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Capital Blue Cross
External Quality Review
Annual Technical Report

April 2024

Review Period: January 1, 2023–December 31, 2023

pennsylvania
DEPARTMENT OF HUMAN SERVICES

IPRO

Table of Contents

List of Tables

List of Figures

I. Executive Summary

Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a)* through *(f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as "the degree to which an MCO, PIHP,[1] PAHP,[2] or PCCM[3] entity increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement."

The first set of protocols was issued in 2003 and updated in 2012. CMS revised the protocols in 2018 to incorporate regulatory changes contained in the May 2016 Medicaid and Children's Health Insurance Program (CHIP) managed care Final Rule, including the incorporation of CHIP MCOs. Updated protocols were published in February 2023.

Title 42 CFR § 438.364 External review results (a) through *(d)* requires that the annual EQR be summarized in a detailed annual technical report (ATR) that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services that MCOs furnish to beneficiaries. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR § 438.364 External review results (a)* through *(d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Pennsylvania Department of Human Services (DHS) CHIP contracted with IPRO as its EQRO to conduct the 2023 EQRs for the CHIP MCOs and to prepare the ATRs. Pennsylvania CHIP provides free or low-cost health insurance to uninsured children and teens that are not eligible for or enrolled in Medical Assistance (MA) via the Pennsylvania DHS HealthChoices Medicaid managed care (MMC) program. During the external quality review period, January 1, 2023, to December 31, 2023, Pennsylvania's CHIP MCOs included Capital Blue Cross (CBC). This report presents the results of these EQR activities for CBC.

Scope of External Quality Review Activities Conducted

This EQR ATR focuses on the four mandatory and one optional EQR activities that were conducted. These activities are:

(i) ***CMS Mandatory Protocol 1*: Validation of Performance Improvement Projects (PIPs) –** This activity validates that MCO PIPs were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.

[1] prepaid inpatient health plan.
[2] prepaid ambulatory health plan.
[3] primary care case management.

(ii) ***CMS Mandatory Protocol 2:*** **Validation of Performance Measures –** This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.

(iii) ***CMS Mandatory Protocol 3:*** **Review of Compliance with Medicaid and CHIP Managed Care Regulations –** This activity determines MCO compliance with its contract and with state and federal regulations.

(iv) ***CMS Mandatory Protocol 4:*** **Validation of Network Adequacy –** This activity assesses MCO adherence to state standards for time and distance for specific provider types, as well as the MCO's ability to provide an adequate provider network to its CHIP population.

(v) ***CMS Optional Protocol 6:*** **Validation of Quality-of-Care Surveys –** In 2023, satisfaction surveys were conducted for adult and child members. The member survey measured satisfaction with care received, providers, and health plan operations.

CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies;
- comparative findings; and
- where applicable, the MCOs' performance strengths and opportunities for improvement.

While the *CMS External Quality Review (EQR) Protocols* published in January 2023 stated that an Information Systems Capabilities Assessment (ISCA) is a required component of the mandatory EQR activities. CMS previously clarified that the systems reviews that are conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA. Findings from IPRO's review of the MCOs' HEDIS final audit reports (FARs) are in **Section III: Validation of Performance Measures**.

Conclusions and Recommendations

IPRO used the analyses and evaluations of 2023 EQR activity findings to assess the performance of Pennsylvania CHIP MCOs in providing quality, timely, and accessible healthcare services to CHIP members. The individual MCOs were evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

Findings from MY 2022 EQR activities highlight CBC's continued commitment to achieving the goals of the Pennsylvania Medicaid Quality Strategy. Strengths related to quality of care, timeliness of care, and access to care were observed in the implementation of performance improvement projects, performance measure rates, compliance with regulatory requirements, and quality-of-care survey scores; however, there were also important shortcomings in each that can be addressed through ongoing quality measurement, reporting, and improvement activities. **Table 31** provides specific information on CBC's strengths, opportunities, and IPRO recommendations for improvement.

Note on Accessibility

Several tables in this report use a checkmark to indicate that the column header applies to the cell. When the column header does not apply, the cell has been greyed out. A dash has been added to greyed out cells so that readers using assistive technology understand that the column header does not apply.

II. Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) Performance improvement projects establishes that the state must require contracted CHIP MCOs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. Further, MCOs are required to design PIPs to achieve significant, sustained improvement in health outcomes that include the following elements:

- measurement of performance using objective quality indicators,
- implementation of interventions to achieve improvement in access to and quality of care,
- evaluation of the effectiveness of interventions based on the performance measures, and
- planning and initiation of activities for increasing or sustaining improvement.

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. To meet these federal regulations, Pennsylvania contracted with IPRO to validate the PIPs that were underway in 2023.

Pennsylvania identifies PIPs by assessing gaps in care with a focus on applying sustainable interventions that will improve the access, quality, or timeliness of care and services provided to the state's Medicaid beneficiaries. DHS-selected topics require that each MCO implement work plans and activities consistent with PIPs, as required by federal and state regulations. The EQRO reviews PIP proposals and PIP reports and provides technical assistance throughout the life of the PIP. PIP project validation activities and results are summarized annually by the EQRO for the state.

The PIPs extend from January 2021 through December 2024. The non-intervention baseline period is January 2021 to December 2021, with research beginning in 2022. Initial PIP proposals were developed and submitted in first quarter 2022, and baseline reports including any proposal updates were submitted by MCOs in August 2022. Following the formal PIP proposal and baseline measurement reports, the timeline defined for the PIPs requires an interim report in 2023, as well as a final report in August 2024.

For each PIP, all CHIP MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS CHIP provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, remeasurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions, and timeliness.

As part of the new EQR PIP cycle that was initiated for all CHIP MCOs in 2022, IPRO adopted the Lean methodology, following the CMS recommendation that quality improvement organizations (QIOs) and other healthcare stakeholders embrace Lean in order to promote continuous quality improvement (QI) in healthcare. MCOs were provided with the most current Lean PIP submission and validation templates at the initiation of the PIP.

All CHIP MCOs were required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol for conducting PIPs. These protocols follow a longitudinal format and capture information relating to:

- activity selection and methodology;
- data/results;
- analysis cycle; and
- interventions.

As part of the EQR PIP cycle that was initiated for all CHIP MCOs in 2022, CHIP MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, the two topics selected were "Improving Access to Pediatric Preventive Dental Care" and "Improving Blood Lead Screening Rate in Children." CHIP MCOs were responsible for coordinating, implementing, and reporting their projects.

Performance Improvement Project Topics

"Improving Access to Pediatric Preventive Dental Care" was selected after reviews showed that several dental metrics have consistently fallen below comparable populations or have not steadily improved across years. For the HEDIS Annual Dental Visit (ADV) measure, while CHIP managed care averages have been higher than MMC averages for most age cohorts since 2015, the CHIP averages have been consistently lower than Medicaid for the youngest cohort (ages 2−3 years) during the same period. Additionally, from HEDIS 2018 to HEDIS 2020, year-to-year trends in CHIP averages across age cohorts have fluctuated, with no steady improvement for any age cohort. Preventive dental measures also indicated room for improvement. Prior to CMS's replacement of the Dental Sealants In 6–9-Year-Old Children at Elevated Caries Risk measure for MY 2020, CHIP rates varied from roughly 19% to roughly 25% since 2015. At the time of topic development, trends were not available for the new CMS sealant measure, Sealant Receipt on Permanent 1st Molars (SFM-CH), but MCOs have been encouraged to target this measure for examination. Further, CMS reporting of federal fiscal year (FFY) 2014 data from the CMS-416 Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report followed trends from previous years, indicating that the percentage of Pennsylvania children aged 1−20 years who received any preventive dental service for FFY 2014 (42.5%) was below the national rate of 45.6%.

Given the research that early childhood cavities can lead to the presence of many poor health factors and that early preventive dental visits are effective in reducing the need of restorative and emergency care, it became apparent that examination of this research and how it might be applicable to CHIP is warranted, particularly given that metrics indicate there is room for improvement.

For this PIP, DHS CHIP is requiring all CHIP MCOs to submit the following measures on an annual basis:

- Annual Dental Visits (ADV – HEDIS). MCOs will report on the measure collected and submitted for HEDIS.
- Total Eligible Members Receiving Preventive Dental Services. For this measure, each MCO will define all parameters that will be used to collect and report a rate for this measure using its claims system.
- MCO-defined. Each MCO is required to identify and define at least one additional topic-related performance measure to collect and study for this PIP based on the data for its population.

"Improving Blood Lead Screening Rates in Children" was selected again due to several factors. A 2021 look at national trends regarding lead screening and blood lead levels (BLLs) showed that Pennsylvania was among the states with the highest number of children with elevated BLLs, with most samples coming from the Philadelphia and Pittsburgh metropolitan areas. The National Surveillance Data table, utilizing National Health and Nutrition Examination Survey (NHANES) data, supported this finding, citing percentages ranging from 6%−9% for children with BLLs at least 5 ug/dL and around 1.5% for children with at least 10 ug/dL in Pennsylvania. Current CHIP policy requires that all children ages 1−2 years and all children ages 3−6 years

without a prior lead blood test have blood levels screened consistent with current Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) standards. Between 2012 and 2018, Pennsylvania has seen fluctuating lead screening rates for children younger than 72 months old, with 17.8% screened in both 2012 and again in 2018. Using the HEDIS Lead Screening measure, the average national lead screening rate in 2019 was 70.0%, while the Pennsylvania CHIP average was 66.2%. This rate fell between the 25th and 33rd percentile for HEDIS Quality Compass® benchmarks. Despite an overall improvement in lead screening rates for Pennsylvania CHIP contractors over the previous few years, rates by MCO and weighted average continued to be below the national average. Additionally, when comparing Pennsylvania Medicaid and CHIP rates, Medicaid's weighted average rate for 2019 was 81.6%, 15.5 points higher than CHIP. However, regarding population, it was noted that children younger than 1 year of age typically receive Medicaid benefits until they reach 1 year of age. At this point, many children move over to CHIP, provided their families are eligible. MCOs were advised that this can affect overall CHIP rates across all MCOs, since the < 1 year age group will have disproportionately fewer members than older age groups.

Given the inconsistent improvement and rates that continue to fall below national averages, DHS CHIP determined that it has become apparent that continued intervention in this area of healthcare for the CHIP population is necessary.

For this PIP, DHS CHIP is requiring all CHIP MCOs to submit the following measures on an annual basis:

- Lead Screening in Children (LSC – HEDIS). MCOs will report on the measure collected and submitted for HEDIS.
- Total Number of Children Successfully Identified with Elevated BLLs. For this measure, each MCO will define all parameters that will be used to collect and report a rate for this measure using its claims system.
- MCO-defined. Each MCO is required to identify and define at least one additional topic-related performance measure to collect and study for this PIP based on the data for its population.

Technical Methods of Data Collection and Analysis

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. During the conduct of the PIPs, IPRO provides technical assistance to each MCO. Technical assistance includes feedback.

CMS's *Protocol 1. Validation of Performance Improvement Projects* was used as the framework to assess the quality of each PIP, as well as to score the compliance of each PIP with both federal and state requirements. IPRO's assessment involves the following 10 elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCO's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCO's enrollment and generalizable to the MCO's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable.

The first seven elements in the numbered list above relate to the baseline and demonstrable improvement phases of the project. The last three elements relate to sustaining improvement from the baseline measurement. Each element carries a separate weight. Scoring for each element is based on Met, Partially Met, and Not Met. Following the review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable. The overall score expresses the level of compliance.

This section describes the scoring elements and methodology that will occur during the intervention and sustainability periods. MY 2021 is the baseline year, and during the 2023 review year, elements were reviewed and scored and interim reports were submitted in August 2023. For review year 2022, the latest applicable findings are the proposal update/baseline report review findings; these are the findings included in each MCO's report. All MCOs received some level of guidance towards improving their projects in these findings, and as requested, MCOs will respond accordingly with resubmission to correct specific areas.

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

Table 1 presents the terminologies used in the scoring process, their respective definitions, and their weight.

Table 1: Element Designation

Element Designation	Definition	Designation Weight
Met	Met or exceeded the element requirements	100%
Partially Met	Met essential requirements, but is deficient in some areas	50%
Not Met	Has not met the essential requirements of the element	0%

When the PIPs are reviewed, all projects are evaluated on the same elements. The scoring matrix is completed for those review elements where activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP submission schedule. Untimely reporting by the MCO (i.e., if not in accordance with the submission schedule) may be factored into the overall determination. At the time each element is reviewed, a finding is given of "Met," "Partially Met," or "Not Met." Elements receiving a "Met" will receive 100% of the points assigned to the element, "Partially Met" elements will receive 50% of the assigned points, and "Not Met" elements will receive 0%. Effective MY 2022, overall ratings below 85% (i.e., below "Met") will require action plans to remediate deficiencies in the PIP and/or its reporting.

IPRO provided PIP report templates to each MCO for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There were no validation findings that indicate that the credibility was at risk for the PIP results.

- The validation findings generally indicate that the credibility for the PIP results was not at risk; however, results must be interpreted with some caution. Processes that put the conclusions at risk are enumerated.
- There are one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

IPRO's assessment of indicator performance was based on the following four categories:
- Target met (or exceeded), and performance improvement demonstrated.
- Target not met, but performance improvement demonstrated.
- Target not met, and performance decline demonstrated.
- Unable to evaluate performance at this time.

Description of Data Obtained

For the **"Improving Access to Pediatric Preventive Dental Care"** PIP, DHS CHIP is requiring all CHIP MCOs to submit the following measures on an annual basis:
- Annual Dental Visits (ADV – HEDIS). MCOs will report on the measure collected and submitted for HEDIS.
- Total Eligible Members Receiving Preventive Dental Services. For this measure, each MCO will define all parameters that will be used to collect and report a rate for this measure using its claims system.
- MCO-defined. Each MCO is required to identify and define at least one additional topic-related performance measure to collect and study for this PIP based on the data for its population.

For the **"Improving Blood Lead Screening Rates in Children"** PIP, DHS CHIP is requiring all CHIP MCOs to submit the following measures on an annual basis:
- Lead Screening in Children (LSC – HEDIS). MCOs will report on the measure collected and submitted for HEDIS.
- Total Number of Children Successfully Identified with Elevated BLLs. For this measure, each MCO will define all parameters that will be used to collect and report a rate for this measure using its claims system.
- MCO-defined. Each MCO is required to identify and define at least one additional topic-related performance measure to collect and study for this PIP based on the data for its population.

Conclusions and Comparative Findings

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

Throughout 2023, the final year of the cycle, there were several levels of communication provided to MCOs after their first interim submissions and in preparation for their second submissions, including:
- responses to questions or requested clarifications, via both a Q&A document for issues impacting all MCOs and individual responses to MCO-specific questions;
- MCO-specific review findings for each PIP, including detailed information to assist MCOs in preparing their first interim resubmissions; and
- conference calls as requested with each MCO to discuss the PIP interim review findings with key MCO staff assigned to each PIP topic.

In response to the feedback provided, MCOs were requested to revise and resubmit their documents to address the identified issues and to review again. PIP-specific calls were held with each MCO that experienced continued difficulty, attended by both DHS and IPRO. Additionally, as needed, Pennsylvania DHS discusses ongoing issues with MCOs as part of their regularly scheduled monitoring calls. As noted, during 2023, MCOs

were requested to submit an interim report, including updated rates and interventions. Review teams consisted of one clinical staff member and one analytical staff member. Following initial review, MCOs were asked to update their submission according to the recommendations noted in the findings. **Table A1** of the MCO's interventions for the project can be found in **Appendix A**.

Improving Access to Pediatric Preventive Dental Care
CBC's baseline proposal demonstrated the topic has potential to impact the maximum proportion of members that is feasible. The goal set by the MCO targets an improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with the rationale for target rate provided.

Regarding the aim statements and objectives provided by CBC, reviewers designated this element as Partially Met, as the aim statements should address what will be improved, by how much, among whom, and over what time frame. Reviewers advised that the aim statement should include each performance indicator.

CBC created clearly defined and measurable indicators, which measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes. Additionally, CBC indicated a plan to measure the indicators consistently over time, including data collection procedures to ensure that data are valid, reliable, and representative of the entire eligible population. CBC's data analysis procedures indicate that the plan will interpret improvement in terms of achieving target rates, and the plan will monitor intervention tracking measures (ITMs) so that stagnating or worsening quarterly ITM trends will trigger barrier/root cause analysis, with findings used to inform modifications to interventions. Reviewers noted that CBC should provide more detail regarding individual ITM data collection and monitoring, such as how "touchpoints available" and "touchpoints delivered" are recorded and collected.

Reviewers noted that the plan identified barriers for improvement through data analysis and QI processes; however, reviewers requested that additional information be provided in the PIP regarding the data sources that informed some of the barriers. CBC included several member and provider interventions (e.g., reminders to incoming callers, birthday cards with QR codes for dental education, and HEDIS scorecards for providers) to address identified causes/barriers.

In August 2023, the MCO submitted an interim report for this project. Discontinued ITMs were removed and replaced with new ones corresponding to two novel interventions. However, a notable omission in the Data Analysis section of the PIP is the lack of discussion on ITM data collection and monitoring timeframes. Specifically, the frequency at which the work group will review intervention performance is not addressed. It was strongly recommended to include these timeframes in the upcoming PIP submission.

The MCO introduced two interventions aimed at addressing Barrier 1, involving email outreach and dental event campaigns to enhance member performance outcomes. The email intervention (ITMs 2a−2c) involves tracking email delivery rates, open rates, and links clicked. Notably, there was a concern from reviewers about confirming the delivery and opening of member emails. Currently, there is no ITM measuring the total number of members who received dental screenings after the dental campaign emails were sent. Barrier 2's intervention remains on hold, prompting IPRO to recommend a barrier analysis and the modification or development of a new intervention for Barrier 2.

All data pertaining to performance indicators were accurately calculated and reported, with target rates specified for each indicator. Despite the development of two new interventions to improve performance outcomes, the assessment of the increase in dental visits is hindered by the lack of ITM data for ITMs 2a−2c and the on-hold Intervention 4 related to Barrier 3. It is urged to include ITM data for the email campaign intervention and to introduce an ITM measuring the total number of members receiving dental screenings

after respective campaign emails. Barrier 2 currently lacks intervention, and IPRO suggests conducting a barrier analysis along with the development and implementation of a new intervention.

Comparisons between interim performance indicator rates, baseline rates, and goal rates were made, accompanied by a discussion on why two out of three interventions were not implemented. The success of Intervention 1 was attributed to direct member contact, while provider outreach posed challenges due to various activities not being part of the value-based provider incentive program. The plan asserted the absence of threats to the study's internal and external validity.

The following recommendations were identified during the interim report review process:

- It was recommended that the MCO include an ITM that measures the total number of members who received dental screening after campaign email was sent to member email addresses. The only intervention to address Barrier 2 remains on hold.
- It was recommended that the MCO perform barrier analysis and modification/development of new intervention to address Barrier 2.

Improving Blood Lead Screening Rate in Children

CBC's baseline proposal demonstrated that the topic reflects high-volume or high-risk conditions for the population under review with the potential for meaningful impact on member health, functional status, and satisfaction for the population. The goal set by the MCO targets an improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with the rationale for target rate provided.

Regarding the aim statements and objectives provided by CBC, reviewers determined this element as Met. CBC included baseline rates and indicated goals for all four indicators, with rationales and bold target improvement rates.

Upon review of CBC's methodology for data collection and analysis, multiple questions were raised. Reviewers noted that it is difficult to identify how the data will be collected and analyzed and by whom, especially data being reviewed in the areas of case management outreach. It is also unclear how often the data will be analyzed. The MCO should include in their report whether there will be any data analysis during the year, how ongoing QI will be monitored, and how stagnation or worsening rates will be identified and/or addressed. Reviewers also noted that "N/A" was indicated for sampling, but references are made to hybrid data, which should be clarified in the report. In addition, CBC should describe who will be collecting data including titles and qualifications, including for HEDIS. Generally, reviewers noted that discussion of data collection addressing ITM's is not specific enough. The MCO should provide more detail regarding individual ITM data collection and monitoring.

CBC listed barriers in their report, however the source of where/how a barrier was identified was not included. Reviewers requested clarification for ITM 1a. The MCO should include the definition of a "touchpoint" and whether both the number of calls made by parent/guardians and the number of topics discussed by member services should be clarified. Reviewers noted that CBC should dedicate narrative in the report to how this data will be collected and analyzed and whether this is a new system being implemented or if member services is already doing this (prior to 2022). The method of barrier identification states member education; therefore, the MCO should include how a member service representative is educating a parent/guardian during a touchpoint on the need for lead screening. In addition, the MCO should add barriers and ITMs for Indicator 3.

In August 2023, the MCO submitted an interim report for this project, and several clarifications and adjustments have been made to the project. Reviewers did request for clarification on whether the HEDIS data

in the project topic rationale pertains specifically to MCO members or if it is state-level data. Additionally, the call was made to include any plan-specific data to establish the relevance of the topic selection to the plan's eligible member population. Another point of focus is adding clarity to Indicator 2, with a need for consistency in the aim statement and Table 2 information. Review found that the threshold value (3.5 µg/dL or 5 µg/dL) was unclear. These were all addressed by the MCO in their November 2023 interim resubmission.

The Barrier 3 BLL tracking intervention ITM was not discussed in the data analysis section, and the monitoring timeframe for the new email campaign ITM was also not addressed. Recommendations were made to include discussions on tracking frequency for the email campaign ITM and data analysis methods for the BLL tracking intervention ITM in the next PIP submission.

In terms of interventions, the discontinued birthday card intervention ITM was replaced by an email campaign intervention ITM. Corresponding ITMs 2a−2c involve tracking email delivery rates, open rates, and links clicked, raising questions about valid methods to confirm email delivery and opening. There is also a lack of ITM data measuring the total number of members receiving blood lead screenings after lead campaign emails. Uncertainties surround Intervention 4, prompting reviewers to question how the plan will track BLL data and whether the intervention aims at improving patient outcomes or PIP reporting.

While a preventive screening email campaign intervention was implemented, uncertainties remain surrounding the inclusion of lead screening education in the emails for eligible members. The absence of ITM data for Intervention 2 also complicated review, emphasizing the need for more detailed information in the next PIP submission.

Adjustments to target rates for Indicator 1 and corrections to the Indicator 2 target goal rate were noted. However, a discrepancy was found as the Indicator 2 target rate of 3.63% is lower than the interim period rate of 9.09%. In the final report, a request was made for a more comprehensive discussion regarding the rationale behind aiming for a lower rate from baseline to the final measurement period for Indicator 2.

The following recommendations were identified during the proposal and baseline report review process:

- It was recommended that the MCO include discussion regarding the tracking frequency of the new email campaign ITM, as well as data analysis methods regarding the BLL tracking intervention ITM in the next PIP submission. At a minimum, CBC should discuss how often the work group will be reviewing intervention performance in the next PIP submission.
- It was recommended that the MCO include new email campaign ITM performance tracking frequency in the next PIP submission.
- It was recommended that the MCO include an ITM that measures the total number of members who received blood lead screening after the lead campaign email was sent to member email addresses.
- It was recommended that the MCO include more detail regarding Intervention 4 in the next submission.
- It was recommended that the MCO consider providing a more in-depth discussion regarding the rationale for why a lower rate from baseline to final measurement period as the desired performance outcome goal for Indicator 2.

CBC’s interim report compliance assessment by review element is presented in **Table 2**.

Table 2: CBC PIP Compliance Assessments – 2023 Interim Report

Review Element	Improving Access to Pediatric Preventive Dental Care	Improving Blood Lead Screening Rate in Children
Element 1. Project Topic/Rationale	Met	Met
Element 2. Aim	Met	Met
Element 3. Methodology	Partially Met	Partially Met
Element 4. Barrier Analysis	Partially Met	Partially Met
Element 5. Robust Interventions	Partially Met	Partially Met
Element 6. Results Table	Met	Met
Element 7. Discussion and Validity of Reported Improvement	Met	Met

PIP: performance improvement project.

III. Validation of Performance Measures

Objectives

Pennsylvania selects quality metrics and performance targets by assessing gaps in care within the state's CHIP population. DHS monitors and utilizes data that evaluate the MCOs' strengths and opportunities for improvement in serving the CHIP population by specifying performance measures. The selected performance measures and performance targets are reasonable, based on industry standards, and consistent with the CMS's *External Quality Review (EQR) Protocols*. The MCOs are required to follow NCQA HEDIS, CMS Adult and Child Core Set, and Pennsylvania Performance Measure (PAPM) technical specifications for reporting. DHS generally conducts annual monitoring of the performance measures to observe trends and to identify potential risks to meeting performance targets. Annually, the EQRO validates the MCOs' reported performance rates.

Technical Methods of Data Collection and Analysis

The MCOs were provided with final specifications for the CMS Child Core Set and PAPM in April 2023. Source code, raw data, and rate sheets were submitted by the MCOs to IPRO for review in 2023. IPRO conducted an initial validation of each measure including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary, with a limit of four total submissions. Additional resubmissions required discussion with and approval from DHS. Pseudo code was reviewed by IPRO. Raw data were also reviewed for reasonability, and IPRO ran validation code against these data to validate that the final reported rates were accurate. Additionally, MCOs were provided with comparisons to the previous year's rates and were requested to provide explanations for statistically significant differences that displayed at least a 3-percentage-point difference in observed rates.

HEDIS MY 2022 measures were validated through a standard HEDIS compliance audit of each MCO. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). HEDIS MY 2022 audit activities were performed virtually due to the public health emergency. A FAR was submitted to NCQA for each MCO per NCQA guidelines in July following completion of audit activities. Because the PAPMs rely on the same systems and staff, no separate review was necessary for validation. IPRO conducts a thorough review and validation of source code, data, and submitted rates for the PAPMs.

Description of Data Obtained

Evaluation of MCO performance is based on PAPMs, CMS Core Set measures, and HEDIS Health Plan measures for the EQR. It is DHS's practice to report all first-year performance measures for informational purposes. Relevant context regarding reported rates or calculated averages is provided as applicable, including any observed issues regarding implementation, reliability, or variability among MCOs. Additional discussion regarding MCO rates that differ notably from other MCOs will be included in the MCO-specific findings as applicable.

Pennsylvania Performance Measures

MCOs collect PAPMs, "which are a set of state quality measures that were developed focusing on specific areas of importance to the Commonwealth that are not captured through other available data sets. PAPMs use statistically valid methodologies and allow program offices to track program performance over time. MCOs are required to report specific data for measures according to the requirements of the managed care program(s) in which they participate, and the most current year's measures selected. Data sources include,

but are not limited to, encounter data, participant interviews, patient experience surveys, on-site documents, electronic file reviews, quarterly, and annual reports."[4]

CMS Core Set Measures

The CMS measures are known as Core Set measures and are indicated below for children and adults. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, and other specifications as needed. For MY 2022, these performance measure rates were calculated through one of two methods: 1) administrative, which uses only the MCO's data systems to identify numerator positives; and 2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator "hits" for rate calculation.

HEDIS Health Plan Measures

Each MCO underwent a full HEDIS compliance audit in 2023. Development of HEDIS Health Plan measures and the clinical rationale for their inclusion in the HEDIS Health Plan measurement set can be found in the HEDIS MY 2022, Volume 2 narrative. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H – Child Survey.

MY 2022 was the first year MCOs reported HEDIS Health Plan measures from the electronic clinical data systems (ECDS) domain. ECDS capture care that aligns with evidence-based practices and promote health information portability, leading to improvements in healthcare quality and timeliness. ECDS measures are calculated using electronic clinical data, as stated in their respective definitions.

NCQA added race and ethnicity stratification reporting guidelines for MY 2022 for the following measures:

- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients With Diabetes
- Prenatal and Postpartum Care
- Child and Adolescent Well-Care Visits

CHIP MCOs are not required to report Colorectal Cancer Screening, Controlling High Blood Pressure, and Hemoglobin A1c Control for Patients With Diabetes.

NCQA requires reporting race and ethnicity as defined by the Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. The race reporting categories are White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian and other Pacific Islander, some other race, two or more races, asked but no answer, and unknown. The ethnicity categories are Hispanic/Latino, not Hispanic/Latino, asked but no answer, unknown, and total (total of all categories). The race and ethnicity stratifications are reported in a separate **Table B1** in **Appendix B**.

Conclusions and Comparative Findings

The MCO successfully implemented all of the PAPM and Core Set measures for 2022 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable.

[4] PA DHS. (2020). *Medical Assistance and Children's Health Insurance Program managed care quality strategy*. 16-17. 2020 Medical Assistance Quality Assistance Strategy for Pennsylvania (pa.gov).

Rate calculations were collected via rate sheets and reviewed for all of PAPMs. The MCO successfully completed the HEDIS audit. The MCO received an Audit Designation of Report for all applicable measures.

Measure descriptions and MCO results are presented in **Tables 4–21** and in **Table B1** in **Appendix B** for the race and ethnicity measure data. For each measure, the denominator, numerator, and MY rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% CI indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would fall within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the CI 95 times, or 95% of the time.

Rates for both the MYs and the previous year are presented, as available (i.e., MY 2022 and MY 2021). In addition, statistical comparisons are made between the MY 2022 and MY 2021 rates. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the *Z* ratio. A *Z* ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations. For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "−," and no statistically significant change by "n.s."

In addition to each individual MCO's rate, the CHIP MMC average for MY 2022 is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of the difference between the plan's MY rate and the MMC average for the same year. For comparison of MY 2022 rates to MMC rates, "+" denotes that the plan rate exceeds the MMC rate, "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

Note that the large denominator sizes for many of the analyses led to increased statistical power and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage-point difference between two rates was statistically significant in many cases, although not meaningful. Hence, results corresponding to each table highlight only differences that are both statistically significant and display at least a 3-percentage-point difference in observed rates.[5] It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates might not yield statistical significance due to reduced power; if statistical significance is not achieved, results are not highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, "N/A" (not applicable) appears in the corresponding cells. However, "NA" (not available) also appears in the cells under the HEDIS MY 2022 percentile column for PAPMs that do not have HEDIS percentiles to compare.

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

[5] Note that rates that are reported "per 100,000 members months" are not subject to the 3-percentage-point limit. For these rates, if a rate has statistically significantly changed, it is reported as an opportunity.

Access to/Availability of Care

The measures in the Access to/Availability of Care category are listed in **Table 3**, followed by the measure data in **Table 4**.

Table 3: Access to/Availability of Care Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Annual Dental Visit	-	Reported as a HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 2–20 years who were continuously enrolled in the MCO for the MY and who had at least one dental visit during the MY.	N/A	Ages 2–3 years, ages 4–6 years, ages 7–10 years, ages 11–14 years, ages 15–18 years, ages 19 years, and total ages
NCQA	Prenatal and Postpartum Care	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY.	Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	All member ages
NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 1–17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	N/A	Ages 1–11 years, ages 12–17 years, and total ages 1–17 years

CMS: Centers for Medicare & Medicaid Services; N/A: not applicable; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; MY: measurement year.

No strengths are identified for MY 2022 Access to/Availability of Care performance measures.

Opportunities for improvement are identified for MY 2022 Access to/Availability of Care performance measures.

- The following rates are statistically significantly below/worse than the MY 2022 MMC weighted average:
  - Annual Dental Visit (2–3 years) - 15.7 percentage points
  - Annual Dental Visit (4–6 years) - 6.2 percentage points

Table 4: Access to/Availability of Care Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Annual Dental Visit (2–3 years)	249	70	28.1%	22.3%	33.9%	27.3%	n.s.	43.9%	-	≥ 10th and < 25th percentile
Annual Dental Visit (4–6 years)	981	594	60.6%	57.4%	63.7%	61.3%	n.s.	66.8%	-	≥ 50th and < 75th percentile
Annual Dental Visit (7–10 years)	2,349	1,586	67.5%	65.6%	69.4%	70.0%	n.s.	70.4%	-	≥ 75th and < 90th percentile
Annual Dental Visit (11–14 years)	2,777	1,810	65.2%	63.4%	67.0%	65.3%	n.s.	67.3%	-	≥ 75th and < 90th percentile
Annual Dental Visit (15–18 years)	2,820	1,554	55.1%	53.3%	57.0%	55.5%	n.s.	56.2%	n.s.	≥ 75th and < 90th percentile
Annual Dental Visit (19 years)	51	20	39.2%	24.8%	53.6%	41.7%	n.s.	42.5%	n.s.	≥ 75th and < 90th percentile
Annual Dental Visit (Total)	9,227	5,634	61.1%	60.1%	62.1%	61.6%	n.s.	63.8%	-	≥ 75th and < 90th percentile
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1–11 years)	4	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12—17 years)	9	6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	13	8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Behavioral Health

The measures in the Behavioral Health category are listed in **Table 5**, followed by the measure data in **Table 6**.

Table 5: Behavioral Health Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Diagnosed Mental Health Disorders	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the MY. The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.	N/A	Ages 1–17 years, ages 18–19 years, and total ages
NCQA	Diagnosed Substance Use Disorders	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 13 years of age and older diagnosed with a substance use disorder during the MY. The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor lower rate indicates better performance.	Rate 1: The percentage of members diagnosed with an alcohol disorder. Rate 2: The percentage of members diagnosed with an opioid disorder. Rate 3: The percentage of members diagnosed with a disorder for other or unspecified drugs. Rate 4: The percentage of members diagnosed with any substance use disorder.	Ages 13–17 years, ages 18–19 years, and total ages
NCQA	Follow-Up After Emergency Department (ED) Visit for Mental Illness	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit with a corresponding principal diagnosis for mental illness.	Rate 1: The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days). Rate 2: The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).	Ages 13–17 years and ages 18–19 years
NCQA	Follow-Up After ED Visit for Substance Use	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD abuse or dependence.	Rate 1: The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days). Rate 2: The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).	Ages 6–17 years and ages 18–19 years
NCQA	Follow-Up After Hospitalization for Mental Illness	-	Reported as HEDIS-audited measure	This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.	Rate 1: The percentage of discharges for which the member received follow-up within 30 days after discharge. Rate 2: The percentage of discharges for which the member received follow-up within 7 days after discharge.	Ages 6–19 years
NCQA	Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Rate 1: Initiation Phase. The percentage of members ages 6–12 years as of the index prescription start date with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Rate 2: Continuation and Maintenance Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	Ages 6–12 years

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 1–17 years who had two or more antipsychotic prescriptions and had metabolic testing.	Rate 1: The percentage of children and adolescents on antipsychotics who received blood glucose testing. Rate 2: The percentage of children and adolescents on antipsychotics who received cholesterol testing. Rate 3: The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	Ages 1–11 years, ages 12–17 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; BH: behavioral health; PH: physical health; N/A: not applicable; IPSD: index prescription start date.

No strengths are identified for MY 2022 Behavioral Health performance measure.

No opportunities are identified for MY 2022 Behavioral Health performance measures.

Table 6: Behavioral Health Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Diagnosed Mental Health Disorders (1—17 years)	8,927	1,509	16.9%	16.1%	17.7%	N/A	N/A	15.8%	+	NA
Diagnosed Mental Health Disorders (18—19 years)	826	203	24.6%	21.6%	27.6%	N/A	N/A	22.5%	n.s.	NA
Diagnosed Mental Health Disorders (Total)	9,753	1,712	17.6%	16.8%	18.3%	N/A	N/A	16.4%	+	NA
Diagnosed Substance Use Disorders—Alcohol Disorder (13—17 years)	3,682	4	0.1%	0%	0.2%	N/A	N/A	0.1%	n.s.	NA
Diagnosed Substance Use Disorders—Alcohol Disorder (18—19 years)	826	2	0.2%	-0.2%	0.6%	N/A	N/A	0.3%	n.s.	NA
Diagnosed Substance Use Disorders—Alcohol Disorder (Total)	4,508	6	0.1%	0.0%	0.2%	N/A	N/A	0.1%	n.s.	NA
Diagnosed Substance Use Disorders—Opioid Disorder (13—17 years)	3,682	2	0.0%	0%	0.1%	N/A	N/A	0.0%	n.s.	NA
Diagnosed Substance Use Disorders—Opioid Disorder (18—19 years)	826	0	0.0%	0%	0.1%	N/A	N/A	0.0%	n.s.	NA
Diagnosed Substance Use Disorders—Opioid Disorder (Total)	4,508	2	0.0%	0%	0.1%	N/A	N/A	0.0%	n.s.	NA
Diagnosed Substance Use Disorders—Other Disorder (13—17 years)	3,682	16	0.4%	0.2%	0.7%	N/A	N/A	0.4%	n.s.	NA
Diagnosed Substance Use Disorders—Other Disorder (18—19 years)	826	6	0.7%	0.1%	1.4%	N/A	N/A	0.8%	n.s.	NA
Diagnosed Substance Use Disorders—Other Disorder (Total)	4,508	22	0.5%	0.3%	0.7%	N/A	N/A	0.5%	n.s.	NA
Diagnosed Substance Use Disorders—Substance Use Disorder (13—17 years)	3,682	21	0.6%	0.3%	0.8%	N/A	N/A	0.5%	n.s.	NA
Diagnosed Substance Use Disorders—Substance Use Disorder (18—19 years)	826	8	1.0%	0.2%	1.7%	N/A	N/A	1.0%	n.s.	NA
Diagnosed Substance Use Disorders—Substance Use Disorder (Total)	4,508	29	0.6%	0.4%	0.9%	N/A	N/A	0.6%	n.s.	NA
Follow-Up After Hospitalization For Mental Illness — 7 days	48	21	43.8%	28.7%	58.8%	50.0%	n.s.	51.5%	n.s.	≥ 50th and < 75th percentile
Follow-Up After Hospitalization For Mental Illness — 30 days	48	32	66.7%	52.3%	81.0%	79.6%	n.s.	73.3%	n.s.	≥ 75th and < 90th percentile
Follow-Up Care for Children Prescribed ADHD Medication — Initiation Phase	71	32	45.1%	32.8%	57.3%	36.8%	n.s.	46.9%	n.s.	≥ 50th and < 75th percentile
Follow-Up Care for Children Prescribed ADHD Medication — Continuation & Maintenance Phase	18	9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Follow-Up After Emergency Department Visit for Substance Use—Within 30 Days (13—17 years)	2	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Substance Use—Within 30 Days (18—19 years)	1	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Substance Use—Within 30 Days (Total)	3	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days (13—17 years)	2	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days (18—19 years)	1	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days (Total)	3	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days (6—17 years)	37	28	75.7%	60.5%	90.9%	N/A	N/A	72.2%	n.s.	≥ 50th and < 75th percentile
Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days (18—19 years)	2	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days (Total)	39	29	74.4%	59.4%	89.3%	N/A	N/A	70.5%	n.s.	≥ 90th percentile
Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days (6—17 years)	37	18	48.7%	31.2%	66.1%	N/A	N/A	50.0%	n.s.	≥ 25th and < 50th percentile
Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days (18—19 years)	2	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days (Total)	39	18	46.2%	29.2%	63.1%	N/A	N/A	48.6%	n.s.	≥ 50th and < 75th percentile
Follow-Up After High-Intensity Care for Substance Use Disorder — 30 days (13–17 years)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After High-Intensity Care for Substance Use Disorder — 30 days (18–19 years)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After High-Intensity Care for Substance Use Disorder — 30 days (Total)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After High-Intensity Care for Substance Use Disorder — 7 days (13–17 years)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After High-Intensity Care for Substance Use Disorder — 7 days (18–19 years)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Follow-Up After High-Intensity Care for Substance Use Disorder — 7 days (Total)	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose (1–11 years)	5	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose (12–17 years)	18	11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose (Total)	23	14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Cholesterol (1–11 years)	5	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Cholesterol (12–17 years)	18	8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Cholesterol (Total)	23	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose & Cholesterol (1–11 years)	5	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose & Cholesterol (12–17 Years)	18	8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics — Blood Glucose & Cholesterol (Total)	23	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; ADHD: attention deficit hyperactivity disorder; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Dental and Oral Health Services

The measures in the Dental and Oral Health Services category are listed in **Table 7**, followed by the measure data in **Table 8**.

Table 7: Dental and Oral Health Services Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
DQA (ADA)	Oral Evaluation − Dental Services	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children under 21 years of age who received a comprehensive or periodic oral evaluation within the MY.	N/A	Younger than 1 year of age, ages 1−2 years, ages 3−5 years, ages 6−7 years, ages 8−9 years, ages 10−11 years, ages 12−14 years, ages 15−18 years, ages 19−20 years, and total ages
DQA (ADA)	Sealant Receipt on Permanent First Year Molars	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children who have ever received sealants on permanent first molar teeth and turned 10 years old during the MY.	Rate 1: The percentage of enrolled children who received a sealant on at least one permanent first molar in the 48 months prior to their 10th birthday. Rate 2: The percentage of unduplicated enrolled children who received sealants on all four permanent first molars in the 48 months prior to their 10th birthday.	10 years of age during the MY
DQA (ADA)	Topical Fluoride for Children	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children ages 1−20 years who received at least two topical fluoride applications.	Rate 1: Reported as dental or oral health services. Rate 2: Reported as dental services. Rate 3: Reported as oral health services.	Younger than 1 year of age, ages 1−2 years, ages 3−5 years, ages 6−7 years, ages 8−9 years, ages 10−11 years, ages 12−14 years, ages 15−18 years, ages 19−20 years, and total ages

DQA (ADA): Dental Quality Alliance (American Dental Association); CMS: Centers for Medicare and Medicaid Services; MY: measurement year; MCO: managed care organization; N/A: not applicable.

Strengths are identified for MY 2022 Dental and Oral Health Services performance measures.

- The following rates are statistically significantly above/better than the MY 2022 MMC weighted average:
  - Sealant Receipt on Permanent First Molars (1 Molar) - 10.5 percentage points
  - Sealant Receipt on Permanent First Molars (All 4 Molars) - 9.6 percentage points

Opportunities for improvement are identified for MY 2022 Dental and Oral Health Services performance measures.

- The following rates are statistically significantly below/worse than the MY 2022 MMC weighted average:

- Oral Evaluation, Dental Services (Age <1-20 years) - 40.7 percentage points
- Topical Fluoride for Children (Dental Services) - 17.8 percentage points

Table 8: Dental and Oral Health Services Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Oral Evaluation, Dental Services (Age < 1-20 years)	11,018	513	4.7%	4.3%	5.1%	N/A	N/A	45.4%	-	NA
Sealant Receipt on Permanent First Molars (1 Molar)	669	338	50.5%	46.7%	54.4%	48.2%	n.s.	40.0%	+	NA
Sealant Receipt on Permanent First Molars (All 4 Molars)	669	253	37.8%	34.1%	41.6%	35.1%	n.s.	28.2%	+	NA
Topical Fluoride for Children (Dental Services)	9,450	107	1.1%	0.9%	1.4%	N/A	N/A	19.0%	-	NA
Topical Fluoride for Children (Dental/Oral Health Services)	9,450	2,009	21.3%	20.4%	22.1%	N/A	N/A	22.6%	-	NA
Topical Fluoride for Children (Oral Health Services)	9,450	12	0.1%	0.0%	0.2%	N/A	N/A	1.3%	-	NA

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; NA: not available, as no HEDIS percentile is available to compare; N/A: not applicable, as denominator is less than 30.

Maternal and Perinatal Health

The measures in the Maternal and Perinatal Health category are listed in **Table 9**, followed by the measure data in **Table 10**.

Table 9: Maternal and Perinatal Health Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
OPA	Contraceptive Care – All Women	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of women ages 15–44 years at risk of unintended pregnancy who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC).	Rate 1: Provision of most or moderately effective contraception. Rate 2: Provision of LARC.	Ages 15–20 years
OPA	Contraceptive Care – Postpartum Women	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of women ages 15–44 years who had a live birth and were provided a most effective/moderately effective contraception method or a LARC within 3 days and within 60 days of delivery.	Rate 1: Most or moderately effective contraception – 3 days. Rate 2: Most or moderately effective contraception – 60 days. Rate 3: LARC – 3 days. Rate 4: LARC – 60 days.	Ages 15–20 years

OPA: U.S. Office of Population Affairs; CMS: Centers for Medicare and Medicaid Services; MCO: managed care organization; MY: measurement year.

No strengths are identified for MY 2022 Maternal and Perinatal Health performance measures.

No opportunities are identified for MY 2022 Maternal and Perinatal Health performance measures.

Table 10: Maternal and Perinatal Health Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Contraceptive Care for All Women (15–20 years): Most or Moderately Effective	1,446	373	25.8%	23.5%	28.1%	27.3%	n.s.	22.8%	+	NA
Contraceptive Care for All Women (15–20 years): LARC	1,446	22	1.5%	0.9%	2.2%	2.3%	n.s.	1.6%	n.s.	NA
Contraceptive Care for Postpartum Women (15–20 years): Most or moderately effective contraception — 3 days	2	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Contraceptive Care for Postpartum Women (15–20 years): Most or moderately effective contraception — 60 days	2	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Contraceptive Care for Postpartum Women (15–20 years): LARC — 3 days	2	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Contraceptive Care for Postpartum Women (15–20 years): LARC — 60 days	2	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; LARC: long-acting reversible contraception; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Overuse/Appropriateness

The measures in the Overuse/Appropriateness category are listed in **Table 11**, followed by the measure data in **Table 12**.

Table 11: Overuse/Appropriateness Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Appropriate Treatment for Upper Respiratory Infection	-	Reported as HEDIS-audited measure	This measure assesses the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. The measure is reported as an inverted rate (1 – [numerator/eligible population]). A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).	N/A	Ages 3 months–17 years, 18 years of age, and total ages

CMS: Centers for Medicare & Medicaid Services; N/A: not applicable; NCQA: National Committee for Quality Assurance.

Strengths are identified for MY 2022 Overuse/Appropriateness performance measures.

- The following rates are statistically significantly above/better than the MY 2022 MMC weighted average:
  - Annual Number of Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2–19 years) - 4.4 percentage points

No opportunities are identified for MY 2022 Overuse/Appropriateness performance measures.

Table 12: Overuse/Appropriateness Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Annual Number of Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2–19 years)	498	23	4.6%	2.7%	6.6%	6.3%	n.s.	9.1%	-	NA
Appropriate Treatment for Upper Respiratory Infection (3–17 years)	1,619	108	93.3%	92.1%	94.6%	96.1%	-	94.3%	n.s.	≥ 50th and < 75th percentile
Appropriate Treatment for Upper Respiratory Infection (18 years)	48	4	91.7%	82.8%	100.5%	90.0%	n.s.	91.9%	n.s.	≥ 75th and < 90th percentile
Appropriate Treatment for Upper Respiratory Infection (Total)	1,667	112	93.3%	92.0%	94.5%	95.8%	-	94.2%	n.s.	≥ 50th and < 75th percentile

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Prevention and Screening

The measures in the Prevention and Screening category are listed in **Table 13**, followed by the measure data in **Table 14**.

Table 13: Prevention and Screening Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Childhood Immunization Status	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	The measure calculates a rate for each vaccine and three combination rates. Combination 3 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, and PCV. Combination 7 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, and RV. Combination 10 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and influenza.	2 years of age
NCQA	Chlamydia Screening in Women	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of women ages 16–24 years who were identified as sexually active and who had at least one test for chlamydia during the MY.	N/A	Ages 16–20 years
OHSU	Developmental Screening in the First Three Years of Life	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Rate 1: On or before the first birthday. Rate 2: On or before the second birthday. Rate 3: On or before the third birthday.	From birth through 1 year of age, 1–2 years, 2–3 years, and total ages
NCQA	Immunizations for Adolescents	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	The measure calculates a rate for each vaccine and two combination rates. Combination 1 includes the meningococcal and Tdap vaccine, and Combination 2 includes all three vaccinations.	13 years of age
NCQA	Lead Screening in Children	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	N/A	2 years of age
NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of members ages 3–17 years who had an outpatient visit with a primary care physician or obstetrician/gynecologist (ob/gyn) and who had evidence of weight assessment and counseling. Because body mass index (BMI) norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.	Rate 1: BMI percentile documentation. Rate 2: Counseling for nutrition. Rate 3: Counseling for physical activity.	Ages 3–11 years, ages 12–17 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; N/A: not applicable; OHSU: Oregon Health & Science University.

No strengths are identified for MY 2022 Prevention and Screening performance measures.

Opportunities for improvement are identified for MY 2022 Prevention and Screening performance measures.

- The following rates are statistically significantly below/worse than the MY 2022 MMC weighted average:
  - Childhood Immunization Status — Hepatitis B - 7.8 percentage points
  - Childhood Immunization Status — Influenza - 11.6 percentage points
  - Childhood Immunization Status — Combination 3 - 9.8 percentage points
  - Childhood Immunization Status — Combination 10 - 11.9 percentage points
  - Chlamydia Screening in Women (16–20 years) - 12.0 percentage points
  - Developmental Screening in the First Three Years of Life — 1 year - 14.6 percentage points
  - Developmental Screening in the First Three Years of Life — 2 years - 10.0 percentage points
  - Developmental Screening in the First Three Years of Life — 3 years - 15.4 percentage points
  - Developmental Screening in the First Three Years of Life — Total - 13.5 percentage points
  - Immunizations for Adolescents — HPV - 8.0 percentage points
  - Immunizations for Adolescents — Combination 2 - 7.9 percentage points

Table 14: Prevention and Screening Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Childhood Immunization Status — DTaP	91	71	78.0%	69.0%	87.1%	79.2%	n.s.	83.7%	n.s.	≥ 75th and < 90th percentile
Childhood Immunization Status — IPV	91	77	84.6%	76.7%	92.6%	86.7%	n.s.	90.6%	n.s.	≥ 25th and < 50th percentile
Childhood Immunization Status — MMR	91	76	83.5%	75.3%	91.7%	89.2%	n.s.	89.0%	n.s.	≥ 25th and < 50th percentile
Childhood Immunization Status — HiB	91	78	85.7%	78.0%	93.5%	87.5%	n.s.	90.1%	n.s.	≥ 50th and < 75th percentile
Childhood Immunization Status — Hepatitis B	91	75	82.4%	74.0%	90.8%	85.8%	n.s.	90.3%	-	≥ 10th and < 25th percentile
Childhood Immunization Status — VZV	91	77	84.6%	76.7%	92.6%	86.7%	n.s.	88.4%	n.s.	≥ 50th and < 75th percentile
Childhood Immunization Status — Pneumococcal Conjugate	91	72	79.1%	70.2%	88.0%	80.8%	n.s.	84.7%	n.s.	≥ 75th and < 90th percentile
Childhood Immunization Status — Hepatitis A	91	74	81.3%	72.8%	89.9%	84.2%	n.s.	86.5%	n.s.	≥ 25th and < 50th percentile
Childhood Immunization Status — Rotavirus	91	70	76.9%	67.7%	86.1%	75.8%	n.s.	80.7%	n.s.	≥ 75th and < 90th percentile
Childhood Immunization Status — Influenza	91	40	44.0%	33.2%	54.7%	63.3%	-	55.6%	-	≥ 50th and < 75th percentile
Childhood Immunization Status — Combination 3	91	63	69.2%	59.2%	79.3%	78.3%	n.s.	79.0%	-	≥ 75th and < 90th percentile
Childhood Immunization Status — Combination 7	91	60	65.9%	55.6%	76.2%	70.0%	n.s.	72.1%	n.s.	≥ 90th percentile
Childhood Immunization Status — Combination 10	91	34	37.4%	26.9%	47.8%	57.5%	-	49.3%	-	≥ 50th and < 75th percentile
Chlamydia Screening in Women (16–20 years)	432	104	24.1%	19.9%	28.2%	29.0%	n.s.	36.1%	-	< 10th percentile
Developmental Screening in the First Three Years of Life — 1 year	48	25	52.1%	36.9%	67.3%	43.1%	n.s.	66.7%	-	NA
Developmental Screening in the First Three Years of Life — 2 years	86	52	60.5%	49.6%	71.4%	52.1%	n.s.	70.5%	-	NA
Developmental Screening in the First Three Years of Life — 3 years	132	71	53.8%	44.9%	62.7%	52.7%	n.s.	69.2%	-	NA
Developmental Screening in the First Three Years of Life — Total	266	148	55.6%	49.5%	61.8%	51.5%	n.s.	69.1%	-	NA
Immunizations for Adolescents — Meningococcal	411	369	89.8%	86.7%	92.8%	91.2%	n.s.	90.0%	n.s.	≥ 90th percentile
Immunizations for Adolescents — Tdap	411	373	90.8%	87.8%	93.7%	92.0%	n.s.	90.5%	n.s.	≥ 75th and < 90th percentile
Immunizations for Adolescents — HPV	411	124	30.2%	25.6%	34.7%	32.6%	n.s.	38.1%	-	≥ 10th and < 25th percentile
Immunizations for Adolescents — Combination 1	411	368	89.5%	86.5%	92.6%	90.0%	n.s.	89.2%	n.s.	≥ 90th percentile
Immunizations for Adolescents — Combination 2	411	122	29.7%	25.1%	34.2%	31.9%	n.s.	37.6%	-	≥ 25th and < 50th percentile
Lead Screening in Children (2 years)	91	56	61.5%	51.0%	72.1%	55.0%	n.s.	69.9%	n.s.	≥ 25th and < 50th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — BMI percentile (3–11 years)	180	148	82.2%	76.4%	88.1%	83.0%	n.s.	85.4%	n.s.	≥ 50th and < 75th percentile

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — BMI percentile (12–17 years)	180	148	82.2%	76.4%	88.1%	78.9%	n.s.	83.6%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — BMI percentile (Total)	360	296	82.2%	78.1%	86.3%	81.0%	n.s.	84.6%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Nutrition (3–11 years)	180	137	76.1%	69.6%	82.6%	72.0%	n.s.	78.9%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Nutrition (12–17 years)	180	133	73.9%	67.2%	80.6%	72.8%	n.s.	77.8%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Nutrition (Total)	360	270	75.0%	70.4%	79.6%	72.4%	n.s.	78.4%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Physical Activity (3–11 years)	180	126	70.0%	63.0%	77.0%	65.0%	n.s.	75.9%	n.s.	≥ 50th and < 75th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Physical Activity (12–17 years)	180	138	76.7%	70.2%	83.1%	71.7%	n.s.	78.4%	n.s.	≥ 75th and < 90th percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents — Counseling for Physical Activity (Total)	360	264	73.3%	68.6%	78.0%	68.2%	n.s.	77.2%	n.s.	≥ 50th and < 75th percentile

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; DTaP: diphtheria, tetanus and acellular pertussis; IPV: polio; MMR: measles, mumps and rubella; HiB: haemophilus influenza type B; VZV: chicken pox; Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; BMI: body mass index; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Respiratory Conditions

The measures in the Respiratory Conditions category are listed in **Table 15**, followed by the measure data in **Table 16**.

Table 15: Respiratory Conditions Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Appropriate Testing for Pharyngitis	-	Reported as HEDIS-audited measure	This measure assesses the percentage of episodes for members 3 years of age and older for which the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	N/A	Ages 3–17 years, 18 years of age, and total ages
NCQA	Asthma Medication Ratio	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of members ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.	N/A	Ages 5–11 years, ages 12–18 years, 19 years of age, and total ages

CMS: Centers for Medicare & Medicaid Services; N/A: not applicable; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Strengths are identified for MY 2022 Respiratory Conditions performance measures.

- The following rates are statistically significantly above/better than the MY 2022 MMC weighted average:
  - Asthma Medication Ratio (12–18 years) - 14.6 percentage points
  - Asthma Medication Ratio (Total) - 10.6 percentage points

No opportunities are identified for MY 2022 Respiratory Conditions performance measures.

Table 16: Respiratory Conditions Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Appropriate Testing for Pharyngitis (3–17 years)	311	254	81.7%	77.2%	86.1%	78.5%	n.s.	81.1%	n.s.	≥ 50th and < 75th percentile
Appropriate Testing for Pharyngitis (18 years)	23	19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Appropriate Testing for Pharyngitis (Total)	334	273	81.7%	77.4%	86.0%	77.9%	n.s.	80.9%	n.s.	≥ 75th and < 90th percentile
Asthma Medication Ratio (5–11 years)	58	50	86.2%	76.5%	95.9%	80.3%	n.s.	80.8%	n.s.	≥ 90th percentile
Asthma Medication Ratio (12–18 years)	65	58	89.2%	80.9%	97.5%	83.2%	n.s.	74.6%	+	≥ 90th percentile
Asthma Medication Ratio (19 years)	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Asthma Medication Ratio (Total)	123	108	87.8%	81.6%	94.0%	82.0%	n.s.	77.2%	+	≥ 90th percentile

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."

[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.

Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Utilization

The measures in the Utilization category are listed in **Table 17**, followed by the measure data in **Table 18**.

Table 17: Utilization Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Ambulatory Care	✓	Reported as HEDIS-audited measure	This measure summarizes utilization of ambulatory care in two categories: outpatient visits, including telehealth, and emergency department visits. Rates are calculated as a percentage of visit counts by member years.	N/A	1 year of age and younger, ages 1–9 years, ages 10–19 years, and total ages
PA CHIP	Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits	-	Measure is calculated by IPRO	This measure assesses the percentage of children and adolescents, ages 2–19 years, with an asthma diagnosis who have ≥ 1 emergency department visit during the MY.	N/A	Ages 2–19 years
NCQA	Child and Adolescent Well-Care Visit	-	Reported as HEDIS-audited measure	This measure assesses the percentage of enrolled members ages 3–21 years who had at least one comprehensive well-care visit with a primary care physician or an obstetrician/gynecologist (ob/gyn) during the MY.	N/A	Ages 3–11 years, ages 12–17 years, ages 18–19 years, and total ages

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Inpatient Utilization	-	Reported as HEDIS-audited measure	This measure summarizes utilization of acute inpatient care and services. Data are reported for the index hospital stays as average length of stay, days per 1,000 member years, and discharges per 1,000 member years.	Rate 1: Maternity. Age cohorts: ages 10–19 years, ages 20–44 years, ages 45–64 years, and total age groups. Rate 2: Surgery. Age cohorts: ages 1–9 years, ages 10–19 years, ages 20–44 years, ages 45–64 years, and total age groups. Rate 3: Medicine. Age cohorts: ages 1–9 years, ages 10–19 years, ages 20–44 years, ages 45–64 years, and total age groups. Rate 4: Total inpatient (the sum of maternity, surgery and medicine). Age cohorts: ages 1–9 years, ages 10–19 years, ages 20–44 years, ages 45–64 years, and total age groups.	Age groups vary by the measure stratifications
NCQA	Well-Child Visits in the First 30 Months of Life	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of members who turned age 30 months old during the MY and who were continuously enrolled from 31 days of age through 30 months of age.	Rate 1: Received six or more well-child visits with a primary care physician during their first 15 months of life. Rate 2: Received two or more well-child visits for ages 15 months–30 months of life.	30 months of age

NCQA: National Committee for Quality Assurance; PA: Pennsylvania; CHIP: Children's Health Insurance Program; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; N/A: not applicable.

No strengths are identified for MY 2022 Utilization performance measures.

Opportunities for improvement are identified for MY 2022 Utilization performance measures.

- The following rates are statistically significantly below/worse than the MY 2022 MMC weighted average:
  - Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1 year – 1,186.6 points
  - Ambulatory Care: Outpatient Visits/1,000 MY Ages 1–9 years - 485.6 points
  - Ambulatory Care: Outpatient Visits/1,000 MY Ages 10–19 years - 150.9 points
  - Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1–19 years Total Rate - 301.3 points
  - Ambulatory Care: Emergency Department Visits/1,000 MY Ages < 1 year - 42.0 points
  - Ambulatory Care: Emergency Department Visits/1,000 MY Ages 1–9 years - 47.3 points
  - Ambulatory Care: Emergency Department Visits/1,000 MY Ages 10–19 years - 20.2 points
  - Ambulatory Care: Emergency Department Visits/1,000 MY Ages < 1–19 years Total Rate - 301.3 points

Table 18: Utilization Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1 year	1,362	822	7,242.0	N/A	N/A	596.1	+	8,428.9	-	NA
Ambulatory Care: Outpatient Visits/1,000 MY Ages 1–9 years	46,636	10,133	2,607.0	N/A	N/A	193.5	+	3,092.9	-	NA
Ambulatory Care: Outpatient Visits/1,000 MY Ages 10–19 years	84,777	17,495	2,476.0	N/A	N/A	211.7	+	2,627.3	-	NA
Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1–19 years Total Rate	132,775	28,450	2,571.0	N/A	N/A	207.4	+	2,872.6	-	NA
Ambulatory Care: Emergency Department Visits/1,000 MY Ages < 1 year	1,362	50	441.0	N/A	N/A	17.5	+	482.5	-	NA
Ambulatory Care: Emergency Department Visits/1,000 MY Ages 1–9 years	46,636	822	212.0	N/A	N/A	13.6	+	258.8	-	NA
Ambulatory Care: Emergency Department Visits/1,000 MY Ages 10–19 years	84,777	1,383	196.0	N/A	N/A	14.1	+	216.0	-	NA
Ambulatory Care: Emergency Department Visits/1,000 MY Ages < 1–19 years Total Rate	132,775	2,255	204.0	N/A	N/A	13.9	+	235.1	-	NA
Inpatient Utilization – General Hospital/Acute Care: Total Discharges/1,000 MY Ages < 1 year	1,362	7	61.7	59.1	64.3	0.9	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Discharges/1,000 MY Ages 1–9 years	46,636	14	3.6	3.4	3.8	0.4	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Inpatient Utilization – General Hospital/Acute Care: Total Discharges/1,000 MY Ages 10–19 years	84,777	43	6.1	5.9	6.3	0.6	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Discharges/1,000 MY Ages < 1–19 years Total Rate	132,775	64	5.8	5.7	5.9	0.5	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Inpatient ALOS Ages < 1 year	7	20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Inpatient ALOS Ages 1–9 Years	14	29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Inpatient ALOS Ages 10–19 years	43	157	3.6	-3.1	10.4	3.5	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Total Inpatient ALOS Ages < 1–19 years Total Rate	64	206	3.2	-1.9	8.3	3.2	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery Discharges/1,000 MY Ages < 1 year	1,362	1	8.8	7.3	10.4	0.0	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery Discharges/1,000 MY Ages 1–9 years	46,636	2	0.5	0.4	0.6	0.1	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery Discharges/1,000 MY Ages 10–19 years	84,777	11	1.6	1.5	1.6	0.2	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery Discharges/1,000 MY Ages < 1–19 years Total Rate	132,775	14	1.3	1.2	1.3	0.2	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery ALOS Ages < 1 year	1	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery ALOS Ages 1–9 years	2	4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery ALOS Ages 10–19 years	11	42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Surgery ALOS Ages < 1–19 years Total Rate	14	49	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine Discharges/1,000 MY Ages < 1 year	1,362	6	52.9	50.2	55.5	0.9	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine Discharges/1,000 MY Ages 1–9 years	46,636	12	3.1	2.9	3.2	0.3	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine Discharges/1,000 MY Ages 10–19 years	84,777	29	4.1	4.0	4.2	0.3	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine Discharges/1,000 MY Ages < 1–19 years Total Rate	132,775	47	4.2	4.1	4.4	0.3	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine ALOS Ages < 1 year	6	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine ALOS Ages 1–9 years	12	25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine ALOS Ages 10–19 years	29	108	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Medicine ALOS Ages < 1–19 years Total Rate	47	150	3.2	-2.9	9.3	3.2	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Maternity/1,000 MY Ages 10–19 years	84,777	3	0.4	0.4	0.5	0.1	N/A	N/A	N/A	NA
Inpatient Utilization – General Hospital/Acute Care: Maternity ALOS Ages 10–19 years Total Rate	3	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Well-Child Visits in the First 30 Months of Life (15 months ≥ 6 Visits)	57	38	66.7%	53.6%	79.8%	69.5%	n.s.	60.7%	n.s.	≥ 75th and < 90th percentile
Well-Child Visits in the First 30 Months of Life (15–30 months ≥ 2 Visits)	94	81	86.2%	78.7%	93.7%	85.2%	n.s.	84.8%	n.s.	≥ 90th percentile
Child and Adolescent Well-Care Visits (12–17 years)	4,263	2,660	62.4%	60.9%	63.9%	62.2%	n.s.	62.9%	n.s.	≥ 75th and < 90th percentile
Child and Adolescent Well-Care Visits (18–19 years)	690	328	47.5%	43.7%	51.3%	46.8%	n.s.	49.8%	n.s.	≥ 90th percentile
Child and Adolescent Well-Care Visits (3–11 years)	4,209	2,809	66.7%	65.3%	68.2%	64.3%	+	66.1%	n.s.	≥ 75th and < 90th percentile
Child and Adolescent Well-Care Visits (Total)	9,162	5,797	63.3%	62.3%	64.3%	62.1%	n.s.	63.4%	n.s.	≥ 90th percentile

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."
[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY (in column labels): measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; MY: member years; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

Electronic Clinical Data Systems

The measures in the ECDS category are listed in **Table 19**, followed by the measure data in **Table 20**.

Table 19: Electronic Clinical Data Systems Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Childhood Immunization Status	-	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. This measure is calculated using electronic clinical data.	The measure calculates a rate for each vaccine and three combination rates. Combination 3 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, and PCV. Combination 7 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, and RV. Combination 10 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and influenza.	2 years of age
NCQA	Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	-	Reported as HEDIS-audited measure	This measure assesses the percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. This measure is calculated using electronic clinical data.	Rate 1: Initiation Phase. The percentage of members ages 6–12 years as of the index prescription start date with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Rate 2: Continuation and Maintenance Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	Ages 6–12 years

CMS: Centers for Medicare & Medicaid Services; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IPSD: index prescription start date.

No strengths are identified for MY 2022 ECDS performance measures.

No opportunities are identified for MY 2022 ECDS performance measures.

Table 20: Electronic Clinical Data Systems Measure Data

Indicator Name	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2021 Rate	MY 2022 Rate Compared to MY 2021[1]	MY 2022 MMC	MY 2022 Rate Compared to MMC[2]	HEDIS MY 2022 Percentile
Childhood Immunization Status—DTaP	91	57	76.9%	67.7%	86.1%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—IPV	91	61	81.3%	72.8%	89.9%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—MMR	91	75	82.4%	74.0%	90.8%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—HiB	91	63	83.5%	75.3%	91.7%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Hepatitis B	91	65	71.4%	61.6%	81.3%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—VZV	91	76	83.5%	75.3%	91.7%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Pneumococcal Conjugate	91	70	76.9%	67.7%	86.1%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Hepatitis A	91	72	79.1%	70.2%	88.0%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Rotavirus	91	68	74.7%	65.3%	84.2%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Influenza	91	40	44.0%	33.2%	54.7%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Combination 3	91	43	61.5%	51.0%	72.1%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Combination 7	91	41	59.3%	48.7%	70.0%	N/A	N/A	N/A	N/A	≥ 90th percentile
Childhood Immunization Status—Combination 10	91	31	34.1%	23.8%	44.4%	N/A	N/A	N/A	N/A	≥ 90th percentile
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	71	32	45.1%	32.8%	57.3%	N/A	N/A	N/A	N/A	≥ 90th percentile
Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	18	9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

[1] For comparison of MY 2022 rates to MY 2021 rates, statistically significant increases are indicated by "+," statistically significant decreases by "–," and no statistically significant change by "n.s."

[2] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.

Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; DTaP: diphtheria, tetanus and acellular pertussis; IPV: polio; MMR: measles, mumps and rubella; HiB: haemophilus influenza type B; VZV: chicken pox; ADHD: attention deficit hyperactivity disorder; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

IV. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

This section of the EQR report presents a review of the CHIP MCO's compliance with its contract and with state and federal regulations. The review is based on information derived from reviews of the MCO that were conducted by Pennsylvania CHIP within the past three years, most typically within the immediately preceding year. Compliance reviews are conducted by CHIP on a recurring basis.

The Systematic Monitoring, Access, and Retrieval Technology (SMART) items are a comprehensive set of monitoring items that have been developed by PA DHS from the managed care regulations. Pennsylvania CHIP staff reviews SMART items on an ongoing basis for each CHIP MCO as part of their compliance review. These items vary in review periodicity as determined by CHIP, and reviews typically occur annually or as needed.

Prior to the audit, CHIP MCOs provide documents to CHIP for review, which address various areas of compliance. This includes training materials, provider manuals, MCO organization charts, policy and procedure manuals, and geo access maps. These items are also used to assess the MCOs overall operational, fiscal, and programmatic activities to ensure compliance with contractual obligations. Federal and state law require that CHIP conduct monitoring and oversight of its MCOs. For the current review year, reviews were performed virtually due to the public health emergency.

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

Technical Methods of Data Collection and Analysis

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO's compliance status with regard to the SMART items. For example, all provisions relating to availability of services are summarized under Title 42 CFR *§ 438.206 Availability of services*. This grouping process was done by referring to CMS's "Regulations Subject to Compliance Review," where specific CHIP regulations are noted as required for review and corresponding sections are identified and described for each subpart, particularly D and E. Each item was assigned a value of Compliant or Non-compliant in the item log submitted by DHS. If an item was not evaluated for a particular MCO, it was assigned a value of Not Determined. Compliance with the BBA requirements was then determined based on the aggregate results of the SMART items linked to each provision within a requirement or category. If all items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were Non-compliant, the MCO was evaluated as Partially Compliant. If all items were Non-compliant, the MCO was evaluated as Non-compliant. If no items were evaluated for a given category and no other source of information was available to determine compliance, a value of Not Determined was assigned for that category.

Categories determined to be Partially Compliant or Non-compliant are indicated where applicable in the tables below, and the SMART items that were assigned a value of Non-compliant by DHS within those categories are noted. For CBC, there were no categories determined to be Partially Compliant or Non-compliant, signifying that no SMART items were assigned a value of Non-compliant by DHS. There are therefore no recommendations related to compliance with structure and operations standards for CBC for the current review year.

In addition to this analysis of DHS's monitoring of MCO compliance with managed care regulations, IPRO reviewed and evaluated the most recent NCQA accreditation report for each MCO. IPRO accessed the NCQA *Health Plan Reports* website[6] to review the *Health Plan Report Cards 2022* for the MCO. For each MCO, star ratings, accreditation status, plan type, and distinctions were displayed. At the MCO-specific pages, information displayed was related to membership size, accreditation status, survey type and schedule, and star ratings for each measure and overall.

Description of Data Obtained

The format for this section of the report was developed to be consistent with the subparts prescribed by BBA regulations. This document groups the regulatory requirements under subject headings that are consistent with the subparts set out in the BBA regulations and described in CMS's *EQR Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations*. Under each subpart heading falls the individual regulatory categories appropriate to those headings. Findings will be further discussed relative to applicable subparts as indicated in the updated protocol (i.e., Subpart E – Quality Measurement and Improvement). This format reflects the goal of the review, which is to gather sufficient foundation for IPRO's required assessment of the MCO's compliance with BBA regulations as an element of the analysis of the MCO's strengths and weaknesses.

The documents used by IPRO for the current review include the SMART database findings completed by Pennsylvania CHIP staff as of quarter one of 2023. Historically, regulatory requirements were grouped to corresponding BBA regulation subparts based on CHIP's on-site review findings. Beginning in 2020, findings are reported by IPRO using the SMART database completed by Pennsylvania CHIP staff. The SMART items provide the information necessary for this review. The SMART items and their associated review findings for this year are maintained in a database. The SMART database has been maintained internally at DHS CHIP beginning in review year 2019 and has continued for subsequent review years. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 75 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations.

The crosswalk links SMART items to specific provisions of the regulations, where possible. **Table 21** provides a count of items linked to each standard designated in the protocols as subject to compliance review.

Table 21: SMART Items Count per Regulation

BBA Regulation	Medicaid Citation	CHIP Citation	SMART Items
Subpart B: State Responsibilities			
Enrollment and Disenrollment	438.56	457.305	5
Subpart C: Enrollee Rights and Protections			
Coverage and authorization of services	438.210	438.210(a)(5)	3
Enrollee Rights	438.56	457.1220	14
Emergency and Post-Stabilization Services	438.114	457.1228	1
Subpart D: MCO, PIHP and PAHP Standards			
Assurances of adequate capacity and services	438.207	457.1230(b)	3
Availability of services	438.206	457.1230(a)	6
Confidentiality	438.208	457.1230(c)	1
Coordination and continuity of care	438.208	457.1230(c)	5
Coverage and authorization of services	438.210(c)	457.1230(d)	3
Grievance systems[1]	438.228	457.1260	24
Health information systems	438.242	457.1233(d)	2
Practice guidelines	438.236(b) and (c)	457.1233(c)	2
Provider selection	438.214	457.1233(a)	2

[6] NCQA. *Health plans*. *Health Plan Report Cards*.

BBA Regulation	Medicaid Citation	CHIP Citation	SMART Items
Subcontractual relationships and delegation	438.230	457.1233(b)	1
Subpart E: Quality Measurement and Improvement			
Quality assessment and performance improvement program	438.330	457.1240(b)	7

[1] Per Centers for Medicare and Medicaid (CMS) guidelines and protocols, this regulation is typically referred to as "Grievance and Appeals Systems." However, to better align with the CHIP reference for 457.1260, it is referred to in this report as "Grievance Systems."

SMART: Systematic Monitoring, Access, and Retrieval Technology; BBA: Balanced Budget Act; CHIP: Children's Health Insurance Program; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

Conclusions and Comparative Findings

A total of 75 items were directly associated with a regulation subject to compliance review, and 75 were evaluated for the MCO for review year 2022.

Subpart B: State Responsibilities

The general purpose of the regulations included in this category is to ensure that each MCO specifies the reason for an enrollee's disenrollment, and that there is no other reason for disenrollment other than what is permitted under contract (*Title 42 CFR § 438.56 (b)*). The SMART database and DHS's audit document information include assessment of the MCO's compliance with regulations found in Subpart B. **Table 22** presents the findings by categories consistent with the regulations.

Table 22: CBC Compliance with State Responsibilities

State Responsibilities		
Subpart B: Categories	Compliance	Comments
Enrollment and Disenrollment	Compliant	Five items were crosswalked to this category. The MCO was evaluated against five items and was compliant on five items based on review year 2022.

Subpart C: Enrollee Rights and Protections

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable federal and state laws that pertain to enrollee rights, and that the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to enrollees (*Title 42 CFR § 438.56*). The SMART database and DHS's audit document information include assessment of the MCO's compliance with regulations found in Subpart C. **Table 23** presents the findings by categories consistent with the regulations.

Table 23: CBC Compliance with Enrollee Rights and Protections Regulations

Enrollee Rights and Protections Regulations		
Subpart C: Categories	Compliance	Comments
Coverage and authorization of services	Compliant	Three items were crosswalked to this category. The MCO was evaluated against three items and was compliant on three items based on review year 2022.
Enrollee Rights	Compliant	Fourteen items were crosswalked to this category. The MCO was evaluated against fourteen items and was compliant on fourteen items based on review year 2022.
Emergency and Post-Stabilization Services	Not reviewed	The MCO was not evaluated against any items under this category based on review year 2022.

Subpart D: MCO, PIHP, and PAHP Standards

The general purpose of the regulations included under this heading is to ensure that all services available under the Commonwealth's MMC program are available and accessible to enrollees (*Title 42 CFR § 438.206 (a)*). The SMART database includes an assessment of the MCO's compliance with regulations found in Subpart D. For the category of Assurances of Adequate Capacity and Services, the MCO was evaluated as noted above against additional SMART items and DHS monitoring activities. **Table 24** presents the findings by categories consistent with the regulations.

Table 24: CBC Compliance with MCO, PIHP, and PAHP Standards Regulations

MCO, PIHP, and PAHP Standards Regulations		
Subpart D: Categories	Compliance	Comments
Assurances of adequate capacity and services	Compliant	Three items were crosswalked to this category. The MCO was evaluated against three items and was compliant on three items based on review year 2022.
Availability of services	Compliant	Six items were crosswalked to this category. The MCO was evaluated against six items and was compliant on six items based on review year 2022.
Confidentiality	Compliant	One item was crosswalked to this category. The MCO was evaluated against one item and was compliant on this item based on review year 2022.
Coordination and continuity of care	Compliant	Five items were crosswalked to this category. The MCO was evaluated against five items and was compliant on five items based on review year 2022.
Coverage and authorization of services	Compliant	Three items were crosswalked to this category. The MCO was evaluated against three items and was compliant on three items based on review year 2022.
Grievance systems[1]	Compliant	Twenty-four items were crosswalked to this category. The MCO was evaluated against twenty-four items and was compliant on twenty-four items based on review year 2022.
Health information systems	Compliant	Two items were crosswalked to this category. The MCO was evaluated against two items and was compliant on two items based on review year 2022.
Practice guidelines	Compliant	Two items were crosswalked to this category. The MCO was evaluated against two items and was compliant on two items based on review year 2022.
Provider selection	Compliant	Two items were crosswalked to this category. The MCO was evaluated against two items and was compliant on two items based on review year 2022.
Subcontractual relationships and delegation	Compliant	One item was crosswalked to this category. The MCO was evaluated against one item and was compliant on this item based on review year 2022.

[1] Per Centers for Medicare and Medicaid (CMS) guidelines and protocols, this regulation is typically referred to as "Grievance and Appeals Systems." However, to better align with the CHIP reference for 457.1260, it is referred to in this report as "Grievance Systems."

Subpart E: Quality Measurement and Improvement; External Quality Review

The general purpose of the regulations included under this heading is to ensure that managed care entities establish and implement an ongoing comprehensive Quality Assessment and Performance Improvement Program for the services it furnishes to its enrollees (*Title 42 CFR § 438.330*). The MCO's compliance with the regulation found in Subpart E was evaluated as noted above against additional SMART items and DHS monitoring activities. **Table 25** presents the findings by categories consistent with the regulation.

Table 25: CBC Compliance with Quality Measurement and Improvement; EQR Regulations

Quality Measurement and Improvement; EQR Regulations		
Subpart E: Categories	Compliance	Comments
Quality Assessment and Performance Improvement Program	Compliant	Seven items were crosswalked to this category. The MCO was evaluated against seven items and was compliant on seven items based on review year 2022.

EQR: external quality review.

V. Validation of Network Adequacy

Objectives

Title 42 CFR § 438.68(a) requires states that contract with an MCO to deliver services must develop and enforce network adequacy standards consistent with the CFR. At a minimum, states must develop time and distance standards for the following provider types: adult and pediatric primary care, obstetrics/gynecology (ob/gyn), adult and pediatric BH (for mental health and substance use disorder [SUD]), adult and pediatric specialists, hospitals, pediatric dentists, and long-term services and support (LTSS), per *Title 42 CFR § 438.68(b)*. Pennsylvania DHS has developed access standards based on the requirements outlined at *Title 42 CFR § 438.68(c)*. These access standards are described in the *CHIP Procedures Handbook, Section 21.9*.

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. To meet these federal regulations, Pennsylvania contracted with IPRO to perform the validation of network adequacy for Pennsylvania MCOs. In February 2023, CMS released updates to the EQR protocols, including the newly developed network adequacy validation protocol. The six protocol activities related to planning, analysis, and reporting are outlined in **Table 26**.

Table 26: Network Adequacy Validation Activities

Activity[1]	Standard	Category
1	Define the scope of the validation.	Planning
2	Identify data sources for validation.	Planning
3	Review information systems.	Analysis
4	Validate network adequacy.	Analysis
5	Communicate preliminary findings to MCO.	Reporting
6	Submit findings to the state.	Reporting

[1] At the time of this report, only activities 1 and 2 were conducted for measurement year 2022.
MCO: managed care organization.

Starting February 2024, the EQRO must conduct validation activities and report those results in the ATR published in April 2025. While validation activities were not mandatory for 2023, Pennsylvania identified activities 1 and 2 as valuable sources of information to highlight the strengths and opportunities of Pennsylvania's network adequacy standards, indicators, and data collection processes. Additionally, engaging in steps 1 and 2 in 2023 better prepared IPRO for the full set of validation activities mandated for 2024.

Technical Methods of Data Collection and Analysis

IPRO gathered information from Pennsylvania to conduct preliminary network adequacy validation activities using worksheets 4.1, 4.2, and 4.3 of the 2023 CMS EQR protocols. The worksheets identified clear definitions for each network adequacy standard and indicator, including the data sources for validation.

Description of Data Obtained

Network adequacy standards are quantitative parameters that states establish to set expectations for contracted MCOs' provider networks. Network adequacy indicators are metrics used to measure adherence to network adequacy standards and to determine plan compliance with state network adequacy standards. The Pennsylvania-established access, distance, and time standards are presented by the two Pennsylvania geographical regions: urban and rural. **Table 27** displays the Pennsylvania CHIP provider network standards that were applicable in MY 2022.

Table 27: Network Adequacy Standards, Indicators, and Data Sources

Pennsylvania Network Access Standards	Applicable Provider Types	Network Adequacy Indicator	Definition of Network Adequacy Indicator	Network Adequacy Indicator Data Source
The MCO makes available to every enrollee a choice of at least two (2) appropriate PCPs with open panels whose offices are located within a travel time no greater than thirty (30) minutes (urban). This travel time is measured by mapping software.	Primary care (pediatricians)	Proportion of beneficiaries (enrolled with the MCO) with a choice of at least two (2) appropriate PCPs with open panels whose offices are located within a travel time no greater than thirty (30) minutes (urban). This travel time is measured by Google Maps, wherever applicable	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	Beneficiary cluster files
The MCO makes available to every enrollee a choice of at least two (2) appropriate PCPs with open panels whose offices are located within a travel time no greater than thirty (60) minutes (rural). This travel time is measured by mapping software.	Primary care (pediatricians)	Proportion of beneficiaries (enrolled with the MCO) with a choice of at least two (2) appropriate PCPs with open panels whose offices are located within a travel time no greater than thirty (60) minutes (rural). This travel time is measured by Google Maps, wherever applicable	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO ensures an adequate number of pediatricians with open panels to permit all enrollees who want a pediatrician as a PCP to have a choice of two (2) for their child within 30 minutes (urban). This travel time is measured by mapping software.	Pediatricians	Proportion of beneficiaries (enrolled with the MCO) with an adequate number of pediatricians with open panels to permit all enrollees who want a pediatrician as a PCP to have a choice of two (2) for their child within 30 minutes (urban) of driving time	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO ensures an adequate number of pediatricians with open panels to permit all enrollees who want a pediatrician as a PCP to have a choice of two (2) for their child within 60 minutes (rural). This travel time is measured by mapping software.	Pediatricians	Proportion of beneficiaries (enrolled with the MCO) with an adequate number of pediatricians with open panels to permit all enrollees who want a pediatrician as a PCP to have a choice of two (2) for their child within 60 minutes (rural) of driving time	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must ensure a choice of two (2) providers who are accepting new patients within thirty (30) minutes (urban). This travel time is measured by mapping software.	General Surgery, Obstetrics & Gynecology, Oncology, Physical Therapy, General Dentistry, Cardiology, Radiology, Pharmacy, and Orthopedic Surgery	Proportion of beneficiaries (enrolled with the MCO) with a choice of two (2) providers, each from the listed set, who are accepting new patients within thirty (30) minutes (urban) of driving time: General Surgery, Obstetrics & Gynecology, Oncology, Physical Therapy, General Dentistry, Cardiology, Pharmacy, and Orthopedic Surgery	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must ensure a choice of two (2) providers who are accepting new patients within sixty (60) minutes (rural). This travel time is measured by mapping software.	General Surgery, Obstetrics & Gynecology, Oncology, Physical Therapy, General Dentistry, Cardiology, Radiology, Pharmacy, and Orthopedic Surgery	Proportion of beneficiaries (enrolled with the MCO) with a choice of two (2) providers, each from the listed set, who are accepting new patients within sixty (60) minutes (rural) of driving time: General Surgery, Obstetrics & Gynecology, Oncology, Physical Therapy, General Dentistry, Cardiology, Pharmacy, and Orthopedic Surgery	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files

Pennsylvania Network Access Standards	Applicable Provider Types	Network Adequacy Indicator	Definition of Network Adequacy Indicator	Network Adequacy Indicator Data Source
The MCO must ensure a choice of two (2) providers who are accepting new patients within thirty (30) minutes (urban). This travel time is measured by mapping software.	Oral Surgery, Dermatology, Urology, Neurology, and Otolaryngology	Proportion of beneficiaries (enrolled with the MCO) with a choice of two (2) providers, each from the listed set, who are accepting new patients within thirty (30) minutes (urban) of driving time: Oral Surgery, Dermatology, Urology, Neurology, and Otolaryngology	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must ensure a choice of two (2) providers who are accepting new patients within sixty (60) minutes (rural). This travel time is measured by mapping software.	Oral Surgery, Dermatology, Urology, Neurology, and Otolaryngology	Proportion of beneficiaries (enrolled with the MCO) with a choice of two (2) providers, each from the listed set, who are accepting new patients within sixty (60) minutes (rural) of driving time: Oral Surgery, Dermatology, Urology, Neurology, and Otolaryngology	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must have a choice of two (2) providers who are accepting new patients within the CHIP service area.	All other specialists and subspecialists not otherwise listed	Proportion of beneficiaries (enrolled with the MCO) with a choice of two (2) providers, accepting new patients within the CHIP service area	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
For enrollees needing anesthesia for dental care, the MCO must ensure a choice of at least two (2) dentists within sixty (60) minutes (rural) with privileges or certificates to perform specialized dental procedures for Periodontists, Endodontists, and Prosthodontists or pay out of network. This travel time is measured by mapping software.	Dentists within the provider network with privileges or certificates to perform specialized dental procedures for Periodontists, Prosthodontists, and Endodontists	Proportion of beneficiaries (enrolled with the MCO) with a choice of at least two (2) dentists within sixty (60) minutes (urban) of driving time of the provider network with privileges or certificates to perform specialized dental procedures for Periodontists, Endodontists, and Prosthodontists or pay out-of-network	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
For enrollees needing anesthesia for dental care, the MCO must ensure a choice of at least two (2) dentists within thirty (30) minutes (urban) with privileges or certificates to perform specialized dental procedures Periodontists, Endodontists, and Prosthodontists or pay out of network. This travel time is measured by mapping software.	Dentists within the provider network with privileges or certificates to perform specialized dental procedures for Periodontists, Prosthodontists, and Endodontists	Proportion of beneficiaries (enrolled with the MCO) with a choice of at least two (2) dentists within thirty (30) minutes (urban) of driving time of the provider network with privileges or certificates to perform specialized dental procedures for Periodontists, Endodontists, and Prosthodontists or pay out-of-network	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO ensures a choice of at least two (2) behavioral health providers within the provider network who are accepting new patients within the travel times of thirty (30) minutes in urban areas. The MCO must demonstrate its efforts to contract in good faith with a sufficient number of psychiatrists, psychologists, licensed clinical social workers, and other behavioral providers to serve the needs of enrollees. This travel time is measured by mapping software.	Behavioral Health Providers	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) behavioral health providers within the provider network who are accepting new patients within the travel times of thirty (30) minutes of driving time in urban areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files

Pennsylvania Network Access Standards	Applicable Provider Types	Network Adequacy Indicator	Definition of Network Adequacy Indicator	Network Adequacy Indicator Data Source
The MCO ensures a choice of at least two (2) behavioral health providers within the provider network who are accepting new patients within sixty (60) minutes in rural areas. The MCO must demonstrate its efforts to contract in good faith with a sufficient number of psychiatrists, psychologists, licensed clinical social workers, and other behavioral providers to serve the needs of enrollees. This travel time is measured by mapping software.	Behavioral Health Providers	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) behavioral health providers within the provider network who are accepting new patients within the travel times of sixty (60) minutes of driving time in rural areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO shall ensure there are at least two (2) Acute Care hospitals within thirty (30) minutes (urban). This travel time is measured by Google Maps.	Acute Care Hospitals	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) Acute Care Hospital providers within the provider network who are accepting new patients within the travel times of thirty (30) minutes of driving time in urban areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO shall ensure there are at least two (2) Acute hospitals within sixty (60) minutes (rural) and a second choice within the CHIP service area. This travel time is measured by mapping software.	Acute Care Hospitals	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) Acute Care Hospital providers within the provider network who are accepting new patients within the travel times of sixty (60) minutes of driving time in rural areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must ensure a choice of two (2) providers who are accepting new patients within sixty (60) minutes (rural). This travel time is measured by Google Maps.	Speech and Hearing	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) Speech and Hearing providers within the provider network who are accepting new patients within the travel times of sixty (60) minutes of driving time in rural areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 60-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files
The MCO must ensure a choice of two (2) providers who are accepting new patients within thirty (30) minutes (urban). This travel time is measured by mapping software.	Speech and Hearing	Proportion of beneficiaries (enrolled with the MCO) with access to at least two (2) Speech and Hearing providers within the provider network who are accepting new patients within the travel times of sixty (60) minutes of driving time in rural areas	Numerator: Number of beneficiaries for which one or more of the following is true: An in-network provider office is a 30-minute drive or less from their residence (according to mapping software) Denominator: All CHIP beneficiaries except those enrolled only in LTSS plans	MCO Provider Network Files

PCP: primary care physician; MCO: managed care organization; CHIP: Children's Health Insurance Program; LTSS: long-term services and supports.

Conclusions and Comparative Findings

Network standards and access-related requirements can be categorized into four types: (1) time and distance standards; (2) timely access standards, such as appointment wait times; (3) provider-to-enrollee ratios: and (4) other standards, such as those related to physical and cultural accessibility. All four types are important to ensure that Medicaid and CHIP beneficiaries can receive timely and adequate access to services.[7]

The Commonwealth of Pennsylvania has established network adequacy standards, indicators, and data sources for time and distance standards and provider-to-enrollee ratios that are tailored to Pennsylvania CHIP members and services covered by the program and adapted to Pennsylvania's geographic and provider context. It is recommended that Pennsylvania CHIP develop network adequacy standards that address timely access and accessibility.

[7] Lipson, D.J., Libersky, J., Bradley, K., Lewis, C., Siegwarth, A.W., and Lester, R. (2017). *Promoting access in Medicaid and CHIP managed care: A toolkit for ensuring provider network adequacy and service availability*. Division of Managed Care Plans, Center for Medicaid and CHIP Services, CMS, U.S. Department of Health and Human Services. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability (nv.gov).

VI. Validation of Quality-of-Care Surveys – CAHPS Member Experience Survey

Objectives

Title 42 CFR § 438.358(c)(2) establishes that for each MCO, the administration or validation of consumer or provider surveys of quality of care may be performed by using information derived during the preceding 12 months. Further, *Title 42 CFR §* 438.*358(a)(2)* requires that the data obtained from the quality-of-care survey(s) be used for the annual EQR.

The Pennsylvania DHS requires MCOs to sponsor a member experience survey annually. The goal of the survey is to get feedback from these members about how they view the health care services they receive. DHS uses results from the survey to determine variation in member satisfaction among the MCOs. Further, the *CHIP Procedures Handbook, Section 18.4*, requires that the CAHPS survey tool be administered.

The overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of care provided.

Each MCO independently contracted with a certified CAHPS vendor to administer the child surveys for MY 2022.

Technical Methods of Data Collection and Analysis

The standardized survey instruments selected for Pennsylvania's CHIP program were the CAHPS 5.1H Child Medicaid Health Plan Survey (without the chronic conditions measurement set). The CAHPS Medicaid questionnaire set includes separate versions for the adult and child populations.

HEDIS specifications require that the MCOs provide a list of all eligible members for the sampling frame. Following HEDIS requirements, the MCOs included members in the sample frame who were 18 years of age or older for adult members or 17 years of age or younger for child members as of December 31, 2022, who were continuously enrolled for at least five of the last six months of 2022, and who are currently enrolled in the MCO.

Results were calculated in accordance with HEDIS specifications for survey measures. According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results.

For the global ratings, composite measures, composite items, and individual item measures, the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 28** displays these categories and the measures by which these response categories are used.

Table 28: CAHPS Categories and Response Options

Category/Measure	Response Options
Composite measures	
• Getting Needed Care • Getting Care Quickly • How Well Doctors Communicate • Customer Service	Never, sometimes, usually, always (Top-level performance is considered responses of "usually" or "always.")
Global rating measures	
• Rating of All Health Care • Rating of Personal Doctor • Rating of Specialist Talked to Most Often • Rating of Health Plan • Rating of Treatment or Counseling	0–10 scale (Top-level performance is considered scores of "8" or "9" or "10.")

CAHPS: Consumer Assessment of Healthcare Providers and Systems.

Description of Data Obtained

For each MCO, IPRO received a copy of the final MY 2022 study reports produced by the certified CAHPS vendor. These reports included comprehensive descriptions of the project objectives and methodology, as well as MCO-level results and analyses.

Conclusions and Comparative Findings

Table 29 provides the survey results of four composite questions by two specific categories for CBC across the last three MYs, as available. The composite questions target the MCO's performance strengths, as well as opportunities for improvement.

Table 29: CAHPS MY 2022 Child Survey Results

Survey Section/Measure	MY 2022	MY 2022 Rate Compared to MY 2021	MY 2021	MY 2021 Rate Compared to MY 2020	MY 2020	MY 2022 MMC Weighted Average
Your child's health plan						
Satisfaction with your child's current personal doctor (Rating of 8–10)	92.78%	▲	90.27%	▼	94.50%	88.68%
Satisfaction with specialist (Rating of 8–10)	93.55%	▲	88.52%	▼	88.89%	87.60%
Satisfaction with health plan (Rating of 8–10)	88.41%	▲	88.03%	▼	88.13%	84.98%
Satisfaction with child's health care (Rating of 8–10)	90.51%	▲	86.50%	▼	93.37%	87.78%
Your healthcare in the last six months						
Received care for child's mental health from any provider (Usually or Always)	9.80%	▼	16.53%	▲	11.80%	11.10%
Easy to get needed mental health care? (Usually or Always)	7.58%	▼	14.29%	▲	8.95%	8.27%
Provider you would contact for mental health services? (PCP)	64.00%	▲	63.52%	▼	72.43%	64.87%
Child's overall mental or emotional health? (Very good or Excellent)	78.20%	▲	74.42%	▼	78.24%	75.28%

▲▼ = Performance compared to prior year's rate.
Gray-shaded boxes reflect rates above the MY 2022 MMC weighted average.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; MMC: Medicaid managed care; PCP: primary care provider.

VII. MCO Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each ATR include "an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR." **Table 30** displays the MCO's opportunities, as well as IPRO's assessment of their responses. The detailed responses are included in the embedded document. In addition to the opportunities identified from the EQR, DHS also required MCOs to develop a root cause analysis around select Pay-for-Performance (P4P) indicators.

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each CHIP MCO has addressed the opportunities for improvement made by IPRO in the 2022 EQR ATRs, which were distributed May 2023. The 2022 EQR is the fifteenth to include descriptions of current and proposed interventions from each CHIP MCO that address the recommendations from the prior year's reports.

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

- follow-up actions that the MCO has taken through June 30, 2023, to address each recommendation;
- future actions that are planned to address each recommendation;
- when and how future actions will be accomplished;
- the expected outcome or goals of the actions that were taken or will be taken; and
- the MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the response submitted to IPRO as of September 2023, as well as any additional relevant documentation provided by CBC.

The embedded document presents CBC's responses to opportunities for improvement cited by IPRO in the 2022 EQR ATR, detailing current and proposed interventions.

CBC 2022 Opps
Response Request Fo

CBC Response to Previous EQR Recommendations

Table 30 displays CBC's progress related to the *2022 External Quality Review Report,* as well as IPRO's assessment of CBC's response.

Table 30: CBC Response to Previous EQR Recommendations

Recommendation for CBC	IPRO Assessment of MCO Response[1]
Improve Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents − Counseling for Nutrition (Ages 3–11 years)	Addressed
Improve Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents − Counseling for Physical Activity (Ages 3–11 years)	Addressed
Improve Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents − Counseling for Physical Activity (Total)	Addressed
Improve Immunizations for Adolescents − HPV	Remains an opportunity for improvement
Improve Immunizations for Adolescents − Combination 2	Remains an opportunity for improvement
Improve Lead Screening in Children (Age 2 years)	Addressed
Improve Chlamydia Screening in Women (Ages 16–20 years)	Remains an opportunity for improvement
Improve Developmental Screening in the First Three Years of Life − Total	Partially addressed
Improve Developmental Screening in the First Three Years of Life − 1 year	Partially addressed
Improve Developmental Screening in the First Three Years of Life − 2 years	Partially addressed
Improve Developmental Screening in the First Three Years of Life − 3 years	Partially addressed
Improve Annual Dental Visit (Ages 2–3 years)	Remains an opportunity for improvement
Improve Annual Dental Visit (Ages 4–6 years)	Remains an opportunity for improvement
Improve Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1 year	Partially addressed
Improve Ambulatory Care: Outpatient Visits/1,000 MY Ages 1−9 years	Partially addressed
Improve Ambulatory Care: Outpatient Visits/1,000 MY Ages 10−19 years	Partially addressed
Improve Ambulatory Care: Outpatient Visits/1,000 MY Ages < 1−19 years Total Rate	Partially addressed
Improve Ambulatory Care: Emergency Department Visits/1,000 MY Ages < 1 year	Partially addressed

[1] IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization; EQR: external quality review; MY: member years; HPV: human papillomavirus.

VIII. MCO Strengths, Opportunities for Improvement, and EQR Recommendations

Table 31 highlights the MCO's performance strengths and opportunities for improvement and this year's recommendations based on the aggregated results of the 2023 EQR activities as they relate to **quality**, **timeliness**, and **access**.

CBC Strengths, Opportunities for Improvement, and EQR Recommendations

Table 31: CBC Strengths, Opportunities for Improvement, and EQR Recommendations

EQR Activity		Quality	Timeliness	Access
Strengths				
PIP: Improving Access to Pediatric Preventive Dental Care	CBC included in the interim report for this project a detailed discussion on the rationale for why two of the three interventions from the MCO's baseline report were no longer or never implemented. No threats were found by the MCO surrounding the study's internal or external validation.	✓	✓	✓
PIP: Improving Blood Lead Screening Rate in Children	CBC implemented a new intervention related to a preventive lead screening email campaign. The MCO improved in two of the three indicators for this project.	✓	✓	✓
Performance Measures	CBC reported measures that were statistically significantly better/above the MY 2022 MMC weighted average by at least three percentage points in the Dental and Oral Health Services and Respiratory Conditions categories.	✓	✓	✓
Compliance with Medicaid and CHIP Managed Care Regulations	CBC was compliant on all reviewed SMART items in all categories during review year 2022.	✓	✓	✓
Quality-of-Care Surveys	Six of the eight survey items focusing on satisfaction with care and quality of mental health care improved compared to MY 2021.	✓	✓	✓
Opportunities				
PIP: Improving Access to Pediatric Preventive Dental Care	There is an opportunity for CBC to improve details on revised ITMs and corresponding interventions, focusing particularly on ITM data collection methods and monitoring timeframes. CBC should also consider that there is not currently an ITM that measures the number of members who received a dental screening after the plan's implementation of their email reminder campaign. Finally, CBC's only intervention for Indicator 2 remains on hold. With the final report due in 2024, there is little time to implement and measure improvement for interventions that address this indicator.	✓	✓	✓

EQR Activity		Quality	Timeliness	Access
PIP: Improving Blood Lead Screening Rate in Children	While CBC did develop a new intervention during the interim measurement period for this project, there is an opportunity for the MCO to provide clarifying details surrounding this intervention and its associated tracking measures. There is also an opportunity for CBC to provide a clearer and more in-depth discussion regarding the rationale for why a lower rate from baseline to final measurement period is the desired performance outcome goal for Indicator 2, "Total Children Successfully Identified with Elevated Blood Lead Levels."	✓	✓	✓
Performance Measures	CBC reported measures that were statistically significantly worse/below the MY 2022 MMC weighted average by at least three percentage points in the Access to/Availability of Care, Prevention and Screening, Respiratory Conditions, and Utilization categories.	✓	✓	✓
Compliance with Medicaid and CHIP Managed Care Regulations	No opportunities	-	-	-
Quality-of-Care Surveys	Two of the eight survey focusing on satisfaction with care and quality of mental health care declined compared to MY 2021.	✓	✓	✓
Recommendations				
PIP: Improving Access to Pediatric Preventive Dental Care	It is recommended that the MCO to perform another barrier analysis and subsequent development or modification of new interventions related to Indicator 2, "Total Eligible Members Receiving Preventive Dental Services."	✓	-	✓
PIP: Improving Blood Lead Screening Rate in Children	It is recommended that the MCO discuss how often the new intervention's work group will be reviewing intervention performance in the next PIP submission. CBC should also consider including an ITM that measures the total number of members who received blood lead screening after lead campaign email was sent to members.	✓	✓	-
Performance Measures	It is recommended that CBC work to improve access to and availability of care for dental services.	✓	-	✓
Performance Measures	It is recommended that CBC work to improve in areas of prevention and screening. Childhood immunizations and developmental screenings are areas that the MCO should focus on.	✓	✓	✓
Performance Measures	It is recommended that CBC work to improve ambulatory care emergency department and outpatient utilization.	✓	✓	-
Compliance with Medicaid and CHIP Managed Care Regulations	No recommendations	-	-	-
Quality-of-Care Surveys	It is recommended that CBC improve access and availability of mental health care for members.	✓	-	✓

EQR: external quality review; PIP: performance improvement project; CHIP: Children's Health Insurance Program; MCO: managed care organization; MY: measurement year; MMC: Medicaid managed care; ITM: intervention tracking measure.

IX. Appendix A

Performance Improvement Project Interventions

As referenced in **Section II: Validation of Performance Improvement Projects**, **Table A1** lists all of the interventions outlined in the MCO's most recent PIP submission for the review year.

Table A1: PIP Interventions

Summary of Interventions
Capital Blue Cross (CBC) – Preventive Dental
1. Best Next Action: When a member's parent/guardian places a call to member services, the representative is notified whether an open gap exists for the member and the representative reminds the caller to have the screening performed.
2. Email campaign to members with messaging on the importance of dental care.
3. Dental van event.
3. Share HEDIS scoreboard data with CHIP high volume providers in a value-based relationship on either monthly or quarterly clinical quality meetings.
Capital Blue Cross (CBC) – Lead Screening
1. Best Next Action: When a member's parent/guardian places a call to member services, the representative is notified whether an open gap exists for the member and the representative reminds the caller to have the screening performed.
2. Email Campaigns to members with messaging on preventive care and options for seeking care.
3. Share HEDIS scoreboard data with CHIP high volume provider groups in a value-based relationship on either monthly or quarterly clinical quality meetings.
4. Track Capital's improvements to acquire BLL data for improved PIP reporting.

X. Appendix B

Race and Ethnicity

NCQA added race and ethnicity stratification reporting guidelines for MY 2022 for the following measures:

- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients With Diabetes
- Prenatal and Postpartum Care
- Child and Adolescent Well-Care Visits

CHIP MCOs are not required to report Colorectal Cancer Screening, Controlling High Blood Pressure, and Hemoglobin A1c Control for Patients With Diabetes.

No strengths are identified for MY 2022 Race and Ethnicity performance measures.

No opportunities are identified for MY 2022 Race and Ethnicity performance measures.

As referenced in **Section III: Validation of Performance Measures**, **Table B1** lists all HEDIS Race and Ethnicity data reported by the MCO for the measurement year. Strengths and opportunities for these measures can be found in **Section III.**

Table B1: Race and Ethnicity Measure Data

Measure Name	Race / Ethnicity	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2022 MMC	MY 2022 Rate Compared to MMC[1]
Child and Adolescent Well-Care Visits	Ethnicity: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Ethnicity: Hispanic or Latino	13	8	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Ethnicity: Not Hispanic or Latino	165	104	63.0%	55.4%	70.7%	65.2%	n.s.
Child and Adolescent Well-Care Visits	Ethnicity: Unknown	8,984	5,685	63.3%	62.3%	64.3%	62.2%	n.s.
Child and Adolescent Well-Care Visits	Race: American Indian and Alaskan Native	0	0	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Asian	2	1	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Black or African American	5	2	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Native Hawaiian and Other Pacific Islander	0	0	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Some Other Race	13	8	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Two or More Races	0	0	N/A	N/A	N/A	N/A	N/A
Child and Adolescent Well-Care Visits	Race: Unknown	8,984	5,685	63.3%	62.3%	64.3%	62.0%	+
Child and Adolescent Well-Care Visits	Race: White	158	101	63.9%	56.1%	71.7%	65.3%	n.s.
Colorectal Cancer Screening	Ethnicity: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Ethnicity: Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Ethnicity: Not Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Ethnicity: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: American Indian and Alaskan Native	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Asian	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Black or African American	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Native Hawaiian and Other Pacific Islander	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Some Other Race	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Two or More Races	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Colorectal Cancer Screening	Race: White	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Ethnicity: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Ethnicity: Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Measure Name	Race / Ethnicity	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2022 MMC	MY 2022 Rate Compared to MMC[1]
Controlling High Blood Pressure	Ethnicity: Not Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Ethnicity: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: American Indian and Alaskan Native	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Asian	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Black or African American	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Native Hawaiian and Other Pacific Islander	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Some Other Race	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Two or More Races	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	Race: White	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Ethnicity: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Ethnicity: Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Ethnicity: Not Hispanic or Latino	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Ethnicity: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: American Indian and Alaskan Native	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Asian	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Asked but No Answer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Black or African American	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Native Hawaiian and Other Pacific Islander	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Some Other Race	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Two or More Races	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (< 8%)	Race: White	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Ethnicity: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Ethnicity: Hispanic or Latino	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Ethnicity: Not Hispanic or Latino	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Ethnicity: Unknown	1	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: American Indian and Alaskan Native	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Asian	0	0	N/A	N/A	N/A	N/A	N/A

Measure Name	Race / Ethnicity	MY 2022 Denom	MY 2022 Num	MY 2022 Rate	MY 2022 Lower 95% Confidence Limit	MY 2022 Upper 95% Confidence Limit	MY 2022 MMC	MY 2022 Rate Compared to MMC[1]
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Black or African American	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Native Hawaiian and Other Pacific Islander	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Some Other Race	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Two or More Races	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: Unknown	1	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Race: White	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Ethnicity: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Ethnicity: Hispanic or Latino	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Ethnicity: Not Hispanic or Latino	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Ethnicity: Unknown	1	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: American Indian and Alaskan Native	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Asian	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Asked but No Answer	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Black or African American	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Native Hawaiian and Other Pacific Islander	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Some Other Race	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Two or More Races	0	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: Unknown	1	0	N/A	N/A	N/A	N/A	N/A
Prenatal and Postpartum Care: Postpartum Care	Race: White	0	0	N/A	N/A	N/A	N/A	N/A

[1] For comparison of MY 2022 rates to CHIP MMC rates, the "+" denotes that the plan rate exceeds the CHIP MMC rate, the "–" denotes that the MMC rate exceeds the plan rate, and "n.s." denotes no statistically significant difference between the two rates.
Denom: denominator; Num: numerator; MY: measurement year; MMC: Medicaid Managed Care; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania; EQR: external quality review; NA: not available, as no HEDIS percentile is available to compare; 2022 Rate N/A: not applicable, as denominator is less than 30.

XI. Appendix C

Performance Measure Bar Graphs

Below are bar graphs that depict rates for a selection of HEDIS and Core Set performance measures, comparing 2023 to 2022, where applicable.

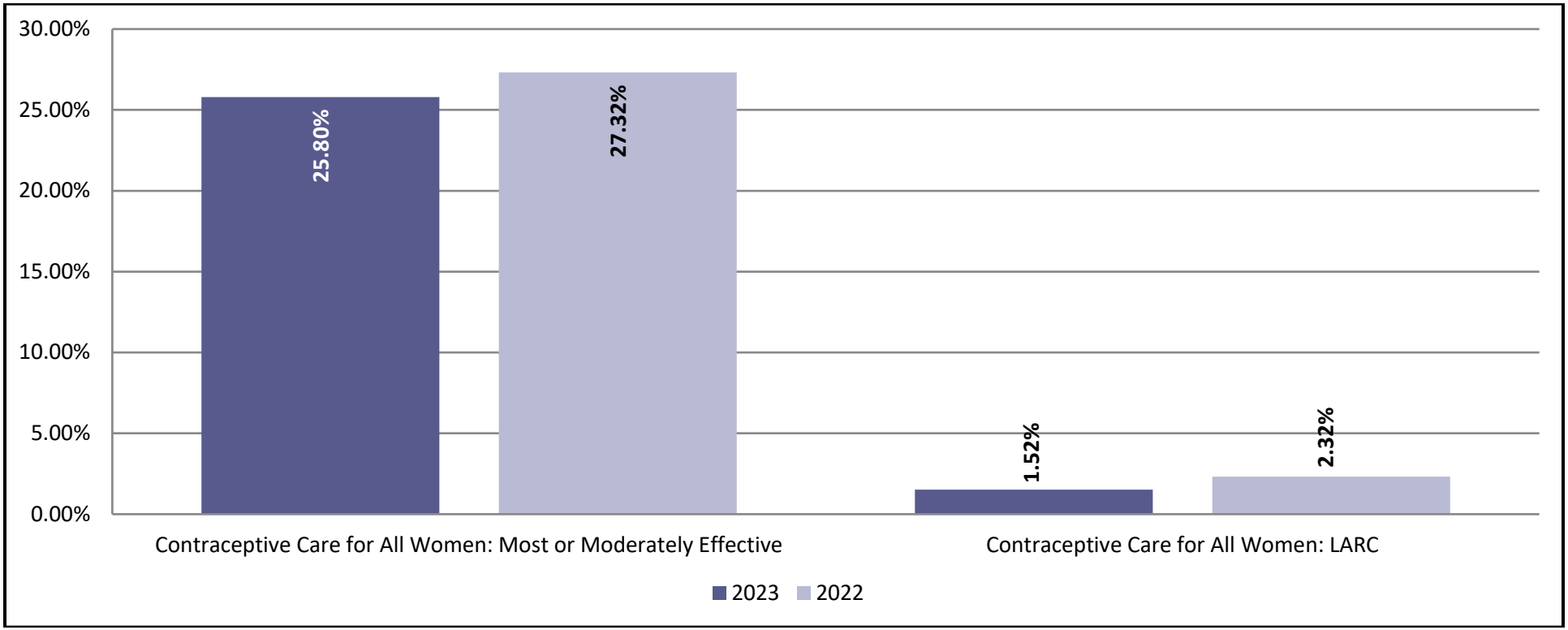

Figure C1: Contraceptive Care for All Women Bar graph depicting rates for Contraceptive Care for All Women measure rates in 2023 (dark purple) and 2022 (light purple). LARC: long-acting reversible contraception.

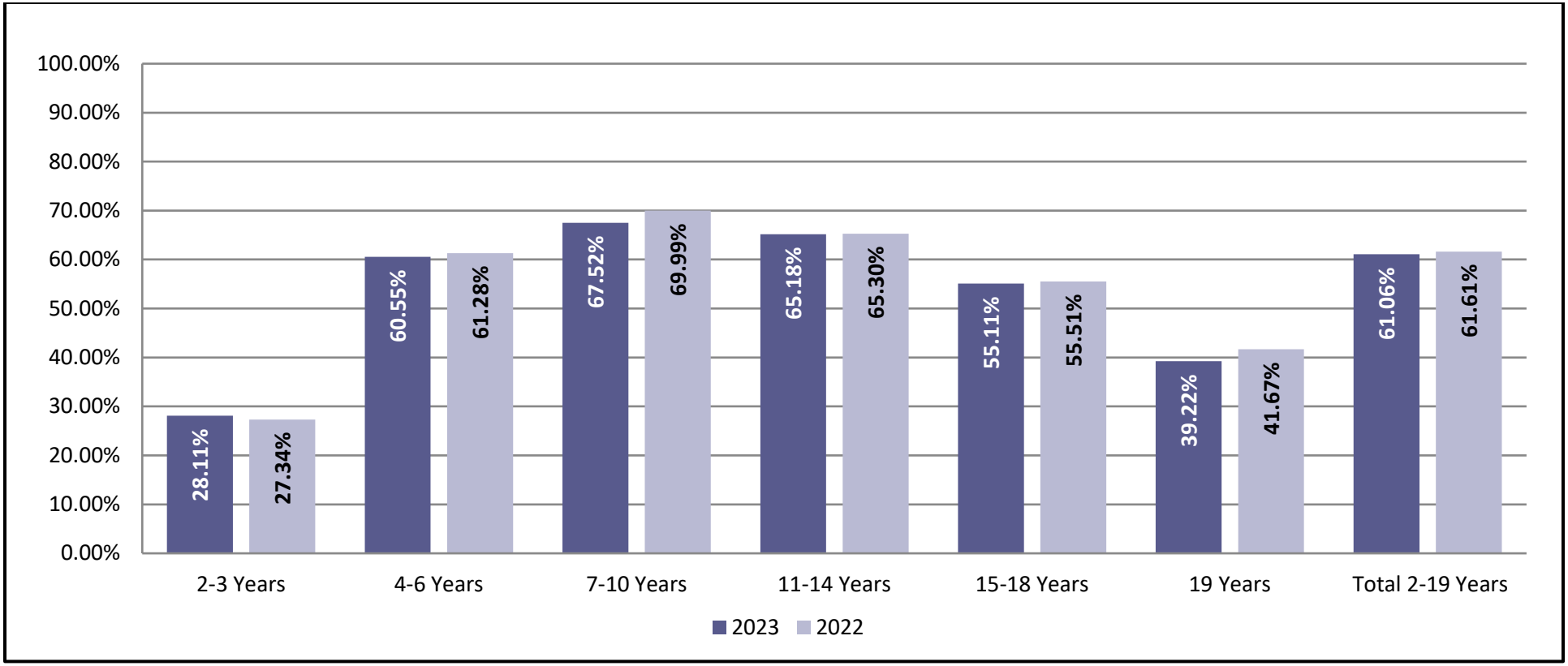

Figure C2: Annual Dental Visits Bar graph depicting Annual Dental Visit measure rates by age group in 2023 (dark purple) and 2022 (light purple).

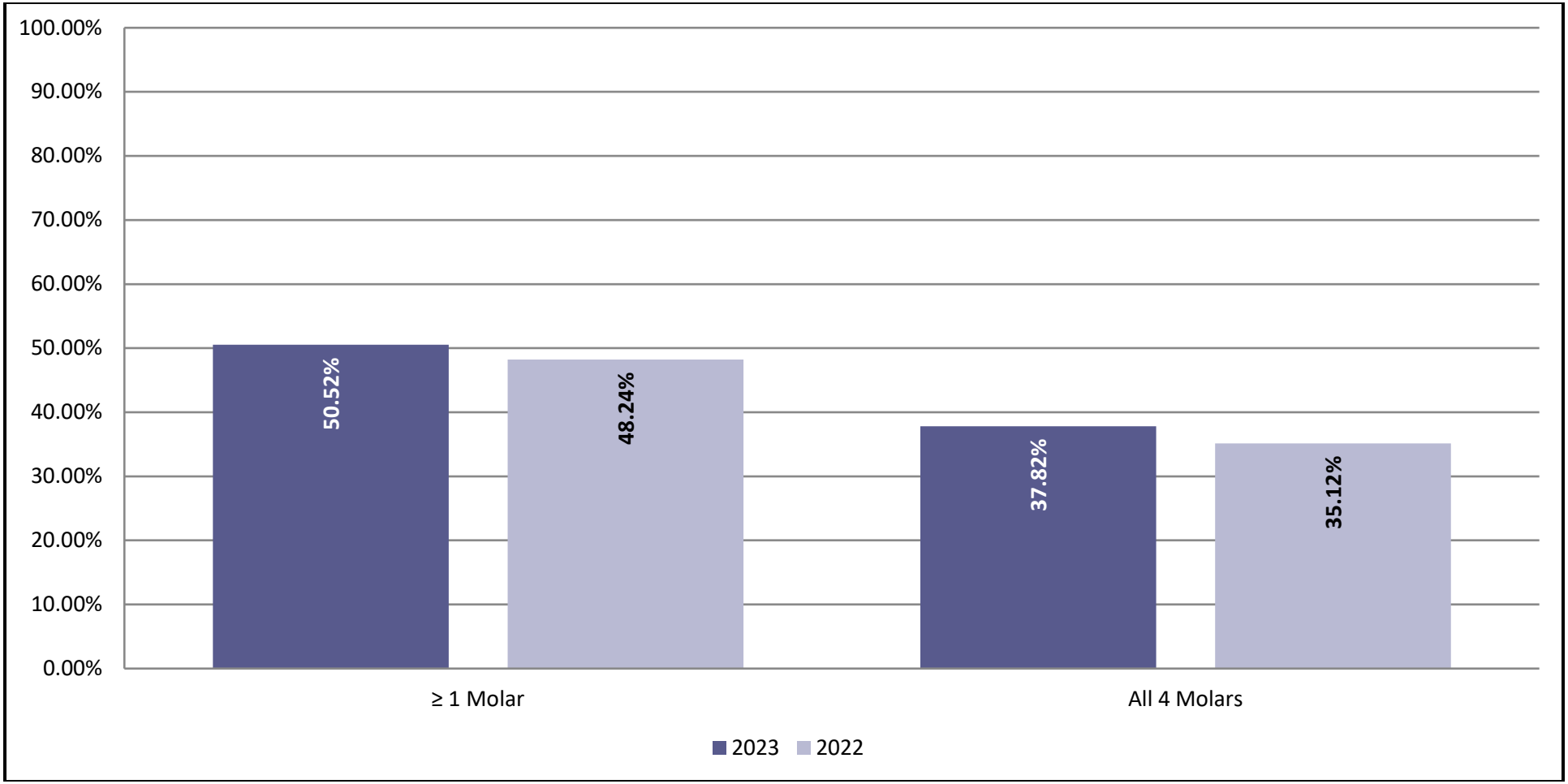

Figure C3: Sealant Receipt on First Molars Bar graph depicting Sealant Receipt on First Molars measure rates in 2023 (dark purple) and 2022 (light purple).

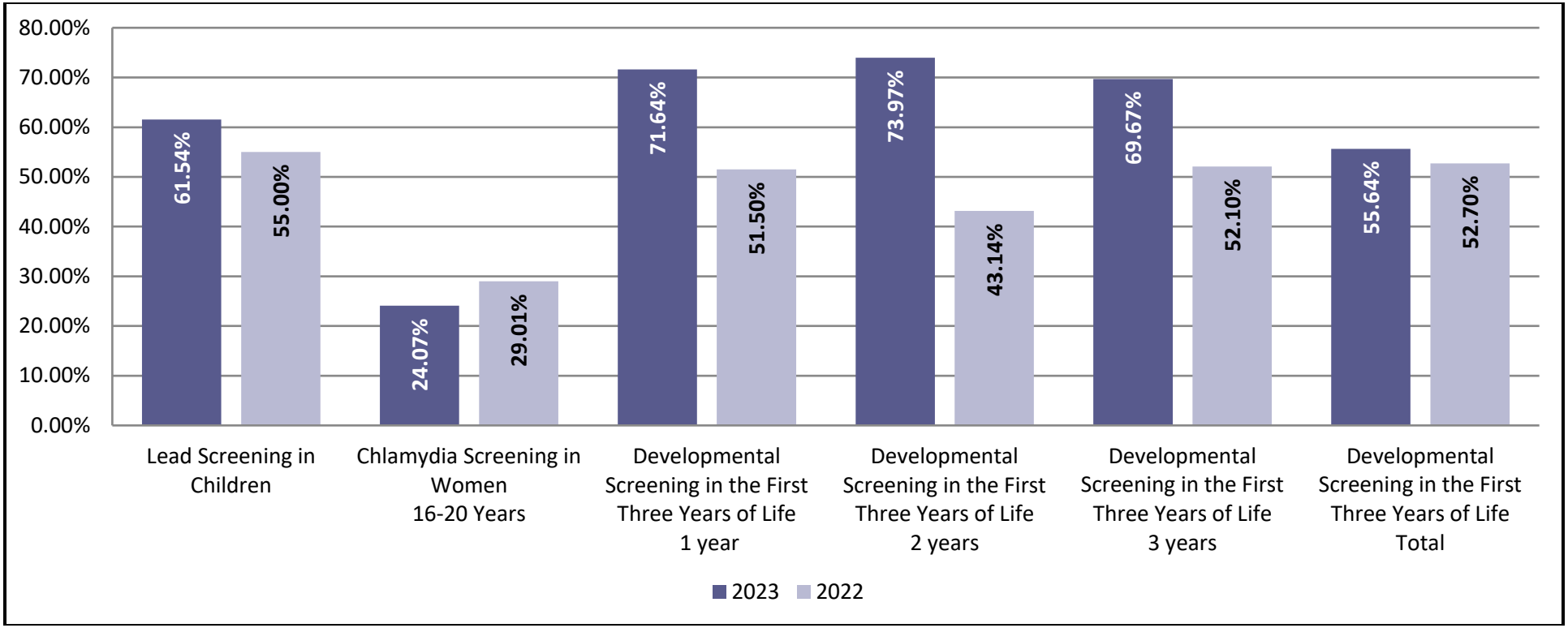

Figure C4: EPSDT Screenings Bar graph depicting Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) measure rates in 2023 (dark purple) and 2022 (light purple).

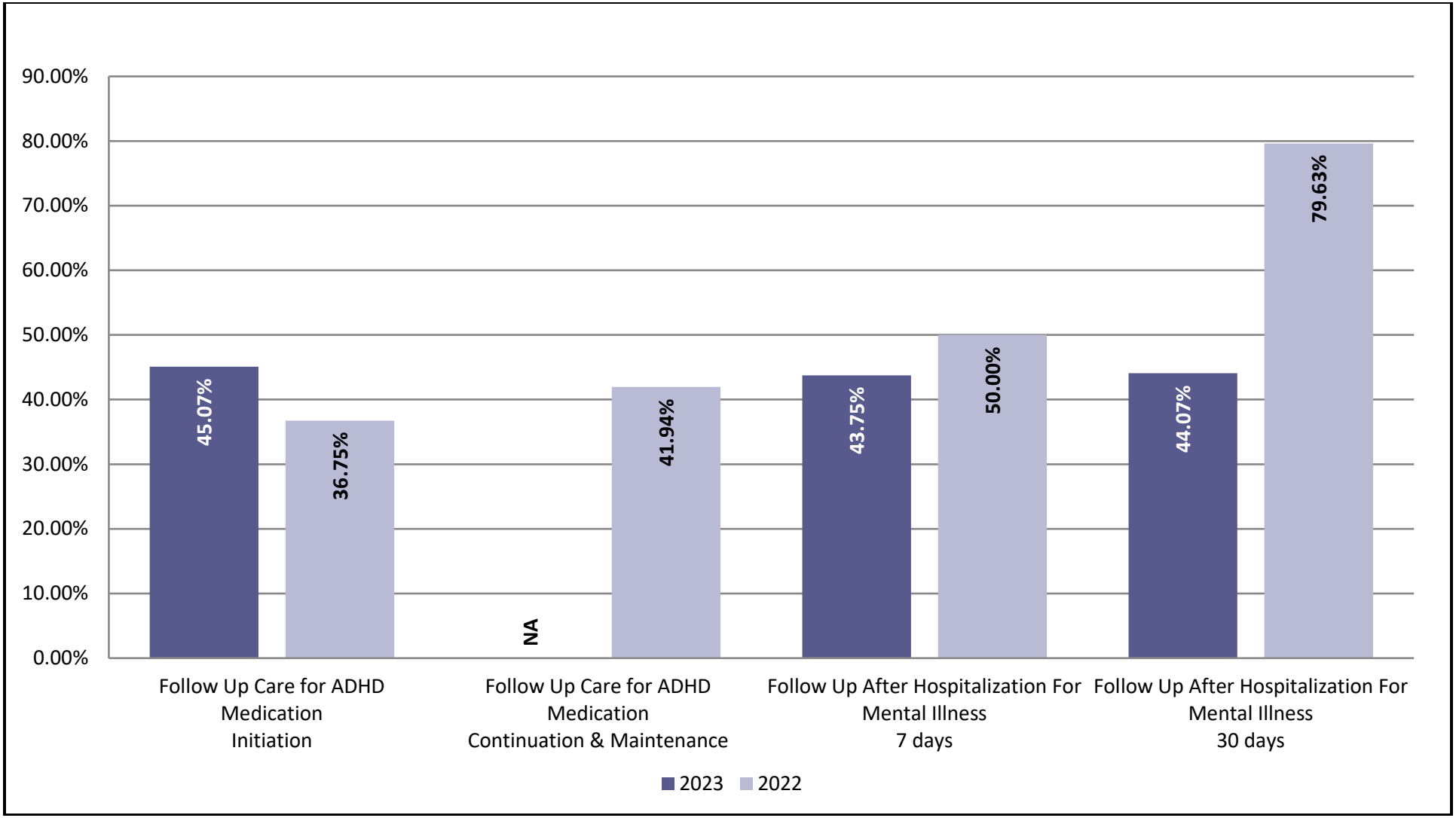

Figure C5: Follow-Up Care for ADHD and Mental Illness Bar graph depicting Follow-Up Care for Attention Deficit Hyperactivity Disorder (ADHD) and Mental Illness measure rates in 2023 (dark purple) and 2022 (light purple).

NA: Data not available because reported denominator is less than 30.

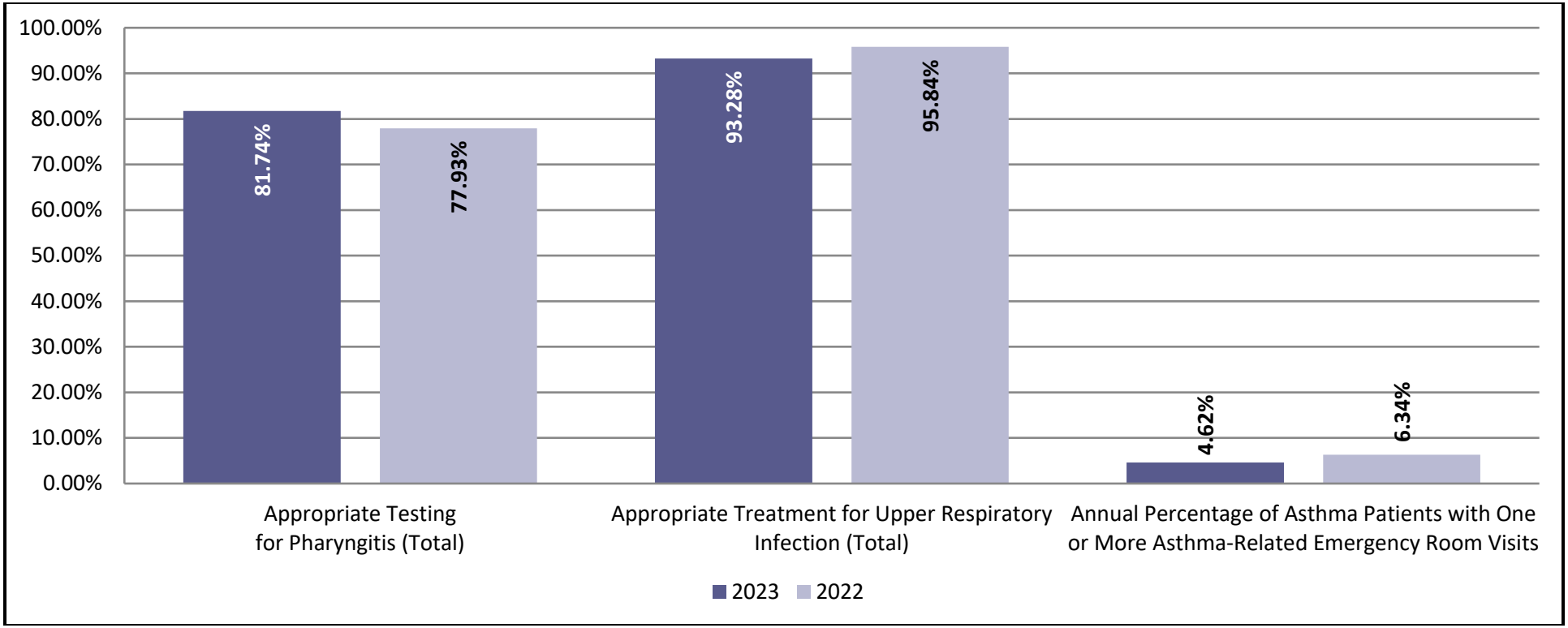

Figure C6: Respiratory Conditions Bar graph depicting Respiratory Conditions measure rates in 2023 (dark purple) and 2022 (light purple).

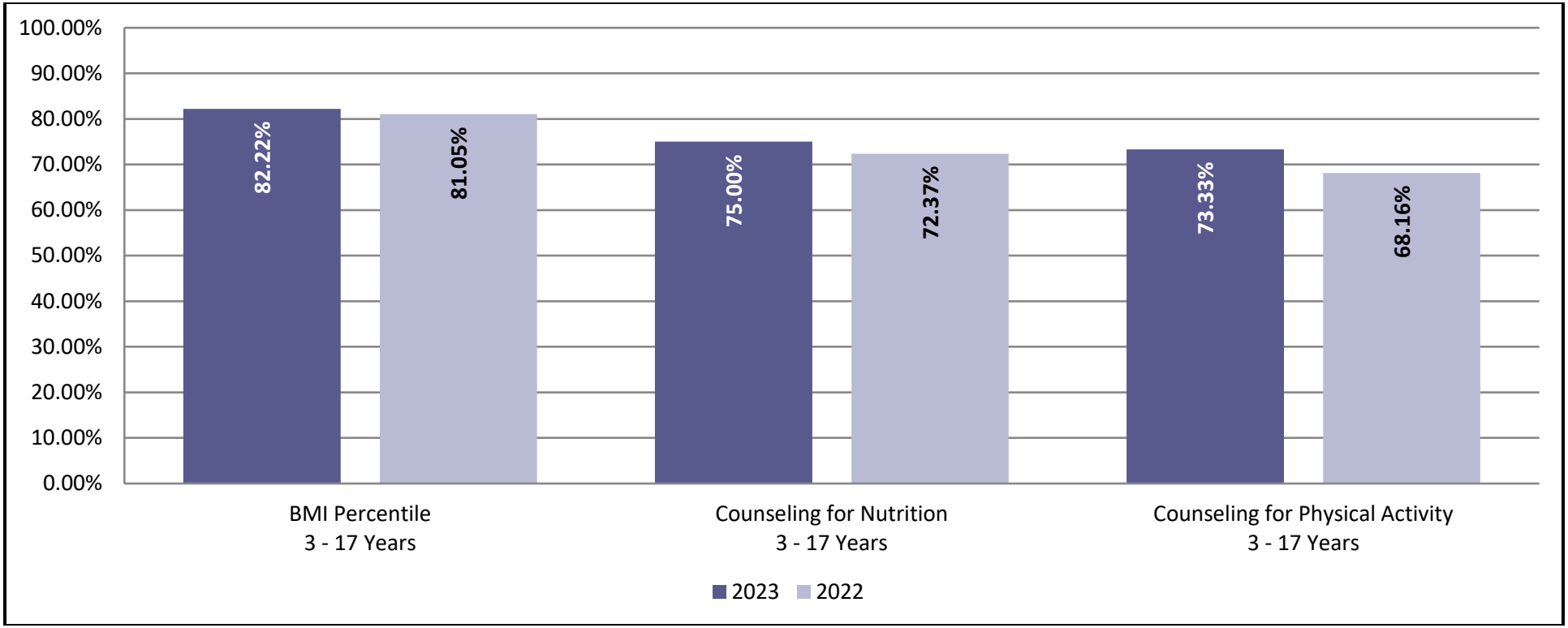

Figure C7: Weight Assessment and Counseling for Nutrition and Physical Activity Bar graph depicting Weight Assessment and Counseling for Nutrition and Physical Activity measure rates in 2023 (dark purple) and 2022 (light purple). BMI: body mass index.

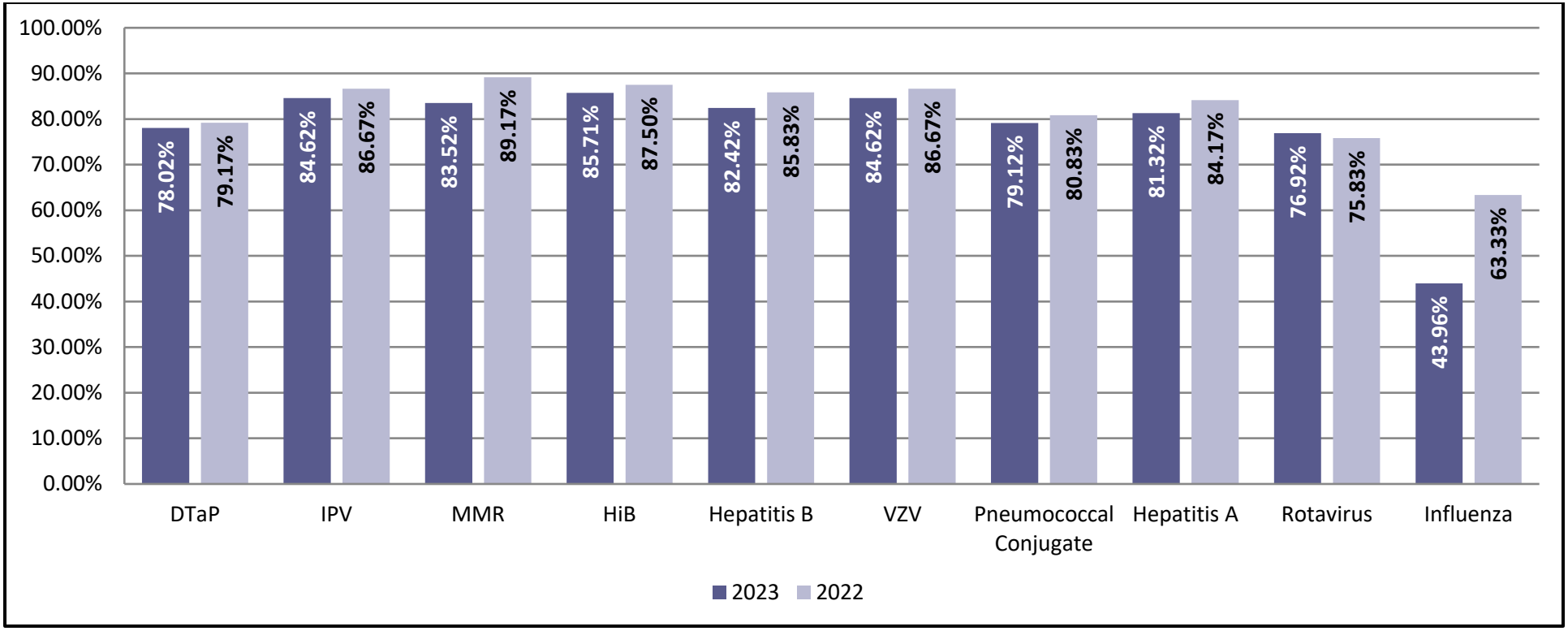

Figure C8: Childhood Immunization Status by Vaccine Type Bar graph depicting Childhood Immunization Status measure data by vaccine type in 2023 (dark purple) and 2022 (light purple). DTaP: diphtheria, tetanus and acellular pertussis; IPV: polio; MMR: measles, mumps and rubella; HiB: haemophilus influenza type B; VZV: chicken pox.

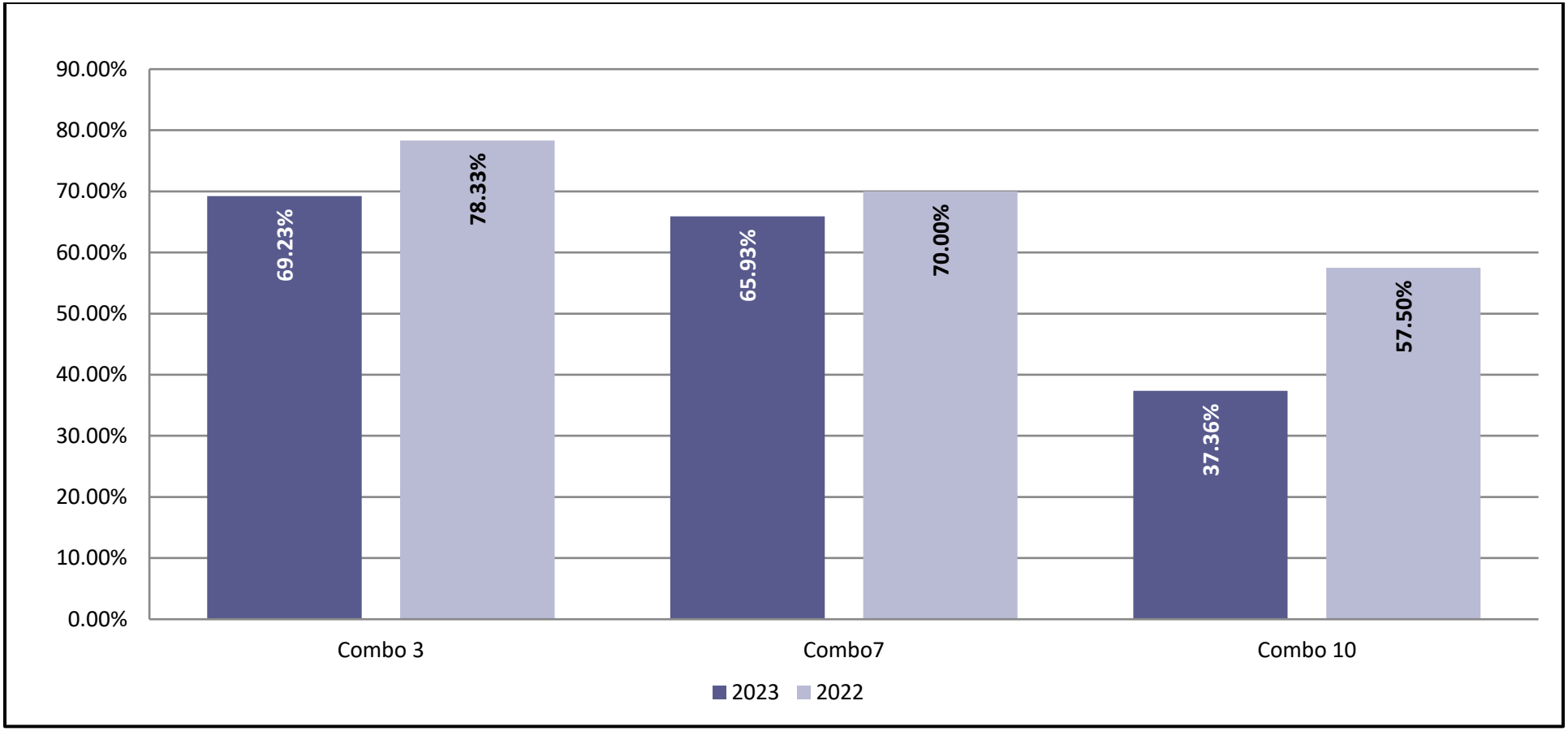

Figure C 9: Childhood Immunization Status by Combination Bar graph depicting Childhood Immunization Status measure data by combination in 2023 (dark purple) and 2022 (light purple).

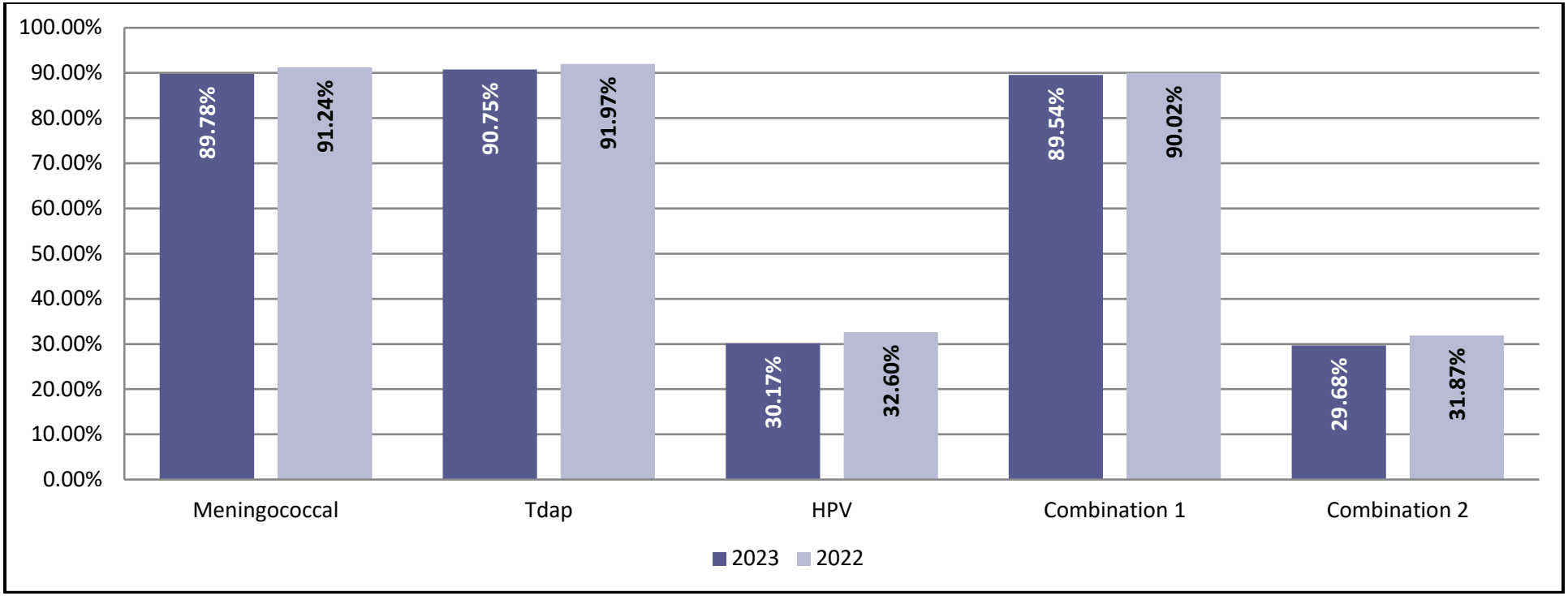

Figure C10: Immunizations for Adolescents Bar graph depicting Immunizations for Adolescents measure data in 2023 (dark purple) and 2022 (light purple). Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus.

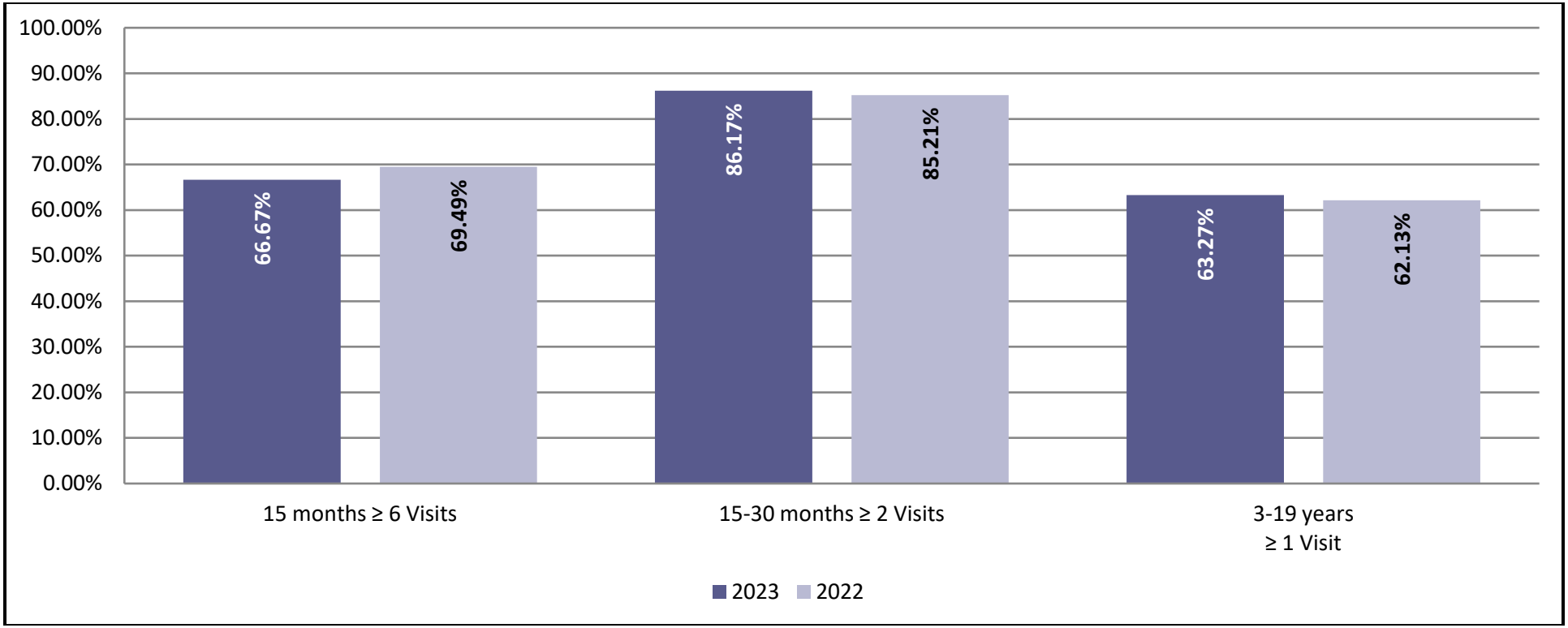

Figure C11: Well-Child Visits Bar graph depicting Well-Child Visits measure data in 2023 (dark purple) and 2022 (light purple).