



**Experts in Defining and Improving the
Quality of Health Care**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS
2008 EXTERNAL QUALITY REVIEW REPORT
UPMC HEALTH PLAN**

Completed on: April 10, 2009

IPRO
Corporate Headquarters
Managed Care Department
1979 Marcus Avenue, First Floor
Lake Success, NY 11042-1002
516-326-7767 • 516-326-6177 (Fax)

REPORT CONTENT

Introduction.....	p. 3
Chapter I: Structure and Operations Standards.....	p. 4
Chapter II: Performance Improvement Projects.....	p. 13
Chapter III: Performance Measures and CAHPS.....	p. 20
Chapter IV: Strengths and Opportunities for Improvement.....	p. 58
Chapter V: Current and Proposed Interventions.....	p. 64

INTRODUCTION

Purpose and Background

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

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

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

The Commonwealth of Pennsylvania (PA) Department of Public Welfare (DPW) contracted with IPRO as its EQRO to conduct the 2007 EQRs for the Medicaid MCOs. For the Physical Health (PH) Medicaid MCOs, the information for the Compliance with Standards section of the report is derived from the Commonwealth's monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from the National Committee for Quality Assurance (NCQA™) accreditation results for each MCO. Information for each of the PH Medicaid MCOs for the remaining two sections is derived from IPRO's validation of the PH MCO's performance improvement projects (PIPs) and performance measures. Performance measure validation as conducted by IPRO includes both Pennsylvania specific performance measures as well as Healthcare Effectiveness Data Information Set (HEDIS^{®1}) data for each Medicaid MCO.

This report includes three sections:

- Structure and Operations Standards
- Performance Improvement Projects
- Performance Measures

The three sections are followed by a summary of strengths and opportunities for improvement for the MCO. To achieve compliance with federal regulations, this year, for the first time, the MCOs have responded to the opportunities for improvement and their responses are included in Chapter V: Current and Proposed Interventions.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.
PA EQR 2008 BBA Report – UPMC
Issue Date: 04/10/09

I: STRUCTURE AND OPERATIONS STANDARDS

This section of the EQR report presents a review by IPRO of UPMC's compliance with structure and operations standards. The review is based on information derived from reviews of the MCO, including NCQA accreditation reviews that were conducted within the past three years.

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DPW staff as of December 31, 2007, and the most recent NCQA Accreditation Report for UPMC, which occurred in September 2006.

The SMART Items provided much of the information necessary for this review. The SMART Items are a comprehensive set of monitoring Items that the Commonwealth staff review on an ongoing basis for each Medicaid MCO. IPRO reviewed the elements in the SMART Item List and created a crosswalk to pertinent BBA regulations. A total of 116 unique Items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These Items vary in periodicity. The table below shows the number of Items for each recommended periodicity.

Table 1.1 Periodicities of Crosswalked SMART Items

Annually	61
Semi-annually	17
Quarterly	5
As Needed	33

The crosswalk linked SMART Items to specific provisions of the regulations, where possible. Some Items were relevant to more than one provision. It should be noted that one or more provisions apply to each of the categories in Table 1.2. Table 1.2 provides a count of Items linked to each category.

Table 1.2 SMART Items Count Per Regulation

BBA Regulation	SMART Items
Subpart C: Enrollee Rights and Protections	
Enrollee Rights	6
Provider Enrollee Communication	1
Marketing Activities	3
Liability for Payment	1
Cost Sharing	0
Emergency and Post Stabilization Services	3
Solvency Standards	2
Subpart D: Quality Assessment and Performance Improvement	
Availability of Services	15
Coordination and Continuity of Care	17
Coverage and Authorization of Services	15
Provider Selection	6
Provider Discrimination Prohibited	1
Confidentiality	1
Enrollment and Disenrollment	2
Grievance Systems	1
Subcontractual Relationships and Delegations	3
Practice Guidelines	3
Health Information Systems	21
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	10
Notice of Action	1
Handling of Grievances and Appeals	8
Resolution and Notification	5
Expedited Resolution	2
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	1
Effectuation of Reversed Resolutions	0

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

Determination of Compliance

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

Format

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

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

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

Findings

Of the 116 unique SMART Items overall, 54 were not evaluated for UPMC in 2007. Of the 62 Items that were reviewed in measurement year (MY) 2007, 39 have an annual periodicity, 3 have a quarterly periodicity, 14 have a semi-annual periodicity, and 6 Items have an "As Needed" periodicity. For categories where Items were not evaluated for MY 2007, results from reviews conducted within the past three measurement years were evaluated to determine compliance.

Subpart C: Enrollee Rights and Protections

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

Table 1.3 UPMC Compliance with Enrollee Rights and Protections Regulations

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

UPMC was evaluated against 11 of the 16 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 11. UPMC was found to be compliant on eight categories of Enrollee Rights and Protections Regulations. UPMC was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regulations

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

The SMART database includes an assessment of the MCO's compliance with regulations found in Subpart D. Table 1.4 presents the findings by categories consistent with the regulations.

Table 1.4 UPMC Compliance with Quality Assessment and Performance Improvement Regulations

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	Compliance	Comments
Access Standards		
Availability of Services	Compliant	15 Items were crosswalked to this category. The MCO was evaluated against 6 Items and was compliant on 6 Items.
Coordination and Continuity of Care	Compliant	17 Items were crosswalked to this category. The MCO was evaluated against 8 Items and was compliant on 8 Items.
Coverage and Authorization of Services	Compliant	15 Items were crosswalked to this category. The MCO was evaluated against 7 Items and was compliant on 7 Items.
Structure and Operation Standards		
Provider Selection	Compliant	6 Items were crosswalked to this category. The MCO was evaluated against 4 Items and was compliant on 4 Items.
Provider Discrimination Prohibited	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Confidentiality	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Enrollment and Disenrollment	Compliant	2 Items were crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Grievance Systems	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Subcontractual Relationships and Delegations	Compliant	3 Items were crosswalked to this category. The MCO was evaluated against 2 Items and was compliant on both.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	Compliance	Comments
Measurement and Improvement Standards		
Practice Guidelines	Compliant	3 Items were crosswalked to this category. The MCO was evaluated against 2 Items and was compliant on both.
Health Information Systems	Partial	21 Items were crosswalked to this category. The MCO was evaluated against 7 Items. The MCO was compliant on 6 Items, and partially compliant on 1 Item.

UPMC was evaluated against 40 of 85 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations. The MCO was compliant on 39 Items, and partially compliant on one Item. UPMC was found to be compliant on 10 categories, and partially compliant on one category of Quality Assessment and Performance Improvement Regulations, Health Information Systems.

UPMC was partially compliant on SMART Item S/Y 4.1. For two of the four quarters of the review year, the MCO was non-compliant on this Item.

Review Date: 6/30/09 - "Information gathered from April, May and June's Encounter Data Spreadsheet which is data from COLD Reports (CLM-0016E-D)

- 04/07 - UPMC submitted 98,302 837 records. Out of those records submitted 98,166 were approved. The Acceptance Rate for April was 99.86%. There were no Dental, LTC, Professional Crossover B or Compound Pharmacy Claim Types processed in April. UPMC submitted no NCPDP encounters in April.
- 05/07 - UPMC submitted 97,761 records. Out of those records submitted, 97,721 were approved. The Acceptance Rate for May was 99.96%. There were no Dental, LTC, Professional Crossover or Compound Pharmacy Claim Types processed in May. UPMC submitted no NCPDP encounters in May.
- 6/07 - UPMC submitted 120,769 records. Out of those records submitted, 120,540 were approved. The Acceptance Rate for May was 99.81%. There were no Dental, LTC or Compound Pharmacy Claim Types processed in June.
- No benchmark has been established to determine if the MCOs are submitting a required amount of records.

Review Date: 9/30/07 – "Information gathered from July, August and September's Encounter Data Spreadsheet w which is data from COLD Reports (CLM-0016E-D).

- 7/07 - UPMC submitted 75,495 (837) records. 75,461 were approved making the Acceptance Rate 99.95%. There were no dental, LTC, Crossover B or Compound Pharmacy Claim Types processed in July. UPMC submitted no NCPDP encounters in July.
- 8/07 - UPMC submitted 124,949 (837) records. 124,886 were approved making the Acceptance Rate 99.95%. There were no dental, LTC or Compound Pharmacy Claim Types processed in August. UPMC submitted 283,398 NCPDP records. 268,703 were approved making the Acceptance Rate 94.81%.

- 9/07 - UPMC submitted 105,562 (387) records. 92,968 were approved making the Acceptance Rate 88.07%. There were no dental or Compound Pharmacy claim types processed in September. UPMC submitted 1,118,083 NCPDP records. 976,611 were approved making the Acceptance Rate 87.35%
- No benchmark has been established to determine if the MCOs are submitting a required amount of records. No benchmark has been established to determine if the MCO's Acceptance Rate is acceptable.

UPMC is non-compliant with this standard for the 3rd quarter because they did not submit encounter data for dental for the 3rd quarter. They've made improvements from the 2nd quarter by submitting pharmacy data and resubmitting LTC data in September.

UPMC is doing very well in submitting encounter data, but they are having problems with encounter data coming from their subcontractors.

Subcontractors - During an onsite visit on 5/23/07, UPMC had indicated they were auditing their dental and vision encounters. If it looked okay, dental encounters would be submitted with vision being submitted after that. Dental and vision encounters will be submitted once a month by the 15th. UPMC changed vendors in 12/06 from Argus to Express Scripts, Inc. (ESI). ESI was having problems getting the NCPDP to pass through the translator. They get an empty response because it is stopping on the header line. Once they are able to start submitting, their NCPDP submissions will be every ten days.

UPMC is non-compliant with this standard for the second quarter because they have not submitted encounter data for NCPDP or dental for the 2nd quarter.

Subpart F: Federal and State Grievance System Standards

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

The Commonwealth's audit document information includes an assessment of the MCO's compliance with regulations found in Subpart F. Table 1.5 presents the findings by categories consistent with the regulations.

Table 1.5 UPMC Compliance with Federal and State Grievance System Standards

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	Compliance	Comments
General Requirements	Compliant	10 Items were crosswalked to this category. The MCO was evaluated against 7 Items and was compliant on 7 Items.
Notice of Action	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Handling of Grievances & Appeals	Compliant	8 Items were crosswalked to this category. The MCO was evaluated against 7 Items and was compliant on 7 Items.
Resolution and Notification	Compliant	5 Items were crosswalked to this category. The MCO was evaluated against 5 Items and was compliant on 5 Items.
Expedited Resolution	Compliant	2 Items were crosswalked to this category. The MCO was evaluated against 2 Items and was compliant on both.
Information to Providers and Subcontractors	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Recordkeeping and Recording	Compliant	6 Items were crosswalked to this category. The MCO was evaluated against 5 Items and was compliant on 5 Items.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	1 Item was crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.
Effectuation of Reversed Resolutions	Compliant	Per NCOA Accreditation, 2006

UPMC was evaluated against 29 of the 34 SMART Items crosswalked to Federal and State Grievance System Standards and was compliant on all 29 Items. UPMC was found to be compliant for nine categories of Federal and State Grievance System Standards.

Accreditation Status

UPMC underwent an NCQA Accreditation Survey in September 2006 and received an Accreditation Status of Excellent. On one Standard, UM 7, unrelated to Effectuation of Reversed Resolutions, the MCO received 80% of the possible points.

UM 7: Element C: Reason for Non-Behavioral Health Denial.

The organization provides written notification of the non-behavioral health denial that contains the following:

1. The specific reasons for the denial, in easily understandable language.
2. A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial decision is based
3. Notification that the member can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision was based, upon request.

II: PERFORMANCE IMPROVEMENT PROJECTS

In accordance with current BBA regulations, IPRO undertook validation of two Performance Improvement Projects (PIPs) for each Medicaid PH MCO. Under the applicable HealthChoices Agreement with the Department of Public Welfare in effect during this review period, Medicaid PH MCOs were required to conduct a minimum of three focused studies per year. PH MCOs are required to implement improvement actions and to conduct follow-up including, but not limited to, subsequent studies or remeasurement of previous studies in order to demonstrate initial and sustained improvement or the need for further action. For the purposes of the EQR, PH MCOs were given the option of submitting two of these three studies for validation by IPRO for 2008. The PH MCOs were also given the option of submitting other projects for the EQR that were in process during 2007 in lieu of those submitted to DPW.

The 2008 EQR is the fifth year to include validation of PIPs. The PH MCO PIPs do not all share the same baseline year and within any given PH MCO different PIPs could have different baseline years. For this reason, PH MCOs were asked to report on projects that were in process in 2007, without limiting their selection to a particular phase in the performance improvement cycle. If 2007 was the baseline year, PH MCOs were requested to submit the baseline portion of their study for validation. If 2007 was a remeasurement year, they were asked to submit a study description that included all activities up to and including 2007.

All PH MCOs were directed to submit their projects using the NCQA Quality Improvement Activity (QIA) form for Conducting Performance Improvement Projects. The form follows a longitudinal format and captures information relating to:

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

Validation Methodology

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

1. Project Topic, Type, Focus Area
2. Topic Relevance
3. Quality Indicators
4. Baseline Study Design and Analysis
5. Baseline Study Population

- 6. Interventions Aimed at Achieving Demonstrable Improvement
- 7. Demonstrable Improvement
- 1S. Subsequent or Modified Interventions
- 2S. Sustained Improvement

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

Review Element Designation/Weighting

Table 2.1 Element Designation

For each review element, the assessment of compliance is determined through the weighted responses to each review item.

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

Overall Project Performance Score

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

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

Scoring Matrix

When the PIPs are reviewed, some projects may be further along than others. The scoring matrix is completed for those review elements where activities have occurred through 2007. It is possible that at the time of the review, a project can be reviewed for only a few elements and then evaluated for others at a later date.

Table 2.2 Review Element Scoring Weights

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

Findings

UPMC submitted the following two projects for review: “Improving Prenatal Care for the Medical Assistance (MA) Membership” and “Decreasing Emergency Department (ED) Visits – Medical Assistance.”

Improving Prenatal Care for the Medical Assistance (MA) Membership

This project presented baseline results for 2006 (November 6, 2005 – November 5, 2006), calculated in 2007 for two HEDIS measures relating to prenatal care. The HEDIS criteria are based on the percentage of women with deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year. The measures are: 1) the percentage of women who received a prenatal care visit in the first trimester or within 42 days of enrollment in the MA MCO, from the Prenatal and Postpartum Care measure and 2) the percentage of women who received greater than 81% of their expected prenatal visits, from the Frequency of Ongoing Prenatal Care measure. Hybrid data were used to determine the rates and standard HEDIS methodology was utilized.

The rationale provided for the activity selection included information from the Pennsylvania *Health Profile 2007*, from which UPMC noted that Pennsylvania’s 2005 rate of 7.2 deaths/1,000 live births was higher than the national rate. UPMC also stated that in 2005, 8.3% of infants born in Pennsylvania were considered to be low birth weight, 3% of births were to mothers under the age of 18 and 18.9% received no prenatal care in the first trimester. UPMC also cited research stating that women are at risk for initiating prenatal care late or not at all if they are

young, poor, unemployed, members of minority groups, unmarried, have less than a high school education, lack health insurance or have other children, and that lower socioeconomic position and minority race/ethnicity are associated with poorer health and shortened survival. UPMC noted that in CY 2007, 55% of UPMC's membership was female with an average age of 24 years and 48% percent of members were under the age of 18. The MCO also stated that maternity care ranks first for inpatient admissions. UPMC continued that the need for improvement was underscored by a significant decrease in timeliness of prenatal care from 2006 to 2007 and a decrease in frequency of ongoing prenatal care (greater than 81% visits) from 2006 to 2007.

Baseline rates calculated in 2007 for 2006 data were presented along with analysis to inform interventions initiated in 2007. The baseline results presented by UPMC were 84.67% for Measure 1 and 67.88% for Measure 2. Both rates fell below UPMC's identified benchmark of the Quality Compass 90th percentile for each measure, as well as below the MCO's goal for each measure. Following baseline, UPMC conducted a barrier analysis that included input from its Performance Management Department. Several barriers were identified and a number of interventions aimed at members, providers, and the MCO itself were implemented, many of which were ongoing. Interventions aimed at members were: use of the Maternity Program to identify pregnant women, to conduct outreach to stress the importance prenatal care, to assess member needs, to coordinate a plan of care, and to monitor the member throughout pregnancy and the postpartum period; information in the Member Handbook regarding how to access care when pregnant and the special services available; Doula Services to pregnant women in targeted areas to provide support and education, and to assist with scheduling and keeping visits; a mobile outreach representative to assist in locating pregnant women the MCO could not otherwise reach; newsletter articles; expansion of the Doula program. Interventions aimed at providers and the MCO itself included: educational mailings to maternity providers; a part-time social worker at a high-volume hospital to see members seeking maternity care; an additional mobile outreach representative to visit members upon delivery at the hospital to facilitate postpartum follow up visits; twice-monthly meetings with maternity program staff; realignment of UPMC medical management staff; full analysis of the Doula program; review of maternity staff work process.

Determination of the remeasurement period as well as analysis of that rate occurred in 2008, outside the review period. UPMC received full credit for the elements reviewed that reflect activities through 2007 (Topic Focus Area through Interventions Aimed at Achieving Demonstrable Improvement). If this project were to be re-submitted for validation of EQR activities next year, Demonstrable Improvement and Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement would be evaluated in 2009, based on 2007 performance, reported in 2008.

Table 2.3 PIP Scoring Matrix: Improving Prenatal Care for the Medical Assistance (MA) Membership

Review Element	Compliance Level	Scoring Weight	Final Points Score
1. Project Title, Type, Focus Area	Full	5%	5
2. Topic Relevance	Full	5%	5
3. Quality Indicators	Full	15%	15
4. Baseline Study and Analysis (CY 2006, reported in CY 2007)	Full	10%	10
5. Baseline Study Population and Baseline Measurement Performance (CY 2006)	Full	10%	10
6. Interventions Aimed at Achieving Demonstrable Improvement (CY 2007)	Full	15%	15
7. Demonstrable Improvement (CY 2007, reported in CY 2008)	Not Determined	20%	TBD
Total Demonstrable Improvement Score			TBD
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement (CY 2008)	Not Determined	5%	TBD
2S. Sustained Improvement (CY 2008, reported in CY 2009)	Not Determined	15%	TBD
Total Sustained Improvement Score			TBD
Overall Project Performance Score			TBD

Table 2.4 PIP Year Over Year Results - Improving Prenatal Care for the Medical Assistance (MA) Membership

Project	2006	2007	2007	2008	Comparison Benchmark for Review Year
Prenatal Care Indicator #1: Prenatal Care	84.67%	NA	TBD	TBD	91.48%
Prenatal Care Indicator #2: Percentage of women with greater than 81% of their expected prenatal visits	67.88%	NA	TBD	TBD	78.64%
Project Status	Baseline Study	Interventions	Remeasurement #1	Remeasurement #2	

Decreasing Emergency Department (ED) Visits – Medical Assistance

This project presented baseline measurement results for CY 2006 for the HEDIS 2007 measure of Emergency Department (ED) Visits, calculated as part of the Use of Services Ambulatory Care measure. This is an inverted measure, in which lower rates are preferable, and is presented as ED visits per 1,000 member months. The data source for the measure is administrative data, and the data collection was based on HEDIS methodology.

The rationale provided for the activity selection was based on both national data and the MCO's increasing ED visit rates. UPMC cited data from the Centers for Disease Control and Prevention (CDC) that there was a 31% increase in ED visits from 1995 to 2005. UPMC noted that the overall visit rate in 2005 was nearly 39.6 visits per 1000 persons and approximately 13.9% of those were categorized as non-urgent. UPMC continued that most individuals will not use an ED in any given year, but some subgroups such as Medicaid (MA) beneficiaries have higher utilization rates. UPMC cited additional research stating that in 2005, individuals with MA as the payment source accounted for 89.4 visits per 100 persons. Specifically for the MCO, UPMC stated that there was a substantial increase in ED utilization from HEDIS 2006 to HEDIS 2007, thus presenting an opportunity for UPMC to improve use of services at the appropriate level of care as well as reduce over-utilization of the ED.

Baseline rates calculated in 2007 for CY 2006 data were presented along with analysis to inform interventions initiated in 2007. Baseline results indicated a rate of 73.13 ED visits per 1,000 member months, above the MCO's stated benchmark of 57.14 ED visits per 1,000 member months, the NCQA Quality Compass Medicaid 50th percentile, and the MCO's goal of 67.91 visits per 1,000 member months (the 75th percentile). Following baseline measurement, UPMC's Medical Management team, including the Senior Medical Director, completed an analysis of the results and identified several barriers. A number of ongoing interventions aimed at members and providers were initiated in 2007. These interventions were: using daily electronic files provided by key hospitals to identify and place outreach calls to members within two business days of an ED visit with the diagnoses of abdominal pain, COPD, and pneumonia in order to conduct a post ED visit assessment; using daily electronic files provided by key hospitals to identify members currently enrolled in care management and create an automatic follow-up work item on the case manager's electronic work list; three practice-based care managers embedded at large physician practices to provide hands-on face-to-face care management for members; a sickle cell care management RN attending care coordination meetings at a hospital with high-volume sickle cell patients to develop care plans with providers and manage the members proactively; use of predictive modeling software by case managers to identify members with more acute needs; three Mobile Outreach staff to attempt to contact members who are hard to find or reach by phone or are otherwise difficult to engage.

Determination of the remeasurement period as well as analysis of that rate occurred in 2008, outside the review period. UPMC received full credit for the elements reviewed that reflect activities through 2007 (Topic Focus Area through Interventions Aimed at Achieving Demonstrable Improvement). If this project were to be re-submitted for validation of EQR activities next year, Demonstrable Improvement and Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement would be evaluated in 2009, based on 2007 performance, reported in 2008.

Table 2.5 PIP Scoring Matrix: Decreasing Emergency Department (ED) Visits – Medical Assistance

Review Element	Compliance Level	Scoring Weight	Final Points Score
1. Project Title, Type, Focus Area	Full	5%	5
2. Topic Relevance	Full	5%	5
3. Quality Indicators	Full	15%	15
4. Baseline Study and Analysis (CY 2006, reported in CY 2007)	Full	10%	10
5. Baseline Study Population and Baseline Measurement Performance (CY 2006)	Full	10%	10
6. Interventions Aimed at Achieving Demonstrable Improvement (CY 2007)	Full	15%	15
7. Demonstrable Improvement (CYs 2007, reported in CY 2008)	Not Determined	20%	TBD
Total Demonstrable Improvement Score			TBD
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement (CY 2008)	Not Determined	5%	TBD
2S. Sustained Improvement (CY 2008, reported in CY 2009)	Not Determined	15%	TBD
Total Sustained Improvement Score			TBD
Overall Project Performance Score			TBD

Table 2.6 PIP Year Over Year Results – Decreasing Emergency Department (ED) Visits – Medical Assistance

Project	2006	2007	2007	2008	Comparison Benchmark for Review Year
Emergency Department (ED) Visits: ED visits / 1,000 member months	73.13	NA	TBD	TBD	57.14
Project Status	Baseline Study	Interventions	Remeasurement #1	Remeasurement #2	

III: PERFORMANCE MEASURES

Methodology

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

Following a period of public comment, the MCOs were provided with final specifications for the PA Performance Measures in December 2007. Source code, raw data and rate sheets were submitted to IPRO for review in 2008. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary. Source code was reviewed by IPRO. Raw data were also reviewed for reasonability, and IPRO ran code against these data to validate that the final reported rates were accurate.

HEDIS 2008 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit includes pre-onsite review of the Baseline Assessment Tool, onsite interviews with staff and a review of systems, and post onsite validation of the Interactive Data Submission System (IDSS). A Final Audit Report was submitted to NCQA for each MCO by IPRO. Because the PA specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA specific measures.

Evaluation of MCO performance is based on both PA specific performance measures and selected HEDIS measures for this EQR. The following is a list of the performance measures related to access to care, Early Periodic Screening, Diagnostic and Treatment (EPSDT) services and preventive care for children, dental care, women's health, obstetric care, treatment of asthma, management of diabetes, and management of cardiovascular disease included in this years' EQR report.

Table 3.1 Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents' Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 65+)
Well-Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits in the First 15 Months of Life (3+ Visits)
HEDIS	Well-Child Visits (Age 3-6 years)
HEDIS	Childhood Immunizations by Age 2 (Combo 2)
HEDIS	Childhood Immunizations by Age 2 (Combo 3)
HEDIS	Adolescent Well-Care Visit (Age 12-21 years)
PA EQR	Body Mass Index: Height and Weight (Age 2-20 years)
PA EQR	Body Mass Index: BMI (Age 2-20 years)
PA EQR	Body Mass Index: "Overweight" and "Obese" (Age 2-20 years)
PA EQR	Body Mass Index: BMI of "Overweight" and "Obese" (Age 2-20 years)
EPSDT: Comprehensive Screenings	
PA EQR	Annual Comprehensive Screening (Age 19 months)
PA EQR	Annual Comprehensive Screening (Age 3-6 years)
PA EQR	Annual Comprehensive Screening (Age 7, 9, 11 years)
PA EQR	Annual Comprehensive Screening (Age 12-21 years)
EPSDT: Screenings and Follow-up	
PA EQR	Lead Screening (Age 19 months)
PA EQR	Lead Screening (Age 3 years)
PA EQR	Audio Screening (Age 4-7, 9, 11-21 years)
PA EQR	Anemia Screening (Age 19 months)
Dental Care for Children and Adults	
PA EQR	Periodic Dental Evaluations for Children and Adolescents (Age 3-20 years)
HEDIS	Annual Dental Visits (Age 2-21 years)
PA EQR	Periodic Dental Evaluations for Adults (Age 21-64 years)
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 3-21 years)
PA EQR	Dental Sealants for Children (Age 8 years)
Women's Health	
HEDIS	Breast Cancer Screening (Total Rate)
HEDIS	Breast Cancer Screening (Age 42-51 years)
HEDIS	Breast Cancer Screening (Age 52-69 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
PA EQR	Cervical Cancer Screening Among Women who are HIV+
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-25 years)
Obstetric and Neonatal Care	
HEDIS	Frequency of Ongoing Prenatal Care – 60-80% of Expected Prenatal Care Visits Received
HEDIS	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)

Source	Measures
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening
Treatment Utilization for Children and Adults with Asthma	
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-9, 10-17, 18-56 and 5-56 Combined)
PA EQR	Emergency Department Encounter Rate for Asthma in Children and Adolescents (Age 5 - 20 years)
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Low-Density Lipoprotein-Cholesterol (LDL-C) Screening
HEDIS	LDL-C Level Controlled (<100 mg/dL)
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
HEDIS	Blood Pressure Controlled <130/80 mm Hg
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Cholesterol Management for Patients with Cardiovascular Conditions - LDL-C Screening
HEDIS	Cholesterol Management for Patients with Cardiovascular Conditions - LDL-C Level (<100 mg/dL)
HEDIS	Controlling High Blood Pressure (Total Rate)

PA Specific Performance Measure Selection and Descriptions

Eleven PA specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DPW direction, IPRO created the indicator specifications to resemble HEDIS specifications. For each indicator, the criteria that were specified to identify the eligible population were product line, age, enrollment, anchor date, and event/diagnosis. To identify the administrative numerator positives, date of service and diagnosis/procedure code criteria were outlined, as well as other specifications, as needed. Indicator 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.

PA Specific Administrative Measures

1) Annual Comprehensive Screening Examinations

This performance measure assessed the percentage of enrollees between 18 months and 20 years of age that received recommended Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Recommended immunizations are not included in this measure. The measure defines four non-overlapping age groups:

Denominator 1: Enrollees who turned 19 months in 2007 who were continuously enrolled from 31 days of age to 19 months of age.

Numerator 1: Enrollees with recommended PA EPSDT Services during the first 18 months of life. Recommended immunizations are assessed by the HEDIS Childhood Immunization Status measure and are not included in this measure.

- Initial and Periodic Comprehensive Preventive Visits: seven visits with a Primary Care Provider (PCP) prior to the child's 19th month.
- Screening for Anemia: One screening after the child turns nine months and before the child's first birthday.
- Screening for Lead: One screening after the child turns nine months and before the child turns 19 months.

Denominator 2: Enrollees who turned three through six years in 2007 who were continuously enrolled for the 12 months immediately preceding the enrollee's 2007 birthday.

Numerator 2: Enrollees with recommended PA EPSDT Services during the measurement period. The measurement period is defined as the 12-month period immediately preceding, but not including, the enrollee's 2007 birthday. In this age group, EPSDT services vary by year of birth.

- All Children: Initial and Periodic Comprehensive Preventive Visits: At least one visit with a PCP during the measurement period.

AND

- If the enrollee turned three during 2007: Lead Screening: At least one screening during the measurement period.
- If the enrollee turned four or five during 2007: Vision Screening: At least one screening during the measurement period. Audio Screening: At least one screening during the measurement period by a PCP.
- If the enrollee turned six during 2007: Vision Screening: At least one screening during the measurement period. Audio Screening: At least one screening during the measurement period by a PCP. Urinalysis: At least one screening during the measurement period.

Denominator 3: Enrollees who turned seven, nine or 11 in 2007 who were continuously enrolled for the 12 months immediately preceding the enrollee's 2007 birthday.

Numerator 3: Enrollees with recommended PA EPSDT Services during the measurement period. The measurement period is defined as the 12-month period immediately preceding, but not including, the enrollee's 2007 birthday.

- Initial and Periodic Comprehensive Preventive Visits: At least one visit with a PCP during the measurement period.
- Vision Screening: At least one screening during the measurement period.
- Audio Screening: At least one screening during the measurement period by a PCP.

Denominator 4: Enrollees who turned age 12 years through 21 years in 2007 who were continuously enrolled for the 12 months immediately preceding the enrollee's 2007 birthday.

Numerator 4: Enrollees with recommended PA EPSDT Services during the measurement period. The measurement period is defined as the 12-month period immediately preceding, but not including, the enrollee's 2007 birthday. Recommended immunizations are assessed by the HEDIS Adolescent Immunization Status measure and are not included in this measure.

- Initial and Periodic Comprehensive Preventive Visits: At least one visit with a PCP during the measurement period.
- Vision Screening: At least one screening during the measurement period.
- Audio Screening: At least one screening during the measurement period by a PCP.

Related Individual Screening Examinations:

2) Early Childhood Blood Lead Screening

This performance measure assessed the percentage of enrollees living in a “high blood lead area,” under the age of 19 months and aged two years with at least one blood lead screening examination during the measurement period. The Early Childhood Blood Lead Screening specifications were modified in 2007 to allow for optional numerators/denominators 3 and 4 to include the use of LOINC codes. Not all MCOs opted to participate in collecting the optional numerators/denominators.

3) Hearing Assessments

This performance measure assessed the percentage of child enrollees aged three years through six years, eight years, or ten years through 20 years who were continuously enrolled for the 12 months immediately preceding the enrollee’s 2007 birthday that had a hearing assessment with a PCP during the year prior to their 2007 birthday.

4) Iron Deficiency Anemia Screening Rates in Infants

This performance measure assessed the percentage of child enrollees aged 18 months in 2007 that were screened for anemia after the age of nine months and before the enrollee’s first birthday.

5) Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assessed the percentage of enrollees with a developmental disability aged two to 21 years, who were continuously enrolled during calendar year 2007 that had at least one dental visit during the measurement year. This indicator utilizes the HEDIS 2008 measure "Annual Dental Visit." Enrollees with a developmental disability are identified as a subset of the HEDIS population.

6) Cervical Cancer Screening in Women who are HIV Positive (+)

This performance measure assessed the percentage of HIV+ female enrollees 21 years and over, continuously enrolled during the 2007 calendar year that received one or more Pap tests during the measurement year. The Cervical Cancer Screening in Women who are HIV + specifications were modified based on the HEDIS 2008 Technical Specifications.

7) Emergency Department Encounter Rate for Asthma in Children and Adolescents

This performance measure assessed the percentage of children and adolescents, ages five years through 20 years, with asthma that were seen in an emergency department for asthma during a

12-month enrollment period. This indicator utilizes the HEDIS 2008 measure "Use of Appropriate Medications for People with Asthma." The eligible population for this measure represents a subset of the HEDIS eligible population based on date of birth. This measure is reported as an inverted rate. A lower rate indicates better performance.

8) Periodic Dental Evaluations For Children and Adolescents, And Adults and Dental Sealants for Children

This performance measure assessed: 1) The percentage of enrollees three through 20 years of age who were continuously enrolled for at least six consecutive months during calendar year 2007 that had any dental evaluation or preventive prophylaxis during calendar year 2007; 2) The percentage of adults 21 years through 64 years of age who were continuously enrolled for at least six consecutive months during calendar year 2007 that had any dental evaluation or preventive prophylaxis during the measurement year 2007; and 3) The percentage of children who turned eight in 2007 who were continuously enrolled for the three year period preceding the enrollee's 8th birthday with at least six consecutive months of continuous enrollment during calendar year 2007 and had any dental evaluation or preventive prophylaxis during year 2007 that received a dental sealant during the three year period preceding the enrollee's eighth birthday.

PA Specific Hybrid Measures

9) Annual Body Mass Index (BMI) Screening for Children and Adolescents

This performance measure assessed the following for children and adolescents two through 20 years of age:

1. The percentage of children and adolescents that had their height and weight measured at a well-child or adolescent well care visit in 2007.
2. The percentage of children and adolescents that had their BMI calculated at a well-child or adolescent well care visit in 2007.
3. The prevalence of overweight and obesity among children and adolescents two through 20 years of age, who had a height and weight measurement or a BMI calculation in 2007. This measure is reported as an inverted rate. A lower rate is preferable.
4. The percentage of overweight and obese children and adolescents that had their BMI calculated at a well-child or adolescent well care visit in 2007.

10) Prenatal Screening for Smoking and Treatment Discussion During A Prenatal Visit

This performance measure assessed the percentage of pregnant enrollees:

1. Who were screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.

2. Who were screened for environmental tobacco exposure during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
3. Who were screened for smoking in one of their first two prenatal visits who smoke that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
4. Who were screened for environmental tobacco exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
5. Who were screened for smoking in one of their first two prenatal visits and found to be current smokers that stopped smoking during their pregnancy.

11) Perinatal Depression Screening

This performance measure assessed the percentage of enrollees:

1. Who were screened for depression during a prenatal care visit.
2. Who were screened positive for depression during a prenatal care visit.
3. Who were screened positive for depression during a prenatal care visit and had evidence of further evaluation or treatment or referral for further treatment.
4. Who were screened for depression during a postpartum care visit.
5. Who were screened positive for depression during a postpartum care visit.
6. Who were screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

HEDIS Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2008. As indicated previously, performance on selected HEDIS measures are included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2008, Volume 1 Narrative, "What's In It and Why It Matters." The measurement year for HEDIS 2008 measures is 2007 (as well as prior years for selected measures). Each year, DPW updates its requirements for the MCOs to be consistent with NCQA's requirements for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DPW does not require the MCOs to produce the Chronic Conditions component of the CAHPS 3.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assessed the percentage of children ages 12 to 24 months and 25 months to six years of age who had a visit with an MCO PCP who were continuously enrolled during the measurement year. For children ages seven to 11 years of age and adolescents ages 12 to 19 years of age, the measure assessed the percentage of children and adolescents who were continuously enrolled during this measurement year and the year prior to the measurement year who had a visit with an MCO PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assessed the percentage of enrollees aged 20 to 44 years of age, 45 to 64 years of age and 65 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Well-Child Visits in the First 15 Months of Life

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

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

This measure assessed the percentage of enrollees who were three, four, five or six years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Adolescent Well-Care Visits

This measure assessed the percentage of enrollees between 12 and 21 years of age, who were continuously enrolled during the measurement year and who received one or more well-care visits with a PCP or Obstetrician/Gynecologist (OB/GYN) during the measurement year.

Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rates were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:

- (4) Diphtheria and Tetanus, and Pertussis Vaccine/ Diphtheria and Tetanus (DTaP/DT)
- (3) Injectable Polio Vaccine (IPV)
- (1) Measles, Mumps and Rubella (MMR)
- (3) Haemophilus Influenza Type B (HiB)
- (3) Hepatitis B (HepB)

- (1) Chicken Pox (VZV)
- (4) Pneumococcal Conjugate Vaccine – Combination 3 only

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of two and 21 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women ages 42 to 69 years who were continuously enrolled in the measurement year and the year prior to the measurement year who had a mammogram in either of those years. Two age stratifications (42-51 years and 52-69 years) and a total rate are reported.

Cervical Cancer Screening

This measure assessed the percentage of women 21 to 64 years of age who were continuously enrolled in the measurement year who had a Pap test during the measurement year or the two years prior to the measurement year.

Chlamydia Screening in Women

This measure assessed the percentage of women 16 to 25 years of age, who were continuously enrolled in the measurement year, who had at least one test for Chlamydia during the measurement year. Two age stratifications (16-20 years and 21-25 years) and a total rate are reported.

Prenatal and Postpartum Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and through 56 days after delivery who received timely prenatal care and who had a postpartum visit between 21 and 56 days after their delivery. Timely prenatal care is defined as care initiated in the first trimester or within 42 days of enrollment in the MCO.

Frequency of Ongoing Prenatal Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and 56 days after delivery who received 61% to 80%, or $\geq 81\%$ of the expected prenatal visits during their pregnancy. Expected visits are defined with reference to the month of pregnancy at time of enrollment and the gestational age at time of delivery. This measure uses the same denominator and deliveries as the Prenatal and Postpartum Care measure.

Use of Appropriate Medications for People with Asthma

This measure assessed the percentage of enrollees ages five to 56 years during the measurement year continuously enrolled in the measurement year and the year prior to the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Comprehensive Diabetes Care

This measure assessed the percentage of enrollees 18 to 75 years of age who were diagnosed prior to or during the measurement year with diabetes type 1 and type 2, who were continuously enrolled during the measurement year and who had each of the following:

- Hemoglobin A1c (HbA1c) tested
- Retinal eye exam performed
- HbA1c poor control (>9.0%) - inverted rate
- HbA1c good control (<7.0%)
- LDL-C screening performed
- LDL-C level control (< 100 mg/dL)
- Medical attention for Nephropathy
- Blood pressure control (<140/90 mm Hg)
- Blood pressure control (<130/80) mm Hg)

Controlling High Blood Pressure

This measure assessed the percentage of adult persons 18 to 85 years of age continuously enrolled in the measurement year with diagnosed hypertension whose blood pressure was adequately controlled (i.e., <140/90) during the measurement year. The age stratifications for this measure were removed with the HEDIS 2008 Technical Specifications.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of enrollees 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment. MCOs report the percentage of enrollees who receive treatment with beta-blockers for six months (180 days) after discharge. The lower age limit for this measure decreased from 35 to 18 with the HEDIS 2008 Technical Specifications.

Cholesterol Management for Patients with Cardiovascular Conditions

This measure assessed the percentage of enrollees 18 to 75 years of age, who from January 1 to November 1 of the year prior to the measurement year, were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), *or* who had a diagnosis of ischemic vascular disease (IVD), who had each of the following during the measurement year:

- LDL-C screening performed
- LDL-C level control (< 100 mg/dL)

CAHPS[®] Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is overseen by the Agency of Healthcare Research and Quality (AHRQ) and includes many survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS. In 2007, NCQA referred to the surveys as CAHPS, Health Plan Survey 4.0H, Adult Version and CAHPS Health Plan Survey 3.0H, Child Version.

DPW requires that contracted Medicaid MCOs report the CAHPS Health Plan Survey results on an annual basis for both Adults and Children. However, in 2007, DPW allowed the MCOs to rotate the CAHPS Child survey. Therefore, CAHPS results for the Child survey may appear to be identical for both MY 2005 and MY 2006 for the MCOs that chose not to conduct the survey.

Implementation of PA Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA specific measures for 2007. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA specific measures.

IPRO validated the medical record abstraction of the two PA specific hybrid measures consistent with the protocol used for a HEDIS audit. The validation process includes a MRR process evaluation, including review of the MCO's MRR tools and instruction materials as well as a final statistical validation of the MCO's abstraction process. This review ensures that the MCO's MRR process was executed as planned and the abstraction results are accurate. If the agreement rate between the MCO and IPRO was not 100%, a t-test was performed to determine the degree of bias. A random sample of 30 records from each measure was evaluated. The MCO passed MRR Validation for the Annual Body Mass Index Screening for Children and Adolescents measure, Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit and the Perinatal Depression Screening measure.

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

Findings

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

In addition to the confidence intervals, rates for up to three years of data (the measurement year and two previous years) are presented, as available. For any performance measure with more than three years of data, only the last three years, including the measurement year, will be displayed (i.e., 2007, 2006, and 2005).

Additionally, statistical comparisons are made between 1) the 2007 rate and 2006 rate, and 2) the 2007 rate and 2005 rate, as applicable. 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 2007 rates to 2006 rates, statistically significant increases are indicated by “+”, statistically significant decreases by “-” and no statistically significant change by “NC.” Medicaid 50th and 90th percentiles for the HEDIS measures are provided for comparison in the tables. The 90th percentile is the benchmark for the HEDIS measures.

In addition to each individual MCO’s rate, the Medicaid Managed Care (MMC) average is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO.

Access/Availability of Care

The 2007 rate for the ‘Children’s Access to PCPs (Age 12-24 months)’ measure was 98%, which was consistent with the 2006 rate. The 2007 UPMC rate was one percentage point below the 2005 rate, which was a statistically significant difference. The 2007 rate was three percentage points above the MMC rate of 95%. UPMC’s 2007 rate was two percentage points above the national 50th percentile and equal to the 90th percentile (national benchmark).

The 2007 rate for the ‘Children’s Access to PCPs (Age 25 months-6 years)’ measure at 90% was three percentage points above the 2006 rate and two percentage points below the 2005 rate. Both comparisons represent statistically significant differences. The 2007 UPMC rate was six percentage points above the MMC rate of 84%. The 2007 rate was three percentage points above the national 50th percentile and one percentage point below the 90th percentile (national benchmark).

For UPMC’s ‘Children’s Access to PCPs (Age 7-11 years)’ measure, the 2007 rate was 90%, which was two percentage points above the 2006 rate and three percentage points below the 2005 rate. Both comparisons were statistically significant differences. UPMC’s 2007 rate was four percentage points above the MMC rate of 86%. The 2007 rate was three percentage points above the national 50th percentile and three percentage points below the 90th percentile (national benchmark).

At 89%, UPMC’s 2007 rate for the ‘Adolescents’ Access to PCPs (Age 12-19 years)’ measure was three percentage points above the 2006 rate and seven percentage points above the 2005 rate, which were both statistically significant differences. The 2007 rate was five percentage points above the MMC rate of 84%. UPMC’s 2007 rate was four percentage points above the national 50th percentile and two percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Adults’ Access to Preventative/Ambulatory Health Services (Age 20-44 years)’ measure was 84%, which was consistent with the 2006 rate and two percentage points above the 2005 rate. The comparison to the 2005 rate represents a statistically significant difference. UPMC's 2007 rate was three percentage points above the MMC rate of 81%. The 2007 UPMC rate was five percentage points above the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

The current year’s rate for the ‘Adults’ Access to Preventative/Ambulatory Health Services (Age 45-64 years)’ measure was 89%, which was one percentage point below the 2006 rate. UPMC's 2007 rate was four percentage points above the 2005 rate, which was a statistically significant difference. The 2007 rate was two percentage points above the MMC rate of 87%, three percentage points above the national 50th percentile, and one percentage point below the 90th percentile (national benchmark).

At 83%, UPMC’s 2007 rate for the ‘Adults’ Access to Preventative/Ambulatory Health Services (Age 65+ years)’ measure was two percentage points above the 2006 and 2005 rates. The 2007 rate was three percentage points below the MMC rate of 86%, one percentage point higher than the national 50th percentile, and 11 percentage points below the 90th percentile (national benchmark).

Table 3.2 Access to Care

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Children and Adolescents' Access to PCPs (Age 12-24 months)	3,329	3,264	98%	98%	98%	98%	99%	NC	95%	96%	98%
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months-6 years)	10,596	9,512	90%	89%	91%	87%	92%	+	84%	87%	91%
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)	7,388	6,644	90%	89%	91%	88%	93%	+	86%	87%	93%
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)	10,142	9,039	89%	88%	90%	86%	82%	+	84%	85%	91%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 20-44 years)	18,254	15,330	84%	83%	85%	84%	82%	NC	81%	79%	88%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 45-64 years)	10,804	9,605	89%	88%	90%	90%	85%	NC	87%	86%	90%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 65+ years)	432	357	83%	79%	87%	81%	81%	NC	86%	82%	94%

Well-Care Visits and Immunizations

The UPMC 2007 rate for the ‘Well-Child Visits in the First 15 months (≥ 6 Visits)’ measure was 66%. This rate was three percentage points above the 2006 rate and four percentage points above the 2005 rate. The comparison to the 2005 rate was statistically significant. UPMC's 2007 rate was six percentage points above the MMC rate of 60%, nine percentage points higher than the national 50th percentile and nine percentage points below the 90th percentile (national benchmark).

At 96%, UPMC's 2007 rate for the ‘Well-Child Visits in the First 15 months (≥ 3 Visits)’ measure was one percentage point above the 2006 rate and one percentage point below the 2005 rate. The 2007 rate was three percentage points above the MMC rate of 93%.

The 2007 UPMC rate for the ‘Well-Child Visits (Age 3-6 years)’ measure at 72% was statistically significantly higher than the 2006 rate by four percentage points and statistically significantly below the 2005 rate by three percentage points. UPMC's 2007 rate was three percentage points above the MMC rate of 69%, four percentage points above the national 50th percentile, and eight percentage points below the 90th percentile (national benchmark).

UPMC's 2007 rate of 73% for the ‘Childhood Immunizations Status by Age 2 (Combo 2)’ measure was four percentage points higher than the 2006 rate, and four percentage points lower than the 2005 rate. The 2007 rate was one percentage point below the MMC rate of 74%, two percentage points below the national 50th percentile and 12 percentage points below the 90th percentile (national benchmark).

The 2007 UPMC rate for the ‘Childhood Immunizations Status by Age 2 (Combo 3)’ measure of 68% was six percentage points above the 2006 rate and five percentage points below the 2005 rate. The 2007 rate was equal to the MMC rate of 68%, five percentage points higher than the national 50th percentile and seven percentage points below the 90th percentile (national benchmark).

UPMC's 2007 rate for the ‘Adolescent Well-Care Visit (Age 12 to 21 years)’ measure was 53%, which was statistically significantly above the 2006 rate by seven percentage points and one percentage point above the 2005 rate. UPMC's 2007 rate was two percentage points above the MMC rate of 51%. The 2007 rate was 11 percentage points above the national 50th percentile and was six percentage points below the 90th percentile (national benchmark).

UPMC had a rate of 92% for the ‘Body Mass Index: Height and Weight (Age 2-20 years)’ measure in 2007, which was three percentage points below the 2006 rate. The 2007 rate was statistically significantly below the 2005 rate by seven percentage points and one percentage point higher than the MMC rate of 91%.

At 70%, the 2007 rate for the ‘Body Mass Index: BMI (Age 2-20 years)’ measure was 12 percentage points higher than the 2006 rate, and 16 percentage points higher than the 2005 rate. Both increases were statistically significant. UPMC's 2007 rate was 15 percentage points above the MMC rate of 55%.

The UPMC 2007 rate of 37% for the ‘Body Mass Index: “Overweight” and “Obese” (Age 2-20 years)’ measure was one percentage point higher than the 2006 rate, and two percentage points lower than the 2005 rate. UPMC's 2007 rate was one percentage point above the MMC rate of 36%. Please note that this is an inverted measure in that lower rates are preferable.

The 2007 rate for the ‘Body Mass Index: BMI of “Overweight” and “Obese” (Age 2-20 years)’ measure at 76% was statistically significantly higher than the 2006 and 2005 rates by 14 and 21 percentage points respectively. UPMC's 2007 rate was 13 percentage points above the MMC rate of 63%.

Table 3.3 Well-Care Visits and Immunizations

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Well-Child Visits in the First 15 Months of Life (>=6 Visits)	2,662	1,762	66%	64%	68%	63%	62%	NC	60%	57%	75%
HEDIS	Well-Child Visits in First 15 Months of Life (>=3 Visits)	2,662	2,547	96%	95%	97%	95%	97%	NC	93%	NA	NA
HEDIS	Well-Child Visits (Age 3-6 years)	8,375	6,057	72%	71%	73%	68%	75%	+	69%	68%	80%
HEDIS	Childhood Immunizations Status by Age 2 (Combo 2)	411	300	73%	69%	77%	69%	77%	NC	74%	75%	85%
HEDIS	Childhood Immunizations Status by Age 2 (Combo 3)	411	278	68%	63%	73%	62%	73%	NC	68%	63%	75%
HEDIS	Adolescent Well-Care Visit (Age 12-21 Years)	15,939	8,398	53%	52%	54%	46%	52%	+	51%	42%	59%
PA EQR	Body Mass Index: Height and Weight (Age 2-20 years)	405	374	92%	89%	95%	95%	99%	NC	91%	NA	NA
PA EQR	Body Mass Index: BMI (Age 2-20 years)	405	285	70%	65%	75%	58%	54%	+	55%	NA	NA
PA EQR	Body Mass Index: "Overweight" and "Obese" (Age 2-20 years) ¹	374	138	37%	32%	42%	36%	39%	NC	36%	NA	NA
PA EQR	Body Mass Index: BMI of "Overweight" and "Obese" (Age 2-20 years)	138	105	76%	69%	83%	62%	55%	+	63%	NA	NA

¹ Body Mass Index: “Overweight” and “Obese” is an inverted measure. Lower rates are preferable.

EPSDT: Comprehensive Screenings

The 2007 rate for the ‘Annual Comprehensive Screening (Age 19 months)’ measure was 25%, which was one percentage point below the 2006 rate, and one percentage point above the 2005 rate. UPMC's 2007 rate was seven percentage points above the MMC rate of 18%.

In 2007, the ‘Annual Comprehensive Screening (Age 3-6 years)’ measure rate of 24% was three percentage points below the 2006 rate, which was a statistically significant decrease. UPMC's 2007 rate was one percentage point above both the 2005 and MMC rates of 23%.

UPMC had a rate of 22% for the ‘Annual Comprehensive Screening (Age 7, 9, 11 years)’ measure in 2007, which was two percentage points lower than the 2006 rate, two percentage points higher than the 2005 rate, and two percentage points below the MMC rate of 24%.

The 2007 rate for the ‘Annual Comprehensive Screening (Age 12-21 years)’ measure at 11% was below the 2006 rate by one percentage point. The 2007 UPMC rate was statistically significantly one percentage point above the 2005 rate and four percentage points below the MMC rate of 15%.

Table 3.4 EPSDT: Comprehensive Screenings

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
PA EQR	Annual Comprehensive Screening (Age 19 months)	1,752	438	25%	23%	27%	26%	24%	NC	18%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 3-6 years)	7,833	1,900	24%	23%	25%	27%	23%	-	23%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 7, 9, 11 years)	5,401	1,172	22%	21%	23%	24%	20%	NC	24%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 12-21 years)	15,330	1,736	11%	11%	11%	12%	10%	NC	15%	NA	NA

EPSDT: Screenings and Follow-up

The 2007 rate for the ‘Lead Screening (Age 19 months)’ measure at 55% was equal to the 2006 rate and three percentage points lower than the 2005 rate. UPMC's 2007 rate was five percentage points below the MMC rate of 60%.

The UPMC ‘Lead Screening (Age 3 years)’ measure rate of 32% for 2007 was three percentage points lower than the 2006 rate and three percentage points higher than the 2005 rate. UPMC's 2007 rate was three percentage points below the MMC rate of 35%.

The 2007 UPMC rate for the ‘Audio Screening (Age 4-7, 9, 11-21 years)’ measure at 22% was a statistically significant decrease of three percentage points from the 2006 rate and a statistically significant one percentage point increase from the 2005 rate. UPMC's 2007 rate was one percentage point below the MMC rate of 23%.

UPMC's 2007 rate for the ‘Anemia Screening (Age 19 months)’ measure was 39%, which was two percentage points lower than the 2006 and 2005 rates, and two percentage points higher than the MMC rate of 37%.

Table 3.5 EPSDT: Screenings and Follow-up

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
PA EQR	Lead Screening (Age 19 months)	1,752	958	55%	53%	57%	55%	58%	NC	60%	NA	NA
PA EQR	Lead Screening (Age 3 years)	2,094	672	32%	30%	34%	35%	29%	NC	35%	NA	NA
PA EQR	Audio Screening (Age 4-7,9,11-21 years)	26,470	5,902	22%	21%	23%	25%	21%	-	23%	NA	NA
PA EQR	Anemia Screening (Age 19 months)	1,752	680	39%	37%	41%	41%	41%	NC	37%	NA	NA

Dental Care for Children and Adults

UPMC had a rate of 40% for the ‘Periodic Dental Evaluations for Children and Adolescents (Age 3-20 years)’ measure in 2007, which was consistent with the 2006 rate and statistically significantly higher than the 2005 rate by two percentage points. The 2007 rate was two percentage points above the MMC rate of 38%.

The 2007 rate for the ‘Annual Dental Visit (Age 2-21 years)’ measure at 43% was statistically significantly above the 2006 rate by one percentage point, and statistically significantly below the 2005 rate by six percentage points. UPMC’s 2007 rate was one percentage point above the MMC rate of 42%. The 2007 rate was equal to the national 50th percentile and 14 percentage points below the 90th percentile (national benchmark).

UPMC’s 2007 rate for the ‘Periodic Dental Evaluations for Adults (Age 21-64 years)’ measure at 27% showed statistically significant increases of one and two percentage points over the 2006 and 2005 rates respectively. The UPMC 2007 rate was four percentage points below the MMC rate of 23%.

In 2007, UPMC’s rate for the ‘Annual Dental Visit for Members with Developmental Disabilities (Age 3-21 years)’ measure was 37%. This rate was consistent with the 2006 rate, and was three percentage points below the 2005 rate. The 2007 UPMC rate was six percentage points below the MMC rate of 43%.

The 2007 UPMC rate for the ‘Dental Sealants for Children (Age 8 years)’ measure at 50% was four percentage points higher than the 2006 and 2005 rates, and 16 percentage points above the MMC rate of 34%.

Table 3.6 Dental Care for Children and Adults

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
PA EQR	Periodic Dental Evaluations for Children and Adolescents (Age 3 - 20 years)	34,017	13,621	40%	39%	41%	40%	38%	NC	38%	NA	NA
HEDIS	Annual Dental Visit (Age 2 - 21 years)	36,444	15,610	43%	42%	44%	42%	49%	+	42%	43%	57%
PA EQR	Periodic Dental Evaluations for Adults (Age 21 - 64 years)	30,305	8,174	27%	26%	28%	26%	25%	+	23%	NA	NA
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 3 - 21 years)	804	294	37%	34%	40%	37%	40%	NC	43%	NA	NA
PA EQR	Dental Sealants for Children (Age 8 years)	567	282	50%	46%	54%	46%	46%	NC	34%	NA	NA

Women’s Health

At 46%, the 2007 UPMC rate for the ‘Breast Cancer Screening’ measure was statistically significantly higher than the 2006 rate by three percentage points. UPMC's 2007 rate was three percentage points below both the MMC and national 50th percentile rates of 49% and 14 percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Breast Cancer Screening (Age 42-51 years)’ measure at 42% was three percentage points above the 2006 rate. UPMC's 2007 rate was two percentage points below the MMC rate of 44%. The 2007 rate was four percentage points below the national 50th percentile and 15 percentage points below the 90th percentile (national benchmark).

UPMC’s 2007 rate for the ‘Breast Cancer Screening (Age 52-69 years)’ measure of 50% was above the 2006 rate by three percentage points, but statistically significantly below the 2005 rate by 19 percentage points. The 2007 rate was five percentage points below the MMC rate of 55% and five percentage points below the national 50th percentile. UPMC's 2007 rate was 15 percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Cervical Cancer Screening’ measure was 68%, which was one percentage point below the 2006 rate and statistically significantly below the 2005 rate by nine percentage points. UPMC's rate was three percentage points above the MMC rate of 65%. The 2007 rate was one percentage point above the national 50th percentile and nine percentage points below the 90th percentile (national benchmark).

At 45%, the 2007 rate for the ‘Cervical Cancer Screening Among Women who are HIV Positive’ measure was nine percentage points below the 2006 rate and five percentage points below the 2005 rate. UPMC's rate was three percentage points above the MMC rate of 42%.

The UPMC rate in 2007 for the ‘Chlamydia Screening’ measure was 38%, representing a statistically significant five percentage point increase over the 2006 rate, and a statistically

significant 13 percentage point decrease from the 2005 rate. UPMC's rate was seven percentage points below the MMC rate of 45%. The 2007 rate was 15 percentage points below the national 50th percentile and 28 percentage points below the 90th percentile (national benchmark).

The 2007 rate for the 'Chlamydia Screening (Age 16-20 years)' measure at 34% was three percentage points above the 2006 rate and 16 percentage points below the 2005 rate. The comparison to the 2005 rate represents a statistically significant difference. UPMC's 2007 rate was nine percentage points below the MMC rate of 43%. The 2007 rate was 16 percentage points below the national 50th percentile and 31 percentage points below the 90th percentile (national benchmark).

At 41%, UPMC's 2007 rate for the 'Chlamydia Screening (Age 21-25 years)' measure was statistically significantly above the 2006 rate by seven percentage points, and statistically significantly below the 2005 rate by 11 percentage points. The 2007 rate was seven percentage points below the MMC rate of 48%, 15 percentage points below the national 50th percentile, and 29 percentage points below the 90th percentile (national benchmark).

Table 3.7 Women's Health

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Breast Cancer Screening Total Rate	5,705	2,622	46%	45%	47%	43%	NA	+	49%	49%	60%
HEDIS	Breast Cancer Screening (Age 42-51 years)	2,925	1,241	42%	40%	44%	39%	NA	NC	44%	46%	57%
HEDIS	Breast Cancer Screening (Age 52-69 years) ¹	2,780	1,381	50%	48%	52%	47%	69%	NC	55%	55%	65%
HEDIS	Cervical Cancer Screening	411	280	68%	63%	73%	69%	77%	NC	65%	67%	77%
PA EQR	Cervical Cancer Screening Among Women who are HIV+	101	45	45%	35%	55%	54%	50%	NC	42%	NA	NA
HEDIS	Chlamydia Screening in Women Total Rate	4,939	1,877	38%	37%	39%	33%	51%	+	45%	53%	66%
HEDIS	Chlamydia Screening in Women (Age 16-20 years)	2,458	848	34%	32%	36%	31%	50%	NC	43%	50%	65%
HEDIS	Chlamydia Screening in Women (Age 21-25 years)	2,481	1,029	41%	39%	43%	34%	52%	+	48%	56%	70%

¹ In the HEDIS 2007 specifications, the lower age limit was decreased from 50 to 40. Therefore for 2006, the rate for ages 52-69 years (not the total rate) is comparable to prior years' rates.

Obstetric and Neonatal Care

In 2007 UPMC had a rate of 91% for the ‘More than 60% of Expected Prenatal Care Visits Received’ measure, which was statistically significantly above the 2006 and 2005 rates by six and 13 percentage points respectively. The 2007 rate was seven percentage points above the MMC rate of 84%.

The 2007 rate for the ‘More than 80% of Expected Prenatal Care Visits Received’ measure was 80%, a statistically significant 12 percentage point increase over the 2006 rate, and a statistically significant 10 percentage point increase over the 2005 rate. UPMC's 2007 rate was 11 percentage points above the MMC rate of 69%. The 2007 rate was 17 percentage points above the national 50th percentile and one percentage point above the 90th percentile (national benchmark).

UPMC's rate for the ‘Timeliness of Prenatal Care’ measure in 2007 was 90%, a statistically significant five percentage point increase over the 2006 rate, and a three percentage point decrease from the 2005 rate. The 2007 rate was eight percentage points above the MMC rate of 82%. UPMC's 2007 rate was six percentage points above the national 50th percentile and two percentage points below the 90th percentile (national benchmark).

UPMC's rate of 61% for the ‘Postpartum Care’ measure in 2007 was seven percentage points below the 2006 rate, and statistically significantly below the 2005 rate by 13 percentage points. The 2007 rate was three percentage points above the MMC rate of 58%. The UPMC 2007 rate was one percentage point above the national 50th percentile and 10 percentage points below the 90th percentile (national benchmark).

At 91%, the 2007 UPMC rate for the ‘Prenatal Screening for Smoking’ measure was below the 2006 rate by one percentage point, and below the 2005 rate by three percentage points. UPMC's 2007 rate was six percentage points above the MMC rate of 85%.

UPMC had a rate in 2007 for the ‘Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)’ measure at 30% that was six percentage points below the 2006 rate, and consistent with the 2005 rate. The 2007 rate was 11 percentage points above the MMC rate of 19%.

The 2007 rate for the ‘Prenatal Counseling for Smoking’ measure was 67%, which was consistent with the 2006 rate, and one percentage point above the 2005 rate. UPMC's 2007 rate was 11 percentage points above the MMC rate of 56%.

The 2007 UPMC rate for the ‘Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)’ measure at 64% represents a statistically significant 48 percentage point increase over the 2006 rate and a statistically significant 58 percentage point increase over the 2005 rate. UPMC's 2007 rate was 21 percentage points above the MMC rate of 43%.

At 16%, the 2007 UPMC rate for the ‘Prenatal Smoking Cessation’ measure was above the 2006 and 2005 rates by six percentage points and one percentage point respectively. The 2007 rate was one percentage point below the MMC rate of 17%.

UPMC had a rate in 2007 for the ‘Prenatal Screening for Depression’ measure at 63%, which was 12 percentage points above the MMC rate of 51%. Comparisons to prior years’ rates are not available for this first year measure.

The 2007 UPMC ‘Prenatal Screening Positive for Depression’ measure rate of 18% was below the MMC rate of 20% by two percentage points. Comparisons to prior years’ rates are not available for this first year measure.

At 54%, the UPMC 2007 ‘Prenatal Counseling for Depression’ measure rate was seven percentage points below the MMC rate of 61%. Comparisons to prior years’ rates are not available for this first year measure.

UPMC’s 2007 rate for the ‘Postpartum Screening for Depression’ measure at 32% was two percentage points below the MMC rate of 34%. Comparisons to prior years’ rates are not available for this first year measure.

The 2007 UPMC ‘Postpartum Screening Positive for Depression’ measure rate of 21% was above the MMC rate of 18% by three percentage points. Comparisons to prior years’ rates are not available for this first year measure.

UPMC’s rate for the ‘Postpartum Counseling for Depression’ measure in 2007 was 78%, which was five percentage points higher than the MMC rate of 73%. Comparisons to prior years’ rates are not available for this first year measure.

Table 3.8 Obstetric and Neonatal Care

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	More than 60% of Expected Prenatal Care Visits Received	411	372	91%	88%	94%	85%	78%	+	84%	NA	NA
HEDIS	More than 80% of Expected Prenatal Care Visits Received	411	330	80%	76%	84%	68%	70%	+	69%	63%	79%
HEDIS	Prenatal and Postpartum Care – Timeliness of Prenatal Care	411	369	90%	87%	93%	85%	93%	+	82%	84%	92%
HEDIS	Prenatal and Postpartum Care – Postpartum Care	411	249	61%	56%	66%	68%	74%	NC	58%	60%	71%
PA EQR	Prenatal Screening for Smoking	411	374	91%	88%	94%	92%	94%	NC	85%	NA	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)	411	123	30%	25%	35%	36%	30%	NC	19%	NA	NA
PA EQR	Prenatal Counseling for Smoking	178	119	67%	60%	74%	67%	66%	NC	56%	NA	NA
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)	36	23	64%	47%	81%	16%	6%	+	43%	NA	NA
PA EQR	Prenatal Smoking Cessation	147	23	16%	10%	22%	10%	15%	NC	17%	NA	NA

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
PA EQR	Prenatal Screening for Depression	411	260	63%	58%	68%	NA	NA	NA	51%	NA	NA
PA EQR	Prenatal Screening Positive for Depression	260	48	18%	13%	23%	NA	NA	NA	20%	NA	NA
PA EQR	Prenatal Counseling for Depression	48	26	54%	39%	69%	NA	NA	NA	61%	NA	NA
PA EQR	Postpartum Screening for Depression	272	87	32%	26%	38%	NA	NA	NA	34%	NA	NA
PA EQR	Postpartum Screening Positive for Depression	87	18	21%	12%	30%	NA	NA	NA	18%	NA	NA
PA EQR	Postpartum Counseling for Depression	18	14	78%	56%	100%	NA	NA	NA	73%	NA	NA

Treatment Utilization for Children and Adults with Asthma

The 2007 rate for the ‘Use of Appropriate Medications for People with Asthma (Age 5-9 years)’ measure was 90%, a two percentage point decrease from the 2006 rate and a two percentage point increase over the 2005 rate. UPMC's 2007 rate was two percentage points below the MMC rate of 92%. The 2007 rate was two percentage points below the national 50th percentile and six percentage points below the 90th percentile (national benchmark).

UPMC’s 2007 rate of 89% for the ‘Use of Appropriate Medications for People with Asthma (Age 10-17 years)’ measure was consistent with the 2006 rate, and above the 2005 rate by three percentage points. The 2007 rate was one percentage point below the MMC rate of 90%. UPMC's 2007 rate was equal to the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

UPMC had a rate of 90% for the ‘Use of Appropriate Medications for People with Asthma (Age 18-56 years)’ measure in 2007. This was one percentage point above the 2006 rate, and statistically significantly above the 2005 rate by three percentage points. UPMC's 2007 rate was above the MMC rate of 88% by two percentage points. The 2007 rate was five percentage points above the national 50th percentile and one percentage point below the 90th percentile (national benchmark).

The 2007 rate for the ‘Use of Appropriate Medications for People with Asthma (Age 5-56 years Combined)’ measure was 90%, which was above the 2006 and 2005 rates by one and three percentage points respectively. The comparison to the 2005 rate represents a statistically significant difference. UPMC's 2007 rate was one percentage point above the MMC rate of 89%. The 2007 rate was two percentage points above the national 50th percentile and two percentage points below the 90th percentile (national benchmark).

The 2007 UPMC rate for the ‘Emergency Department Encounter Rate for Asthma’ measure was 18%, a decrease of one percentage point from the 2006 rate, and a statistically significant increase of seven percentage points over the 2005 rate. The 2007 rate was five percentage points

below the MMC rate of 23%. Please note that lower rates are preferable, indicating better performance.

Table 3.9 Treatment Utilization for Children and Adults with Asthma

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-9 years)	329	297	90%	87%	93%	92%	88%	NC	92%	92%	96%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 10-17 years)	403	359	89%	86%	92%	89%	86%	NC	90%	89%	93%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 18-56 years)	1,088	979	90%	88%	92%	89%	87%	NC	88%	85%	91%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-56 years Combined)	1,820	1,635	90%	89%	91%	89%	87%	NC	89%	88%	92%
PA EQR	Emergency Department Encounter Rate for Asthma (Age 5-20 years) ¹	808	143	18%	15%	21%	19%	11%	NC	23%	NA	NA

¹ Emergency Department Encounter Rate for Asthma within 12 Months is an inverted measure. Lower rates indicate better performance.

Comprehensive Diabetes Care

The 2007 rate for the ‘HbA1c Testing’ measure was 83%, which was one percentage point above the 2006 rate, and statistically significantly below the 2005 rate by five percentage points. UPMC's 2007 rate was above the MMC rate of 79% by four percentage points. The 2007 rate was above the national 50th percentile by four percentage points and below the 90th percentile (national benchmark) by six percentage points.

UPMC's 2007 rate for the ‘HbA1c Poor Control’ measure was 36%, nine percentage points below the 2006 rate, eight percentage points above the 2005 rate, and eight percentage points below the MMC rate of 44%. The 2007 rate was 11 percentage points below the national 50th percentile and four percentage points above the national 90th percentile (national benchmark). Please note that lower rates are preferable, indicating better control.

At 40%, UPMC's 2007 rate for the ‘HbA1c Good Control’ measure was 10 percentage points above the 2006 rate, which represents a statistically significant difference. The 2007 rate was six percentage points above the MMC rate of 34% and nine percentage points above the national 50th percentile. The UPMC rate was one percentage point below the national 90th percentile (national benchmark).

The 2007 rate for the ‘Retinal Eye Exam’ measure at 58% was above the 2006 rate by six percentage points and below the 2005 rate by six percentage points. UPMC's 2007 rate was four

percentage points above both the MMC and national 50th percentile rates of 54% and 10 percentage points below the 90th percentile (national benchmark).

The UPMC 2007 rate for the ‘LDL-C Screening’ measure was 75%, two percentage points above the 2006 rate and statistically significantly below the 2005 rate by 13 percentage points. The 2007 rate was equal to the MMC rate of 75% and two percentage points above the national 50th percentile. UPMC's 2007 rate was six percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘LDL-C Level Controlled (<100 mg/dL)’ measure at 39% was two percentage points above the 2006 rate, seven percentage points below the 2005 rate and was equal to the MMC rate of 39%. UPMC's 2007 rate was eight percentage points above the national 50th percentile and five percentage points below the 90th percentile (national benchmark).

UPMC's 2007 rate for the ‘Medical Attention for Nephropathy’ measure was 78%, a decrease of two percentage points from the 2006 rate, and a statistically significant 15 percentage point increase over the 2005 rate. The 2007 rate was equal to the MMC rate of 78% and above the national 50th percentile by one percentage point. UPMC's 2007 rate was eight percentage points below the 90th percentile (national benchmark).

At 64%, UPMC's 2007 rate for the ‘Blood Pressure Controlled (<140/90 mm Hg)’ measure was two percentage points above the 2006 rate and seven percentage points above the MMC rate of 57%. The 2007 UPMC rate was four percentage points above the national 50th percentile and five percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Blood Pressure Controlled (<130/80 mm Hg)’ measure at 30% represented a two percentage point decrease from the 2006 rate. UPMC's 2007 rate was one percentage point above the MMC rate of 29%, one percentage point below the national 50th percentile, and below the 90th percentile (national benchmark) by 11 percentage points.

Table 3.10 Comprehensive Diabetes Care

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	HbA1c Testing	411	340	83%	79%	87%	82%	88%	NC	79%	79%	89%
HEDIS	HbA1c Poor Control ¹	411	146	36%	31%	41%	45%	28%	NC	44%	47%	32%
HEDIS	HbA1c Good Control	411	166	40%	35%	45%	30%	NA	+	34%	31%	41%
HEDIS	Retinal Eye Exam	411	239	58%	53%	63%	52%	64%	NC	54%	54%	68%
HEDIS	LDL-C Screening	411	310	75%	71%	79%	73%	88%	NC	75%	73%	81%
HEDIS	LDL-C Level Controlled (<100 mg/dL)	411	160	39%	34%	44%	37%	46%	NC	39%	31%	44%
HEDIS	Medical Attention to Nephropathy	411	320	78%	74%	82%	80%	63%	NC	78%	77%	86%

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Blood Pressure Controlled <140/90 mm Hg	411	265	64%	59%	69%	62%	NA	NC	57%	60%	69%
HEDIS	Blood Pressure Controlled <130/80 mm Hg	411	124	30%	25%	35%	32%	NA	NC	29%	31%	41%

¹ HbA1c Poor Control is an inverted measure. Lower rates indicate better performance.

Cardiovascular Care

UPMC had a rate of 77% for the ‘Persistence of Beta Blocker Treatment After Heart Attack’ measure in 2007. This rate was above the 2006 rate by two percentage points and below the 2005 rate by four percentage points. UPMC’s 2007 rate was 10 percentage points above the MMC rate of 67%.

The 2007 rate for the ‘Cholesterol Management for Patients with Cardiovascular Conditions, LDL-C Screening’ measure at 83% was one percentage point above the 2006 rate. UPMC’s 2007 rate was statistically significantly above the 2005 rate by nine percentage points, and was four percentage points above the MMC rate of 79%. The 2007 rate was five percentage points above the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

At 49%, the 2007 rate for the ‘Cholesterol Management for Patients with Cardiovascular Conditions, LDL-C Level <100 mg/dL’ measure was above both the 2006 and 2005 rates by seven and five percentage points respectively. UPMC’s 2007 rate was four percentage points above the MMC rate of 45% and 12 percentage points above the national 50th percentile. The 2007 rate was three percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Controlling High Blood Pressure’ measure at 62% was above the 2006 rate by three percentage points, and above the MMC rate of 60% by two percentage points. UPMC’s 2007 rate was seven percentage points above the national 50th percentile and below the 90th percentile (national benchmark) by four percentage points.

Table 3.11 Cardiovascular Care

Indicator Source	Indicator	Denom 2007	Num 2007	Rate 2007	Lower 95% Confidence Limit	Upper 95% Confidence Limit	Rate 2006	Rate 2005	2007 Rate Compared to 2006	MMC 2007	Medicaid P50	Medicaid P90
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	52	40	77%	65%	89%	75%	81%	NC	67%	NA	NA
HEDIS	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	411	341	83%	79%	87%	82%	74%	NC	79%	78%	87%
HEDIS	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level <100 mg/dL	411	200	49%	44%	54%	42%	44%	NC	45%	37%	52%
HEDIS	Controlling High Blood Pressure Total Rate	411	253	62%	57%	67%	59%	NA	NC	60%	55%	66%

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

The following tables and accompanying figures provide the survey results by the question category for the MCO across the last three measurement years (as available). Effective for HEDIS 2007, the CAHPS Health Plan Survey for Adults was updated (i.e., version 3.0 to version 4.0). Due to differences in the CAHPS submissions from year to year, direct comparisons of results are not always available. Questions without comparable data for all three measurement years are not included in the tables that follow. Results for the 3.0 survey version are presented for the Medicaid Child population only.

Adult CAHPS

Table 3.12 Adult CAHPS Survey Section: Your Personal Doctor

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Personal Doctor						
Clear Explanations (Usually or Always)	88.68%	-5.07	86.49%	93.75%	NA	NA
Personal Doctor Listens Carefully (Usually or Always)	89.03%	0.66	88.55%	88.37%	NA	NA
Respect from Providers (Usually or Always)	88.79%	-1.52	88.87%	90.31%	NA	NA
Doctor Spends Enough Time with You (Usually or Always)	84.64%	-3.99	84.01%	88.63%	NA	NA
Doctor Informed and Up to Date on Your Care (Usually or Always)	78.97%	2.46	77.33%	76.51%	NA	NA
Satisfaction with Personal Doctor (Rating of 8 to 10)	76.80%	-0.59	76.24%	77.39%	NA	NA

Figure 3.1 Adult CAHPS Survey Section: Your Personal Doctor

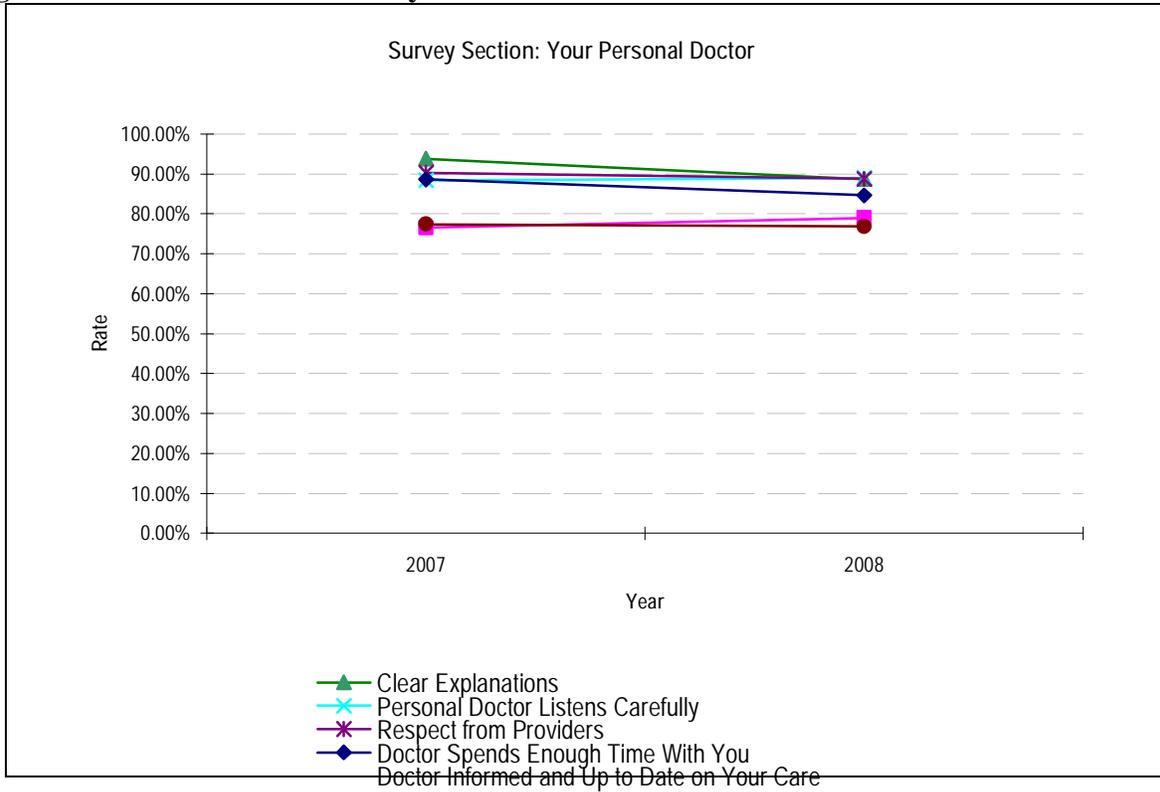


Table 3.13 Adult CAHPS Survey Section: Getting Healthcare from a Specialist

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Getting Healthcare from a Specialist						
Seeing a Specialist (Not a Problem)	NA	NA	NA	NA	NA	74.29%
Satisfaction with Specialist (Rating of 8-10)	77.30%	1.02	74.89%	76.28%	2.98	73.30%
Specialist Same as Personal Doctor (Yes)	NA	NA	NA	NA	NA	21.51%
Getting Appointment with Specialist (Usually or Always)	80.83%	0.60	75.64%	80.23%	NA	NA

Figure 3.2 Adult CAHPS Survey Section: Getting Healthcare from a Specialist

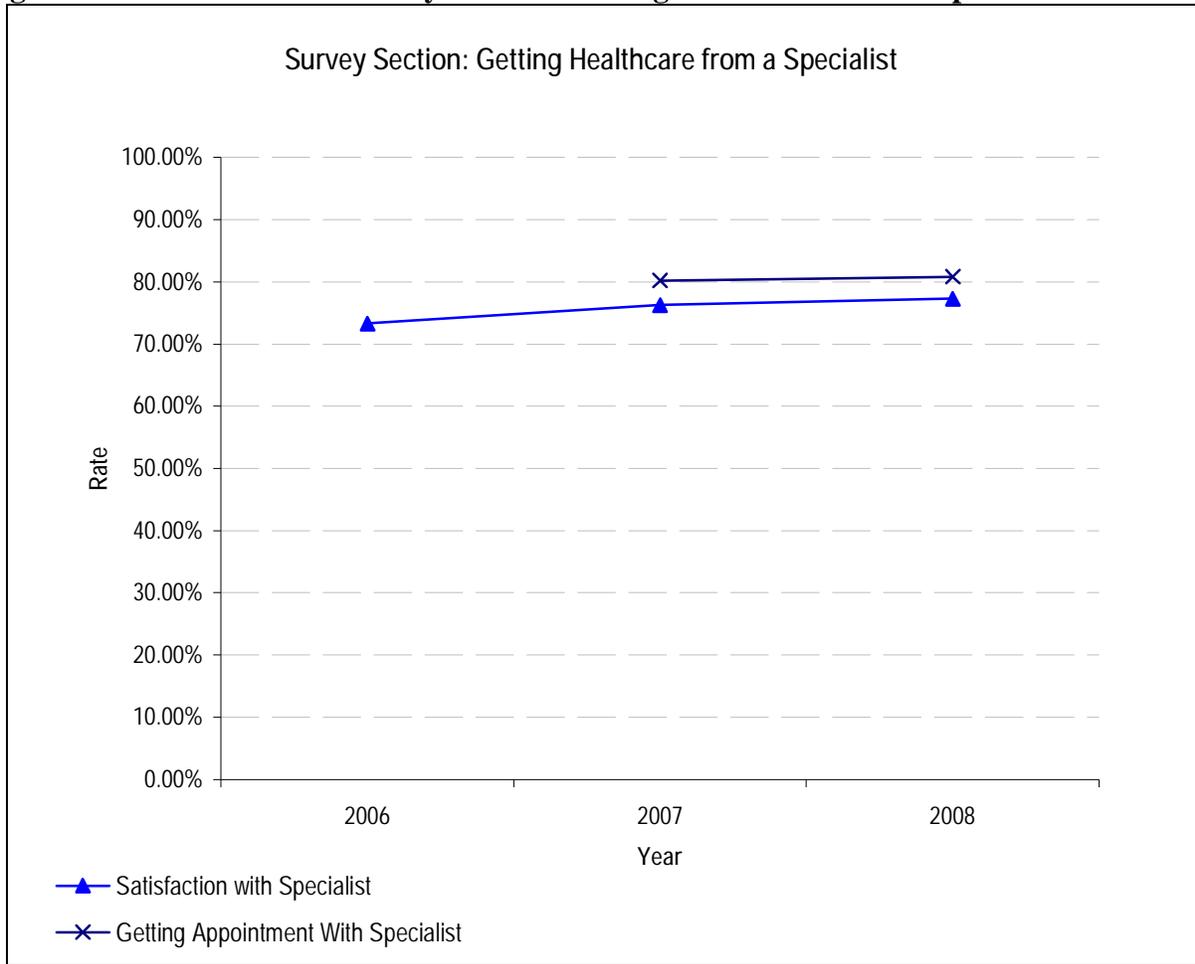


Table 3.14 Adult CAHPS Survey Section: Your Healthcare in the Last Six Months

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Healthcare in the Last Six Months						
Appointment for Routine Care When Needed (Always)	84.50%	24.93	79.69%	59.57%	8.09	51.48%
Satisfaction with Health Care (Rating of 8-10)	72.19%	-2.13	68.31%	74.32%	1.77	72.55%
Dental Care Visits (One or More Visits)	39.79%	5.20	33.59%	34.59%	-0.29	34.88%
Satisfaction with Dental Care (Rating of 8-10)	55.70%	-21.80	60.86%	77.50%	13.16	64.34%
Needed Care Right Away (Usually or Always)	83.50%	-2.39	81.53%	85.89%	NA	NA
Talk About Preventing Illness (Always)	57.54%	17.40	54.34%	40.14%	NA	NA
Pros and Cons of Treatment Choices (Definitely Yes or Somewhat Yes)	62.58%	-27.96	56.03%	90.54%	NA	NA
Asked About Best Choice for You (Definitely Yes or Somewhat Yes)	57.14%	-33.27	54.09%	90.41%	NA	NA

Figure 3.3 Adult CAHPS Survey Section: Your Healthcare in the Last Six Months

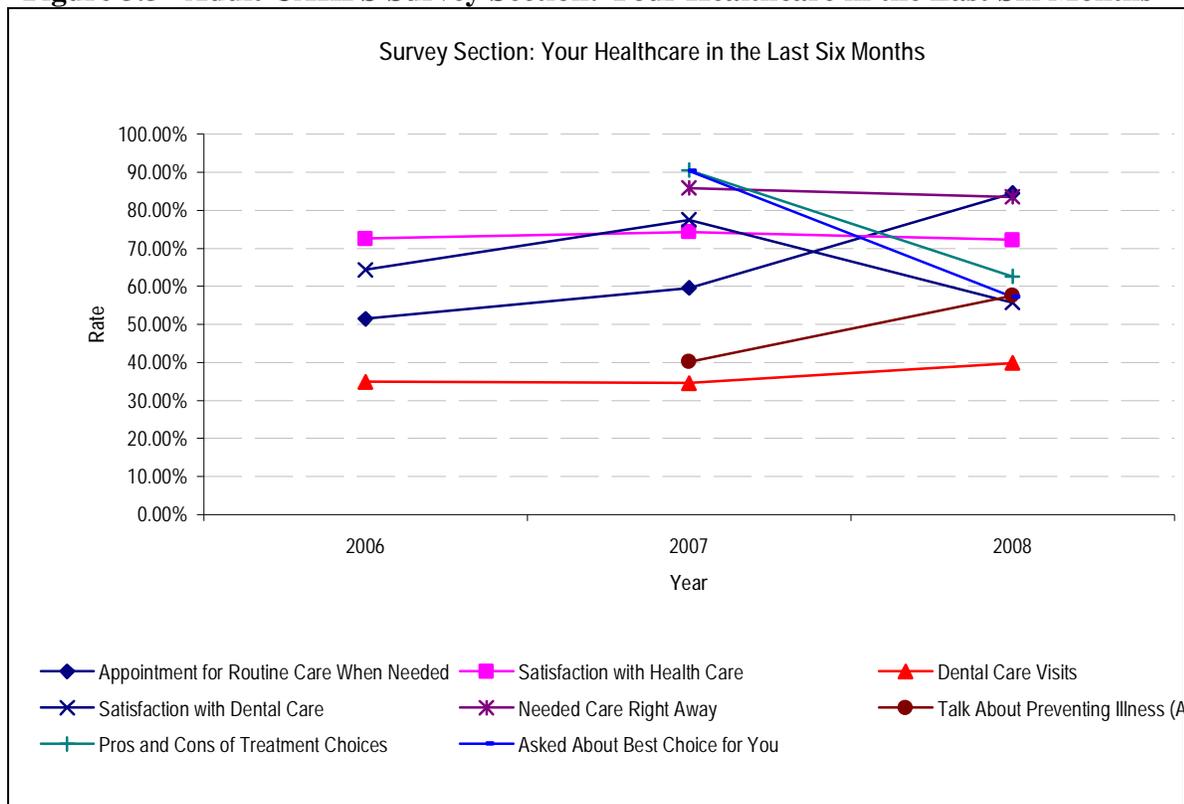


Table 3.15 Adult CAHPS Survey Section: Your Health Plan

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Health Plan						
Satisfaction with Health Plan (Ratings of 8-10)	74.88%	-8.84	71.67%	83.72%	9.10	74.62%
Getting Care You Think You Need (Usually or Always)	86.50%	-3.81	80.32%	90.31%	NA	NA
Understanding Written or Internet Materials (Always)	63.64%	29.26	64.68%	34.38%	NA	NA
Getting Needed Information (Usually or Always)	78.90%	-4.08	76.31%	82.98%	NA	NA
Courteous Treatment by Staff (Usually or Always)	93.64%	3.42	90.49%	90.22%	NA	NA
Health Plan Forms Easy to Fill Out (Always)	96.76%	8.20	93.40%	88.56%	NA	NA

Figure 3.4 Adult CAHPS Survey Section: Your Health Plan

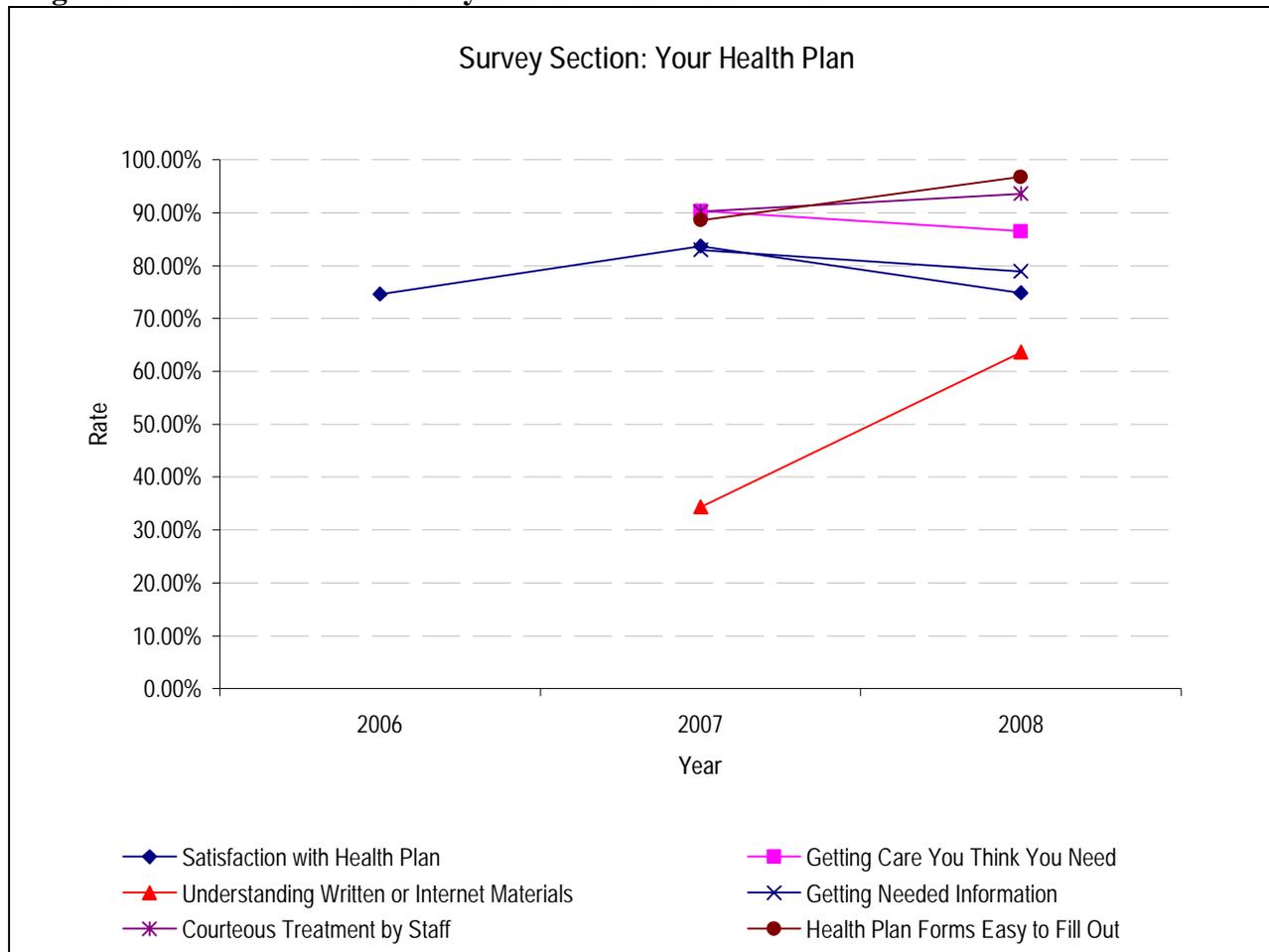
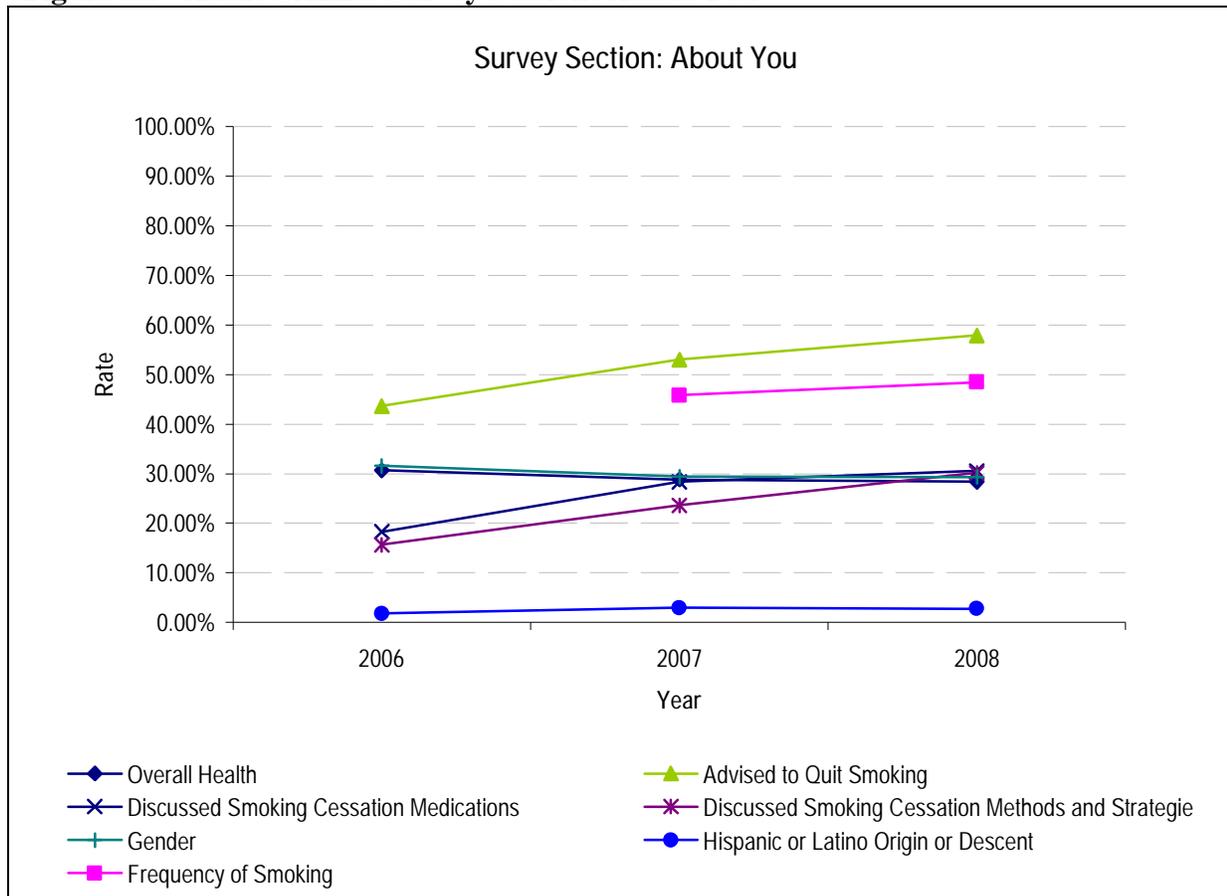


Table 3.16 Adult CAHPS Survey Section: About You

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
About You						
Overall Health (Very Good or Excellent)	28.40%	-0.42	29.66%	28.82%	-1.89	30.71%
Frequency of Smoking (Some Days or Everyday)	48.46%	2.66	40.12%	45.80%	NA	NA
Advised to Quit Smoking (Two or More Visits)	57.89%	4.87	51.00%	53.02%	9.37	43.65%
Discussed Smoking Cessation Medications (Two or More Visits)	30.53%	2.15	26.99%	28.38%	10.06	18.32%
Discussed Smoking Cessation Methods and Strategies (Two or More Visits)	30.16%	6.51	28.28%	23.65%	8.02	15.63%
Gender (Male)	29.33%	-0.10	29.39%	29.43%	-2.14	31.57%
Hispanic or Latino Origin or Descent (Distribution of Hispanics)	2.78%	-0.20	14.82%	2.98%	1.16	1.82%
Frequency of Smoking (Not at All)	28.40%	NA	29.66%	NA	NA	61.13%

Figure 3.5 Adult CAHPS Survey Section: About You



Child CAHPS

Table 3.17 Child CAHPS Survey Section: Your Child's Personal Doctor or Nurse

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Child's Personal Doctor or Nurse						
Months or Years in Health Plan (More than 1 Year)	90.16%	3.12	91.00%	87.04%	NA	87.04%
Satisfaction with Current Doctor or Nurse (Ratings of 8-10)	87.15%	2.55	83.76%	84.60%	NA	84.60%
Satisfaction with Choosing a Personal Doctor or Nurse (Not a Problem)	85.71%	-4.03	81.46%	89.74%	NA	89.74%
Child's Feeling, Growing and Behaving (Yes)	76.15%	2.67	75.60%	73.48%	NA	73.48%

Note: The MCO opted to rotate Child CAHPS results in 2007.

Figure 3.6 Child CAHPS Survey Section: Your Child's Personal Doctor or Nurse

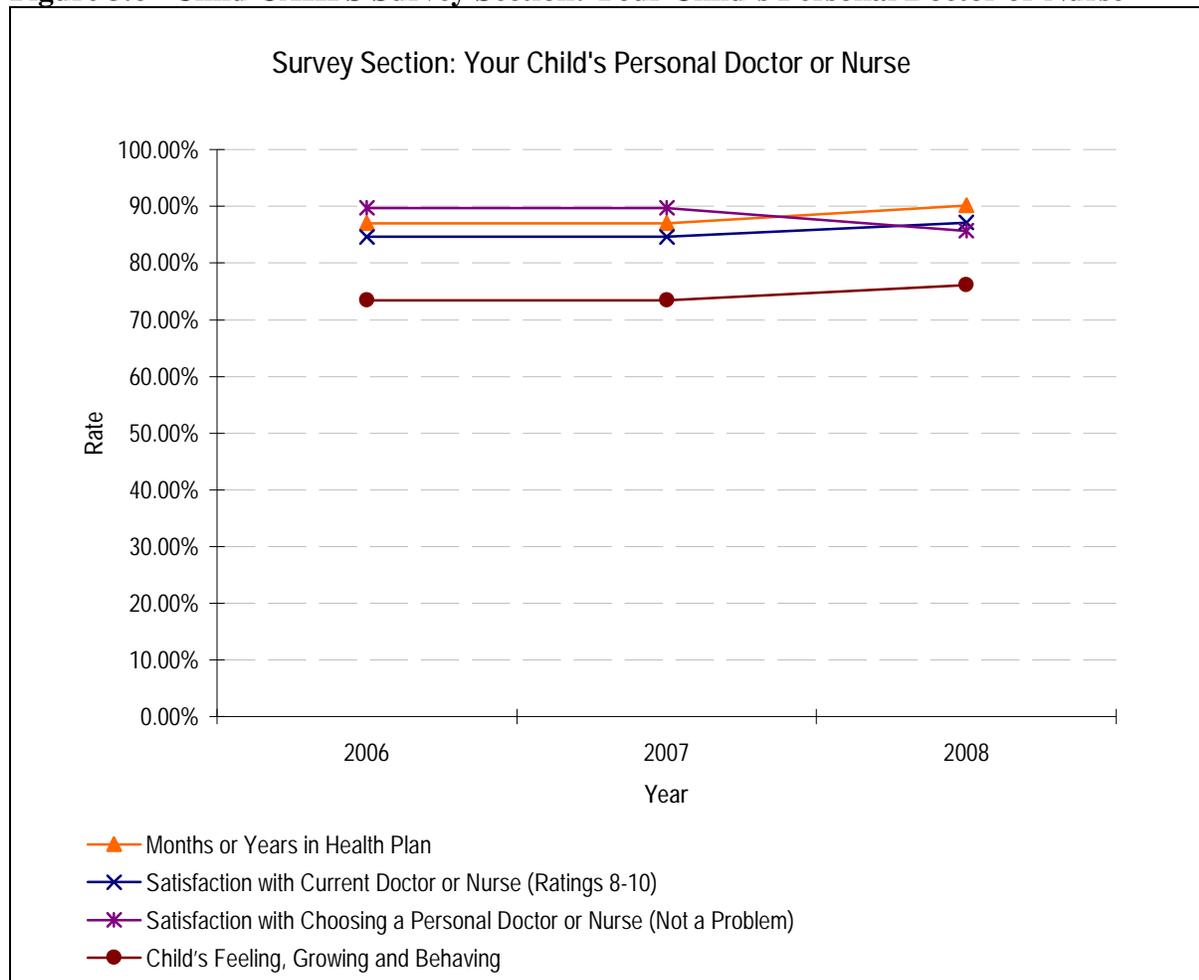


Table 3.18 Child CAHPS Survey Section: Getting Healthcare from a Specialist

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Getting Healthcare from a Specialist						
Seeing a Specialist (Not a Problem)	84.33%	1.98	76.93%	82.35%	NA	82.35%
Satisfaction with Specialist (Rating of 8-10)	83.69%	-1.14	81.26%	84.83%	NA	84.83%
Specialist Same as Personal Doctor (Yes)	18.18%	2.21	17.67%	15.97%	NA	15.97%

Note: The MCO opted to rotate Child CAHPS results in 2007.

Figure 3.7 Child CAHPS Survey Section: Getting Healthcare from a Specialist

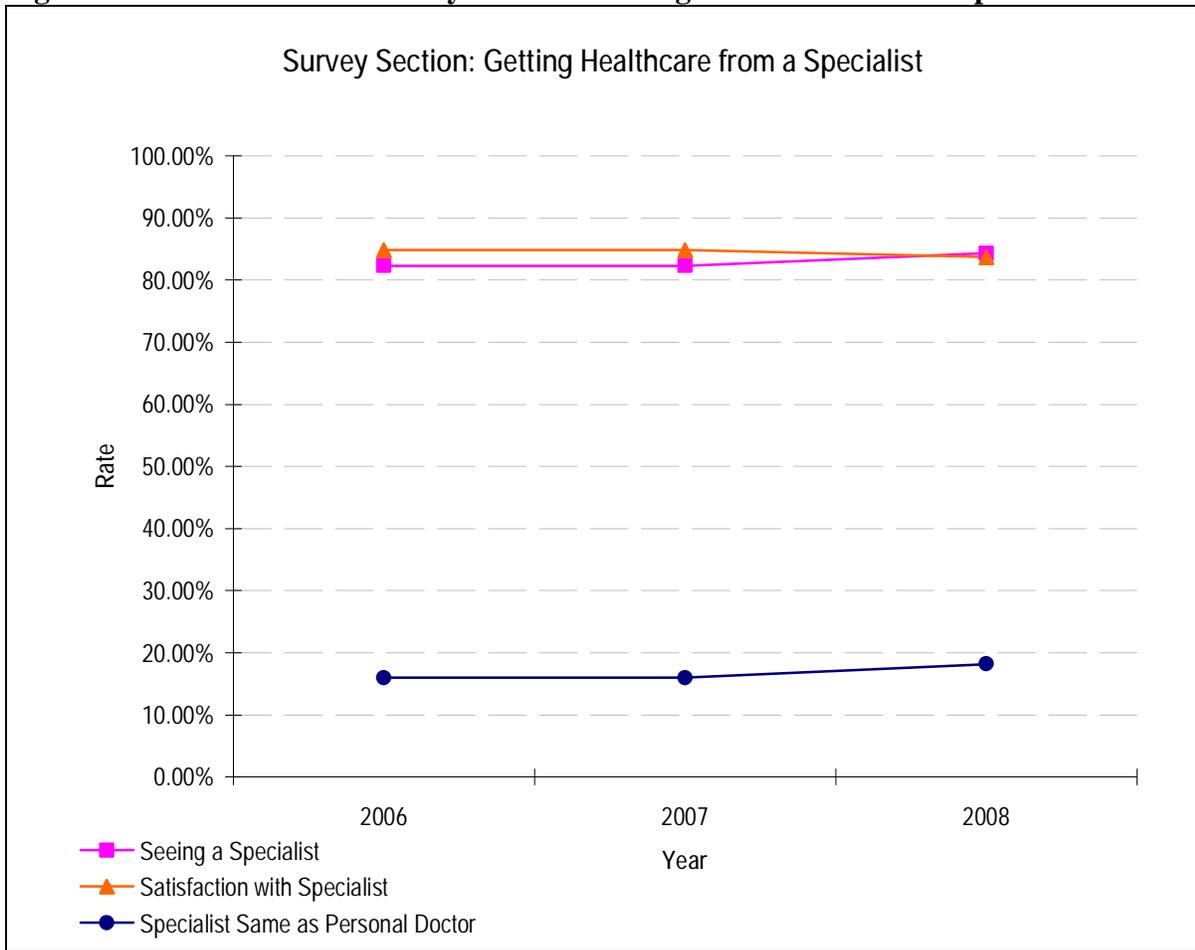


Table 3.19 Child CAHPS Survey Section: Your Child’s Healthcare in the Last Six Months

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Child’s Healthcare in the Last Six Months						
Telephone Advice or Help (Usually or Always)	95.02%	0.20	88.78%	94.82%	NA	94.82%
Urgent Care as Soon as Necessary (Usually or Always)	93.10%	-0.33	88.18%	93.43%	NA	93.43%
Urgent Care Appointment within 24 Hours (Same Day or One Day)	86.29%	-5.67	85.41%	91.96%	NA	91.96%
Appointment for Routine Care (Always)	63.54%	-0.88	54.74%	64.42%	NA	64.42%
Appointment for Non-Emergency Care within 14 Days	86.32%	-2.23	84.45%	88.55%	NA	88.55%
Emergency Room Visits (One or More Visits)	26.42%	-0.14	26.74%	26.56%	NA	26.56%
Doctor’s Office or Clinic (One or More Visits)	82.35%	0.64	80.46%	81.71%	NA	81.71%
Necessary Care (Not a Problem)	86.56%	-0.28	84.32%	86.84%	NA	86.84%
Waiting for Plan Approval (Not a Problem)	97.49%	1.40	94.60%	96.09%	NA	96.09%
Taken to Exam Room within 15 Minutes (Usually or Always)	67.41%	1.47	56.26%	65.94%	NA	65.94%
Courteous Treatment by Staff (Usually or Always)	96.65%	0.04	92.90%	96.61%	NA	96.61%
Helpfulness of Staff (Usually or Always)	93.09%	-0.60	89.03%	93.69%	NA	93.69%
Attentiveness of Providers (Usually or Always)	93.37%	-1.57	91.68%	94.94%	NA	94.94%
Survey Respondent Language Problems (Never)	87.81%	3.06	82.66%	84.75%	NA	84.75%
Clear Explanations Given to Survey Respondents (Usually or Always)	93.59%	-2.07	91.09%	95.66%	NA	95.66%
Respect from Providers (Usually or Always)	95.56%	1.37	93.14%	94.19%	NA	94.19%
Child Language Problems (Never)	85.22%	3.53	83.70%	81.69%	NA	81.69%
Clear Explanations Given to Child (Usually or Always)	87.67%	-0.79	85.99%	88.46%	NA	88.46%
Appointment Length (Usually or Always)	90.56%	1.70	87.26%	88.86%	NA	88.86%
Satisfaction with Child’s Health Care (Rating of 8-10)	85.83%	-2.15	82.82%	87.98%	NA	87.98%
Respondent Interpreter Assistance (Usually or Always)	100.00%	33.33	68.35%	66.67%	NA	66.67%
Child Interpreter Assistance (Usually or Always)	66.67%	0.00	60.32%	66.67%	NA	66.67%
Check-up and Vaccine Reminders for Children Under Age Two (Yes)	82.95%	-6.18	82.46%	89.13%	NA	89.13%

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Child's Healthcare in the Last Six Months						
Appointment for Check-ups and Vaccines (Yes)	95.51%	-1.16	91.96%	96.67%	NA	96.67%
Appointment for Check-ups and Vaccines As Soon As You Wanted (Yes)	98.82%	5.72	95.37%	93.10%	NA	93.10%
Dental Care Visits (One or More Visits)	52.56%	-2.20	55.96%	54.76%	NA	54.76%
Satisfaction with Child's Dental Care (Rating of 8-10)	80.75%	2.68	79.35%	78.07%	NA	78.07%

Note: The MCO opted to rotate Child CAHPS results in 2007.

Table 3.20 Child CAHPS Survey Section: Your Child's Health Plan

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
Your Child's Health Plan						
Plan Assignment (Yes)	76.95%	-3.92	73.67%	80.87%	NA	80.87%
Accuracy of Plan Information (All or Most)	93.90%	1.31	89.98%	92.59%	NA	92.59%
Understanding Written Materials (Not a Problem)	86.84%	16.74	81.02%	70.10%	NA	70.10%
Satisfaction with Customer Service (Not a Problem)	82.65%	3.55	75.30%	79.10%	NA	79.10%
Complaint Resolution Time (Same Day)	44.44%	7.60	32.70%	36.84%	NA	36.84%
Satisfaction with Complaint Resolution (Yes)	100.00%	7.69	82.52%	92.31%	NA	92.31%
Problem with Paperwork (Not a Problem)	96.80%	0.74	95.90%	96.06%	NA	96.06%
Satisfaction with Health Plan (Rating of 8-10)	85.09%	1.86	80.10%	83.23%	NA	83.23%

Note: The MCO opted to rotate Child CAHPS results in 2007.

Figure 3.8 Child CAHPS Survey Section: Your Child's Health Plan

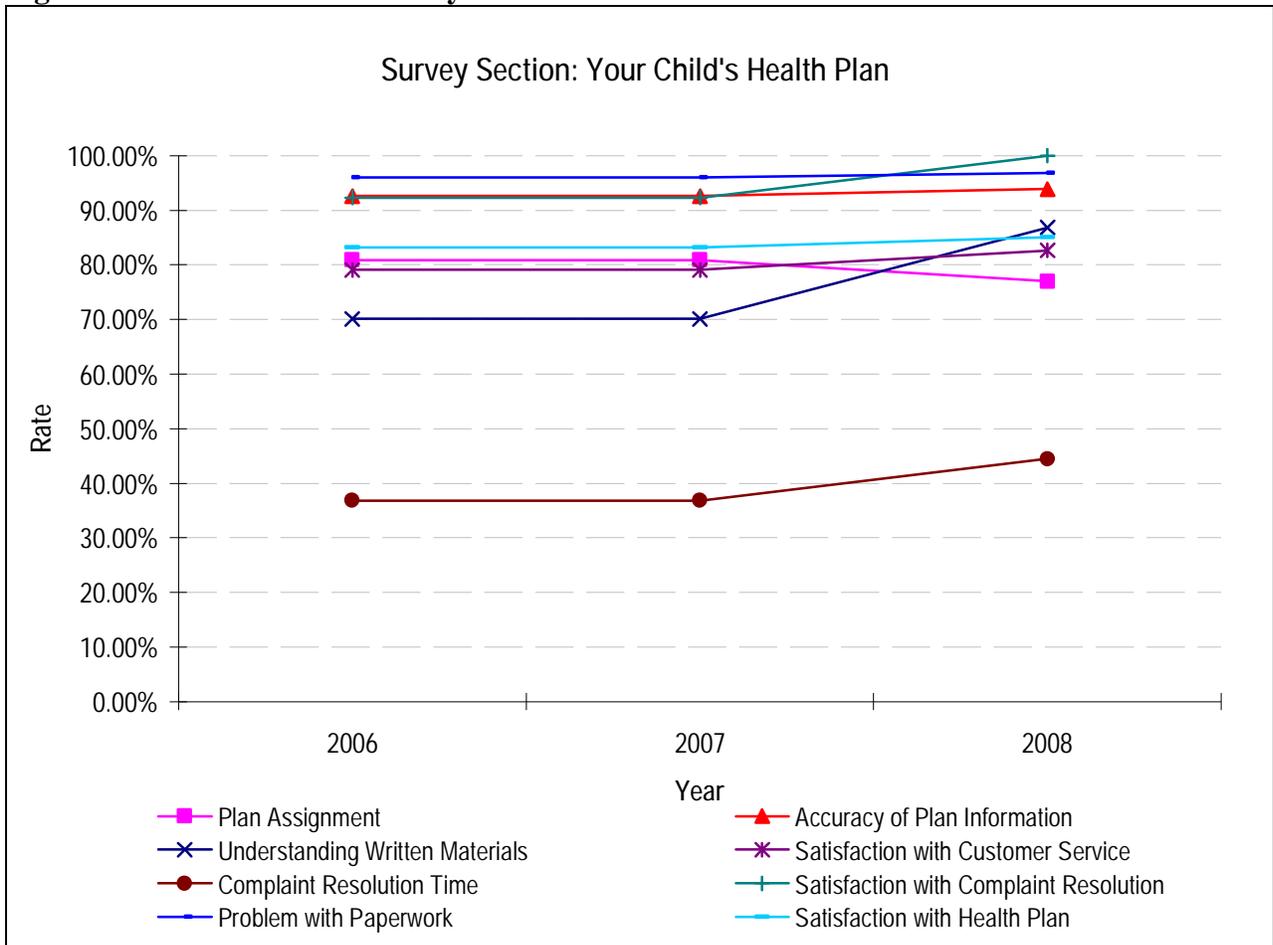
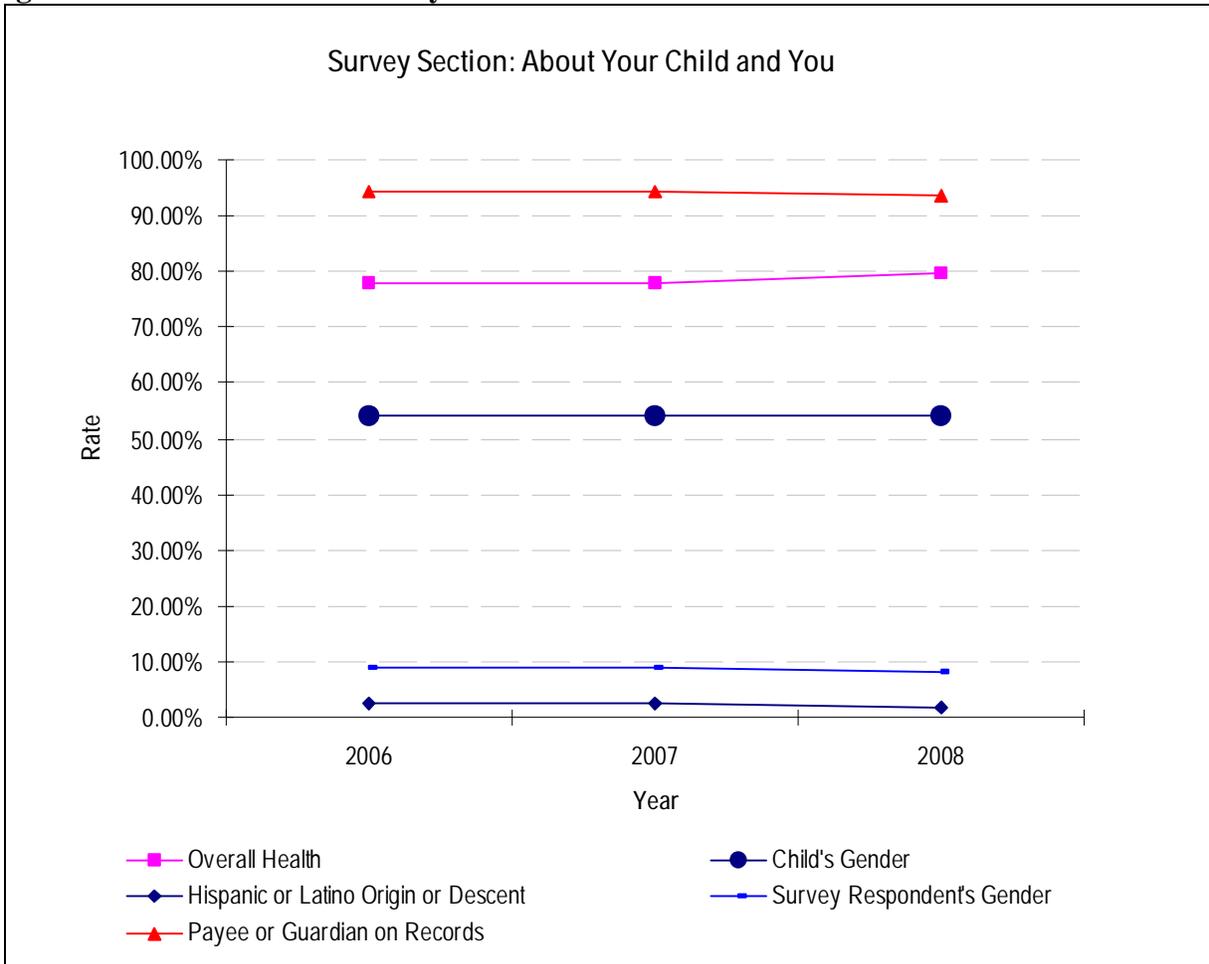


Table 3.21 Child CAHPS Survey Section: About Your Child and You

Survey Section/ Measure	2008 (MY 2007)			2007 (MY 2006)		2006 (MY 2005)
	Rate	% Point Difference from Prior Year Rate	Weighted Average	Rate	% Point Difference from Prior Year Rate	Rate
About Your Child and You						
Overall Health (Very Good or Excellent)	79.82%	1.91	71.75%	77.91%	NA	77.91%
Child's Gender (Male)	54.23%	0.17	53.99%	54.06%	NA	54.06%
Hispanic or Latino Origin or Descent (Distribution of Hispanics)	1.84%	-0.55	18.11%	2.39%	NA	2.39%
Survey Respondent's Gender (Male)	8.26%	-0.81	8.90%	9.07%	NA	9.07%
Payee or Guardian on Records (Yes)	93.71%	-0.59	94.04%	94.30%	NA	94.30%

Note: The MCO opted to rotate Child CAHPS results in 2007.

Figure 3.9 Child CAHPS Survey Section: About Your Child and You



IV: SUMMARY OF STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

The review of UPMC's 2007 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

- UPMC underwent an NCQA Accreditation Survey in September 2006 and received an Accreditation Status of Excellent.
- UPMC's 2007 rates for all four "Children and Adolescents' Access to Primary Care Practitioners" rates were at least 89%, with three of four rates improving statistically significantly from the 2006 rates, and one rate remaining consistent with the 2006 rate. At 98%, UPMC's "Children and Adolescents' Access to Primary Care Practitioners - Ages 12-24 months" rate was equal to the 90th percentile (national benchmark), and was three percentage points above the MMC rate of 95%.
- Three Body Mass Index measure rates were above the MMC rate, with two of the rates more than 10 percentage points above the MMC rate. Unison's 2007 "Body Mass Index: BMI (age 2-20 years)" rate improved statistically significantly by 12 percentage points from the 2006 rate, and by 16 percentage points from the 2005 rate.
- UPMC's "Frequency of Ongoing Prenatal Care" measure rates were both statistically significantly above the 2006 and 2005 rates, and also above the MMC rates for each measure. The 2007 "More than 80% of Expected Prenatal Care Visits Received" rate at 80% was one percentage point above the 90th percentile (national benchmark).
- UPMC's rates for all four "Use of Appropriate Medications for People with Asthma" measures were approximately 90%. Three of the four measures improved from their 2006 rates, with rates for all four measures improving from their 2005 rates by at least two percentage points.
- UPMC's PIPs on "Improving Prenatal Care for the Medical Assistance (MA) Membership" and "Decreasing Emergency Department (ED) Visits – Medical Assistance" received full credit for the elements reviewed that reflect activities through 2007 (Topic Focus Area through Interventions Aimed at Achieving Demonstrable Improvement).

- UPMC's performance on ten Adult CAHPS survey items showed improvement between 2007 (MY 2006) and 2008 (MY 2007). Additionally, 22 out of the 27 survey items evaluated in 2008 (MY 2007) were above the 2008 (MY 2007) MMC weighted averages.
- *Since UPMC rotated the Child CAHPS results in 2007 (MY 2006), the 2008 (MY 2007) results were compared to 2006 (MY 2005).* UPMC increased on 24 survey items in the Child CAHPS survey in 2008 (MY 2007) as compared to 2006 (MY 2005). Forty items were above their respective 2008 (MY 2007) MMC rates.

Opportunities for Improvement

- UPMC's 2007 "Chlamydia Screening in Women" rates were all at least seven percentage points below the MMC rate for each measure. All three rates increased from the 2006 rates, but were all statistically significantly below the 2005 rates by at least 11 percentage points. Each rate fell below the respective national 50th percentile.
- UPMC showed a decrease in rate between MY 2006 and MY 2007 on four items on the Adult CAHPS survey. Additionally, five survey items evaluated in MY 2007 had rates below their respective MMC weighted averages.
- For UPMC's Child CAHPS survey, 21 items evaluated in 2008 (MY 2007) showed a decrease in rate from 2006 (MY 2005). The rate for five items fell below the 2008 (MY 2007) MMC weighted average.
- Additional targeted opportunities for improvement are found in the MCO-specific Pay For Performance (P4P) Measure Matrix that follows.

P4P Measure Matrix

The Pay-for-Performance (P4P) Matrix provides a comparative look at 11 of the 12 Healthcare Effectiveness Data Information Set (HEDIS[®]) measures included in the Quality Performance Measures component of the “HealthChoices MCO Pay For Performance Program.” The matrix:

- § Compares the Managed Care Organization’s (MCO’s) own P4P measure performance over the two most recent reporting years (HEDIS 2008 and HEDIS 2007); and
- § Compares the MCO’s HEDIS 2008 P4P measure rates to the HEDIS 2008 Medicaid Managed Care (MMC) Weighted Average.

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

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

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

 The green box (A) indicates that performance is notable. The MCO’s HEDIS 2008 rate is statistically significantly above the MMC weighted average and trends up from HEDIS 2007.

 The light green boxes (B) indicate either that the MCO’s HEDIS 2008 rate is equal to the MMC weighted average and trends up from HEDIS 2007 or that the MCO’s HEDIS 2008 rate is statistically significantly above the MMC weighted average but there is no change from HEDIS 2007.

 The yellow boxes (C) indicate that the MCO’s HEDIS 2008 rate is statistically significantly below the MMC weighted average and trends up from HEDIS 2007 or that the MCO’s HEDIS 2008 rate is equal to the MMC weighted average and there is no change from HEDIS 2007 or that the MCO’s HEDIS 2008 rate is statistically significantly above the MMC weighted average but trends down from HEDIS 2007. *No action is required although MCOs should identify continued opportunities for improvement.*

 The orange boxes (D) indicate either that the MCO’s HEDIS 2008 rate is statistically significantly below the MMC weighted average and there is no change from HEDIS 2007 or that the MCO’s HEDIS 2008 rate is equal to the MMC weighted average and trends down from HEDIS 2007. *A root cause analysis and plan of action is required.*

 The red box (F) indicates that the MCO’s HEDIS 2008 rate is statistically significantly below the MMC weighted average and trends down from HEDIS 2007. *A root cause analysis and plan of action is required.*

Emergency Department utilization comparisons are presented in a separate table².

² Statistical comparisons are not made for the Emergency Department Utilization measure. Comparisons as noted for this measure represent arithmetic differences only.



UPMC Health Plan Key Points

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

Measures that had a statistically significant improvement from HEDIS 2007 to HEDIS 2008 and were statistically significantly above the HEDIS 2008 MMC weighted average are:

- § Frequency of Ongoing Prenatal Care: $\geq 81\%$ of Expected Prenatal Care Visits Received
- § Timeliness of Prenatal Care
- § Adolescent Well-Care Visits

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

Measure that had no statistically significant improvement from HEDIS 2007 to HEDIS 2008 but was statistically significantly above the HEDIS 2008 MMC weighted average is:

- § Comprehensive Diabetes Care - HbA1c Poor Control³

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

Measures that had no statistically significant change from HEDIS 2007 to HEDIS 2008 and were not statistically significantly different from the HEDIS 2008 MMC weighted average are:

- § Cervical Cancer Screening
- § Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL)
- § Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL)
- § Controlling High Blood Pressure
- § Use of Appropriate Medications for People with Asthma

§ D - Root cause analysis and plan of action required

Measure that had no statistically significant change from HEDIS 2007 to HEDIS 2008 and was statistically significantly below the HEDIS 2008 MMC weighted average is:

- § Breast Cancer Screening (Age 52-69 years)

§ F - Root cause analysis and plan of action required

UPMC's Emergency Department Utilization⁴ has increased over the past three measurement years and the HEDIS 2008 measure is above the HEDIS 2008 MMC average.

³ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

⁴ Emergency Department Utilization is an inverted measure. Lower rates are preferable, indicating better performance.

Figure 4.1 P4P Measure Matrix

		Medicaid Managed Care Weighted Average Statistical Significance Comparison			
		Trend	Below Average	Average	Above Average
Year to Year Statistical Significance Comparison	↑		C	B	A Frequency of Ongoing Prenatal Care: >= 81% of Expected Prenatal Care Visits Received Timeliness of Prenatal Care Adolescent Well-Care Visits
	No Change		D Breast Cancer Screening (Age 52-69 years)	C Cervical Cancer Screening Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL) Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL) Controlling High Blood Pressure Use of Appropriate Medications for People with Asthma	B Comprehensive Diabetes Care - HbA1c Poor Control ⁵
	↓		F	D	C

Figure 4.2 Emergency Department Utilization

		Medicaid Managed Care Average Comparison			
		Trend	Above Average	Average	Below Average
Year to Year	↑		F Emergency Department Utilization ⁶	D	C

Key to the P4P Measure Matrix and Emergency Department Utilization Comparison

A: Performance is notable. No action required. MCOs may have internal goals to improve.
 B: No action required. MCOs may identify continued opportunities for improvement.
 C: No action required although MCOs should identify continued opportunities for improvement.
 D: Root cause analysis and plan of action required.

⁵ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

⁶ Emergency Department Utilization is an inverted measure. Lower rates are preferable, indicating better performance.

P4P performance measure rates for HEDIS 2006, HEDIS 2007 and HEDIS 2008, as applicable are displayed in Figure 3. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

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

Figure 4.3 P4P Measure Rates

Quality Performance Measure	HEDIS 2006 Rate	HEDIS 2007 Rate	HEDIS 2008 Rate	HEDIS 2008 MMC WA
Controlling High Blood Pressure	NA	59% NA	62% =	60%
Comprehensive Diabetes Care - HbA1c Poor Control ⁷	28%	45% ▲	36% =	44%
Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL)	46%	37% =	39% =	39%
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL)	44%	42% =	49% =	45%
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	70%	68% =	80% ▲	69%
Breast Cancer Screening (Age 52-69 years)	69%	47% ▼	50% =	55%
Cervical Cancer Screening	77%	69% ▼	68% =	65%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	93%	85% ▼	90% ▲	82%
Use of Appropriate Medications for People with Asthma (Age 5-56 years)	87%	89% ▲	90% =	89%
Adolescent Well-Care Visits (Age 12-21 Years)	52%	46% ▼	53% ▲	51%
Lead Screening in Children ⁸	NA	NA NA	55% NA	68%
Emergency Department Utilization (Visits/1,000 MM) ⁹	57.83	73.13	78.94	71.88

⁷ Comprehensive Diabetes Care - HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

⁸ Lead Screening in Children is a new HEDIS 2008 measure and, therefore, does not appear on the P4P Matrix

⁹ Emergency Department Utilization is an inverted measure. Lower rates are preferable, indicating better performance.

V: CURRENT AND PROPOSED INTERVENTIONS

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2007 EQR Technical Reports, which were distributed in February 2008. The 2008 EQR is the first to include descriptions of current and proposed interventions considered by each PH MCO that address the 2007 recommendations.

The PH MCOs are required by OMAP to 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 Pennsylvania Medicaid PH MCOs. These activities follow a longitudinal format, and are designed to capture information relating to:

- Follow-up actions that the PH MCO has taken through 9/30/08 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 PH MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the responses submitted to IPRO as of October 2008, as well as any additional relevant documentation provided by UPMC.

Table 5.1 UPMC: Current and Proposed Interventions

Reference Number	Opportunity for Improvement	MCO Response								
Performance Improvement Projects										
UPMC 2007.1	The Performance Improvement Project (PIP) for 'Advising Smokers to Quit Smoking' did not achieve, and therefore did not receive credit for, the element of study evaluated that reflects activities through 2006, Sustained Improvement. The MCO received an overall score of 85 for this project.	<p>Follow Up Actions Taken Through 9/30/08:</p> <table border="1"> <thead> <tr> <th>Advising Smokers to Quit</th> <th>2008</th> <th>2007</th> <th>2006</th> </tr> </thead> <tbody> <tr> <td></td> <td>77.3%</td> <td>72.0%</td> <td>66.3%</td> </tr> </tbody> </table> <p>Additional information is now provided which was not available at the time of the February 2008 IPRO report.</p>	Advising Smokers to Quit	2008	2007	2006		77.3%	72.0%	66.3%
		Advising Smokers to Quit	2008	2007	2006					
	77.3%	72.0%	66.3%							
<p>As noted above, UPMC for You Health Plan continues to make steady improvements in this measure. The actions that we have taken remain consistent to this time period. Members are encouraged to quit smoking as a part of the "Whole Person Philosophy".</p> <p>As a result of continued improvement, UPMC now considers this PIP closed and will await written confirmation from IPRO.</p>										
		<p>Future Actions Planned:</p> <p>UPMC continues to partner with local tobacco cessation programs. October 2008: Staff participated in a scheduled telephone conference that addressed the issue of adolescent smoking. The tips, tools and techniques, which were discussed, will be further explored to determine how this might be incorporated into current care management.</p>								
UPMC 2007.2	Although UPMC received full credit for Sustained Improvement for the 'Improving Maternity Care for the Medical Assistance Membership in Communities Served by UPMC Braddock' PIP, there were large rate decreases for both indicators between the first and second re-measurements. For future projects, topics and interventions that are aimed at a larger portion of UPMC's membership may result in more consistent outcomes.	<p>Follow Up Actions Taken Through 9/30/08:</p> <p>The PIP entitled "Improving Care for MA Membership in the Braddock Community" was expanded to include the entire MA Maternity population. The PIP that has replaced the original Project is now being followed under the heading of "Improving Prenatal Care for the MA Membership".</p> <p>As such, the project continues to expand on the number and type of interventions, which are being developed for this project. Additional updates will then be provided on the subsequent PIP "Improving Prenatal Care for the MA Membership".</p> <p>UPMC now considers the original PIP "Improving Maternity Care for the Medical Assistance Membership in Communities Served by UPMC Braddock" as closed and we await the formal response and documentation from IPRO.</p>								

Reference Number	Opportunity for Improvement	MCO Response
		<p><u>Future Actions Planned:</u></p> <p>Follow-up actions continue to be pursued for the <i>"Improving Care for the MA Membership"</i> from January 2007 through August 2008.</p> <p><u>October 2008:</u> Expansion of the Doula services to include additional physician practices (expansion from 6 practices to 22 practices). This expanded the Doula services outside the original Braddock zip codes. These additional offices are our high volume maternity provider. Meetings have been held with these key providers and their office to explain the program. Additional member materials have been developed to help promote the Doula program.</p>
Performance Measures		
UPMC 2007.3	<p>Performance on all three Chlamydia Screening measures declined statistically significantly from 2005 by at least 18 percentage points and was below the national 50th percentile. The 2006 rate for the Breast Cancer Screening (Age 52-69 years) measure was statistically significantly lower than both the 2005 and 2004 rates and was below the Medicaid Managed Care (MMC) rate and 50th percentile. Only two of eight measures in the Women's Health domain were above their respective MMC averages.</p>	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>UPMC recognized that there were declines in these two measures and has worked diligently to improve care delivery. The approach to this process has been three fold: revamping internal operations so as to improve member care, developing new member initiatives and at the same time, developing additional provider initiatives. Member and provider education continued through mailings and newsletter articles. UPMC Health Plan implemented the "Whole Person" care management model. Using this model, the staff evaluates all gaps in care for a member and work with the member to address the need for services.</p> <p>These new undertakings have begun to demonstrate that they are successful. For the 2008 HEDIS reporting year, Total Chlamydia screening rates have increased from 32.7% in 2007 to 38.00% in 2008. Breast Cancer screening rates have increased from 42.8% in 2007 to 45.96% in 2008.</p> <p>A HEDIS assessment was also created in HealthPlaNET to track outreach activities. Staff members were provided with additional training.</p> <p>A database was also developed to house information on members' gaps in care. The Medical Management Department developed criteria for managing members with HEDIS gaps so that when calls were made all issues are addressed. This strategy, combined with the monthly analysis of HEDIS measures is bringing a tight focus to gaps in care that may exist.</p> <p>Member Services assisted in conducting outreach calls to members who do not have a chronic condition but still needed a mammogram or a pap test.</p> <p>Monthly Newsletter Articles: Along with being mailed, the newsletters are available to both members and providers in both hard copy and on the web.</p>
		<p><u>Future Actions Planned:</u></p> <p><u>November 2008:</u></p> <p>UPMC will talk with high-volume providers about Chlamydia screening. Additional education of medical management staff on Chlamydia screening.</p>

Reference Number	Opportunity for Improvement	MCO Response																				
UPMC 2007.4	UPMC showed a decrease in rate between Measurement Year (MY) 2005 and MY 2006 on three out of 12 items on the Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. Additionally, five out of the 29 survey items evaluated in MY 2006 had rates below the MMC weighted average.	<p>Follow Up Actions Taken Through 9/30/08:</p> <p>The three (3) out of 12 questions with decreased rates are:</p> <table border="1" data-bbox="704 338 1414 499"> <thead> <tr> <th>CAHPS Question</th> <th>2008</th> <th>2007</th> <th>2006</th> <th>Change</th> </tr> </thead> <tbody> <tr> <td>Dental Care visits</td> <td>41.1%</td> <td>34.59%</td> <td>34.88%</td> <td>-0.29%</td> </tr> <tr> <td>Overall Health</td> <td>28.4% not sig</td> <td>28.82%</td> <td>30.71%</td> <td>-1.89%</td> </tr> <tr> <td>Gender (Male)</td> <td>29.3%</td> <td>29.43%</td> <td>31.57%</td> <td>-2.14%</td> </tr> </tbody> </table> <p>Dental Care: UPMC continues to work on Dental access issues. UPMC assisted the Dental Center in Braddock in quickly credentialing a new dentist. That office has now greatly increased the volume of patients seen. The practice has grown such that they are now recruiting for a 2nd dentist.</p> <p>Other areas of the organization also continue to evaluate the Doral Vendor. Work in this area consists of having quarterly calls with Doral vendor for the purpose of reviewing specific data on dental access. Actions are then taken to address any noted deficiencies.</p> <p>Overall Health: The organization is strongly committed to the concept of Whole Person Care Management. All of the items listed under Item #2 discussed the areas of operational change and improvement. These initiatives are also applicable as the means to improve this very slight decline in rates.</p> <p>Gender Male: As documented in the CAHPS report for 2007, approximately 58% of our membership is female with the remaining 42% being male. As such, UPMC is unable to influence this metric that is outside of the MCO's control.</p>	CAHPS Question	2008	2007	2006	Change	Dental Care visits	41.1%	34.59%	34.88%	-0.29%	Overall Health	28.4% not sig	28.82%	30.71%	-1.89%	Gender (Male)	29.3%	29.43%	31.57%	-2.14%
CAHPS Question	2008	2007	2006	Change																		
Dental Care visits	41.1%	34.59%	34.88%	-0.29%																		
Overall Health	28.4% not sig	28.82%	30.71%	-1.89%																		
Gender (Male)	29.3%	29.43%	31.57%	-2.14%																		

Reference Number	Opportunity for Improvement	MCO Response																														
		<p>The five (5) of the 29 items below the MMC weighted average are:</p> <table border="1" data-bbox="704 275 1414 653"> <thead> <tr> <th data-bbox="704 275 902 369">CAHPS Question</th> <th data-bbox="902 275 1008 369">2008</th> <th data-bbox="1008 275 1127 369">2007</th> <th data-bbox="1127 275 1276 369">MMC Weighted Average</th> <th data-bbox="1276 275 1414 369">Variance MMC & 2007rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="704 369 902 432">Dr. informed on care</td> <td data-bbox="902 369 1008 432">79.0%</td> <td data-bbox="1008 369 1127 432">76.51%</td> <td data-bbox="1127 369 1276 432">76.83%</td> <td data-bbox="1276 369 1414 432">-0.32%</td> </tr> <tr> <td data-bbox="704 432 902 495">Satisfaction w/ Dr.</td> <td data-bbox="902 432 1008 495">76.8%</td> <td data-bbox="1008 432 1127 495">77.39%</td> <td data-bbox="1127 432 1276 495">77.91%</td> <td data-bbox="1276 432 1414 495">-0.52%</td> </tr> <tr> <td data-bbox="704 495 902 558">Appt. for routine care</td> <td data-bbox="902 495 1008 558">58.4%</td> <td data-bbox="1008 495 1127 558">59.57%</td> <td data-bbox="1127 495 1276 558">59.75%</td> <td data-bbox="1276 495 1414 558">-0.18%</td> </tr> <tr> <td data-bbox="704 558 902 621">Dental Care visits</td> <td data-bbox="902 558 1008 621"></td> <td data-bbox="1008 558 1127 621">34.59%</td> <td data-bbox="1127 558 1276 621">36.95%</td> <td data-bbox="1276 558 1414 621">-2.36%</td> </tr> <tr> <td data-bbox="704 621 902 653">Hispanic descent</td> <td data-bbox="902 621 1008 653"></td> <td data-bbox="1008 621 1127 653">2.98%</td> <td data-bbox="1127 621 1276 653">15.40%</td> <td data-bbox="1276 621 1414 653">-12.42%</td> </tr> </tbody> </table> <p data-bbox="704 684 1414 800">Dental Care: As noted in the above discussion, UPMC has worked on initiatives that will improve both dental care and access for our members. These initiatives will continue.</p> <p data-bbox="704 831 1414 957">Hispanic or Latino Origin or descent: UPMC's "2007 Cultural and Linguistic Analysis" (most recent report) noted that only 0.3% of our membership speaks Spanish in the home. UPMC is unable to influence this metric that is considered outside of the MCO's control.</p>	CAHPS Question	2008	2007	MMC Weighted Average	Variance MMC & 2007rate	Dr. informed on care	79.0%	76.51%	76.83%	-0.32%	Satisfaction w/ Dr.	76.8%	77.39%	77.91%	-0.52%	Appt. for routine care	58.4%	59.57%	59.75%	-0.18%	Dental Care visits		34.59%	36.95%	-2.36%	Hispanic descent		2.98%	15.40%	-12.42%
CAHPS Question	2008	2007	MMC Weighted Average	Variance MMC & 2007rate																												
Dr. informed on care	79.0%	76.51%	76.83%	-0.32%																												
Satisfaction w/ Dr.	76.8%	77.39%	77.91%	-0.52%																												
Appt. for routine care	58.4%	59.57%	59.75%	-0.18%																												
Dental Care visits		34.59%	36.95%	-2.36%																												
Hispanic descent		2.98%	15.40%	-12.42%																												
		<p data-bbox="704 989 956 1020"><u>Future Actions Planned:</u></p> <p data-bbox="704 1031 1414 1125">As a result of the satisfaction ratings that were noted in the 2008 CAHPS survey, UPMC convened a Medicaid multidisciplinary group on August 15, 2008 to address the member's lack of satisfaction with their physicians.</p> <p data-bbox="704 1157 1414 1398">UPMC is planning on implementing a "JUST ASK" program with our providers. The goal of this initiative is to improve communication between the member and physician as part of an appointment. This initiative focuses on questions that members should think about as they are waiting to be seen by the physician. The result is a tear off sheet that will be provided to each office with suggestions to locate the questions in the registration area when the member signs in. There is also a poster, which was created to explain the process from the physician's perspective.</p> <p data-bbox="704 1430 1414 1516">At this time, all documents have been submitted to DPW for their approval. The Health Plan is positioned to immediately begin this initiative following DPW approval.</p>																														