



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

**COMMONWEALTH OF PENNSYLVANIA
2008 EXTERNAL QUALITY REVIEW REPORT**

Statewide Medicaid Managed Care Annual Report

FINAL REPORT

Issue Date: August 7, 2009

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

Medicaid Managed Care Annual Report

HealthChoices Overview

HealthChoices Program is the Commonwealth of Pennsylvania's mandatory managed care program for Medical Assistance recipients. Pennsylvania Medicaid managed care (MMC) services are administered separately for physical health services and for behavioral health services.

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

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

In 1997, the HealthChoices program was implemented using a zone phase-in schedule for the following zones/counties:

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

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

- **Northeast Zone** - Lackawanna, Luzerne, Susquehanna, and Wyoming Counties

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

Medical Assistance enrollees residing in a Pennsylvania County covered by HealthChoices, for PH have the choice of three PH MCOs. In addition, a Voluntary PH Managed Care Program is offered in 26 Pennsylvania Counties where physical health HealthChoices has not been implemented. Enrollees living in one of these Counties have the option to join one of the PH MCOs available in their County of residence or to enroll in Pennsylvania’s Enhanced Primary Care Case Management program known as ACCESS Plus.

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

The twelve MCOs currently participating in the HealthChoices program are:

Physical Health MCOs

- AmeriChoice of Pennsylvania (ACPA)
- AmeriHealth Mercy Health Plan (AMHP)
- Gateway Health Plan (GHP)
- Health Partners Health Plan (HPHP)
- Keystone Mercy Health Plan (KMHP)
- Unison Health Plan (Unison)
- UPMC Health Plan (UPMC)

Behavioral Health MCOs

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

Introduction and Purpose

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 MCOs. This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that a MCO furnishes to Medicaid recipients.

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

DPW contracted with IPRO as its EQRO to conduct the 2008 EQRs for the Medicaid MCOs.

Information Sources

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

- MCO conducted Performance Improvement Projects (PIPs)
- Healthcare Effectiveness Data Information Set (HEDIS^{®1}) performance measure data, as available for each MCO
- Pennsylvania-Specific Performance Measures
- Structure and Operations Standards Reviews conducted by DPW
 - o For PH MCOs, the information 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.
 - o For BH MCOs, the information is derived from monitoring conducted by OMHSAS against the Commonwealth's Program Evaluation Performance Summary (PEPS) review tools for both BH MCOs and contracted County entities.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

All compliance results in the report are indicated using the following designations:

Key

C	Compliant
NC	Not Compliant
P	Partially Compliant
ND	Not Determined
NR	Not Reported
NA	Not Applicable
TBD	To Be Determined

To evaluate the MMC compliance with the BBA categories, IPRO grouped the appropriate MCOs and assigned the compliance status for the category as a whole. Each MCO can have an individual compliance status, of Compliant (C), Not Compliant (NC), Partially Compliant (P) or Not Determined (ND). Each category as a whole was then assigned a compliance status value (C, NC, P or ND) based on the aggregate compliance of each of the applicable MCOs for the category. Therefore, if all applicable MCOs were Compliant, the category was deemed Compliant; if some MCOs were Compliant and some were Partially Compliant or Not Compliant, the category was deemed Partially Compliant. If all MCOs were Not Compliant, the category was deemed Not Compliant. If none of the MCOs were evaluated for a category, the aggregate compliance status would be Not Determined.

Section I. Compliance with Structure and Operations Standards

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

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

Evaluation of PH MCO Compliance

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

The SMART Items provide much of the information necessary for each PH MCO's review. The SMART Items are a comprehensive set of monitoring Items that the Commonwealth staff review on an ongoing basis for each PH MCO. IPRO reviewed the elements in the SMART Item List and created a crosswalk to pertinent BBA regulations. The SMART Items did not directly address two categories, Cost Sharing and Effectuation of Reversed Resolutions. Cost Sharing is addressed in the HealthChoices Agreements. Effectuation of Reversed Resolutions is evaluated as part of the most recent NCQA Accreditation review under Utilization Management (UM) Standard 8: Policies for Appeals and UM 9: Appropriate Handling of Appeals. A total of 116 unique SMART Items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These Items vary in review periodicity from annually, semi-annually, quarterly, monthly and as needed. The SMART Items from RY 2007, RY 2006, and RY 2005 provided the information necessary for this assessment.

To evaluate PH MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCOs' compliance status with regard to 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.

Evaluation of BH MCO Compliance

For the BH Medicaid MCOs, the information for the Compliance with Standards section of the report is derived from monitoring conducted by the OMHSAS. These evaluations are performed at the County level and the findings are reported in the Commonwealth's PEPS review tools. The findings in this section of the report are based on IPRO's

assessment of data provided by OMHSAS resulting from the evaluation of each County conducted by OMHSAS monitoring staff within the past three years. IPRO subsequently aggregates the County level findings based on their respective subcontracted BH MCOs.

The PEPS tools specify the standards for review, the supporting documents to be reviewed to determine compliance with each standard, the date of the review, the reviewer's initials, and an area to collect additional comments. The PEPS standards are a comprehensive set of monitoring Items that OMHSAS staff reviews on an ongoing basis for each County and as appropriate, BH MCO. Because the schedule of the Commonwealth's review of the Counties and their subcontracted BH MCOs runs on a three-year cycle, the Commonwealth has the flexibility to assess compliance with the review standards on a staggered basis, provided that all standards are reviewed within a three-year time frame. The PEPS Items from RY 2007, RY 2006, and RY 2005 provided the information necessary for this assessment. IPRO evaluated the elements in the PEPS Item List and created a crosswalk to pertinent BBA regulations. Those standards not reviewed through the PEPS system in RY 2007 were evaluated on their performance based on RY 2006 and RY 2005 decisions, or on readiness assessments as conducted for the Counties, if appropriate.

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

Subpart C: Enrollee Rights and Protections

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

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

Subpart C: Enrollee Rights and Protection	ACPA	AMHP	GHP	HPPH	KMHP	Unison	UPMC	TOTAL PH MMC
Enrollee Rights	C	C	C	C	C	C	C	C
Provider-Enrollee Communications	C	C	C	C	C	C	C	C
Marketing Activities	C	C	C	C	C	C	C	C
Liability for Payment	C	C	C	C	C	C	C	C
Cost Sharing	C	C	C	C	C	C	C	C
Emergency Services: Coverage and Payment	C	C	ND	C	C	C	C	C
Emergency and Post-Stabilization Services	C	C	C	C	C	C	C	C
Solvency Standards	C	C	C	C	C	C	C	C

- All eight categories in Subpart C were compliant overall for PH MMC.
- GHP was Not Determined for the category Emergency Services: Coverage and Payment within Subpart C: Enrollee Rights and Protections during the review year. All other MCOs were compliant on this category.
- All seven PH MCOs were compliant for the remaining categories in Subpart C.

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

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

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

- All five BH MCOs were deemed partially compliant with regard to the category Enrollee Rights.
- Information pertaining to Marketing Activities is not addressed in any of the documents provided by OMHSAS because the category is considered Not Applicable (NA) for PA BH MCOs. As a result of the CMS HealthChoices waiver, DPW has been granted an allowance to offer only one BH MCO per County.
- All five BH MCOs were compliant for the remaining categories in Subpart C.
- Readiness assessments were conducted for several Counties in this review year. The general purpose of the readiness assessments conducted by OMHSAS is to ensure that County entities and their subcontracted BH MCOs have the structural processes and operational capacity to provide the necessary services and functions to carry out the HealthChoices program.
 - Readiness reviews were completed for the following Counties that subcontract with CBHNP: Bedford, Blair, Clinton, Franklin, Fulton, Lycoming and Somerset. No issues were noted for any categories in Subpart C.
 - Readiness reviews were completed for the following Counties that subcontract with CCBH: Carbon, Monroe, Pike and the 23 Counties in the North Central State Option. No issues were noted for any categories in Subpart C.

- Readiness reviews were completed for the following Counties that subcontract with VBH: Cambria, Crawford, Erie, Mercer and Venango. No issues were noted for any categories in Subpart C.

Subpart D: Quality Assessment and Performance Improvement Regulations

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

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

Subpart D: Quality Assessment and Performance Improvement Regulations	ACPA	AMHP	GHP	HPHP	KMHP	Unison	UPMC	TOTAL PH MMC
Elements of State Quality Strategies	C	C	C	C	C	C	C	C
Availability of Services (Access to Care)	C	C	C	C	C	C	C	C
Assurances of Adequate Capacity and Services	C	C	C	C	C	C	C	C
Coordination and Continuity of Care	C	C	C	C	C	C	C	C
Coverage and Authorization of Services	C	C	C	C	C	C	C	C
Provider Selection	C	C	C	C	C	C	C	C
Confidentiality	C	C	C	C	C	C	C	C
Subcontractual Relationships and Delegation	C	C	C	C	C	C	C	C
Practice Guidelines	C	C	C	C	C	C	C	C
Quality Assessment and Performance Improvement Program	C	C	C	C	C	C	C	C
Health Information Systems	C	C	C	C	C	C	P	P

- All seven PH MCOs were fully compliant on 10 of 11 categories of Quality Assessment and Performance Improvement Regulations. The one remaining category, Health Information Systems, was partially compliant for UPMC Health Plan.

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

Subpart D: Quality Assessment and Performance Improvement Regulations	CBH	CBHNP	CCBH	MBH	VBH	TOTAL BH MMC
Elements of State Quality Strategies	C	C	C	C	C	C
Availability of Services (Access to Care)	P	P	P	P	P	P
Assurances of Adequate Capacity and Services	C	P	P	P	C	P
Coordination and Continuity of Care	P	P	P	P	P	P
Coverage and Authorization of Services	P	P	P	P	P	P
Provider Selection	P	C	C	P	C	P
Confidentiality	C	C	C	C	C	C
Subcontractual Relationships and Delegation	P	P	P	P	C	P
Practice Guidelines	P	P	P	P	P	P
Quality Assessment and Performance Improvement Program	P	P	P	P	P	P
Health Information Systems	C	C	C	C	C	C

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

- Three of eleven categories were compliant for all five BH MCOs, Elements of State Quality Strategies, Confidentiality and Health Information Systems. The other eight categories were partially compliant among the five BH MCOs and therefore for BH MMC overall. Among the eight categories that were partially compliant for behavioral health, each category had multiple BH MCOs that were partially compliant.
- Three of the five BH MCOs were partially compliant on seven categories of Quality Assessment and Performance Improvement Regulations; one BH MCO was partially compliant on eight categories and the remaining BH MCO was partially compliant on five categories.
- Readiness assessments were conducted for several Counties in this review year.

- Readiness reviews were completed for the following Counties that subcontract with CBHNP: Bedford, Blair, Clinton, Franklin, Fulton, Lycoming and Somerset. No issues were noted for any categories in Subpart D.
- Readiness reviews were completed for the following Counties that subcontract with CCBH: Carbon, Monroe, Pike and the 23 Counties in the North Central State Option. No issues were noted for any categories in Subpart D.
- Readiness reviews were completed for the following Counties that subcontract with VBH: Cambria, Crawford, Erie, Mercer and Venango. No issues were noted for any categories in Subpart D.

Subpart F: Federal and State Grievance System Standards

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

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

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

- Eight of nine categories were compliant across the seven PH MCOs in Subpart F: Federal and State Grievance Standards. The one category for which there was partial compliance, Effectuation of Reversed Resolutions, was partially compliant for one of the seven PH MCOs.

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

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

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

- All five BH MCOs were partially compliant on nine of ten categories in Subpart F. The one remaining category, Recordkeeping and Recording Requirements was compliant for all five BH MCOs.
- Readiness assessments were conducted for several Counties in this review year.
 - Readiness reviews were completed for the following Counties that subcontract with CBHNP: Bedford, Blair, Clinton, Franklin, Fulton, Lycoming and Somerset. No issues were noted for any categories in Subpart F.
 - Readiness reviews were completed for the following Counties that subcontract with CCBH: Carbon, Monroe, Pike and the 23 Counties in the North Central State Option. No issues were noted for any categories in Subpart F.
 - Readiness reviews were completed for the following Counties that subcontract with VBH: Cambria, Crawford, Erie, Mercer and Venango. No issues were noted for any categories in Subpart F.

Section II. Performance Improvement Projects

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

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

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

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

Overall Project Performance Score

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

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

Scoring Matrix

When the PIPs are reviewed, some projects may be further along than others. The scoring matrix is completed for those review elements where activities have occurred in the review year. 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 4 - PIP Review Element Scoring Weights

Review Element	Standard	Scoring Weight
1	Project Title, Type, Focus Area	5%
2	Topic Relevance	5%
3	Quality Indicators	15%
4	Baseline Study and Analysis	10%
5	Baseline Study Population and Baseline Measurement Performance	10%
6	Interventions Aimed at Achieving Demonstrable Improvement	15%
7	Demonstrable Improvement	20%
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%

PH MCO PIP Review

For the purposes of the EQR, PH MCOs were required to submit two studies for validation by IPRO annually. 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.

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

Table 5 - PH MCO PIP Topics

MCO	PIP Topic
ACPA	1. Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit 2. Breast Cancer Screening
AMHP	1. Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV Receiving a Flu Shot 2. Improving Women's Health
GHP	1. Adolescent Well-Care Visits 2. Controlling High Blood Pressure
HPPH	1. Increase the Percent of Members Receiving a Mammography Exam 2. Increasing Cervical Cancer Screening Rates for All Women Age 21-64
KMHP	1. Member Safety: Percent of Members Diagnosed with Asthma or Diabetes or HIV Receiving a Flu Shot 2. Emergency Room Utilization
Unison	1. Improving High Risk Pregnancy Management 2. Improving the Rate of Influenza and Pneumococcal Immunizations in the High-Risk Population
UPMC	1. Improving Prenatal Care for the Medical Assistance (MA) Membership 2. Decreasing Emergency Department (ED) Visits-Medical Assistance

The following table represents the score each PH MCO achieved on their two PIPS that were submitted to IPRO for review in 2008 for activities that occurred through 2007.

Table 6 - PH MCO PIP Review Score

Project 1	ACPA	AMHP	GHP	HPPH	KMHP	Unison	UPMC	TOTAL PH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C	C	C
4. Baseline Study and Analysis	C	P	C	C	P	C	C	P
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	C	C	C	C	C	C	C	C
7. Demonstrable Improvement	ND	C	C	ND	C	ND	ND	TBD
Total Demonstrable Improvement Score	TBD	75	80	TBD	75	TBD	TBD	TBD
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	ND	C	C	ND	C	ND	ND	TBD
2S. Sustained Improvement	ND	C	ND	ND	C	ND	ND	TBD
Total Sustained Improvement Score	TBD	20	TBD	TBD	20	TBD	TBD	TBD
Overall Project Performance Score	TBD	95	TBD	TBD	95	TBD	TBD	TBD
Project 2	ACPA	AMHP	GHP	HPPH	KMHP	Unison	UPMC	TOTAL PH MMC
1. Project Title, Type, Focus Area	C	C	C	C	C	C	C	C
2. Topic Relevance	C	P	C	C	C	C	C	P
3. Quality Indicators	C	C	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	ND	C	C	C	C	C	C	TBD
7. Demonstrable Improvement	ND	ND	C	C	NC	ND	ND	TBD
Total Demonstrable Improvement Score	TBD	TBD	80	80	60	TBD	TBD	TBD
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	ND	ND	C	C	C	ND	ND	TBD
2S. Sustained Improvement	ND	ND	ND	C	NC	ND	ND	TBD
Total Sustained Improvement Score	TBD	TBD	TBD	20	5	TBD	TBD	TBD
Overall Project Performance Score	TBD	TBD	TBD	100	65	TBD	TBD	TBD

BH MCO PIP Review

Under the existing behavioral health agreement with OMHSAS, primary contractors (i.e., the Counties), along with the responsible subcontracted entities (i.e., BH MCOs) are required to conduct a minimum of two focused studies per year. For the purposes of the EQR, BH MCOs were required to submit one study selected by OMHSAS for validation by IPRO in 2008 for activities that occurred through 2007.

The BH MCOs are required by OMHSAS to submit their projects using the NCQA QIA form. Table 7 represents the score each BH MCO achieved on the OMHSAS selected PIP regarding Follow-up After Hospitalization for Mental Illness that were submitted to IPRO for review in 2008.

Table 7 - BH MCO PIP Review Score

BH MCOs Only - Follow-up After Hospitalization for Mental Illness	CBH	CBHNP	CCBH	MBH	VBH	TOTAL BH MMC
Review Element						
1. Project Title, Type, Focus Area	C	C	C	C	C	C
2. Topic Relevance	C	C	C	C	C	C
3. Quality Indicators	C	C	C	C	C	C
4. Baseline Study and Analysis	C	C	C	C	C	C
5. Baseline Study Population and Baseline Measurement Performance	C	C	C	C	C	C
6. Interventions Aimed at Achieving Demonstrable Improvement	P	C	C	C	C	P
7. Demonstrable Improvement	C	C	C	C	C	C
Total Demonstrable Improvement Score	72.5	80	80	80	80	TBD
1S. Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	C	C	C	C	C	C
2S. Sustained Improvement	ND	C	C	C	C	TBD
Total Sustained Improvement Score	TBD	20	20	20	20	TBD
Overall Project Performance Score	TBD	100	100	100	100	TBD

- All five BH MCOs were fully compliant on the first five review elements for their respective projects related to Follow-up After Hospitalization for Mental Illness.
- One BH MCO, CBH, was partially compliant for the sixth review element, Interventions Aimed at Achieving Demonstrable Improvement, whereas the other four BH MCOs were compliant on this element.
- The five BH MCOs were evaluated on Demonstrable Improvement and Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement and all were Compliant on both elements.
- Four of the five BH MCOs were evaluated and compliant on the last element, Sustained Improvement. BH MCOs were given the opportunity to conduct re-measurement during one of two years. One BH MCO, CBH, elected to conduct re-measurement during the latter year. Evaluation of Sustained Improvement was therefore not applicable for CBH during this review period.

Table 8 - Follow-up After Hospitalization for Mental Illness PIP Performance Results

BH MCO	Indicator	Baseline Study	Remeasurement #1	Remeasurement #2
CBH	Within 7 Days	28.3%	34.3%*	NA
	Within 30 Days	40.7%	50.6%*	NA
CBHNP	Within 7 Days	37.6%	39.4%*	43.4%**
	Within 30 Days	61.8%	65.3%*	67.3%**
CCBH	Within 7 Days	36.4%	41.8%*	45.1%**
	Within 30 Days	55.8%	61.4%*	65.2%**
MBH	Within 7 Days	38.2%	38.3%*	48.2%**
	Within 30 Days	49.8%	49.6%	64.4%
VBH	Within 7 Days	35.3%	40.7%*	38.1%**
	Within 30 Days	59.3%	63.3%*	61.3%**

*Indicates Demonstrable Improvement

** Indicates Sustained Improvement

Section III. Performance Measures

The BBA requires that performance measures be validated in a manner consistent with the EQR protocol *Validating Performance Measures*. Audits of MCOs are to be conducted as prescribed by NCQA’s *HEDIS 2008, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method as described in the EQRO protocols.

Each PH MCO underwent a full HEDIS Compliance Audit™ in 2008. PH MCO performance on HEDIS measures is included in this year’s EQR report. The PH MCOs are required by DPW to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the *HEDIS 2008: Volume 2: Technical Specifications*. All the PH MCO HEDIS rates are compiled and provided to DPW on an annual basis. Table 9 represents the HEDIS performance for all seven PH MCOs in 2008 as well as the PH MMC mean and the PH MMC weighted average. All reported HEDIS measure results are displayed in Table 9; a subset of these measures is provided in the PH MCO annual technical reports.

Comparisons to fee for service Medicaid data are not included in this report as the fee for service data and processes were not subject to a HEDIS compliance audit or other independent validation for HEDIS 2008 measures.

Table 9 - PH MCO HEDIS Measure Results

	ACPA	AMHP	GWHP	HPHP	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
Effectiveness of Care									
Prevention and Screening									
Childhood Immunization Status (CIS)									
CIS: DtaP/DT (Age 2 years)	77%	79%	82%	75%	84%	77%	79%	79%	80%
CIS: IPV (Age 2 years)	89%	90%	93%	88%	94%	89%	91%	91%	92%
CIS: MMR (Age 2 years)	86%	89%	95%	92%	94%	89%	90%	91%	92%
CIS: HiB (Age 2 years)	81%	89%	94%	88%	93%	89%	93%	89%	91%
CIS: Hepatitis B (Age 2 years)	86%	93%	95%	85%	96%	93%	94%	92%	93%
CIS: VZV (Age 2 years)	87%	87%	93%	91%	93%	89%	89%	90%	91%
CIS: Pneumococcal Conjugate (Age 2 years)	73%	71%	82%	72%	82%	74%	81%	76%	78%

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
CIS: Combination 2 (Age 2 years)	68%	73%	77%	71%	80%	74%	73%	74%	76%
CIS: Combination 3 (Age 2 years)	63%	64%	72%	64%	75%	66%	68%	67%	70%
Lead Screening in Children (LSC)									
LSC: Rate (Age 2 years)	74%	66%	69%	70%	68%	69%	55%	67%	68%
Breast Cancer Screening (BCS) - Administrative Only									
BCS: Ages 42 - 51 years	34%	50%	45%	48%	42%	43%	42%	43%	44%
BCS: Ages 52 - 69 years	44%	60%	58%	61%	52%	53%	50%	54%	55%
BCS: Total Rate (Ages 42-69 years)	39%	55%	51%	55%	47%	48%	46%	49%	49%
Cervical Cancer Screening (CCS)									
CCS: Rate (Ages 21-64 years)	52%	73%	78%	58%	67%	64%	68%	66%	68%
Chlamydia Screening in Women (CHL) - Administrative Only									
CHL: Ages 16 - 20 years	47%	40%	33%	52%	50%	41%	34%	42%	43%
CHL: Ages 21 - 25 years	46%	45%	37%	59%	54%	49%	41%	47%	48%
CHL: Total Rate (Ages 16-25 years)	47%	42%	35%	55%	52%	45%	38%	45%	45%
Respiratory Conditions									
Appropriate Testing for Children with Pharyngitis (CWP) - Administrative Only									
CWP: Rate (Ages 2-18 years)	58%	41%	59%	34%	49%	62%	75%	54%	55%
Appropriate Treatment for Children with Upper Respiratory Infection (URI) - Administrative Only									
URI: Rate (Ages 3 months-18 years)	86%	83%	84%	87%	85%	81%	84%	84%	84%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) - Administrative Only									
AAB: Rate (Ages 18-64 years)	31%	21%	26%	29%	26%	24%	28%	26%	26%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) - Administrative Only									
SPR: Rate (Ages 40 years and older)	18%	29%	27%	19%	24%	23%	30%	24%	24%
Pharmacotherapy Management of COPD Exacerbation (PCE) - Administrative Only									
PCE: Systemic Corticosteroid (Ages 40 years and older)	51%	63%	53%	50%	57%	57%	47%	54%	54%
PCE: Bronchodilator (Ages 40 years and older)	78%	79%	78%	76%	80%	76%	68%	76%	76%
Use of Appropriate Medications for People with Asthma (ASM) - Administrative Only									
ASM: Ages 5 - 9 years	92%	93%	93%	89%	93%	87%	90%	91%	92%

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
ASM: Ages 10 - 17 years	91%	91%	90%	89%	92%	86%	89%	90%	90%
ASM: Ages 18 - 56 years	87%	90%	87%	87%	89%	83%	90%	88%	88%
ASM: Total Rate (Ages 5-56 years)	90%	91%	90%	88%	91%	85%	90%	89%	89%
Cardiovascular Conditions									
Cholesterol Management for Patients with Cardiovascular Conditions (CMC)									
CMC: LDL-C Screening (Ages 18-75 years)	61%	86%	83%	79%	80%	76%	83%	78%	80%
CMC: LDL-C Level <100 mg/dL (Ages 18-75 years)	23%	42%	45%	72%	39%	39%	49%	44%	47%
Controlling High Blood Pressure (CBP) - Hybrid Only									
CBP: Total Rate (Ages 18-85 years)	49%	62%	65%	63%	64%	57%	62%	60%	62%
Persistence of Beta Blocker Treatment After a Heart Attack (PBH) - Administrative Only									
PBH: Rate (Ages 18 years and older)	50%	NA	74%	60%	71%	63%	77%	66%	67%
Diabetes									
Comprehensive Diabetes Care (CDC)									
CDC: HbA1c Testing (Ages 18-75 years)	68%	83%	85%	73%	81%	77%	83%	79%	79%
CDC: Poor HbA1c Control (>9.0%) (Ages 18-75 years)	56%	48%	37%	46%	45%	42%	36%	44%	43%
CDC: HbA1c Good Control (<7.0%) (Ages 18-75 years)	27%	33%	35%	33%	32%	36%	40%	34%	34%
CDC: Eye Exam (Ages 18-75 years)	43%	61%	64%	43%	47%	60%	58%	54%	53%
CDC: LDL-C Screening (Ages 18-75 years)	66%	78%	81%	73%	79%	73%	75%	75%	76%
CDC: LDL-C Level <100 mg/dL (Ages 18-75 years)	25%	35%	42%	65%	36%	29%	39%	39%	41%
CDC: Medical Attention for Nephropathy (Ages 18-75 years)	73%	80%	81%	80%	76%	76%	78%	78%	78%
CDC: Blood Pressure Controlled < 130/80 mm Hg (Ages 18-75 years)	25%	37%	33%	22%	26%	32%	30%	29%	29%
CDC: Blood Pressure Controlled < 140/99 mm Hg (Ages 18-75 years)	52%	65%	66%	44%	49%	61%	64%	57%	56%
Musculoskeletal									
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART) - Administrative Only									
ART: Rate (Ages 18 years and older)	NA	70%	80%	72%	74%	71%	71%	73%	74%
Use of Imaging Studies for Low Back Pain (LBP) - Administrative Only									
LBP: Rate (Ages 18-50 years)	80%	74%	79%	82%	79%	70%	76%	77%	77%
Behavioral Health									

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
Follow-up Care for Children Prescribed ADHD Medication (ADD) - Administrative Only									
ADD: Initiation Phase (Ages 6-12 years)	14%	20%	20%	NR	16%	24%	27%	20%	20%
ADD: Continuation and Maintenance Phase (Ages 6-12 years)	8%	11%	16%	NR	9%	20%	23%	15%	15%
Medication Management									
Annual Monitoring for Patients on Persistent Medications (MPM) - Administrative Only									
MPM: ACE inhibitors or ARBs (Ages 18 years and older)	78%	87%	82%	86%	80%	85%	86%	83%	83%
MPM: Digoxin (Ages 18 years and older)	79%	86%	82%	90%	82%	83%	91%	85%	85%
MPM: Diuretics (Ages 18 years and older)	77%	86%	81%	85%	80%	83%	86%	82%	82%
MPM: Anticonvulsants (Ages 18 years and older)	52%	68%	69%	60%	62%	68%	71%	64%	65%
MPM: Total Rate (Ages 18 years and older)	73%	83%	79%	82%	77%	81%	83%	80%	80%
Access/Availability of Care									
Adults' Access to Preventive/Ambulatory Health Services (AAP) - Administrative Only									
AAP: Ages 20 - 44 years	65%	82%	81%	79%	83%	80%	84%	79%	81%
AAP: Ages 45 - 64 years	73%	89%	88%	88%	89%	84%	89%	86%	87%
AAP: Ages 65 years and older	77%	87%	86%	89%	88%	79%	83%	84%	86%
Children and Adolescents' Access to Primary Care Practitioners (CAP) - Administrative Only									
CAP: Ages 12 - 24 months	89%	86%	97%	93%	95%	95%	98%	94%	95%
CAP: Ages 25 months - 6 years	78%	73%	87%	83%	84%	85%	90%	83%	84%
CAP: Ages 7 - 11 years	82%	78%	90%	87%	85%	88%	90%	86%	86%
CAP: Ages 12 - 19 years	77%	75%	87%	84%	81%	86%	89%	83%	84%
Annual Dental Visits (ADV) - Administrative Only									
ADV: Ages 2 - 3 years	28%	14%	15%	31%	30%	20%	19%	22%	23%
ADV: Ages 4 - 6 years	53%	44%	40%	59%	56%	52%	48%	50%	50%
ADV: Ages 7 - 10 years	52%	49%	43%	57%	56%	54%	52%	52%	52%
ADV: Ages 11 - 14 years	46%	44%	41%	50%	48%	51%	49%	47%	47%
ADV: Ages 15 - 18 years	38%	38%	37%	38%	38%	46%	44%	40%	39%
ADV: Ages 19 - 21 years	28%	30%	29%	30%	29%	35%	33%	30%	30%
ADV: Total Rate (Ages 2-21 years)	43%	39%	36%	46%	45%	46%	43%	43%	42%

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
Prenatal and Postpartum Care (PPC)									
PPC: Timeliness of Prenatal Care	72%	87%	92%	75%	75%	85%	90%	82%	83%
PPC: Postpartum Care	47%	61%	67%	54%	57%	59%	61%	58%	59%
Call Abandonment (CAB) - Administrative Only									
CAB: Rate	2%	4%	3%	3%	4%	2%	1%	3%	3%
Call Answer Timeliness (CAT) - Administrative Only									
CAT: Rate	88%	68%	73%	84%	70%	82%	84%	78%	77%
Use of Services									
Frequency of Ongoing Prenatal Care (FPC)									
FPC: <21 percent	9%	2%	2%	8%	8%	2%	2%	5%	5%
FPC: 21 - 40 percent	9%	2%	1%	7%	5%	2%	4%	4%	4%
FPC: 41 - 60 percent	10%	4%	3%	10%	10%	8%	3%	7%	7%
FPC: 61 - 80 percent	20%	14%	6%	19%	15%	17%	10%	14%	13%
FPC: >= 81 percent	51%	78%	89%	55%	63%	70%	80%	69%	71%
Well-Child Visits in the First 15 Months of Life (W15)									
W15: 0 Visits	4%	2%	1%	3%	2%	5%	1%	3%	2%
W15: 1 Visit	3%	2%	1%	2%	1%	2%	1%	2%	1%
W15: 2 Visits	3%	2%	3%	4%	3%	3%	2%	3%	3%
W15: 3 Visits	6%	5%	5%	5%	5%	6%	4%	5%	5%
W15: 4 Visits	11%	6%	10%	10%	10%	11%	9%	10%	10%
W15: 5 Visits	20%	12%	19%	23%	21%	18%	16%	19%	19%
W15: >= 6 Visits	53%	71%	60%	53%	58%	55%	66%	59%	59%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)									
W34: Rate	67%	63%	68%	72%	70%	67%	72%	68%	69%
Adolescent Well-Care Visits (AWC)									
AWC: Rate (Ages 12-21 years)	47%	55%	56%	62%	50%	49%	53%	53%	53%
Frequency of Selected Procedures (FSP)									
FSP: Myringotomy M&F Ages 0-4 Procs/1,000 MM	1.36	2.38	1.65	1.97	2.57	2.45	3.53	2.27	

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
FSP: Myringotomy M&F Ages 5-19 Procs/1,000 MM	0.2	0.4	0.3	0.4	0.4	0.5	0.6	0.40	
FSP: Tonsillectomy M&F Ages 0-9 Procs/1,000 MM	0.5	0.5	0.7	0.7	0.6	0.7	0.6	0.61	
FSP: Tonsillectomy M&F Ages 10-19 Procs/1,000 MM	0.1	0.3	0.4	0.3	0.2	0.3	0.4	0.29	
FSP: Non-Obs D&C F Ages 15-44 Procs/1,000 MM	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.14	
FSP: Non-Obs D&C F Ages 45-64 Procs/1,000 MM	0.1	0.3	0.2	0.2	0.2	0.3	0.3	0.23	
FSP: Hysterectomy Abdominal F Ages 15-44 Procs/1,000 MM	0.1	0.3	0.3	0.1	0.2	0.3	0.3	0.23	
FSP: Hysterectomy Abdominal F Ages 45-64 Procs/1,000 MM	0.3	0.7	0.5	0.4	0.5	0.4	0.4	0.5	
FSP: Hysterectomy Vaginal F Ages 15-44 Procs/1,000 MM	0.0	0.3	0.2	0.0	0.1	0.2	0.2	0.1	
FSP: Hysterectomy Vaginal F Ages 45-64 Procs/1,000 MM	0.0	0.3	0.2	0.1	0.1	0.2	0.2	0.2	
FSP: Cholecystectomy, Open M Ages 30-64 Procs/1,000 MM	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.1	
FSP: Cholecystectomy, Open F Ages 15-44 Procs/1,000 MM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
FSP: Cholecystectomy Open F Ages 45-64 Procs/1,000 MM	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	
FSP: Cholecystectomy Closed M Ages 30-64 Procs/1,000 MM	0.1	0.2	0.3	0.1	0.2	0.3	0.5	0.2	
FSP: Cholecystectomy Closed F Ages 15-44 Procs/1,000 MM	0.3	0.6	0.7	0.4	0.5	0.7	0.9	0.6	
FSP: Cholecystectomy Closed F Ages 45-64 Procs/1,000 MM	0.4	0.8	0.7	0.4	0.4	0.6	0.9	0.6	
FSP: Back Surgery M Ages 20-44 Procs/1,000 MM	0.1	0.4	0.4	0.1	0.3	0.3	0.9	0.4	
FSP: Back Surgery F Ages 20-44 Procs/1,000 MM	0.1	0.2	0.2	0.1	0.1	0.2	0.4	0.2	
FSP: Back Surgery M Ages 45-64 Procs/1,000 MM	0.1	0.4	0.6	0.3	0.5	0.6	1.7	0.6	
FSP: Back Surgery F Ages 45-64 Procs/1,000 MM	0.2	0.4	0.7	0.2	0.4	0.5	1.1	0.5	
FSP: Mastectomy F Ages 15-44 Procs/1,000 MM	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
FSP: Mastectomy F Ages 45-64 Procs/1,000 MM	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	
FSP: Lumpectomy F Ages 15-44 Procs/1,000 MM	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
FSP: Lumpectomy F Ages 45-64 Procs/1,000 MM	0.4	0.6	0.5	0.7	0.6	0.5	0.5	0.5	
Ambulatory Care: Total (AMBA)									
AMBA: Outpatient Visits/1,000 MM	219.0	369.1	332.0	273.3	375.8	306.6	392.9	324.1	
AMBA: Emergency Department Visits/1,000 MM	61.4	79.2	72.9	73.3	65.8	71.7	78.9	71.9	
AMBA: Ambulatory Surgery Procedures/1,000 MM	4.0	6.5	7.8	8.3	5.9	6.7	12.1	7.3	
AMBA: Observation Department Stays/1,000 MM	0.7	2.4	2.7	1.5	2.1	2.3	2.3	2.0	

	ACPA	AMHP	GWHP	HHPH	KMHP	Unison	UPMC	PH MMC Mean	PH MMC Weighted Average
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)									
IPUA: Total Discharges/1,000 MM	11.5	9.1	10.6	13.5	13.8	9.8	10.3	11.2	
IPUA: Medicine Discharges/1,000 MM	7.6	3.9	5.2	8.0	8.1	4.7	4.9	6.1	
IPUA: Surgery Discharges/1,000 MM	1.4	1.3	1.8	2.0	2.0	2.4	2.5	1.9	
IPUA: Maternity Discharges/1,000 MM	3.5	6.2	5.6	5.1	5.9	4.3	4.2	5.0	
Inpatient Utilization - Nonacute Care: Total (NONA)									
NONA: Discharges/1,000 MM	0.5	0.2	0.3	0.5	0.4	0.2	0.8	0.4	
NONA: Days/1,000 MM	9.1	3.7	4.3	7.9	11.3	5.3	10.4	7.4	
NONA: ALOS	18.9	17.0	14.7	16.6	26.5	21.9	12.4	18.3	
Antibiotic Utilization: Total (ABXA)									
ABXA: Total # of Antibiotic Prescriptions M&F	58,181.0	93,949.0	288,988.0	111,363.0	279,613.0	185,190.0	125,345.0	163,232.7	
ABXA: Average # of Antibiotic Prescriptions PMPY M&F	0.7	1.0	1.2	0.8	1.0	1.2	1.3	1.0	
ABXA: Total Days Supplied for all Antibiotic Prescriptions M&F	553,964.0	881,167.0	2,768,475.0	1,005,915.0	2,678,702.0	1,742,954.0	1,259,257.0	1,555,776.3	
ABXA: Average # Days Supplied per Antibiotic Prescription M&F	9.5	9.4	9.6	9.0	9.6	9.4	10.0	9.5	
ABXA: Total # of Prescriptions for Antibiotics of Concern M&F	20,797.0	38,538.0	118,221.0	42,539.0	109,899.0	77,702.0	52,101.0	65,685.3	
ABXA: Average # of Prescriptions for Antibiotics of Concern M&F	0.3	0.4	0.5	0.3	0.4	0.5	0.5	0.4	
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	
Outpatient Drug Utilization: Total (ORXA)									
ORXA: Average Cost of Prescriptions PMPM	53.8	56.5	70.8	76.5	69.2	58.1	93.7	68.4	
ORXA: Average Number of Prescriptions PMPY	11.7	13.1	15.2	16.4	15.5	13.8	18.8	14.9	
Health Plan Descriptive Information									
Board Certification (BCR)									
BCR: % of Family Medicine Board Certified	58.6%	90.3%	89.0%	77.6%	88.9%	89.7%	88.5%	83.2%	
BCR: % of Internal Medicine Board Certified	67.6%	85.5%	91.9%	73.5%	84.5%	90.6%	91.7%	83.6%	
BCR: % of OB/GYNs Board Certified	71.4%	82.5%	73.9%	78.3%	86.6%	87.6%	83.9%	80.6%	
BCR: % of Pediatricians Board Certified	78.9%	91.0%	86.3%	89.8%	92.2%	92.1%	92.9%	89.0%	
BCR: % of Geriatricians Board Certified	46.2%	88.9%	81.8%	88.5%	87.2%	88.9%	85.2%	80.9%	
BCR: % of Other Physician Specialists Board Certified	70.1%	81.9%	81.3%	88.3%	78.7%	87.8%	87.8%	82.3%	

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

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

PA Performance Measure results are presented for each PH MCO in Table 10 along with the PH MMC Mean and PH MMC weighted average.

Table 10 - PH MCO PA Performance Measure Results

	ACPA	AMHP	GHP	HPHP	KMHP	UNISON	UPMC	PH MMC Mean	PH MMC Weighted Average
Annual Comprehensive Screenings Examinations									
Annual Comprehensive Screenings (Age 19 months)	13.15%	10.51%	24.42%	10.19%	15.75%	17.90%	25.00%	16.70%	17.80%
Annual Comprehensive Screenings (Ages 3-6 years)	17.84%	15.01%	31.10%	18.27%	16.25%	31.51%	24.26%	22.03%	23.17%
Annual Comprehensive Screenings (Ages 7,9,11 years)	20.88%	14.17%	30.43%	24.31%	19.22%	29.41%	21.70%	22.87%	24.08%
Annual Comprehensive Screenings (Ages 12-21 years)	12.19%	10.30%	20.22%	14.68%	12.36%	19.80%	11.32%	14.41%	15.40%
EPSDT - Lead Screening - 19 months									
Rate	63.73%	59.13%	63.31%	62.35%	54.13%	63.64%	54.68%	60.14%	59.56%
EPSDT - Lead Screening - 3 years									
Rate	42.99%	28.56%	37.48%	38.33%	31.36%	39.49%	32.09%	35.76%	35.30%
EPSDT - Audio Screening - Age 4-7, 9, 11-21 years									
Rate	19.78%	13.53%	30.59%	21.70%	18.13%	29.61%	22.30%	22.24%	23.44%
EPSDT - Anemia Screening - 19 months									
Rate	39.46%	37.35%	40.06%	27.14%	34.82%	43.21%	38.81%	37.27%	37.20%
EPSDT - Urinalysis - 6 years									
Rate	20.09%	25.99%	31.75%	15.06%	19.84%	33.07%	26.24%	24.58%	25.58%

	ACPA	AMHP	GHP	HPHP	KMHP	UNISON	UPMC	PH MMC Mean	PH MMC Weighted Average
Annual Dental Visits for Members with Developmental Disabilities									
Rate	48.26%	34.80%	38.17%	51.64%	39.68%	48.02%	39.80%	42.91%	42.75%
Annual Body Mass Index Screening (BMI)									
Rate 1 - Height and Weight	75.67%	96.90%	97.08%	83.94%	97.17%	95.83%	92.35%	91.28%	91.35%
Rate 2 - BMI	41.61%	61.58%	62.04%	31.39%	50.71%	65.28%	70.37%	54.71%	54.75%
Rate 3 - Percentage "Overweight" and "Obese"	34.62%	36.95%	38.85%	35.07%	32.77%	34.30%	36.90%	35.64%	35.65%
Rate 4 - BMI for "Overweight" and "Obese"	57.41%	70.67%	61.29%	41.32%	59.26%	71.13%	76.09%	62.45%	63.12%
Cervical Cancer Screening among Women who are HIV+									
Rate	33.45%	53.90%	49.64%	41.14%	40.19%	41.33%	44.55%	43.46%	42.05%
Emergency Department Encounter Rate for Asthma (Ages 5-20 years)									
Rate	30.20%	19.31%	19.58%	30.47%	22.18%	17.71%	17.70%	22.45%	22.51%
Periodic Dental Evaluations & Dental Sealants									
Rate 1 - Periodic Dental Evaluations for Children and Adolescents (Ages 3-20 years)	37.86%	30.94%	38.98%	40.85%	37.59%	41.68%	40.04%	38.28%	38.46%
Rate 2 - Periodic Dental Evaluations for Adults (Ages 21-64 years)	18.07%	22.28%	24.46%	24.60%	21.77%	24.90%	26.97%	23.29%	23.37%
Rate 3 - Dental Sealants for Children (By Age 8)	37.34%	56.67%	18.50%	41.26%	43.96%	25.26%	49.74%	38.96%	33.77%
Prenatal Screening for Smoking									
Rate 1 - Prenatal Screening for Smoking	55.47%	100.00%	83.70%	63.87%	100.00%	100.00%	91.00%	84.86%	85.09%
Rate 2 - Prenatal Screening for Environmental Tobacco Smoke	9.11%	27.59%	15.33%	1.68%	22.96%	23.93%	29.93%	18.65%	18.96%
Rate 3 - Prenatal Counseling for Smoking	47.56%	53.85%	54.34%	40.43%	43.33%	62.22%	66.85%	52.65%	55.91%
Rate 4 - Prenatal Counseling for Environmental Tobacco Smoke	41.67%	39.39%	31.58%	100.00%	38.64%	39.29%	63.89%	50.64%	42.98%
Rate 5 - Prenatal Smoking Cessation	16.13%	26.55%	9.23%	19.57%	30.00%	10.99%	15.65%	18.30%	16.67%

	ACPA	AMHP	GHP	HPHP	KMHP	UNISON	UPMC	PH MMC Mean	PH MMC Weighted Average
Perinatal Depression Screening									
Rate 1 - Prenatal Screening for Depression	56.59%	51.89%	26.28%	51.54%	44.06%	65.24%	63.26%	51.26%	50.85%
Rate 2 - Prenatal Screening Positive for Depression	11.21%	20.45%	34.26%	18.48%	14.37%	26.25%	18.46%	20.50%	20.47%
Rate 3 - Prenatal Counseling for Depression	76.92%	75.56%	48.65%	47.06%	58.33%	66.18%	54.17%	60.98%	60.59%
Rate 4 - Postpartum Screening for Depression	30.43%	28.80%	39.81%	42.33%	18.87%	46.56%	31.99%	34.11%	34.20%
Rate 5 - Postpartum Screening Positive for Depression	14.29%	19.44%	24.39%	2.20%	25.00%	21.74%	20.69%	18.25%	17.61%
Rate 6 - Postpartum Counseling for Depression	100.00%	78.57%	50.00%	100.00%	60.00%	76.00%	77.78%	77.48%	72.84%

In accordance with OMHSAS, BH MCOs are not required to complete a HEDIS Compliance Audit. BH MCOs and County Contractors are required to calculate Pennsylvania Performance measures related to Follow-up After Hospitalization for Mental Illness and Readmission within 30 Days of Inpatient Psychiatric Discharge. These measures are validated annually by IPRO. These performance measure results are presented in Table 11 for each BH MCO.

Table 11 - BH MCO Performance Measure Results

	CBH	CBHNP	CCBH	MBH	VBH	BH MMC Average	BH MMC Weighted Average
Follow-up After Hospitalization for Mental Illness							
Within 7 Days	33.6%	38.3%	45.8%	46.3%	40.6%	40.9%	41.4%
Within 30 Days	49.4%	61.0%	66.5%	62.6%	64.9%	60.9%	61.0%
Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness							
Within 7 Days	51.6%	51.4%	52.3%	57.5%	52.6%	53.1%	52.9%
Within 30 Days	66.0%	68.8%	74.4%	70.7%	72.7%	70.5%	71.1%
Readmission within 30 Days of Inpatient Psychiatric Discharge							
Rate	13.1%	15.0%	11.9%	15.2%	11.3%	13.3%	12.9%

- The BH MMC average takes the sum of the individual BH MCO rates and divides that sum by the total number of MCOs participating in the measurement. Note that the BH MCO average therefore is *not* weighted. The BH MMC MY 2007 average for the 7-Day Follow-up After Hospitalization measure was 40.9%. Rates for two of the five BH MCOs, CCBH and MBH were higher than the MMC average, the other three MCOs, CBH, CBHNP and VBH were below.
- The BH MMC average for the 30-Day Follow-up After Hospitalization for Mental Illness measure was 60.9%. For this indicator, CCBH observed the highest performance rate at 66.5%, while CBH had the lowest rate of 49.4%. CCBH, MBH and VBH performed above the BH MMC average by 5.6, 1.6 and 4.0 percentage points, respectively.
- The BH MMC average for the 7-Day Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness measure was 53.1%. MBH performed above the BH MMC average, whereas CBH, CBHNP, CCBH and VBH were below the average by 1.5, 1.7, 0.8 and 0.5 percentage points, respectively.
- Three of five BH MCOs, CCBH, MBH and VBH, had rates above the BH MMC average of 70.5% for the 30-Day Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness. Both CBH and CBHNP were below the BH MMC average.
- Rates ranged from 11.3% to 15.2% for the Readmission within 30 Days of Inpatient Psychiatric Discharge measure for the BH MCOs. The lowest rate was observed for VBH at 11.3%, the highest for MBH at 15.2%. The BH MMC average for the rate was 13.3%. The rates for two BH MCOs were higher than the BH MMC average. Please note that this measure is an inverted measure, in that lower rates are preferable.

Section IV. Strengths and Opportunities

Overall Strengths of the HealthChoices MCOs

- Both the PH and BH MCOs have implemented PIPs and are able to provide documentation of their projects for IPRO's review.
- All PH MCOs successfully completed NCQA HEDIS Compliance Audits in 2008 that have resulted in reportable rates for all required measures. All PH MCOs also successfully calculated and completed validation of PA Performance Measures.
- The five BH MCOs successfully calculated and completed validation of Performance Measures related to Follow-up After Hospitalization for Mental Illness as well as Readmission within 30 Days of Inpatient Psychiatric Discharge.
- All MCOs provided responses to the Opportunities for Improvements issued in 2007.
- Readiness reviews were conducted and completed for several Counties that subcontract with three BH MCOs.

Overall Opportunities for the HealthChoices MCOs

- The five BH MCOs were partially compliant with Subpart C: Enrollee Rights and Protections Regulations.
- One PH and the five BH MCOs were partially compliant on Subpart D: Quality Assessment and Performance Improvement Regulations
- One PH and the five BH MCOs were partially compliant on Subpart F: Federal and State Grievance System Standards.

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

At the request of OMAP, targeted opportunities for improvement were made this year for PH MCOs regarding the Pay for Performance (P4P) measures via MCO-Specific P4P Measure Matrixes. Each P4P Matrix provides a comparative look at selected HEDIS measures included in the Quality Performance Measures component of the “HealthChoices MCO Pay for Performance Program.” The P4P matrix indicates when a MCO’s performance rates for the P4P measures are notable or whether there is cause for action. Those measures that fall into the “D” and “F” graded categories require a root cause analysis and action plan to assist the PH MCOs with identifying factors contributing to poor performance.

The following is a list of the measures for each PH MCO requiring a root cause analysis and action plan:

	ACPA	AMHP	GHP	HPHP	KMHP	UNISON	UPMC
D	Comprehensive Diabetes Care - HbA1c Poor Control ² Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL) Frequency of Ongoing Prenatal Care: >= 81% of Expected Prenatal Care Visits Received Controlling High Blood Pressure Timeliness of Prenatal Care 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 Cervical Cancer Screening	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL) Frequency of Ongoing Prenatal Care: >= 81% of Expected Prenatal Care Visits Received Breast Cancer Screening (Age 52-69 years)	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL) Comprehensive Diabetes Care - LDL-C Level Controlled (<100 mg/dL) Use of Appropriate Medications for People with Asthma	Breast Cancer Screening (Age 52-69 years)
F	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Level Controlled (<100 mg/dL)	Emergency Department Utilization ³	Emergency Department Utilization	Emergency Department Utilization	Timeliness of Prenatal Care		Emergency Department Utilization

² Comprehensive Diabetes Care - HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

³ Emergency Department Utilization is an inverted measure. Lower rates are preferable, indicating better performance.

At the request of OMHSAS, opportunities for improvement regarding P4P measures were modified this year for BH MCOs. More detailed responses and a follow up status were required for those P4P measures for which statistically significant reduction in performance was noted in the current measurement year as compared to the prior measurement year or statistically significant reduction in performance was noted for the BH MCO as compared to the BH MCO average.

The following is a list of the measures requiring analysis, an action plan and a monitoring plan as appropriate to each BH MCO:

CBH	CBHNP	CCBH	MBH	VBH
Follow-up After Hospitalization for Mental Illness within 7 Days Follow-up After Hospitalization for Mental Illness within 30 Days Readmission within 30 days of Inpatient Psychiatric Discharge	Follow-up After Hospitalization for Mental Illness within 7 days Follow-up After Hospitalization for Mental Illness within 30 Days Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness within 30 Days Readmission within 30 days of Inpatient Psychiatric Discharge	No measures require analysis and plans	Readmission within 30 days of Inpatient Psychiatric Discharge	No measures require analysis and plans

Section V. Current and Proposed Interventions

To achieve full compliance with federal regulations, the MCOs were requested to respond to the opportunities for improvement from the prior year's reports.

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

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

- Follow-up actions that the MCOs had taken through 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.

Individual current and proposed interventions for each BH and PH MCO are detailed in their respective annual technical reports.

Corrective action plans that were in place at the OMHSAS level were also forwarded to IPRO for inclusion in the BH MCO 2008 annual review reports.

Upon request, the following reports can be made available:

1. Individual PH MCO BBA Reports for 2008
2. Individual BH MCO BBA Reports for 2008
3. Follow-up After Hospitalization for Mental Illness External Quality Review Report – Measurement Year 2007 (BH MCOs)
4. Readmission within 30 Days of Inpatient Psychiatric Discharge External Quality Review Reports – Measurement 2006 and Measurement Year 2007 (BH MCOs)
5. HEDIS 2008 Member Level Data Reports, Data Analysis Trends (PH MCOs)
6. HEDIS 2008 Member Level Data Reports, Data Findings by Measure (PH MCOs)
7. HEDIS 2008 Member Level Data Reports, Data Analysis Trends (PH MCOs)
8. HEDIS 2008 Member Level Data Reports, Data Findings by Measure (PH MCOs)
9. HEDIS 2008 Member Level Data Reports, Ambulatory Care – Emergency Department Visits (PH MCOs)
10. HEDIS 2008 Member Level Data Reports, Year-to-Year Data Findings – Southeast Zone/Region (PH MCOs)
11. HEDIS 2008 Member Level Data Reports, Year-to-Year Data Findings – Southwest Zone/Region (PH MCOs)
12. HEDIS 2008 Member Level Data Reports, Year-to-Year Data Findings – Lehigh/Capital Zone/Region (PH MCOs)
13. Medicaid Managed Care (MMC) Performance Measures, Examination of Year-to-Year Statistical Comparisons for MMC Weighted Averages (PH MCOs)
14. Medicaid Managed Care (MMC) Performance Measures, Physical Inspection, Graphical Presentation and Statistical Analysis (PH MCOs)
15. Medicaid Managed Care Performance Measure Pay-for-Performance (P4P) Matrices (PH MCOs)

*Note: Reports #3 and #4 display data by MMC, BH MCO, County, Region, Gender, Age, Race and Ethnicity.
Reports #5 through #12 display data by MMC, PH MCO, Region, Race and Ethnicity.*