



**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
AMERIHEALTH MERCY HEALTH PLAN**

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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.
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I: STRUCTURE AND OPERATIONS STANDARDS

This section of the EQR report presents a review by IPRO of AmeriHealth Mercy Health Plan's (AMHP'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 AMHP, which occurred in July 2007.

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, 48 were not evaluated for AMHP in 2007. Of the 68 Items that were reviewed in measurement year (MY) 2007, 40 have an annual periodicity, 4 have a quarterly periodicity, 14 have a semi-annual periodicity, and 10 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 AMHP 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 4 Items and was compliant on 4 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 was evaluated against 1 Item and was compliant on this item.
Solvency Standards	Compliant	2 Items were crosswalked to this category. The MCO was evaluated against 1 Item and was compliant on this Item.

AMHP was evaluated against 11 of the 16 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 11. AMHP was found to be compliant on all eight categories of Enrollee Rights and Protections Regulations. AMHP 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 AMHP 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 10 Items and was compliant on 10 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.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	Compliance	Comments
Subcontractual Relationships and Delegations	Compliant	3 Items were crosswalked to this category. The MCO was evaluated against 2 Items and was compliant on both.
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	Compliant	21 Items were crosswalked to this category. The MCO was evaluated against 7 Items and was compliant on 7 Items.

AMHP was evaluated against 44 of 85 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on all 44 Items. AMHP was found to be compliant on all 11 categories of Quality Assessment and Performance Improvement Regulations.

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 AMHP 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.

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	Compliance	Comments
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 NCQA Accreditation, 2007

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

Accreditation Status

AMHP underwent an NCQA Accreditation Survey in July 2007 and received an Accreditation Status of Excellent.

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

AMHP submitted the following two projects for review: ‘Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV receiving a Flu Shot’ and ‘Improving Women’s Health.’

Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV Receiving a Flu Shot

This project presented subsequent remeasurement results for Calendar Year (CY) 2006 data, for five measures to increase the receipt of a flu shot during the measurement year for children aged zero to 21 years and adults over 21 years of age in select high-risk populations. The project had previously been evaluated and received full credit for seven of eight elements through Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement. The five measures were: 1) the percent of adults diagnosed with Asthma receiving a flu shot, 2) the percent of children diagnosed with Asthma receiving a flu shot, 3) the percent of members with diagnosis of HIV receiving a flu shot, 4) the percent of adults with diagnosis of Diabetes receiving a flu shot, and 5) the percent of children with diagnosis of Diabetes receiving a flu shot. Administrative data were used as the data source for all five measures.

The rationale previously provided for this activity selection was based on the Centers for Disease Control and Prevention (CDC) recommendation of annual flu shots for people at risk of serious flu complications. Those identified by the CDC as high-risk populations are children and adults

with 1) chronic lung conditions such as Asthma, 2) weakened immune systems or infection with HIV, or 3) metabolic diseases such as Diabetes. AMHP noted that in 2005, approximately 7% of its members had a diagnosis of Asthma, <1% had a diagnosis of HIV, and approximately 6% had a diagnosis of Diabetes.

Previously, baseline rates were calculated in 2004. The baseline results presented by AMHP were 16% for Measure 1, 19% for Measure 2, 23% for Measure 3, 21% for Measure 4, and 14% for Measure 5. Based on these rates, AMHP established the goal of improving each one by 5%. As part of its analysis, AMHP identified the types of data to be used, the source of the data, and how the data would be collected. However, AMHP did not indicate its methodology for identifying members with each of the conditions or the occurrence of flu shots. Because of this, AMHP received partial credit for the element of Baseline Study and Analysis. Remeasurement results calculated in 2006 for CY 2005 were also presented along with analysis to inform interventions in 2006. Remeasurement results indicated Demonstrable Improvement for four of the five measures. Measures 1, 2, 3, and 5 increased to 18%, 27%, 30%, and 17%, respectively. Measure 4 decreased to 19%.

Following baseline discussion, AMHP began implementing interventions aimed at both members and providers, many of which were ongoing. These interventions included member and provider newsletter articles, a targeted mailing to members with Asthma, and approval for reimbursement of the nasal flu vaccine without prior authorization. In 2005, AMHP also provided access to the flu vaccine at community pharmacies and grocery stores, provided postcards and posters to high-volume provider offices, and provided letters and posters to targeted community organizations. After another analysis in 2006, AMHP continued several interventions and also added a reminder question regarding the flu shot to its Care Coordination Assessment Tool for all populations.

Subsequent remeasurement results were calculated in 2007 for CY 2006, and indicated Sustained Improvement for Measures 1, 2, and 3. While quality improvement efforts are encouraged for all measures, Sustained Improvement was evaluated in 2008 for Measures 1, 2, 3 and 5 based on performance in 2006, reported in 2007 (as these were the measures for which Demonstrable Improvement was shown). The rate for Measure 1 was 22% and exceeded AMHP's benchmark, while the rate of 21% for Measure 2 and the rate of 27% for Measure 3 each fell below the MCO's benchmark for the measures. However, all three measures qualify as having achieved Sustained Improvement because progress is determined based on comparison to baseline rates. The rate for Measure 5, 13%, was not higher than the baseline rate. No changes were made to the baseline methodology between baseline and remeasurement. AMHP received full credit for element reviewed that reflects activities through 2007 (Sustained Improvement) and received an overall score of 95 for the project.

Table 2.3 PIP Scoring Matrix: Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV Receiving a Flu Shot

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 2003, reported in CY 2004)	Partial	10%	5
5. Baseline Study Population and Baseline Measurement Performance (CY 2004)	Full	10%	10
6. Interventions Aimed at Achieving Demonstrable Improvement (CYs 2004, 2005)	Full	15%	15
7. Demonstrable Improvement (CY 2005, reported in CY 2006)	Full	20%	20
Total Demonstrable Improvement Score			75
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement (CY 2006)	Full	5%	5
2S. Sustained Improvement (CY 2006, reported in CY 2007)	Full	15%	15
Total Sustained Improvement Score			20
Overall Project Performance Score			95

Table 2.4 PIP Year Over Year Results - Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV receiving a Flu Shot

Project	2003	2004/2005	2005	2006	Comparison Benchmark for Review Year
Member Safety Indicator #1: Adults with Asthma receiving flu shot	16%	NA	18% ¹	22% ²	18.9%
Member Safety Indicator #2: Children with Asthma receiving flu shot	19%	NA	27% ¹	21% ²	28.35%
Member Safety Indicator #3: Members with HIV receiving flu shot	23%	NA	30% ¹	27% ²	31.5%
Member Safety Indicator #4: Adults with Diabetes receiving flu shot	21%	NA	19%	23%	20%

Project	2003	2004/2005	2005	2006	Comparison Benchmark for Review Year
Member Safety Indicator #5: Children with Diabetes receiving flu shot	14%	NA	17% ¹	13%	17.9%
Project Status	Baseline Study	Interventions	Remeasurement #1	Remeasurement #2	

¹ Indicates Demonstrable Improvement, eligible for subsequent evaluation of Sustained Improvement.

² Indicates Sustained Improvement.

Improving Women's Health

This project presented baseline results for Calendar Year (CY) 2005 data, as well as interventions for 2007, all for five HEDIS measures to examine and improve women's health. These measures were: 1) the percent of members who received a Mammogram (Ages 52-69), 2) the percent of members who received a Pap Smear (Ages 18-64), 3) the percent of members who received Chlamydia Screening (Ages 16-20), 4) the percent of members who received Chlamydia Screening (Ages 21-26), and 5) the percent of members who received Chlamydia Screening (Total Ages). Hybrid data were used to determine the rates and standard HEDIS methodology was employed for all five measures. AMHP also presented another measure on the project documentation, the percent of members who received a Mammogram (Ages 42-51). The baseline period for this measure, however, occurred later than the current women's health measures and was therefore not evaluated as part of the current project.

The rationale provided for this activity selection was based on citations from both the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) detailing the major health issues for the female population and the need for preventive care. AMHP cited ACS statistics noting a higher incidence of breast cancer for Non-Hispanic white women, but a higher mortality rate for Non-Hispanic black women. AMHP cited national costs of treatment in 2000 of seven billion dollars for breast cancer and two billion dollars for cervical cancer. AMHP also cited national trends for Chlamydia from the CDC, and outlined complications for each disease. However, while AMHP noted that more than 50% of its members are women and provided racial and ethnic breakdowns, the MCO did not cite analysis specific to the MCO to detail trends in incidence, costs, or preventive screening rates that indicated a need for improvement. Because of this, AMHP received partial credit for this element.

Baseline rates calculated in 2006 for CY 2005 data were presented along with analysis to inform interventions in place in 2006 and 2007. The baseline results presented by AMHP were 56.34% for Measure 1, 63.99% for Measure 2, 30.16% for Measure 3, 27.27% for Measure 4, and 28.89% for Measure 5. Each measure fell below AMHP's identified benchmarks of the HEDIS 2006 Medicaid 75th and 90th percentiles. Following baseline measurement, AMHP conducted a barrier analysis and identified a number of barriers. AMHP continued a small number of interventions from 2005 and began implementing new interventions in 2006 aimed at members and providers, many of which continued into 2007. These interventions included member and provider newsletter articles, a member services "on hold" message about the diseases and preventive screenings, addition of questions to its Care Coordination Assessment Tool specific to

screenings, and wellness workshops and fairs at local community centers and churches. In 2007, AMHP also sent reminder postcards and letters to members who did not have a mammogram and/or pap smear, added language to its member services script to remind members who call and have not had screenings to have them, placed posters about the importance of screening in clinics and physician offices, and mailed notice to all PCPs, OB/GYNs and midwives regarding several procedure codes payable above capitation as well as applicable incentives available for members.

Determination of the remeasurement period as well as analysis of that rate occurred in 2008, outside the review period. AMHP received full credit for five of the six 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: Improving Women’s Health

Review Element	Compliance Level	Scoring Weight	Final Points Score
1. Project Title, Type, Focus Area	Full	5%	5
2. Topic Relevance	Partial	5%	2.5
3. Quality Indicators	Full	15%	15
4. Baseline Study and Analysis (CY 2005, reported in CY 2006)	Full	10%	10
5. Baseline Study Population and Baseline Measurement Performance (CY 2006)	Full	10%	10
6. Interventions Aimed at Achieving Demonstrable Improvement (CYs 2006, 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 2009)	Not Determined	15%	TBD
Total Sustained Improvement Score			TBD
Overall Project Performance Score			TBD

Table 2.6 IP Year Over Year Results – Improving Women’s Health

Project	2005	2006/2007	2007	2008	Comparison Benchmark for Review Year ¹
Women's Health Indicator #1: Members who received Mammogram (Ages 52-69)	56.34%	NA	TBD	TBD	59.2%
Women's Health Indicator #2: Members who received Pap Smear (Ages 18-64)	63.99%	NA	TBD	TBD	73.0%
Women's Health Indicator #3: Members who received Chlamydia Screening (Ages 16-20)	30.16%	NA	TBD	TBD	57.3%
Women's Health Indicator #4: Members who received Chlamydia Screening (Ages 21-26)	27.27%	NA	TBD	TBD	60.3%
Women's Health Indicator #5: Members who received Chlamydia Screening (Total Ages)	28.89%	NA	TBD	TBD	59.0%
Project Status	Baseline Study	Interventions	Remeasurement #1	Remeasurement #2	

¹ MCO identified two benchmarks for each measure: the HEDIS 2006 Medicaid 75th and 90th percentiles. The 75th percentile is shown in the table.

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 to 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 to 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

Source	Measures
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening
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 86%, which was one percentage point higher than the 2006 rate. The current year’s rate was four percentage points higher than the 2005 rate, which represents a statistically significant increase. The AMHP 2007 rate was nine percentage points lower than the MMC rate of 95%. The 2007 rate was 10 percentage points lower than the national 50th percentile and 12 percentage points lower than the 90th percentile (national benchmark).

AMHP's 2007 rate for the 'Children's Access to PCPs (Age 25 months-6 years)' measure at 73% was equal to the 2006 rate and was two percentage points above the 2005 rate. The 2007 rate was 11 percentage points lower than the MMC rate of 84%. The AMHP rate was 14 percentage points lower than the national 50th percentile and 18 percentage points lower than the 90th percentile (national benchmark).

The 2007 rate for AMHP's 'Children's Access to PCPs (Age 7-11 years)' measure was 78%. This rate was two percentage points higher than the 2006 rate and five percentage points above the 2005 rate. Both comparisons represent statistically significant increases. The 2007 rate was eight percentage points lower than the MMC rate of 86%. The 2007 rate was nine percentage points lower than the national 50th percentile and 15 percentage points lower than the 90th percentile (national benchmark).

At 75%, AMHP's 2007 rate for the 'Adolescents' Access to PCPs (Age 12-19 years)' measure was one percentage point higher than the 2006 rate and above the 2005 rate by three percentage points, with both representing statistically significant increases. The 2007 rate was nine percentage points lower than the MMC rate of 84%. AMHP had a rate in 2007 that was below the national 50th percentile by 10 percentage points and lower than the 90th percentile (national benchmark) by 16 percentage points.

The 2007 rate for the 'Adults' Access to Preventative/Ambulatory Health Services (Age 20-44 years)' measure was 82%, two percentage points lower than the 2006 rate and two percentage points higher than the 2005 rate. Both differences were statistically significant. The 2007 rate was one percentage point higher than the MMC rate of 81%. AMHP had a rate in 2007 that was higher than the national 50th percentile by three percentage points, but lower than the 90th percentile (national benchmark) by six percentage points.

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

At 87%, AMHP's 2007 rate for the 'Adults' Access to Preventative/Ambulatory Health Services (Age 65+ years)' measure was three percentage points above the 2006 rate. The current year's rate was a statistically significant increase of seven percentage points from the 2005 rate. The 2007 rate was one percentage point above the MMC rate of 86%. The 2007 rate was five percentage points above the national 50th percentile and seven percentage points lower than 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)	3,509	3,026	86%	85%	87%	85%	82%	NC	95%	96%	98%
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months-6 years)	12,468	9,121	73%	72%	74%	73%	71%	NC	84%	87%	91%
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)	8,165	6,374	78%	77%	79%	76%	73%	+	86%	87%	93%
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)	10,756	8,120	75%	74%	76%	74%	72%	+	84%	85%	91%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 20-44 years)	14,832	12,226	82%	81%	83%	84%	80%	-	81%	79%	88%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 45-64 years)	5,710	5,072	89%	88%	90%	89%	86%	NC	87%	86%	90%
HEDIS	Adults' Access to Preventative/Ambulatory Health Services (Age 65+ years)	482	417	87%	84%	90%	84%	80%	NC	86%	82%	94%

Well-Care Visits and Immunizations

The AMHP 2007 rate for the ‘Well-Child Visits in the First 15 months (>=6 Visits)’ measure was 71%, which was five percentage points higher than the 2006 rate. This year’s rate was 10 percentage points higher than the 2005 rate, a statistically significant increase. AMHP’s rate was 11 percentage points higher than the MMC rate of 60%. The 2007 rate was 14 percentage points higher than the national 50th percentile and four percentage points lower than the 90th percentile (national benchmark).

At 94%, AMHP’s 2007 rate for the ‘Well-Child Visits in the First 15 months (>=3 Visits)’ measure was above the 2006 and 2005 rates by one and two percentage points respectively. The current rate was one percentage point higher than the MMC rate of 93%.

The 2007 AMHP rate for the ‘Well-Child Visits (Age 3-6 years)’ measure at 63% was 16 percentage points below the 2006 rate and 12 percentage points below the 2005 rate. Both decreases represent statistically significant differences. The 2007 rate was six percentage points below the MMC rate of 69%. AMHP had a rate in 2007 that was below the national 50th percentile by five percentage points and lower than the 90th percentile (national benchmark) by 17 percentage points.

AMHP's 2007 rate for the 'Childhood Immunizations Status by Age 2 (Combo 2)' measure at 73% was four percentage points below the 2006 rate and equal to the 2005 rate. The current year's rate was one percentage point below the MMC rate of 74%. AMHP had a rate in 2007 that was below the national 50th percentile by two percentage points and lower than the 90th percentile (national benchmark) by 12 percentage points.

The AMHP 2007 rate for the 'Childhood Immunizations Status by Age 2 (Combo 3)' measure was 64%, which was two percentage points below the 2006 rate. This rate was a statistically significant increase of 16 percentage points as compared to the 2005 rate. The 2007 rate was four percentage points lower than the MMC rate of 74%. The 2007 rate was one percentage point above the national 50th percentile and 11 percentage points lower than the 90th percentile (national benchmark).

AMHP's current rate for the 'Adolescent Well-Care Visit (Age 12-21 years)' measure was 55%. The current year's rate was six and four percentage points lower than the 2006 and 2005 rates respectively. AMHP's rate was four percentage points above the MMC rate of 51%. The 2007 rate was 13 percentage points greater than the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

AMHP had a rate of 97% for the 'Body Mass Index: Height and Weight (Age 2-20 years)' measure in 2007, which was three percentage points higher than the 2006 rate and one percentage point higher than the 2005 rate. The 2007 rate was six percentage points above the MMC rate of 91%.

At 62%, the 2007 rate for the 'Body Mass Index: BMI (Age 2-20 years)' measure showed statistically significant increases of 20 percentage points over the 2006 rate and 43 percentage points over the 2005 rate. The 2007 rate was seven percentage points higher than the MMC rate of 55%.

The AMHP 2007 rate of 37% for the 'Body Mass Index: "Overweight" and "Obese" (Age 2-20 years)' measure was three percentage points above the 2006 rate and two percentage points below the 2005 rate. The 2007 rate was one percentage point higher than the MMC rate of 36%. Please note that this measure is an inverted rate; lower rates are preferable.

The 2007 rate for the 'Body Mass Index: BMI of "Overweight" and "Obese" (Age 2-20 years)' measure at 71% was 21 percentage points higher than the 2006 rate and 49 percentage points higher than the 2005 rate. Both comparisons represent statistically significant increases. The 2006 rate was eight percentage points higher than 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)	411	291	71%	66%	76%	66%	61%	NC	60%	57%	75%
HEDIS	Well-Child Visits in First 15 months of Life (>= 3 visits)	411	386	94%	92%	96%	93%	92%	NC	93%	NA	NA
HEDIS	Well-Child Visits (Age 3-6 years)	411	257	63%	58%	68%	79%	75%	-	69%	68%	80%
HEDIS	Childhood Immunizations Status by Age 2 (Combo 2)	411	299	73%	69%	77%	77%	73%	NC	74%	75%	85%
HEDIS	Childhood Immunizations Status by Age 2 (Combo 3)	411	264	64%	59%	69%	66%	48%	NC	68%	63%	75%
HEDIS	Adolescent Well-Care Visit (Age 12-21 Years)	411	227	55%	50%	60%	61%	59%	NC	51%	42%	59%
PA EQR	Body Mass Index: Height and Weight (Age 2-20 years)	419	406	97%	95%	99%	94%	96%	NC	91%	NA	NA
PA EQR	Body Mass Index: BMI (Age 2-20 years)	419	258	62%	57%	67%	42%	19%	+	55%	NA	NA
PA EQR	Body Mass Index: "Overweight" and "Obese" ¹ (Age 2-20 years)	406	150	37%	32%	42%	34%	39%	NC	36%	NA	NA
PA EQR	Body Mass Index: BMI of "Overweight" and "Obese" (Age 2-20 years)	150	106	71%	63%	79%	50%	22%	+	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 11%. This rate was five percentage points above both the 2006 and 2005 rates, with both representing statistically significant increases. The 2007 rate was seven percentage points lower than the MMC rate of 18%.

In 2007, the 'Annual Comprehensive Screening (Age 3-6 years)' measure at 15% was two percentage points above the 2006 rate and consistent with the 2005 rate. The current year's rate was eight percentage points below the MMC rate of 23%.

AMHP had a rate of 14% for the 'Annual Comprehensive Screening (Age 7, 9, 11 years)' measure in 2007, which was one percentage point above the 2006 rate. However, this was a statistically significant increase from the 2005 rate by three percentage points. This year's rate was 10 percentage points lower than the MMC rate of 24%.

The 2007 rate for the ‘Annual Comprehensive Screening (Age 12-21 years)’ measure at 10% was statistically significantly higher than the 2006 and 2005 rates by three and four percentage points respectively. AMHP’s 2007 rate was five percentage points lower than 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)	1,818	191	11%	10%	12%	6%	6%	+	18%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 3-6 years)	8,634	1,296	15%	14%	16%	13%	15%	NC	23%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 7, 9, 11 years)	5,703	808	14%	13%	15%	13%	11%	NC	24%	NA	NA
PA EQR	Annual Comprehensive Screening (Age 12-21 years)	14,724	1,517	10%	10%	10%	7%	6%	+	15%	NA	NA

EPSDT: Screenings and Follow-up

The 2007 rate for the ‘Lead Screening (Age 19 months)’ measure at 59% was two percentage points above the 2006 rate and one percentage point higher than the 2005 rate. AMHP’s rate was lower than the MMC rate of 60% by one percentage point.

The AMHP ‘Lead Screening (Age 3 years)’ measure rate of 29% for 2007 was one percentage point above both the 2006 and 2005 rates. The 2007 rate was six percentage points below the MMC rate of 35%.

The 2007 rate for the ‘Audio Screening (Age 4-7, 9, 11-21 years)’ measure at 14% was two percentage points above the 2006 rate. The current year’s rate was two percentage points above the 2005 rate, which represents a statistically significant increase. The AMHP 2007 rate was lower than the MMC rate of 23% by nine percentage points.

AMHP’s rate for the ‘Anemia Screening (Age 19 months)’ measure was 37%, which was three percentage points above the 2006 rate and two percentage points higher than the 2005 rate. The current year’s rate was consistent with 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)	1,818	1,075	59%	57%	61%	57%	58%	NC	60%	NA	NA
PA EQR	Lead Screening (Age 3 years)	2,181	623	29%	27%	31%	28%	28%	NC	35%	NA	NA
PA EQR	Audio Screening (Age 4-7,9,11-21 years)	26,880	3,638	14%	14%	14%	12%	12%	NC	23%	NA	NA
PA EQR	Anemia Screening (Age 19 months)	1,818	679	37%	35%	39%	34%	35%	NC	37%	NA	NA

Dental Care for Children and Adults

AMHP had a rate of 31% for the ‘Periodic Dental Evaluations for Children and Adolescents (Age 3-20 years)’ measure in 2007, which was statistically significantly below both the 2006 and 2005 rates by one percentage point. The AMHP rate was seven percentage points lower than the MMC rate of 38%.

The 2007 rate for the ‘Annual Dental Visit (Age 2-21 years)’ measure at 39% was two percentage points above the 2006 rate and one percentage point above the 2005 rate. Both were statistically significant increases. The 2007 rate was three percentage points lower than the MMC rate of 42%. AMHP had a rate in 2007 that was below the national 50th percentile by four percentage points and lower than the 90th percentile (national benchmark) by 18 percentage points.

The 2007 rate for the ‘Periodic Dental Evaluations for Adults (Age 21-64 years)’ measure at 22% was one percentage point below the 2006, 2005 and MMC rates of 23%.

In 2007, AMHP’s rate for the ‘Annual Dental Visit for Members with Developmental Disabilities (Age 3-21 years)’ measure was 33%. This rate was consistent with the 2006 rate and one percentage point above the 2005 rate. The 2007 rate was 10 percentage points lower than the MMC rate of 43%.

The 2007 rate for the ‘Dental Sealants for Children (Age 8 years)’ measure at 57% was two percentage points below the 2006 rate and one percentage point above the 2005 rate. The current year’s rate was 23 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)	50,712	15,690	31%	31%	31%	32%	32%	-	38%	NA	NA
HEDIS	Annual Dental Visit (Age 2-21 years)	39,917	15,571	39%	39%	39%	37%	38%	+	42%	43%	57%
PA EQR	Periodic Dental Evaluations for Adults (Age 21-64 years)	30,137	6,714	22%	22%	22%	23%	23%	NC	23%	NA	NA
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 3-21 years)	1,370	458	33%	30%	36%	33%	32%	NC	43%	NA	NA
PA EQR	Dental Sealants for Children (Age 8 years)	570	323	57%	53%	61%	59%	56%	NC	34%	NA	NA

Women’s Health

At 55%, the AMHP 2007 rate for the ‘Breast Cancer Screening’ measure was statistically significantly higher than the 2006 rate by four percentage points. The current rate was six percentage points higher than MMC rate of 49%. AMHP had a rate in 2007 that was above the national 50th percentile by six percentage points and below the 90th percentile (national benchmark) by five percentage points.

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

AMHP’s 2007 rate for the ‘Breast Cancer Screening (Age 52-69 years)’ measure of 60% was three percentage points above the 2006 rate and four percentage points higher than the 2005 rate. AMHP’s rate was five percentage points above the MMC rate of 55%. The 2007 rate was five percentage points above the national 50th percentile and five percentage points lower than the 90th percentile (national benchmark).

The 2007 rate for the ‘Cervical Cancer Screening’ measure was 73%. This rate was five percentage points above the 2006 rate. The current year’s rate was statistically significantly higher than the 2005 rate by nine percentage points. The 2007 rate was eight percentage points higher than the MMC rate of 65%. AMHP had a rate in 2007 that was above the national 50th percentile by six percentage points and below the 90th percentile (national benchmark) by four percentage points.

At 54%, the 2007 rate for the ‘Cervical Cancer Screening Among Women who are HIV Positive’ measure was consistent with the 2006 rate and 10 percentage points higher than the 2005 rate. AMHP’s 2007 rate was 12 percentage points above the MMC rate of 42%.

The AMHP rate in 2007 for the ‘Chlamydia Screening’ measure was 42%, representing an increase of two percentage points above the 2006 rate. This rate statistically significantly increased by 13 percentage points over the 2005 rate. AMHP’s 2007 rate was three percentage points below the MMC rate of 45%, 11 percentage points lower than the national 50th percentile, and 24 percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Chlamydia Screening (Age 16-20 years)’ measure at 40% was two percentage points above the 2006 rate. This rate represents a statistically significant 10 percentage point increase from the 2005 rate. AMHP’s rate was three percentage points lower than the MMC rate of 43%. The 2007 rate was 10 percentage points lower than the national 50th percentile and 25 percentage points lower than the 90th percentile (national benchmark).

At 45%, AMHP’s 2007 rate for the ‘Chlamydia Screening (Age 21-25 years)’ measure was two percentage points higher than the 2006 rate. This was a statistically significant improvement of 17 percentage points over the 2005 rate. The 2007 rate was below the MMC rate of 48% by three percentage points. AMHP had a rate in 2007 that was below the national 50th percentile by 11 percentage points and below the 90th percentile (national benchmark) by 25 percentage points.

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	3,640	1,998	55%	53%	57%	51%	NA	+	49%	49%	60%
HEDIS	Breast Cancer Screening (Age 42-51 years)	1,879	939	50%	48%	52%	47%	NA	NC	44%	46%	57%
HEDIS	Breast Cancer Screening (Age 52-69 years) ¹	1,761	1,059	60%	58%	62%	57%	56%	NC	55%	55%	65%
HEDIS	Cervical Cancer Screening	411	301	73%	69%	77%	68%	64%	NC	65%	67%	77%
PA EQR	Cervical Cancer Screening Among Women who are HIV+	282	152	54%	48%	60%	54%	44%	NC	42%	NA	NA
HEDIS	Chlamydia Screening in Women Total Rate	4,597	1,951	42%	41%	43%	40%	29%	NC	45%	53%	66%
HEDIS	Chlamydia Screening in Women (Age 16-20 years)	2,256	897	40%	38%	42%	38%	30%	NC	43%	50%	65%
HEDIS	Chlamydia Screening in Women (Age 21-25 years)	2,341	1,054	45%	43%	47%	43%	28%	NC	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 AMHP had a rate of 91% for the ‘More than 60% of Expected Prenatal Care Visits Received’ measure, which was consistent with the 2006 rate and was a statistically significant increase over the 2005 rate by seven percentage points. AMHP’s 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 78%. This rate was one percentage point higher than the 2006 rate. AMHP's rate was a statistically significant improvement over the 2005 rate by 11 percentage points. The 2007 rate was nine percentage points higher than the MMC rate of 69%. AMHP had a rate in 2007 that was above the national 50th percentile by 15 percentage points and below the 90th percentile (national benchmark) by one percentage point.

AMHP’s rate for the ‘Timeliness of Prenatal Care’ measure in 2007 was 87%. The current year’s rate was three percentage points below the 2006 rate and one percentage point above the 2005 rate. The 2007 rate was five percentage points above the MMC rate, three percentage points higher than the national 50th percentile and five percentage points lower than the 90th percentile (national benchmark).

The AMHP rate of 61% for the ‘Postpartum Care’ measure in 2007 was two percentage points lower than the 2006 rate. This rate represented a statistically significant decline of 10 percentage points from the 2005 rate. AMHP’s rate was three percentage points above the MMC rate of 58%. The 2007 rate was above the national 50th percentile by one percentage point and below the 90th percentile (national benchmark) by 10 percentage points.

At 100%, the 2007 AMHP rate for the ‘Prenatal Screening for Smoking’ measure was consistent with the 2006 rate. This rate was one percentage point above the 2005 rate. This rate was 15 percentage points higher than the MMC rate of 85%.

AMHP had a rate in 2007 for the ‘Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)’ measure of 28% that was three percentage points below the 2006 rate. This was also a statistically significant 20 percentage point decline from the 2005 rate. The 2007 rate was nine percentage points higher than the MMC rate of 19%.

The 2007 rate for the ‘Prenatal Counseling for Smoking’ measure was 54%. The current year’s rate was 19 and 28 percentage points lower than the 2006 and 2005 rates respectively. Both comparisons are statistically significant decreases. AMHP’s rate was two percentage points below the MMC rate of 56%.

The 2007 rate for the ‘Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)’ measure was 39%, representing statistically significant differences of 20 and 14 percentage points below the 2006 and 2005 rates respectively. AMHP’s current rate was four percentage points below the MMC rate of 43%.

The 2007 AMHP rate for the ‘Prenatal Smoking Cessation’ measure was 27%, which was two percentage points above the 2006 rate and consistent with the 2005 rate. The 2007 rate was 10 percentage points higher than the MMC rate of 17%.

AMHP had a rate in 2007 for the ‘Perinatal Depression Screening’ measure of 52%. Comparisons to prior years' rates are not available for this first year measure. This rate was one percentage point higher than the MMC rate of 51%.

AMHP's 2007 rate for the ‘Prenatal Screening Positive for Depression’ measure was 20%. Comparisons to prior years' rates are not available for this first year measure. The 2007 rate was consistent with the MMC rate of 20%.

At 76%, AMHP’s 2007 rate for the ‘Prenatal Counseling for Depression’ measure was 15 percentage points above the MMC rate of 61%. Comparisons to prior years' rates are not available for this first year measure.

AMHP had a rate in 2007 for the ‘Postpartum Screening for Depression’ measure at 29%. Comparisons to prior years' rates are not available for this first year measure. The 2007 rate was five percentage points below the MMC rate of 34%.

The 2007 AMHP rate for the ‘Postpartum Screening Positive for Depression’ measure at 19% was one percentage point above the MMC rate of 18%. Comparisons to prior years' rates are not available for this first year measure.

AMHP's 2007 rate for the ‘Postpartum Counseling for Depression’ measure at 79% was six percentage points above 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	376	91%	88%	94%	91%	84%	NC	84%	NA	NA
HEDIS	More than 80% of Expected Prenatal Care Visits Received	411	319	78%	74%	82%	77%	67%	NC	69%	63%	79%
HEDIS	Prenatal and Postpartum Care – Timeliness of Prenatal Care	411	359	87%	84%	90%	90%	86%	NC	82%	84%	92%
HEDIS	Prenatal and Postpartum Care – Postpartum Care	411	250	61%	56%	66%	63%	71%	NC	58%	60%	71%
PA EQR	Prenatal Screening for Smoking	424	424	100%	100%	100%	100%	99%	NC	85%	NA	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	424	117	28%	24%	32%	31%	48%	NC	19%	NA	NA
PA EQR	Prenatal Counseling for Smoking	130	70	54%	45%	63%	73%	82%	-	56%	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 Counseling for Environmental Tobacco Smoke Exposure	66	26	39%	26%	52%	59%	53%	NC	43%	NA	NA
PA EQR	Prenatal Smoking Cessation	113	30	27%	18%	36%	25%	27%	NC	17%	NA	NA
PA EQR	Prenatal Screening for Depression	424	220	52%	47%	57%	NA	NA	NA	51%	NA	NA
PA EQR	Prenatal Screening Positive for Depression	220	45	20%	14%	26%	NA	NA	NA	20%	NA	NA
PA EQR	Prenatal Counseling for Depression	45	34	76%	62%	90%	NA	NA	NA	61%	NA	NA
PA EQR	Postpartum Screening for Depression	250	72	29%	23%	35%	NA	NA	NA	34%	NA	NA
PA EQR	Postpartum Screening Positive for Depression	72	14	19%	9%	29%	NA	NA	NA	18%	NA	NA
PA EQR	Postpartum Counseling for Depression	14	11	79%	54%	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 93%, which was consistent with the 2006 and 2005 rates. The current year’s rate was one percentage point above both the MMC rate of 92% and the national 50th percentile. AMHP’s rate was three percentage points lower than the 90th percentile (national benchmark).

AMHP’s 2007 rate of 91% for the ‘Use of Appropriate Medications for People with Asthma (Age 10-17 years)’ measure was consistent with the 2006 rate and one percentage point below the 2005 rate. The 2007 rate was one percentage point higher than the MMC rate of 90%. AMHP had a rate in 2007 that was above the national 50th percentile by two percentage points, and below the 90th percentile (national benchmark) by two percentage points.

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

The 2007 rate for the ‘Use of Appropriate Medications for People with Asthma (Age 5-56 years Combined)’ measure was 91%, which was one percentage point higher than both the 2006 and 2005 rates. The current rate was two percentage points higher than the MMC rate of 89%. The 2007 rate was three percentage points above the national 50th percentile, and one percentage point below the 90th percentile (national benchmark).

AMHP's 2007 rate for the 'Emergency Department Encounter Rate for Asthma (Age 5-20 years)' measure was 19%. This rate was consistent with the 2006 rate, and was one percentage point below the 2005 rate. AMHP's rate was four percentage points lower than 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)	459	428	93%	91%	95%	93%	93%	NC	92%	92%	96%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 10-17 years)	546	497	91%	89%	93%	91%	92%	NC	90%	89%	93%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 18-56 years)	904	811	90%	88%	92%	89%	88%	NC	88%	85%	91%
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-56 years Combined)	1,909	1,736	91%	90%	92%	90%	90%	NC	89%	88%	92%
PA EQR	Emergency Department Encounter Rate for Asthma (Age 5-20 years) ¹	989	191	19%	17%	21%	19%	20%	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 two percentage points above the 2006 and one percentage point higher than the 2005 rate. The current year's rate was four percentage points above the MMC rate of 79%. AMHP had a rate in 2007 that was above the national 50th percentile by four percentage points and below the 90th percentile (national benchmark) by six percentage points.

AMHP's 2007 rate for the 'HbA1c Poor Control' measure was 48%, which was three percentage points below the 2006 rate. This rate was 12 percentage points higher than the 2005 rate, which represents a statistically significant increase. The current year's rate was four percentage points higher than the MMC rate of 44%. AMHP had a rate in 2007 above the national 50th percentile by one percentage point and above the 90th percentile (national benchmark) by 16 percentage points. Please note that lower rates are preferable, indicating better control.

At 33%, AMHP's 2007 rate for the 'HbA1c Good Control' measure was seven percentage points above the 2006 rate. This rate was one percentage point below the MMC rate of 34%. The current year's rate was above the national 50th percentile by two percentage points and below the 90th percentile (national benchmark) by eight percentage points.

The 2007 rate for the ‘Retinal Eye Exam’ measure at 61% was one percentage point above the 2006 rate and two percentage points above the 2005 rate. The 2006 rate was seven percentage points higher than the MMC rate of 54%. AMHP’s rate was above the national 50th percentile by seven percentage points and below the 90th percentile (national benchmark) by seven percentage points.

The AMHP 2007 rate for the ‘LDL-C Screening’ measure was 78%, which was one percentage point above the 2006 rate. The 2007 rate was statistically significantly lower than the 2005 rate by 13 percentage points, and was three percentage points above the MMC rate of 75%. AMHP had a rate in 2007 that was above the national 50th percentile by five percentage points and lower than the 90th percentile (national benchmark) by three percentage points.

The 2007 rate for the ‘LDL-C Level Controlled (<100 mg/dL)’ measure at 35% was seven and five percentage points above the 2006 and 2005 rates respectively. AMHP’s rate was four percentage points lower than the MMC rate of 39%. AMHP had a rate in 2007 that was above the national 50th percentile by four percentage points and below the 90th percentile (national benchmark) by nine percentage points.

AMHP’s 2007 rate for the ‘Medical Attention for Nephropathy’ measure was 80%, which was an improvement of two percentage points over the 2006 rate. This rate as compared to 2005 showed a statistically significant increase of 34 percentage points. The 2007 rate was two percentage points above the MMC rate of 78%. The 2007 rate was three percentage points above the national 50th percentile and six percentage points below the 90th percentile (national benchmark).

At 65%, AMHP’s 2007 rate for the ‘Blood Pressure Controlled (<140/90 mm Hg)’ measure was one percentage point higher than the 2006 rate. The 2007 rate was eight percentage points above the MMC rate of 57%. The 2007 rate was five percentage points above the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

The 2007 rate for the ‘Blood Pressure Controlled (<130/80 mm Hg)’ measure at 37% was three percentage points higher than the 2006 rate. The 2007 rate was eight percentage points above the MMC rate of 29%. The current year’s rate was six percentage points above the national 50th percentile and four percentage points below the 90th percentile (national benchmark).

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	343	83%	79%	87%	81%	82%	NC	79%	79%	89%
HEDIS	HbA1c Poor Control ¹	411	197	48%	43%	53%	51%	36%	NC	44%	47%	32%
HEDIS	HbA1c Good Control	411	134	33%	28%	38%	26%	NA	NC	34%	31%	41%
HEDIS	Retinal Eye Exam	411	252	61%	56%	66%	60%	59%	NC	54%	54%	68%

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	LDL-C Screening	411	321	78%	74%	82%	77%	91%	NC	75%	73%	81%
HEDIS	LDL-C Level Controlled (<100 mg/dL)	411	144	35%	30%	40%	28%	30%	NC	39%	31%	44%
HEDIS	Medical Attention for Nephropathy	411	330	80%	76%	84%	78%	46%	NC	78%	77%	86%
HEDIS	Blood Pressure Controlled (<140/90 mm Hg)	411	267	65%	60%	70%	64%	NA	NC	57%	60%	69%
HEDIS	Blood Pressure Controlled (<130/80 mm Hg)	411	152	37%	32%	42%	34%	NA	NC	29%	31%	41%

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

Cardiovascular Care

AMHP did not have an applicable rate in 2007 for the ‘Persistence of Beta Blocker Treatment After Heart Attack’ measure due to a small denominator. The 2006 rate was also not applicable due to a small denominator size.

The 2007 rate for the ‘Cholesterol Management for Patients with Cardiovascular Conditions, LDL-C Screening’ measure at 86% was consistent with the 2006 rate. This rate showed a statistically significant increase of 15 percentage points over the 2005 rate. The 2007 rate was seven percentage points above the MMC rate of 67%, eight percentage points above the national 50th percentile and one percentage point below the 90th percentile (national benchmark).

At 42%, the 2007 rate for the ‘Cholesterol Management for Patients with Cardiovascular Conditions, LDL-C Level <100 mg/dL’ measure was five and six percentage points above the 2006 and 2005 rates respectively. The current year’s rate was three percentage points below the MMC rate of 45%. The 2007 rate was five percentage points above the national 50th percentile and 10 percentage points below the 90th percentile (national benchmark).

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

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	29	18	NA	NA	NA	NA	70%	NA	67%	NA	NA
HEDIS	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	284	245	86%	82%	90%	86%	71%	NC	79%	78%	87%

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	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level <100 mg/dL	284	120	42%	36%	48%	37%	36%	NC	45%	37%	52%
HEDIS	Controlling High Blood Pressure Total Rate	411	255	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., changed from 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 version 3.0 survey 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)	86.67%	1.10	86.49%	85.57%	NA	NA
Personal Doctor Listens Carefully (Usually or Always)	90.27%	2.59	88.55%	87.68%	NA	NA
Respect from Providers (Usually or Always)	90.70%	0.55	88.87%	90.15%	NA	NA
Doctor Spends Enough Time with You (Usually or Always)	82.81%	-2.26	84.01%	85.07%	NA	NA
Doctor Informed and Up to Date on Your Care (Usually or Always)	72.86%	-0.78	77.33%	73.64%	NA	NA
Satisfaction with Personal Doctor (Rating of 8 to 10)	79.81%	2.95	76.24%	76.86%	NA	NA

Figure 3.1 Adult CAHPS Survey Section: Your Personal Doctor

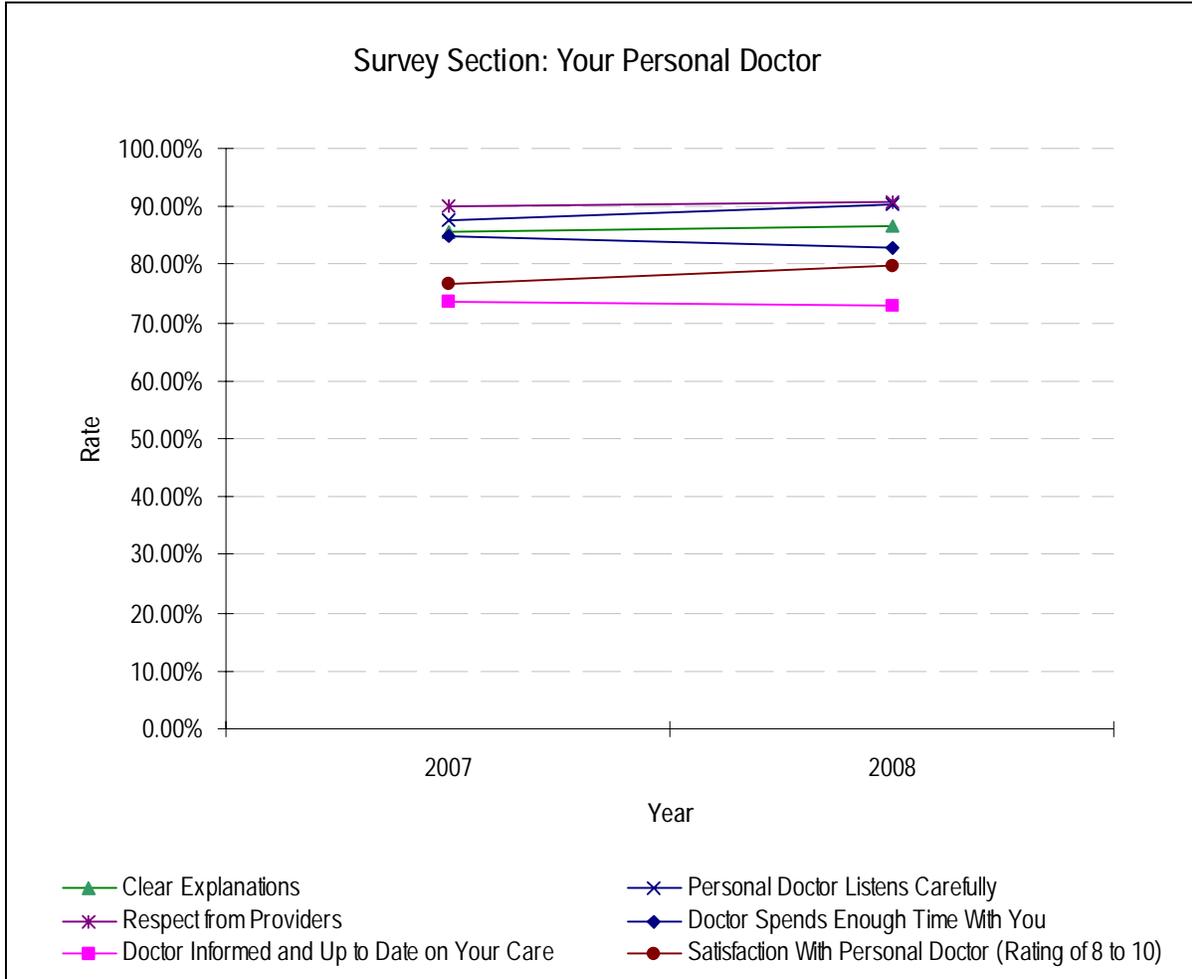


Table 3.13 Adult CAHPS Survey Section: Getting Healthcare from a Specialist

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						
Satisfaction with Specialist (Rating of 8-10)	76.47%	0.43	75.64%	76.04%	-8.14	84.18%
Getting Appointment with Specialist (Usually or Always)	70.91%	6.05	74.89%	64.86%	NA	NA

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

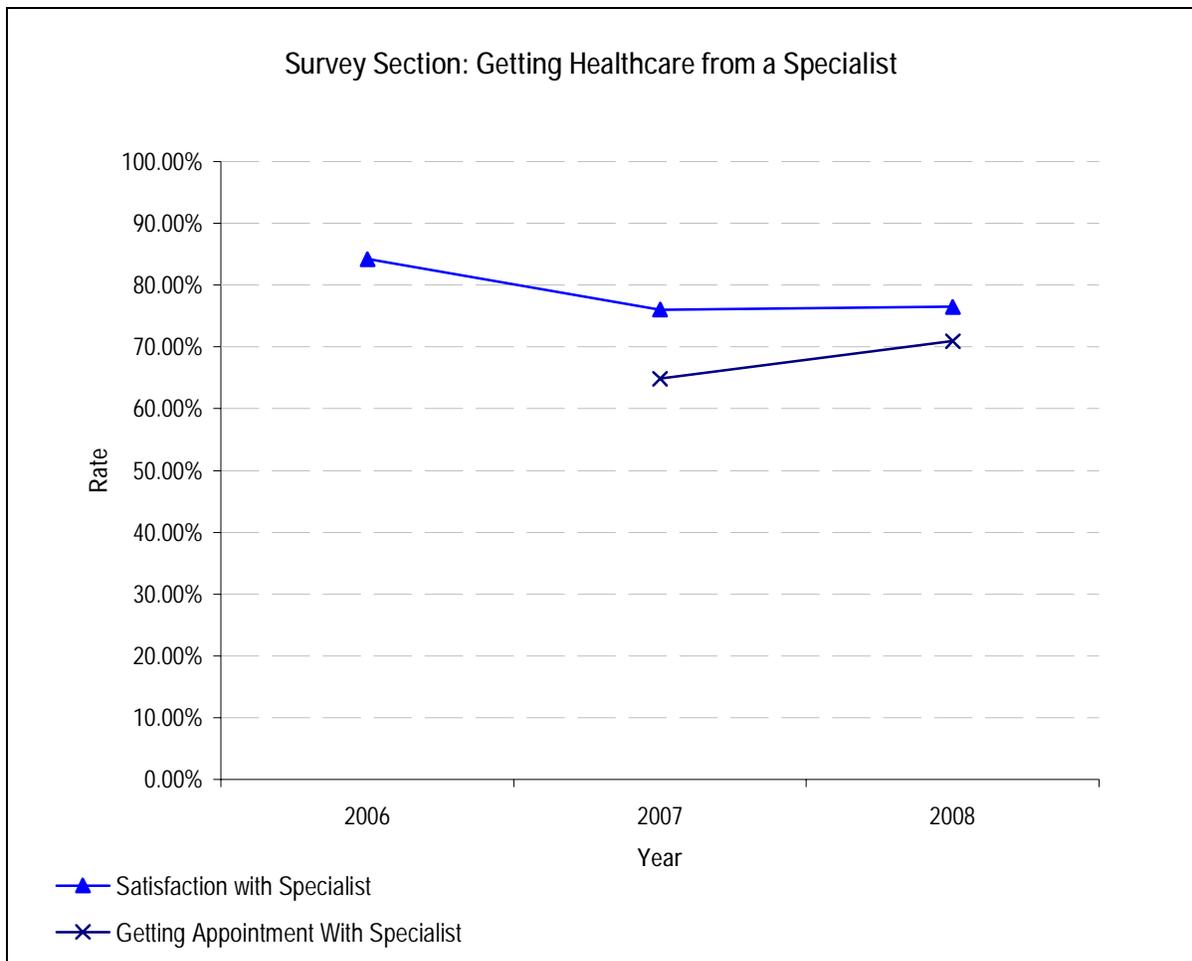


Table 3.14 Adult CAHPS Survey Section: Your Healthcare in the Last Six Months

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)	80.28%	34.09	79.69%	46.19%	3.49	42.70%
Satisfaction with Health Care (Rating of 8-10)	72.59%	5.44	68.31%	67.15%	-9.14	76.29%
Dental Care Visits (One or More Visits)	35.07%	2.68	33.59%	32.39%	0.23	32.16%
Satisfaction with Dental Care (Rating of 8-10)	67.11%	5.64	60.86%	61.47%	-2.97	64.44%
Needed Care Right Away (Usually or Always)	79.79%	-0.92	81.53%	80.71%	NA	NA
Talk About Preventing Illness (Always)	52.82%	22.44	54.34%	30.38%	NA	NA
Pros and Cons of Treatment Choices (Definitely Yes or Somewhat Yes)	67.50%	-21.92	56.03%	89.42%	NA	NA
Asked About Best Choice for You (Definitely Yes or Somewhat Yes)	60.83%	-23.33	54.09%	84.16%	NA	NA

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

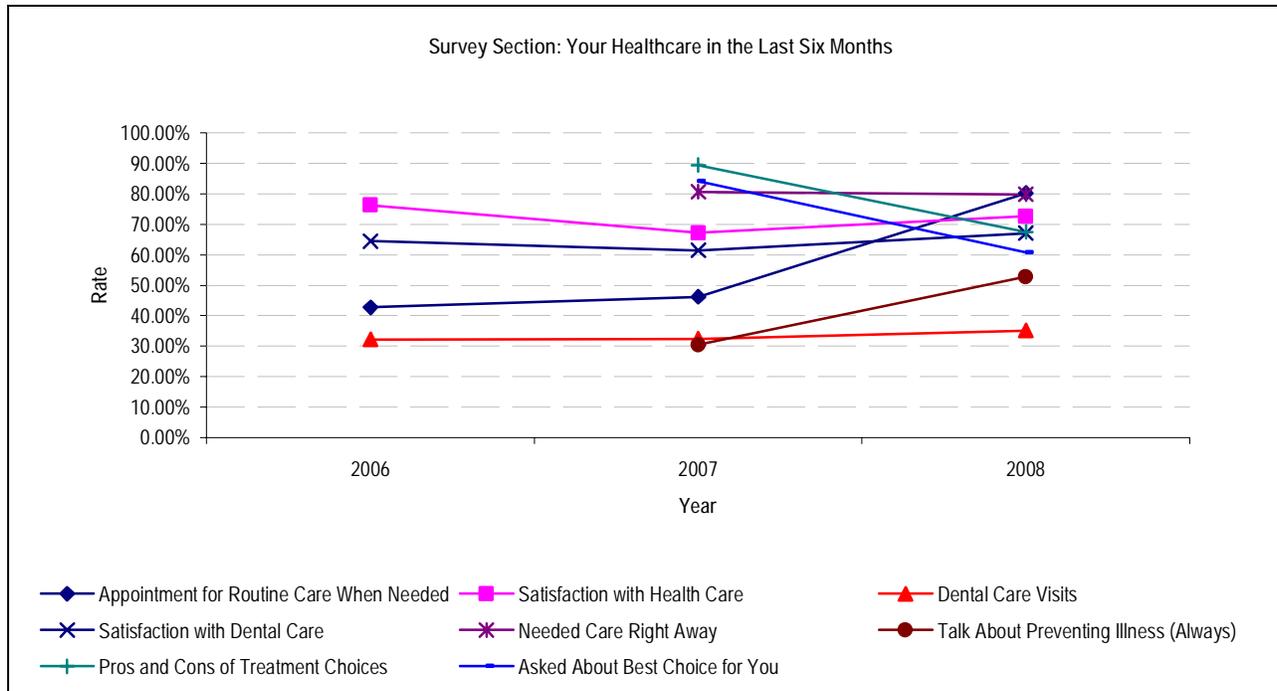


Table 3.15 Adult CAHPS Survey Section: Your Health Plan

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)	72.37%	3.46	71.67%	68.91%	-1.21	70.12%
Getting Care You Think You Need (Usually or Always)	76.13%	-0.64	80.32%	76.77%	NA	NA
Understanding Written or Internet Materials (Always)	72.13%	55.46	64.68%	16.67%	NA	NA
Getting Needed Information (Usually or Always)	78.57%	0.52	76.31%	78.05%	NA	NA
Courteous Treatment by Staff (Usually or Always)	92.81%	2.01	90.49%	90.80%	NA	NA
Health Plan Forms Easy to Fill Out (Always)	71.43%	29.92	93.40%	41.51%	NA	NA

Figure 3.4 Adult CAHPS Survey Section: Your Health Plan

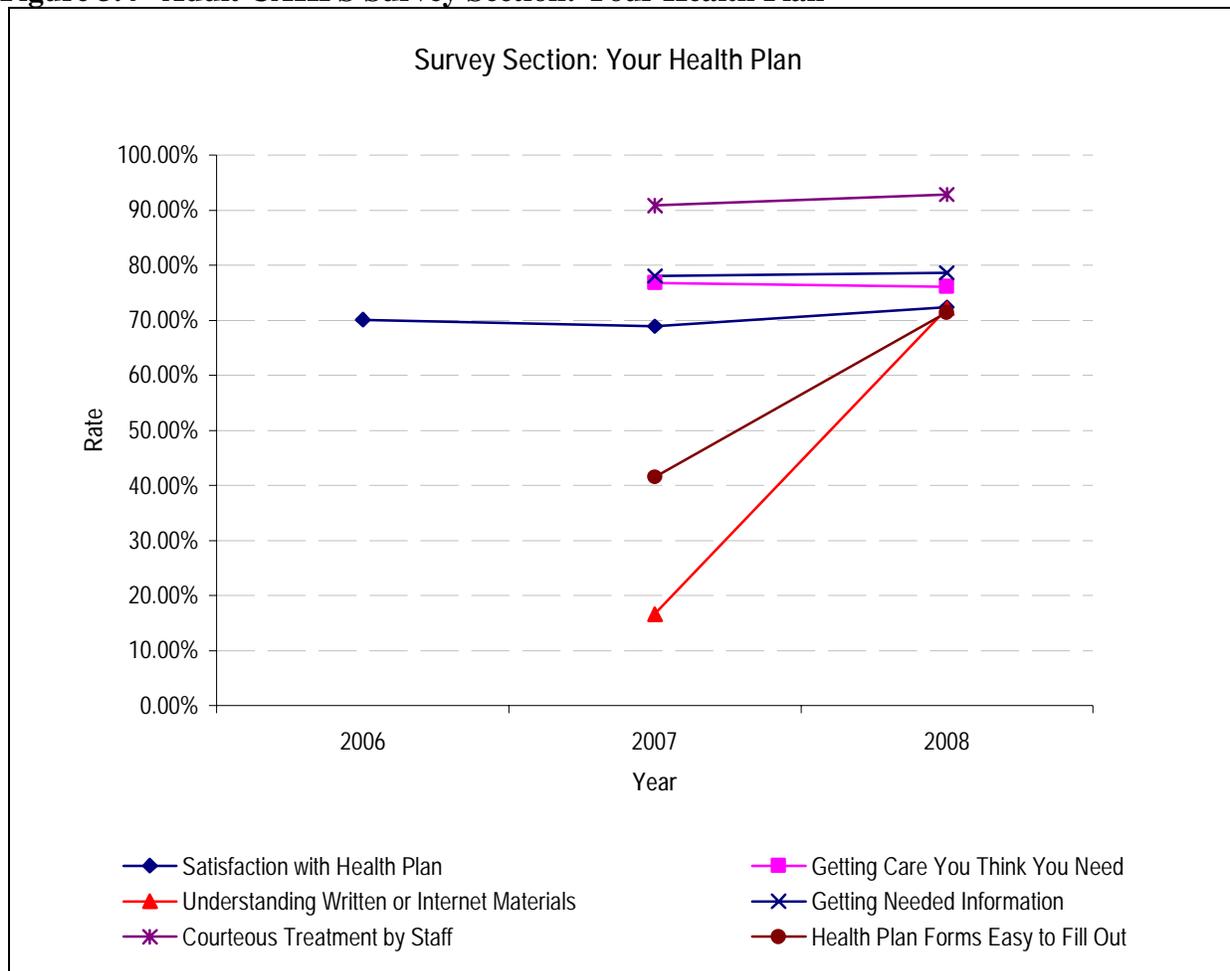
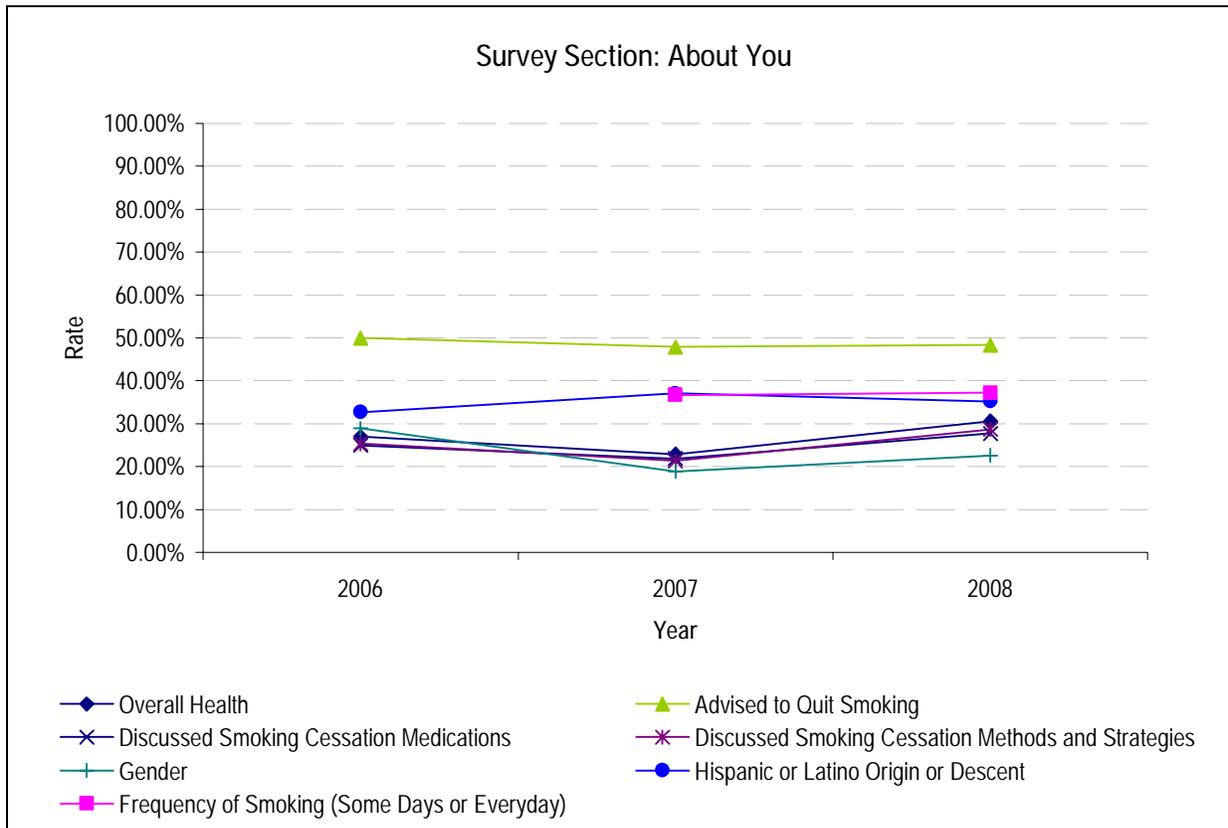


Table 3.16 Adult CAHPS Survey Section: About You

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)	30.61%	7.69	29.66%	22.92%	-4.06%	26.98%
Frequency of Smoking (Some Days or Everyday)	37.19%	0.47	40.12%	36.72%	NA	NA
Advised to Quit Smoking (Two or More Visits)	48.32%	0.46	51.00%	47.86%	-2.14%	50.00%
Discussed Smoking Cessation Medications (Two or More Visits)	27.70%	5.85	26.99%	21.85%	-3.15%	25.00%
Discussed Smoking Cessation Methods and Strategies (Two or More Visits)	28.67%	7.30	28.28%	21.37%	-4.01%	25.38%
Gender (Male)	22.65%	3.78	29.39%	18.87%	-10.03%	28.90%
Hispanic or Latino Origin or Descent (Distribution of Hispanics)	35.24%	-1.83	14.82%	37.07%	4.36%	32.71%

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)	87.20%	0.02	91.00%	87.18%	NA	87.18%
Satisfaction with Current Doctor or Nurse (Ratings of 8-10)	84.01%	4.20	83.76%	79.81%	NA	79.81%
Satisfaction with Choosing a Personal Doctor or Nurse (Not a Problem)	81.78%	23.53	81.46%	58.25%	NA	58.25%
Child's Feeling, Growing and Behaving (Yes)	71.31%	-0.04	75.60%	71.35%	NA	71.35%

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

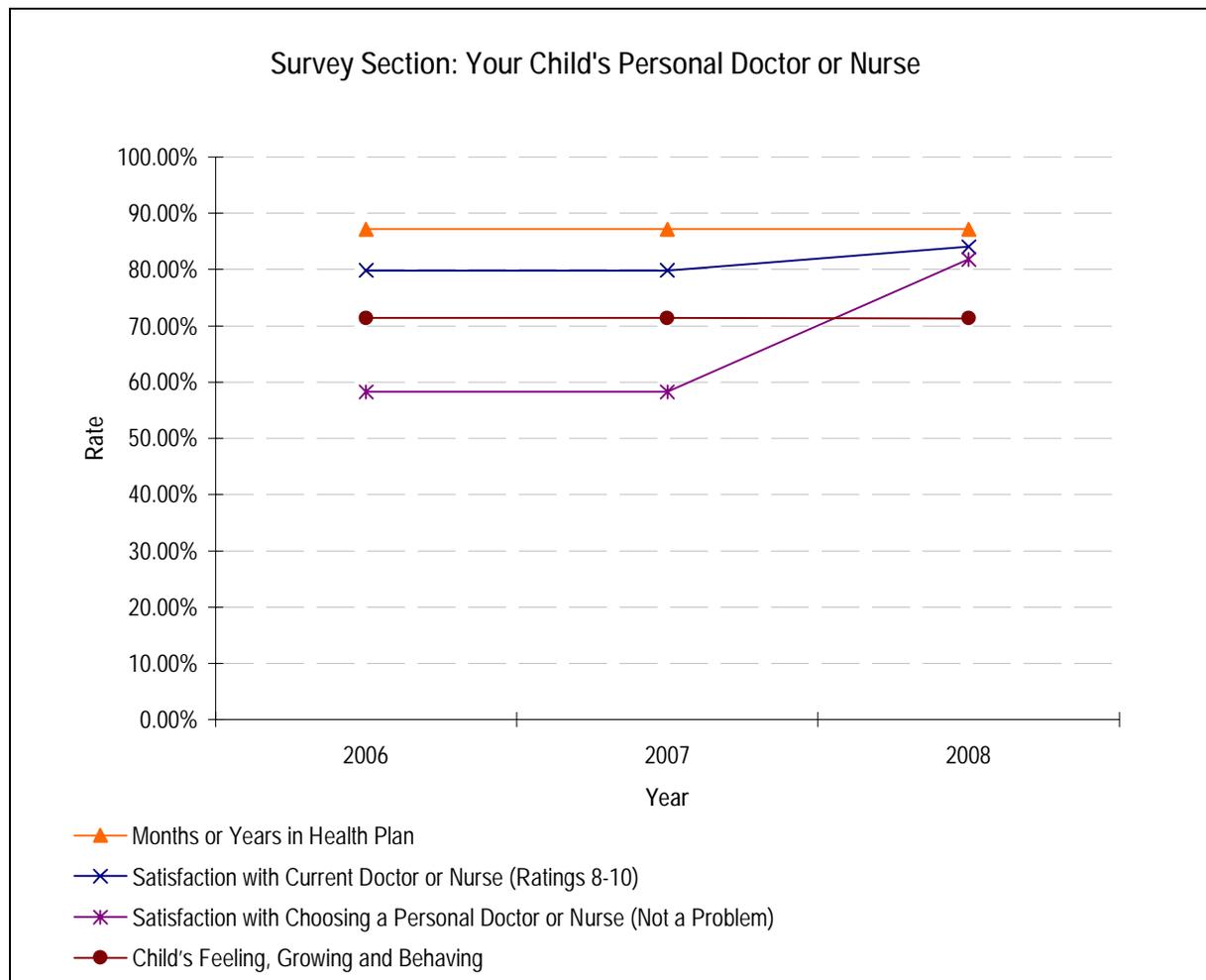


Table 3.18 Child CAHPS Survey Section: Getting Healthcare from a Specialist

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)	79.90%	14.55	76.93%	65.35%	NA	65.35%
Satisfaction with Specialist (Rating of 8-10)	84.10%	-2.92	81.26%	87.02%	NA	87.02%
Specialist Same as Personal Doctor (Yes)	13.92%	-5.40	17.67%	19.32%	NA	19.32%

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

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

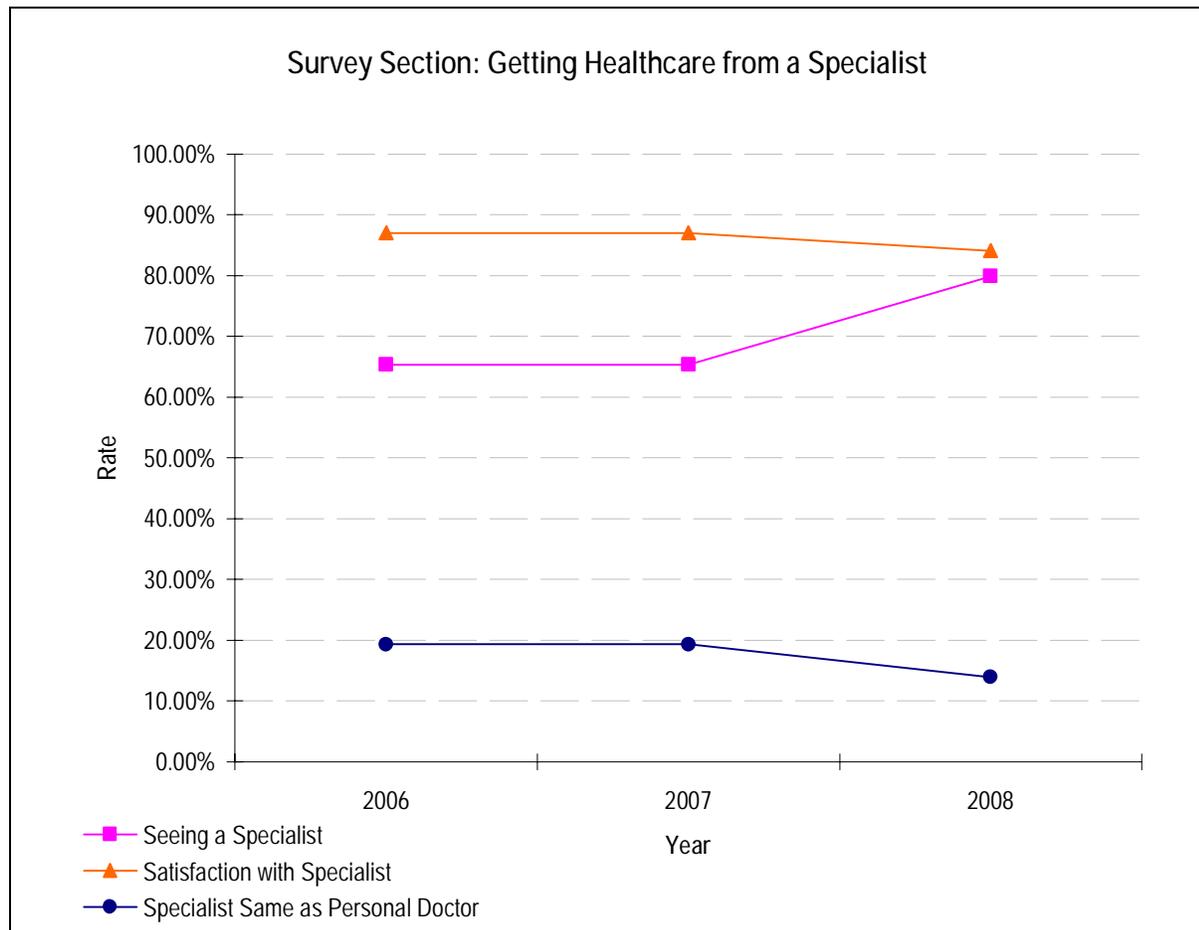


Table 3.19 Child CAHPS Survey Section: Your Child's Healthcare in the Last Six Months

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)	89.11%	4.59	88.78%	84.52%	NA	84.52%
Urgent Care as Soon as Necessary (Usually or Always)	86.71%	2.20	88.18%	84.51%	NA	84.51%
Urgent Care Appointment within 24 Hours (Same Day or One Day)	86.75%	0.15	85.41%	86.60%	NA	86.60%
Appointment for Routine Care (Always)	48.80%	-5.91	54.74%	54.71%	NA	54.71%
Appointment for Non-Emergency Care within 14 Days	85.85%	1.09	84.45%	84.76%	NA	84.76%
Emergency Room Visits (One or More Visits)	25.40%	-3.02	26.74%	28.42%	NA	28.42%
Doctor's Office or Clinic (One or More Visits)	79.60%	-0.62	80.46%	80.22%	NA	80.22%
Necessary Care (Not a Problem)	91.84%	15.89	84.32%	75.95%	NA	75.95%
Waiting for Plan Approval (Not a Problem)	96.45%	8.81	94.60%	87.64%	NA	87.64%
Taken to Exam Room within 15 Minutes (Usually or Always)	57.00%	-0.56	56.26%	57.56%	NA	57.56%
Courteous Treatment by Staff (Usually or Always)	93.47%	0.45	92.90%	93.02%	NA	93.02%
Helpfulness of Staff (Usually or Always)	90.20%	-0.14	89.03%	90.34%	NA	90.34%
Attentiveness of Providers (Usually or Always)	91.69%	0.72	91.68%	90.97%	NA	90.97%
Survey Respondent Language Problems (Never)	84.13%	2.46	82.66%	81.67%	NA	81.67%
Clear Explanations Given to Survey Respondents (Usually or Always)	92.70%	0.32	91.09%	92.38%	NA	92.38%
Respect from Providers (Usually or Always)	91.71%	-1.98	93.14%	93.69%	NA	93.69%
Child Language Problems (Never)	84.32%	0.13	83.70%	84.19%	NA	84.19%
Clear Explanations Given to Child (Usually or Always)	86.13%	1.88	85.99%	84.25%	NA	84.25%
Appointment Length (Usually or Always)	86.73%	-0.85	87.26%	87.58%	NA	87.58%
Satisfaction with Child's Health Care (Rating of 8-10)	84.81%	3.55	82.82%	81.26%	NA	81.26%
Respondent Interpreter Assistance (Usually or Always)	73.68%	7.89	68.35%	65.79%	NA	65.79%
Child Interpreter Assistance (Usually or Always)	61.11%	-3.89	60.32%	65.00%	NA	65.00%
Check-up and Vaccine Reminders for Children Under Age Two (Yes)	81.25%	-4.31	82.46%	85.56%	NA	85.56%

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)	93.68%	0.27	91.96%	93.41%	NA	93.41%
Appointment for Check-ups and Vaccines As Soon As You Wanted (Yes)	93.26%	0.49	95.37%	92.77%	NA	92.77%
Dental Care Visits (One or More Visits)	56.88%	5.21	55.96%	51.67%	NA	51.67%
Satisfaction with Child's Dental Care (Rating of 8-10)	78.31%	-2.05	79.35%	80.36%	NA	80.36%

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)	75.15%	1.47	73.67%	73.68%	NA	73.68%
Accuracy of Plan Information (All or Most)	88.02%	-1.77	89.98%	89.79%	NA	89.79%
Understanding Written Materials (Not a Problem)	82.73%	20.23	81.02%	62.50%	NA	62.50%
Satisfaction with Customer Service (Not a Problem)	76.28%	19.93	75.30%	56.35%	NA	56.35%
Complaint Resolution Time (Same Day)	30.56%	17.40	32.70%	13.16%	NA	13.16%
Satisfaction with Complaint Resolution (Yes)	90.91%	22.91	82.52%	68.00%	NA	68.00%
Problem with Paperwork (Not a Problem)	95.33%	0.97	95.90%	94.36%	NA	94.36%
Satisfaction with Health Plan (Rating of 8-10)	73.06%	-0.52	80.10%	73.58%	NA	73.58%

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

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

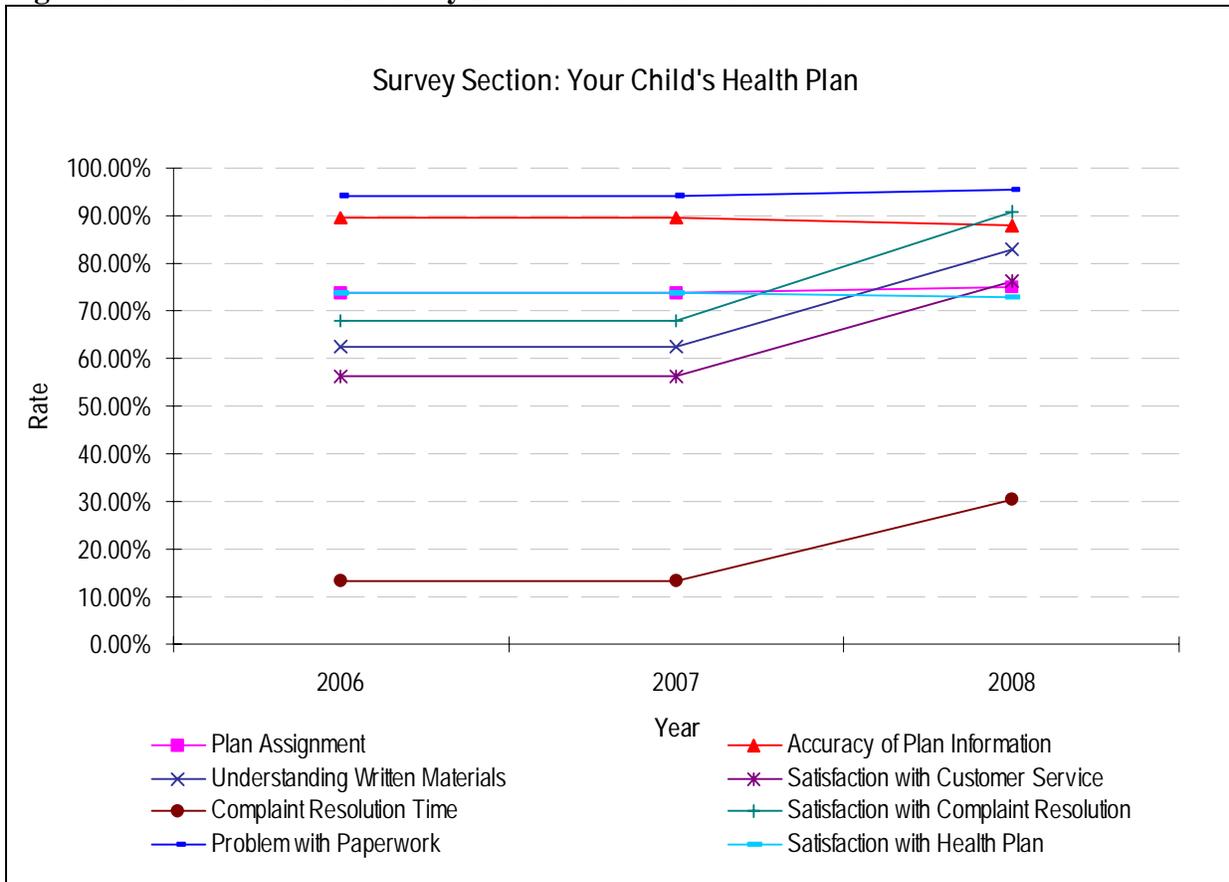
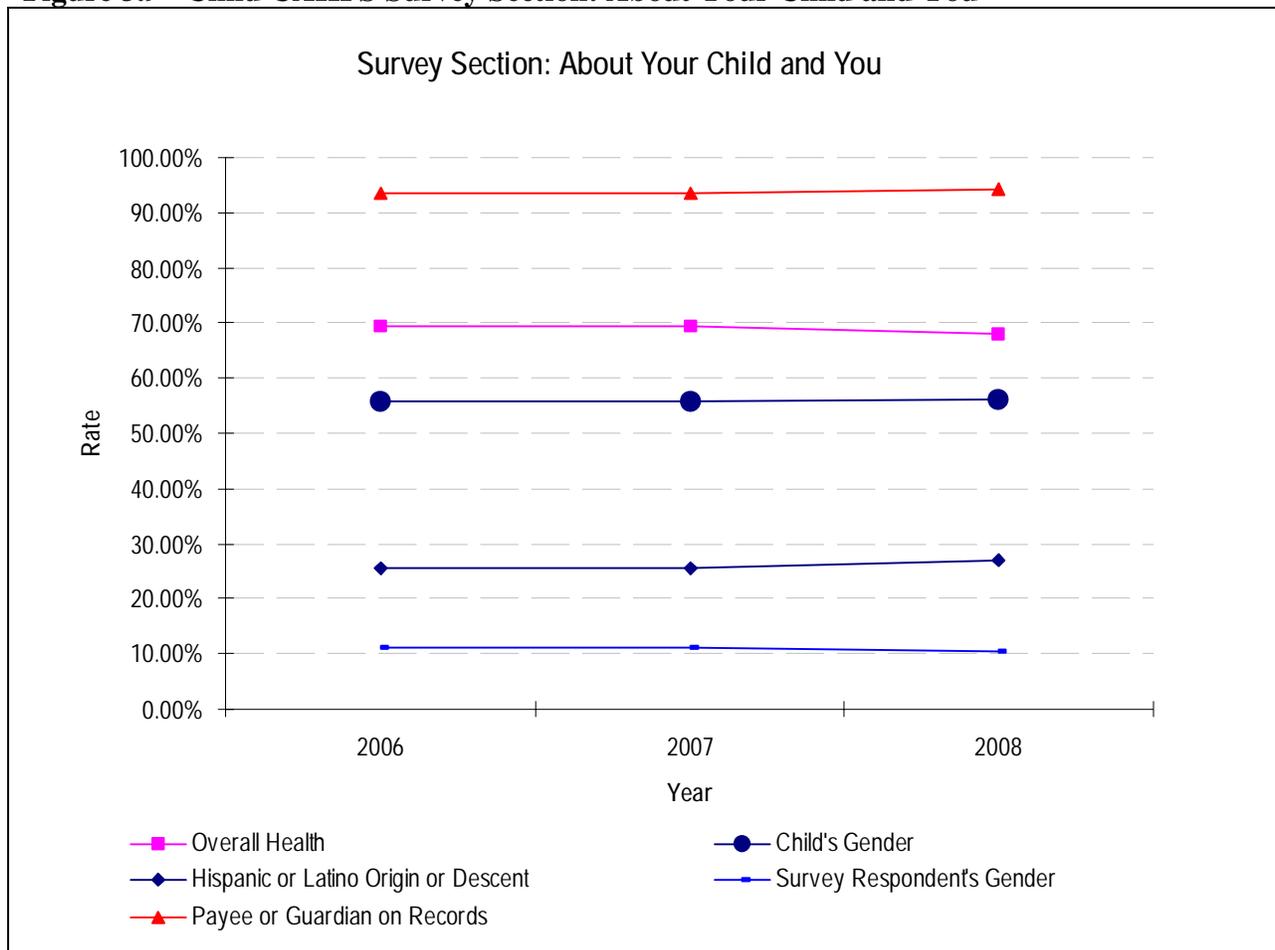


Table 3.21 Child CAHPS Survey Section: About Your Child and You

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)	67.81%	-1.53	71.75%	69.34%	NA	69.34%
Child's Gender (Male)	56.28%	0.58	53.99%	55.70%	NA	55.70%
Hispanic or Latino Origin or Descent (Distribution of Hispanics)	26.94%	1.52	18.11%	25.42%	NA	25.42%
Survey Respondent's Gender (Male)	10.44%	-0.69	8.90%	11.13%	NA	11.13%
Payee or Guardian on Records (Yes)	94.23%	0.54	94.04%	93.69%	NA	93.69%

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 AMHP'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

- AMHP underwent an NCQA Accreditation Survey in July 2007 and received an Accreditation Status of Excellent.
- Three of AMHP's Body Mass Index measures were above the 2006 rates and above the 2007 MMC rates.
- At 57%, AMHP's rate for the "Dental Sealants for Children (Age 8 Years)" measure although comparable to the 2006 and 2005 rates, was 23 percentage points above the MMC rate of 34%.
- AMHP's rate of 100% for the "Prenatal Screening for Smoking" measure was above the MMC rate of 85% by 15 percentage points. This rate was consistent with the 2006 and 2005 rates of 100% and 99% respectively.
- For AMHP, all four "Use of Appropriate Medications for People With Asthma" measures had rates in 2007 that were at least 90%. All four rates were consistent with the 2006, 2005 and MMC rates and were only one to three percentage points below the 90th percentile (national benchmark) for each measure.
- AMHP completed the following Member Safety PIP: 'Percent of Members Diagnosed with Asthma or Diabetes or HIV Receiving Flu Shot' and received full credit for all elements reviewed that reflects activities through 2007 (Sustained Improvement) and received an overall score of 95 for the project. The MCO's PIP on 'Improving Women's Health' received full credit for five of the six elements reviewed that reflect activities through 2007 (Topic Focus Area through Interventions Aimed at Achieving Demonstrable Improvement).

- For AMHP's Adult CAHPS survey, 10 survey items increased as compared to 2007 (MY 2006). Additionally, 18 items evaluated in 2008 (MY 2007) were above the 2008 (MY 2007) MMC weighted averages.
- *Since AMHP rotated the Child CAHPS results in 2007 (MY 2006), the 2008 (MY 2007) results will be compared to 2006 (MY 2005).* In the MY 2007 Child CAHPS survey, 27 items increased as compared to 2006 (MY 2005). Twenty-eight items were above the 2008 (MY 2007) MMC weighted average.

Opportunities for Improvement

- All four of AMHP's "Children and Adolescents' Access to Primary Care Practitioners" (12-24 months, 25 months-6 years, 7-11 years and 12-19 years) measures were below their MMC rates and below the comparable national 50th percentiles.
- At 63%, AMHP's 2007 "Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life" (Age 3 to 6 years) measure rate decreased statistically significantly below the 2006 rate by 16 percentage points. AMHP's rate was six percentage points below the MMC rate of 69% and five percentage points below the national 50th percentile.
- Although the three AMHP rates for Chlamydia Screening ("Chlamydia Screening Total Rate", "Chlamydia Screening Age 16-20 years" and "Chlamydia Screening Age 21-25 years") measures increased by two percentage points over the 2006 rates, rates were still three percentage points below the MMC rate for each measure, and at least 10 percentage points below the national 50th percentile for each respective measure.
- The AMHP "Prenatal Counseling for Smoking" measure rate decreased statistically significantly by 19 percentage points from the 2006 rate, and by 28 percentage points from the 2005 rate.
- For AMHP's Adult CAHPS survey, nine survey items evaluated in MY 2007 had rates below the MY 2007 MMC weighted averages.
- In the Child CAHPS survey for AMHP, 18 items evaluated in 2008 (MY 2007) decreased as compared to 2006 (MY 2005). The rate for 17 out of the 45 items fell below the 2008 (MY 2007 MMC) weighted averages.
- 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 PH 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.



AmeriHealth Mercy Health Plan (AMHP) Key Points

§ A - No AMHP P4P measure rates fell into this comparison category.

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

Measures that had no statistically significant changes from HEDIS 2007 to HEDIS 2008 and were statistically significantly above the HEDIS 2008 MMC weighted average are:

- § Breast Cancer Screening (Age 52-69 years)
- § Cervical Cancer Screening
- § Frequency of Ongoing Prenatal Care: > 81% of Expected Prenatal Care Visits Received
- § Timeliness of Prenatal Care
- § Use of Appropriate Medications for People with Asthma

§ 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:

- § Adolescent Well-Care Visits
- § Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL)
- § Controlling High Blood Pressure
- § Comprehensive Diabetes Care - HbA1c Poor Control³
- § Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL)

§ D - No AMHP P4P measure rates fell into these comparison categories.

§ F - Root cause analysis and plan of action required

AMHP'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
	No Change		D	C Adolescent Well-Care Visits Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL) Controlling High Blood Pressure Comprehensive Diabetes Care - HbA1c Poor Control ⁵ Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL)	B Breast Cancer Screening (Age 52-69 years) Cervical Cancer Screening Frequency of Ongoing Prenatal Care: > 81% of Expected Prenatal Care Visits Received Timeliness of Prenatal Care Use of Appropriate Medications for People with Asthma
	↓		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.
 F: Root cause analysis and plan of action required.

⁵Comprehensive 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	36%	51% ▲	48% =	44%
Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL)	30%	28% =	35% =	39%
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL)	36%	37% =	42% =	45%
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	67%	77% ▲	78% =	69%
Breast Cancer Screening (Age 52-69 years)	56%	57% =	60% =	55%
Cervical Cancer Screening	64%	68% =	73% =	65%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	86%	90% =	87% =	82%
Use of Appropriate Medications for People with Asthma (Age 5-56 years)	90%	90% =	91% =	89%
Adolescent Well-Care Visits (Age 12-21 Years)	59%	61% =	55% =	51%
Lead Screening in Children ⁸	NA	NA NA	66% NA	68%
Emergency Department Utilization (Visits/1,000 MM) ⁹	72.32	77.27	79.17	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 AMHP.

Table 5.1 Current and Proposed Interventions

Reference Number	Opportunity for Improvement	MCO Response
Structure and Operations Standards		
AMHP 2007.1	Review of AMHP's compliance with standards showed the MCO to be partially compliant with regard to: Subpart F: Federal and State Grievance System Standards due to partial compliance with the category Effectuation of Reversed Resolutions.	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>Appeal committee meetings are posted daily. The daily posting lists the names of the cases to be heard for the day. Within five business days of the committee hearing the outcome letter is posted on a confidential drive. The member advocate, within one business day, is responsible for notifying the internal department responsible for putting the approved service in place.</p>
		<p><u>Future Actions Planned:</u></p> <p>None indicated.</p>

Reference Number	Opportunity for Improvement	MCO Response
AMHP 2007.2	During the May 2004 National Committee for Quality Assurance (NCOA™) Accreditation Survey, the review team noted deficiencies on two Standards: Policies for Appeals (UM 8) and Appropriate Handling of Appeals (UM 9).	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>The policy for member appeal # 131.700 was approved by DPW. The policy is reviewed and presented annually to the Medical Management Committee for approval. There is a member appeal review committee Monday through Friday. A tracking tool is produced daily listing on-hand cases and compliance dates. On a daily bases we are able to monitor compliance to ensure timely handling of appeals.</p>
		<p><u>Future Actions Planned:</u></p> <p>None indicated.</p>
Performance Improvement Projects		
AMHP 2007.3	AMHP did not receive full credit for either of the two Performance Improvement Projects (PIPs) submitted for review. The PIP for 'Members with Asthma, Diabetes, or HIV Receiving a Flu Shot' received partial credit for Baseline Study and Analysis due to incomplete documentation of the diagnosis and procedure codes used in the methodology. The PIP for 'Emergency Room Utilization' 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><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>HEDIS diagnosis codes obtained for Asthma, Diabetes and HIV. An ER Strategy work group was initiated and continues.</p>
		<p><u>Future Actions Planned:</u></p> <p>None indicated.</p>
Performance Measures		
AMHP 2007.4	AMHP's performance on the Prenatal Screening for Environmental Tobacco Smoke measure fell by 17 percentage points as compared to the 2005 rate.	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>Any women identified as pregnant for case management is screened for tobacco use via the Health Risk Assessment (HRA). If the case manager initiates referral to PA Quit Line, which has a special program for pregnant women.</p> <p>Article in Member Newsletter (2008 Issue 1) informed members of their Smoking Cessation Benefits and provided PA Quit line phone number.</p> <p>Article in Provider Newsletter (2008 Issue) informed providers of members' Smoking Cessation Benefits and provided hyperlink to Smoking Cessation Programs.</p>

Reference Number	Opportunity for Improvement	MCO Response
		<p><u>Future Actions Planned:</u></p> <p>As of 10/15/08 - Any pregnant women that smokes is sent two educational flyers about smoking ("Smoking and Pregnancy" and "Your Baby Can't Say No, But You Can"). If the woman is engaged in case management, the CM discusses the importance of not smoking during pregnancy with each contact with the member. After delivery, the member is referred for possible Chantix (Varenicline) use.</p> <p>Article in Member Newsletter (2008 Issue 1) informed members of their Smoking Cessation Benefits and provided PA Quit line phone number.</p>
AMHP 2007.5	For the measures within the Women's Health category, although AMHP improved significantly on all three Chlamydia screening measures, the MCO remained below the 50th percentile and below the Medicaid Managed Care (MMC) average on all three rates.	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>AMHP reviewed the procedure codes that are utilized in the data collection. It was determined that there had been some mapping issues. These issues had been corrected. In addition, a letter had been sent to the providers indicating the appropriate procedure codes to utilize when submitting claims. Member education continued as well.</p>
		<p><u>Future Actions Planned:</u></p> <p>Develop educational material for distribution to members at health fairs. Place CDC Fact Sheet hot link on website. Educate providers about the importance of performing screening and that the clinical guidelines are available on the website.</p>
AMHP 2007.6	Although AMHP performed above the MMC rate in 2006 for the Controlling High Blood Pressure (Age 46-85 years) measure, the MCO showed a statistically significant 24-percentage point decrease in rate as compared to the 2005 rate.	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>In 2006, there was a specification change for this measure, as well as, our population changed in 2006 with the disenrollment of dual eligibles. To date, members with cardiovascular conditions have been engaged into case management. Questions about blood pressure are included in the HRA.</p>
		<p><u>Future Actions Planned:</u></p> <p>10/15/08 - Additional educational materials have been sent to DPW for approval. This material will be sent to members identified with cardiovascular conditions.</p>

Reference Number	Opportunity for Improvement	MCO Response
AMHP 2007.7	<p>AMHP showed a decrease in rate between Measurement Year (MY) 2005 and MY 2006 on nine out of 12 items on the Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. Additionally, 21 out of the 29 survey items evaluated in MY 2006 had rates below the MMC weighted average. These items were distributed across all of the survey categories.</p>	<p><u>Follow Up Actions Taken Through 9/30/08:</u></p> <p>In 2006, the Quality of Service Committee chartered a multidisciplinary CAHPS Workgroup to address areas tied to overall member satisfaction. The Workgroup established the following objectives;</p> <ul style="list-style-type: none"> • Improve Customer Service • Develop a better understanding of members satisfaction of written material and usage of the internet • Understand drivers behind dissatisfaction with the Plan-ID cards were identified as a high dissatisfier against Plan through dissatisfaction analysis • Address <i>Getting Care when Needed</i> with a concentration on <i>seeing a Specialist</i>. • 2007-ID card issues were resolved – Group identified Smoking Cessation as next area of concentration <p>Customer Service</p> <ul style="list-style-type: none"> • Add supplemental question to CAHPS 2006 and 2007 survey asking more detail about the member's customer service experience • Monitor outside vendor Service Quality Management (SQM) quarterly reports regarding Customer Service - Quarter 4 2006 <p>The Plan</p> <p>Investigate problems and solutions for member ID cards- A root cause analysis of ID card issues found programming issues and a report partially responsible for ID card problems. Problem resolved. 12/06 to 6/07.</p> <p>Finding/Understanding Information in Written Materials or On the Internet</p> <p>Add supplemental question to CAHPS asking members if they use the internet and if so, their opinion. 2006 and 2007 CAHPS Survey.</p> <p>Contract with StayWell, who will provide a member portal for members. In Process.</p> <p>Problem Getting Care from a Specialist</p> <p>Add supplemental questions to CAHPS 2006 Survey regarding member's access to specialists.</p> <p>AMHP implemented the following process for members requesting specialty care;</p> <ul style="list-style-type: none"> • If PCP could not find appropriate specialist, the member service representative is instructed to search for a specialist within member's county,

Reference Number	Opportunity for Improvement	MCO Response
		<ul style="list-style-type: none"> • If a specialist is not located, the member service rep can give the member a non-par specialist in the AMHP Non-Par Provider Library, call to confirm whether the specialist is willing to see the AMHP member pending rate negotiation, and refer the member back to their PCP for specialist care coordination. 11/06 <p>AMHP implemented the following process to handle member requests for an Orthopedic Specialist in Berks, Lehigh and Northampton Counties;</p> <ul style="list-style-type: none"> • If PCP could not find orthopedic specialist, the member service representative is instructed to search online within member's county, • If one cannot be found the member service representative sends an email to the Special Needs Unit in Harrisburg with the member's information. The Special Needs Unit coordinates care with the member, PCP and orthopedic specialist, • The Special Needs Unit in Harrisburg will email the outcome to the originating member service representative within 48 hours of receipt. 11/06 <p>Smoking Cessation</p> <ul style="list-style-type: none"> • Article in Member Newsletter (2008 Issue 1) informed members of their Smoking Cessation Benefits and provided PA Quit line phone number. • Article in Provider Newsletter (2008 Issue 1) informed providers of members' Smoking Cessation Benefits and provided hyperlink to Smoking Cessation Programs.