Commonwealth of Pennsylvania
Department of Human Services
2020 External Quality Review Report
Statewide Medicaid Managed Care Annual Report

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Overview

This report is a summary of Medicaid and CHIP managed care (MMC) external quality review (EQR) findings for the Commonwealth of Pennsylvania's behavioral health (BH), physical health (PH), Children's Health Insurance Program (CHIP), Community HealthChoices (CHC) managed care organizations (MCOs), and the Adult Community Autism Program (ACAP) Prepaid Inpatient Health Plan (PIHP). ACAP is currently a small program, with 179 members enrolled as of December 2019, and EQR findings for this program are presented in a separate section within this report.

For the Commonwealth of Pennsylvania (PA), MMC services are administered separately for PH services, for BH services, for CHIP services, for autism services, and for CHC services, as applicable. The HealthChoices Program is the Commonwealth of Pennsylvania's mandatory managed care program for Medical Assistance recipients. The HealthChoices Program has three subprograms detailed in this report: PH, BH, and Long-Term Living.

The Pennsylvania (PA) Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) oversees the PH component of the HealthChoices Program. DHS OMAP contracts with PH-MCOs to provide physical health care services to recipients.

DHS'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 "right of first opportunity" to enter into capitated contracts with the Commonwealth for the administration of the HealthChoices Behavioral Health (HC BH) Program, the mandatory managed care program that provides Medical Assistance (i.e., Medicaid) recipients with services to treat mental health and/or substance abuse diagnoses/disorders. Forty-three of the 67 counties have signed agreements using the right of first opportunity and have subcontracted with a private sector behavioral health managed care organization (BH-MCO) to manage the HC BH Program. Twenty-four counties have elected not to enter into a capitated agreement and, as such, the DHS/OMHSAS holds agreements directly with two BH-MCOs to directly manage the HC BH Program in those counties. Through these BH-MCOs, recipients receive mental health and/or drug and alcohol services.

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

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

Expansion of the HealthChoices PH Program began in July 2012 with Bedford, Blair, Cambria, and Somerset Counties in the Southwest Zone and Franklin, Fulton, and Huntingdon Counties in the Lehigh/Capital Zone. In October 2012, HealthChoices PH expanded into the New West Zone, which includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Mercer, McKean, Potter, Warren, and Venango Counties. In March 2013, HealthChoices PH expanded further, into these remaining Counties: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming. HealthChoices PH served nearly 2.5 million recipients in 2020.

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

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

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

All Pennsylvania counties were covered by the HealthChoices PH Program in 2014, when it became mandatory statewide. For PH services in 2019, Medical Assistance enrollees had a choice of three to five PH-MCOs within their county (depending on the zone of residence).
The PH MCOs that were participating in the HealthChoices PH Program as of December 2019 were:

Physical Health MCOs

- Aetna Better Health (ABH),
- AmeriHealth NorthEast (ACN),
- AmeriHealth Caritas Pennsylvania (ACP),
- Geisinger Health Plan (GEI),
- Gateway Health (GH),
- Health Partners Plan (HPP),
- Keystone First (KF),
- United Healthcare Community Plan (UHC), and
- UPMC for You (UPMC).

The HealthChoices BH 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 Department holds the HC BH Program Standards and Requirements (PS&R) Agreement with the county directly or counties can create an entity to oversee the services provided to members within those counties. The county or group of counties are referred to in this report as "Primary Contractors." In addition, DHS/OMHSAS holds agreements directly with two BH-MCOs acting as the Primary Contractor for the counties that chose not to exercise their "right of first opportunity." The HealthChoices BH Program is also mandatory statewide.

The BH-MCOs that were participating in the HealthChoices BH Program as of December 2019 were:

Behavioral Health MCOs

- Beacon Health Options of Pennsylvania (BHO)
- Community Behavioral Health (CBH),
- Community Care Behavioral Health (CCBH),
- Magellan Behavioral Health (MBH), and
- PerformCare.

Pennsylvania's Children's Health Insurance Program (CHIP) was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, amended by Act 136 of 2006, and amended and reauthorized by Act 74 of 2013 and Act 84 of 2015 (the Act), and as

amended by Act 58 of 2017. It has long been acknowledged as a national model, receiving specific recognition in the Federal Balanced Budget Act of 1997 as one of only three child health insurance programs nationwide that met Congressional specifications.

In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP through the Cover All Kids initiative. As of March 2007:

- Free CHIP: Coverage has been available to eligible children in households with incomes no greater than 208% of the federal poverty level (FPL);
- Low-Cost CHIP: Coverage is available for those with incomes greater than 208% but not greater than 314% of the FPL; and
- At-Cost CHIP: Families with incomes greater than 314% of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children's Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. Historically, federal funding paid for about two-thirds of the total cost of CHIP; however, under CHIPRA, CHIP's federal funds allotment was substantially increased. CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services, a mandate to make supplemental payments in certain circumstances to Federally Qualified Health Centers and Rural Health Clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Affordable Care Act (the Patient Protection and Affordable Care Act, together with the Health Care and Education Reconciliation Act of 2010; ACA), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods, and procedures in place on the date of passage of the ACA or refund the state's federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to the Department of Human Services (DHS). As of July 1, 2018, the CHIP Managed Care Organizations (MCOs) were required to comply with changes to the federal managed care regulations (42 CFR chapters 457 and 438). CHIP continues to work with the CHIP MCOs to ensure organized and efficient implementation of these regulations. On January 22, 2018, the federal government passed a continuing resolution and adopted the Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). CHIP was authorized at the federal level, including funding appropriations through September 30, 2023. On February 9, 2018, Congress acted again to extend CHIP for an additional four years, or until September 30, 2027. CHIP is provided by the below private health insurance companies that are licensed and regulated by the Department of Human Services and have contracts with the Commonwealth to offer CHIP coverage. Approximately 178,000 children and teens were enrolled in PA CHIP as of October 2020.

CHIP-MCOs

- Aetna Better Health (ABH),
- Capital Blue Cross (CBC),
- Geisinger Health Plan (GEI),
- Highmark HMO,
- Highmark PPO,
- Health Partners Plan (HPP),
- Independence Blue Cross (IBC),

- First Priority Health (NEPA),
- United Healthcare Community Plan (UHC), and
- UPMC for Kids (UPMC).

The PA DHS Office of Long-Term Living (OLTL) oversees CHC, which is PA's mandatory managed care program for Long-Term Living. CHC is for adults dually-eligible for Medicare and Medicaid, and for older adults, and adults with physical disabilities, in need of long-term services and supports (LTSS). LTSS includes services and supports in the nursing facility setting, as well as the home and community setting to help individuals perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications. CHC aims to serve more people in communities, give them the opportunity to work, spend more time with their families, and experience an overall better quality of life. CHC was developed to improve and enhance medical care access and coordination, as well as create a person-driven LTSS system, in which people have a full array of quality services and supports that foster independence, health, and quality of life. CHC was being phased in over a three year period: Phase 1 began January 1, 2018 in the Southwest region (Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties); Phase 2 began January 1, 2019, in the Southeast region (Bucks, Chester, Delaware, Montgomery and Philadelphia Counties); and Phase 3 began January 1, 2020, in the remaining part of the state (Northeast [NE], Northwest [NW], and Lehigh Capital [L/C] Regions). Statewide, PA DHS OLTL contracts with CHC-MCOs to provide CHC benefits to members.

The CHC-MCOs that were participating in CHC as of December 2020 were:

Community HealthChoices MCOs

- Vista Health Plan, Inc. known as AmeriHealth Caritas (AHC; in the Southeast region, operating as Keystone First),
- Pennsylvania Health & Wellness (PAHW), and
- University of Pittsburgh Medical Center Health Plan (UPMC).

These three CHC-MCOs have been contracted with DHS OLTL since the initial implementation of CHC in January 2018.

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 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, per 42 CFR §438.358, are validation of performance improvement projects, validation of MCO performance measures, and review to determine MCO compliance with structure and operations standards established by the state.

DHS contracted with Island Peer Review Organization (IPRO) as its EQRO to conduct the 2020 EQRs for the Medicaid and CHIP 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®) performance measure data, as available for each MCO;
- Pennsylvania-Specific Performance Measures (PAPMs); and
- Structure and Operations Standards Reviews conducted by DHS.

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

Acronym	Description
C	Compliant
P	Partially compliant
NC	Not compliant
ND	Not determined
NA	Not applicable

To evaluate the MMC compliance with the BBA categories, IPRO grouped the appropriate MCOs and assigned the compliance status for the category as a whole. Each MCO individually can be given a compliance status of compliant (C), partially compliant (P), not compliant (NC), or not determined (ND). Categories regarded as not applicable (NA) to the applicable DHS entity are indicated as such. Each category as a whole was then assigned a compliance status value of C, P, NC, 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 was deemed not determined.

Section I: 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 (Updated: *Validating Performance Improvement Projects, Final Protocol, Version 2.0, September* 2012) and meets the requirements of the updated final rule on External Quality Review (EQR) of Medicaid Managed Care Organizations issued on May 6, 2016. IPRO's review evaluates each project against 10 elements:

1. Project Topic and Topic Relevance,
2. Study Question (Aim Statement),
3. Study Variables (Performance Indicators),
4. Identified Study Population,
5. Sampling Methods,
6. Data Collection Procedures,
7. Improvement Strategies (Interventions),
8. Interpretation of Study Results (Demonstrable Improvement),
9. Validity of Reported Improvement, and
10. Sustainability of Documented Improvement.

The first nine elements relate to the baseline and demonstrable improvement phases of the project. The last element relates 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 status. 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.

All MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

Overall Project Performance Score

For divisions for which weighted scoring is applicable, the total points earned for each review element are weighted to determine the MCO's overall performance score for a PIP. The review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for full compliance).

PIPs also are reviewed for the achievement of sustainability of documented 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.

Scoring Matrix

For PH, BH, CHC, and CHIP, when the PIPs are reviewed, all projects are evaluated for the same elements according to the timeline established for that PIP. For all PIPs, the scoring matrix is completed for those review elements where activities have occurred in the review year. At the time of the review, a project is reviewed for only the elements that are due, according to the PIP submission schedule. It will then be evaluated for the remaining elements at later dates, according to the PIP submission schedule. At the time each element is reviewed, a finding is given of met, partially met, or not met. Elements receiving a finding of met will receive 100% of the points assigned to the element, partially met elements will receive 50% of the assigned points, and not met elements will receive 0%.

As part of the new EQR PIP cycle that was initiated for all CHIP-MCOs in 2017, for all CHC-MCOs in 2018, and for all BH-MCOs and PH-MCOs in 2020, IPRO adopted the LEAN methodology, including re-developed templates for submission and evaluation. These updated methodologies, including how review elements are grouped, are further described in these programs' PIP Review subsections, below.

PH-MCO PIP Review

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each Medicaid PH-MCO. For the purposes of the EQR, PH-MCOs were required to participate in studies selected by OMAP for validation by IPRO in 2020 for 2019 activities. Under the applicable HealthChoices Agreement with the DHS in effect during this review period, Medicaid PH-MCOs are required to conduct focused studies each year. For all PH-MCOs, two PIPs were initiated as part of this requirement in 2020. For all PIPs, PH-MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

As part of the EQR PIP cycle that was initiated for all PH-MCOs in 2020, PH-MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, two topics were selected: "Preventing Inappropriate Use or Overuse of Opioids" and "Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits."

"Preventing Inappropriate Use or Overuse of Opioids" was selected in light of the of the growing epidemic of accidental drug overdose in the United States, which is currently the leading cause of death in those under 50 years old living in the United States. In light of this, governmental regulatory agencies have released multiple regulatory measures and societal recommendations in an effort to decrease the amount of opioid prescriptions. PA DHS has sought to implement these measures as quickly as possible to impact its at-risk populations. While these measures are new and there is currently little historical data on these measures as of 2020, it remains a priority that future trends are monitored. MCOs were encouraged to develop aim statements for this project that look at preventing overuse/overdose, promoting treatment options, and stigma-reducing initiatives. Since the HEDIS Risk of Continued Opioid Use (COU) and CMS Adult Core Set Concurrent Use of Opioids and Benzodiazepines (COB) measures were first-year measures in 2019, a comparison to the national average was not available at project implementation. However, in PA, Use of Opioids at High Dosage (HDO) was found to be better than the national average for 2019, while Use of Opioids from Multiple Providers (UOP) was worse. The HEDIS UOP measure was worse than the national average for all three indicators: four or more prescribers, four or more pharmacies, and four or more prescribers and pharmacies.

In addition to increased collection of national measures, DHS has implemented mechanisms to examine other issues related to opioid use disorder (OUD) and coordinated treatment. In 2016, the governor of PA implemented the Centers of Excellence (COE) for Opioid Use Disorder program. Prior to COE implementation, 48% of Medicaid enrollees received OUD treatment, whereas after one year of implementation, 71% received treatment. Additionally, the DHS Quality Care Hospital Assessment Initiative, which focuses on ensuring access to quality hospital services for Pennsylvania Medical Assistance (MA) beneficiaries,

was reauthorized in 2018 and included the addition of an Opioid Use Disorder (OUD) incentive. The incentive, based on follow up within 7 days for opioid treatment after a visit to the emergency department (ED) for opioid use disorder, allows hospitals the opportunity to earn incentives by implementing defined clinical pathways to help them get more individuals with OUD into treatment. The DHS also worked with the University of Pittsburgh to analyze OUD treatment, particularly MAT, for PA Medicaid enrollees. Among the findings presented in January 2020 were that the number of Medicaid enrollees receiving medication for OUD more than doubled from 2014-2018, and that the increase was driven by office-based prescriptions for buprenorphine or naltrexone, was seen for nearly all demographic sub-groups, and was higher for rural areas. Similarly, under the Drug and Treatment Act (DATA), prescription rates for buprenorphine have increased. This act allows qualifying practitioners to prescribe buprenorphine for OUD treatment from 30 up to 275 patients and is another component of DHS' continuum of care.

Because opioid misuse and abuse is a national crisis, and due to the impact this has had particularly on PA, the new PH PIP is centered on opioids in the following four common outcome objectives: opioid prevention, harm reduction, coordination/facilitation into treatment, and increase medicated-assisted treatment (MAT) utilization. For this PIP, the four outcome measures discussed above will be collected and in consideration of the initiatives already implemented in PA, three process-oriented measures related to these initiatives will also be collected, focusing on the percentage of individuals with OUD who get into MAT, the duration of treatment for those that get into MAT, and follow-up after an emergency department (ED) visit for OUD. MCOs will define these three measures for their PIPs.

For this PIP, OMAP has required all PH MCOs to submit the following measures on an annual basis:

- Use of Opioids at High Dosage (HDO – HEDIS)
- Use of Opioids from Multiple Providers (UOP – HEDIS)
- Risk of Continued Opioid Use (COU – HEDIS)
- Concurrent Use of Opioids and Benzodiazepines (COB – CMS Adult Core Set)
- Percent of Individuals with OUD who receive MAT (MCO-defined)
- Percentage of adults > 18 years with pharmacotherapy for OUD who have (MCO-defined):
    - at least 90 and;
    - 180 days of continuous treatment
- Follow-up treatment within 7 days after ED visit for Opioid Use Disorder (MCO-defined)

Additionally, MCOs are expected to expand efforts to address health disparities in their populations. MCOs were instructed to identify race and ethnicity barriers and identify interventions that will be implemented to remediate the barriers identified.

"Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits" was selected again due to several factors. General findings and recommendations from the PA Rethinking Care Program (RCP) – Serious Mental Illness (SMI) Innovation Project (RCP-SMI) and Joint PH/BH Readmission projects, as well as overall statewide readmission rates and results from several applicable HEDIS and PA Performance Measures across multiple years have highlighted this topic as an area of concern to be addressed for improvement. For the recently completed Readmissions PIP, several performance measures targeted at examining preventable hospitalizations and ED visits were collected, including measures collected as part of the PH-MCO and BH-MCO Integrated Care Plan (ICP) Program Pay for Performance Program, which was implemented in 2016 to address the needs of individuals with serious persistent mental illness (SPMI). From PIP reporting years 2016 to 2019, results were varied across measures and MCOs. Additionally, from 2017 to 2019, the ICP performance measures targeting the SPMI population showed inconsistent trends and little to no improvement in reducing hospitalizations and ED visits.

Research continues to indicate multiple factors that can contribute to preventable admissions and readmissions as well as the link between readmissions and mental illness. Additionally, within PA, there are existing initiatives that lend themselves to integration of care and targeting preventable hospitalizations, and can potentially be leveraged for applicable interventions. The Patient-Centered Medical Home (PCMH) model of patient care, which focuses on the whole person, taking both the individual's PH and BH into account, has been added to HealthChoices agreements. The DHS Quality Care Hospital Assessment Initiative focuses on ensuring access to quality hospital services for PA MA beneficiaries. Under this initiative, the Hospital Quality Incentive Program (HQIP) builds off of existing DHS programs: MCO P4P, Provider P4P within HealthChoices PH, and the ICP Program. It focuses on preventable admissions and provides incentives for annual improvement or against a state benchmark.

Given the PA DHS initiatives that focus on coordination and integration of services and the inconsistent improvement on several metrics, it has become apparent that continued intervention in this area of healthcare for the HealthChoices population is warranted. MCOs were encouraged to develop aim statements for this project that look at reducing potentially avoidable ED visits and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable.

For this PIP, OMAP has required all PH MCOs to submit the following core measures on an annual basis:

- Ambulatory Care (AMB): ED Utilization (HEDIS)
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges (HEDIS)
- Plan All-Cause Readmissions (PCR – HEDIS)
- PH MCOs were given the criteria used to define the SPMI population, and will be collecting each of the following ICP measures using data from their own systems:
    - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (MCO Defined)
    - Emergency Room Utilization for Individuals with SPMI (MCO Defined)
    - Inpatient Admission Utilization for Individuals with SPMI (MCO Defined)
    - Adherence to Antipsychotic Medications for Individual with Schizophrenia (MCO Defined)
    - Inpatient 30-Day Readmission Rate for Individuals with SPMI (MCO Defined)

Additionally, MCOs are expected to expand efforts to address health disparities in their populations. MCOs were instructed to identify race/ethnicity barriers and identify interventions that will be implemented to remediate the barriers identified.

These PIPs will extend from January 2019 through December 2022. With research beginning in 2019, initial PIP proposals were developed and submitted in third quarter 2020, with a final report due in October 2023. The non-intervention baseline period was January 2019 to December 2019. Following the formal PIP proposal, the timeline defined for the PIPs includes interim reports in October 2021 and October 2022, as well as a final report in October 2023. For the current review year, 2020, proposal reports were due in October. These proposals underwent initial review by IPRO and feedback was provided to plans, with a timeline to resubmit to address areas of concern.

The 2020 EQR is the seventeenth year to include validation of PIPs. For each PIP, all PH MCOs shared the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions, and timeliness.

As part of the new EQR PIP cycle that was initiated for all Medicaid MCOs in 2020, IPRO has adopted the Lean methodology, following the CMS recommendation that QIOs and other healthcare stakeholders embrace Lean in order to promote continuous quality improvement in healthcare.

All PH MCOs were required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol for *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

To encourage MCOs to focus on improving the quality of the projects, PIPs were assessed for compliance on all applicable elements, but were not formally scored. The multiple levels of activity and collaboration between DHS, the PH-MCOs, and IPRO continued and progressed throughout the review year. **Tables 1a** and **1b** summarize PIP compliance assessments across MCOs.

Table 1a: PH-MCO PIP Review Score – Preventing Inappropriate Use or Overuse of Opioids

Project 1 - Improving Access to Pediatric Preventive Dental Care	ABH	ACN-ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
1. Project Topic	C	P	P	P	C	C	C	C	P
2. Methodology	C	C	P	P	C	C	C	C	P
3. Barrier Analysis, Interventions, and Monitoring	C	C	P	C	C	C	C	C	P
4. Results	C	C	P	C	C	C	C	C	P
5. Discussion	NA	NA	NA	NA	NA	NA	NA	NA	NA
6. Next Steps	NA	NA	NA	NA	NA	NA	NA	NA	NA
7. Validity and Reliability of PIP Results	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table 1b: PH-MCO PIP Review Score – Reducing Potentially Preventable Hospital Admissions, Readmissions and ED Visits

Project 2 - Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits	ABH	ACN-ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
1. Project Topic	P	P	P	C	C	P	C	C	P
2. Methodology	P	C	P	P	C	C	C	C	P
3. Barrier Analysis, Interventions, and Monitoring	P	C	P	P	C	C	C	C	P
4. Results	C	C	NC	C	C	C	C	C	P
5. Discussion	NA	NA	NA	NA	NA	NA	NA	NA	NA
6. Next Steps	NA	NA	NA	NA	NA	NA	NA	NA	NA
7. Validity and Reliability of PIP Results	NA	NA	NA	NA	NA	NA	NA	NA	NA

CHIP-MCO PIP Review

In accordance with current BBA regulations, IPRO undertook validation of Performance Improvement Projects (PIPs) for each CHIP MCO. For the purposes of the EQR, CHIP MCOs were required to participate in studies selected by DHS CHIP for validation by IPRO in 2017 for 2020 activities. Under the applicable Agreement with DHS in effect during this review period, CHIP MCOs are required to conduct focused studies each year. For all CHIP MCOs, two new PIPs were initiated as part of this requirement in 2018. For all PIPs, CHIP MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

As part of the new EQR PIP cycle that was initiated for all CHIP MCOs in 2017, IPRO adopted the Lean methodology, following the CMS recommendation that Quality Improvement Organizations (QIOs) and other healthcare stakeholders embrace Lean in order to promote continuous quality improvement in healthcare. MCOs were provided with the most current Lean PIP submission and validation templates at the initiation of the PIP.

2020 is the twelfth year to include validation of PIPs. For each PIP, all CHIP MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS CHIP provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions, and timeliness.

CHIP MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, the two topics selected were "Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years" and "Improving Blood Lead Screening Rate in Children 2 Years of Age".

"Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years" was selected after review of the CMS Child Core Set Developmental Screening in the First Three Years measure, as well as a number of additional developmental measures. The performance of these measures across Pennsylvania CHIP Contractors has been flat, and in some cases has not improved across years. Available data indicates that fewer than half of Pennsylvania children from birth to 3 years enrolled in CHIP and Medicaid in 2014 were receiving recommended screenings. Taking into account that approximately 1 in 10 Pennsylvania children may experience a delay in one or more aspects of development, this topic was selected with the aim of all children at risk are reached. The Aim Statement for the topic is "By the end of 2020 the MCO aims to increase developmental screening rates for children ages one, two and three years old." Contractors were asked to create objectives that support this Aim Statement.

For this PIP, DHS CHIP is requiring all CHIP Contractors to submit rates at the baseline, interims, and final measurement years for the Developmental Screening in the First Three Years of Life CMS Child Core set measure. Additionally, Contractors are encouraged to consider other performance measures such as:

- Proportion of children identified at-risk for developmental, behavioral, and social delays who were referred to early intervention
- Percentage of children and adolescents with access to primary care practitioners
- Percentage of children with well-child visits in the first 15 months of life

"Improving Blood Lead Screening Rates in Children 2 Years of Age" was selected as the result of a number of observations. Despite an overall decrease over the last 30 years in children with elevated blood lead levels in the United States, children from low-income families in specific states, including Pennsylvania, have seen decreased rates of screening of blood lead levels. Current CHIP policy requires that all children ages one and two years old and all children ages 3 through 6 years without a prior lead blood test have blood levels screened consistent with current Department of Health and CDC standards. Using the HEDIS

Lead Screening measure, the average national lead screening rate in 2016 was 66.5%, while the Pennsylvania CHIP average was 53.2%. Despite an overall improvement in lead screening rates for Pennsylvania CHIP Contractors over the previous few years, rates by Contractor and weighted average fell below the national average. In addition to the HEDIS lead screening rate, Contractors have been encouraged to consider these measures as optional initiatives:

- Percentage of home investigations where lead exposure risk hazards/factors were identified,
- Total number of children successfully identified with elevated blood lead levels,
- Percent of the population under the age of 5 years suffering from elevated blood lead levels, or
- Percent of individuals employed in the agriculture, forestry, mining, and construction industries.

The PIPs extend from January 2017 through December 2020; with research beginning in 2017, initial PIP proposals developed and submitted in second quarter 2017, and a final report due in June 2021. The non-intervention baseline period is January 2017 to December 2017. Following the formal PIP proposal, the timeline defined for the PIPs includes required interim reports in 2019 and 2020, as well as a final report in June 2021. In adherence with this timeline, all MCOs submitted their second round of interim reports in July 2020, with review and findings administered by IPRO in Fall 2020.

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

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

Under the Lean methodology adopted for the new CHIP PIP cycle and utilizing the new Lean templates developed for this process, IPRO's review for CHIP MCOs evaluated each project against seven review elements:

- Element 1. Project Topic/Rationale
- Element 2. Aim
- Element 3. Methodology
- Element 4. Barrier Analysis
- Element 5. Robust Interventions
- Element 6. Results Table
- Element 7. Discussion and Validity of Reported Improvement

The first six elements relate to the baseline and demonstrable improvement phases of the project. The last element relates to summarizing information surrounding the PIP and assessing sustained improvement from the baseline measurement, including whether significant sustained improvement over the lifetime of the project occurred.

To encourage MCOs to focus on improving the quality of the projects, PIPs were assessed for compliance on all applicable elements, but were not formally scored. The multiple levels of activity and collaboration between DHS, the CHIP MCOs, and IPRO continued and progressed throughout the review year. **Tables 2a** and **2b** summarize PIP compliance assessments across MCOs.

Table 2a: CHIP-MCO PIP Review Score – Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years

Project 1 - Improving Developmental Screening Rate in Children Ages 1, 2, and 3 Years	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	NEPA	IBC	UHC	UPMC	TOTAL CHIP MMC
1. Project Topic and Rationale	C	C	C	C	C	C	C	C	C	C	C
2. Aim Statement	C	C	C	C	C	C	C	C	C	C	C
3. Methodology	C	C	C	C	C	C	C	C	C	C	C
4. Barrier Analysis	C	C	C	C	C	C	C	C	C	C	C
5. Robust Interventions	C	P	P	C	C	C	C	C	C	C	P
6. Results Table	C	C	C	C	C	C	C	C	C	C	C
7. Discussion	C	C	C	C	C	C	C	C	C	C	C

Table 2b: CHIP-MCO PIP Review Score – Improving Blood Lead Screening Rates in Children 2 Years of Age

Project 2 - Improving Blood Lead Screening Rates in Children 2 Years of Age	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	NEPA	IBC	UHC	UPMC	TOTAL CHIP MMC
1. Project Topic and Rationale	C	C	C	C	C	C	C	C	C	C	C
2. Aim Statement	C	C	C	C	C	C	C	C	C	C	C
3. Methodology	C	C	P	C	C	C	C	C	C	C	P
4. Barrier Analysis	C	C	C	C	C	C	C	C	C	C	C
5. Robust Interventions	C	P	P	C	C	C	C	C	C	C	P
6. Results Table	C	C	C	C	C	C	C	C	C	C	C
7. Discussion	C	C	C	C	C	C	C	C	C	C	C

BH-MCO PIP Review

CY 2019 saw the winding down of one PIP project and the formation of a new project. MCOs submitted their final reports for the EQR PIP topic "Successful Transitions from Inpatient Care to Ambulatory Care for Pennsylvania HealthChoices Members Hospitalized with a Mental Health or a Substance Abuse Diagnosis." The results of IPRO's validation of the complete project were reported in the 2019 BBA reports.

In 2019, OMHSAS directed IPRO to complete a preliminary study of substance use disorders (SUD) in the Commonwealth preliminary to selection of a new PIP topic. As a result, OMHSAS selected the topic, "Successful Prevention, Early Detection, Treatment, and Recovery (SPEDTAR) for Substance Use Disorders" as a PIP for all BH-MCOs in the State. The PIP will extend from 2021 through 2023, including a final report due in 2024. While the topic will be common to Primary Contractors and BH-MCOs, each project will be developed as a collaboration and discussion between Primary Contractors and their contracted BH-MCOs.

Primary Contractors and BH-MCOs were directed to begin conducting independent analyses of their data and partnering to develop relevant interventions and intervention tracking measures. BH-MCOs will be responsible for coordinating, implementing, and reporting the project.

The Aim Statement for this PIP, reflecting an emphasis on reducing racial and ethnic health disparities, is: "Significantly slow (and eventually stop) the growth of SUD prevalence among HC members while improving outcomes for those individuals with SUD, and also addressing racial and ethnic health disparities through a systematic and person-centered approach."

OMHSAS selected three common (for all MCOs) clinical objectives and one non-clinical population health objective:

1. Increase access to appropriate screening, referral, and treatment for members with an Opioid and/or other SUD;
2. Improve retention in treatment for members with an Opioid and/or other SUD diagnosis;
3. Increase concurrent use of Drug & Alcohol counseling in conjunction with Pharmacotherapy (Medication-Assisted Treatment); and
4. Develop a population-based prevention strategy with a minimum of at least two activities across the MCO/HC BH Contracting networks. The two "activities" may fall under a single intervention or may comprise two distinct interventions. Note that while the emphasis here is on population-based strategies, this non-clinical objective should be interpreted within the PIP lens to potentially include interventions that target or collaborate with providers and health care systems in support of a specific population (SUD) health objective.

Additionally, OMHSAS identified the following core performance indicators for the SPEDTAR PIP:

1. **Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)** – This Healthcare Effectiveness Data and Information Set (HEDIS®) measure measures "the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder."[i] It contains two sub measures: continuity of care within 7 days, and continuity of care within 30 days of the index discharge or visit.
2. **Substance Use Disorder-Related Avoidable Readmissions (SAR) –** This is a PA-specific measure that measures avoidable readmissions for HC members 13 years of age and older discharged from detox, inpatient rehab, or residential services with an alcohol and other drug dependence (AOD) primary diagnosis. The measure requires 30 days of continuous enrollment (from the index discharge date) in the plan's HC program. The measure will measure discharges, not individuals (starting from Day 1 of the MY, if multiple qualifying discharges within any 30-day period, only the earliest discharge is counted in the denominator). The SUD avoidable readmissions submeasure is intended here to complement FUI and recognizes that appropriate levels of care for individuals with SUD will depend on the particular circumstances and conditions of the individual. Therefore, for this submeasure, "avoidable readmission" will include detox episodes only.
3. **Mental Health-Related Avoidable Readmissions (MHR) –** This PA-specific measure will use the same denominator as SAR. The measure recognizes the high comorbidity rates of MH conditions among SUD members and is designed to assess screening, detection, early intervention, and treatment for MH conditions before they reach a critical stage. For this measure, "readmission" will be defined as any acute inpatient admission with a primary MH diagnosis, as defined by the PA-specific FUH measure, occurring within 30 days of a qualifying discharge from AOD detox, inpatient rehab, or residential services.
4. **Medication-Assisted Treatment for Opioid Use Disorder (MAT-OUD) –** This PA-specific performance indicator measures the percentage of HC BH beneficiaries with an active diagnosis of opioid use disorder (OUD) in the measurement period who received both BH counseling services as well as pharmacotherapy for their OUD during the measurement period. This PA-specific measure is based on a CMS measure of "the percentage of Medicaid beneficiaries ages 18–64 with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measure year."[ii] This measure will be adapted to include members age 16 years and older. BH counseling is not necessarily limited to addiction counseling.

5. **Medication-Assisted Treatment for Alcohol Use Disorder (MAT-AUD) –** This PA-specific performance indicator measures the percentage of HC BH beneficiaries with an active diagnosis of moderate to severe Alcohol Use Disorder (AUD) in the measurement period who received both BH counseling services as well as pharmacotherapy for their AUD during the measurement period. This PA-specific measure mirrors the logic of MAT-OUD and targets members age 16 years and older with severe or moderate AUD. BH counseling is not necessarily limited to addiction counseling.

MCOs are expected to submit results to IPRO on an annual basis. In addition to running as annual measures, quarterly rates will be used to enable measurement on a frequency that will support continuous monitoring and adjustment by the MCOs and their Primary Contractors.

This PIP project will extend from January 2021 through December 2023, with initial PIP proposals submitted in 2020 and a final report due in September 2024. Final baseline results will be run for the performance indicators in Summer 2021 and PIP interventions will be recalibrated as needed.

The 2019 EQR is the 17th review to include validation of PIPs. With this PIP cycle, all MCOs/Primary Contractors share the same baseline period and timeline.

The MCOs are required by OMHSAS to submit their projects using a standardized PIP template form, which is consistent with CMS protocols. These protocols follow a longitudinal format and capture information relating to:

- Project Topic
- Methodology
- Barrier Analysis, Interventions, and Monitoring
- Results
- Discussion

For the SPEDTAR PIP, OMHSAS has designated the Primary Contractors to conduct quarterly PIP review calls with each MCO. The purpose of these calls will be to discuss ongoing monitoring of PIP activity, to discuss the status of implementing planned interventions, and to provide a forum for ongoing technical assistance, as necessary. MCOs will be asked to provide up-to-date data on process measures and outcome measures prior to each meeting. Because of the level of detail provided during these meetings, rather than two semiannual submissions, MCOs will submit only one PIP interim report each September starting in 2021.

CHC-MCO PIP Review

In accordance with current BBA regulations, IPRO will undertake validation of PIPs for the CHC-MCOs. For the purposes of the EQR, the CHC-MCOs are required to participate in studies selected by the DHS OLTL for proposal review and validation of methodology, and reported on in the 2018 BBA report. Two PIPs (first initiated in 2018) were expanded and improved as part of this requirement. Over the course of implementation of all PIPs, the CHC-MCOs must implement improvement actions and conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action. As part of the new EQR PIP cycle that was initiated for all CHC-MCOs starting in 2018, IPRO has adopted the LEAN methodology, following the CMS recommendation that QIOs and other health care stakeholders embrace LEAN in order to promote continuous quality improvement in healthcare.

The CHC-MCOs are required to develop and implement PIPs to assess and improve outcomes of care rendered by the CHC-MCOs. PIP topics were discussed and selected in collaboration with the DHS OLTL and IPRO. For the current EQR PIP cycle, the CHC-MCOs were required to implement interventions and measure performance on two topics: Strengthening Care Coordination (clinical) and Transition of Care from the Nursing Facility to the Community (non-clinical). An evaluation is conducted for each PIP upon proposal submission, and then again for interim and final re-measurement, using a tool developed by IPRO and consistent with CMS EQR protocols for PIP validation.

Initial PIP proposals were submitted on September 15, 2018, ahead of PIP implementation on January 1, 2019, for Phase 1 and for the Southwest zone; eligible populations for both topics included the Nursing Facility Clinically Eligible (NFCE) participants. CHC-MCOs submitted proposals for PIP expansion for Phase 2 (Southeast expansion) in September 2019, and proposals for PIP expansion for Phase 3 (NE, NW, and L/C regional expansion; statewide) in September 2020.

The initial baseline period was the 2018 year for the first (SW) region. However, each region has a different baseline period depending on when the region was rolled out. To introduce each PIP cycle, DHS OLTL provided specific guidelines that addressed the PIP submission schedule, measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions, and timeliness.

All CHC-MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol, *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

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

Under the LEAN methodology adopted for the new CHC-PIP cycle and utilizing the new LEAN templates developed for this process, IPRO's review evaluated each project against seven review elements:

- Element 1. Project Topic/Rationale,
- Element 2. Aim,
- Element 3. Methodology,
- Element 4. Barrier Analysis,
- Element 5. Robust Interventions,
- Element 6. Results Table,
- Element 7. Discussion and Validity of Reported Improvement, and
- Element 8: Sustainability.

The first six elements relate to the baseline and demonstrable improvement phases of the project. The seventh element relates to validity of reported improvement, and the eighth element relates to sustainability of this improvement. Each submitted PIP report is evaluated against the eight review elements and associated requirements. For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on assessment results of full, partial, and non-compliance. Points are awarded for the two phases of the PIP noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance, as described above under the Scoring Matrix subsection: if the element is designated as full compliance (defined as having met or exceeded the element requirements), the designation weight is 100%; if the element is designated as partial compliance (defined as having met essential requirements, but is deficient in some areas), the designation weight is 50%; if the element is designated as not in compliance (defined as having not met the essential requirements of the element), the designation weight is 0%.

Overall Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance scores for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for full compliance; refer to **Table 3**).

Table 3: CHC PIP Review Element Scoring Weights (Scoring Matrix)

Review Element	Standard	Scoring Weight
1	Topic/rationale	5%
2	Aim	5%
3	Methodology	15%
4	Barrier analysis	15%
5	Robust interventions	15%
6	Results table	5%
7	Discussion and validity of reported improvement	20%
Total demonstrable improvement score		**80%**
8	Sustainability[1]	20%
Total sustained improvement score		**20%**
Overall project performance score		**100%**

[1]At the time of this report, these standards were not yet applicable in the current phase of CHC PIP implementation.

As also noted in Table 3 (Scoring Matrix), PIPs are also reviewed for the achievement of sustained improvement. For the EQR of CHC-MCO PIPs, sustained improvement elements have a total 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. The standards for demonstrable and sustainable improvement will be reported by the MCO and evaluated by IPRO at the end of the current PIP cycle in 2022; therefore, this section will be reported in the subsequent BBA report.

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements for which activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. The same project will then be evaluated for other elements at a later date, according to the PIP submission schedule. Each element is scored. Elements that are met receive an evaluation score of 100%, elements that are partially met receive a score of 50%, and elements that are not met receive a score of 0%. Overall, for PIP implementation, compliance determinations are as follows: compliance is deemed met for scores ≥ 85%, partially met for scores 60–84%, and not met for scores < 60%. Corrective action plans are not warranted for CHC-MCOs that are compliant with PIP implementation requirements. At the discretion of OLTL, PIP proposals (including PIP expansion proposals) are approved for implementation.

For 2020, PIP activities included updating PIP performance indicator goals, baseline rates, barrier analyses, and intervention development and implementation. For measurement in the PIP, multiple data sources were allowable, including: MCO pharmacies, service coordinator entities, copayments (i.e., after day 20 for Medicare-covered skilled nursing stays), and traditional long-term care claims. Preliminary measurements were based on participants that were Medicaid-only CHC participants and/or aligned D-SNP CHC participants (as PIP implementation expanded, CHC-MCOs utilized internal claims while the expansion regions'

supplemental data source access was scaled accordingly). Regional and statewide baseline rates upon expansion will be recalculated (and integrated into the PIP) with improved access to data. Annual PIP reports on Year 1 of Implementation, which were subjected to EQR and scored for reporting the year's PIP compliance determinations, were submitted to IPRO in July 2020 (after a four-month postponement due to the emergency circumstances of the COVID-19 pandemic; these July 2020 submissions also included intervention activity updates through the first half of 2020).

Tables 4a and **4b** summarize PIP compliance assessments across CHC-MCOs for Annual PIP Reports (Year 1 Implementation) review findings.

Table 4a: Annual CHC PIP Report Review Findings: Strengthening Care Coordination (Clinical Topic), Year 1 Implementation

Project 1 - Strengthening Care Coordination	**AHC**	**PAHW**	**UPMC**	**TOTAL CHC MMC**
1. Project Topic and Rationale	C	C	C	C
2. Aim Statement	C	C	C	C
3. Methodology	C	C	C	C
4. Barrier Analysis	C	C	P	P
5. Robust Interventions	P	P	P	P
6. Results Table	C	C	C	C
7. Discussion	C	C	C	C
8. Sustainability	NA	NA	NA	NA

Note: Findings for AHC account for implementation through KF CHC (in the SE of PA, AHC operates as KF CHC).

Table 4b: Annual CHC PIP Report Review Findings: Transitions of Care from the Nursing Facility to the Community (Non-Clinical Topic), Year 1 Implementation

Project 2 - Transitions of Care from the Nursing Facility to the Community	**AHC**	**PAHW**	**UPMC**	**TOTAL CHC MMC**
1. Project Topic and Rationale	C	C	C	C
2. Aim Statement	C	C	C	C
3. Methodology	C	C	C	C
4. Barrier Analysis	C	C	P	P
5. Robust Interventions	P	P	P	P
6. Results Table	C	C	C	C
7. Discussion	C	C	C	C
8. Sustainability	NA	NA	NA	NA

Note: Findings for AHC account for implementation through KF CHC (in the SE of PA, AHC operates as KF CHC).

During 2020, challenges with data access and availability across CHC PIPs were identified similarly for all CHC-MCOs. Existing data challenges were further compounded by the COVID-19 pandemic. Overall, the measurement methodology's limitations were found to curtail the capability of the CHC PIPs to be measured as originally designed. In response, activities during 2020 included CHC-MCOs' participation in development of improved reporting parameters that

will be implemented as new CHC PIP requirements. Implemented improvements will be first reported on by CHC-MCOs in July 2021, accordingly. Common themes of the aforementioned challenges were due to the data being largely limited to Medicaid members and dually eligible members in an aligned D-SNP. For those that are not aligned or discharged from out-of-network facilities, CHC-MCOs were not always notified about the admission or discharge to schedule an in-person visit. This issue was exacerbated with the COVID-19 emergency and the requirement to reduce both social density and close contact in healthcare. Other data issues resulted in differential biases across the numerators, denominators, and rates. The common need for the CHC-MCOs to rely on manual processes to obtain real-time data for the PIP resulted in challenges with translation between and among different data systems, the increased possibility of human error associated with the manual processes, and the increased need for greater automation and standardization for programming of reports to accurately assess the outcomes was necessary.

Several of the intended intervention tracking measures systematically utilized by the CHC-MCOs were generally identified to be of more use as overall PIP performance indicators, rather than for activity monitoring; therefore, the requirements were changed and standardized specifications and utilization of these ensure both improved intervention tracking and measurement methodology throughout the course of the PIP, across the CHC population, and for all CHC-MCOs. These methodological improvements will facilitate more meaningful and viable measurement to evaluate the overall efficacy of each PIP.

In September 2020, CHC-MCOs submitted proposals for PIP expansion statewide into NE, NW, and L/C Regions for CHC Phase 3, which were reviewed by IPRO and factored input from the Department. These proposal submissions included: all information previously covered in the September 2019 submission for proposed expansion into the SE Region for CHC Phase 2; analyzed barriers in the Phase 3 expansion regions; and, proposed corresponding intervention plans and intervention tracking measures. From review of the September 2020 proposals, all CHC-MCOs had received approval to expand PIP implementation for CHC Phase 3 (into NE, NW, and L/C Regions; Statewide), with the premise that methodological improvements will be incorporated. Anecdotal information from the September 2020 CHC Phase 3 expansion proposals confirms that CHC-MCOs were making general improvements aligned with IPRO feedback and input from the Department in advance of implementing methodological improvements. In accordance with CMS Protocol, annual PIP reports are evaluated by the EQRO for determining annual PIP compliance determinations per the established PIP cycle: CHC-MCOs submitted Annual CHC PIP Reports for Project Year 2 to IPRO in March 2021; Project Year 2 review findings will be fully reported on next year's BBA report; subsequently, discussion of reported sustainability will be comprehensively reported on by the CHC-MCOs and evaluated by the EQRO later in the PIP cycle as early as 2022.

Section II: 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 in NCQA's *HEDIS 2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and are consistent with the validation method described in the EQRO protocols.

PH-MCO Performance Measures

Each PH-MCO underwent a full HEDIS Compliance Audit in 2020. The PH-MCOs are required by DHS to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the *HEDIS 2020: Volume 2: Technical Specifications*. All the PH-MCO HEDIS rates are compiled and provided to DHS on an annual basis. **Table 5a** represents the HEDIS performance for all nine PH-MCOs in 2020, as well as the PH MMC mean and the PH MMC weighted average.

Comparisons to fee-for-service Medicaid data are not included in this report as the fee-for-service data and processes were not subject to a HEDIS compliance audit for HEDIS 2020 measures.

Table 5a is the full set of HEDIS 2020 measures reported to OMAP. The individual MCO 2020 EQR reports include a subset of these measures. For 2020, in light of the COVID-19 global health crisis, NCQA allowed plans to rotate HEDIS measures that are collected using the hybrid methodology. Plans were allowed to report their audited HEDIS 2019 hybrid rate for an applicable measure if it was better than their HEDIS 2020 hybrid rate as a result of low chart retrieval. Rates are bolded and italicized for rates that plans chose to rotate in 2020.

Table 5a: PH-MCO Results for 2020 (MY 2019) HEDIS Measures

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
Effectiveness of Care												
Prevention and Screening												
Adult BMI Assessment (ABA)												
ABA: Rate	***90.75%***	94.34%	96.67%	97.32%	***92.45%***	***97.50%***	94.56%	95.86%	95.28%	94.97%	95.28%	▲
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)												
WCC: BMI Percentile Ages 3-11 years	78.85%	***74.91%***	***80.78%***	85.55%	***88.31%***	***90.91%***	***89.27%***	87.77%	***80.17%***	84.06%	85.03%	▲
WCC: BMI Percentile Ages 12-17 years	73.48%	***78.13%***	***84.62%***	81.29%	***86.21%***	***91.96%***	***84.67%***	91.73%	***84.03%***	84.01%	84.71%	▲
WCC: BMI Percentile Total	77.13%	***75.91%***	***82.00%***	83.94%	***87.50%***	***91.22%***	***87.59%***	89.05%	***81.65%***	84.00%	84.89%	▲
WCC: Counseling for Nutrition Ages 3-11 years	73.12%	***73.14%***	***72.24%***	78.91%	***76.19%***	***86.36%***	***80.84%***	81.65%	***75.86%***	77.59%	78.33%	▲
WCC: Counseling for Nutrition Ages 12-17 years	70.45%	***68.75%***	***76.92%***	77.42%	***68.97%***	***83.93%***	***77.33%***	78.95%	***71.53%***	74.92%	75.51%	▲
WCC: Counseling for Nutrition Total	72.26%	***71.78%***	***73.72%***	78.35%	***73.40%***	***85.64%***	***79.56%***	80.78%	***74.20%***	76.63%	77.30%	▲
WCC: Counseling for Physical Activity Ages 3-11 years	62.72%	***67.14%***	***64.41%***	73.05%	***66.23%***	***67.05%***	***70.11%***	74.82%	***70.26%***	68.42%	69.09%	▲

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
WCC: Counseling for Physical Activity Ages 12-17 years	70.45%	***65.63%***	***75.38%***	77.42%	***70.34%***	***83.04%***	***74.00%***	79.70%	***70.14%***	74.01%	74.46%	▲
WCC: Counseling for Physical Activity Ages Total	65.21%	***66.67%***	***67.88%***	74.70%	***67.82%***	***71.81%***	***71.53%***	76.40%	***70.21%***	70.25%	70.89%	▲
Childhood Immunization Status (CIS)												
CIS: DTaP/DT	72.02%	***71.78%***	***76.16%***	77.13%	***78.35%***	83.45%	81.51%	80.05%	80.29%	77.86%	79.06%	▲
CIS: IPV	86.37%	***91.73%***	***90.02%***	90.51%	***91.48%***	94.16%	89.54%	92.21%	90.75%	90.75%	90.71%	▼
CIS: MMR	85.64%	***85.40%***	***89.78%***	91.97%	***88.08%***	92.70%	91.00%	89.05%	90.75%	89.38%	90.15%	▼
CIS: Hib	83.21%	***86.13%***	***87.83%***	89.29%	***86.37%***	94.16%	90.51%	89.54%	90.02%	88.56%	89.34%	▼
CIS: Hepatitis B	87.83%	***93.67%***	***93.19%***	92.70%	***92.70%***	95.13%	89.05%	91.48%	92.94%	92.08%	91.89%	▼
CIS: VZV	85.16%	***87.10%***	***90.27%***	92.94%	***88.08%***	92.21%	90.75%	89.78%	91.00%	89.70%	90.35%	▼
CIS: Pneumococcal Conjugate	73.97%	***77.37%***	***78.59%***	79.08%	***78.59%***	84.18%	81.75%	80.29%	82.48%	79.59%	80.44%	▼
CIS: Hepatitis A	79.56%	***80.29%***	***84.67%***	86.62%	***81.51%***	91.73%	91.00%	85.16%	86.13%	85.19%	86.52%	▼
CIS: Rotavirus	66.91%	***73.24%***	***70.32%***	74.45%	***69.59%***	78.10%	75.91%	71.29%	75.67%	72.83%	73.77%	▲
CIS: Influenza	46.23%	***34.31%***	***49.39%***	44.04%	***42.09%***	55.23%	65.21%	57.42%	51.09%	49.45%	52.25%	▲
CIS: Combination 2	70.07%	***66.42%***	***74.45%***	73.72%	***75.43%***	81.51%	77.62%	78.35%	78.59%	75.13%	76.43%	▲
CIS: Combination 3	67.15%	***64.48%***	***71.78%***	70.32%	***72.02%***	78.10%	75.43%	76.16%	75.67%	72.34%	73.62%	▲
CIS: Combination 4	64.23%	***60.83%***	***69.10%***	68.37%	***67.15%***	78.10%	74.94%	73.72%	73.72%	70.02%	71.72%	▲
CIS: Combination 5	54.74%	***56.93%***	***60.58%***	59.61%	***58.88%***	67.64%	67.15%	64.96%	67.40%	61.99%	63.60%	▲
CIS: Combination 6	41.12%	***29.68%***	***42.82%***	38.20%	***37.96%***	50.12%	58.15%	52.31%	45.50%	43.98%	46.55%	▲
CIS: Combination 7	52.80%	***53.77%***	***59.12%***	58.39%	***55.72%***	67.64%	66.67%	63.26%	65.94%	60.37%	62.28%	▲
CIS: Combination 8	40.15%	***28.71%***	***42.82%***	37.47%	***36.74%***	50.12%	57.66%	50.61%	44.77%	43.23%	45.85%	▲
CIS: Combination 9	35.28%	***27.01%***	***37.71%***	33.82%	***33.33%***	44.53%	53.04%	46.23%	41.61%	39.17%	41.69%	▲
CIS: Combination 10	34.55%	***26.03%***	***37.71%***	33.58%	***32.60%***	44.53%	52.55%	45.26%	41.12%	38.66%	41.23%	▲
Immunizations for Adolescents (IMA)												
IMA: Meningococcal	86.37%	***88.08%***	91.24%	91.00%	***91.24%***	***92.46%***	***89.54%***	90.51%	90.27%	90.08%	90.33%	▼
IMA: Tdap/Td	85.64%	***90.27%***	92.94%	91.48%	***93.43%***	***93.19%***	***90.75%***	91.24%	90.51%	91.05%	91.20%	▼
IMA: HPV	32.12%	***29.93%***	44.28%	42.58%	***33.58%***	***54.99%***	***49.15%***	41.36%	36.98%	40.55%	42.26%	▲
IMA: Combination #1	83.45%	***86.62%***	90.02%	90.02%	***90.02%***	***91.00%***	***88.08%***	89.54%	88.08%	88.54%	88.80%	▼
IMA: Combination #2	30.41%	***28.22%***	41.61%	42.34%	***31.63%***	***54.01%***	***47.20%***	40.88%	35.77%	39.12%	40.89%	▲
Lead Screening in Children (LSC)												
LSC: Rate	79.32%	78.98%	78.13%	85.16%	***82.24%***	***81.27%***	84.43%	79.81%	90.51%	82.20%	83.60%	▲
Breast Cancer Screening (BCS)												
BCS: Rate	47.36%	57.43%	63.74%	55.17%	60.60%	59.80%	57.42%	52.83%	58.07%	56.94%	57.41%	▲

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
Cervical Cancer Screening (CCS)												
CCS: Rate	***52.80%***	61.31%	71.05%	63.99%	***64.30%***	***68.36%***	***65.94%***	59.37%	64.23%	63.48%	64.30%	▲
Chlamydia Screening in Women (CHL)												
CHL: Ages 16-20 years	51.58%	46.10%	51.38%	55.33%	50.21%	76.89%	68.70%	57.68%	50.88%	56.53%	58.44%	▲
CHL: Ages 21-24 years	62.83%	57.86%	60.36%	64.88%	60.40%	76.70%	74.47%	66.39%	60.10%	64.89%	66.24%	▲
CHL: Total Rate	56.99%	51.37%	55.20%	59.35%	54.67%	76.80%	71.11%	61.46%	54.94%	60.21%	61.85%	▲
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)												
NCS: Rate	0.49%	1.56%	0.67%	0.35%	1.99%	0.36%	0.21%	0.32%	0.65%	0.74%	0.61%	▼
Respiratory Conditions												
Appropriate Testing for Pharyngitis (CWP)												
CWP: 3 - 17 years	82.30%	71.06%	75.76%	83.06%	77.44%	83.90%	84.99%	87.71%	90.50%	81.86%	82.55%	NA
CWP: 18 - 64 years	61.78%	56.01%	59.43%	69.07%	64.41%	42.08%	43.61%	67.18%	82.80%	60.71%	60.51%	NA
CWP: 65+ years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CWP: Total Rate	75.40%	66.30%	70.34%	78.81%	73.67%	67.25%	70.82%	81.44%	88.52%	74.73%	75.59%	▼
Appropriate Treatment for Upper Respiratory Infection (URI)												
URI: 3 - 17 years	92.70%	89.41%	93.20%	92.97%	90.58%	96.26%	96.37%	93.50%	91.46%	92.94%	93.15%	NA
URI: 18 - 64 years	79.51%	74.10%	83.61%	81.82%	76.46%	82.25%	78.75%	80.40%	75.16%	79.12%	78.95%	NA
URI: 65+ years	NA	NA	NA	NA	NA	72.46%	77.78%	74.19%	NA	74.81%	75.48%	NA
URI: Total Rate	89.42%	85.55%	90.73%	90.13%	87.31%	92.55%	92.23%	90.11%	87.05%	89.45%	89.56%	▼
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)												
AAB: 3 - 17 years	67.77%	57.47%	70.36%	62.95%	59.87%	86.02%	85.16%	73.52%	57.36%	68.94%	68.84%	NA
AAB: 18 - 64 years	43.93%	35.57%	41.77%	45.75%	47.02%	50.91%	43.53%	45.45%	43.25%	44.13%	44.19%	NA
AAB: 65+ years	NA	NA	NA	NA	NA	NA	46.88%	NA	NA	46.88%	46.88%	NA
AAB: Total Rate	55.88%	46.66%	57.61%	54.62%	53.74%	69.66%	69.47%	60.33%	48.36%	57.37%	56.50%	▲
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)												
SPR: Rate	23.45%	29.56%	33.47%	26.22%	28.64%	26.32%	27.33%	26.14%	34.04%	28.35%	28.93%	▼
Pharmacotherapy Management of COPD Exacerbation (PCE)												
PCE: Systemic Corticosteroid	84.28%	79.61%	84.30%	76.35%	76.78%	75.23%	74.56%	72.42%	76.86%	77.82%	77.15%	▲
PCE: Bronchodilator	88.55%	87.64%	91.47%	84.68%	83.89%	89.91%	91.76%	84.12%	83.89%	87.32%	86.95%	▲
Medication Management for People With Asthma (MMA)												
MMA: 50% Ages 5-11 years	61.45%	73.33%	65.62%	62.33%	73.33%	59.19%	62.57%	58.31%	65.47%	64.62%	63.23%	▲
MMA: 50% Ages 12-18 years	63.97%	67.54%	68.73%	60.57%	67.73%	61.49%	64.70%	60.37%	67.77%	64.76%	64.56%	▲
MMA: 50% Ages 19-50 years	64.09%	75.05%	70.60%	65.59%	74.79%	67.68%	63.43%	65.73%	69.75%	68.52%	67.84%	▼

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
MMA: 50% Ages 51-64 years	78.53%	82.14%	76.54%	68.88%	83.05%	82.09%	76.05%	74.77%	81.43%	78.16%	78.04%	▼
MMA: 50% Total	64.71%	74.00%	69.87%	63.83%	73.67%	65.92%	64.72%	62.91%	69.74%	67.71%	66.94%	▲
MMA: 75% Ages 5-11 years	33.59%	49.02%	41.88%	38.25%	53.33%	36.82%	41.17%	34.59%	41.13%	41.09%	40.35%	▲
MMA: 75% Ages 12-18 years	39.06%	49.12%	48.68%	37.45%	46.58%	41.37%	41.11%	36.39%	43.74%	42.61%	42.09%	▲
MMA: 75% Ages 19-50 years	44.02%	57.51%	49.71%	47.23%	54.36%	45.06%	40.57%	43.30%	48.77%	47.84%	46.62%	▼
MMA: 75% Ages 51-64 years	60.74%	62.86%	58.91%	52.81%	69.15%	64.74%	53.80%	52.34%	63.41%	59.86%	59.47%	▼
MMA: 75% Total	41.21%	54.47%	48.96%	42.95%	53.86%	44.64%	42.23%	39.67%	47.64%	46.18%	45.26%	▲
Asthma Medication Ratio (AMR)												
AMR: 5-11 years	71.45%	75.53%	73.61%	73.61%	83.48%	69.44%	67.09%	67.87%	77.87%	73.33%	71.52%	▼
AMR: 12-18 years	64.39%	66.42%	71.03%	65.19%	73.15%	67.75%	65.50%	63.27%	70.26%	67.44%	67.34%	▼
AMR: 19-50 years	50.90%	53.50%	54.79%	50.12%	59.29%	60.50%	51.84%	49.85%	60.69%	54.61%	55.18%	▼
AMR: 51-64 years	63.98%	55.21%	59.92%	47.29%	60.10%	64.62%	53.37%	53.16%	66.67%	58.26%	58.41%	▼
AMR: Total Rate	61.31%	60.64%	63.59%	59.19%	67.33%	65.06%	60.27%	58.48%	67.39%	62.59%	62.67%	▼
Cardiovascular Conditions												
Controlling High Blood Pressure (CBP)												
CBP: Total Rate	67.40%	73.48%	72.99%	68.61%	***71.78%***	***68.13%***	***63.99%***	69.10%	68.37%	69.32%	68.34%	▲
Persistence of Beta Blocker Treatment After a Heart Attack (PBH)												
PBH: Rate	75.28%	92.54%	92.73%	92.76%	91.27%	86.21%	81.48%	67.95%	90.04%	85.58%	86.64%	▲
Statin Therapy for Patients With Cardiovascular Disease (SPC)												
SPC: Received Statin Therapy - 21-75 years (Male)	83.58%	84.87%	87.72%	83.41%	88.10%	84.15%	87.48%	80.41%	83.07%	84.75%	84.67%	▲
SPC: Received Statin Therapy - 40-75 years (Female)	80.44%	79.51%	86.35%	84.50%	86.35%	83.17%	78.56%	80.00%	78.53%	81.94%	81.68%	▲
SPC: Received Statin Therapy - Total Rate	82.33%	82.33%	87.08%	83.90%	87.37%	83.75%	84.00%	80.24%	81.24%	83.58%	83.42%	▲
SPC: Statin Adherence 80% - 21-75 years (Male)	70.67%	72.61%	75.92%	72.30%	75.72%	68.99%	73.44%	57.70%	74.37%	71.30%	72.04%	▲
SPC: Statin Adherence 80% - 40-75 years (Female)	69.72%	78.87%	76.15%	71.55%	75.40%	72.33%	75.00%	58.78%	74.63%	72.49%	72.92%	▲
SPC: Statin Adherence 80% - Total Rate	70.30%	75.47%	76.03%	71.96%	75.59%	70.34%	74.01%	58.14%	74.47%	71.81%	72.40%	▲
Diabetes												
Comprehensive Diabetes Care (CDC)												
CDC: HbA1c Testing	84.85%	***86.46%***	91.83%	90.41%	***87.05%***	***88.59%***	***83.83%***	90.35%	87.05%	87.83%	87.58%	▲
CDC: HbA1c Poor Control (> 9.0%)	33.58%	***32.81%***	33.39%	34.55%	***29.14%***	***31.41%***	***34.33%***	30.62%	37.70%	33.06%	33.66%	▼

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
CDC: HbA1c Control (< 8.0%)	54.56%	***53.99%***	54.17%	53.55%	***58.27%***	***55.63%***	***55.67%***	57.07%	50.33%	54.81%	54.45%	▲
CDC: HbA1c Control (< 7.0%)	37.11%	***36.98%***	36.98%	40.15%	***38.20%***	***41.61%***	***44.04%***	40.15%	39.17%	39.38%	40.15%	▲
CDC: Eye Exam	54.20%	***52.60%***	68.21%	61.98%	***66.55%***	***60.47%***	***52.67%***	58.90%	62.79%	59.82%	60.05%	▲
CDC: Medical Attention for Nephropathy	89.42%	***89.93%***	89.88%	89.92%	***89.75%***	***90.16%***	***88.33%***	90.85%	90.66%	89.88%	89.82%	▲
CDC: Blood Pressure Controlled (< 140/90 mm Hg)	68.80%	***72.57%***	74.42%	71.57%	***78.96%***	***65.78%***	***65.50%***	71.55%	73.61%	71.42%	70.68%	▲
Statin Therapy for Patients With Diabetes (SPD)												
SPD: Received Statin Therapy	66.21%	67.65%	70.58%	69.61%	68.06%	71.58%	69.09%	67.48%	68.52%	68.75%	69.10%	▲
SPD: Statin Adherence 80%	67.19%	73.49%	71.97%	70.56%	71.31%	67.12%	69.79%	58.60%	73.39%	69.27%	69.63%	▲
Musculoskeletal												
Use of Imaging Studies for Low Back Pain (LBP)												
LBP: Rate	74.42%	71.32%	73.15%	74.69%	73.81%	81.10%	80.83%	75.69%	76.91%	75.77%	76.48%	▲
Behavioral Health												
Follow-up Care for Children Prescribed ADHD Medication (ADD)												
ADD: Initiation Phase	31.80%	41.27%	39.93%	48.44%	40.63%	60.65%	34.65%	29.38%	58.48%	42.80%	43.83%	▲
ADD: Continuation and Maintenance Phase	38.11%	52.11%	48.40%	55.76%	41.60%	69.20%	41.76%	37.62%	62.93%	49.72%	51.28%	▲
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)												
SSD: Rate	81.64%	91.08%	89.60%	89.17%	91.39%	82.32%	89.11%	89.06%	90.29%	88.18%	88.06%	▼
Diabetes Monitoring for People With Diabetes And Schizophrenia (SMD)												
SMD: Rate	65.91%	71.93%	68.24%	74.21%	85.44%	76.45%	74.89%	68.02%	84.13%	74.36%	74.70%	▲
Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia (SMC)												
SMC: Rate	NA	NA	NA	71.74%	NA	77.78%	76.79%	NA	86.89%	78.30%	78.89%	▲
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)												
SAA: Rate	61.90%	70.94%	64.27%	66.74%	65.35%	61.98%	69.95%	55.89%	71.23%	65.36%	65.66%	▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)												
APM: Blood Glucose Testing Ages 1 - 11 years	78.02%	79.13%	79.22%	76.77%	81.05%	54.23%	70.86%	74.03%	75.73%	74.34%	75.94%	NA
APM: Blood Glucose Testing Ages 12 - 17 years	77.66%	83.68%	81.92%	77.56%	83.71%	64.79%	78.78%	75.00%	83.66%	78.53%	79.99%	NA
APM: Blood Glucose Testing Total Rate	77.79%	81.83%	80.92%	77.30%	82.75%	61.12%	76.42%	74.72%	81.18%	77.11%	78.64%	NA
APM: Cholesterol Testing Ages 1 - 11 years	75.09%	75.65%	76.71%	74.59%	76.71%	68.31%	72.63%	70.54%	67.02%	73.03%	72.93%	NA

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
APM: Cholesterol Testing Ages 12 - 17 years	64.34%	70.92%	74.49%	69.56%	69.35%	70.04%	71.92%	63.14%	70.16%	69.33%	69.70%	NA
APM: Cholesterol Testing Total Rate	68.20%	72.84%	75.32%	71.18%	72.01%	69.44%	72.13%	65.31%	69.18%	70.62%	70.77%	NA
APM: Blood Glucose & Cholesterol Ages 1 - 11 years	71.79%	71.74%	72.83%	71.51%	74.37%	50.70%	66.67%	67.44%	64.12%	67.91%	68.91%	NA
APM: Blood Glucose & Cholesterol Ages 12 - 17 years	63.52%	69.73%	73.14%	67.76%	69.14%	58.80%	69.77%	62.02%	69.32%	67.02%	68.13%	▲
APM: Blood Glucose & Cholesterol Total Rate	66.49%	70.55%	73.03%	68.96%	71.03%	55.99%	68.84%	63.61%	67.69%	67.35%	68.39%	▲
Pharmacotherapy for Opioid Use Disorder (POD)												
POD: Ages 16 - 64 years	25.55%	32.19%	29.87%	25.96%	40.77%	18.36%	23.33%	22.50%	26.95%	27.28%	26.38%	NA
POD: Ages 65+ year	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
POD: Total Rate	25.55%	32.25%	29.79%	25.97%	40.81%	18.32%	23.37%	22.60%	26.95%	27.29%	26.40%	NA
Overuse/Appropriateness												
Risk of Continued Opioid Use (COU)												
COU: 18-64 years - ≥ 15 Days covered	3.18%	2.34%	1.85%	3.95%	4.14%	4.59%	2.49%	4.60%	6.37%	3.72%	4.03%	▼
COU: 65+ years - ≥ 15 Days covered	NA	NA	8.70%	12.96%	NA	1.69%	0.72%	NA	11.43%	7.10%	5.12%	▼
COU: Total - ≥ 15 Days covered	3.18%	2.35%	1.88%	3.98%	4.14%	4.57%	2.47%	4.61%	6.38%	3.73%	4.04%	▼
COU: 18-64 years - ≥ 31 Days covered	1.63%	1.65%	1.18%	2.29%	1.91%	2.99%	1.65%	3.20%	3.50%	2.22%	2.37%	▲
COU: 65+ years - ≥ 31 Days covered	NA	NA	4.35%	7.41%	NA	1.69%	0.00%	NA	2.86%	3.26%	2.41%	▲
COU: Total - ≥ 31 Days covered	1.64%	1.64%	1.20%	2.31%	1.91%	2.98%	1.64%	3.20%	3.50%	2.22%	2.37%	▲
Use of Opioids at High Dosage (HDO)												
HDO: Rate	10.68%	6.91%	7.87%	9.28%	7.73%	6.69%	15.62%	11.12%	7.93%	9.31%	9.37%	▲
Use of Opioids from Multiple Providers (UOP)												
UOP: Rate receiving prescription opioids (4 or more prescribers)	18.93%	15.34%	15.59%	16.94%	17.60%	11.19%	12.34%	14.58%	12.44%	14.99%	14.36%	▼
UOP: Rate receiving prescription opioids (4 or more pharmacies)	6.40%	1.55%	2.27%	3.05%	1.40%	2.24%	3.28%	2.35%	2.16%	2.74%	2.58%	▼
UOP: Rate receiving prescription opioids (4 or more prescribers & pharmacies)	3.39%	0.60%	0.89%	1.65%	0.86%	1.05%	1.48%	1.15%	0.90%	1.33%	1.22%	▼
Access/Availability of Care												
Adults' Access to Preventive/Ambulatory Health Services (AAP)												
AAP: Ages 20-44 years	69.40%	82.56%	84.61%	82.48%	84.19%	73.42%	76.05%	73.47%	82.77%	78.77%	78.56%	▲
AAP: Ages 45-64 years	75.36%	87.77%	90.30%	88.43%	89.02%	83.79%	84.52%	80.39%	88.23%	85.31%	85.59%	▼

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
AAP: Ages 65+ years	67.41%	89.05%	86.19%	83.80%	85.68%	81.99%	81.21%	76.80%	80.68%	81.42%	80.95%	▼
AAP: Total Rate	71.25%	84.44%	86.56%	84.50%	85.85%	76.99%	78.95%	75.73%	84.77%	81.00%	80.97%	▲
Children and Adolescents' Access to Primary Care Practitioners (CAP)												
CAP: Ages 12 - 24 months	94.83%	97.04%	97.24%	97.22%	96.50%	95.73%	96.56%	95.16%	99.37%	96.63%	96.88%	▲
CAP: Ages 25 months - 6 years	87.36%	90.33%	90.59%	89.31%	91.45%	87.64%	89.12%	86.51%	98.06%	90.04%	90.59%	▲
CAP: Ages 7 - 11 years	91.56%	93.72%	93.76%	92.72%	94.46%	92.33%	93.81%	90.04%	94.93%	93.04%	93.23%	▲
CAP: Ages 12 - 19 years	90.50%	93.98%	93.18%	91.41%	93.87%	91.21%	93.63%	89.40%	94.86%	92.45%	92.63%	▲
Annual Dental Visits (ADV)												
ADV: Ages 2 - 3 years	43.86%	48.36%	53.63%	52.44%	37.13%	64.67%	64.50%	48.47%	53.89%	51.88%	54.13%	▲
ADV: Ages 4 - 6 years	65.88%	67.88%	72.56%	72.81%	61.33%	76.81%	78.21%	68.60%	74.77%	70.98%	72.54%	▲
ADV: Ages 7 - 10 years	69.22%	74.18%	75.01%	72.78%	64.38%	76.37%	78.40%	70.42%	76.40%	73.02%	73.98%	▲
ADV: Ages 11 - 14 years	63.59%	68.91%	72.04%	68.62%	58.24%	72.96%	75.85%	66.32%	72.23%	68.75%	70.00%	▲
ADV: Ages 15 - 18 years	53.20%	59.37%	62.76%	61.82%	49.69%	59.41%	66.66%	56.62%	65.92%	59.50%	60.94%	▲
ADV: Ages 19 - 20 years	33.10%	44.98%	48.70%	45.81%	35.92%	40.50%	46.03%	40.55%	49.60%	42.80%	43.64%	▲
ADV: Total Rate	58.64%	63.85%	67.42%	65.44%	54.39%	68.43%	71.59%	61.51%	68.48%	64.42%	65.80%	▲
Prenatal and Postpartum Care (PPC)												
PPC: Timeliness of Prenatal Care	92.21%	93.67%	95.86%	89.29%	91.73%	91.97%	93.92%	93.19%	87.35%	92.13%	91.67%	▲
PPC: Postpartum Care	73.72%	80.29%	82.48%	79.08%	82.00%	81.02%	78.10%	78.10%	78.83%	79.29%	79.27%	▲
Utilization and Risk Adjusted Utilization												
Utilization												
Well-Child Visits in the First 15 Months of Life (W15)												
W15: 0 Visits	0.97%	***0.24%***	0.49%	0.24%	***0.93%***	1.70%	***0.73%***	1.22%	0.49%	0.78%	0.77%	▼
W15: 1 Visit	0.73%	***0.49%***	1.70%	0.00%	***0.62%***	0.49%	***0.49%***	0.97%	1.22%	0.75%	0.74%	▼
W15: 2 Visits	3.41%	***1.70%***	1.70%	1.95%	***1.56%***	2.19%	***1.95%***	2.19%	2.19%	2.09%	2.09%	▼
W15: 3 Visits	4.38%	***2.19%***	2.68%	4.62%	***5.92%***	3.89%	***4.62%***	3.41%	3.65%	3.93%	4.07%	▼
W15: 4 Visits	5.35%	***8.27%***	8.03%	7.06%	***6.85%***	6.08%	***8.03%***	4.38%	6.33%	6.71%	6.74%	▼
W15: 5 Visits	13.14%	***13.14%***	11.44%	11.68%	***9.97%***	11.19%	***12.65%***	13.63%	12.41%	12.14%	12.13%	▼
W15: ≥ 6 Visits	72.02%	***73.97%***	73.97%	74.45%	***74.14%***	74.45%	***71.53%***	74.21%	73.72%	73.61%	73.47%	▲
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)												
W34: Rate	76.64%	***75.43%***	***79.32%***	78.83%	78.72%	***81.20%***	79.87%	80.54%	81.00%	79.06%	79.62%	▲
Adolescent Well-Care Visits (AWC)												
AWC: Rate	56.93%	73.67%	72.11%	63.50%	***61.01%***	63.54%	***66.91%***	66.91%	60.30%	64.99%	64.33%	▲

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
Frequency of Selected Procedures (FSP)											
FSP: Bariatric Weight Loss Surgery F Ages 0-19 Procs/1,000 MM	0.03	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.01	
FSP: Bariatric Weight Loss Surgery F Ages 20-44 Procs/1,000 MM	0.58	0.47	0.45	0.27	0.27	0.34	0.25	0.20	0.20	0.34	
FSP: Bariatric Weight Loss Surgery F Ages 45-64 Procs/1,000 MM	0.41	0.38	0.53	0.22	0.23	0.30	0.21	0.26	0.24	0.31	
FSP: Bariatric Weight Loss Surgery M Ages 0-19 Procs/1,000 MM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
FSP: Bariatric Weight Loss Surgery M Ages 20-44 Procs/1,000 MM	0.10	0.16	0.11	0.07	0.06	0.06	0.04	0.03	0.06	0.08	
FSP: Bariatric Weight Loss Surgery M Ages 45-64 Procs/1,000 MM	0.05	0.10	0.13	0.06	0.07	0.06	0.05	0.06	0.07	0.07	
FSP: Tonsillectomy MF Ages 0-9 Procs/1,000 MM	0.60	0.80	0.68	0.60	0.82	0.61	0.48	0.46	0.66	0.63	
FSP: Tonsillectomy MF Ages 10-19 Procs/1,000 MM	0.27	0.29	0.35	0.31	0.33	0.21	0.18	0.19	0.29	0.27	
FSP: Hysterectomy Abdominal F Ages 15-44 Procs/1,000 MM	0.08	0.10	0.11	0.06	0.09	0.08	0.09	0.07	0.07	0.08	
FSP: Hysterectomy Abdominal F Ages 45-64 Procs/1,000 MM	0.18	0.17	0.11	0.15	0.21	0.22	0.23	0.15	0.16	0.18	
FSP: Hysterectomy Vaginal F Ages 15-44 Procs/1,000 MM	0.07	0.08	0.15	0.09	0.09	0.04	0.05	0.06	0.10	0.08	
FSP: Hysterectomy Vaginal F Ages 45-64 Procs/1,000 MM	0.10	0.16	0.18	0.13	0.12	0.18	0.12	0.10	0.16	0.14	
FSP: Cholecystectomy, Open M Ages 30-64 Procs/1,000 MM	0.02	0.03	0.03	0.03	0.02	0.02	0.03	0.02	0.02	0.02	
FSP: Cholecystectomy, Open F Ages 15-44 Procs/1,000 MM	0.00	0.00	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01	
FSP: Cholecystectomy Open F Ages 45-64 Procs/1,000 MM	0.06	0.03	0.06	0.03	0.04	0.04	0.03	0.02	0.03	0.04	
FSP: Cholecystectomy Closed M Ages 30-64 Procs/1,000 MM	0.18	0.40	0.24	0.29	0.33	0.13	0.14	0.13	0.30	0.24	
FSP: Cholecystectomy Closed F Ages 15-44 Procs/1,000 MM	0.54	0.69	0.65	0.55	0.72	0.40	0.35	0.47	0.65	0.56	
FSP: Cholecystectomy Closed F Ages 45-64 Procs/1,000 MM	0.47	0.51	0.66	0.51	0.61	0.38	0.36	0.47	0.62	0.51	
FSP: Back Surgery M Ages 20-44 Procs/1,000 MM	0.17	0.19	0.21	0.19	0.27	0.08	0.09	0.13	0.24	0.17	

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average	
FSP: Back Surgery F Ages 20-44 Procs/1,000 MM	0.18	0.19	0.17	0.13	0.19	0.05	0.09	0.16	0.20	0.15		
FSP: Back Surgery M Ages 45-64 Procs/1,000 MM	0.48	0.68	0.78	0.60	0.62	0.33	0.39	0.56	0.75	0.58		
FSP: Back Surgery F Ages 45-64 Procs/1,000 MM	0.48	0.52	0.56	0.50	0.66	0.24	0.28	0.52	0.71	0.50		
FSP: Mastectomy F Ages 15-44 Procs/1,000 MM	0.03	0.05	0.05	0.03	0.07	0.05	0.08	0.04	0.07	0.05		
FSP: Mastectomy F Ages 45-64 Procs/1,000 MM	0.18	0.22	0.12	0.17	0.13	0.18	0.14	0.19	0.13	0.16		
FSP: Lumpectomy F Ages 15-44 Procs/1,000 MM	0.09	0.11	0.12	0.08	0.10	0.11	0.12	0.10	0.09	0.10		
FSP: Lumpectomy F Ages 45-64 Procs/1,000 MM	0.27	0.36	0.34	0.38	0.33	0.34	0.35	0.32	0.36	0.34		
Ambulatory Care: Total (AMBA)												
AMBA: Outpatient Visits/1,000 MM	322.82	397.05	423.44	386.07	401.81	287.90	309.95	322.97	369.78	357.98	351.53	▼
AMBA: Emergency Department Visits/1,000 MM	64.10	77.85	78.02	75.41	61.46	66.46	61.24	63.51	61.48	67.73	66.06	▼
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)												
IPUA: Total Discharges/1,000 MM	6.11	6.52	6.54	7.06	6.57	6.58	7.35	6.06	6.57	6.60		
IPUA: Medicine Discharges/1,000 MM	2.69	2.86	2.85	3.31	3.12	2.89	3.75	2.79	2.81	3.01		
IPUA: Surgery Discharges/1,000 MM	1.59	1.51	1.43	1.72	1.48	1.57	1.62	1.55	1.85	1.59		
IPUA: Maternity Discharges/1,000 MM	2.49	2.95	3.19	2.83	2.68	2.88	2.78	2.31	2.61	2.75		
Antibiotic Utilization: Total (ABXA)												
ABXA: Total # of Antibiotic Prescriptions M&F	149,635	86,571	146,753	218,926	197,004	150,884	272,381	122,184	421,766	196,234		
ABXA: Average # of Antibiotic Prescriptions PMPY M&F	0.85	1.05	0.84	0.89	1.09	0.64	0.71	0.62	1.00	0.86		
ABXA: Total Days Supplied for all Antibiotic Prescriptions M&F	1,245,927	813,505	1,368,440	2,043,343	1,922,106	1,338,258	2,485,588	1,251,193	4,127,729	1,844,010		
ABXA: Average # Days Supplied per Antibiotic Prescription M&F	8.33	9.40	9.32	9.33	9.76	8.87	9.13	10.24	9.79	9.35		
ABXA: Total # of Prescriptions for Antibiotics of Concern M&F	58,555	34,622	51,174	78,881	81,651	49,103	91,724	43,573	166,178	72,829		
ABXA: Average # of Prescriptions for Antibiotics of Concern M&F	0.33	0.42	0.29	0.32	0.45	0.21	0.24	0.22	0.40	0.32		
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions	39.13%	39.99%	34.87%	36.03%	41.45%	32.54%	33.67%	35.66%	39.40%	36.97%		

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
Risk Adjusted Utilization											
Plan All-Cause Readmissions (PCR)											
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 18-44)	1,925	910	1,811	3,697	1,892	3,173	5,174	2,202	7,441	3,136	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 45-54)	993	507	1,164	2,128	1,145	1,886	2,513	1,306	4,822	1,829	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages 55-64)	1,156	562	1,168	2,472	1,506	2,318	3,129	1,492	5,648	2,161	
PCR: Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)	4,074	1,979	4,143	8,297	4,543	7,377	10,816	5,000	17,911	7,127	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 18-44)	183	73	131	373	192	254	510	176	503	266	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 45-54)	117	51	106	264	122	198	327	150	407	194	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages 55-64)	159	72	136	256	180	274	407	183	524	243	
PCR: Count of Observed 30-Day Readmissions-Total Stays (Ages Total)	459	196	373	893	494	726	1,244	509	1,434	703	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 18-44)	161.11	72.72	144.02	306.47	160.82	247.92	412.64	183.31	489.69	242.08	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 45-54)	100.71	52.33	118.33	213.34	116.76	182.49	253.86	131.53	352.54	169.10	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages 55-64)	132.00	67.75	137.36	286.79	180.34	267.24	359.32	173.95	459.66	229.38	
PCR: Count of Expected 30-Day Readmissions-Total Stays (Ages Total)	393.82	192.80	399.71	806.60	457.91	697.65	1,025.82	488.79	1,301.89	640.55	
PCR: Observed Readmission Rate - Total Stays (Ages 18-44)	9.51%	8.02%	7.23%	10.09%	10.15%	8.01%	9.86%	7.99%	6.76%	8.62%	
PCR: Observed Readmission Rate - Total Stays (Ages 45-54)	11.78%	10.06%	9.11%	12.41%	10.66%	10.50%	13.01%	11.49%	8.44%	10.83%	
PCR: Observed Readmission Rate - Total Stays (Ages 55-64)	13.75%	12.81%	11.64%	10.36%	11.95%	11.82%	13.01%	12.27%	9.28%	11.88%	
PCR: Observed Readmission Rate - Total Stays (Ages Total)	11.27%	9.90%	9.00%	10.76%	10.87%	9.84%	11.50%	10.18%	8.01%	10.15%	
PCR: Expected Readmission Rate - Total Stays (Ages 18-44)	8.37%	7.99%	7.95%	8.29%	8.50%	7.81%	7.98%	8.32%	6.58%	7.98%	
PCR: Expected Readmission Rate - Total Stays (Ages 45-54)	10.14%	10.32%	10.17%	10.03%	10.20%	9.68%	10.10%	10.07%	7.31%	9.78%	

PH-MCO HEDIS Measure	ABH	ACN	ACP	GH	GEI	HPP	KF	UHC	UPMC	PA PH MEAN	Weighted Average
PCR: Expected Readmission Rate - Total Stays (Ages 55-64)	11.42%	12.06%	11.76%	11.60%	11.97%	11.53%	11.48%	11.66%	8.14%	11.29%	
PCR: Expected Readmission Rate - Total Stays (Ages Total)	9.67%	9.74%	9.65%	9.72%	10.08%	9.46%	9.48%	9.78%	7.27%	9.43%	
PCR: Observed to Expected Readmission Ratio - Total Stays (Ages Total)	1.17	1.02	0.93	1.11	1.08	1.04	1.21	1.04	1.10	1.08	
Health Plan Descriptive Information											
Board Certification (BCR)											
BCR: % of Family Medicine Board Certified	50.95%	89.58%	89.58%	62.31%	85.19%	89.69%	88.65%	80.84%	83.24%	80.00%	
BCR: % of Internal Medicine Board Certified	44.93%	91.08%	91.08%	73.63%	83.71%	82.63%	87.92%	77.34%	84.45%	79.64%	
BCR: % of Ob/Gyns Board Certified	40.92%	86.66%	86.66%	41.36%	79.74%	85.40%	86.39%	83.66%	80.05%	74.54%	
BCR: % of Pediatricians Board Certified	50.28%	94.75%	94.75%	72.28%	92.56%	88.55%	95.20%	83.47%	90.53%	84.71%	
BCR: % of Geriatricians Board Certified	53.56%	94.71%	94.71%	63.53%	75.00%	86.54%	93.04%	66.04%	83.39%	78.95%	
BCR: % of Other Physician Specialists Board Certified	42.05%	91.45%	91.45%	66.86%	87.28%	89.15%	92.05%	78.84%	86.12%	80.58%	

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

- A description of each PAPM,
- The MCO's review year measure rates with 95% upper and lower confidence intervals (95% CI),
- Two years of data (the MY and previous year) and the MMC rate, and
- Comparisons to the MCO's previous year rate and to the MMC rate.

Results for PAPMs are presented for each PH-MCO in **Table 5b**, along with the PH MMC average and PH MMC weighted average, which takes into account the proportional relevance of each MCO.

Table 5b: PH-MCO Results for 2020 (MY 2019) PAPMs

PH-MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)											
Rate	60.93%	65.20%	69.37%	54.29%	65.61%	69.12%	71.43%	59.51%	60.79%	64.03%	64.34%
Cesarean Rate for Nulliparous Singleton Vertex											
Rate1	21.30%	22.54%	22.32%	25.88%	24.13%	20.81%	20.91%	22.21%	23.94%	22.67%	22.69%

PH-MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Percent of Live Births weighing less than 2,500 grams (Positive)											
Rate1	8.84%	7.29%	8.07%	7.40%	9.58%	9.33%	10.03%	9.30%	8.13%	8.67%	8.83%
Elective Delivery (Adult Core Measure PC01-AD)											
Rate1	26.52%	18.03%	15.09%	16.72%	15.32%	12.58%	11.72%	14.70%	15.01%	16.19%	15.26%
Reducing Potentially Preventable Readmissions											
Rate2	9.88%	10.34%	10.06%	10.24%	10.94%	11.71%	12.76%	11.03%	11.45%	10.93%	11.26%
Follow-up for Care Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (include the BH data) (CHIPRA 21)											
Rate 1 – Initiation Phase	31.80%	41.27%	39.93%	40.63%	48.44%	60.65%	34.65%	29.38%	58.48%	42.80%	43.83%
Rate 2 – Continuation Phase	38.11%	52.11%	48.40%	41.60%	55.76%	69.20%	41.76%	37.62%	62.93%	49.72%	51.28%
Rate 1 – BH ED Enhanced Initiation Phase	34.69%	43.63%	41.64%	42.80%	49.46%	63.14%	37.84%	32.31%	58.98%	44.94%	45.87%
Rate 2 – BH ED Enhanced Continuation Phase	39.88%	53.50%	49.31%	42.89%	55.28%	71.91%	44.01%	40.06%	62.37%	51.02%	52.20%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)											
SAA Rate: MCO Defined	61.90%	70.94%	64.27%	65.35%	66.74%	61.98%	69.95%	55.89%	71.23%	65.36%	65.66%
SAA Rate: BH ED Enhanced	63.34%	72.00%	67.95%	69.94%	71.22%	64.32%	70.01%	66.58%	75.08%	68.94%	69.33%
Adult Asthma Admission Rate (PQI 15)											
Asthma in Younger Adults Admission Rate (Age 2-17 years) per 100,000 member months[3]	9.29	6.39	12.45	5.01	11.51	30.51	26.26	12.73	8.38	13.61	15.15
Asthma in Younger Adults Admission Rate (Age 18-39 years) per 100,000 member months[3]	4.68	4.22	6.29	4.13	9.92	6.26	15.91	7.52	6.08	7.22	8.06
Asthma in Younger Adults Admission Rate (Age 2-39 years) per 100,000 member months[3]	6.92	5.37	9.82	4.61	10.83	18.78	21.85	10.26	7.33	10.64	11.92
Chronic Obstructive Pulmonary Disease Admission Rate (PQI 05)											
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 40-64 years) per 100,000 member months[3]	42.86	41.05	57.92	38.37	83.24	51.06	74.24	62.12	58.03	56.54	59.62
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 65+ years) per 100,000 member months[3]	77.50	34.11	19.08	88.26	46.52	51.88	20.00	72.72	65.87	52.88	46.79

PH-MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Age 40+ years) per 100,000 member months[3]	43.55	40.96	56.96	39.00	82.59	51.08	72.52	62.38	58.11	56.35	59.35
Diabetes Short-Term Complications Admission Rate (PQI 01)											
Age Cohort 1 (18-64 Years) - Admission rate per 100,000 member months[3]	15.33	29.78	27.15	28.56	29.87	14.33	34.88	16.05	18.16	23.79	23.59
Age Cohort 2 (65+ Years) - Admission rate per 100,000 member months[3]	0.00	0.00	0.00	0.00	0.00	10.38	3.33	0.00	0.00	1.52	2.70
Total 3 (Age 18+ Years) - Admission rate per 100,000 member months[3]	15.22	29.62	26.88	28.42	29.67	14.28	34.48	15.90	18.09	23.62	23.42
Congestive Heart Failure Admissions Rate (PQI 08)											
Age Cohort 1 (18-64 Years) Admission rate per 100,000 member months[3]	17.03	15.25	17.75	17.17	26.61	24.97	24.82	20.25	12.47	19.59	19.88
Age Cohort 2 (65+ Years) Admission rate per 100,000 member months[3]	22.14	68.21	38.16	141.22	167.47	51.88	76.68	56.56	103.51	80.65	76.49
Total 3 (Age 18+ Years) Admission rate per 100,000 member months[3]	17.07	15.53	17.95	17.79	27.59	25.29	25.48	20.59	12.84	20.01	20.34
Developmental Screening in the First Three Years of Life (CHIPRA Measure DEV-CH)											
Rate 1: Total	62.21%	60.05%	60.71%	65.39%	59.81%	54.87%	60.49%	59.47%	64.61%	60.85%	61.03%
Rate 2: 1 year	60.72%	57.10%	53.84%	63.99%	55.27%	44.55%	54.76%	57.11%	57.85%	56.13%	55.86%
Rate 3: 2 years	63.30%	62.85%	64.08%	67.27%	61.10%	61.80%	63.45%	61.40%	66.45%	63.52%	63.68%
Rate 4: 3 years	62.52%	60.47%	64.89%	64.99%	63.23%	57.30%	62.81%	59.77%	69.82%	62.87%	63.55%
Dental Sealants for 6- to 9-Year-Old Children at Elevated Caries Risk (CHIPRA Measure SEAL-CH)											
MCO-Defined	20.74%	27.05%	25.04%	18.69%	24.60%	23.91%	24.74%	0.00%	25.28%	21.12%	21.89%
Dental-Enhanced	23.45%	23.59%	22.93%	22.57%	25.61%	24.52%	24.30%	22.18%	24.22%	23.71%	23.92%
Contraceptive Care for all Women (CCW)											
Provision of most or moderately effective contraception (Ages 15-20)	32.98%	38.54%	32.78%	38.44%	34.68%	28.89%	29.42%	31.35%	36.06%	33.68%	33.12%
Provision of LARC contraception (Ages 15-20)	3.69%	3.60%	5.20%	3.55%	4.55%	3.96%	3.72%	4.04%	4.04%	4.04%	4.04%
Provision of most or moderately effective contraception (Ages 21-44)	27.72%	30.68%	30.29%	29.66%	29.05%	29.40%	29.97%	27.35%	25.78%	28.88%	28.61%
Provision of LARC (Ages 21-44)	4.56%	4.71%	6.04%	4.41%	4.70%	4.72%	4.92%	4.60%	3.80%	4.72%	4.63%
Provision of most or moderately effective contraception (Ages 15-44)	28.91%	32.50%	30.93%	31.86%	30.53%	29.28%	29.82%	28.45%	28.35%	30.07%	29.75%
Provision of LARC (Ages 15-44)	4.36%	4.45%	5.82%	4.20%	4.66%	4.54%	4.59%	4.45%	3.86%	4.55%	4.48%

PH-MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Contraceptive Care for Postpartum Women (CCP)											
Numerator 1: Most or moderately effective contraception - 3 days (Ages 15-20)	8.65%	6.43%	13.02%	4.84%	7.58%	23.38%	20.63%	11.46%	8.43%	11.60%	12.44%
Numerator 2: Most or moderately effective contraception - 60 days (Ages 15-20)	47.37%	42.11%	45.55%	45.16%	46.30%	53.47%	49.13%	39.06%	44.20%	45.82%	46.21%
Numerator 3: LARC - 3 days (Ages 15-20)	3.38%	2.34%	9.11%	0.65%	3.20%	16.20%	13.07%	7.29%	2.38%	6.40%	7.01%
Numerator 4: LARC - 60 days (Ages 15-20)	13.53%	9.36%	18.66%	10.32%	12.63%	25.23%	20.79%	14.58%	12.56%	15.30%	16.00%
Numerator 1: Most or moderately effective contraception - 3 days (Ages 21-44)	14.33%	13.08%	18.71%	6.84%	17.25%	21.41%	21.56%	16.83%	14.26%	16.03%	16.85%
Numerator 2: Most or moderately effective contraception - 60 days (Ages 21-44)	42.76%	45.17%	50.12%	37.16%	44.56%	45.95%	45.73%	42.28%	42.91%	44.07%	44.28%
Numerator 3: LARC - 3 days (Ages 21-44)	2.03%	0.64%	4.68%	0.45%	3.07%	8.60%	8.51%	4.13%	2.26%	3.82%	4.44%
Numerator 4: LARC - 60 days (Ages 21-44)	9.83%	7.35%	14.31%	6.92%	10.73%	16.60%	15.60%	10.71%	10.87%	11.44%	12.19%
Numerator 1: Most or moderately effective contraception - 3 days (Ages 15-44)	13.82%	12.42%	18.00%	6.63%	16.00%	21.59%	21.47%	16.19%	13.74%	15.54%	16.39%
Numerator 2: Most or moderately effective contraception - 60 days (Ages 15-44)	43.17%	44.86%	49.56%	38.00%	44.78%	46.64%	46.05%	41.89%	43.02%	44.22%	44.48%
Numerator 3: LARC - 3 days (Ages 15-44)	2.15%	0.81%	5.23%	0.47%	3.09%	9.30%	8.94%	4.51%	2.27%	4.09%	4.70%
Numerator 4: LARC - 60 days (Ages 15-44)	10.16%	7.54%	14.85%	7.28%	10.98%	17.40%	16.09%	11.18%	11.02%	11.83%	12.58%
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C (HBA1C) Poor Control (> 9.0%) (HPCMI-AD)											
Ages 18-64 years	78.71%	86.06%	83.15%	89.93%	65.85%	87.19%	91.17%	91.86%	82.81%	84.08%	83.31%
Ages 65-75 years*	0.00%	100.00%	100.00%	100.00%	44.44%	100.00%	91.67%	100.00%	83.33%	79.94%	85.11%
Age Total	78.71%	86.17%	83.20%	89.95%	65.71%	87.29%	91.17%	91.93%	82.81%	84.10%	83.32%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)											
Ages 1-11 years	69.57%	63.29%	76.34%	76.41%	71.13%	70.21%	67.79%	72.22%	71.59%	70.95%	71.60%
Ages 12-17 years	64.26%	74.32%	70.55%	73.60%	66.67%	78.26%	62.08%	57.14%	65.54%	68.05%	66.54%
Ages Total	66.00%	68.63%	72.41%	74.66%	68.14%	75.93%	63.43%	61.46%	67.51%	68.69%	68.17%
Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)											
FUA: Ages 18-64 (7 days)	16.68%	14.44%	17.73%	17.73%	19.91%	14.76%	17.63%	16.42%	19.13%	17.16%	17.41%
FUA: Ages 18-64 (30 days)	25.35%	23.83%	25.92%	28.07%	28.36%	25.01%	29.13%	24.38%	30.84%	26.77%	27.34%
FUA: Ages 65+ (7 days)*	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	3.70%	3.45%
FUA: Ages 65+ (30 days)*	0.00%	0.00%	0.00%	0.00%	0.00%	14.29%	0.00%	33.33%	0.00%	5.29%	6.90%

PH-MCO PAPMs	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	PH MMC Average	PH MMC Weighted Average
Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM)											
FUM: Ages 18-64 (7 days)	42.61%	50.74%	39.15%	61.17%	43.89%	26.93%	25.80%	32.89%	39.77%	40.33%	39.69%
FUM: Ages 18-64 (30 days)	54.34%	63.15%	51.65%	70.67%	57.26%	39.95%	38.70%	46.25%	54.91%	52.99%	52.61%
FUM: Ages 65+ (7 days)*	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	33.33%	66.67%
FUM: Ages 65+ (30 days)*	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	55.56%	100.00%
Concurrent Use of Opioids and Benzodiazepines (COB)											
Ages 18-64 years	16.42%	20.02%	20.04%	20.75%	19.67%	19.78%	19.28%	15.21%	18.15%	18.81%	18.91%
Ages 65+ *	0.00%	0.00%	11.11%	71.43%	5.00%	33.33%	14.29%	0.00%	11.76%	16.32%	16.09%
Ages Total	16.37%	19.98%	20.00%	20.86%	19.60%	19.82%	19.26%	15.20%	18.14%	18.80%	18.90%
Adult Annual Dental Visit ≥ 21 Years (AADV)											
21+ Years (Ages 21-35 years)	28.08%	33.57%	38.70%	32.28%	36.49%	35.13%	37.10%	31.40%	33.97%	34.08%	34.38%
21+ Years (Ages 36-59 years)	26.11%	29.03%	36.78%	29.53%	32.65%	32.88%	34.15%	28.61%	30.55%	31.14%	31.52%
21+ Years (Ages 60-64 years)	22.42%	24.17%	31.10%	24.87%	27.04%	28.94%	29.86%	23.56%	26.37%	26.48%	26.97%
21+ Years (Ages 65+ years)	15.38%	16.92%	23.46%	17.06%	21.59%	19.35%	21.53%	17.83%	18.97%	19.12%	19.88%
21+ Years (Ages Total)	26.68%	30.50%	37.01%	30.27%	33.77%	33.38%	34.90%	29.39%	31.58%	31.94%	32.30%
Use of Pharmacotherapy for Opioid Use Disorder (OUD)											
Rate 1: Total	64.26%	67.29%	68.13%	74.09%	74.37%	33.94%	67.87%	71.50%	77.99%	66.60%	69.30%
Rate 2: Buprenorphine	56.76%	59.48%	60.82%	70.27%	69.31%	29.41%	62.95%	64.62%	67.54%	60.13%	62.57%
Rate 3: Oral Naltrexone	6.31%	6.69%	6.73%	2.86%	3.33%	2.04%	4.49%	3.93%	4.94%	4.59%	4.33%
Rate 4: Long-Acting, Injectable Naltrexone	9.01%	9.29%	7.31%	4.77%	6.78%	3.85%	6.51%	7.86%	10.37%	7.31%	7.50%
Rate 5: Methadone	0.60%	0.00%	0.29%	0.00%	0.11%	2.04%	1.01%	0.98%	5.74%	1.20%	1.83%

*Some denominators contained fewer than 30 members. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.

[1] Lower rate indicates better performance for three measures that are related to live births: Cesarean Rate for Nulliparous Singleton Vertex, Percent of Live Births Weighing Less than 2,500 Grams (Positive), and Elective Delivery.

[2] For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

[3] For the Adult Admission Rate measures, lower rates indicate better performance.

CHIP-MCO Performance Measures

Each CHIP-MCO underwent a full HEDIS Compliance Audit in 2020. Each year, DHS updates its requirements for the CHIP-MCOs to be consistent with NCQA's requirement for the reporting year. CHIP-MCOs are required to report the complete set of CHIP measures mandated by DHS, as specified in the *HEDIS 2020: Volume 2: Technical Specifications*. All CHIP-MCO HEDIS rates are compiled and provided to DHS CHIP on an annual basis. The individual MCO 2020 EQR reports

include these measures. **Table 6a** represents the HEDIS performance for all 10 CHIP-MCOs in 2020, as well as the CHIP mean and the CHIP weighted average; this table includes the full set of HEDIS 2020 measures reported to DHS CHIP.

For 2020, in light of the COVID-19 global health crisis, NCQA allowed plans to rotate HEDIS measures that are collected using the hybrid methodology. Plans were allowed to report their audited HEDIS 2019 hybrid rate for an applicable measure if it was better than their HEDIS 2020 hybrid rate as a result of low chart retrieval. Rates are bolded and italicized for rates that plans chose to rotate in 2020.

Table 6a: CHIP-MCO Results for 2020 (MY 2019) HEDIS Measures

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
Effectiveness of Care													
Prevention and Screening													
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - Hybrid													
WCC: BMI Ages 3 - 11 years	***80.17%***	***80.38%***	***90.87%***	***84.11%***	***87.12%***	***84.62%***	***78.82%***	***80.68%***	91.10%	81.98%	83.98%	84.32%	▼
WCC: BMI Ages 12 - 17 years	***79.88%***	***83.23%***	***87.21%***	***87.72%***	***83.82%***	***83.64%***	***78.15%***	***69.73%***	89.14%	82.50%	82.50%	83.38%	▲
WCC: BMI Ages 3 - 17 years Total Rate	***80.05%***	***81.65%***	***89.21%***	***85.37%***	***85.25%***	***84.17%***	***78.53%***	***75.51%***	90.27%	82.16%	83.22%	83.90%	▲
WCC: Nutrition Ages 3 - 11 years	***77.27%***	***76.56%***	***78.37%***	***84.11%***	***79.55%***	***78.46%***	***71.92%***	***78.26%***	85.17%	77.93%	78.76%	79.04%	▲
WCC: Nutrition Ages 12 - 17 years	***75.15%***	***70.06%***	***77.33%***	***83.33%***	***76.88%***	***74.55%***	***75.50%***	***71.89%***	84.57%	75.00%	76.43%	76.99%	▲
WCC: Nutrition Ages 3 - 17 years Total Rate	***76.40%***	***73.67%***	***77.89%***	***83.84%***	***78.03%***	***76.67%***	***73.45%***	***75.26%***	84.91%	76.90%	77.70%	78.19%	▲
WCC: Physical Activity Ages 3 - 11 years	***74.38%***	***68.90%***	***72.12%***	***70.09%***	***80.30%***	***72.82%***	***62.07%***	***75.36%***	79.24%	74.77%	73.01%	73.35%	▼
WCC: Physical Activity Ages 12 - 17 years	***73.96%***	***70.06%***	***77.91%***	***84.21%***	***78.03%***	***80.61%***	***74.83%***	***77.30%***	86.29%	79.17%	78.24%	78.88%	▲
WCC: Physical Activity Ages 3 - 17 Total Rate	***74.21%***	***69.41%***	***74.74%***	***75.00%***	***79.02%***	***76.39%***	***67.51%***	***76.28%***	82.24%	76.32%	75.11%	75.60%	▲
Childhood Immunization Status (CIS) - Hybrid													
CIS: DTaP	91.10%	81.68%	***87.43%***	90.64%	***90.32%***	81.03%	***85.83%***	95.74%	88.32%	***87.83%***	87.99%	87.69%	▲
CIS: IPV	93.24%	89.60%	***92.51%***	94.74%	***97.85%***	82.76%	***90.83%***	95.74%	94.65%	***94.40%***	92.63%	93.08%	▲
CIS: MMR	92.17%	91.09%	***90.12%***	95.32%	***92.47%***	86.21%	***92.08%***	95.74%	93.67%	***94.40%***	92.33%	92.70%	▲
CIS: Hib	92.88%	90.59%	***90.42%***	95.91%	***97.85%***	84.48%	***92.50%***	95.74%	94.40%	***93.67%***	92.85%	92.93%	▲
CIS: Hepatitis B	90.75%	81.68%	***92.22%***	94.15%	***95.70%***	82.76%	***87.92%***	93.62%	93.19%	***95.62%***	90.76%	91.77%	▲
CIS: VZV	90.75%	90.10%	***89.82%***	94.74%	***91.40%***	85.34%	***91.25%***	95.74%	93.43%	***93.67%***	91.62%	92.02%	▲
CIS: Pneumococcal Conjugate	90.75%	81.68%	***85.33%***	92.40%	***91.40%***	81.03%	***84.58%***	87.23%	88.56%	***90.02%***	87.30%	87.86%	▲
CIS: Hepatitis A	91.81%	85.64%	***82.04%***	94.74%	***88.17%***	82.76%	***90.00%***	87.23%	90.02%	***91.97%***	88.44%	89.23%	▲
CIS: Rotavirus	79.36%	69.31%	***79.04%***	87.13%	***79.57%***	72.41%	***77.08%***	76.60%	83.21%	***85.89%***	78.96%	80.89%	▲
CIS: Influenza	64.06%	65.35%	***50.00%***	52.63%	***67.74%***	56.90%	***68.75%***	51.06%	68.86%	***62.04%***	60.74%	62.22%	▲
CIS: Combination 2	85.77%	73.27%	***84.13%***	87.13%	***86.02%***	76.72%	***82.50%***	91.49%	85.64%	***85.40%***	83.81%	84.03%	▲
CIS: Combination 3	85.05%	71.29%	***81.14%***	85.38%	***83.87%***	74.14%	***79.17%***	82.98%	83.70%	***83.70%***	81.04%	81.88%	▲

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
CIS: Combination 4	83.27%	68.32%	***73.95%***	83.63%	***79.57%***	70.69%	***78.33%***	74.47%	82.00%	***82.00%***	77.62%	79.18%	▲
CIS: Combination 5	76.16%	57.43%	***71.86%***	80.12%	***72.04%***	65.52%	***69.58%***	68.09%	76.40%	***77.86%***	71.50%	73.60%	▲
CIS: Combination 6	60.14%	53.96%	***47.01%***	48.54%	***61.29%***	51.72%	***62.50%***	44.68%	64.23%	***57.42%***	55.15%	57.14%	▲
CIS: Combination 7	74.73%	56.93%	***65.27%***	78.95%	***69.89%***	62.93%	***68.75%***	61.70%	75.18%	***77.37%***	69.17%	71.79%	▲
CIS: Combination 8	59.07%	53.47%	***44.01%***	47.95%	***59.14%***	51.72%	***61.67%***	40.43%	63.02%	***56.93%***	53.74%	55.99%	▲
CIS: Combination 9	55.16%	46.04%	***43.41%***	47.37%	***54.84%***	48.28%	***55.42%***	38.30%	59.12%	***55.96%***	50.39%	52.97%	▲
CIS: Combination 10	54.45%	46.04%	***40.72%***	46.78%	***53.76%***	48.28%	***54.58%***	36.17%	58.15%	***55.72%***	49.47%	52.12%	▲
Immunizations for Adolescents (IMA) - Hybrid													
IMA: Meningococcal	93.19%	91.00%	***88.32%***	***92.70%***	93.77%	91.97%	***94.16%***	***91.09%***	94.65%	93.19%	92.40%	92.92%	▲
IMA: Tdap/Td	93.92%	91.53%	***90.27%***	***93.92%***	93.77%	92.46%	***93.92%***	***93.02%***	95.86%	93.19%	93.18%	93.54%	▼
IMA: HPV	39.17%	30.90%	***29.93%***	***47.93%***	34.56%	34.06%	***39.17%***	***27.52%***	39.42%	38.69%	36.13%	37.34%	▲
IMA: Combination 1	91.97%	88.79%	***86.86%***	***91.00%***	92.63%	90.51%	***92.70%***	***89.15%***	93.19%	91.97%	90.88%	91.46%	▲
IMA: Combination 2	37.96%	29.86%	***28.71%***	***45.74%***	34.28%	32.60%	***36.74%***	***25.58%***	37.96%	38.69%	34.81%	36.18%	▲
Lead Screening in Children (LSC) - Hybrid													
LSC: Rate	69.40%	***46.21%***	***67.96%***	78.36%	63.89%	53.45%	***67.50%***	61.70%	74.94%	86.00%	66.94%	72.74%	▲
Chlamydia Screening in Women (CHL)													
CHL: Ages 16 - 19 years	42.70%	33.14%	40.05%	56.00%	39.94%	29.93%	50.33%	32.88%	43.73%	38.37%	40.71%	40.83%	▼
CHL: Total Rate	42.70%	33.14%	40.05%	56.00%	39.82%	29.93%	50.33%	32.88%	43.73%	38.37%	40.69%	40.82%	▼
Respiratory Conditions													
Asthma Medication Ratio (AMR)													
AMR: 5 - 11 years	76.85%	87.37%	86.05%	67.33%	NA	84.62%	56.89%	NA	79.17%	85.15%	77.93%	77.18%	▼
AMR: 12 - 18 years	68.18%	76.60%	79.37%	67.69%	71.93%	69.23%	57.50%	72.22%	66.67%	67.57%	69.70%	67.96%	▼
AMR: 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
AMR: Total	73.14%	82.01%	83.33%	67.47%	79.76%	76.92%	57.19%	78.26%	73.05%	76.55%	74.77%	73.06%	▼
Appropriate Testing for Pharyngitis (CWP)													
CWP: 3 - 17 years	87.51%	87.71%	82.28%	87.79%	89.84%	87.91%	90.96%	77.78%	86.72%	92.82%	87.13%	87.85%	
CWP: 18 years	80.65%	83.33%	83.87%	NA	87.80%	80.00%	74.00%	NA	75.90%	87.50%	81.63%	81.27%	
CWP: Total Rate	87.32%	87.58%	82.32%	86.45%	89.73%	87.63%	90.26%	77.65%	86.40%	92.67%	86.80%	87.56%	▼
Appropriate Treatment for Upper Respiratory Infection (URI)													
URI: 3 - 17 years	94.06%	92.47%	90.21%	96.14%	88.22%	91.87%	94.98%	86.49%	92.66%	91.23%	91.83%	92.19%	
URI: 18 years	90.00%	89.13%	81.16%	NA	66.67%	85.45%	81.13%	81.82%	91.74%	86.06%	83.69%	85.14%	

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
URI: Total Rate	93.96%	92.40%	89.94%	96.12%	87.37%	91.66%	94.66%	86.28%	92.64%	91.09%	91.61%	92.01%	▼
Medication Management for People With Asthma (MMA)													
MMA: Medication Compliance 50% Ages 5 - 11 years	59.22%	68.09%	67.47%	59.34%	NA	68.25%	60.49%	NA	59.02%	63.01%	63.11%	62.32%	▲
MMA: Medication Compliance 50% Ages 12 - 18 years	45.45%	63.10%	71.43%	66.67%	59.26%	53.45%	59.46%	56.25%	61.25%	65.22%	60.15%	61.17%	▲
MMA: Medication Compliance 50% Ages 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
MMA: Medication Compliance 50% Total Rate	54.09%	65.73%	68.57%	62.25%	67.50%	61.16%	60.00%	61.90%	59.88%	63.86%	62.49%	62.05%	▲
MMA: Medication Compliance 75% Ages 5 - 11 years	32.04%	38.30%	44.58%	36.26%	NA	47.62%	34.57%	NA	32.79%	38.81%	38.12%	37.07%	▲
MMA: Medication Compliance 75% Ages 12 - 18 years	25.45%	40.48%	50.00%	43.33%	25.93%	41.38%	34.46%	40.63%	31.88%	40.22%	37.37%	36.92%	▲
MMA: Medication Compliance 75% Ages 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
MMA: Medication Compliance 75% Total Rate	29.56%	39.33%	46.43%	39.07%	36.25%	44.63%	34.52%	40.48%	32.27%	39.36%	38.19%	37.22%	▼
Behavioral Health													
Follow-up Care for Children Prescribed ADHD Medication (ADD)													
ADD: Initiation Phase	50.00%	45.90%	45.12%	48.53%	66.67%	52.63%	43.52%	NA	53.54%	59.36%	51.70%	52.22%	▼
ADD: Continuation and Maintenance Phase	NA	50.00%	NA	NA	NA	NA	54.84%	NA	58.82%	73.21%	59.22%	63.56%	▲
Follow up After Hospitalization for Mental Illness (FUH)													
FUH: 7 Days	48.28%	50.94%	50.00%	NA	NA	46.81%	34.78%	NA	47.56%	57.60%	48.00%	48.97%	▼
FUH: 30 Days	70.69%	79.25%	70.00%	NA	NA	78.72%	50.72%	NA	70.73%	77.60%	71.10%	71.28%	▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)													
APM: Blood Glucose Testing Ages 1 - 11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
APM: Blood Glucose Testing Ages 12 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	65.63%	70.18%	67.90%	68.54%	
APM: Blood Glucose Testing Total Rate	NA	NA	77.78%	NA	NA	NA	NA	NA	64.71%	73.24%	71.91%	72.34%	
APM: Cholesterol Testing Ages 1 - 11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
APM: Cholesterol Testing Ages 12 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	46.88%	56.14%	51.51%	52.81%	

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
APM: Cholesterol Testing Total Rate	NA	NA	44.44%	NA	NA	NA	NA	NA	47.06%	60.56%	50.69%	53.19%	
APM: Blood Glucose & Cholesterol Ages 1 - 11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
APM: Blood Glucose & Cholesterol Ages 12 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	46.88%	52.63%	49.75%	50.56%	▼
APM: Blood Glucose & Cholesterol Total Rate	NA	NA	44.44%	NA	NA	NA	NA	NA	47.06%	56.34%	49.28%	51.06%	▼
Access/Availability of Care													
Children and Adolescents' Access to Primary Care Practitioners (CAP)													
CAP: Ages 12 - 24 months	97.57%	100.00%	98.16%	94.62%	96.97%	100.00%	99.24%	NA	97.21%	99.73%	98.17%	98.53%	▲
CAP: Ages 25 months - 6 years	93.13%	93.17%	93.50%	92.22%	94.81%	95.23%	94.13%	93.77%	92.87%	98.80%	94.16%	94.90%	▲
CAP: Ages 7 - 11 years	95.96%	94.83%	96.01%	95.34%	96.91%	97.06%	97.36%	96.78%	95.99%	97.15%	96.34%	96.42%	▲
CAP: Ages 12 - 19 years	95.74%	95.56%	97.12%	95.49%	96.94%	97.85%	97.12%	97.03%	95.01%	96.52%	96.44%	96.26%	▲
Annual Dental Visits (ADV)													
ADV: Ages 2 - 3 years	56.43%	47.01%	40.09%	77.49%	35.32%	39.73%	60.42%	45.36%	48.88%	45.19%	49.59%	49.18%	▼
ADV: Ages 4 - 6 years	78.82%	78.57%	65.98%	83.02%	71.51%	77.55%	82.44%	71.87%	75.73%	74.65%	76.02%	76.12%	▼
ADV: Ages 7 - 10 years	80.05%	81.48%	71.08%	85.30%	76.03%	81.82%	84.78%	77.68%	78.48%	76.27%	79.30%	78.97%	▲
ADV: Ages 11 - 14 years	75.68%	81.05%	65.86%	83.38%	75.69%	78.07%	81.84%	75.23%	74.61%	71.63%	76.30%	75.59%	▲
ADV: Ages 15 - 18 years	64.74%	72.01%	56.14%	72.53%	70.00%	70.02%	70.30%	68.62%	63.95%	61.65%	67.00%	65.75%	▲
ADV: Ages 19 years	51.28%	65.96%	52.38%	55.88%	NA	NA	61.19%	64.52%	48.67%	49.48%	56.17%	54.47%	▲
ADV: Ages 2-19 years Total Rate	73.15%	76.40%	63.08%	80.86%	71.34%	74.39%	78.31%	71.65%	71.37%	68.84%	72.94%	72.23%	▲
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)													
APP: Ages 1 - 11 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
APP: Ages 12 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
APP: Ages 1 - 17 years Total Rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Use of Services													
Well-Child Visits in the First 15 Months of Life (W15) - Hybrid													
W15: 0 Visits	***0.00%***	0.00%	***0.00%***	***1.43%***	NA	0.00%	***1.25%***	NA	0.34%	***0.00%***	0.38%	0.30%	▲
W15: 1 Visit	***0.00%***	2.33%	***0.00%***	***0.00%***	NA	0.00%	***0.00%***	NA	0.68%	***0.00%***	0.38%	0.41%	▼
W15: 2 Visits	***0.00%***	1.16%	***0.72%***	***0.00%***	NA	0.00%	***0.00%***	NA	0.34%	***1.20%***	0.43%	0.51%	▲
W15: 3 Visits	***0.88%***	2.33%	***0.00%***	***0.00%***	NA	2.56%	***1.25%***	NA	1.71%	***0.60%***	1.17%	1.12%	▼
W15: 4 Visits	***4.42%***	3.49%	***2.90%***	***2.86%***	NA	2.56%	***2.50%***	NA	2.05%	***0.00%***	2.60%	2.34%	▼
W15: 5 Visits	***15.93%***	10.47%	***16.67%***	***21.43%***	NA	5.13%	***22.50%***	NA	7.17%	***13.25%***	14.07%	12.99%	▼

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
W15: >= 6 Visits	***78.76%***	80.23%	***79.71%***	***74.29%***	NA	89.74%	***72.50%***	NA	87.71%	***84.94%***	80.99%	82.34%	▼
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) - Hybrid													
W34: Rate 3 - 6 years	84.91%	***82.08%***	***79.20%***	86.46%	87.83%	82.24%	***91.30%***	82.48%	84.67%	***86.16%***	84.73%	85.02%	▼
Adolescent Well-Care Visits (AWC) - Hybrid													
AWC: Rate 12 - 19 years	72.75%	***69.54%***	***64.84%***	73.48%	73.72%	68.61%	***75.08%***	66.18%	73.97%	***69.13%***	70.73%	71.26%	▼
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)													
FUI: 30 days 13 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
FUI: 30 days 18 - 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
FUI: 30 days 13 - 19 years Total Rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
FUI: 7 days 13 - 17 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
FUI: 7 days 18 - 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
FUI: 7 days 13 - 19 years Total Rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Pharmacotherapy for Opioid Use Disorder (POD)													
POD: 16 - 19 years	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Ambulatory Care: Total (AMBA)													
AMBA: Outpatient Visits/1000 MM Ages <1 year	705.23	773.70	634.82	557.82	684.40	784.46	669.78	725.19	660.28	854.05	704.97	728.35	▼
AMBA: Outpatient Visits/1000 MM Ages 1 - 9 years	258.83	278.25	271.98	199.98	289.30	299.99	209.83	267.58	258.20	320.48	265.44	269.28	▼
AMBA: Outpatient Visits/1000 MM Ages 10 - 19 years	217.29	261.58	242.71	167.07	272.89	275.13	177.85	246.51	226.84	266.20	235.41	234.08	▼
AMBA: Outpatient Visits/1000 MM Ages <1 - 19 years Total Rate	241.08	272.21	258.05	184.43	280.32	289.28	193.87	256.54	244.29	296.33	251.64	253.18	▼
AMBA: Emergency Department Visits/1000 MM Ages <1 year	38.56	42.05	32.17	43.90	40.37	35.09	36.02	38.17	36.75	42.43	38.55	39.05	▼
AMBA: Emergency Department Visits/1000 MM Ages 1 - 9 years	30.11	23.78	27.25	29.70	32.14	24.24	27.37	27.53	31.37	31.26	28.47	29.15	▼
AMBA: Emergency Department Visits/1000 MM Ages 10 - 19 years	23.01	20.59	25.45	22.32	28.39	19.41	22.37	25.56	24.63	28.23	24.00	24.38	▼
AMBA: Emergency Department Visits/1000 MM Ages <1 - 19 years Total Rate	26.43	22.11	26.30	25.77	29.72	21.65	24.52	26.37	27.78	29.74	26.04	26.59	▼

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
Inpatient Utilization - General Hospital/Acute Care: Total (IPUA)													
IPUA: Total Discharges/1000 MM Ages <1 year	3.55	2.29	2.84	2.14	0.00	5.01	2.67	0.00	2.47	1.63	2.26		
IPUA: Total Discharges/1000 MM Ages 1 - 9 years	0.59	0.77	0.57	0.53	0.47	0.54	1.14	0.59	0.57	0.74	0.65		
IPUA: Total Discharges/1000 MM Ages 10 - 19 years	0.75	0.56	0.77	0.71	0.58	0.62	0.92	0.62	0.53	0.93	0.70		
IPUA: Total Discharges/1000 MM Ages <1 - 19 years Total Rate	0.70	0.66	0.69	0.64	0.53	0.61	1.02	0.61	0.56	0.85	0.69		
IPUA: Total Inpatient ALOS Ages <1 year	2.63	3.00	1.67	1.00		3.50	1.75		2.38	2.29	2.28		
IPUA: Total Inpatient ALOS Ages 1 - 9 years	4.88	4.23	2.38	2.24	2.13	3.45	2.53	3.50	4.76	2.63	3.27		
IPUA: Total Inpatient ALOS Ages 10 - 19 years	3.41	3.95	3.47	2.78	3.74	4.05	3.06	3.96	3.42	3.09	3.49		
IPUA: Total Inpatient ALOS Ages <1 - 19 years Total Rate	3.94	4.07	3.02	2.54	3.22	3.78	2.80	3.79	4.00	2.89	3.40		
IPUA: Surgery Discharges/1000 MM Ages <1 year	0.00	0.00	0.95	0.00	0.00	1.25	0.67	0.00	0.00	0.23	0.31		
IPUA: Surgery Discharges/1000 MM Ages 1 - 9 years	0.13	0.20	0.13	0.06	0.12	0.19	0.29	0.26	0.16	0.24	0.18		
IPUA: Surgery Discharges/1000 MM Ages 10 - 19 years	0.21	0.18	0.32	0.21	0.24	0.21	0.32	0.14	0.23	0.31	0.24		
IPUA: Surgery Discharges/1000 MM Ages <1 - 19 years Total Rate	0.17	0.19	0.24	0.14	0.19	0.21	0.31	0.19	0.20	0.28	0.21		
IPUA: Surgery ALOS Ages <1 year			1.00			1.00	3.00			2.00	1.75		
IPUA: Surgery ALOS Ages 1 - 9 years	13.57	7.59	3.82	2.00	2.00	3.82	4.06	3.86	7.16	3.16	5.10		
IPUA: Surgery ALOS Ages 10 - 19 years	3.77	5.85	4.39	3.94	4.71	5.07	3.98	5.17	4.09	4.27	4.52		
IPUA: Surgery ALOS Ages <1 - 19 years Total Rate	7.20	6.65	4.16	3.55	4.11	4.41	4.00	4.46	5.23	3.81	4.76		
IPUA: Medicine Discharges/1000 MM Ages <1 year	3.55	2.29	1.89	2.14	0.00	3.76	2.00	0.00	2.47	1.40	1.95		
IPUA: Medicine Discharges/1000 MM Ages 1 - 9 years	0.46	0.56	0.43	0.46	0.35	0.35	0.85	0.33	0.41	0.50	0.47		
IPUA: Medicine Discharges/1000 MM Ages 10 - 19 years	0.46	0.32	0.38	0.46	0.22	0.31	0.54	0.43	0.26	0.55	0.39		
IPUA: Medicine Discharges/1000 MM Ages <1 - 19 years Total Rate	0.49	0.44	0.41	0.47	0.27	0.35	0.67	0.39	0.34	0.54	0.44		

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
IPUA: Medicine ALOS Ages <1 year	2.63	3.00	2.00	1.00		4.33	1.33		2.38	2.33	2.38		
IPUA: Medicine ALOS Ages 1 - 9 years	2.44	3.02	1.94	2.28	2.17	3.25	2.01	3.22	3.81	2.38	2.65		
IPUA: Medicine ALOS Ages 10 - 19 years	3.04	3.11	2.84	2.14	3.08	3.91	2.58	3.72	2.98	2.54	2.99		
IPUA: Medicine ALOS Ages <1 - 19 years Total Rate	2.75	3.06	2.39	2.17	2.64	3.64	2.26	3.56	3.40	2.47	2.83		
IPUA: Maternity/1000 MM Ages 10 - 19 years	0.08	0.06	0.07	0.04	0.12	0.10	0.06	0.05	0.04	0.07	0.07		
IPUA: Maternity ALOS Ages 10 - 19 years Total Rate	4.60	2.50	2.71	4.00	3.00	2.29	2.60	2.50	2.40	2.22	2.88		
Mental Health Utilization (MPT)													
MPT: Any Services Ages 0 - 12 years - Male	4.30%	7.48%	6.94%	3.89%	10.23%	10.16%	6.43%	8.65%	5.94%	12.11%	7.61%		
MPT: Any Services Ages 0 - 12 years - Female	3.58%	5.49%	5.35%	2.03%	9.07%	8.32%	4.36%	8.01%	4.04%	8.96%	5.92%		
MPT: Any Services Ages 0 - 12 years - Total Rate	3.95%	6.47%	6.15%	2.97%	9.65%	9.24%	5.41%	8.33%	4.99%	10.55%	6.77%		
MPT: Any Services Ages 13 - 17 years - Male	5.52%	9.43%	9.74%	4.81%	15.74%	14.09%	7.99%	10.59%	7.54%	14.66%	10.01%		
MPT: Any Services Ages 13 - 17 years - Female	8.65%	16.77%	16.28%	7.50%	23.87%	22.67%	11.92%	21.14%	13.40%	24.31%	16.65%		
MPT: Any Services Ages 13 - 17 years - Total Rate	7.07%	13.12%	13.03%	6.19%	19.87%	18.36%	9.99%	15.92%	10.45%	19.49%	13.35%		
MPT: Inpatient Ages 0 - 12 years - Male	0.15%	0.04%	0.04%	0.14%	0.09%	0.17%	0.11%	0.00%	0.07%	0.14%	0.10%		
MPT: Inpatient Ages 0 - 12 years - Female	0.13%	0.14%	0.08%	0.11%	0.18%	0.14%	0.09%	0.12%	0.08%	0.16%	0.12%		
MPT: Inpatient Ages 0 - 12 years - Total Rate	0.14%	0.09%	0.06%	0.13%	0.14%	0.16%	0.10%	0.06%	0.08%	0.15%	0.11%		
MPT: Inpatient Ages 13 - 17 years – Male	0.88%	0.64%	0.86%	0.39%	0.94%	0.79%	0.63%	0.71%	0.53%	0.62%	0.70%		
MPT: Inpatient Ages 13 - 17 years - Female	1.00%	1.59%	1.65%	1.17%	0.98%	1.97%	1.16%	1.28%	1.02%	1.49%	1.33%		
MPT: Inpatient Ages 13 - 17 years - Total Rate	0.94%	1.12%	1.26%	0.79%	0.96%	1.37%	0.90%	1.00%	0.77%	1.06%	1.02%		
MPT: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Male	0.18%	0.10%	0.06%	0.34%	0.09%	0.29%	0.27%	0.00%	0.16%	0.14%	0.16%		
MPT: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Female	0.19%	0.08%	0.04%	0.20%	0.00%	0.14%	0.06%	0.00%	0.12%	0.17%	0.10%		
MPT: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Total Rate	0.18%	0.09%	0.05%	0.27%	0.05%	0.22%	0.17%	0.00%	0.14%	0.16%	0.13%		

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
MPT: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Male	0.60%	0.60%	0.09%	0.33%	0.29%	0.79%	0.69%	0.00%	0.19%	0.37%	0.39%		
MPT: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Female	0.97%	0.87%	0.36%	0.92%	0.63%	1.78%	1.46%	0.10%	0.64%	0.83%	0.86%		
MPT: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Total Rate	0.78%	0.74%	0.22%	0.63%	0.46%	1.28%	1.08%	0.05%	0.41%	0.60%	0.63%		
MPT: Outpatient Ages 0 - 12 years - Male	4.17%	7.44%	6.88%	3.67%	10.14%	10.10%	6.30%	8.65%	5.81%	12.04%	7.52%		
MPT: Outpatient Ages 0 - 12 years - Female	3.47%	5.41%	5.29%	1.92%	9.07%	8.27%	4.30%	7.95%	3.96%	8.93%	5.86%		
MPT: Outpatient Ages 0 - 12 years - Total Rate	3.83%	6.41%	6.09%	2.80%	9.60%	9.19%	5.32%	8.31%	4.89%	10.50%	6.69%		
MPT: Outpatient Ages 13 - 17 years - Male	4.96%	9.23%	9.38%	4.55%	15.45%	13.66%	7.64%	10.29%	7.41%	14.62%	9.72%		
MPT: Outpatient Ages 13 - 17 years - Female	7.93%	16.33%	15.75%	6.95%	23.44%	22.49%	11.40%	20.65%	12.81%	24.06%	16.18%		
MPT: Outpatient Ages 13 - 17 years - Total Rate	6.43%	12.80%	12.58%	5.78%	19.51%	18.05%	9.56%	15.52%	10.10%	19.35%	12.97%		
MPT: ED Ages 0 - 12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%	0.02%	0.00%	0.01%		
MPT: ED Ages 0 - 12 years - Female	0.00%	0.00%	0.02%	0.00%	0.00%	0.03%	0.01%	0.12%	0.00%	0.00%	0.02%		
MPT: ED Ages 0 - 12 years - Total Rate	0.00%	0.00%	0.01%	0.00%	0.00%	0.04%	0.01%	0.06%	0.01%	0.00%	0.01%		
MPT: ED Ages 13 - 17 years - Male	0.00%	0.00%	0.00%	0.00%	0.15%	0.12%	0.00%	0.10%	0.00%	0.02%	0.04%		
MPT: ED Ages 13 - 17 years - Female	0.04%	0.00%	0.04%	0.00%	0.35%	0.06%	0.00%	0.10%	0.09%	0.00%	0.07%		
MPT: ED Ages 13 - 17 years - Total Rate	0.02%	0.00%	0.02%	0.00%	0.25%	0.09%	0.00%	0.10%	0.05%	0.01%	0.05%		
MPT: Telehealth Ages 0 - 12 years - Male	0.03%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.09%	0.02%		
MPT: Telehealth Ages 0 - 12 years - Female	0.02%	0.00%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.02%	0.04%	0.02%		
MPT: Telehealth Ages 0 - 12 years - Total Rate	0.02%	0.00%	0.02%	0.00%	0.05%	0.00%	0.00%	0.03%	0.01%	0.07%	0.02%		
MPT: Telehealth Ages 13 - 17 years - Male	0.04%	0.00%	0.05%	0.00%	0.00%	0.12%	0.00%	0.00%	0.04%	0.07%	0.03%		
MPT: Telehealth Ages 13 - 17 years - Female	0.11%	0.00%	0.09%	0.00%	0.28%	0.12%	0.00%	0.30%	0.02%	0.14%	0.11%		
MPT: Telehealth Ages 13 - 17 years - Total Rate	0.07%	0.00%	0.07%	0.00%	0.14%	0.12%	0.00%	0.15%	0.03%	0.11%	0.07%		
Identification of Alcohol and Other Drug Services (IAD)													
IAD: Any Services Ages 0 - 12 years - Male	0.01%	0.02%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.02%	0.02%	0.01%		

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
IAD: Any Services Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.01%	0.00%	0.01%	0.02%	0.01%		
IAD: Any Services Ages 0 - 12 years - Total Rate	0.01%	0.01%	0.00%	0.00%	0.02%	0.01%	0.01%	0.00%	0.01%	0.02%	0.01%		
IAD: Any Services Ages 13 - 17 years - Male	1.02%	1.08%	1.26%	0.65%	1.23%	0.67%	1.15%	1.61%	1.05%	1.30%	1.10%		
IAD: Any Services Ages 13 - 17 years - Female	0.43%	0.59%	0.76%	0.61%	0.91%	1.04%	0.69%	0.49%	0.83%	1.12%	0.75%		
IAD: Any Services Ages 13 - 17 years - Total Rate	0.73%	0.84%	1.01%	0.63%	1.07%	0.86%	0.91%	1.05%	0.94%	1.21%	0.92%		
IAD: Inpatient Ages 0 - 12 years - Male	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Inpatient Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%		
IAD: Inpatient Ages 0 - 12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%		
IAD: Inpatient Ages 13 - 17 years - Male	0.21%	0.20%	0.23%	0.13%	0.29%	0.30%	0.20%	0.20%	0.15%	0.14%	0.21%		
IAD: Inpatient Ages 13 - 17 years – Female	0.07%	0.16%	0.18%	0.18%	0.21%	0.43%	0.17%	0.10%	0.21%	0.19%	0.19%		
IAD: Inpatient Ages 13 - 17 years - Total Rate	0.14%	0.18%	0.20%	0.16%	0.25%	0.37%	0.18%	0.15%	0.18%	0.17%	0.20%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Male	0.04%	0.04%	0.05%	0.07%	0.00%	0.12%	0.11%	0.00%	0.06%	0.05%	0.05%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Female	0.04%	0.08%	0.09%	0.12%	0.00%	0.00%	0.11%	0.00%	0.02%	0.04%	0.05%		
IAD: Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Total Rate	0.04%	0.06%	0.07%	0.09%	0.00%	0.06%	0.11%	0.00%	0.04%	0.04%	0.05%		
IAD: Outpatient Ages 0 - 12 years - Male	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.01%	0.00%		
IAD: Outpatient Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.01%	0.00%		
IAD: Outpatient Ages 0 - 12 years - Total Rate	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.01%	0.01%	0.00%		

CHIP-MCO HEDIS Measure	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	PA CHIP MEAN	PA CHIP Weighted Average	
IAD: Outpatient Ages 13 - 17 years - Male	0.46%	0.68%	0.68%	0.20%	0.87%	0.43%	0.60%	1.31%	0.62%	0.95%	0.68%		
IAD: Outpatient Ages 13 - 17 years - Female	0.22%	0.28%	0.45%	0.31%	0.56%	0.43%	0.28%	0.40%	0.32%	0.70%	0.39%		
IAD: Outpatient Ages 13 - 17 years - Total Rate	0.34%	0.48%	0.56%	0.25%	0.71%	0.43%	0.44%	0.85%	0.47%	0.83%	0.54%		
IAD: ED Ages 0 - 12 years - Male	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%		
IAD: ED Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%		
IAD: ED Ages 0 - 12 years - Total Rate	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%		
IAD: ED Ages 13 - 17 years - Male	0.42%	0.48%	0.50%	0.39%	0.36%	0.18%	0.54%	0.40%	0.36%	0.35%	0.40%		
IAD: ED Ages 13 - 17 years - Female	0.14%	0.28%	0.27%	0.18%	0.35%	0.31%	0.28%	0.00%	0.40%	0.35%	0.26%		
IAD: ED Ages 13 - 17 years - Total Rate	0.28%	0.38%	0.38%	0.28%	0.36%	0.24%	0.41%	0.20%	0.38%	0.35%	0.33%		
IAD: Telehealth Ages 0 - 12 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Telehealth Ages 0 - 12 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Telehealth Ages 0 - 12 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Telehealth Ages 13 - 17 years - Male	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Telehealth Ages 13 - 17 years - Female	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
IAD: Telehealth Ages 13 - 17 years - Total Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

Note: blank fields indicate a rate was not reported by an MCO

In addition to HEDIS, CHIP-MCOs are required to calculate PAPMs, which are validated by IPRO on an annual basis. The individual CHIP-MCO reports include:

- A description of each PAPM,
- The MCO's review year rates with 95% upper and lower confidence intervals (95% CI),
- Two years of data (the MY and previous year) and the MMC rate, and
- Comparisons to the MCO's previous year rate and to the MMC rate.

Results for PAPMs are presented for each CHIP-MCO in **Table 6b**, along with the CHIP average and CHIP weighted average, which takes into account the proportional relevance of each MCO.

Table 6b: CHIP-MCO Results for 2020 (MY 2019) PAPMs

CHIP-MCO PAPMs	ABH	CBC	GEI	HPP	Highmark HMO	Highmark PPO	IBC	NEPA	UHC	UPMC	CHIP Average	CHIP Weighted Average
Annual Number of Asthma Patients with One or More Asthma-Related Emergency Rooms Visits												
Rate[1]	9.61%	5.51%	4.79%	11.95%	6.21%	6.21%	9.43%	4.97%	8.06%	7.14%	7.22%	7.78%
Contraceptive Care for Postpartum Women Ages 15-20 Years												
Most or moderately effective contraception-3 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Most or moderately effective contraception-60 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LARC - 3 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LARC - 60 days*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Contraceptive Care for Women Ages 15-20 Years												
Provision of most or moderately effective contraception	21.01%	31.42%	35.28%	17.90%	34.24%	31.40%	22.74%	35.60%	25.75%	34.35%	28.97%	28.93%
Provision of LARC	1.30%	1.64%	1.74%	1.53%	3.20%	2.22%	1.42%	2.50%	2.33%	3.20%	2.11%	2.24%
Dental Sealants for 6- to 9-Year-Old Children at Elevated Caries Risk												
CHIPRA	22.08%	17.65%	19.18%	28.08%	21.94%	19.14%	23.70%	23.22%	0.00%	27.23%	18.14%	22.08%
CHIPRA: Dental-Enhanced	22.06%	17.65%	19.24%	27.18%	22.26%	19.11%	23.75%	22.72%	0.42%	26.98%	18.82%	22.06%
Developmental Screening in the First Three Years of Life												
1 Year*	57.14%	NA	NA	NA	NA	NA	48.28%	58.57%	68.14%	76.04%	61.63%	64.05%
2 Years	73.31%	61.02%	63.83%	46.50%	80.82%	64.10%	68.42%	76.79%	68.02%	74.39%	67.72%	69.47%
3 Years	66.44%	47.94%	41.07%	42.50%	68.38%	51.60%	58.51%	64.80%	60.94%	71.21%	57.34%	61.70%
Total	68.15%	50.38%	48.84%	43.78%	71.81%	55.30%	60.85%	67.84%	63.94%	72.83%	60.37%	64.58%

*Some denominators contained fewer than 30 members. Caution should be exercised when interpreting results for small denominators, as they produce rates that are less stable.

[1] Lower rate indicates better performance for the Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits.

BH-MCO Performance Measures

In accordance with OMHSAS, BH-MCOs are not required to complete a HEDIS Compliance Audit. BH-MCOs and Primary Contractors are required to calculate PAPMs, which are validated annually by IPRO. For MY 2019, these measures were: Follow-up After Hospitalization for Mental Illness (FUH, both HEDIS and PA-specific) and Readmission Within 30 Days of Inpatient Psychiatric Discharge (REA).

At the conclusion of the validation process for MY 2011, OMHSAS began re-examination of the benchmarks. This discussion was based on several years of performance data from this measure, as well as the comparisons to the HEDIS percentiles. As a result of this discussion, OMHSAS adopted HEDIS percentiles as the goals for the HEDIS follow-up indicators. In 2018 (MY 2017), in part to better account for the growing population of members 65+ years, OMHSAS changed its benchmarking to the FUH All Ages (6+ years) measure. OMHSAS established a three-year goal for the State to meet or exceed the 75th percentile for the All Ages measure, based on the annual HEDIS Quality Compass® published percentiles for 7-day and 30-day FUH. This change in 2018 also coincided with a more proactive approach to goal-setting. BH-MCOs were given interim goals for MY 2019 for both the 7-day and 30-day FUH All Ages rates based on their MY 2017 results. These MY 2017 results were reported in the 2018 BBA report. Due to this change in the goal-setting method, no goals were set for MY 2018. Among the

updates in 2019 (MY 2018), NCQA added the following reporting strata for FUH, ages: 6-17, 18-64, and 65 and over. These changes resulted in a change in the reporting of FUH results in this report, which are now broken into ages: 6-17, 18-64, and 6 and over (All Ages).

HEDIS percentiles for the 7-day and 30-day FUH All-Ages indicators have been adopted as the benchmarks for determining the requirement for a root cause analysis (RCA) and corresponding quality improvement plan (QIP) for each underperforming indicator. Rates for the HEDIS FUH 7-day and 30-day indicators that fall below the 75th percentile for each of these respective indicators will result in a request to the BH MCO for an RCA and QIP. MY 2019 performance measure results are presented in **Table 7** for each BH-MCO, along with the BH MMC average and BH MMC weighted average, which takes into account the proportional relevance of each MCO.

Table 7: BH-MCO Results for 2020 (MY 2019) PAPMs

BH-MCO Performance Measure	BHO	CBH	CCBH	MBH	PerformCare	BH MMC Average	BH MMC Weighted Average
HEDIS Follow-up After Hospitalization for Mental Illness							
Within 7 Days – Ages 6-17	56.3%	51.2%	57.8%	49.4%	59.5%	54.8%	55.4%
Within 30 Days – Ages 6-17	82.5%	69.0%	81.1%	74.8%	81.8%	77.8%	78.8%
Within 7 Days – Ages 18-64	37.4%	23.0%	41.9%	35.7%	34.0%	34.4%	35.9%
Within 30 Days – Ages 18-64	59.1%	37.6%	62.3%	58.1%	54.7%	54.4%	55.8%
Within 7 Days – All Ages	41.8%	27.0%	45.1%	38.4%	39.7%	38.4%	39.8%
Within 30 Days – All Ages	64.6%	41.9%	66.1%	61.4%	60.7%	58.9%	60.3%
Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness							
Within 7 Days – All Ages	50.7%	47.3%	57.3%	51.4%	51.0%	51.5%	52.9%
Within 30 Days – All Ages	70.0%	61.3%	73.7%	67.7%	69.7%	68.5%	69.5%
Readmission Within 30 Days of Inpatient Psychiatric Discharge							
Within 30 Days – All Ages	11.6%	13.8%	13.3%	15.3%	13.1%	13.4%	13.5%

- The BH MMC weighted averages (HealthChoices Aggregate of all BH-MCOs) for the HEDIS FUH 7- and 30-day All-Ages measures were between the HEDIS 50th and 75th percentiles. Consequently, the OMHSAS goal of meeting or exceeding the HEDIS 75th percentile for ages 6+ for both 7- and 30-day rates was not achieved. The Primary Contractors that met or exceeded the 75th percentile on at least one of the two measures were: Chester, CMP, Erie, NBHCC, NCSO, and Franklin-Fulton.
- For the Pennsylvania-Specific Follow-up After Hospitalization for Mental Illness rates, the Statewide rate did not change significantly from the previous year for the 7 day or 30-day rates.
- The Statewide rate for Readmission Within 30 Days of Inpatient Psychiatric Discharge (REA) did not change significantly from the previous year.
- None of the BH-MCOs met the OMHSAS performance goal of 10% (or lower) for REA.

CHC-MCO Performance Measures

Each CHC-MCO underwent a full HEDIS Compliance Audit in 2020. Unless otherwise noted, HEDIS 2020 (MY 2019) measures were audited through a NCQA-certified Compliance Audit. Final Audit Reports were generated and submitted in accordance with NCQA reporting requirements.

Additionally, activity surrounding reporting and validation of PAPMs for CHC is conducted at the discretion of the Department and is subject to change. During 2020, complete information could not be collected for additional PAPMs due to COVID-19. As the emergency circumstances evolve, PAPM information will be further integrated into the EQR findings, accordingly.

With the expansion of CHC for Phase 2, characteristics of reporting and organizational structures across measurement parameters varied; consequently, measurement results were not further compared at the time of this report. As warranted and included in subsequent reports: rate comparisons (including to applicable benchmarks) can be used for identification of strengths and additional opportunities for improvement; and, all rates should be further reviewed and improvement strategies further considered.

Table 8, below, summarizes the CHC-MCOs' 2020 (MY 2019) HEDIS performance measure results, with noteworthy findings listed underneath the table.

Table 8: CHC-MCO Performance Measure Results for 2020 (MY 2019) using HEDIS Technical Specifications

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
Effectiveness of Care				
Prevention and Screening				
Adult BMI Assessment (ABA)				
ABA: Rate	75.12%	NQ	85.40%	88.68%
Breast Cancer Screening (BCS)				
BCS: Rate	NQ	NQ	NA	69.80%
Cervical Cancer Screening (CCS)				
CCS: Rate	26.21%	51.34%	20.44%	42.34%
Chlamydia Screening in Women (CHL)				
CHL: Ages 16-20 Years	NA	NA	NA	NA
CHL: Ages 21-24 Years	NA	NA	NA	NA
CHL: Total Rate	NA	NA	NA	NA
Respiratory Conditions				
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)				
SPR: Rate	NA	NQ	NA	28.87%
Pharmacotherapy Management of COPD Exacerbation (PCE)				
PCE: Systemic Corticosteroid	73.33%	78.51%	71.12%	73.06%
PCE: Bronchodilator	83.33%	95.23%	83.19%	85.13%
Medication Management for People With Asthma (MMA)				
MMA: 50% Ages 19-50 Years	NA	NQ	NA	89.58%

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
MMA: 50% Ages 51-64 Years	NA	NQ	NA	81.32%
MMA: 50% Total	NA	NQ	NA	85.56%
MMA: 75% Ages 19-50 Years	NA	NQ	NA	72.92%
MMA: 75% Ages 51-64 Years:	NA	NQ	NA	67.03%
Total: 75% Total	NA	NQ	NA	70.05%
Asthma Medication Ratio (AMR)				
AMR: 19-50 years	NA	NQ	NA	62.60%
AMR: 51-64 years	NA	NQ	NA	68.91%
AMR: Total Rate	NA	NQ	NA	65.60%
Cardiovascular Conditions				
Controlling High Blood Pressure (CBP)				
CBP: Total Rate	66.10%	67.40%	61.01%	55.72%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)				
PBH: Rate	NA	93.75%	NA	100.00%
Statin Therapy for Patients With Cardiovascular Disease (SPC)				
SPC: Received Statin Therapy - 21-75 years (Male)	NA	NQ	93.55%	83.57%
SPC: Received Statin Therapy - 40-75 years (Female)	NA	NQ	68.18%	79.50%
SPC: Received Statin Therapy - Total Rate	NA	NQ	78.67%	81.35%
SPC: Statin Adherence 80% - 21-75 years (Male)	NA	NQ	NA	82.66%
SPC: Statin Adherence 80% - 40-75 years (Female)	NA	NQ	86.67%	82.32%
SPC: Statin Adherence 80% - Total Rate	NA	NQ	84.75%	82.48%
Diabetes				
Comprehensive Diabetes Care (CDC)				
CDC: HbA1c Testing	92.11%	90.33%	84.18%	90.88%
CDC: HbA1c Poor Control (> 9.0%)	42.98%	35.58%	50.51%	37.77%
CDC: HbA1c Control (< 8.0%)	42.11%	53.47%	39.29%	51.46%
CDC: Eye Exam	42.98%	60.77%	50.00%	70.07%
CDC: Medical Attention for Nephropathy	85.96%	93.25%	90.82%	94.53%
CDC: Blood Pressure Controlled (< 140/90 mm Hg)	61.40%	64.96%	47.45%	45.99%
Statin Therapy for Patients With Diabetes (SPD)				
SPD: Received Statin Therapy	61.67%	NQ	74.50%	75.11%
SPD: Statin Adherence 80%	78.38%	NQ	71.17%	82.47%
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (AMM)				
AMM: Effective Acute Phase Treatment	48.00%	64.03%	86.57%	67.41%
AMM: Effective Continuation Phase Treatment	36.00%	53.36%	71.64%	54.91%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)				
SSD: Rate	NA	84.63%	76.32%	89.26%

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)				
SMD: Rate	NA	NQ	62.26%	81.33%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)				
SMC: Rate	NA	NA	NA	72.34%
Pharmacotherapy for Opioid Use Disorder (POD)				
POD: Ages 16 - 64 years	NA	25.00%	NA	31.61%
POD: Ages 65+ year	NA	NA	NA	NA
POD: Total Rate	NA	27.69%	NA	31.76%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)				
SAA: Rate	NA	65.21%	70.11%	84.25%
Overuse/Appropriateness				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)				
AAB: 18 - 64 years	NA	NQ	NA	35.85%
AAB: 65+ years	NA	NQ	NA	31.03%
AAB: Total Rate	NA	NQ	50.00%	34.34%
Use of Imaging Studies for Low Back Pain (LBP)				
LBP: Rate	NA	79.75%	NA	72.51%
Use of Opioids at High Dosage (HDO)				
HDO: Rate	7.14%	13.83%	10.38%	23.17%
Use of Opioids From Multiple Providers (UOP)				
UOP: Multiple Prescribers	5.17%	12.42%	14.06%	14.36%
UOP: Multiple Pharmacies	1.72%	3.13%	2.60%	21.25%
UOP: Multiple Prescribers and Multiple Pharmacies	0.00%	1.28%	1.56%	4.62%
Risk of Continued Opioid Use (COU)				
COU: 18-64 years - ≥ 15 Days covered	10.34%	11.55%	13.76%	17.55%
COU: 65+ years - ≥ 15 Days covered	NA	20.44%	20.00%	20.40%
COU: Total - ≥ 15 Days covered	9.23%	14.70%	14.85%	18.60%
COU: 18-64 years - ≥ 31 Days covered	8.62%	9.66%	10.05%	10.00%
COU: 65+ years - ≥ 31 Days covered	NA	11.01%	20.00%	11.03%
COU: Total - ≥ 31 Days covered	7.69%	10.13%	11.79%	10.38%
Prevention and Screening				
Care for Older Adults (COA)				
COA: Advance Care Planning	NA	20.92%	64.72%	25.30%
COA: Medication Review	NA	86.62%	97.81%	14.36%
COA: Functional Status Assessment	NA	53.77%	71.29%	49.15%
COA: Pain Assessment	NA	60.58%	71.05%	19.71%

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
Medication Management				
Transition of Care (TRC)				
TRC: Notification of Inpatient Admission	NA	0.97%	1.19%	0.00%
TRC: Receipt of Discharge Information	NA	0.97%	0.30%	0.00%
TRC: Patient Engagement After Inpatient Discharge	NA	79.56%	65.88%	77.86%
TRC: Medication Reconciliation Post-Discharge	NA	46.96%	40.36%	35.52%
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (AAP)				
AAP: Ages 20-44 years	92.63%	92.64%	85.44%	93.33%
AAP: Ages 45-64 years	97.60%	96.99%	92.89%	97.39%
AAP: Ages 65+ years	96.43%	96.67%	89.95%	96.98%
AAP: Total Rate	96.49%	96.26%	90.94%	96.70%
Utilization and Risk Adjusted Utilization				
Utilization				
Frequency of Selected Procedures (FSP)[1]				
FSP: Bariatric Weight Loss Surgery, 20-44, M	0.00	0.23	0.41	0.17
FSP: Bariatric Weight Loss Surgery, 20-44, F	0.00	0.60	0.00	0.10
FSP: Bariatric Weight Loss Surgery, 45-64, M	0.00	0.15	0.20	0.04
FSP: Bariatric Weight Loss Surgery, 45-64, F	0.29	0.37	0.15	0.13
FSP: Hysterectomy, Abdominal, 15-44, F	0.00	0.27	0.19	0.10
FSP: Hysterectomy, Abdominal, 45-64, F	0.58	0.21	0.05	0.10
FSP: Hysterectomy, Vaginal, 15-44, F	0.00	0.33	0.00	0.05
FSP: Hysterectomy, Vaginal, 45-64, F	0.00	0.07	0.10	0.00
FSP: Cholecystectomy, Open, 30-64, M	0.36	0.05	0.05	0.06
FSP: Cholecystectomy, Open, 15-44, F	0.00	0.00	0.00	0.05
FSP: Cholecystectomy, Open, 45-64, F	0.00	0.07	0.05	0.03
FSP: Cholecystectomy, Laparoscopic, 30-64, M	0.36	0.10	0.16	0.33
FSP: Cholecystectomy, Laparoscopic, 15-44, F	0.00	0.77	0.56	0.48
FSP: Cholecystectomy, Laparoscopic, 45-64, F	0.29	0.32	0.29	0.42
FSP: Back Surgery, 20-44, M	0.00	0.35	0.21	0.11
FSP: Back Surgery, 20-44, F	0.00	0.33	0.37	0.57
FSP: Back Surgery, 45-64, M	0.46	0.77	0.46	0.83
FSP: Back Surgery, 45-64, F	0.87	0.50	0.87	1.11
FSP: Mastectomy, 15-44, F	0.00	0.11	0.00	0.10
FSP: Mastectomy, 45-64, F	0.00	0.22	0.19	0.13
FSP: Lumpectomy, 15-44, F	0.00	0.27	0.00	0.00

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
FSP: Lumpectomy, 45-64, F	0.00	0.39	0.15	0.10
Ambulatory Care: Total (AMBA)[1]				
AMBA: Outpatient Visits	857.61	899.30	712.57	280.40
AMBA: Emergency Department Visits	83.08	102.91	97.28	38.53
Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)[1]				
IPUA: Total Discharges	BR	BR	43.66	25.06
Antibiotic Utilization: Total (ABXA)				
ABXA: Total Antibiotic Scrips	1,390	27,349	7,819	13,956
ABXA: Average Scrips PMPY for Antibiotics	2.00	1.46	1.62	0.58
ABXA: Total Days Supply for All Antibiotic Scrips	12,890	261,723	73,533	142,168
ABXA: Average Days Supply per Antibiotic Scrip	9.27	9.57	9.40	10.19
ABXA: Total Number of Scrips for Antibiotics of Concern	704	12,673	3,455	6,428
ABXA: Average Scrips PMPY for Antibiotics of Concern	1.01	0.68	0.72	0.27
ABXA: Percentage of Antibiotics of Concern of All Antibiotic Scrips	50.65%	46.34%	44.19%	46.06%
Risk Adjusted Utilization				
Plan All-Cause Readmissions (PCR)				
PCR: Count of Index Stays (Ages 18-44)	11	34	52	566
PCR: Count of Index Stays (Ages 45-54)	27	41	54	974
PCR: Count of Index Stays (Ages 55-64)	45	82	119	1874
PCR: Count of Index Stays (Ages Total)	83	157	225	3,414
PCR: Count of Observed 30-Day Readmissions (Ages 18-44)	5	13	6	63
PCR: Count of Observed 30-Day Readmissions (Ages 45-54)	11	7	14	110
PCR: Count of Observed 30-Day Readmissions (Ages 55-64)	20	20	20	240
PCR: Count of Observed 30-Day Readmissions (Ages Total)	36	40	40	413
PCR: Count of Expected 30-Day Readmissions (Ages 18-44)	1.3759	4.5354	5.6825	40.5044
PCR: Count of Expected 30-Day Readmissions (Ages 45-54)	3.7213	5.5334	6.5724	75.6845
PCR: Count of Expected 30-Day Readmissions (Ages 55-64)	6.3203	12.6068	15.7907	161.9224
PCR: Count of Expected 30-Day Readmissions (Ages Total)	11.4175	22.6756	28.0456	278.1113
PCR: Observed Readmission Rate (Ages 18-44)	45.45%	38.24%	11.54%	11.13%
PCR: Observed Readmission Rate (Ages 45-54)	40.74%	17.07%	25.93%	11.29%
PCR: Observed Readmission Rate (Ages 55-64)	44.44%	24.39%	16.81%	12.81%
PCR: Observed Readmission Rate (Ages Total)	43.37%	25.48%	17.78%	12.10%
PCR: Expected Readmission Rate (Ages 18-44)	12.51%	13.34%	10.93%	7.16%
PCR: Expected Readmission Rate (Ages 45-54)	13.78%	13.50%	12.17%	7.77%
PCR: Expected Readmission Rate (Ages 55-64)	14.05%	15.37%	13.27%	8.64%
PCR: Expected Readmission Rate (Ages Total)	13.76%	14.44%	12.46%	8.15%
PCR: Observed to Expected Readmission Ratio (Ages 18-44)	3.6340	2.8663	1.0559	1.5554
PCR: Observed to Expected Readmission Ratio (Ages 45-54)	2.9560	1.2650	2.1301	1.4534
PCR: Observed to Expected Readmission Ratio (Ages 55-64)	3.1644	1.5864	1.2666	1.4822

CHC-MCO HEDIS Measure	AHC	KF CHC	PAHW	UPMC
PCR: Observed to Expected Readmission Ratio (Ages Total)	3.1531	1.7640	1.4262	1.4850
Unaudited HEDIS Measure (Not required by NCQA for audit or for certification)				
Long-Term Services and Supports[2]				
Comprehensive Assessment and Update (cau)				
CAU: Assessment of Core Elements	91.24%	NQ	33.33%	30.56%
CAU: Assessment of Supplemental Elements	91.00%	NQ	32.85%	29.94%
Comprehensive Care Plan and Update (cpu)				
CPU: Care Plan with Core Elements Documented	93.92%	NQ	41.85%	17.50%
CPU: Care Plan with Supplemental Elements Documented	93.19%	NQ	41.61%	17.50%
Reassessment/Care Plan Update After Inpatient Discharge (rac)				
RAC: Reassessment After Inpatient Discharge	39.35%	NQ	19.46%	21.35%
RAC: Reassessment and Care Plan Update After Inpatient Discharge	36.13%	NQ	12.90%	9.37%
Shared Care Plan with Primary Care Practitioner (scp)				
SCP: Rate	2.05%	NQ	45.99%	ND

Note: NA (Not Applicable): the rate is not applicable due to small denominator. ND (Not Determined): The calculated rate was not determined by the MCO. NQ (Not Required): the MCO was not required to report the rate. BR (Biased Rate): The calculated rate was biased and non-reportable for NCQA purposes.
[1]Reported rate is per 1,000 member-months.
[2]LTSS measures are presented for informational purposes only and should be interpreted with caution (these LTSS measures were not certified nor required to be audited, in accordance with NCQA guidelines and timeframes); opportunities for improvement were not ascertained for these LTSS measures at the time of this report.

All CHC-MCOs participated in the certified 2020 (MY 2019) HEDIS Compliance Audit, and the audit was conducted in accordance with the NCQA timeline. An opportunity for improvement was identified during the HEDIS audit process: IPUA measurements for HEDIS 2020 (MY 2020) for two CHC-MCOs (AHC and KF CHC) were deemed biased and received a "Not Reportable" NCQA determination. Both CHC-MCOS should improve capacity to measure IPUA accurately, in accordance with NCQA guidelines and specifications. Moreover, all rates should be reviewed and improvement strategies should be considered, where warranted. LTSS measures, as shown in **Table 8** above, are for informational purposes only and should be interpreted with caution (these LTSS measures were not certified nor required to be audited, in accordance with NCQA guidelines and timeframes); at the time of this report, strengths and opportunities based on LTSS measurement results were not available.

The individual CHC-MCO 2020 EQR reports include additional information for pertaining to these measures; upon request, CHC-MCOs' auditor-locked workbooks and final audit reports can be made available.

Section III: Compliance with Structure and Operations Standards

This section of the EQR report presents a review by IPRO of the PH-, BH-, CHIP-, and CHC-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 BBA regulations. This document groups the regulatory requirements under subject headings that are consistent with the subparts set out in the BBA regulations that were updated in 2016 and finalized in late 2019. These requirements are described in the CMS EQR Protocol: Review of Compliance with Medicaid and CHIP Managed Care Regulations. Summaries of methodological evaluations of compliance are further described in these programs' subsections, below.

Following the summaries in each programs' subsection, tabulated findings are formatted to be consistent with the subparts prescribed by the BBA regulations. Applicable regulatory requirements are summarized under each programs' subsections, consistent with the applicable subparts set out in the BBA regulations and described in the *MCO Monitoring Protocol.* Under each program's subsection are the individual regulatory categories appropriate to that program.

Evaluation of PH-MCO Compliance

For the PH Medicaid MCOs, the information for the compliance with structure and operations standards section of the report is derived from the OMAP's monitoring of the MCOs against the SMART standards, from additional monitoring activities outlined by DHS staff, from the HealthChoices Agreement, and from National Committee for Quality Assurance (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 DHS staff reviews 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 126 unique SMART Items were identified that were relevant to evaluation of PH-MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS. The SMART Items from Review Year (RY) 2019, RY 2018, and RY 2017 provided the information necessary for this assessment.

It should be noted that the compliance evaluation was conducted on the crosswalked regulations as in previous years. However, the revised CMS protocols include updates to the structure and compliance standards, including which standards are required for compliance review. Under the new protocols, there are 11 standards that CMS has now designated as required to be subject to compliance review. Several previously required standards have now been deemed by CMS as incorporated into the compliance review through interaction with the new required standards, and appear to assess items that are related to the required standards. Two categories in the updated protocols, Assurances of adequate capacity and services and Quality assessment and performance improvement program, were not addressed by SMART Items in the current crosswalk. The elements in these standards are currently assessed via various mechanisms throughout the HealthChoices program. Review of Assurances of adequate capacity and services included three additional SMART Items that reference requirements related to provider agreements and reporting of appropriate services. Review of the Quality assessment and performance improvement program standard included nine additional SMART Items that reference multiple requirements related to quality management and assessment, performance improvement, utilization management, and external quality review. Each of these items cites specific requirements outlined in the HealthChoices agreement, against which MCOs are assessed.

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO's compliance status with regard to the SMART Items. For example, all provisions relating to availability of services are summarized under Availability of Services §438.206. This grouping

process was done by referring to CMS's "Regulations Subject to Compliance Review", where specific Medicaid regulations are noted as required for review and corresponding sections are identified and described for each Subpart, particularly D and E. Comprehensive findings for standards that were reviewed either directly through one of the 11 required standards below or indirectly through interaction with Subparts D and E can be found in each MCO's 2020 External Quality Review Report. Each Item was assigned a value of compliant or not compliant in the Item Log submitted by the OMAP. If an Item was not evaluated for a particular MCO, it was assigned a value of not determined. Compliance with the BBA requirements was then determined based on the aggregate results of the SMART Items linked to each provision within a requirement or category. If all Items were compliant, the MCO was evaluated as compliant. If some were compliant and some were not compliant, the MCO was evaluated as partially compliant. If all Items were not compliant, the MCO was evaluated as not compliant. For categories where Items were not evaluated, under review, or received an approved waiver for RY 2019, results from reviews conducted within the two prior review years (RY 2018 and RY 2017) were evaluated to determine compliance. If no Items were evaluated for a given category and no other source of information was available to determine compliance over the three-year period, a value of not determined was assigned for that specific category. **Tables 9a** and **9b** summarize structure and operations compliance assessments across MCOs.

Table 9a: PH-MCO Compliance with Subpart D – MCO, PIHP and PAHP Standards Regulations

Subpart D: MCO, PIHP and PAHP Standards	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
Availability of Services	C	C	P	C	C	C	C	C	C	P
Assurances of Adequate Capacity and Services	C	C	C	C	C	C	C	C	C	C
Coordination and Continuity of Care	C	C	C	C	C	C	C	C	C	C
Coverage and Authorization of Services	C	C	C	C	C	C	C	C	C	C
Provider Selection	C	C	C	C	C	C	C	C	C	C
Confidentiality	C	C	C	C	C	C	C	C	C	C
Grievance and Appeal Systems	C	C	C	C	C	C	C	C	C	C
Subcontractual Relationships and Delegations	C	C	C	C	C	C	C	C	C	C
Practice Guidelines	C	C	C	C	C	C	C	C	C	C
Health Information Systems	C	P	P	P	C	P	P	C	P	P

- Each PH-MCO was compliant for 8 of the 10 categories of MCO, PIHP and PAHP Standards Regulations: Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Grievance and Appeal Systems, Subcontractual Relationships and Delegations, and Practice Guidelines.
- One MCO (ACP) was partially compliant for Availability of Services. Six MCOs (ACN, ACP, GEI, HPP, KF, and UPMC) were partially compliant for Health Information Systems.

Table 9b: PH-MCO Compliance with Subpart E – Quality Measurement and Improvement; External Quality Review Regulations

Subpart E: Quality Measurement and Improvement	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC	TOTAL PH MMC
Quality Assessment and Performance Improvement Program (QAPI)	C	C	C	C	C	C	C	C	C	C

- Each PH-MCO was compliant for the required Quality Assessment and Performance Improvement Program category for RY 2019.

Evaluation of CHIP-MCO Compliance

For the CHIP MCOs, the information for the compliance with structure and operations standards section of the report is derived from the CHIP's monitoring of the MCOs against the SMART standards.

The SMART Items provides the information necessary for each CHIP-MCO's review. The SMART Items are a comprehensive set of monitoring items that the DHS CHIP staff reviews on an ongoing basis for each CHIP-MCO. IPRO reviewed the elements in the SMART Item List and created a crosswalk to pertinent BBA regulations. A total of 25 unique SMART Items were identified that were relevant to evaluation of CHIP-MCO compliance with the BBA regulations. These Items vary in review periodicity from annually, semiannually, quarterly, or monthly, to as needed. The SMART Items from Review Year (RY) 2019 provided the information necessary for this assessment. As 2020 was CHIP's first year adopting the SMART database, the contents of IPRO's review contain elements only from RY 2019. Going forward, reviews will contain up to three rolling years of review data for each CHIP-MCO.

To evaluate CHIP-MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCOs' compliance status with regard to these SMART Items. For example, all provisions relating to service availability are summarized under Availability of Services 457.1230(a). Each Item was assigned a value of compliant or not compliant in the Item Log submitted by CHIP. 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 not compliant, the MCO was evaluated as partially compliant. If all Items were not compliant, the MCO was evaluated as not compliant. If no Items were evaluated for a given category and no other source of information was available to determine compliance over the evaluation period, a value of not determined was assigned for that specific category.

25 items were directly associated with a regulation subject to compliance review and were evaluated for the MCO in Review Year (RY) 2019. These items fall under Subpart D: MCO, PIHP and PAHP Standards and Subpart E: Quality Measurement and Improvement. The general purpose of the regulations included under Subpart D is to ensure that all services covered under the DHS's CHIP program are available and accessible to MCO enrollees. [42 C.F.R. § 438.206 (a)] The general purpose of the regulations included under Subpart E is to ensure that each contracting MCO implements and maintains a quality assessment and performance improvement program as required by the State. This includes implementing an ongoing comprehensive quality assessment and performance improvement program for the services it furnishes to its enrollees. **Tables 10a** and **10b** summarize structure and operations compliance assessments across MCOs.

Table 10a: CHIP-MCO Compliance with Subpart D – MCO, PIHP and PAHP Standards Regulations

Subpart D: MCO, PIHP and PAHP Standards	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	IBC	NEPA	UHC	UPMC	TOTAL CHIP MMC
Availability of services	C	C	C	C	C	C	C	C	C	C	C
Assurances of adequate capacity and services	C	C	C	C	C	C	C	C	C	C	C
Coordination and continuity of care	C	C	C	C	C	C	C	C	C	C	C
Coverage and authorization of services	C	C	C	C	C	C	C	C	C	C	C
Provider selection	ND	C	ND	ND	ND	C	C	ND	C	ND	C
Confidentiality	C	C	C	C	C	C	C	C	C	C	C
Grievance systems[1]	C	C	C	C	C	C	C	C	C	C	C
Subcontractual relationships and delegation	C	C	C	C	C	C	C	C	C	C	C
Practice guidelines	C	P	C	C	C	C	C	C	C	C	P
Health information systems	C	C	C	C	C	C	C	C	C	C	C

- For all CHIP-MCOs that were scored, each was found to be compliant for Availability of services, Assurances of adequate capacity and services, Coordination and continuity of care, Coverage and authorization of services, Provider selection, Confidentiality, Grievance systems, Subcontractual relationships and delegation, and Health information systems.
- Capital Blue Cross was partially compliant for Practice guidelines.
- Aetna, Geisinger, Highmark HMO, Highmark PPO, First Priority Health (NEPA), and UPMC were not evaluated in RY 2019 for Practice guidelines.

Table 10b: CHIP-MCO Compliance with Subpart E – Quality Measurement and Improvement; External Quality Review Regulations

Subpart E: Quality Measurement and Improvement	ABH	CBC	GEI	Highmark HMO	Highmark PPO	HPP	IBC	NEPA	UHC	UPMC	TOTAL CHIP MMC
Quality assessment and performance improvement program	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

- For all CHIP-MCOs the one required standard for Subpart E was not evaluated in RY 2019. CHIP will be reviewing this standard for each MCO in RY 2020.

[1] Per CMS guidelines and protocols, this regulation is typically referred to as "Grievance and appeals systems". However, to be tter align with the CHIP reference for 457.1260, it is referred to in this report as "Grievance systems".

Evaluation of BH-MCO Compliance

For BH-MCOs, the information is derived from monitoring conducted by OMHSAS against the Commonwealth's Program Evaluation Performance Summary (PEPS) Review Application for both BH-MCOs and contracted HealthChoices Oversight Entities. As necessary, the HealthChoices BH PS&R and Readiness Assessment Instrument (RAI) are also used.

The findings in this section of the report are based on IPRO's assessment of data provided by OMHSAS resulting from the evaluation of BH-MCOs by OMHSAS monitoring staff within the past three review years (RYs 2019, 2018, 2017). These evaluations are performed at the BH-MCO and HealthChoices Oversight Entity levels, and the findings are reported in OMHSAS's PEPS Review Application for RY 2019. OMHSAS opts to review compliance standards on a rotating basis due to the complexities of multi-county reviews. Some standards are reviewed annually, while others are reviewed triennially. In addition to those standards reviewed annually and triennially, some substandards are considered Readiness Review items only. Substandards reviewed at the time of the Readiness Review upon initiation of the HealthChoices Behavioral Health Program contract are documented in the RAI. If the Readiness Review occurred within the three-year time frame under consideration, the RAI was provided to IPRO. For those HealthChoices Oversight Entities and BH-MCOs that completed their Readiness Reviews outside of the current three-year time frame, the Readiness Review Substandards were deemed as complete. As necessary, the HealthChoices Behavioral Health Program's PS&R Agreement is also used. In 2017, Cambria County moved its contract from BHO (then called Value Behavioral Health) to MBH. In 2019, Bedford-Somerset moved its contract from PerformCare to CCBH. If a county is contracted with more than one BH-MCO in the review period, compliance findings for that county are not included in the BBA reporting for either BH-MCO for a three-year period.

The documents informing the current report include the review of structure and operations standards completed by OMHSAS in August 2019 and entered into the PEPS Application as of March 2020 for RY 2019. Information captured within the PEPS Application informs this report. The PEPS Application is a comprehensive set of monitoring standards that OMHSAS staff reviews on an ongoing basis for each HealthChoices Oversight Entity/BH-MCO. Within each standard, the PEPS Application specifies the Substandards or "Items" 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 reviewer comments. Based on the PEPS Application, a HealthChoices Oversight Entity/BH-MCO is evaluated against substandards that crosswalk to pertinent BBA regulations, as well as related supplemental OMHSAS-specific PEPS Substandards that are part of OMHSAS's more rigorous monitoring criteria.

Because OMHSAS's review of the HealthChoices Oversight Entities and their subcontracted BH-MCOs occurs over a three-year cycle, OMHSAS has the flexibility to assess compliance with the review standards on a staggered basis, provided that all BBA categories are reviewed within that time frame. The PEPS substandards from RY 2019, RY 2018, and RY 2017 provided the information necessary for the 2019 assessment. Those standards not reviewed through the PEPS system in RY 2019 were evaluated on their performance based on RY 2018 and/or RY 2017 decisions, or other supporting documentation, if necessary. From time to time standards or substandards may be modified to reflect updates to the Final Rule and corresponding BBA provisions. Standards or substandards that are introduced or retired are done so following the rotating three-year schedule for all five BH-MCOs. For those HealthChoices Oversight Entities that completed their Readiness Reviews within the three-year time frame under consideration, RAI Substandards were evaluated when none of the PEPS Substandards crosswalked to a particular BBA category were reviewed.

The format chosen here to present findings related to BH-MCO compliance with MMC regulations follows the rubric described in "Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations."[iii] Under each general section heading are the regulatory categories requiring reporting. Findings for the BH-MCOs are therefore organized under "Standards, including Enrollee Rights and Protections," "Quality Assessment and Performance Improvement (QAPI) Program," and "Grievance System." Note that under the new CMS rubric, some categories now provide for interaction across Subparts. The

standards that are subject to EQR review are contained in 42 C.F.R. 438, Subparts D and E, as well as specific requirements in Subparts A, B, C, and F to the extent that they interact with the relevant provisions in Subparts D and E.

To evaluate HealthChoices Oversight Entity/BH-MCO compliance on individual provisions, IPRO grouped the required and relevant monitoring substandards by provision ("category") and evaluated the Primary Contractors' and BH-MCOs' compliance status with regard to the PEPS Substandards. Each substandard was assigned a value of met, partially met, or not met in the PEPS Application submitted by the Commonwealth. If a substandard was not evaluated for a particular HealthChoices Oversight Entity/BH-MCO, it was assigned a value of not determined. Compliance with the BBA provisions was then determined based on the aggregate results across the three-year period of the PEPS Items linked to each provision. If all Items were met, the HealthChoices Oversight Entity/BH-MCO was evaluated as compliant; if some were met and some were partially met or not met, the HealthChoices Oversight Entity/BH-MCO was evaluated as partially compliant. If all Items were not met, the HealthChoices Oversight Entity/BH-MCO was evaluated as not compliant. If no crosswalked Items were evaluated for a given provision, and no other source of information was available to determine compliance, a value of not applicable (NA) was assigned for that provision. A value of null was assigned to a provision when none of the existing PEPS Substandards directly covered the items contained within the provision, or if it was not covered in any other documentation provided. Finally, all compliance results for all provisions within a given category were aggregated to arrive at a summary compliance status for the category. **Table 11a, 11b,** and **11c** summarize PIP compliance assessments across MCOs.

Table 11a: BH-MCO Compliance with Standards, including Enrollee Rights and Protections

Standards, including enrollee rights and protections	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Assurances of adequate capacity and services	C	C	P	P	C	P
Availability of services	P	P	P	P	P	P
Confidentiality	C	C	C	C	C	C
Coordination and continuity of care	P	P	C	C	C	P
Coverage and authorization of services	P	P	P	C	P	P
Health information systems	C	C	C	C	C	C
Practice guidelines	P	P	P	C	P	P
Provider selection	C	C	C	C	C	C
Subcontractual relationships and delegation	C	C	C	C	C	C

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/Primary Contractors (i.e., if seven Primary Contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- Based on the total BH MMC score, the HealthChoices Behavioral Health program was compliant with 4 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations: Confidentiality, Health information systems, Provider selection, and Subcontractual relationships and delegations.
- Based on the total BH MMC score, the HealthChoices Behavioral Health program was partially compliant with 5 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations: Assurances of adequate capacity and services, Availability of services, Coordination of continuity of care, Coverage and authorization of services, and Practice guidelines.
- Individually, BHO was compliant with 5 of the 9 categories and partially compliant with 5 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations

- Individually, CBH was compliant with 5 of the 9 categories and partially compliant with 4 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations
- Individually, CCBH was compliant with 5 of the 9 categories and partially compliant with 4 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations
- Individually, MBH was compliant with 7 of the 9 categories and partially compliant with 2 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations
- Individually, PerformCare was compliant with 6 of the 9 categories and partially compliant with 3 of the 9 categories for Standards, including Enrollee Rights and Protections Regulations

Table 11b: BH-MCO Compliance with Quality Assessment and Performance Improvement Program

Quality Assessment and Performance Improvement (QAPI) Program	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Quality assessment and performance improvement program	C	P	P	P	C	P

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/Primary Contractors (i.e., if seven Primary Contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- Based on the total BH MMC score, the HealthChoices Behavioral Health program was partially compliant with Quality Assessment and Performance Improvement Program

Table 11c: BH-MCO Compliance with Grievance System

Grievance System	BHO	CBH	CCBH	MBH	PerformCare	TOTAL BH MMC
Grievance and appeal systems	P	P	P	P	P	P

Note: The BH-MCO compliance determination represents the aggregate status of multiple HealthChoices Oversight Entities/Primary Contractors (i.e., if seven Primary Contractors contract with a BH-MCO and a standard has 10 elements, partial compliance on any one of the 70 elements would generate an overall partial compliance status for the BH-MCO).

- Based on the total BH MMC score, the HealthChoices Behavioral Health program was partially compliant with Grievance System

Evaluation of CHC-MCO Compliance

Each CHC-MCO was assessed on structure and operations standards in terms of readiness: prior to the enrollment of CHC participants and the start date for each zone, the Department determines the CHC-MCO's ability to provide required services. Each CHC-MCO must cooperate with all the readiness activities, including on-site visits by the Department. As part of determining readiness, each CHC-MCO must successfully test claims processing systems prior to implementation of CHC in a given zone. If readiness is not sufficiently demonstrated, the Department will not permit the enrollment of CHC participants; the Department may extend the time period for the readiness determinations, or not authorize the CHC-MCO operations.

Readiness to operate and commence enrollment of CHC participants in the NE, NW, and L/C Regions was ascertained through on-site readiness reviews, which is a required methodology for standardized determinations on CHC-MCO capacity and capability. Information was collected using the Department's formalized and standardized readiness review tool, which was adapted to add LTSS-related documentation from an existing readiness review tool used for the HealthChoices readiness review process. Collected information was used to identify strengths and opportunities for improvement. The readiness review reports provided an

evaluation of structural systems for CHC claims processing by zone. Additionally, the following operational domains were evaluated: organizational overview, participant services contact center, overview of the case management system, provider services, overview of the provider directory, provider dispute process, subcontracting and oversight, and service coordination.

To evaluate compliance of individual CHC-MCO provisions, the readiness review tool used selected criteria, including with regard to the domains listed above, to ascertain readiness. The Department utilized an LTSS designed and approved readiness review tool to ensure CHC-MCO compliance and readiness prior to CHC implementation. Findings on the structural systems and operational domains for the CHC-MCO were provided by the Department, which included multiple reports for the CHC-MCO, including justifications and integrations using supplemental readiness documentation.

The results for the CHC-MCOs' onsite reviews of structural systems and operations readiness, supporting documentation of structural systems and operations readiness, and the determinations in terms of compliance with standards of quality in accordance with or aligned with BBA reporting requirements, are summarized as follows:

- For organization overviews: the CHC-MCOs demonstrated an overview of their organization structures and operations to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For participant services call center: the CHC-MCOs demonstrated their participant services call center structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For case management systems: the CHC-MCOs demonstrated their case management system structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For provider services: the CHC-MCOs demonstrated their provider service structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For provider directories: the CHC-MCOs demonstrated their provider directory structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For provider dispute processes: the CHC-MCOs demonstrated their provider dispute process structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For subcontracting and oversight: the CHC-MCOs demonstrated their subcontracting and oversight structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.
- For service coordination: the CHC-MCOs demonstrated their service coordination structures and operations readiness to the Department; all CHC-MCOs were found by the Department to be compliant with associated contractual obligations.

All CHC-MCOs demonstrated to the Department their structure and operations readiness across multiple required areas. In accordance with the contract, each CHC-MCO is subject to full review of the first requirements for NCQA accreditation. The Department also requires that each CHC-MCO have LTSS accreditation. Per previous notification from the Department and as reported in the 2019 PA Statewide MMC Annual Report: all CHC-MCOs received NCQA accreditation as of 2019; also, that all CHC-MCOs' LTSS accreditations are currently in process and on schedule. At the time of this report, no further notifications pertaining to accreditation statuses were available. Overall, all CHC-MCOs were found by the Department to be compliant with contractual obligations for structural and operational readiness.

In the future, the compliance information for CHC-MCOs will be crosswalked directly to Items for further evaluation in terms of BBA Subparts for Enrollee Rights and Protections, Quality Assessment and Performance Improvement Regulations, and Grievance System Standards via Systematic Monitoring, Access and Retrieval Technology (SMART) standards.

Section IV: 2019 Opportunities for Improvement – MCO Response

To achieve full compliance with federal regulations, MCOs are requested to respond to each noted opportunity for improvement from the prior year's reports. For this year's report, the PH-MCOs, BH-MCOs, and CHIP-MCOs had previously identified opportunities for improvement, and were requested to respond to the noted opportunities for improvement from the prior year's reports. The general purpose of this section of the report was to document the degree to which each MCO had addressed the opportunities for improvement made by IPRO in the 2019 EQR Technical Reports, which were distributed in April 2020. The 2020 EQR Technical Report is the 13th to include descriptions of current and proposed interventions considered by each MCO as applicable that address the prior year recommendations.

The PH-MCOs, BH-MCOs, and CHIP-MCOs were required to submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that 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 June 30 (BH-MCOs and PH-MCOs), and July 31 (CHIP-MCOs) 2020 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

PH-MCOs and BH-MCOs were also required to prepare a Root Cause Analysis and Action Plan for select performance measures noted as opportunities for improvement in the prior year's EQR Technical Report. For 2019, PH-MCOs were required to address those measures on the 2019 Pay for Performance (P4P) Measure Matrix receiving either D or F ratings, while BH-MCOs were required to address any FUH All-Ages rates that fell below the HEDIS (MY 2019) 75 percentile. These MCOs were required to submit the following for each underperforming measure:

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

Individual current and proposed interventions and applicable Root Cause Analysis and Action Plan for each PH-MCO, BH-MCO, and CHIP-MCOs 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 2020 annual technical reports.

For CHC-MCOs, Phase 2 of CHC operations started in 2019, which was the first year opportunities for improvement were identified. Opportunities that were previously identified in regard to reporting requirements for the CHC-MCOs for CHC Phase 1 utilized benchmarks with phase-specific and/or region-specific comparisons. The CHC-MCOs received notification of these opportunities for improvement upon receipt of the CHC-MCOs' 2019 Annual Technical Reports. Due to the expansion of the program and changes to measurement parameters, an immediate response to the opportunities identified for improvement was not required. In subsequent review years, CHC-MCOs will respond to identified opportunities for improvement in current and proposed interventions and submit tabulated information to the EQRO pertaining to Current and Proposed Interventions, as well as Root Cause Analyses and Action Plans, as warranted.

Section V: 2020 Strengths and Opportunities for Improvement

Overall Strengths

- All PH-MCOs were compliant with Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Grievance and Appeal Systems, Subcontractual Relationships and Delegations, Practice Guidelines, and Quality Assessment and Performance Improvement Program.
- All PH-MCOs successfully completed NCQA HEDIS Compliance Audits in 2020, and all PH-MCOs successfully calculated and completed validation of all PAPMs.
- All CHIP-MCOs successfully completed NCQA HEDIS Compliance Audits in 2020, and all CHIP-MCOs successfully calculated and completed validation of all PAPMs.
- All CHIP-MCOs were compliant on eight of ten Structure and Operations Standards of Subparts D: Quality Assessment and Performance Improvement Regulations.
- All BH-MCOs were compliant with Confidentiality, Health information systems, Provider selection, and Subcontractual relationships and delegations.
- All five BH-MCOs successfully calculated and completed validation of Performance Measures related to Follow-up After Hospitalization for Mental Illness as well as Readmission Within 30 Days of Inpatient Psychiatric Discharge.
- All PH-MCOs and BH-MCOs provided responses to the Opportunities for Improvements issued in the 2019 annual technical reports.
- All CHC-MCOs completed NCQA HEDIS Compliance Audits in 2020.
- All CHC-MCOs satisfied the Department's readiness standards in accordance with the Department's requirements, based on the results for the CHC-MCOs' onsite reviews of structural systems and operations readiness, CHC-MCOs' previous receipt of NCQA accreditation as of 2019, and relevant supporting documentation.
- All CHC-MCOs were approved to commence CHC Phase 3 expansion statewide into the NE, NW, and L/C regions, effective January 1, 2020, based on the determinations of sufficient compliance with standards of quality.
- All CHC-MCOs received approval for both PIP topics to proceed with PIP expansion for CHC Phase 3 statewide into the NE, NW, and L/C Regions.

Overall Opportunities

- Six PH-MCOs were partially compliant with Health Information Systems. One MCO was partially compliant with Availability of Services.
- One CHIP-MCO was partially compliant with the Practice Guidelines standard of Subpart D: MCO, PIHP and PAHP Standards Regulations.
- Most BH-MCOs were not fully compliant with many, if not most, of the categories of Standards, including Enrollee Rights and Protections
- Most BH-MCOs were not fully compliant with Quality Assessment and Performance Improvement Program
- All BH-MCOs were partially compliant with Grievance System
- Only one BH-MCO, CCBH, met the Quality Compass 75th percentile for the All-Ages/Overall (6+) HEDIS 7-Day Follow-up After Hospitalization for Mental Illness measure. None of the five BH-MCOs met the Quality Compass 75th percentile for the All-Ages/Overall (6+) HEDIS 30-Day FUH measure.
- None of the BH-MCOs achieved the OMHSAS goal of 10% or less for the Readmission Within 30 Days of Inpatient Psychiatric Discharge measure.
- For two CHC-MCOs (AHC and KF CHC), an opportunity for improvement was identified during the HEDIS audit process: IPUA measurements were biased and received a "Not Reportable" NCQA determination for HEDIS 2020 (MY 2019). Both CHC-MCOs should improve capacity to measure IPUA accurately, in accordance with NCQA guidelines and specifications. Moreover, all rates should be reviewed and improvement strategies should be considered, where warranted.

- All CHC-MCOs' PIPs should improve aspects of their PIPs for both topics to ensure each PIP's activities are strongly associated with the intended PIP outcomes; all CHC-MCOs should incorporate any telephonic/telehealth activity and tracking into current or planned interventions since the onset of the COVID-19 pandemic.

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

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

Table 12 displays the P4P measures for each PH-MCO requiring a root cause analysis and action plan.

Table 12: PH-MCO Root Cause Analysis for 2020 (MY 2019) Measure Results

Rating	ABH	ACN	ACP	GEI	GH	HPP	KF	UHC	UPMC
D	Adolescent Well-Care Visits Medication Management for People With Asthma: 75% Total Lead Screening in Children[1]	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Lead Screening in Children[1]			Medication Management for People With Asthma: 75% Total		Medication Management for People With Asthma: 75% Total	Medication Management for People With Asthma: 75% Total	Comprehensive Diabetes Care: HbA1c Poor Control[2] Prenatal Care in the First Trimester
F	Annual Dental Visit (Ages 2 – 20 years)	Annual Dental Visit (Ages 2 – 20 years)		Annual Dental Visit (Ages 2 – 20 years)					

[1] Lead Screening in Children was added as a P4P measure in 2020 (MY 2019).
[2] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance.

For the Behavioral Health program, there was another programmatic change in 2018 in the requirements for doing root cause analyses and corresponding action plans. The HEDIS FUH 7-day and 30-day measures for the 6-64 years age group were replaced with the HEDIS Overall (Ages 6+) measures for 7-day and 30-day follow-up. This change reflected the Commonwealth's increased focus on the aging population. A root cause analysis and "quality improvement plan" (QIP) was required for any indicator rate that fell below the NCQA Quality Compass 75th percentile for each indicator. For MY 2019, this root cause analysis and QIP planning continued a proactive approach that centered on performance goals for CY 2021 calculated in relation to validated MY 2019 results.

Table 13 displays the MY 2019 HEDIS FUH Overall (Ages 6+) performance measure results for each BH-MCO identified as requiring a root cause analysis and quality improvement plan for CY 2021:

Table 13: BH-MCO Root Cause Analysis for 2020 (MY 2019) Measure Results (HEDIS Indicators)

Rating	BHO	CBH	CCBH	MBH	PerformCare
Indicators that are greater than or equal to the 50th percentile but less than the 75th percentile	QI 1 – HEDIS 7-Day Follow-up (Overall) QI 2 – HEDIS 30-Day Follow-up (Overall)		QI 2 – HEDIS 30-Day Follow-up (Overall)	QI 1 – HEDIS 7-Day Follow-up (Overall) QI 2 – HEDIS 30-Day Follow-up (Overall)	QI 1 – HEDIS 7-Day Follow-up (Overall) QI 2 – HEDIS 30-Day Follow-up (Overall)
Indicators that are less than the 50th percentile		QI 1 – HEDIS 7-Day Follow-up (Overall) QI 2 – HEDIS 30-Day Follow-up (Overall)			

Section VI: 2018 Adult Community Autism Program (ACAP)

This waiver program is overseen by the Bureau of Supports for Autism and Special Populations (BSASP) within the Office of Developmental Programs and is designed to meet the needs of adults with an autism spectrum disorder. The program is administered under the "Agreement for the Adult Community Autism Program (ACAP)" ("Agreement") with Keystone Autism Services (KAS). KAS provides ambulatory medical services and community and support services to the adults enrolled in the program. As of December 2019, 179 members were enrolled in the program.

Performance Improvement Project

A new PIP topic was selected in 2018 that focuses on mitigating and overcoming social isolation among ACAP members. A Social Isolation Survey tool was developed based on work by the Patient-Reported Outcomes Measurement Information System (PROMIS®), a Northwestern University project funded by the National Institutes of Health, and by Temple University. The survey tool will be utilized on a quarterly basis to record members' perceptions of social isolation, companionship, and community participation. Baseline data were collected during the fourth quarter of 2018. KAS submitted a proposal in Spring 2019, which was accepted after a revision. The principal intervention features a person-centered social role valorization (SRV) model that sets goals for attaining socially valued roles. Intervention tracking measures (ITMs) center on measurement using a Goal Attainment Scale (GAS). Two performance indicators are based on the Social Isolation tool: a Social Isolation (SI) Index score which measures the average social isolation of ACAP members, and the percentage of members reporting feeling socially isolated. The PIP started in June 2019. PIP was scheduled to roll out in a staggered fashion to the entire membership over the course of the PIP.

KAS submitted their first annual PIP report in August 2020 which included reporting on the last 6 months of 2019. KAS noted that some progress had been made with respect to SVR goal attainment rates, as well as to the overall percent of members reporting social isolation (40%, down from 48% at baseline). However, results also showed that the mean SI index score did not improve from baseline (= 19). It was acknowledged that prioritizing participation in Year 1 to individuals with higher social isolation (n= 82 out of 179) may also have slowed progress toward the PIP's overall Year 1 goal for a mean SI score = 18.

IPRO noted some deficiencies in the annual reporting which complicated interpretation of results and next steps. No statistical tests were performed to evaluate significance of any observed differences in group means between those receiving the person-centered SRV intervention and those who hadn't yet started their participation in PIP. Most notably, threats to internal and external validity were found to be insufficiently addressed. Measurement validity of individual SI Survey items remains a concern as does the measurement of goal attainment of SRV goals, a key ITM. A BSASP audit of individual service plans (ISP) of ACAP members identified as participating in the PIP intervention revealed that in some instances "SRV goals" were being set which appeared to have little to do with socially valued roles. Threats to external validity were also insufficiently addressed related to several potential source of bias, including: selection bias, change in risk factor distributions associated with population turnover, and non-response bias. Non-response bias is particularly important given that the two PIP performance indicators carry denominator exclusion criteria related to completion of the eight SI-specific items. IPRO's review noted that without assessment of the impacts, if any, of these biases on the results, there is no valid basis to determine whether the PIP is making a difference with respect to reducing social isolation among the ACAP members. KAS was asked to address these deficiencies in its mid-year and annual reporting going forward. The second annual review will adhere to a formal scoring matrix which includes provisions for requiring a corrective action plan (CAP) if the report scores below 85/100.

Performance Measures

KAS submitted documentation for the procedures used to track and report the following measures for MY 2019:

1. Annual Number of Law Enforcement Events
2. Psychiatric Emergency Room Care
3. Psychiatric Inpatient Hospitalization
4. Initial PCP visit within three weeks of enrollment or Annual PCP Visit
5. Annual Dental Exam

IPRO validated the data submitted and procedures used to report all five measures. MY 2019 results are reported in **Table 14**.

Table 14: ACAP Results for 2020 (MY 2019) Performance Measures

Annual Number of Law Enforcement Events	28 events
Psychiatric Emergency Room Care	9 events
Psychiatric Inpatient Hospitalization	9 events
Initial PCP visit within three weeks of enrollment or Annual PCP Visit	94% of new enrollees
Annual Dental Exam	95%

Annual Monitoring

BAS monitored compliance for 2019 and provided IPRO with a final monitoring report. Findings were presented under the following categories:

- General Information & Organization
  - Description of the Contractor
  - Personnel Requirements
  - Governing Body
  - Plan Advisory Committee
  - Natural Disasters
- Administration
  - Training
  - Program Integrity
  - Participant Records
  - Admittance to an Institution for Mental Disease
  - Moral or Religious Objections to Service
  - Incident Reports
  - Information Systems
  - Federal Requirements
- Providers
  - Provider Selection
  - Contracted Services
  - Primary Care Providers

    - After-Hours Call-in System
    - Provider Monitoring
    - Provider Termination
    - Fiscal Soundness
    - Risk Reserve
    - Insolvency
    - Insurance
    - Cost Avoidance
- Outreach and Marketing
- Services
    - Service Delivery
    - Additional Services
    - Team
    - Individual Service Plan (ISP)
    - Practice Guidelines
    - Service Authorization
    - Timeliness of Services
    - Out-of-Network Services
- Participant Rights, Responsibilities, and Education
    - Explanation of Rights and Responsibilities
    - Education of Providers about Complaints, Grievances, and Fair Hearing Rights
    - Advance Directives
    - Seclusion and Restraint
    - Complaint, Grievance, and DPW Fair Hearings
    - Participant Education
- Quality Assurance and Improvement
    - Plan of Quality Assurance & Improvement
    - Measuring Quality and Improvement
    - Audits of Medical and Service Records
    - Committees
- Participant Enrollment and Disenrollment
    - Eligibility to Enroll
    - Enrollment Process
    - Identification Card Sleeve/Sticker
    - Disenrollment
- Payment
    - Participant Liability
- Data Collection, Record Maintenance & Reporting

- Maintenance of Records
- Confidentiality
- Reporting Requirements

Monitoring includes administrative review of organizational structure, policies, and procedures, as well as a review of the Services category as captured in a sample of ISPs for participants. Thirty-seven ISPs were audited for MY 2019.

ISP audit findings were presented covering the following areas: ISP Quality; Goals and Objectives; Functional Behavioral Assessment (FBA), Behavioral Support Plan (BSP), Crisis Intervention Plan (CIP), and Medication Therapeutic Management Plan; and Authorized Services. In 2017, BAS introduced the Periodic Risk Evaluation (PRE) as a required assessment. The purpose of the PRE is to identify risks in order to inform planning, monitoring, tracking, and risk mitigation. In the 2018 monitoring cycle, the PRE Monitoring Checklist was added to the clinical monitoring of the ISPs. In 2018, the ACAP Agreement was amended to remove the requirement that every participant must have a FBA, BSP, and CIP. Consequently, the monitoring for these three areas in 2018 was case-specific and depended on whether an FBA and BSP were required and completed during the review period. Systematic Skill Building (SSB) was added as a service in 2018 as part of the Specialized Skill Development (SSD) service array and was included in the monitoring starting with 2019. Monitoring on the SSB covers three areas: Goals & Objectives, Instructional Strategies, and Goal Attainment Scale (GAS). As a result, a new monitoring process was initiated for MY 2019. For those participants in the monitoring sample with SSB on their ISPs in 2019, a sample (50%) of their Skill Building Plans (SBP) were reviewed using the SSB Monitoring Checklist. If the participant did not have SSB on the ISP (only a total of 3 participants), or if no SBP were completed for review at the time of monitoring, the goals and objectives were reviewed as previously done in past monitoring cycles. The implementation of a separate SSM monitoring component meant that the sample of eligible ISPs subject to the standard goals and objectives audit fell to only 12 cases in MY 2019. Finally, Implementation of GAS and Skill Building Plans (SBPs), along with more general training and guidance on ISPs, was carried out in the 2019 monitoring cycle, as planned.

For 2019, BSASP noted a general improvement in the quality of the audited ISPs when compared with MY 2018. Notable improvements were observed in the Functional Information component, which assesses whether the ISP reflects strengths and needs as identified on the Scales of Independent Behavior-Revised (SIBR) assessment, and in identification of health and safety risks and supervision needs ("updated Medical Information"), although there was a consistent lack of documentation related to risks and the strategies for mitigation. These improvements reversed a decrease in these quality areas that had been observed for MY 2018. Sampled ISPs also demonstrated an improvement in alignment of behavioral information across the ISP sections, with 41% of the plans meeting full compliance compared to 27% the previous year. Documentation of employment—and if employment is not being pursued at the present, documentation of the reasons why--saw a decrease in compliance from 59% in MY 2018 to 43% in MY 2019.

The PRE is designed to be completed at intake and annually as part of the annual review. In the interim, however, if new risks are identified that could significantly impact the participant, a new PRE may be completed as appropriate. One participant did not have a PRE completed in 2019. Of the 37 participants in the monitoring sample, 97% had a PRE completed at intake and/or within 90 days of the Plan Effective Date. Implementation of the PRE and integration with the ISP continues to be a significant area needing improvement. Of the risk domains identified, only the substance use disorders (SUD) were found to be captured in the ISP in every applicable case (full compliance). Most notably, perhaps, three domains—Law Enforcement, Unstable Living Conditions, and Natural Supports—were never captured in the ISPs of individuals identified to be at risk for the domain in question. The picture is mixed, however. While some domains remained noncompliant or worsened, overall improvements were noted on 5 out of the 8 domains. Additionally, the ISP for each participant was reviewed to determine if risk mitigation strategies were clear for each domain identified. These results track domain coverage closely, since risk mitigation strategies presume some mention in the ISP. Thus, for example, ISP risk mitigation strategy documentation was low or absent for Law Enforcement, Unstable Living Conditions, and Natural Supports. In similar fashion, Chronic Medical Conditions (79%), Co-occurring Mental Health Conditions (77%) and Harm to Self/Others

(73%) had the highest rates of compliance. Audited ISPs reflected a mixed picture with respect to the quality of goals and objectives, with worsening quality noted for statements related to behavior--50% of audited ISPs were fully compliant for this component—and conditions (36%) and improvements noted for the criteria component (57%) and progress reporting (73%), which applies to all participants regardless of SSB. BSASP attributes this improvement in monitoring in part to the quarterly review format which was initiated in 2018.

MY 2019 was the first year that the SSB was formally included in the ISP audit. The checklist captured three dimensions—Goals & Objectives, Instructional Strategies, and GAS—captured over 24 distinct review items. BSASP established a partial compliance benchmark of 80% for each of the 24 items on the checklist. A total of 31 SBPs were reviewed across 23 participants, with participants at different stages in the SBP process. Full or partial compliance was observed for most of the 24 items, with particular strength noted for the GAS dimension. Opportunities for improvement were observed for: documentation of the concerns related to the goal (and alignment with PA's Home and Community Services Information System, or HCSIS) identification of the baseline information, clear descriptions of the prompting strategies, and lack of data collection tools included with the SBP.

Review of the FBA covers areas including: participant overview, behavior prioritized/defined, indirect assessment methods, direct assessment methods, hypothesis statement(s), and recommendations. Review of completed FSBs for eligible participants in MY 2019 (n=9/10) did reveal a general improvement across the major variables with the notable exception of Recommendations, where none of the FBAs met full compliance. Much of the deficiency centers on the limitation of recommendations to the BSP template, thus removing from consideration non-behavioral health factors which would otherwise inform the ISP and service delivery. Review of BSPs covers areas including: information contained in the appropriate sections, hypothesis statement(s), desired behavioral outcome(s), antecedent strategies, replacement strategies, and means of monitoring. Deficiencies continued to be observed for the BSPs, which only showed improvement on desired behavioral outcome(s). Remediation strategies for ISPs, PRE, SSB and GAS, FBA, which included orientation of the BSASP FBA Summary template to Behavioral Health Specialists (BHSs) and BSP quality reviews by Team Leaders, were provided by KAS and noted as accepted by BSASP.

Staffing at KAS to meet ACAP communications-, service-, and reporting demands continues to be a focal area of monitoring. Participants interviewed by BSASP reported staff assignment issues which indicated a need for more staffing support and retention. At the same time, participants and their representatives and families reported feeling generally positive about the service and support staff with whom they worked.

ISP approval timeliness has become a source of concern for BSASP, which has also been attributed to staffing shortages but is also likely tied to problems with documenting and approving service requests, as discussed below. Of the 37 annual and initial ISPs reviewed for the 2019 plan year, only one plan was approved prior to the Plan Effective Date with some occurring as late as four months following notification of eligibility for enrollment. Similar tardiness was observed for ISP approvals following quarterly ISP meetings. In response, KAS implemented a stricter monitoring program in 2020. BSASP also initiated a periodic review of ISPs starting in August 2020. This first review for 2020 showed 100% of ISPs had received timely approval.

In 2019, BSASP began analysis of service authorization and utilization reports and indicated it would follow up with KAS on more specific recommendations based on those findings. Review for MY 2019 of the Summary Review Forms indicated that most did not adequately document service requests for the upcoming quarter or year. KAS was also found to be "grossly out of compliance" with timeframe requirements on authorizing services and plans prior to new quarterly or annual Plan Effective Dates. Subsequent inquiry revealed that no protocol was in place regarding written notification of service determinations. As part of remediation, KAS committed to updating and submitting for review by BSASP, policies, procedures, and forms related to documentation and enforcement of authorization timeframes. With regards to timeliness of service delivery, concern was raised about the potential for providers to not meet timeliness standards and the lack of a reliable method to monitor such timeliness. As part of its wider Training remediation, KAS was asked to clarify standards and related policies in its Provider Manual.

KAS also continued to address staffing concerns through education, outreach and recruitment, and appropriate trainings. A KAS Recruitment and Retention Plan was reviewed and accepted by BSASP in 2019. KAS similarly submitted a plan and timeline in 2019 for updating provider and training materials. Submission by KAS of training materials for MY 2019 review, however, was deemed insufficient to fully determine level of compliance on standards, including training related to person-centered planning as well as training timelines. A new Learning Management System, Relias, was implemented by KAS to monitor training standards which it was resolved would be leveraged to facilitate submission of training documentation for BSASP review in 2021. In accordance with the Agreement's stipulation that ISPs adhere to a person-centered planning approach, BSASP also requested that all current and future Supports Coordinators (SCs) receive formal person-centered planning training.

The MY 2018 file review by BSASP of ACAP participants revealed several cases where the annual MA 51 recertification form was not completed within 365 days of the existing certification date. In response, KAS committed to improving the tracking system for SCs to improve timeliness of recertifications, while BSASP stated it would clarify the language in the Agreement around this requirement. Review of the 2019 MA-51s within the monitoring sample revealed 16 of the 37 did not meet the recertification time frame requirements. KAS stated that they had not fully implemented the clarified 365-days-from-certification rule effective September 2019, citing the old language in the Agreement that was still in effect at that time. KAS stated that, following clarification, it was implementing the new policy in early 2020. Resolution on a remediation, including discussion with BSASP around the expectation of submitting MA-51 tracking spreadsheets every quarter, was not fully reached as of the printing of the MY 2019 Monitoring Report. Related to this, however, moving forward, KAS did agree to send eligibility and subsequent enrollment documentation to the BSASP RA-ACAP email account as eligibility and enrollment determinations are made.

In general, KAS responded to all recommendations and requests for remediation noted by BAS. All KAS responses to non-compliance were accepted as adequately addressing the issues identified.

Final Project Reports

Upon request, the following reports can be made available:

1. Individual PH-MCO BBA reports for 2020
2. Individual CHIP-MCO BBA reports for 2020
3. Individual BH-MCO BBA reports for 2020
4. Individual CHC-MCO BBA reports for 2020
5. Follow-up After Hospitalization for Mental Illness External Quality Review Rates Report (BH-MCOs)
6. Readmission Within 30 Days of Inpatient Psychiatric Discharge External Quality Review Rates Report (BH-MCOs)
7. HEDIS 2020 Member-Level Data Reports, Data Analysis Trends (PH-MCOs)
8. HEDIS 2020 Member-Level Data Reports, Data Findings by Measure (PH-MCOs)
9. HEDIS 2020 Member-Level Data Reports, Year-to-Year Data Findings – Southeast Zone/Region (PH-MCOs)
10. HEDIS 2020 Member-Level Data Reports, Year-to-Year Data Findings – Southwest Zone/Region (PH-MCOs)
11. HEDIS 2020 Member-Level Data Reports, Year-to-Year Data Findings – Lehigh/Capital Zone/Region (PH-MCOs)
12. HEDIS 2020 Member-Level Data Reports, Year-to-Year Data Findings – New West 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 Performance Measure Matrices (PH-MCOs and BH-MCOs)
15. Medicaid Managed Care (MMC) Performance Measures, Examination of Year-to-Year Statistical Comparisons for MMC Weighted Averages (BH-MCOs)
16. 2020 HealthChoices Behavioral Health Balanced Scorecard (BH-MCOs)
17. 2020 PA CHIP CAHPS 5.0 Rate Table and Results by Item
18. 2020 CHIP Report Card

Note: Reports 5 through 8 display data by MMC, BH-MCO, HealthChoices Behavioral Health Contractors (reports 5 and 6 only), County, Region (except for report 7), Gender, Age, Race, and Ethnicity.
Reports 9 through 14 display data by MMC, PH-MCO, Region, Race, and Ethnicity.
Reports 3, 5, 6, 15, and 16 includes results by HealthChoices Behavioral Health Contractors

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[i] National Committee for Quality Assurance (NCQA). (2020). *HEDIS® volume 2: Technical specifications for health plans.* NCQA. https://store.ncqa.org/hedis-2020-volume-2-epub.html.
[ii] National Quality Forum (NQF). (2020, August 12). 3400: Use of pharmacotherapy for opioid use disorder (OUD). *Quality positioning system (QPS) measure description display information. http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=3400&print=0&entityTypeID=1.*
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