided by OMHSAS resulting from the evaluation of each HC Contract and/or BH MCO conducted by OMHSAS monitoring staff within the past three years. As appropriate, IPRO subsequently aggregates the HC Contract level findings based on their respective subcontracted BH MCOs.

The PEPS tools specify the standards for review, the supporting documents to be reviewed to determine compliance with each standard, the date of the review, the reviewer's initials, and an area to collect additional comments. The PEPS standards are a comprehensive set of monitoring items that the OMHSAS staff reviews on an ongoing basis for each County and as appropriate, each BH MCO. Because OMHSAS reviews the Counties and their subcontracted BH MCOs on a three-year cycle, the OMHSAS has the flexibility to assess compliance with the review standards on a staggered basis, provided that all standards are reviewed within a three-year time frame. The PEPS items from RY 2011, RY 2010, and RY 2009 provided the information necessary for this assessment. IPRO evaluated the elements in the PEPS Item List against a crosswalk to pertinent BBA regulations, as well as related supplemental OMHSAS-specific PEPS items that are part of OMHSAS' more rigorous monitoring criteria. Review findings for selected OMHSAS-specific Items are not included in this report. Those standards not reviewed through the PEPS system in RY 2011 were evaluated on their performance based on RY 2010 and RY 2009 decisions, or on readiness assessments as conducted for the Counties, if appropriate.

To evaluate HC Contract/BH MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the HC Contract and BH MCO's compliance status with regard to the PEPS items. Each item was assigned a value of compliant, partially compliant or not compliant in the PEPS tools submitted by the OMHSAS. If an item was not evaluated for a particular County/BH MCO, it was assigned a value of Not Determined. Compliance with the BBA provisions was then determined based on the aggregate results of the PEPS Items linked to each provision. If all items were Compliant, the HC Contract/BH MCO was evaluated as Compliant; if some were Compliant and one or more items were Partially Compliant or Not Compliant, the County/BH MCO was evaluated as Partially Compliant. If all items were Not Compliant, the County/BH MCO was evaluated as Not Compliant. If no crosswalked items were evaluated for a given provision and no other source of information was available to determine compliance, a value of Not Applicable was assigned for that provision. A value of Null was assigned to a provision when none of the existing PEPS items directly covered the Items contained within the provision, nor were they covered in any other documentation as provided. Finally, all compliance results for all provisions within a given category were aggregated to arrive at a summary compliance status for the category. For example, all provisions relating to enrollee rights are summarized under Enrollee Rights - 438.100.

### **Evaluation of LTL MCO Compliance**

To evaluate the LTL MCOs' compliance with individual categories of the BBA regulations, IPRO grouped DFO review tools by BBA Provision and evaluated the MCOs' compliance status with regard to these tools. The DFO review team consists of administrative and clinical representatives and their review included evaluation of policies and procedures, logs, and the MCOs' Quality Management Programs. IPRO assessed the summary findings of these reviews and the tools used to complete the reviews. Each Item was assigned a value Reviewed or Reviewed with Findings. If an Item was not evaluated for a particular LTL MCO, it was assigned a value of Not Determined. The tools used by DFO to evaluate the LTL MCOs were designed to determine the MCOs' compliance with the PACE provision of the BBA legislation. Therefore, the tools used to determine compliance contain references to PACE legislation (CFR 460). Overlap exists between certain PACE regulations and the BBA Medicaid Managed Care regulations (CFR 438).

**Subpart C: Enrollee Rights and Protections**

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

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

Subpart C: Enrollee Rights and Protection	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	TOTAL PH MMC
Enrollee Rights	C	C	C	C	C	C	C	C	C
Provider-Enrollee Communications	C	C	C	C	C	C	C	C	C
Marketing Activities	C	C	C	C	C	C	C	C	C
Liability for Payment	C	C	C	C	C	C	C	C	C
Cost Sharing	C	C	C	C	C	C	C	C	C
Emergency Services: Coverage and Payment	C	C	C	C	C	C	C	C	C
Emergency and Post-Stabilization Services	C	C	C	C	C	C	C	C	C
Solvency Standards	C	C	C	C	C	C	C	C	C

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

**Table 1b - BH MCO Compliance with Subpart C: Enrollee Rights and Protections Regulations**

<b>Subpart C: Enrollee Rights and Protection</b>	<b>CBH</b>	<b>CBHNP</b>	<b>CCBH</b>	<b>MBH</b>	<b>VBH</b>	<b>TOTAL BH MMC</b>
Enrollee Rights	P	P	P	C	P	P
Provider-Enrollee Communications	C	C	C	C	C	C
Marketing Activities	NA	NA	NA	NA	NA	NA
Liability for Payment	C	C	C	C	C	C
Cost Sharing	C	C	C	C	C	C
Emergency and Post-Stabilization Services	C	C	C	C	C	C
Solvency Standards	C	C	C	C	C	C

Note: The BH MCO compliance determination represents the aggregate status of multiple HC Contracts (i.e., if a BH MCO has seven contracts and a standard has 10 elements, a partial compliance on any one of the 70 elements would generate an overall partial compliance for the BH MCO).

- Four of the five BH MCOs were partially compliant with the category of Enrollee Rights; one BH MCO was compliant with the category.
- Information pertaining to Marketing Activities is not addressed in any of the documents provided by OMHSAS because the category is considered Not Applicable (NA) for PA BH MCOs. As a result of the Center for Medicare and Medicaid Services (CMS) HealthChoices waiver, DPW has been granted an allowance to offer only one BH MCO per County.
- All five BH MCOs were compliant for the remaining categories in Subpart C.

**Table 1c - LTL MCO Compliance with Subpart C: Enrollee Rights and Protections Regulations**

Subpart C: Enrollee Rights and Protection	LIFE Butler County	LIFE NWPA	TOTAL LTL MMC
Enrollee Rights	R	RF	R
Provider-Enrollee Communications	R	R	R
Marketing Activities	R	R	R
Liability for Payment	R	R	R
Cost Sharing	NA	NA	NA
Emergency and Post-Stabilization Services	R	R	R
Solvency Standards	R	RF	R

- The LTL MCOs were evaluated for six categories within Subpart C: Enrollee Rights and Protections. Information pertaining to Cost Sharing is not addressed in any of the documents provided by DFO because the category is considered Not Applicable (NA) for PA LTL MCOs.
- LIFE Butler County was Reviewed on all six categories, and LIFE NWPA was Reviewed on four categories within Subpart C.
- LIFE NWPA was Reviewed with Findings on the Enrollee Rights and Solvency Standards categories.

## Subpart D: Quality Assessment and Performance Improvement Regulations

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

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

Subpart D: Quality Assessment and Performance Improvement	AET	AMHP	COV	GHP	HHPH	KMHP	UHCP	UPMC	TOTAL PH MMC
<b>Access Standards</b>									
Availability of Services (Access to Care)	C	C	C	C	C	C	C	P	C
Coordination and Continuity of Care	C	C	C	C	C	C	C	C	C
Coverage and Authorization of Services	C	C	C	C	C	C	C	C	C
<b>Structure and Operation Standards</b>									
Provider Selection	C	C	C	C	C	C	C	NC	P
Provider Discrimination Prohibited	C	C	C	C	C	C	C	NC	P
Confidentiality	C	C	C	C	C	C	C	C	C
Enrollment and Disenrollment	C	C	C	C	C	C	C	C	C
Grievance Systems	C	C	C	C	C	C	C	C	C
Subcontractual Relationships and Delegation	C	C	C	C	C	C	C	C	C
<b>Measurement and Improvement Standards</b>									
Practice Guidelines	C	C	C	C	C	C	C	C	C
Health Information Systems	P	C	C	P	C	C	C	P	C

- Five of the PH MCOs were compliant with all eleven categories of Quality Assessment and Performance Improvement Regulations. Three of the PH MCOs were partially compliant with the category of Health Information Systems. One MCO was also partially compliant with the category of Availability of Services (Access to Care) and was non compliant with the categories of Provider Selection and Provider Discrimination Prohibited. Across the eleven categories, the total PH MMC was partially compliant in two categories.

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

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

Note: The BH MCO compliance determination represents the aggregate status of multiple County contracts (i.e., if a BH MCO has seven HC Contracts and a standard has 10 elements, a partial compliance on any one of the 70 elements would generate an overall partial compliance for the BH MCO).

- All five BH MCOs were compliant for five of the ten categories: Elements of State Quality Strategies, Provider Selection, Confidentiality, Subcontractual Relationships and Delegation, and Health Information Systems. Across the other five categories, some or all of the BH MCOs were partially compliant, therefore making BH MMC overall partially compliant on those categories. Among the five categories that were partially compliant for BH MMC, each category had multiple BH MCOs that were partially compliant.
- Each of the five BH MCOs was partially compliant on at least one category within Subpart D: Quality Assessment and Performance Improvement Regulations. MBH and CCBH were partially compliant on one category. CBHNP, CBH and VBH were partially compliant on five categories.

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

Subpart D: Quality Assessment and Performance Improvement	LIFE Butler County	LIFE NWPA	TOTAL LTL MMC
<b>Access Standards</b>			
Elements of State Quality Strategies	R	RF	R
Availability of Services (Access to Care)	RF	RF	R
Assurances of Adequate - Capacity and Services	R	RF	R
Coordination and Continuity of Care	R	R	R
Coverage and Authorization of Services	R	RF	R
<b>Structure and Operation Standards</b>			
Provider Selection	R	RF	R
Confidentiality	RF	R	R
Enrollment and Disenrollment	R	R	R
Grievance Systems	R	R	R
Subcontractual Relationships and Delegation	R	RF	R
<b>Measurement and Improvement Standards</b>			
Practice Guidelines	R	R	R
Quality Assessment and Performance Improvement Program	R	RF	R
Health Information Systems	R	R	R

- The LTL MCOs were evaluated on all categories of Subpart D: Quality Assessment and Performance Improvement Regulations.
- LIFE Butler County was Reviewed with Findings on two categories of Subpart D: Quality Assessment and Performance Improvement Regulations. LIFE NWPA was Reviewed with Findings on seven categories.

**Subpart F: Federal and State Grievance System Standards**

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

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

Subpart F: Federal and State Grievance System Standards	AET	AMHP	COV	GHP	HHPH	KMHP	UHCP	UPMC	TOTAL PH MMC
General Requirements	C	C	C	C	C	C	C	C	C
Notice of Action	C	C	C	C	C	C	C	C	C
Handling of Grievances and Appeals	C	C	C	C	C	C	C	C	C
Resolution and Notification: Grievances and Appeals	C	C	C	C	C	C	C	C	C
Expedited Appeals Process/Resolution	C	C	C	C	C	C	C	C	C
Information to Providers & Subcontractors	C	C	C	C	C	C	C	C	C
Recordkeeping and Recording Requirements	C	C	C	C	C	C	C	C	C
Continuation of Benefits Pending Appeal and State Fair Hearings	C	C	C	C	C	C	C	C	C
Effectuation of Reversed Resolutions	C	C	C	C	C	C	C	C	C

- The eight PH MCOs were compliant on all nine categories in Subpart F: Federal and State Grievance Standards.
- All eight PH MCOS were reviewed for Effectuation of Reversed Resolutions based on the most current NCQA Accreditation Survey.

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

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

Note: The BH MCO compliance determination represents the aggregate status of multiple County contracts (i.e., if a BH MCO has seven HC Contracts and a standard has 10 elements, a partial compliance on any one of the 70 elements would generate an overall partial compliance for the BH MCO).

- BH MMC was partially compliant on nine categories in Subpart F. The category of Recordkeeping and Recording Requirements was compliant for all five BH MCOs.

**Table 3c - LTL MCO Compliance with Subpart F: Federal and State Grievance System Standards**

Subpart F: Federal and State Grievance System Standards	LIFE Butler County	LIFE NWPA	TOTAL LTL MMC
Statutory Basis and Definitions	R	RF	R
General Requirements	R	R	R
Notice of Action	R	R	R
Handling of Grievances and Appeals	RF	RF	R
Resolution and Notification: Grievances and Appeals	RF	R	R
Expedited Appeals Process/Resolution	R	R	R
Information to Providers & Subcontractors	R	R	R
Recordkeeping and Recording Requirements	RF	R	R
Continuation of Benefits Pending Appeal and State Fair Hearings	R	R	R
Effectuation of Reversed Resolutions	R	R	R

- The LTL MCOs were evaluated on all categories of Subpart F: Federal and State Grievance System Standards.
- LIFE Butler County was Reviewed with Findings for the following categories: Handling of Grievances and Appeals, Resolutions and Notification: Grievances and Appeals, and Recordkeeping and Recording Requirements. LIFE NWPA was Reviewed with Findings for the categories of Statutory Basis and Definitions and Handling of Grievances and Appeals.

## SECTION II: PERFORMANCE IMPROVEMENT PROJECTS

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

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by CMS (*Validating Performance Improvement Projects, Final Protocol, Version 1.0, May 1, 2002*) and meets the requirements of the final rule on External Quality Review (EQR) of Medicaid Managed Care Organizations issued on January 24, 2003. IPRO's review evaluates each project against nine elements:

1. Project Topic, Type, Focus Area
2. Topic Relevance
3. Quality Indicators
4. Baseline Study Design and Analysis
5. Baseline Study Population
6. Interventions Aimed at Achieving Demonstrable Improvement
7. Demonstrable Improvement
- 1S. Subsequent or Modified Interventions
- 2S. Sustained Improvement

The first seven elements relate to the baseline and demonstrable improvement phases of the project. The last two relate to sustaining improvement from the baseline measurement. Each element carries a separate weight. IPRO's scoring for each element is based on full, partial and non-compliance. Points are awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

### Overall Project Performance Score

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

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

### Scoring Matrix

When the PIPs are reviewed, some projects may be further along than others. The scoring matrix is completed for those review elements where activities have occurred in the review year. At the time of the review, a project is reviewed for only the elements that are due, according to the PIP submission schedule. It will then be evaluated for the remaining elements at later dates, according to the PIP submission schedule.

**Table 4 - PIP Review Element Scoring Weights**

Review Element	Standard	Scoring Weight
1	Project Title, Type, Focus Area	5%
2	Topic Relevance	5%
3	Quality Indicators	15%
4	Baseline Study and Analysis	10%
5	Baseline Study Population and Baseline Measurement Performance	10%
6	Interventions Aimed at Achieving Demonstrable Improvement	15%
7	Demonstrable Improvement	20%
<b>Total Demonstrable Improvement Score</b>		<b>80%</b>
1S	Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	5%
2S	Sustained Improvement	15%
<b>Total Sustained Improvement Score</b>		<b>20%</b>
<b>Overall Project Performance Score</b>		<b>100%</b>

**PH MCO PIP Review**

In accordance with current BBA regulations, IPRO undertook validation of three Performance Improvement Projects (PIPs) for each Medicaid PH MCO in 2012. For all PH MCOs, two new PIPs were initiated in 2011 as part of this requirement. All PH MCOs were required to implement two internal PIPs in priority topic areas chosen by DPW. The third was initiated in 2009 for all PH MCOs with Medicaid managed care operations at the time, and was mandated by DPW in response to a specific area of concern, Emergency Department (ED) Utilization. HealthChoices PH MCOs with PA Medicaid managed care operations prior to April 1, 2010 were required to conduct all three PIPs in RY 2011. Two new HealthChoices PH MCOs began PA Medicaid managed care operations on April 1, 2010, and were required to conduct only the two new EQR PIPs. For all PIPs, PH MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

All PH MCOs were directed to submit their projects using the NCQA Quality Improvement Activity (QIA) form for Conducting Performance Improvement Projects.

Table 5 reflects an overall summary of PIP topics conducted by each PH MCO.

**Table 5 - PH MCO PIP Topics**

PH MCO	PIP Topic
AET	<ol style="list-style-type: none"> <li>1. Reducing BH-PH Admission for Members with SMI through Managed Care Coordination for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions</li> </ol>
AMHP	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>
COV	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> </ol>
GHP	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medical Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>
HPPH	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>
KMHP	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potential Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>
UHCP*	<ol style="list-style-type: none"> <li>1. Reducing Pediatric Obesity for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care Population</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>
UPMC	<ol style="list-style-type: none"> <li>1. Reducing BH-PH Admission for Members with SMI through Managed Care Coordination for the Pennsylvania Medicaid Managed Care Population</li> <li>2. Reducing Potentially Preventative Readmissions</li> <li>3. Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population</li> </ol>

As per the timeline distributed by DPW for this review period, PH MCOs were required to submit information for the first five review elements, from Topic Focus Area through Baseline Study Population and Baseline Measurement Performance.

The following table represents the scores each PH MCO achieved on the two new EQR PIPs that were submitted to IPRO for review in 2012 for activities that occurred through 2011.

**\*ACPA and Unison merged to become UHCP.**

**Table 6a - PH MCO PIP Review Score – New EQR Project One**

Project 1	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	TOTAL PH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	TBD								
7. Demonstrable Improvement	TBD								
<b>Total Demonstrable Improvement Score</b>	<b>TBD</b>								
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	TBD								
2S. Sustained Improvement	TBD								
<b>Total Sustained Improvement Score</b>	<b>TBD</b>								
<b>Overall Project Performance Score</b>	<b>TBD</b>								

**Table 6b - PH MCO PIP Review Score – New EQR Project Two**

Project 2	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	TOTAL PH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	TBD								
7. Demonstrable Improvement	TBD								
<b>Total Demonstrable Improvement Score</b>	<b>TBD</b>								
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	TBD								
2S. Sustained Improvement	TBD								
<b>Total Sustained Improvement Score</b>	<b>TBD</b>								
<b>Overall Project Performance Score</b>	<b>TBD</b>								

For the ED Utilization PIP, participating PH MCOs were required to submit information for the following review elements: Demonstrable Improvement and Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement. Two MCOs, Aetna Better Health and Coventry Cares, were implemented April 1, 2010 and were not required to conduct the ED Utilization PIP.

For the ED PIP, point score allocation was modified from the CMS protocol suggested points. Points were not awarded for elements that were pre-determined by OMAP. Points from the OMAP defined elements were allocated to other elements. This allocation resulted in a maximum score of 75 points for the seven demonstrable improvement elements and a maximum score of 25 points for the two sustained improvement elements. Additionally, OMAP defined the criteria to indicate Demonstrable Improvement as a 3% decrease from baseline (MY 2008). The following table represents the scores each participating PH MCO achieved on the ED PIPs that were submitted to IPRO for review in 2012 for activities that occurred through 2011.

**Table 6c - PH MCO PIP Review Score – ED PIP**

Reducing Emergency Department Utilization for the Pennsylvania Medicaid Managed Care Population	AMHP	GHP	HPHP	KMHP	ACPA	UNISON	UPMC	TOTAL PH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	C	C	C	C	C	C	C	C
7. Demonstrable Improvement	NC	C	NC	NC	NC	NC	C	P
<b>Total Demonstrable Improvement Score</b>	<b>55</b>	<b>75</b>	<b>55</b>	<b>55</b>	<b>55</b>	<b>55</b>	<b>75</b>	<b>60.7</b>
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	C	C	C	C	NC	NC	C	P
2S. Sustained Improvement	TBD							
<b>Total Sustained Improvement Score</b>	<b>TBD</b>							
<b>Overall Project Performance Score</b>	<b>TBD</b>							

**Table 7 – ED Utilization PIP Performance Results**

Indicator - Total Number of ED Visits per 1,000 Member Months	Baseline Study	Remeasurement #1	Remeasurement #2
AMHP	80.44	80.85	TBD
GHP	76.31	73.77	TBD
HPHP	76.60	76.53	TBD
KMHP	65.77	64.52	TBD
ACPA	64.48	68.86	TBD
UNISON	74.69	75.42	TBD
UPMC	81.14	75.94	TBD

## BH MCO PIP Review

In accordance with current BBA regulations, IPRO undertook validation of one PIP for each HealthChoices BH MCO. Under the existing BH agreement with OMHSAS, primary contractors (i.e., the HC Contracts), along with the responsible subcontracted entities (i.e., BH MCOs) are required to conduct a minimum of two focused studies per year. For the purposes of the EQR, BH MCOs were required to submit one study selected by OMHSAS for validation by IPRO in 2012 for activities that occurred through 2011.

The BH MCOs are required by OMHSAS to submit their projects using the NCQA QIA form.

As per the timeline distributed by OMHSAS for this review period, BH MCOs were required to submit information for the review elements of Demonstrable Improvement and Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement. Table 8 represents the score each BH MCO achieved on the OMHSAS selected PIP regarding Follow-up After Hospitalization for Mental Illness that were submitted to IPRO for review in 2012.

**Table 8 - BH MCO PIP Review Score**

Follow-up After Hospitalization for Mental Illness	CBH	CBHNP	CCBH	MBH	VBH	TOTAL BH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	C	C	C	C	C	C
7. Demonstrable Improvement	C	NC	C	C	C	P
<b>Total Demonstrable Improvement Score</b>	<b>80</b>	<b>60</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>76</b>
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	C	P	C	C	C	P
2S. Sustained Improvement	TBD	TBD	TBD	TBD	TBD	TBD
<b>Total Sustained Improvement Score</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>
<b>Overall Project Performance Score</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>

- Four of the five BH MCOs were fully compliant and received full credit for the elements of the study evaluated that reflect activities in 2011. Sustained Improvement will be evaluated in 2013, based on activities conducted in 2012 to assess performance in 2011.

**Table 9 - Follow-up After Hospitalization for Mental Illness PIP – HEDIS Indicator Performance Results**

BH MCO	Indicator	Baseline Study	Remeasurement #1	Remeasurement #2
CBH	Within 7 Days	34.8%	38.8%	TBD
	Within 30 Days	51.2%	55.6%	TBD
CBHNP	Within 7 Days	42.7%	41.7%	TBD
	Within 30 Days	66.7%	65.5%	TBD
CCBH	Within 7 Days	47.2%	51.3%	TBD
	Within 30 Days	68.8%	73.2%	TBD
MBH	Within 7 Days	52.0%	50.79%	TBD
	Within 30 Days	67.7%	68.45%	TBD
VBH	Within 7 Days	40.6%	44.37%	TBD
	Within 30 Days	65.8%	68.36%	TBD

**LTL MCO PIP Review**

For the purposes of the EQR, the LTL MCOs were required to submit one study for validation by IPRO. IPRO provided technical assistance to LTL MCOs in 2011 regarding Conducting and Documenting Performance Improvement Projects. The LTL MCOs are required to submit those elements of the PIP that are applicable to the review year. The PIPs were initiated by the LTL MCOs based on when the MCOs were in operation. For this reason, the LTL MCOs do not all share the same baseline period or timeline. The LTL MCOs were directed to submit a PIP using the NCQA QIA form for Conducting Performance Improvement Projects.

Table 10 reflects an overall summary of PIP topics conducted by each pre-pace LTL MCO.

**Table 10 - LTL MCO PIP Topics**

LTL MCO	PIP Topic
LIFE Butler County	Decreasing Falls for LIFE Butler County Participants
LIFE NWPA	Emergency Room (ER) Admission Process Improvement Plan

When the PIPs are reviewed, some projects may be further along than others. Table 11 represents the score each LTL MCO achieved on the applicable elements of the PIP activities that occurred through December 2011 that were submitted to IPRO for review in 2012.

**Table 11 - LTL MCO PIP Review Score**

Project 1	LIFE Butler County	LIFE NWPA	TOTAL LTL MMC
1. Project Title, Type, Focus Area	C	C	C
2. Topic Relevance	C	C	C
3. Quality Indicators	C	C	C
4. Baseline Study and Analysis	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	C	C	C
7. Demonstrable Improvement	C	C	C
<b>Total Demonstrable Improvement Score</b>	<b>80</b>	<b>80</b>	<b>C</b>
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	TBD	C	TBD
2S. Sustained Improvement	TBD	C	TBD
<b>Total Sustained Improvement Score</b>	<b>TBD</b>	<b>20</b>	<b>TBD</b>
<b>Overall Project Performance Score</b>	<b>TBD</b>	<b>100</b>	<b>TBD</b>

- LIFE Butler County received full credit for the elements reviewed that reflect activities in 2011 (Demonstrable Improvement). Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement and Sustained Improvement will be evaluated in 2013, based on activities performed in 2012 and reported in 2013.
- LIFE NWPA received full credit for the elements of the study evaluated that reflect activities in 2011 (Sustained Improvement). As indicated by the timeline, the MCO has successfully completed all of the requirements for this Performance Improvement Project.

## SECTION III: PERFORMANCE MEASURES

The BBA requires that performance measures be validated in a manner consistent with the EQR protocol *Validating Performance Measures*. Audits of MCOs are to be conducted as prescribed by NCQA's *HEDIS 2012, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method as described in the EQRO protocols.

### PH MCO Performance Measures

Each PH MCO underwent a full HEDIS Compliance Audit™ in 2012. The PH MCOs are required by DPW to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the *HEDIS 2012: Volume 2: Technical Specifications*. All the PH MCO HEDIS rates are compiled and provided to DPW on an annual basis. Table 12 represents the HEDIS performance for all eight PH MCOs in 2012 as well as the PH MMC mean and the PH MMC weighted average. All reported HEDIS measure results are displayed in Table 12; a subset of these measures is provided in the PH MCO annual technical reports.

Comparisons to fee for service Medicaid data are not included in this report as the fee for service data and processes were not subject to a HEDIS compliance audit for HEDIS 2012 measures.

**Table 12 - PH MCO HEDIS Measure Results**

	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	PADPW MEAN	Weighted Average
<b>Effectiveness of Care</b>										
<b>Prevention and Screening</b>										
<b>Adult BMI Assessment (ABA)</b>										
ABA: Rate	NR	72.41%	NA	75.67%	52.80%	58.85%	54.74%	75.67%	65.02%	63.47%
<b>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/Adolescents (WCC)</b>										
WCC: BMI Percentile Ages 3 - 11 years	68.55%	69.81%	39.19%	74.52%	30.68%	61.56%	38.35%	76.45%	57.39%	59.28%
WCC: BMI Percentile Ages 12 - 17 years	75.00%	63.45%	49.68%	78.95%	45.58%	61.65%	39.31%	68.89%	60.31%	60.75%
WCC: BMI Percentile Total	70.77%	67.77%	42.83%	76.16%	36.01%	61.59%	38.69%	73.97%	58.47%	59.82%
WCC: Counseling for Nutrition Ages 3 - 11 years	60.42%	68.51%	57.43%	71.81%	59.09%	74.38%	57.14%	62.32%	63.89%	67.04%
WCC: Counseling for Nutrition Ages 12 - 17 years	60.14%	58.62%	52.87%	68.42%	59.86%	64.66%	49.66%	59.26%	59.19%	60.98%
WCC: Counseling for Nutrition Total	60.32%	65.34%	55.85%	70.56%	59.37%	71.52%	54.50%	61.31%	62.35%	65.04%
WCC: Counseling for Physical Activity Ages 3 - 11 years	57.24%	60.06%	47.64%	61.78%	37.12%	58.44%	36.47%	61.96%	52.59%	53.44%
WCC: Counseling for Physical Activity Ages 12 - 17 years	60.81%	60.69%	51.59%	66.45%	51.70%	65.41%	48.97%	60.00%	58.20%	59.88%
WCC: Counseling for Physical Activity Ages Total	58.47%	60.26%	49.01%	63.50%	42.34%	60.49%	40.88%	61.31%	54.53%	55.61%
<b>Childhood Immunization Status (CIS)</b>										
CIS: DtaP/DT	63.11%	86.31%	80.72%	83.94%	77.37%	84.41%	79.08%	82.97%	79.74%	82.37%
CIS: IPV	69.51%	96.25%	87.95%	92.21%	91.48%	95.10%	90.75%	93.43%	89.59%	93.03%
CIS: MMR	80.49%	94.04%	86.75%	90.02%	91.97%	93.32%	91.00%	91.24%	89.85%	91.82%

CIS: HiB	73.48%	96.47%	86.75%	93.43%	91.73%	94.88%	92.46%	95.13%	90.54%	93.75%
CIS: Hepatitis B	68.29%	95.36%	87.95%	91.48%	91.48%	94.21%	91.00%	90.27%	88.76%	92.23%
CIS: VZV	79.27%	94.92%	86.75%	90.51%	91.73%	94.21%	92.70%	91.00%	90.14%	92.48%
CIS: Pneumococcal Conjugate	59.45%	87.64%	74.70%	83.70%	80.54%	82.18%	81.02%	85.40%	79.33%	82.71%
CIS: Hepatitis A	32.93%	40.40%	34.94%	40.63%	42.82%	44.32%	38.69%	42.82%	39.69%	41.81%
CIS: Rotavirus	42.68%	70.64%	56.63%	74.94%	69.34%	70.82%	59.37%	67.40%	63.98%	68.91%
CIS: Influenza	51.22%	61.81%	42.17%	55.23%	57.66%	59.69%	49.39%	51.58%	53.59%	56.04%
CIS: Combination 2	53.66%	83.44%	75.90%	78.59%	72.51%	82.63%	74.45%	75.18%	74.55%	78.20%
CIS: Combination 3	49.39%	81.24%	69.88%	75.67%	68.86%	77.28%	70.80%	72.75%	70.73%	74.44%
CIS: Combination 4	25.00%	37.53%	30.12%	39.17%	37.71%	41.20%	35.77%	37.23%	35.47%	38.53%
CIS: Combination 5	34.76%	63.36%	46.99%	63.50%	56.20%	62.81%	51.34%	55.23%	54.27%	59.18%
CIS: Combination 6	32.93%	56.73%	37.35%	50.36%	47.45%	52.12%	42.82%	44.28%	45.50%	49.02%
CIS: Combination 7	19.82%	31.79%	25.30%	35.04%	32.60%	34.74%	28.22%	30.90%	29.80%	32.63%
CIS: Combination 8	17.99%	28.92%	21.69%	29.20%	28.95%	29.40%	23.11%	26.03%	25.66%	27.74%
CIS: Combination 9	24.39%	48.57%	28.92%	44.77%	41.12%	43.88%	32.36%	37.23%	37.65%	41.31%
CIS: Combination 10	14.33%	25.61%	19.28%	26.52%	26.03%	25.84%	18.00%	22.14%	22.22%	24.17%
<b>Immunizations for Adolescents (IMA)</b>										
IMA: Meningococcal	53.04%	71.03%	70.59%	78.83%	82.73%	83.77%	75.00%	81.51%	74.56%	79.18%
IMA: Tdap/Td	52.61%	75.90%	68.63%	81.02%	83.70%	86.09%	79.60%	81.51%	76.13%	81.74%
IMA: Combination #1	48.70%	67.95%	66.67%	76.64%	78.83%	81.45%	73.56%	78.35%	71.52%	76.71%
<b>Lead Screening in Children (LSC)</b>										
LSC: Rate	50.30%	73.29%	49.40%	78.10%	78.35%	74.39%	72.26%	79.56%	69.46%	75.47%
<b>Breast Cancer Screening (BCS)</b>										
BCS: Rate	NA	59.92%	NA	48.23%	60.16%	58.31%	47.53%	53.48%	54.60%	54.78%
<b>Cervical Cancer Screening (CCS)</b>										
CCS: Rate	51.85%	71.35%	54.32%	77.62%	65.45%	69.79%	65.21%	65.69%	65.16%	69.00%
<b>Chlamydia Screening in Women (CHL)</b>										
CHL: Ages 16 - 20 years	56.13%	42.47%	68.78%	53.80%	81.19%	65.83%	59.42%	53.34%	60.12%	61.10%
CHL: Ages 21 - 24 years	57.52%	53.20%	64.62%	61.82%	78.16%	70.73%	64.54%	60.84%	63.93%	66.27%
CHL: Total Rate	56.75%	47.10%	67.30%	57.08%	79.87%	67.94%	61.33%	56.60%	61.75%	63.26%
<b>Human Papillomavirus Vaccine for Female Adolescents (HPV)</b>										
HPV: Rate	6.31%	24.29%	NA	24.82%	22.38%	15.85%	24.09%	22.14%	19.98%	21.55%
<b>Respiratory Conditions</b>										
<b>Appropriate Testing for Children with Pharyngitis (CWP)</b>										
CWP: Rate	58.51%	57.35%	71.19%	67.11%	49.98%	63.30%	67.33%	78.33%	64.13%	65.64%
<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</b>										

URI: Rate	86.69%	85.27%	90.48%	86.61%	89.07%	87.38%	82.55%	86.44%	86.81%	86.13%
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</b>										
AAB: Rate	32.94%	20.99%	NA	25.05%	22.44%	25.70%	24.01%	23.81%	24.99%	24.20%
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>										
SPR: Rate	NA	29.61%	NA	32.02%	24.68%	26.00%	26.90%	33.76%	28.83%	28.14%
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>										
PCE: Systemic Corticosteroid	57.61%	67.74%	NA	65.26%	74.68%	73.00%	68.98%	72.35%	68.52%	70.10%
PCE: Bronchodilator	68.48%	81.29%	NA	82.27%	89.24%	89.89%	84.23%	84.10%	82.79%	85.36%
<b>Use of Appropriate Medications for People with Asthma (ASM)</b>										
ASM: Ages 5 - 11 years	NA	93.46%	NA	90.70%	91.18%	92.81%	89.12%	92.03%	91.55%	91.69%
ASM: Ages 12 - 18 years	NA	89.34%	NA	88.66%	89.48%	90.32%	86.07%	86.81%	88.45%	88.87%
ASM: Ages 19 - 50 years	NA	79.82%	NA	77.40%	83.35%	80.08%	68.60%	76.58%	77.64%	78.81%
ASM: Ages 51 - 64 years	NA	81.00%	NA	80.46%	77.58%	78.99%	63.14%	68.90%	75.01%	76.98%
ASM: Total Rate	NA	86.97%	NA	85.57%	85.96%	87.72%	81.83%	83.55%	85.27%	85.90%
<b>Cardiovascular Conditions</b>										
<b>Cholesterol Management for Patients with Cardiovascular Conditions (CMC)</b>										
CMC: LDL-C Screening	NA	86.30%	NA	82.48%	82.00%	82.52%	77.13%	81.02%	81.91%	81.78%
CMC: LDL-C Level <100 mg/dL	NA	50.00%	NA	51.34%	47.20%	44.47%	34.55%	47.45%	45.83%	45.81%
<b>Controlling High Blood Pressure (CBP)</b>										
CBP: Total Rate	48.59%	67.66%	59.42%	63.50%	50.12%	64.01%	58.05%	61.07%	59.05%	59.81%
<b>Persistence of Beta Blocker Treatment After a Heart Attack (PBH)</b>										
PBH: Rate	NA	91.11%	NA	86.14%	84.27%	89.05%	85.71%	89.33%	87.60%	87.38%
<b>Diabetes</b>										
<b>Comprehensive Diabetes Care (CDC)</b>										
CDC: HbA1c Testing	77.12%	88.54%	79.17%	85.33%	86.31%	80.59%	79.56%	85.40%	82.75%	83.58%
CDC: HbA1c Poor Control (>9.0%)	60.51%	31.92%	40.10%	32.67%	34.85%	40.91%	54.93%	33.58%	41.18%	39.03%
CDC: HbA1c Control (<8.0%)	33.05%	56.08%	50.00%	56.83%	57.48%	51.22%	39.23%	56.20%	50.01%	52.36%
CDC: HbA1c Control (<7.0%)	22.30%	40.09%	33.57%	42.06%	45.07%	37.73%	28.17%	44.47%	36.68%	39.01%
CDC: Eye Exam	37.12%	68.78%	49.48%	75.33%	65.51%	52.45%	54.38%	60.40%	57.93%	61.35%
CDC: LDL-C Screening	70.34%	81.83%	74.48%	80.83%	82.12%	78.32%	75.18%	81.02%	78.02%	79.52%
CDC: LDL-C Level (<100 mg/dL)	22.88%	40.74%	40.10%	39.00%	41.24%	38.99%	29.01%	43.07%	36.88%	38.35%
CDC: Medical Attention for Nephropathy	75.25%	81.31%	81.77%	78.83%	88.14%	80.24%	79.01%	78.47%	80.38%	81.13%
CDC: Blood Pressure Control (<140/80 mm Hg)	32.54%	45.86%	38.54%	45.83%	32.48%	35.84%	34.49%	41.24%	38.35%	38.20%
CDC: Blood Pressure Control (<140/90 mm Hg)	49.15%	70.90%	61.46%	70.67%	55.84%	63.29%	55.11%	67.52%	61.74%	62.84%
<b>Musculoskeletal</b>										
<b>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)</b>										

ART: Rate	NA	72.28%	NA	68.25%	75.88%	70.25%	66.33%	66.83%	69.97%	70.01%
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>										
LBP: Rate	74.35%	72.04%	82.35%	74.07%	82.41%	79.63%	73.33%	73.21%	76.42%	76.23%
<b>Behavioral Health</b>										
<b>Follow-up Care for Children Prescribed ADHD Medication (ADD)</b>										
ADD: Initiation Phase	20.41%	22.02%	NA	22.30%	13.49%	17.59%	18.54%	56.19%	24.36%	22.93%
ADD: Continuation and Maintenance Phase	NA	21.56%	NA	19.72%	11.54%	12.68%	17.98%	56.26%	23.29%	22.80%
<b>Medication Management</b>										
<b>Annual Monitoring for Patients on Persistent Medications (MPM)</b>										
MPM: ACE inhibitors or ARBs	86.09%	89.61%	86.42%	85.96%	89.55%	87.93%	84.31%	88.05%	87.24%	87.57%
MPM: Digoxin	NA	93.55%	NA	90.53%	93.20%	88.71%	83.33%	88.95%	89.71%	89.05%
MPM: Diuretics	84.95%	89.30%	85.22%	85.46%	88.90%	87.23%	83.95%	87.65%	86.58%	86.98%
MPM: Anticonvulsants	71.24%	66.03%	58.06%	67.76%	54.85%	63.56%	60.99%	72.04%	64.32%	64.38%
MPM: Total Rate	83.97%	86.23%	82.96%	82.58%	86.22%	84.42%	80.71%	85.67%	84.09%	84.22%
<b>Medication Management for People With Asthma (MMA)</b>										
MMA: 50% Ages 5 - 11 years	NA	59.58%	NA	57.39%	40.76%	53.32%	52.35%	76.06%	56.58%	54.05%
MMA: 50% Ages 12 - 18 years	NA	62.68%	NA	60.72%	44.00%	54.32%	53.45%	74.86%	58.34%	56.04%
MMA: 50% Ages 19 - 50 years	NA	60.83%	NA	62.52%	58.65%	61.12%	56.42%	81.15%	63.45%	61.84%
MMA: 50% Ages 51 - 64 years	NA	72.02%	NA	73.57%	74.58%	75.00%	72.30%	91.15%	76.44%	75.02%
MMA: 50% Total	NA	62.01%	NA	60.78%	52.33%	57.18%	54.51%	78.46%	60.88%	58.46%
MMA: 75% Ages 5 - 11 years	NA	36.68%	NA	38.66%	17.94%	30.50%	29.13%	55.62%	34.76%	32.02%
MMA: 75% Ages 12 - 18 years	NA	41.49%	NA	39.82%	19.54%	32.27%	31.60%	56.08%	36.80%	34.18%
MMA: 75% Ages 19 - 50 years	NA	37.72%	NA	43.83%	34.08%	39.86%	35.85%	66.21%	42.92%	40.61%
MMA: 75% Ages 51 - 64 years	NA	47.33%	NA	55.71%	51.16%	55.36%	50.68%	80.53%	56.79%	54.28%
MMA: 75% Total	NA	39.27%	NA	41.52%	28.51%	35.17%	32.30%	60.84%	39.60%	36.80%
<b>Access/Availability of Care</b>										
<b>Adults' Access to Preventive/Ambulatory Health Services (AAP)</b>										
AAP: Ages 20 - 44 years	69.90%	80.96%	59.52%	80.70%	80.59%	81.66%	77.96%	84.06%	76.92%	80.46%
AAP: Ages 45 - 64 years	79.56%	90.35%	71.58%	88.37%	90.32%	90.39%	84.47%	90.49%	85.69%	88.75%
AAP: Ages 65 years and older	81.48%	87.83%	64.29%	87.68%	89.12%	87.36%	81.81%	85.39%	83.12%	86.44%
AAP: Total Rate	72.90%	83.83%	63.55%	83.06%	84.50%	84.80%	80.16%	86.39%	79.90%	83.35%
<b>Children and Adolescents' Access to Primary Care Practitioners (CAP)</b>										
CAP: Ages 12 - 24 months	91.38%	97.41%	86.13%	97.37%	97.54%	97.36%	96.31%	97.87%	95.17%	96.87%
CAP: Ages 25 months - 6 years	75.25%	86.57%	65.18%	89.50%	86.65%	88.76%	86.83%	91.75%	83.81%	88.14%
CAP: Ages 7 - 11 years	NA	89.28%	NA	91.86%	90.70%	91.19%	90.15%	93.14%	91.05%	91.08%
CAP: Ages 12 - 19 years	NA	87.81%	NA	89.88%	88.12%	89.63%	87.95%	91.63%	89.17%	89.19%

Annual Dental Visits (ADV)										
ADV: Ages 2 - 3 years	27.43%	26.71%	31.37%	25.16%	43.88%	44.99%	31.18%	25.85%	32.07%	34.52%
ADV: Ages 4 - 6 years	51.22%	58.01%	45.84%	56.67%	68.12%	68.96%	61.49%	53.07%	57.92%	62.01%
ADV: Ages 7 - 10 years	54.21%	62.95%	51.13%	58.92%	66.46%	67.19%	62.50%	52.35%	59.46%	62.33%
ADV: Ages 11 - 14 years	47.29%	59.43%	51.28%	56.19%	61.59%	61.34%	57.84%	50.10%	55.63%	57.98%
ADV: Ages 15 - 18 years	41.08%	50.86%	39.40%	50.67%	49.80%	51.27%	50.81%	45.44%	47.42%	49.99%
ADV: Ages 19 - 21 years	30.56%	40.71%	26.90%	37.77%	38.87%	39.69%	37.42%	33.61%	35.69%	37.83%
ADV: Total Rate	43.58%	52.50%	40.67%	50.35%	56.79%	58.34%	53.59%	45.21%	50.13%	53.37%
Prenatal and Postpartum Care (PPC)										
PPC: Timeliness of Prenatal Care	82.60%	92.84%	85.58%	91.73%	83.94%	81.66%	82.41%	94.16%	86.86%	86.68%
PPC: Postpartum Care	62.41%	67.26%	56.01%	71.78%	56.45%	62.19%	61.81%	72.51%	63.80%	64.85%
Call Answer Timeliness (CAT)										
CAT: Rate	86.68%	83.02%	86.48%	89.34%	87.24%	82.32%	85.37%	85.66%	85.76%	85.60%
Call Abandonment (CAB)										
CAB: Rate	2.16%	1.82%	1.98%	1.20%	2.24%	1.88%	1.12%	1.26%	1.71%	1.60%
Use of Services										
Frequency of Ongoing Prenatal Care (FPC)										
FPC: <21 percent	10.44%	0.26%	6.25%	2.43%	5.60%	5.59%	5.78%	3.16%	4.94%	4.48%
FPC: 21 - 40 percent	3.71%	1.02%	5.53%	1.46%	7.30%	5.15%	5.53%	1.46%	3.89%	3.89%
FPC: 41 - 60 percent	7.66%	2.81%	10.58%	1.95%	7.06%	8.72%	9.30%	1.95%	6.25%	5.83%
FPC: 61 - 80 percent	15.31%	9.21%	15.63%	9.00%	17.27%	15.88%	15.58%	7.30%	13.15%	13.02%
FPC: >= 81 percent	62.88%	86.70%	62.02%	85.16%	62.77%	64.65%	63.82%	87.59%	71.95%	72.93%
Well-Child Visits in the First 15 Months of Life (W15)										
W15: 0 Visits	5.57%	0.81%	9.52%	1.10%	1.70%	1.89%	4.12%	0.24%	3.12%	1.92%
W15: 1 Visit	1.39%	1.36%	1.79%	1.26%	0.97%	0.95%	1.29%	0.49%	1.19%	1.07%
W15: 2 Visits	3.02%	1.08%	3.57%	2.26%	3.16%	2.60%	3.09%	1.46%	2.53%	2.44%
W15: 3 Visits	3.94%	4.61%	4.76%	4.51%	5.11%	4.73%	4.38%	3.41%	4.43%	4.51%
W15: 4 Visits	10.21%	4.61%	8.33%	8.80%	11.19%	8.75%	10.31%	3.65%	8.23%	8.45%
W15: 5 Visits	20.19%	13.82%	13.10%	17.78%	21.65%	17.26%	13.92%	10.22%	15.99%	16.35%
W15: >= 6 Visits	55.68%	73.71%	58.93%	64.30%	56.20%	63.83%	62.89%	80.54%	64.51%	65.25%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)										
W34: Rate	60.88%	72.88%	57.84%	75.06%	74.45%	74.52%	73.73%	81.02%	71.30%	74.73%
Adolescent Well-Care Visits (AWC)										
AWC: Rate	44.08%	57.40%	47.02%	61.31%	58.39%	61.34%	53.17%	59.37%	55.26%	58.40%
Frequency of Selected Procedures (FSP)										
FSP: Bariatric Weight Loss Surgery F Ages 0-19 Procs/1000 MM	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	

FSP: Bariatric Weight Loss Surgery F Ages 20-44 Procs/1000 MM	0.12	0.29	0.03	0.08	0.08	0.37	0.17	0.23	0.17	
FSP: Bariatric Weight Loss Surgery F Ages 45-64 Procs/1000 MM	0.06	0.22	0.00	0.16	0.11	0.34	0.15	0.20	0.15	
FSP: Bariatric Weight Loss Surgery M Ages 0-19 Procs/1000 MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
FSP: Bariatric Weight Loss Surgery M Ages 20-44 Procs/1000 MM	0.01	0.10	0.00	0.02	0.04	0.06	0.03	0.05	0.04	
FSP: Bariatric Weight Loss Surgery M Ages 45-64 Procs/1000 MM	0.00	0.08	0.00	0.03	0.00	0.06	0.02	0.02	0.03	
FSP: Tonsillectomy MF Ages 0-9 Procs/1000 MM	0.37	0.62	0.19	0.69	0.90	0.65	0.70	0.84	0.62	
FSP: Tonsillectomy MF Ages 10-19 Procs/1000 MM	0.16	0.35	0.21	0.33	0.29	0.26	0.35	0.40	0.29	
FSP: Hysterectomy Abdominal F Ages 15-44 Procs/1000 MM	0.15	0.13	0.09	0.24	0.19	0.15	0.18	0.24	0.17	
FSP: Hysterectomy Abdominal F Ages 45-64 Procs/1000 MM	0.67	0.34	0.58	0.56	0.51	0.46	0.36	0.55	0.50	
FSP: Hysterectomy Vaginal F Ages 15-44 Procs/1000 MM	0.11	0.23	0.02	0.17	0.05	0.07	0.13	0.17	0.12	
FSP: Hysterectomy Vaginal F Ages 45-64 Procs/1000 MM	0.06	0.24	0.17	0.26	0.11	0.15	0.11	0.25	0.17	
FSP: Cholecystectomy, Open M Ages 30-64 Procs/1000 MM	0.03	0.08	0.03	0.06	0.03	0.06	0.02	0.05	0.04	
FSP: Cholecystectomy, Open F Ages 15-44 Procs/1000 MM	0.01	0.00	0.00	0.02	0.01	0.02	0.01	0.03	0.01	
FSP: Cholecystectomy Open F Ages 45-64 Procs/1000 MM	0.03	0.06	0.00	0.06	0.06	0.07	0.07	0.09	0.06	
FSP: Cholecystectomy Closed M Ages 30-64 Procs/1000 MM	0.16	0.46	0.15	0.35	0.18	0.20	0.33	0.41	0.28	
FSP: Cholecystectomy Closed F Ages 15-44 Procs/1000 MM	0.44	0.63	0.30	0.79	0.46	0.44	0.70	0.90	0.58	
FSP: Cholecystectomy Closed F Ages 45-64 Procs/1000 MM	0.32	0.77	0.58	0.76	0.45	0.43	0.63	0.76	0.59	
FSP: Back Surgery M Ages 20-44 Procs/1000 MM	0.38	0.37	0.09	0.44	0.10	0.23	0.33	0.66	0.32	
FSP: Back Surgery F Ages 20-44 Procs/1000 MM	0.19	0.18	0.12	0.30	0.06	0.10	0.20	0.44	0.20	
FSP: Back Surgery M Ages 45-64 Procs/1000 MM	0.58	1.15	0.57	1.06	0.34	0.61	0.52	1.49	0.79	
FSP: Back Surgery F Ages 45-64 Procs/1000 MM	0.20	0.52	0.33	0.96	0.27	0.32	0.57	1.15	0.54	
FSP: Mastectomy F Ages 15-44 Procs/1000 MM	0.01	0.02	0.02	0.02	0.02	0.02	0.01	0.03	0.02	
FSP: Mastectomy F Ages 45-64 Procs/1000 MM	0.14	0.01	0.08	0.14	0.06	0.18	0.14	0.19	0.12	
FSP: Lumpectomy F Ages 15-44 Procs/1000 MM	0.12	0.13	0.15	0.14	0.20	0.20	0.13	0.12	0.15	
FSP: Lumpectomy F Ages 45-64 Procs/1000 MM	0.84	0.48	0.25	0.39	0.61	0.60	0.36	0.44	0.50	
<b>Ambulatory Care: Total (AMBA)</b>										
AMBA: Outpatient Visits/1000 MM	263.99	332.90	179.29	352.36	321.21	337.55	289.37	384.85	307.69	
AMBA: Emergency Department Visits/1000 MM	64.77	83.28	65.35	80.37	79.68	67.88	73.86	77.38	74.07	
<b>Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)</b>										
IPUA: Total Discharges/1000 MM	11.37	8.15	11.08	9.13	13.29	11.49	8.47	9.26	10.28	
IPUA: Medicine Discharges/1000 MM	4.66	3.65	5.69	3.72	7.54	5.88	4.11	3.81	4.88	
IPUA: Surgery Discharges/1000 MM	2.58	1.54	2.27	2.38	2.67	2.71	1.98	2.96	2.39	
IPUA: Maternity Discharges/1000 MM	6.16	4.78	4.22	4.77	4.54	4.70	3.71	3.71	4.57	
<b>Antibiotic Utilization: Total (ABXA)</b>										
ABXA: Total # of Antibiotic Prescriptions M&F	36,220	124,880	8,368	287,117	145,628	339,857	224,041	200,149	170,783	
ABXA: Average # of Antibiotic Prescriptions PMPY M&F	0.74	1.17	0.53	1.14	0.89	1.09	1.04	1.31	0.99	
ABXA: Total Days Supplied for all Antibiotic Prescriptions M&F	350,979	1,216,915	75,878	2,733,703	1,307,446	3,408,179	2,122,624	1,905,634	1,640,170	
ABXA: Average # Days Supplied per Antibiotic Prescription M&F	9.69	9.74	9.07	9.52	8.98	10.03	9.47	9.52	9.50	

ABXA: Total # of Prescriptions for Antibiotics of Concern M&F	14,085	51,454	3,186	118,391	53,822	134,501	92,147	87,015	69,325	
ABXA: Average # of Prescriptions for Antibiotics of Concern M&F	0.29	0.48	0.20	0.47	0.33	0.43	0.43	0.57	0.40	
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions	38.89%	41.20%	38.07%	41.23%	36.96%	39.58%	41.13%	43.48%	40.07%	
<b>Health Plan Descriptive Information</b>										
<b>Board Certification (BCR)</b>										
BCR: % of Family Medicine Board Certified	NR	84.01%	84.34%	95.22%	81.71%	79.80%	77.40%	87.77%	84.32%	
BCR: % of Internal Medicine Board Certified	NR	78.06%	84.76%	93.50%	75.86%	76.63%	80.05%	86.24%	82.16%	
BCR: % of OB/GYNs Board Certified	NR	76.86%	84.47%	85.36%	81.78%	78.42%	79.11%	78.24%	80.61%	
BCR: % of Pediatricians Board Certified	NR	85.60%	91.10%	96.35%	82.19%	85.53%	85.97%	90.87%	88.23%	
BCR: % of Geriatricians Board Certified	NR	72.73%	83.33%	93.33%	86.21%	78.18%	65.56%	86.29%	80.80%	
BCR: % of Other Physician Specialists Board Certified	NR	76.99%	93.52%	93.39%	85.74%	70.88%	80.19%	89.53%	84.32%	

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

- A description of each PA performance measure.
- The MCO's review year rates with 95% upper and lower confidence intervals (95% CI).
- Up to three years of data (the measurement year and two previous years).

PA Performance Measure results are presented for each PH MCO in Table 13 along with the PH MMC Average and PH MMC Weighted Average.

**Table 13 - PH MCO PA Performance Measure Results**

	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	PH MMC Average	PH MMC Weighted Average
<b>Annual Dental Visits for Members with Developmental Disabilities</b>										
Rate	35.56%	43.29%	51.85%	42.72%	55.38%	49.97%	35.35%	40.15%	44.28%	44.28%
<b>Annual number of Asthma Patients (2-20 years old) with one or more asthma-related emergency room visits</b>										
Rate	14.35%	12.42%	20.88%	5.06%	17.38%	14.65%	14.45%	19.06%	14.78%	13.33%
<b>Cesarean rate for Nulliparous Singleton Vertex</b>										
Rate	29.87%	8.33%	19.44%	14.10%	18.47%	23.08%	18.18%	22.27%	19.22%	16.20%
<b>Percent of Live Births weighing less than 2,500 grams</b>										
Rate	55.12%	8.58%	9.26%	1.17%	10.09%	10.04%	1.55%	52.42%	18.53%	7.04%
<b>Dental Sealants for Children (By Age 8)</b>										
Rate	NR	58.53%	NR	41.88%	60.10%	54.89%	55.27%	49.23%	39.99%	52.02%
<b>Total Eligibles Receiving Preventive Dental Services</b>										
Rate	26.66%	42.86%	23.20%	39.63%	47.04%	49.44%	41.09%	36.63%	38.32%	42.52%
<b>Total Eligibles Receiving Dental Treatment Services</b>										
Rate	14.31%	23.08%	12.80%	23.06%	24.00%	25.66%	22.60%	19.73%	20.65%	22.94%
<b>Reducing Potentially Preventable Readmissions</b>										
Rate	13.31%	12.44%	18.06%	6.87%	16.00%	14.94%	13.28%	10.16%	13.13%	12.87%
<b>Prenatal Screening for Smoking</b>										
Rate 1 - Prenatal Screening for Smoking	67.66%	94.23%	93.77%	97.12%	83.45%	90.36%	82.49%	96.26%	88.17%	88.32%
Rate 2 - Prenatal Screening for Environmental Tobacco Smoke	19.15%	39.90%	9.48%	28.37%	53.56%	24.44%	11.14%	13.79%	24.98%	25.35%
Rate 3 - Prenatal Counseling for Smoking*	78.08%	79.03%	48.67%	70.27%	61.62%	66.14%	69.53%	78.87%	69.03%	69.22%
Rate 4 - Prenatal Counseling for Environmental Tobacco Smoke*	100.00%	6.90%	33.33%	22.22%	37.50%	14.63%	83.33%	36.67%	41.82%	28.63%
Rate 5 - Prenatal Smoking Cessation*	45.07%	21.33%	4.05%	18.79%	35.94%	12.05%	24.14%	15.10%	22.06%	20.48%
<b>Perinatal Depression Screening</b>										
Rate 1 - Screening for Depression at a Prenatal Visit	54.61%	93.73%	83.04%	90.14%	89.20%	78.25%	61.33%	100.00%	81.29%	81.40%
Rate 2 - Screening Positive for Depression at a Prenatal Visit	23.29%	25.19%	17.42%	34.13%	17.01%	18.62%	22.52%	20.51%	22.34%	22.39%
Rate 3 - Counseling for Depression at a Prenatal Visit*	45.10%	78.57%	68.97%	48.44%	68.18%	64.62%	82.00%	67.12%	65.37%	64.35%
Rate 4 - Screening for Depression at a Postpartum Visit	45.93%	84.76%	56.90%	82.70%	77.39%	76.19%	83.94%	99.00%	75.85%	75.15%
Rate 5 - Screening Positive for Depression at a Postpartum Visit	16.80%	14.47%	7.58%	18.83%	10.40%	7.21%	16.67%	13.57%	13.19%	13.31%

	AET	AMHP	COV	GHP	HPHP	KMHP	UHCP	UPMC	PH MMC Average	PH MMC Weighted Average
<b>Rate 6 - Counseling for Depression at a Postpartum Visit*</b>	76.19%	100.00%	100.00%	60.00%	95.24%	93.33%	85.19%	70.37%	85.04%	81.41%
<b>Early Period Screening, Diagnosis and Treatment (EPSDT) Screenings</b>										
<b>Developmental Screening at 18 months</b>	30.59%	36.04%	15.02%	33.13%	14.33%	26.35%	35.74%	56.72%	30.99%	32.29%
<b>Developmental Screening at 30 months</b>	11.24%	20.96%	2.76%	19.39%	7.58%	10.93%	18.70%	32.72%	15.54%	16.88%
<b>Annual Hearing Rate (Ages 4-20 years)</b>	19.27%	33.71%	13.07%	41.35%	26.94%	24.57%	35.21%	42.04%	29.52%	32.75%
<b>Annual Vision Rate (Ages 4-20 years)</b>	19.74%	33.12%	10.70%	40.48%	24.73%	25.10%	34.67%	40.92%	28.68%	32.18%

\* Some denominators contained fewer than 100 members. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.

### BH MCO Performance Measures

In accordance with OMHSAS, BH MCOs are not required to complete a HEDIS Compliance Audit. BH MCOs and County Contractors are required to calculate Pennsylvania Performance Measures related to Follow-up After Hospitalization for Mental Illness and Readmission within 30 Days of Inpatient Psychiatric Discharge. These measures are validated annually by IPRO. These performance measure results are presented in Table 14 for each BH MCO.

**Table 14 - BH MCO Performance Measure Results**

	CBH	CBHNP	CCBH	MBH	VBH	BH MMC Average	BH MMC Weighted Average
<b>Follow-up After Hospitalization for Mental Illness</b>							
Within 7 Days – All Ages	39.1%	45.2%	49.3%	49.7%	45.7%	45.8%	46.1%
Within 30 Days – All Ages	55.5%	69.9%	71.7%	67.9%	69.0%	66.8%	67.0%
Within 7 Days – Ages 6-20	51.9%	62.1%	59.0%	48.5%	53.7%	55.0%	55.7%
Within 30 Days – Ages 6-20	71.5%	82.2%	80.2%	68.0%	78.7%	76.1%	76.8%
<b>Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness</b>							
Within 7 Days – All Ages	51.4%	57.4%	60.3%	62.1%	57.0%	57.6%	57.8%
Within 30 Days – All Ages	67.2%	76.7%	77.6%	75.6%	76.3%	74.7%	74.8%
Within 7 Days – Ages 6-20	62.6%	69.6%	68.6%	61.4%	63.4%	65.1%	65.8%
Within 30 Days – Ages 6-20	78.7%	85.5%	84.2%	76.7%	82.8%	81.6%	82.0%
<b>Readmission within 30 Days of Inpatient Psychiatric Discharge</b>							
Rate	11.7%	14.8%	11.1%	14.7%	9.4%	12.3%	12.0%

- The BH MMC average takes the sum of the individual BH MCO rates and divides that sum by the total number of MCOs participating in the measurement. Note that the BH MMC average therefore is *not* weighted. The MY 2011 BH MMC average for the 7-Day Follow-up After Hospitalization measure was 45.8%. Rates for two of the five BH MCOs, CCBH and MBH were higher than the BH MMC average; the other three MCOs, CBH, CBHNP and VBH were below.
- The BH MMC average for the 30-Day Follow-up After Hospitalization for Mental Illness measure was 66.8%. For this indicator, CCBH observed the highest performance rate at 71.1%, while CBH had the lowest rate of 55.5%. CCBH, MBH and VBH performed above the BH MMC average by 4.9, 0.9 and 2.2 percentage points, respectively.
- The BH MMC average for the 7-Day Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness measure was 57.6%. MBH and CCBH performed above the BH MMC average, whereas CBH, CBHNP and VBH were below the average by 6.2, 0.2 and 0.6 percentage points, respectively.
- Four of five BH MCOs, CBHNP, CCBH, MBH and VBH, had rates above the BH MMC average of 74.7% for the 30-Day Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness. CBH was below the BH MMC average by 7.5 percentage points.
- Rates ranged from 9.4% to 14.8% for the Readmission within 30 Days of Inpatient Psychiatric Discharge measure for the BH MCOs. The lowest rate was observed for VBH at 9.4%, the highest for CBHNP at 14.8%. The BH MMC average for the rate was 12.3%. The rates for two BH MCOs were higher than the BH MMC average. Please note that this measure is an inverted measure, in that lower rates are preferable.

### LTL MCO Performance Measures

One LTL specific performance measure was calculated by each LTL MCO and validated by the DFO. In accordance with DFO direction, IPRO created the indicator specifications to resemble HEDIS specifications to guide the MCOs through this process. Additionally, IPRO created validation and rate sheets to assist the DFO with the validation of the performance measure. Indicator rates were calculated based on administrative data only. The falls per member per month and average number of falls per member per month performance measures assessed all documented falls, with or without injury, experienced by eligible members in the calendar year. These performance measure results are presented in Table 15 for each LTL MCO.

**Table 15 - LTL MCO Performance Measure Results**

Falls Per Member Per Month	LIFE Butler County	LIFE NWPA	LTL MMC Average
January 2011	0.11	0.20	0.16
February 2011	0.13	0.17	0.15
March 2011	0.14	0.20	0.17
April 2011	0.12	0.21	0.17
May 2011	0.12	0.25	0.19
June 2011	0.10	0.29	0.20
July 2011	0.13	0.08	0.11
August 2011	0.06	0.12	0.09
September 2011	0.06	0.20	0.13
October 2011	0.18	0.17	0.18

Falls Per Member Per Month	LIFE Butler County	LIFE NWPA	LTL MMC Average
November 2011	0.05	0.25	0.15
December 2011	0.18	0.17	0.18
Average Number of Falls Per Member Per Month	0.12	0.19	0.16

- The LTL MMC average across the LTL MCOs ranged from a low of 0.09 falls per member month (August 2011) to a high of 0.2 falls per member month (June 2011).
- The LTL MMC average for the Average Number of Falls Per Member Per Year was 0.16. LIFE Butler County was below this rate, whereas LIFE NWPA was higher than this rate.

## SECTION IV: 2011 OPPORTUNITIES FOR IMPROVEMENT MCO RESPONSE

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To achieve full compliance with federal regulations, the PH and BH MCOs were requested to respond to the opportunities for improvement from the prior year's reports. LTL MCOs were not required by DFO to respond to the opportunities for improvement from the prior year's reports.

The general purpose of this section of the report was to document the degree to which each MCO had addressed the opportunities for improvement made by IPRO in the 2011 EQR Technical Reports, which were distributed in 2012. The 2012 EQR Technical Report is the fifth report to include descriptions of current and proposed interventions considered by each MCO that address the prior year recommendations.

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

- Follow-up actions that the MCOs had taken through September 30, 2012 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken, and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

Beginning with the 2009 EQR, PH and BH MCOs were also required to prepare a Root Cause Analysis and Action Plan for select performance measures noted as opportunities for improvement in the prior year's EQR Technical Report. PH MCOs were required to address those measures on the HEDIS 2011 P4P Measure Matrix receiving either "D" or "F" ratings. BH MCOs were required to address those measures that performed statistically significantly poorer than the HealthChoices BH MCO Average (i.e., BH MMC Average) and/or as compared to the prior measurement year. MCOs were required to submit the following for each applicable performance measure:

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

Individual current and proposed interventions and applicable Root Cause Analysis and Action Plan for each PH and BH MCO are detailed in their respective annual technical reports. Corrective action plans that were in place at the OMHSAS level were also forwarded to IPRO for inclusion in the BH MCO 2012 annual technical reports.

## SECTION V: 2012 STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

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### Overall Strengths

- All PH MCOs were compliant on all Structure and Operations Standards of Subparts C: Enrollee Rights and Protections Regulations and F: Federal and State Grievance System Standards.
- The PH, BH and LTL MCOs implemented PIPs and provided documentation of their projects for IPRO's review.
  - All of the eight PH MCOs are compliant, as of this report, for EQR Projects One and Two.
  - Four of the five BH MCOs were fully compliant and received full credit for the elements of their Performance Improvement Project evaluated that reflect activities in 2011.
  - Two LTL MCOs received full credit for all elements evaluated that reflect activities in 2011.
- All PH MCOs successfully completed NCQA HEDIS Compliance Audits in 2012. All PH MCOs also successfully calculated and completed validation of PA Performance Measures.
- All five BH MCOs successfully calculated and completed validation of Performance Measures related to Follow-up After Hospitalization for Mental Illness as well as Readmission within 30 Days of Inpatient Psychiatric Discharge.
- The two pre-PACE LTL MCOs successfully calculated and completed validation for the falls per member per month and average number of falls per member per month performance measures.
- All PH and BH MCOs provided responses to the Opportunities for Improvements issued in the 2011 annual technical reports.

### Overall Opportunities

- Three of the PH MCOs were partially or non-compliant with categories within Subpart D: Quality Assessment and Performance Improvement Regulations.
- Four of the five BH MCOs were partially compliant with the Enrollee Rights category within Subpart C: Enrollee Rights and Protections Regulations.
- The five BH MCOs were partially compliant with categories within Subpart D: Quality Assessment and Performance Improvement Regulations.
- The five BH MCOs were partially compliant with categories within Subpart F: Federal and State Grievance System Standards.
- One LTL MCO was Reviewed with Findings for categories within Subpart C: Enrollee Rights and Protections Regulations.
- Both of the LTL MCOs were Reviewed with Findings for categories within Subparts D: Quality Assessment and Performance Improvement Regulations and F: Federal and State Grievance System Standards.

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

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

Table 16 displays the HEDIS measures for each PH MCO requiring a root cause analysis and action plan:

**Table 16: PH MCO Root Cause Analysis Measures**

	AET	AMHP	COV	GHP	HHP	KMHP	UHCP	UPMC
D	Adolescent Well-Care Visits Cervical Cancer Screening Comprehensive Diabetes Care: HbA1c Poor Control <sup>2</sup> Comprehensive Diabetes Care: LDL-C Control (<100 mg/dL) Controlling High Blood Pressure Prenatal and Postpartum Care: Timeliness of Prenatal Care Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received Lead Screening in Children Annual Dental Visits		Adolescent Well-Care Visits Lead Screening in Children Cervical Cancer Screening Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received Annual Dental Visits	Annual Dental Visits	Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received Controlling High Blood Pressure	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Adolescent Well- Care Visits Breast Cancer Screening Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL) Comprehensive Diabetes Care: LDL-C Level Controlled (<100 mg/dL) Comprehensive Diabetes Care:HbA1c Poor Control Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received Prenatal and Postpartum Care: Timeliness of Prenatal Care	Breast Cancer Screening
F		Emergency Department Utilization <sup>3</sup>		Breast Cancer Screening Emergency Department Utilization <sup>4</sup>	Emergency Department Utilization			Annual Dental Visits

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

<sup>3</sup> A lower rate, indicating better performance, is preferable for Emergency Department Utilization

<sup>4</sup> A lower rate, indicating better performance, is preferable for Emergency Department Utilization

Continuing with the 2012 EQR, BH MCOs have been required to prepare a Root Cause Analysis and Action Plan for performance measures performing statistically significantly poorer than the BH MCO average and/or as compared to the prior measurement year. Measures that fall into the “D” and “F” categories correspond to those measures that demonstrate statistically significant reduction in performance in the current measurement year as compared to the prior measurement year and/or statistically significant poorer performance as compared to the HealthChoices BH MCO Average (i.e., BH MMC Average).

Table 17 displays the performance measures and quality indicators for each BH MCO requiring a root cause analysis and action plan:

**Table 17: BH MCO Root Cause Analysis Measures DONE**

	CBH	CBHNP	CCBH	MBH	VBH
D	Follow-up After Hospitalization for Mental Illness QI 1 (HEDIS 7 Days)	Readmission within 30 Days of Inpatient Psychiatric Discharge <sup>5</sup>	No measures	Readmission within 30 Days of Inpatient Psychiatric Discharge <sup>6</sup>	No measures
	Follow-up After Hospitalization for Mental Illness QI 2 (HEDIS 30 Days)				
	Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness QI A (7 Days)				
	Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness QI B (30 Days)				
F					

<sup>5</sup> Readmission within 30 Days of Inpatient Psychiatric Discharge is an inverted measure. Lower rates are preferable, indicating better performance.

<sup>6</sup> Readmission within 30 Days of Inpatient Psychiatric Discharge is an inverted measure. Lower rates are preferable, indicating better performance.

## FINAL PROJECT REPORTS

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Upon request, the following reports can be made available:

1. Individual PH MCO BBA Reports for 2012
2. Individual BH MCO BBA Reports for 2012
3. Individual LTL MCO BBA Reports for 2012
4. Follow-up After Hospitalization for Mental Illness External Quality Review Aggregate Data Tables – Measurement Year 2011 (BH MCOs)
5. Readmission within 30 Days of Inpatient Psychiatric Discharge External Quality Review Aggregate Data Tables – Measurement Year 2011 (BH MCOs)
6. HEDIS 2012 Member Level Data Reports, Data Analysis Trends (PH MCOs)
7. HEDIS 2012 Member Level Data Reports, Data Findings by Measure (PH MCOs)
8. HEDIS 2012 Member Level Data Reports, Year-to-Year Data Findings – Southeast Zone/Region (PH MCOs)
9. HEDIS 2012 Member Level Data Reports, Year-to-Year Data Findings – Southwest Zone/Region (PH MCOs)
10. HEDIS 2012 Member Level Data Reports, Year-to-Year Data Findings – Lehigh/Capital Zone/Region (PH MCOs)
11. Medicaid Managed Care (MMC) Performance Measures, Examination of Year-to-Year Statistical Comparisons for MMC Weighted Averages (PH MCOs)
12. Medicaid Managed Care Performance Measure Matrices (PH MCOs and BH MCOs)

*Note: Reports #4 and #5 display data by MMC, BH MCO, County, Region, Gender, Age, Race and Ethnicity.  
Reports #6 through #10 display data by MMC, PH MCO, Region, Race and Ethnicity.*