Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

2018 External Quality Review Report
United Healthcare

Final Report
April 2019

IPRO
Better healthcare,
realized.

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Introduction

Purpose and Background

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

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

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

HealthChoices Physical Health (PH) is the mandatory managed care program that provides Medical Assistance recipients with physical health services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO as its EQRO to conduct the 2018 EQRs for the HealthChoices PH MCOs and to prepare the technical reports. This technical report includes six core sections:

I. Structure and Operations Standards
II. Performance Improvement Projects
III. Performance Measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
IV. 2017 Opportunities for Improvement – MCO Response
V. 2018 Strengths and Opportunities for Improvement
VI. Summary of Activities

For the PH Medicaid MCOs, the information for the compliance with Structure and Operations Standards section of the report is derived from the commonwealth's monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for each MCO.

Information for Section II of this report is derived from activities conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. Information for Section III of this report is derived from IPRO's validation of each PH MCO's performance measure submissions. Performance measure validation as conducted by IPRO includes both Pennsylvania specific performance measures as well as Healthcare Effectiveness Data and Information Set (HEDIS®[1]) measures for each Medicaid PH MCO. Within Section III, CAHPS Survey results follow the performance measures.

Section IV, 2017 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2017 EQR Technical Report's opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

Section V has a summary of the MCO's strengths and opportunities for improvement for this review period as determined by IPRO and a "report card" of the MCO's performance as related to selected HEDIS measures. Section VI provides a summary of EQR activities for the PH MCO for this review period.

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

I: Structure and Operations Standards

This section of the EQR report presents a review by IPRO of United Healthcare's (UHC's) compliance with structure and operations standards. The review is based on information derived from reviews of the MCO that were conducted within the past three years.

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DHS staff as of December 31, 2017, and the most recent NCQA Accreditation Survey for UHC, effective December 2017.

The SMART items provided much of the information necessary for this review. The SMART items are a comprehensive set of monitoring items that PA DHS staff reviews on an ongoing basis for each Medicaid MCO. The SMART items and their associated review findings for each year are maintained in a database. The SMART database has been maintained internally at DHS since RY 2013. Upon receipt of the findings for RY 2017, IPRO and DHS discussed changes to the information included. First, the only available review conclusions were Compliant and non-Compliant. All other options previously available were re-designated in RY 2017 from review conclusion elements to review status elements and were therefore not included in the RY 2017 findings. Additionally, as of RY 2017, reviewers had the option to review zones covered by an MCO separately, and to provide multiple findings within a year (e.g., quarterly). As a result, there was an increase in the number of partially compliant items for RY 2017. Upon discussion with the DHS regarding the data elements from each version of database, IPRO merged the RY 2017, 2016, and 2015 findings for use in the current review. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 126 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS.

The crosswalk linked SMART Items to specific provisions of the regulations, where possible. Some items were relevant to more than one provision. It should be noted that one or more provisions apply to each of the categories in **Table 1.1**. Table 1.1 provides a count of items linked to each category.

Table 1.1: SMART Items Count Per Regulation

BBA Regulation	SMART Items
Subpart C: Enrollee Rights and Protections	
Enrollee Rights	7
Provider-Enrollee Communication	1
Marketing Activities	2
Liability for Payment	1
Cost Sharing	0
Emergency and Post-Stabilization Services – Definition	4
Emergency Services: Coverage and Payment	1
Solvency Standards	2
Subpart D: Quality Assessment and Performance Improvement	
Availability of Services	14
Coordination and Continuity of Care	13
Coverage and Authorization of Services	9
Provider Selection	4
Provider Discrimination Prohibited	1
Confidentiality	1
Enrollment and Disenrollment	2
Grievance Systems	1
Subcontractual Relationships and Delegations	3
Practice Guidelines	2

BBA Regulation	SMART Items
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
Notice of Action	3
Handling of Grievances and Appeals	9
Resolution and Notification	7
Expedited Resolution	4
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	2
Effectuation of Reversed Resolutions	0

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

Determination of Compliance

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

Format

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

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

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

Findings

Of the 126 SMART Items, 80 items were evaluated and 46 were not evaluated for the MCO in Review Year (RY) 2017, RY 2016, or RY 2015. For categories where items were not evaluated for compliance for RY 2017, results from reviews conducted within the two prior years (RY 2016 and RY 2015) were evaluated to determine compliance, if available.

Subpart C: Enrollee Rights and Protections

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

Table 1.2: UHC Compliance with Enrollee Rights and Protections Regulations

ENROLLEE RIGHTS AND PROTECTIONS REGULATIONS		
Subpart C: Categories	**Compliance**	**Comments**
Enrollee Rights	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 6 items and was compliant on 6 items based on RY 2017.
Provider-Enrollee Communication	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Marketing Activities	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Liability for Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Cost Sharing	Compliant	Per HealthChoices Agreement
Emergency Services: Coverage and Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2017.
Solvency Standards	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.

UHC was evaluated against 16 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 16 items. UHC was found to be compliant on all eight of the categories of Enrollee Rights and Protections Regulations. UHC was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regualtions

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

The SMART database includes an assessment of the MCO's compliance with regulations found in Subpart D. **Table 1.3** presents the findings by categories consistent with the regulations.

Table 1.3: UHC Compliance with Quality Assessment and Performance Improvement Regulations

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	**Compliance**	**Comments**
Access Standards		
Availability of Services	Compliant	14 items were crosswalked to this category. The MCO was evaluated against 10 items and was compliant on 10 items based on RY 2017.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 13 items and was compliant on 13 items based on RY 2017.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2017.
Structure and Operation Standards		
Provider Selection	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Provider Discrimination Prohibited	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Confidentiality	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Enrollment and Disenrollment	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Grievance Systems	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Subcontractual Relationships and Delegations	Compliant	3 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2017.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on 1 item based on RY 2017.
Health Information Systems	Compliant	18 items were crosswalked to this category. The MCO was evaluated against 12 items and was compliant on 11 items and partially compliant on 1 item based on RY 2017.

UHC was evaluated against 51 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on 50 items and partially compliant on 1 item. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, UHC was found to be compliant on all 11 categories.

Subpart F: Federal and State Grievance System Standards

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

The Commonwealth's audit document information includes an assessment of the MCO's compliance with regulations found in Subpart F. **Table 1.4** presents the findings by categories consistent with the regulations.

Table 1.4: UHC Compliance with Federal and State Grievance System Standards

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	**Compliance**	**Comments**
General Requirements	Compliant	8 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Notice of Action	Compliant	3 items was crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Handling of Grievances & Appeals	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Resolution and Notification	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Expedited Resolution	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Information to Providers and Subcontractors	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Recordkeeping and Recording	Compliant	6 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2017.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2017.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2017

UHC was evaluated against 13 of the 40 SMART Items crosswalked to Federal and State Grievance System Standards and was compliant on 13 items. UHC was found to be compliant for all nine categories of Federal and State Grievance System
Standards.

Accreditation Status

UHC underwent an NCQA Accreditation Survey effective through September 20, 2019 and was granted an Accreditation Status of Commendable.

II: Performance Improvement Projects

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 2018 for 2017 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 new PIPs were initiated as part of this requirement. 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 new EQR PIP cycle that was initiated for all PH MCOs in 2015, PH MCOs were required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, two topics were selected: "Improving Access to Pediatric Preventive Dental Care" and "Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits".

"Improving Access to Pediatric Preventive Dental Care" was selected because on a number of dental measures, the aggregate HealthChoices rates have consistently fallen short of established benchmarks, or have not improved across years. For one measure, the HEDIS Annual Dental Visit (ADV) measure, from HEDIS 2006 through HEDIS 2013, the Medicaid Managed Care (MMC) average was below the 50th percentile for three years. Further, CMS reporting of FFY 2011-2013 data from the CMS-416 indicates that while PA met its two-year goal for progress on preventive dental services, the percentage of PA children age 1-20 who received any preventive dental service for FFY 2013 (40.0%), was below the National rate of 46.0%. The Aim Statement for the topic is "Increase access to and utilization of routine dental care for pediatric Pennsylvania HealthChoices members." Four common objectives for all PH MCOs were selected:

1. Increase dental evaluations for children between the ages of 6 months and 5 years.
2. Increase preventive dental visits for all pediatric HealthChoices members.
3. Increase appropriate topical application of fluoride varnish by non-oral health professionals.
4. Increase the appropriate application of dental sealants for children ages 6-9 (CMS Core Measure) and 12-14 years.

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

- Adapted from CMS form 416, the percentage of children ages 0-1 who received, in the last year:
  - any dental service,
  - a preventive dental service,
  - a dental diagnostic service,
  - any oral health service,
  - any dental or oral health service
- Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider
- Total Eligibles Receiving Preventive Dental Services
- The percentages of children, stratified by age (<1, 1-2, 3-5, 6-9, 10-14, 15-18, and 19-20 years) who received at least one topical application of fluoride.

Additionally, MCOs are encouraged to consider other performance measures such as:

- Percentage of children with ECC who are disease free at one year.
- Percentage of children with dental caries (ages 1-8 years of age).
- Percentage of oral health patients that are caries free.
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.

"Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits" was selected as the result of a number of observations. 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 Healthcare Effectiveness Data and Information Set (HEDIS) and PA Performance Measures across multiple years, have highlighted this topic as an area of concern to be addressed for improvement. The Aim Statement for the topic is "To reduce potentially avoidable ED visits

and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable." Five common objectives for all PH MCOs were selected:

1. Identify key drivers of avoidable hospitalizations, as specific to the MCO's population (e.g., by specific diagnoses, procedures, comorbid conditions, and demographics that characterize high risk subpopulations for the MCO).
2. Decrease avoidable initial admissions (e.g., admissions related to chronic or worsening conditions, or identified health disparities).
3. Decrease potentially preventable readmissions (e.g., readmissions related to diagnosis, procedure, transition of care, or case management)
4. Decrease avoidable ED visits (e.g., resulting from poor ambulatory management of chronic conditions including BH/SA conditions or use of the ED for non-urgent care).
5. Demonstrate improvement for a number of indicators related to avoidable hospitalizations and preventable readmissions, specifically for Individuals with Serious Persistent Mental Illness (SPMI).

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

MCO-developed Performance Measures

MCOS are required to develop their own indicators tailored to their specific PIP (i.e., customized to the key drivers of avoidable hospitalizations identified by each MCO for its specific population).

DHS-defined Performance Measures

- Ambulatory Care (AMB): ED Utilization. The target goal is 72 per 1,000 member months.
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges. The target goal is 8.2 per 1,000 months.
- Reducing Potentially Preventable Readmissions (RPR). The target for the indicator is 8.5. This measure replaced the originally designated measure – Plan All-Cause Readmissions (PCR): 30-day Inpatient Readmission.
- Each of the five (5) BH-PH Integrated Care Plan (ICP) Program measures:
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - Emergency Room Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
  - Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
  - Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI).

The PIPs extend from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals developed and submitted in first quarter 2016, and a final report due in June 2019. The non-intervention baseline period is January 2015 to December 2015. Following the formal PIP proposal, the timeline defined for the PIPs includes required interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019. Based on validation findings in 2016, the timeline has undergone adjustments.

The 2018 EQR is the fifteenth year to include validation of PIPs. For each PIP, all PH MCOs share 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.

All PH 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

Validation Methodology

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by the Centers for Medicare & Medicaid Services (CMS) (*Validating Performance Improvement Projects, Final Protocol, Version 1.0, May 1, 2002*) and meets the requirements of the final rule on EQR of Medicaid MCOs issued on January 24, 2003. IPRO's review evaluates each project against ten review 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
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.

Review Element Designation/Weighting

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

Table 2.1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 2.1: Element Designation

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

Overall Project Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance score for a PIP. 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; **Table 2.2**).

PIPs also are reviewed for the achievement of sustained improvement. For the EQR PIPs, this has a weight of 20%, for a possible maximum total of 20 points (**Table 2.2**). The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements where activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP submission schedule. At the time each element is reviewed, a finding is given of "Met", "Partially Met", or "Not

Met". Elements receiving a "Met" will receive 100% of the points assigned to the element, "Partially Met" elements will receive 50% of the assigned points, and "Not Met" elements will receive 0%.

Table 2.2: Review Element Scoring Weights

Review Element	Standard	Scoring Weight
1	Project Topic and Topic Relevance	5%
2	Study Question (Aim Statement)	5%
3	Study Variables (Performance Indicators)	15%
4/5	Identified Study Population and Sampling Methods	10%
6	Data Collection Procedures	10%
7	Improvement Strategies (Interventions)	15%
8/9	Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	20%
Total Demonstrable Improvement Score		80%
10	Sustainability of Documented Improvement	20%
Total Sustained Improvement Score		20%
Overall Project Performance Score		100%

Findings

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

Throughout 2016, the initial year of the cycle, there were several levels of feedback provided to MCOs, including:

- An overall summary document outlining common issues that were observed across most of the PIP proposal submissions.
- MCO-specific review findings for each PIP.
- Conference calls with each MCO to discuss the PIP proposal review findings with key MCO staff assigned to each PIP topic. MCOs were asked to complete a PIP Proposal Update form following the calls.
- An Interactive Workshop held with all MCOs at the end of August. MCOs were requested to come to the workshop with PIP project summaries that they were to present, which were later submitted to IPRO and distributed to all PH MCOs.
- Information to assist MCOs in preparing their next full PIP submission for the Project Year 1 Update, such as additional instructions regarding collection of the core required measures, three years of CMS-416 Reports with PA state aggregate data and the excerpt on oral health from the 2015 CMS Secretary's report with CMS OHI all-state data from FFY 2014 for MCOs to calculate appropriate benchmarks, and data for all five ICP measures.

In 2017, reviews of the Project Year 1 Update documents submitted in late 2016 were completed. Upon initial review of the submissions, MCOs were provided findings for each PIP with request for clarification/revision as necessary. MCOs requiring additional discussion and potential modification were contacted for individual MCO conference calls. Upon completion of applicable resubmissions, MCOs were provided with their final Project Year 1 Update review findings. Following completion of Project Year 1 Update reviews, MCOs were asked to submit a Year 2 Interim Update providing information through June 30 for: 1) interventions implemented, 2) monitoring, or process measure, results, and 3) any performance measure outcome results. Review findings were incorporated into the form, and completed reviews were posted to IPRO's FTP.

For the current review year, 2018, MCOs were requested to submit a full Project Year 3 Update, to include all updated Year 2 information and Year 3 activities to date. MCOs were asked to update their submission with the following information: 1) Final rates for all performance measures for Measurement Year (MY) 2016 (1/1/16-12/31/16), including the rates provided to them for the ICP measures, 2) any available rates MY 2017 (1/1/17-12/31/17); 3) an updated interventions grid to show interventions completed in 2017 and interventions completed to date in 2018; 4)

rates/results as appropriate for the process measures utilized to evaluate each of the ongoing interventions; 5) any additional supporting analysis conducted for the PIP.

Improving Access to Pediatric Preventive Dental Care

UHC received full credit for all elements numbered 1 through 7. The MCO provided their 2014 and 2015 HEDIS ADV data provided showing a need for improvement for this measure. UHC provided an additional literature review on national concerns relating to current poor oral health rates. The Aim statement of this PIP was to increase access to and utilization of routine dental care for pediatric Pennsylvania Health Choice members by 5% year over year, which has the potential to impact early oral healthcare and overall health for UHCP members. Several measures were added to the Project Topic section for further elaboration on the goal. Benchmarks and goals were laid out specifically in a table, based on NCQA Quality Compass, Oral Health Initiative 75th Percentile, UHCPA PIP Workgroup Quality Meeting, and CMS National Average.

Two performance indicators were identified by UHC, (1) the percentage of enrollees 1 to 20 years of age that had at least one preventive dental service during the measurement year and (2) the percentage of children, stratified by age (<1, 1-2, 3-5, 6-9, 10-14, 15-18, and 19-20 years) who received at least one topical application of fluoride. The eligible population is clearly defined, along with numerators and denominators for both of these measures. In addition, UHC properly defined Core Measures for the PIP. The indicators are reliable from HEDIS and PA CHIP dental sealants rates that can measure process of care with strong associations of improved outcomes. The specifications for all measures were supplied and eligible populations and numerators and denominators.

No sampling was used, as the entire eligible population is to be pulled. Regarding data collection procedures, UHC specified that claims data received from practitioners will be used to identify services rendered to members during the measurement period. Administrative data refreshes occur on a monthly basis and measure results are recalculated at that time using the MedMeasures software. UHC confirmed that they have a HEDIS software application that is certified and audited, and discussed how they are ensuring the validity and reliability of the data. UHC provided a detailed data analysis plan. In the data analysis plan the MCO plans to compare baseline results to each re-measurement period; compare data to the health plan goal; statistical significance testing; identify confounding variables; identify factors that could influence data accuracy, completeness, validity and /or reliability; the health plan defined methodology; causal-barrier analysis; barriers and the interventions for improvement and the findings of the causal-barrier analysis and the additional drill-downs necessary.

UHC provided a complete barrier analysis for Providers, members and the MCO through a fishbone diagram. The MCO listed multiple interventions and following review, clarified dates for interventions. UHC also created process measures for each intervention in order to track the effectiveness of each, and which help contribute to the improvements in the performance measures.

UHC received full credit for review elements 8 and 9. Both the 2017 Interim Update and the Project Year 3 Update included outcome measure/performance data for baseline, each year, and goal. Additionally, UHC included a statistical comparison of baseline to remeasurement, and a summary discussion of changes in rates relative to the interventions.

Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits

UHC received partial credit for element 1. The data was utilized to identify MCO-driven issues, in addition to the PIP's requirements. The MCO's rationale for topic selection was based on evidence found in the literature. The proposal discusses the importance of patient responsibility in disease management, social determinants of health, health disparities and low English proficiency (LEP). Demographics of the member population were analyzed along with the identification of ED super-utilizers. However, it was not demonstrated how integration of the BH-PH Integrated Care Plan Pay for Performance Program or the Community Based Care Management Program (CBCM) aligns with the rationale for topic selection and PIP goals.

UHC received full credit for remaining elements 2 through 7. The aim statement was set as the goal to "reduce potentially avoidable Emergency Department (ED), Admission rates, and Readmission rates for UHCPA Medicaid eligible members by increasing access to primary care services through community resources can improve patient care

outcomes. [T]his will be accomplished by increasing access by 10%, and measured by increase of outpatient visits to providers."

For performance indicators, UHC noted their PIP workgroup reviews HEDIS data on a bi-monthly basis. They review the progress of performance measures and interventions and make adjustments to interventions accordingly. UHC adequately defined the specifications for each Performance Measure and Process Measure and included the eligible population along with definitions of the numerators and denominators. Additionally, UHC defined at-risk population in the Project Topic Section. The MCO identified members with serious persistent mental illness (SPMI), substance abuse (SA), ED super-utilizers, demographic populations and clinical conditions (CHF and Asthma). MCO-developed clinical condition-specific performance measures were also included.

The data sources were included for all performance and process measures included in the PIP proposal. Concerning review of data collection, UHC's PIP workgroup is comprised of the Medical Director, Plan Director of Quality Management and Staff and National UnitedHealthcare quality professionals with data analysis and statistical experience. This group meets quarterly or more frequently to review data.

A complete data analysis plan for each of the measures was provided. UHC noted that it will identify and address confounding variables/factors that could impact the accuracy, completeness, validity and/or reliability of the data. Oversight of the data is completed internally and not through an external compliance auditor. Information regarding an interactive tool (ChiSq) used to determine statistical significance and information regarding internal data auditing was laid out. Part of the data analysis plan includes specific study groups to be used in the data analysis. Analysis was done using baseline data for the above mentioned measures and stratified by Counties, Age and Gender, Asthma and CHF diagnoses and Ethnicity. MCO-driven areas were identified to focus on, which includes specific counties, specific age ranges, and gender and ethnicity groups with a diagnosis of CHF and Asthma. Furthermore, UHC noted areas and populations to target with new interventions, which will be reviewed by their PIP Workgroup.

Information regarding Causal-barrier analysis (Ishikawa fishbone diagram), barriers and interventions were described in the Barrier and Analysis section. UHC provided barriers specific to coordination between BH and PH plans regarding care management and integrated care plans, thereby better aligning the PIP with the BH-PH Integrated Care Plan and CBCM Program Initiatives. The interventions table provided detailed information describing interventions. The interventions were matched to the barriers addressed, with start dates included. Both of these items assist in the evaluation of interventions. The Healthy First Steps (HFS) initiative includes new program resources to achieve a face to face model of care with 50% assessments, with clarifications or added further descriptions of specific interventions related to the CBCM Program.

Upon review, UHC narrowed down specific initiatives as well as interventions to be implemented and monitored and in this PIP. UHC retained the interventions specifically developed, tailored and implemented to address barriers to reducing potentially preventable admission, readmission and ED visits and increasing coordination between PH-MCOs and BH-MCOs.

UHC received full credit for review elements 8 and 9. Both the 2017 Interim Update and the Project Year 3 Update included outcome measure/performance data for baseline, each year, and goal. Additionally, UHC included a statistical comparison of baseline to remeasurement, and a summary discussion of changes in rates relative to the interventions.

UHC's Project Year 3 compliance assessment by review element is presented in Table 2.3.

Table 2.3: UHC PIP Compliance Assessments

Review Element	Improving Access to Pediatric Preventive Dental Care	Reducing Potentially Preventable Hospital Admissions, Readmissions and ED visits
1. Project Topic and Topic Relevance	Full	Partial

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

The next full submission will occur in review year 2019 and will be the final submission. Collaboration between DHS and PH MCOs is expected to continue, and PH MCOs will continue to be asked to participate in multi-plan PIP update calls through the duration of the PIP as applicable to report on their progress or barriers to progress.

III: Performance Measures and CAHPS Survey

Methodology

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

The MCOs were provided with final specifications for the PA Performance Measures from December 2017 to June 2018. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2018. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary. Pseudo code was reviewed by IPRO. Raw data were also reviewed for reasonability and IPRO ran code against these data to validate that the final reported rates were accurate. Additionally MCOs were provided with comparisons to the previous year's rates and were requested to provide explanations for highlighted differences. For measures reported as percentages, differences were highlighted for rates that were statistically significant and displayed at least a 3-percentage point difference in observed rates. For measures not reported as percentages (e.g. adult admission measures) differences were highlighted based only on statistical significance, with no minimum threshold.

For three PA performance Birth-related measures: Cesarean Rate for Nulliparous Singleton Vertex (CRS), Live Births Weighing Less Than 2,500 Grams (PLB), and Elective Delivery, rates for each of the measures were produced utilizing MCO Birth files in addition to the 2018 (MY 2017) Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. IPRO then utilized the MCO file in addition to the most recent applicable PA Department of Health Birth File to identify the denominator, numerator and rate for the three measures.

HEDIS 2018 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A Final Audit Report was submitted to NCQA for each MCO. Because the PA-specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA-specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA-specific measures.

Evaluation of MCO performance is based on both PA-specific performance measures and selected HEDIS measures for the EQR. The following is a list of the performance measures included in this year's EQR report.

Table 3.1: Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents' Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (Age 65+)
HEDIS	Adult Body Mass Index Assessment
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)
PA EQR	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)

Source	Measures
HEDIS	Childhood Immunizations Status by Age 2 (Combination 2)
HEDIS	Childhood Immunizations Status by Age 2 (Combination 3)
HEDIS	Adolescent Well-Care Visits (Age 12 to 21 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Body Mass Index percentile: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: (Total)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 3-11 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical activity: (Age 12-17 years)
HEDIS	Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical Activity: (Total)
HEDIS	Immunizations for Adolescents (Combination 1)
EPSDT: Screenings and Follow up	
HEDIS	Lead Screening in Children (Age 2 years)
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) – Initiation Phase
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – Continuation and Maintenance Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Initiation Phase
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced) – Continuation and Maintenance Phase
PA EQR	Developmental Screening in the First Three Years of Life – 1 year
PA EQR	Developmental Screening in the First Three Years of Life – 2 years
PA EQR	Developmental Screening in the First Three Years of Life – 3 years
PA EQR	Developmental Screening in the First Three Years of Life – Total
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: 18 to 64 - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 30 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for AOD abuse or dependence, follow-up within 7 days)
PA EQR	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (Ages: Ages: 65 and older - ED visits for mental illness, follow-up within 7 days)
Dental Care for Children and Adults	
HEDIS	Annual Dental Visit (Age 2-20 years)
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Ages 2-20 years)
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA)

Source	Measures
PA EQR	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (CHIPRA: Dental-Enhanced)
Women's Health	
HEDIS	Breast Cancer Screening (Age 50–74 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-24 years)
HEDIS	Non-Recommended Cervical Cancer Screening in Adolescent Females
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 15 to 20)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 3 days (Ages 21 to 44)
PA EQR	Contraceptive Care for Postpartum Women: LARC - 60 days (Ages 21 to 44)
Obstetric and Neonatal Care	
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
PA EQR	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
PA EQR	Perinatal Depression Screening: Prenatal Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Prenatal Counseling for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Postpartum Counseling for Depression
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Alcohol use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Illicit drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Prescribed or over-the-counter drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Intimate partner violence
PA EQR	Behavioral Health Risk Assessment
PA EQR	Elective Delivery
Respiratory Conditions	
HEDIS	Appropriate Testing for Children with Pharyngitis
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid
HEDIS	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator

Source	Measures
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
HEDIS	Medication Management for People with Asthma - 75% Compliance (Total)
HEDIS	Asthma Medication Ratio (5-11 years)
HEDIS	Asthma Medication Ratio (12-18 years)
HEDIS	Asthma Medication Ratio (19-50 years)
HEDIS	Asthma Medication Ratio (51-64 years)
HEDIS	Asthma Medication Ratio (Total)
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years) – Admission per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) - Admission per 100,000 Member Months
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Control (<8.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 18-64 years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 65+ years)
PA EQR	Diabetes Short-Term Complications Admission Rate (Total Rate)
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 - 75 Years of Age)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate1 (Age 18-64 Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Age 65+ Years) per 100,000 member months
PA EQR	Heart Failure Admission Rate1 (Total Age 18+ Years) per 100,000 member months
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia
Utilization	
PA EQR	Reducing Potentially Preventable Readmissions
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 1 - 5 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 6 - 11 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Age 12 - 17 years)
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)

Source	Measures
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 1 - 5 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 6 - 11 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Age 12 - 17 years)
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)
HEDIS	Use of Opioids at High Dosage[2]
HEDIS	Use of Opioids from Multiple Provider (4 or more prescribers)
HEDIS	Use of Opioids From Multiple Providers- (4 or more pharmacies)
HEDIS	Use of Opioids From Multiple Providers - (4 or more prescribers & pharmacies)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CLABSI)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Central line-associated blood stream infections (CLABSI) - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CAUTI)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Catheter-associated urinary tract infections (CAUTI) - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (MRSA)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Methicillin-resistant Staphylococcus aureus (MRSA) blood lab-identified events - unavailable SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Plan-weighted SIR (CDIFF)
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - high SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - moderate SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - low SIR
HEDIS	Standardized Healthcare-Associated Infection Ratio: Clostridium difficile laboratory-identified events (CDIFF) - unavailable SIR
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of Index Hospital Stays (IHS) - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Count of 30-Day Readmissions - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - 4+ Stays (Ages Total)

[2] A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

Source	Measures
HEDIS	Plan All-Cause Readmissions (PCR): Observed Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Expected Readmission Rate - Total Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 1-3 Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - 4+ Stays (Ages Total)
HEDIS	Plan All-Cause Readmissions (PCR): Observed to Expected Readmission Ratio - Total Stays (Ages Total)

PA-Specific Performance Measure Selection and Descriptions

Several PA-specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DHS direction, IPRO created the indicator specifications to resemble HEDIS® specifications. Measures previously developed and added as mandated by CMS for children in accordance with the Children's Health Insurance Program Reauthorization Act (CHIPRA) and for adults in accordance with the Affordable Care Act (ACA) were continued as applicable to revised CMS specifications. Additionally, new measures were developed and added in 2018 as mandated in accordance with the ACA. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, as well as other specifications, as needed. Indicator rates are calculated through one of two methods: (1) administrative, which uses only the MCO's data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator "hits" for rate calculation.

PA Specific Administrative Measures

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (New - 2018)

This performance measure assesses the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – CHIPRA Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse. IPRO evaluated this measure using HEDIS 2018 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported:

Initiation Phase: The percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Developmental Screening in the First Three Years of Life– CHIPRA Core Set

This performance measure assesses the percentage of children screened for risk of developmental, behav
ioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Four rates, one for each group and a combined rate are to be calculated and reported for each numerator.

Follow-Up After Emergency Department Visit for Mental illness or Alcohol and Other Drug Abuse or Dependence (New - 2018)

This performance measure assesses the percentage of emergency department (ED) visits for members 18 years of age and older with a principal diagnosis of mental illness or alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for mental illness or AOD. Four rates are reported:

Mental Illness

- The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).

Alcohol and Other Drug Abuse or Dependence

- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 7 days of the ED visit (8 total days)
- The percentage of ED visits for AOD abuse or dependence for which the member received follow-up within 30 days of the ED visit (31 total days).

Per the CMS specifications, rates are reported for age cohorts 18 to 64 and 65 and older.

Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assesses the percentage of enrollees with a developmental disability age two through 20 years of age, who were continuously enrolled and had at least one dental visit during the measurement year. This indicator utilizes the HEDIS 2018 measure Annual Dental Visit (ADV).

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk – CHIPRA Core Set

This performance measure assesses the percentage of enrolled children ages 6-9 years at elevated risk of dental caries who received a sealant on a permanent first molar tooth within the measurement year.

Additionally, to be more closely aligned to the CHIPRA Core Set Measure specifications, a second enhanced measure is reported which includes additional available dental data (Dental-enhanced).

Contraceptive Care for All Women Ages 15-44 - CMS Core measure – New 2018

This performance measure assesses the percentage of women ages 15 through 44 at risk of unintended pregnancy who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC). Four rates are reported – two rates are reported for each of the age groups (15-20 and 21-44): (1) provision of most or moderately effective contraception, and (2) provision of LARC.

Contraceptive Care for Postpartum Women Ages 15-44 - CMS Core measure– New 2018

This performance measure assesses the percentage of women ages 15 through 44 who had a live birth and were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery. Eight rates are reported – four rates for each of the age groups (15-20 and 21-44): (1) Most or moderately effective contraception – 3 days, (2) Most or moderately effective contraception – 60 days, (3) LARC – 3 days, and (4) LARC – 60 days.

Frequency of Ongoing Prenatal Care

This performance measure assesses the percentage of pregnant enrollees who delivered on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal care visits:

- ≥ than 61 percent of expected visits
- ≥ than 81 percent of expected visits

Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

This performance measure assesses Cesarean Rate for low-risk first birth women [aka NSV CS rate: nulliparous, term, singleton, vertex].

Percent of Live Births Weighing Less than 2,500 Grams – CHIPRA Core Set

This performance measure is event-driven and identifies all live births during the measurement year in order to assess the number of live births that weighed less than 2,500 grams as a percent of the number of live births.

Elective Delivery – Adult Core Set

This performance measure assesses the percentage of enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.

Asthma in Younger Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for asthma in adults ages 18 to 39 years per 100,000 Medicaid member months.

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid members 40 years and older. Three age groups will be reported: ages 40-64 years and age 65 years and older, and 40+ years.

Diabetes Short-Term Complications Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma) in adults 18 years and older per 100,000 Medicaid member months. Two age groups will be reported: ages 18-64 years and age 65 years and older.

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (New - 2018)

This performance measure assess the percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) in poor control (>9.0%)

Heart Failure Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for heart failure in adults 18 years and older per 100,000 Medicaid member months. Three age groups are reported: ages 18-64 years, ages 65 years and older and total age.

Reducing Potentially Preventable Readmissions

This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute discharge. This measure utilized the 2018 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges. For this measure, a lower rate indicates better performance.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia – Adult Core Set

The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. Members in hospice are excluded from eligible population.

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse.

PA Specific Hybrid Measures

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

This performance measure assesses the percentage of pregnant enrollees who were:

1. Screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
2. Screened for smoking during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for environmental tobacco smoke exposure during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
4. Screened for smoking in one of their first two prenatal visits, who smoke (i.e., a smoker during the pregnancy), and were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
5. Screened for environmental tobacco smoke exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
6. Screened for smoking in one of their first two prenatal visits and found to be current smokers (i.e., smoked at the time of one of their first two prenatal visits) that stopped smoking during their pregnancy.

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Perinatal Depression Screening

This performance measure assesses the percentage of enrollees who were:

1. Screened for depression during a prenatal care visit.
2. Screened for depression during a prenatal care visits using a validated depression screening tool.
3. Screened for depression during the time frame of the first two prenatal care visits (CHIPRA indicator).
4. Screened positive for depression during a prenatal care visit.
5. Screened positive for depression during a prenatal care visits and had evidence of further evaluation or treatment or referral for further treatment.
6. Screened for depression during a postpartum care visit.
7. Screened for depression during a postpartum care visit using a validated depression screening tool.
8. Screened positive for depression during a postpartum care visit.
9. Screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Maternity Risk Factor Assessment

This performance measure assesses, for each of the following risk categories, the percentage of pregnant enrollees who were:

1. Screened for alcohol use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
2. Screened for illicit drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for prescribed or over-the-counter drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
4. Screened for intimate partner violence during the time frame of one of their first two prenatal visits (CHIPRA indicator).

This performance measure uses components of the HEDIS 2018 Prenatal and Postpartum Care Measure.

Behavioral Health Risk Assessment– CHIPRA Core Set

This performance measure is a combination of the screening assessments for all risk factors identified by each of the CHIPRA indicators in the Perinatal Depression Screening (PDS), Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS), and Maternity Risk Factor Assessment (MRFA) measures.

This performance measure assesses the percentage of enrollees who were screened during the time frame of one of their first two prenatal visits for all of the following risk factors:

1. depression screening,
2. tobacco use screening,
3. alcohol use screening,
4. drug use screening (illicit and prescription, over the counter), and
5. intimate partner violence screening.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2018. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2018, Volume 2 Narrative. The measurement year for HEDIS 2018 measures is 2017, as well as prior years for selected measures. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assesses the percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. The following age groups are reported: 20-44, 45-64, and 65+

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Well-Child Visits in the First 15 Months of Life

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

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

This measure assessed the percentage of enrollees who were 3, 4, 5, or 6 years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rate were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:
(4) Diphtheria and Tetanus, and Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)
(3) Injectable Polio Vaccine (IPV)
(1) Measles, Mumps, and Rubella (MMR)
(3) Haemophilius Influenza Type B (HiB)
(3) Hepatitis B (HepB)
(1) Chicken Pox (VZV)
(4) Pneumococcal Conjugate Vaccine – Combination 3 only

Adolescent Well-Care Visits

This measure assessed the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Weight assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Immunization for Adolescents (Combo 1)

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday.

Lead Screening in Children

This measure assessed the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Follow-up Care for Children Prescribed ADHD Medication

This measure assessed the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- *Initiation Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- *Continuation and Maintenance (C&M) Phase.* The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of 2 and 20 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

The eligible population for this measure is women 52–74 years of age as of December 31 of the measurement year. Members are included in the numerator if they had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Eligible members who received mammograms beginning at age 50 are included in the numerator.

Cervical Cancer Screening

This measure assessed the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Chlamydia Screening in Women

This measure assessed the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Three age cohorts are reported: 16 – 20 years, 21 – 24 years, and total.

Non-Recommended Cervical Cancer Screening in Adolescent Females

This measure assessed the percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance.

Prenatal and Postpartum Care

This measure assessed the percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
- *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure assessed the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

This measure assessed the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation

This measure assessed the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Medication Management for People with Asthma - 75% Compliance

This measure assessed the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period and remained on an asthma controller medication for at least 75% of their treatment period. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Asthma Medication Ratio – New 2018

The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The following age groups are reported: 5-11 years, 12-18 years, 19-50 years, 51-64 years, and total years.

Comprehensive Diabetes Care

This measure assessed the percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- HbA1c control (<7.0%) for a selected population.
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Statin Therapy for Patients With Diabetes

This measure assessed the percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Controlling High Blood Pressure

This measure assessed the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

For this measure, a single rate, the sum of all three groups, is reported.

Statin Therapy for Patients With Cardiovascular Disease

This measure assessed the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Total rates for 1 and 2 are also reported.

Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia

This measure assessed the percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

This measure assessed the percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents

This measure assessed the percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications. Age groups 1 -5, 6-11, 12-17 and total are reported.

For this measure a lower rate indicates better performance.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure assessed the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Age groups 1-5, 6-11, 12-17, and total years are reported.

Use of Opioids at High Dosage – New 2018

This measure assessed for members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days at a high dosage (average morphine equivalent dose [MED] >120 mg).

Note: A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

Use of Opioids from Multiple Providers – NEW 2018

This measure assessed for members 18 years and older, the rate per 1,000 receiving prescription opioids for ≥15 days who received opioids from multiple providers. Three rates are reported:

1. **Multiple Prescribers:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers during the measurement year
2. **Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
3. **Multiple Prescribers and Multiple Pharmacies:** The rate per 1,000 of members receiving prescriptions for opioids from four or more different prescribers ***and*** four or more different pharmacies during the measurement year

Standardized Healthcare-Associated Infection Ratio – NEW 2018

This measure assessed hospital-reported standard infection ratios (SIR) for four different healthcare-associated infections (HAI), adjusted for the proportion of members discharged from each acute care hospital. The measure reports the percentage of total discharges from hospitals with a high, moderate, low or unavailable SIR, next to a total plan-weighted SIR for each of the following infections:

- *HAI-1:* Central line-associated blood stream infections (CLABSI)
- *HAI-2:* Catheter-associated urinary tract infections (CAUTI)
- *HAI-5:* Methicillin-resistant Staphylococcus aureus (MRSA) blood laboratory-identified events (bloodstream infections)
- *HAI-6:* Clostridium difficile laboratory-identified events (intestinal infections) (CDIFF)

Note: *A lower SIR indicates better performance. SIRs >1.0 indicate that more infections occurred than expected; SIRs <1.0 indicate fewer infections occurred than expected.*

Plan All-Cause Readmissions (PCR) – NEW 2018

The measure assessed for members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported for members with 1-3, 4+, and total index hospital stays in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator)
2. Count of 30-Day Readmissions (numerator)
3. Observed Readmission Rate
4. Expected Readmissions Rate
5. Observed to Expected Readmission Ratio

CAHPS® Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is overseen by the Agency of Healthcare Research and Quality (AHRQ) and includes many survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS.

Implementation of PA-Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA-specific measures for 2018 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA-specific measures. As previously indicated, for three PA Birth-related performance measures IPRO utilized the MCO Birth files in addition to the 2018 Department of Health Birth File to identify the denominator, numerator and rate for the Birth-related measures.

IPRO validated the medical record abstraction of the three PA-specific hybrid measures consistent with the protocol used for a HEDIS audit. The validation process includes a MRR process evaluation and review of the MCO's MRR tools and instruction materials. This review ensures that the MCO's MRR process was executed as planned and the abstraction results are accurate. A random sample of 16 records from each selected indicator across the three measures was evaluated. The indicators were selected for validation based on preliminary rates observed upon the MCO's completion of abstraction. The MCO passed MRR Validation for the Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit, the Perinatal Depression Screening, and the Maternity Risk Factor Assessment measures.

In 2018 it was identified that 6 of 9 PH MCOs incorrectly excluded denied claims from the 2017 (MY 2016) Reducing Potentially Preventable Readmissions (RPR) rate. This affected the RPR rate reported in the 2017 EQR reports. Corrected 2017 (MY 2016) data files were resubmitted by affected MCOs. Revised RPR 2017 (MY 2016) rates are included in this report.

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

Findings

MCO results are presented in Tables 3.2 through 3.11. For each measure, the denominator, numerator, and measurement year rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% confidence interval indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly,

would fall within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the confidence interval 95 times, or 95% of the time.

Rates for both the measurement year and the previous year are presented, as available [i.e., 2018 (MY 2017) and 2017 (MY 2016)]. In addition, statistical comparisons are made between the 2018 and 2017 rates. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the z-ratio. A z-ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations. For comparison of 2018 rates to 2017 rates, statistically significant increases are indicated by "+", statistically significant decreases by "–" and no statistically significant change by "n.s.".

In addition to each individual MCO's rate, the MMC average for 2018 (MY 2017) is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of difference between the plan's measurement year rate and the MMC average for the same year. For comparison of 2018 rates to MMC rates, the "+" symbol denotes that the plan rate exceeds the MMC rate; the "–" symbol denotes that the MMC rate exceeds the plan rate and "n.s." denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

Note that the large denominator sizes for many of the analyses led to increased statistical power, and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage point difference between two rates was statistically significant in many cases, although not meaningful. Hence, results corresponding to each table highlight only differences that are both statistically significant, and display at least a **3**-percentage point difference in observed rates. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates may not yield statistical significance due to reduced power; if statistical significance is not achieved, results will not be highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, "NA" (Not Applicable) appears in the corresponding cells. However, "NA" (Not Available) also appears in the cells under the HEDIS 2018 percentile column for PA-specific measures that do not have HEDIS percentiles to compare.

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

Access to/Availability of Care

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

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years) – 6.1 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years) – 6.4 percentage points
  - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years) – 8.4 percentage points

Table 3.2: Access to Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 24 months)	5,122	4,848	**94.7%**	94.0%	95.3%	95.5%	n.s.	96.0%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 25 months 6 years)	21,968	19,200	**87.4%**	87.0%	87.8%	87.8%	n.s.	88.4%	-	>= 25th and < 50th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 7 11 years)	19,254	17,578	**91.3%**	90.9%	91.7%	92.2%	-	92.6%	-	>= 50th and < 75th percentile
HEDIS	Children and Adolescents' Access to PCPs (Age 12 19 years)	26,718	24,343	**91.1%**	90.8%	91.5%	90.8%	n.s.	91.5%	n.s.	>= 50th and < 75th percentile

HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 20 44 years)	54,445	39,054	**71.7%**	71.4%	72.1%	72.9%	-	77.8%	-	>= 25th and < 50th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45 64 years)	25,603	20,405	**79.7%**	79.2%	80.2%	81.5%	-	86.1%	-	>= 10th and < 25th percentile
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ years)	803	599	**74.6%**	71.5%	77.7%	77.8%	n.s.	83.0%	-	< 10th percentile
HEDIS	Adult BMI Assessment (Age 18 74 years)	411	378	**92.0%**	89.2%	94.7%	87.1%	+	91.9%	n.s.	>= 50th and < 75th percentile
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 1 to 5)	3	2	**NA**	NA	NA	NA	NA	60.7%	NA	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 6 to 11)	97	66	**68.0%**	58.2%	77.8%	NA	NA	72.7%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Ages 12 to 17)	152	102	**67.1%**	59.3%	74.9%	NA	NA	69.6%	n.s.	NA
PA EQR	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total ages 1 to 17)	252	170	**67.5%**	61.5%	73.4%	NA	NA	70.6%	n.s.	NA

Well-Care Visits and Immunizations

Strengths are identified for the following Well-Care Visits and Immunizations performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Well-Child Visits in the First 15 Months of Life (≥ 6 Visits) – 4.5 percentage points
  - Body Mass Index: Percentile (Age 12-17 years) – 7.2 percentage points
  - Body Mass Index: Percentile (Total) – 4.9 percentage points
  - Counseling for Physical Activity (Total) – 5.3 percentage points

No opportunities for improvement are identified for Well-Care Visits and Immunizations performance measures.

Table 3.3: Well-Care Visits and Immunizations

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	**Indicator**	**Denom**	**Num**	**Rate**	**Lower 95% Confidence Interval**	**Upper 95% Confidence Interval**	**2017 (MY2016) Rate**	**2018 Rate Compared to 2017**	**MMC**	**2018 Rate Compared to MMC**	**HEDIS 2018 Percentile**
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	411	306	**74.5%**	70.1%	78.8%	67.9%	+	69.9%	+	>= 75th and < 90th percentile
HEDIS	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Age 3 to 6 years)	411	317	**77.1%**	72.9%	81.3%	79.8%	n.s.	77.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 2)	411	314	**76.4%**	72.2%	80.6%	76.6%	n.s.	76.1%	n.s.	>= 50th and < 75th percentile
HEDIS	Childhood Immunizations Status (Combination 3)	411	306	**74.5%**	70.1%	78.8%	74.0%	n.s.	73.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	411	256	**62.3%**	57.5%	67.1%	58.4%	n.s.	62.0%	n.s.	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Age 3 11 years)	247	203	**82.2%**	77.2%	87.2%	76.9%	n.s.	78.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Body Mass Index: Percentile (Age 12 17 years)	164	137	**83.5%**	77.6%	89.5%	79.5%	n.s.	76.3%	+	>= 75th and < 90th percentile
HEDIS	Body Mass Index: Percentile (Total)	411	340	**82.7%**	78.9%	86.5%	77.9%	n.s.	77.8%	+	>= 75th and < 90th percentile
HEDIS	Counseling for Nutrition (Age 3 11 years)	247	197	**79.8%**	74.5%	85.0%	78.5%	n.s.	74.4%	n.s.	>= 75th and < 90th percentile
HEDIS	Counseling for Nutrition (Age 12 17 years)	164	122	**74.4%**	67.4%	81.4%	82.8%	n.s.	71.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Nutrition (Total)	411	319	**77.6%**	73.5%	81.8%	80.0%	n.s.	73.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 3 11 years)	247	172	**69.6%**	63.7%	75.6%	70.4%	n.s.	65.4%	n.s.	>= 50th and < 75th percentile
HEDIS	Counseling for Physical Activity (Age 12 17 years)	164	123	**75.0%**	68.1%	81.9%	76.2%	n.s.	68.6%	n.s.	>= 75th and < 90th percentile

HEDIS	Counseling for Physical Activity (Total)	411	295	**71.8%**	67.3%	76.2%	72.5%	n.s.	66.5%	+	>= 75th and < 90th percentile
HEDIS	Immunization for Adolescents (Combo 1)	411	345	**83.9%**	80.3%	87.6%	83.0%	n.s.	85.9%	n.s.	>= 50th and < 75th percentile

EPSDT: Screenings and Follow-up

Strengths are identified for the following EPSDT: Screenings and Follow-up performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase – 14.9 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase – 18.7 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase – 14.3 percentage points
  - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase – 17.8 percentage points

No opportunities for improvement are identified.

Table 3.4: EPSDT: Screenings and Follow-up

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Lead Screening in Children (Age 2 years)	411	335	**81.5%**	77.6%	85.4%	83.0%	n.s.	80.3%	n.s.	>= 75th and < 90th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	1,365	756	**55.4%**	52.7%	58.1%	57.0%	n.s.	40.5%	+	>= 75th and < 90th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	369	236	**64.0%**	58.9%	69.0%	69.1%	n.s.	45.2%	+	>= 75th and < 90th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	1,365	757	**55.5%**	52.8%	58.1%	57.3%	n.s.	41.2%	+	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	356	236	**66.3%**	61.2%	71.3%	72.7%	n.s.	48.5%	+	NA
PA EQR	Developmental Screening in the First Three Years of Life Total	12,949	7,123	**55.0%**	54.1%	55.9%	54.1%	n.s.	55.7%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year	4,247	2,155	**50.7%**	49.2%	52.3%	50.6%	n.s.	50.3%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years	4,323	2,488	**57.6%**	56.1%	59.0%	55.9%	n.s.	59.1%	-	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years	4,379	2,480	**56.6%**	55.2%	58.1%	55.6%	n.s.	57.9%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 7 days)	87	22	**25.3%**	15.6%	35.0%	NA	NA	35.3%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for mental illness, follow up within 30 days)	87	36	**41.4%**	30.5%	52.3%	NA	NA	49.7%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 7 days)	1,981	304	**15.3%**	13.7%	17.0%	NA	NA	15.3%	n.s.	NA

PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 18 to 64 ED visits for AOD abuse or dependence, follow up within 30 days)	1,981	433	**21.9%**	20.0%	23.7%	NA	NA	23.2%	n.s.	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 30 days)	3	1	**NA**	NA	NA	NA	NA	31.8%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 30 days)	0	0	**NA**	NA	NA	NA	NA	NA	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for AOD abuse or dependence, follow up within 7 days)	3	1	**NA**	NA	NA	NA	NA	13.6%	NA	NA
PA EQR	Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, or Mental Illness (Ages: 65 and older ED visits for mental illness, follow up within 7 days)	0	0	**NA**	NA	NA	NA	NA	NA	NA	NA

Dental Care for Children and Adults

No strengths are identified for Dental Care for Children and Adults performance measures.

Opportunities for improvement are identified for Dental Care for Children and Adults performance measures.

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Annual Dental Visit (Age 2–20 years) – 4.2 percentage points
  - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years) – 6.3 percentage points
  - Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk – 3.1 percentage points

Table 3.5: EPSDT: Dental Care for Children and Adults

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	**Indicator**	**Denom**	**Num**	**Rate**	**Lower 95% Confidence Interval**	**Upper 95% Confidence Interval**	**2017 (MY2016) Rate**	**2018 Rate Compared to 2017**	**MMC**	**2018 Rate Compared to MMC**	**HEDIS 2018 Percentile**
HEDIS	Annual Dental Visit (Age 2 20 years)	82,007	48,225	**58.8%**	58.5%	59.1%	58.2%	+	63.0%	-	>= 50th and < 75th percentile
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2 20years)	4,362	2,453	**56.2%**	54.8%	57.7%	53.4%	+	62.5%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk	11,171	2,376	**21.3%**	20.5%	22.0%	21.7%	n.s.	24.4%	-	NA
PA EQR	Dental Sealants for 6 9 Year Of Children At Elevated Caries Risk (Dental Enhanced)	11,800	2,744	**23.3%**	22.5%	24.0%	19.1%	+	25.3%	-	NA

Women's Health

No strengths are identified for Women's Health performance measures.

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Breast Cancer Screening (Age 50-74 years) – 7.5 percentage points

- Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20) – 3.5 percentage points
- Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44) – 3.5 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20) – 3.7 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20) – 4.7 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20) – 8.3 percentage points
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44) – 11.8 percentage points

Table 3.6: Women's Health

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Breast Cancer Screening (Age 50 74 years)	5,497	2,797	**50.9%**	49.6%	52.2%	51.8%	n.s.	58.4%	-	>= 10th and < 25th percentile
HEDIS	Cervical Cancer Screening (Age 21 64 years)	411	237	**57.7%**	52.8%	62.6%	55.5%	n.s.	60.8%	n.s.	>= 25th and < 50th percentile
HEDIS	Chlamydia Screening in Women (Total)	9,232	5,633	**61.0%**	60.0%	62.0%	61.0%	n.s.	60.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Age 16 20 years)	5,035	2,852	**56.6%**	55.3%	58.0%	57.5%	n.s.	56.9%	n.s.	>= 50th and < 75th percentile
HEDIS	Chlamydia Screening in Women (Age 21 24 years)	4,197	2,781	**66.3%**	64.8%	67.7%	65.6%	n.s.	64.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	9,207	55	**0.6%**	0.4%	0.8%	0.6%	n.s.	0.9%	-	>= 75th and < 90th percentile
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)	10,920	2,730	**25.0%**	24.2%	25.8%	NA	NA	28.5%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 15 to 20)	10,920	501	**4.6%**	4.2%	5.0%	NA	NA	5.0%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)	28,825	6,193	**21.5%**	21.0%	22.0%	NA	NA	25.0%	-	NA
PA EQR	Contraceptive Care for All Women: Provision of LARC (Ages 21 to 44)	28,825	1,659	**5.8%**	5.5%	6.0%	NA	NA	6.4%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 15 to 20)	464	18	**3.9%**	2.0%	5.7%	NA	NA	7.6%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 15 to 20)	464	153	**33.0%**	28.6%	37.4%	NA	NA	37.7%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 15 to 20)	464	6	**1.3%**	0.2%	2.4%	NA	NA	3.3%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 15 to 20)	464	58	**12.5%**	9.4%	15.6%	NA	NA	13.7%	n.s.	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 3 days (Ages 21 to 44)	3,127	170	**5.4%**	4.6%	6.2%	NA	NA	13.8%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: Most or moderately effective contraception 60 days (Ages 21 to 44)	3,127	862	**27.6%**	26.0%	29.1%	NA	NA	39.3%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 3 days (Ages 21 to 44)	3,127	32	**1.0%**	0.7%	1.4%	NA	NA	2.1%	-	NA
PA EQR	Contraceptive Care for Postpartum Women: LARC 60 days (Ages 21 to 44)	3,127	296	**9.5%**	8.4%	10.5%	NA	NA	10.6%	-	NA

[1] For the Non-Recommended Cervical Cancer Screening in Adolescent Females measure, lower rate indicates better performance

Obstetric and Neonatal Care

Strengths are identified for the following Obstetric and Neonatal Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator) – 4.4 percentage points
  - Prenatal Counseling for Smoking – 13.9 percentage points
  - Prenatal Counseling for Environmental Tobacco Smoke Exposure – 21.5 percentage points
  - Postpartum Screening for Depression – 17.4 percentage points
  - Prenatal Screening for Alcohol use – 4.6 percentage points
  - Prenatal Screening for Prescribed or over-the-counter drug use – 5.1 percentage points
  - Prenatal Screening for Intimate partner violence – 7.3 percentage points
  - Cesarean Rate for Nulliparous Singleton Vertex – 3.6 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - ≥ 81% of Expected Prenatal Care Visits Received – 6.6 percentage points
  - Prenatal Smoking Cessation – 4.1 percentage points

Table 3.7: Obstetric and Neonatal Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 61% of Expected Prenatal Care Visits Received	411	344	**83.7%**	80.0%	87.4%	79.3%	n.s.	84.6%	n.s.	NA
PA EQR	Frequency of Ongoing Prenatal Care Greater than or Equal to 81% of Expected Prenatal Care Visits Received	411	263	**64.0%**	59.2%	68.8%	63.0%	n.s.	70.6%	-	NA
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	411	347	**84.4%**	80.8%	88.1%	85.2%	n.s.	86.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Prenatal and Postpartum Care Postpartum Care	411	260	**63.3%**	58.5%	68.0%	60.1%	n.s.	67.7%	n.s.	>= 25th and < 50th percentile
PA EQR	Prenatal Screening for Smoking	380	329	**86.6%**	83.0%	90.1%	84.2%	n.s.	82.8%	n.s.	NA
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	380	329	**86.6%**	83.0%	90.1%	84.0%	n.s.	82.2%	+	NA
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	380	181	**47.6%**	42.5%	52.8%	45.4%	n.s.	46.5%	n.s.	NA
PA EQR	Prenatal Counseling for Smoking	81	81	**100.0%**	99.4%	100.0%	78.4%	+	86.1%	+	NA
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	38	38	**100.0%**	98.7%	100.0%	75.7%	+	78.5%	+	NA
PA EQR	Prenatal Smoking Cessation	305	18	**5.9%**	3.1%	8.7%	6.7%	n.s.	10.0%	-	NA
PA EQR	Prenatal Screening for Depression	380	289	**76.1%**	71.6%	80.5%	83.7%	-	72.5%	n.s.	NA
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	380	264	**69.5%**	64.7%	74.2%	82.0%	-	65.2%	n.s.	NA
PA EQR	Prenatal Screening Positive for Depression	289	62	**21.5%**	16.5%	26.4%	18.0%	n.s.	20.2%	n.s.	NA
PA EQR	Prental Counseling for Depression	62	49	**79.0%**	68.1%	90.0%	81.7%	n.s.	73.7%	n.s.	NA
PA EQR	Postpartum Screening for Depression	250	227	**90.8%**	87.0%	94.6%	92.6%	n.s.	73.4%	+	NA
PA EQR	Postpartum Screening Positive for Depression	227	34	**15.0%**	10.1%	19.8%	18.9%	n.s.	15.2%	n.s.	NA
PA EQR	Postpartum Counseling for Depression	34	30	**88.2%**	75.9%	100.0%	87.5%	n.s.	87.3%	n.s.	NA
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	958	192	**20.0%**	17.5%	22.6%	21.8%	n.s.	23.6%	-	NA
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	4,340	442	**10.2%**	9.3%	11.1%	11.1%	n.s.	9.9%	n.s.	NA
PA EQR	Prenatal Screening for Alcohol use	380	318	**83.7%**	79.8%	87.5%	87.7%	n.s.	79.1%	+	NA

PA EQR	Prenatal Screening for Illicit drug use	380	313	**82.4%**	78.4%	86.3%	87.7%	-	79.0%	n.s.	NA
PA EQR	Prenatal Screening for Prescribed or over the counter drug use	380	337	**88.7%**	85.4%	92.0%	94.5%	-	83.6%	+	NA
PA EQR	Prenatal Screening for Intimate partner violence	380	240	**63.2%**	58.2%	68.1%	63.7%	n.s.	55.9%	+	NA
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	380	181	**47.6%**	42.5%	52.8%	48.4%	n.s.	44.3%	n.s.	NA
PA EQR	Elective Delivery	1,094	49	**4.5%**	3.2%	5.8%	20.4%	-	4.7%	n.s.	NA

[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.

Respiratory Conditions

Strengths are identified for the following Respiratory Conditions performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months – 15.34 admissions per 100,000 member months
  - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months – 16.04 admissions per 100,000 member months

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator – 3.3 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 5-11 years) – 4.3 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 12-18 years) – 4.7 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years) – 7.2 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Age 51-64 years) – 11.4 percentage points
  - Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years) – 7.1 percentage points
  - Asthma Medication Ratio (12-18 years) – 3.9 percentage points
  - Asthma Medication Ratio (19-50 years) – 8.1 percentage points
  - Asthma Medication Ratio (51-64 years) – 8.6 percentage points
  - Asthma Medication Ratio (Total) – 4.3 percentage points

Table 3.8: Respiratory Conditions

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	3,686	3,081	**83.6%**	82.4%	84.8%	81.5%	+	82.9%	n.s.	>= 50th and < 75th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection	5,435	564	**89.6%**	88.8%	90.4%	89.6%	n.s.	91.1%	-	>= 25th and < 50th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1,615	1,006	**37.7%**	35.3%	40.1%	32.3%	+	36.4%	n.s.	>= 75th and < 90th percentile
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	477	150	**31.4%**	27.2%	35.7%	26.4%	n.s.	29.6%	n.s.	>= 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	881	647	**73.4%**	70.5%	76.4%	64.4%	+	74.9%	n.s.	>= 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	881	721	**81.8%**	79.2%	84.4%	78.8%	n.s.	85.2%	-	>= 25th and < 50th percentile

HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 years)	842	284	**33.7%**	30.5%	37.0%	32.4%	n.s.	38.1%	-	>= 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 years)	646	228	**35.3%**	31.5%	39.1%	32.9%	n.s.	40.0%	-	>= 75th and < 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 years)	661	263	**39.8%**	36.0%	43.6%	42.4%	n.s.	47.0%	-	>= 25th and < 50th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 years)	214	108	**50.5%**	43.5%	57.4%	43.3%	n.s.	61.8%	-	>= 25th and < 50th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Total Age 5 64 years)	2,363	883	**37.4%**	35.4%	39.3%	35.6%	n.s.	44.5%	-	>= 50th and < 75th percentile
HEDIS	Asthma Medication Ratio (5 11 years)	943	655	**69.5%**	66.5%	72.5%	68.4%	n.s.	72.1%	n.s.	>= 25th and < 50th percentile
HEDIS	Asthma Medication Ratio (12 18 years)	746	477	**63.9%**	60.4%	67.5%	60.4%	n.s.	67.9%	-	>= 25th and < 50th percentile
HEDIS	Asthma Medication Ratio (19 50 years)	888	441	**49.7%**	46.3%	53.0%	48.4%	n.s.	57.8%	-	>= 25th and < 50th percentile
HEDIS	Asthma Medication Ratio (51 64 years)	308	162	**52.6%**	46.9%	58.3%	48.5%	n.s.	61.2%	-	>= 25th and < 50th percentile
HEDIS	Asthma Medication Ratio (Total)	2,885	1,735	**60.1%**	58.3%	61.9%	59.2%	n.s.	64.5%	-	>= 25th and < 50th percentile
PA EQR	Asthma in Younger Adults Admission Rate (Age 18 39 years) per 100,000 member months	922,931	57	**6.2**	4.6	7.8	9.6	-	7.3	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months	519,256	411	**79.2**	71.5	86.8	NA	NA	94.5	-	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 65 years and older) per 100,000 member months	12,255	2	**16.3**	0.0	38.9	NA	NA	55.5	n.s.	NA
PA EQR	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months	531,511	413	**77.7**	70.2	85.2	61.9	+	93.7	-	NA

[1] Per NCQA, a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).
[2] Per NCQA, a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).
[3] For the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

Strengths are identified for the following Comprehensive Diabetes Care performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Statin Therapy for Patients With Diabetes: Received Statin Therapy – 3.2 percentage points
  - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age) – 4.2 percentage points

Opportunities for improvement are identified for the following measures:

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Statin Therapy for Patients With Diabetes: Statin Adherence 80% – 6.8 percentage points

Table 3.9: Comprehensive Diabetes Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Hemoglobin A1c (HbA1c) Testing	749	636	**84.9%**	82.3%	87.5%	87.6%	n.s.	87.2%	n.s.	>= 10th and < 25th percentile
HEDIS	HbA1c Poor Control (>9.0%)	749	278	**37.1%**	33.6%	40.6%	37.9%	n.s.	34.7%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Control (<8.0%)	749	393	**52.5%**	48.8%	56.1%	51.7%	n.s.	52.9%	n.s.	>= 50th and < 75th percentile
HEDIS	HbA1c Good Control (<7.0%)	534	202	**37.8%**	33.6%	42.0%	37.3%	n.s.	37.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Retinal Eye Exam	749	428	**57.1%**	53.5%	60.8%	57.6%	n.s.	59.0%	n.s.	>= 25th and < 50th percentile
HEDIS	Medical Attention for Nephropathy	749	663	**88.5%**	86.2%	90.9%	90.1%	n.s.	89.6%	n.s.	>= 10th and < 25th percentile
HEDIS	Blood Pressure Controlled <140/90 mm Hg	749	530	**70.8%**	67.4%	74.1%	65.1%	+	69.2%	n.s.	>= 75th and < 90th percentile
PA EQR	Diabetes Short Term Complications Admission Rate (Age 18 64 years) per 100,000 member months	1,442,187	184	**12.8**	10.9	14.6	12.9	n.s.	14.7	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Age 65+ years) per 100,000 member months	12,255	0	**0.0**	0.0	0.0	0.0	NA	1.8	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate (Total Age 18+ years) per 100,000 member months	1,454,442	184	**12.7**	10.8	14.5	12.8	n.s.	14.6	n.s.	NA
HEDIS	Statin Therapy for Patients With Diabetes: Received Statin Therapy	3,285	2,084	**63.4%**	61.8%	65.1%	61.8%	n.s.	60.3%	+	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Diabetes: Statin Adherence 80%	2,084	1,241	**59.5%**	57.4%	61.7%	60.3%	n.s.	66.4%	-	>= 50th and < 75th percentile
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 64 Years of Age)	575	526	**91.5%**	89.1%	93.8%	NA	NA	87.2%	+	NA
PA EQR	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 65 75 Years of Age)	3	3	**NA**	NA	NA	NA	NA	86.4%	NA	NA

[1] For HbA1c Poor Control, lower rates indicate better performance.
[2] For the Adult Admission Rate measures, lower rates indicate better performance

Cardiovascular Care

No strengths are identified for Cardiovascular Care performance measures.

Opportunities for improvement are identified for Cardiovascular Care performance measures

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male) – 7.8 percentage points
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female) – 6.9 percentage points
    - Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate – 7.4 percentage points
    - Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months – 2.84 admissions per 100,000 member months
    - Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months – 2.95 admissions per 100,000 member months

Table 3.10: Cardiovascular Care

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	116	93	**80.2%**	72.5%	87.9%	77.8%	n.s.	85.0%	n.s.	>= 50th and < 75th percentile
HEDIS	Controlling High Blood Pressure (Total Rate)	411	270	**65.7%**	61.0%	70.4%	64.5%	n.s.	64.3%	n.s.	>= 50th and < 75th percentile
PA EQR	Heart Failure Admission Rate (Age 18 64 years) per 100,000 member months	1,442,187	320	**22.2**	19.8	24.6	18.6	+	19.4	+	NA
PA EQR	Heart Failure Admission Rate (Age 65+ years) per 100,000 member months	12,255	10	**81.6**	31.0	132.2	115.6	n.s.	70.2	n.s.	NA
PA EQR	Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months	1,454,442	330	**22.7**	20.2	25.1	19.4	n.s.	19.7	+	NA
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 21 75 years (Male)	531	432	**81.4%**	77.9%	84.8%	79.2%	n.s.	79.2%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40 75 years (Female)	389	300	**77.1%**	72.8%	81.4%	73.8%	n.s.	75.8%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy Total Rate	920	732	**79.6%**	76.9%	82.2%	76.7%	n.s.	77.7%	n.s.	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 21 75 years (Male)	432	268	**62.0%**	57.3%	66.7%	61.1%	n.s.	69.9%	-	>= 25th and < 50th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% 40 75 years (Female)	300	190	**63.3%**	57.7%	69.0%	60.1%	n.s.	70.2%	-	>= 50th and < 75th percentile
HEDIS	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% Total Rate	732	458	**62.6%**	59.0%	66.1%	60.7%	n.s.	70.0%	-	>= 25th and < 50th percentile
HEDIS	Cardiovascular Monitoring For People With Cardiovascular Disease and Schizophrenia	22	17	**NA**	NA	NA	72.7%	NA	78.1%	NA	NA

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

Utilization

Strengths are identified for the following Utilization performance measures.

- The following rates are statistically significantly above/better than the 2018 MMC weighted average:
  - Use of Opioids From Multiple Providers (4 or more pharmacies) – 71.1 per 1000
  - Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies) – 17.9 per 1000

Opportunities for improvement are identified for Utilization performance measures

- The following rates are statistically significantly below/worse than the 2018 MMC weighted average:
  - Use of Opioids at High Dosage – 13.1 per 1000
  - Use of Opioids from Multiple Providers (4 or more prescribers) – 13.6 per 1000

Table 3.11: Utilization

		2018 (MY 2017)					2018 (MY 2017) Rate Comparison				
Indicator Source	Indicator	Denom	Num	Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval	2017 (MY2016) Rate	2018 Rate Compared to 2017	MMC	2018 Rate Compared to MMC	HEDIS 2018 Percentile
PA EQR	Reducing Potentially Preventable Readmissions	13,501	1,476	**10.9%**	10.4%	11.5%	10.07%	n.s.	10.3%	+	NA
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	610	383	**62.8%**	58.9%	66.7%	65.07%	n.s.	66.6%	n.s.	>= 50th and < 75th percentile
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	1,508	1,009	**66.9%**	64.5%	69.3%	68.55%	n.s.	69.0%	n.s.	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 1 5 years	6	0	**NA**	NA	NA	NA	NA	NA	NA	NA

HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 6 11 years	312	0	**0.0%**	0.0%	0.2%	0.00%	NA	0.8%	n.s.	NA
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages 12 17 years	630	5	**0.8%**	0.0%	1.6%	1.64%	NA	1.9%	n.s.	>= 75th and < 90th percentile
HEDIS	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Total Rate	948	5	**0.5%**	0.0%	1.0%	1.08%	n.s.	1.5%	-	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 5 years	10	3	**NA**	NA	NA	NA	NA	NA	NA	NA
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 6 11 years	381	228	**59.8%**	54.8%	64.9%	61.27%	n.s.	64.4%	n.s.	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 12 17 years	754	459	**60.9%**	57.3%	64.4%	60.79%	n.s.	62.4%	n.s.	>= 90th percentile
HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Total Rate	1,145	690	**60.3%**	57.4%	63.1%	60.86%	n.s.	63.1%	n.s.	>= 90th percentile
HEDIS	Use of Opioids at High Dosage[3]	5,470	532	**97.3**	NA	NA	NA	NA	84.2	+	NA
HEDIS	Use of Opioids from Multiple Providers (4 or more proscribers)	6,488	1,149	**177.1**	NA	NA	NA	NA	163.5	+	NA
HEDIS	Use of Opioids From Multiple Providers (4 or more pharmacies)	6,488	162	**25.0**	NA	NA	NA	NA	96.1	-	NA
HEDIS	Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies)	6,488	81	**12.5**	NA	NA	NA	NA	30.4	-	NA
HEDIS	Plan weighted SIR (CLABSI)			**0.70**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) high SIR			**0.31**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) moderate SIR			**0.09**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) low SIR			**0.46**			NA	NA			NA
HEDIS	Central line associated blood stream infections (CLABSI) unavailable SIR			**0.15**			NA	NA			NA
HEDIS	Plan weighted SIR (CAUTI)			**0.78**			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) high SIR			**0.35**			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) moderate SIR			**0.11**			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) low SIR			**0.43**			NA	NA			NA
HEDIS	Catheter associated urinary tract infections (CAUTI) unavailable SIR			**0.11**			NA	NA			NA
HEDIS	Plan weighted SIR (MRSA)			**0.64**			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events high SIR			**0.23**			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events moderate SIR			**0.20**			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events low SIR			**0.40**			NA	NA			NA
HEDIS	Methicillin resistant Staphylococcus aureus (MRSA) blood lab identified events unavailable SIR			**0.17**			NA	NA			NA

[3] A similar measure called Use of Opioids at High Doses was a PA Specific Administrative measure in 2017. This measure was retired in 2018 and replaced by the new HEDIS measure, Use of Opioids at High Dosage. No comparison is made between the new 2018 HEDIS Opioid measure and the retired 2017 PA Specific Administrative measure in this report.

HEDIS	Plan weighted SIR (CDIFF)			**0.80**			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) high SIR			**0.37**			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) moderate SIR			**0.08**			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) low SIR			**0.45**			NA	NA			NA
HEDIS	Clostridium difficile laboratory identified events (CDIFF) unavailable SIR			**0.10**			NA	NA			NA
		2018 (MY 2017)					**2018 (MY 2017) Rate Comparison**				
Indicator Source	**Indicator**		**Count**	**Rate**			**2017 (MY2016) Rate**	**2018 Rate Compared to 2017**			**HEDIS 2018 Percentile**
HEDIS	PCR: Count of Index Hospital Stays (IHS) 1 3 Stays (Ages Total)		5,172								NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) 4+ Stays (Ages Total)		865								NA
HEDIS	PCR: Count of Index Hospital Stays (IHS) Total Stays (Ages Total)		6,037								NA
HEDIS	PCR: Count of 30 Day Readmissions 1 3 Stays (Ages Total)		374								NA
HEDIS	PCR: Count of 30 Day Readmissions 4+ Stays (Ages Total)		423								NA
HEDIS	PCR: Count of 30 Day Readmissions Total Stays (Ages Total)		797								NA
HEDIS	PCR: Observed Readmission Rate 1 3 Stays (Ages Total)			**7.2%**			NA	NA			NA
HEDIS	PCR: Observed Readmission Rate 4+ Stays (Ages Total)			**48.9%**			NA	NA			NA
HEDIS	PCR: Observed Readmission Rate Total Stays (Ages Total)			**13.2%**			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate 1 3 Stays (Ages Total)			**15.3%**			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate 4+ Stays (Ages Total)			**38.2%**			NA	NA			NA
HEDIS	PCR: Expected Readmission Rate Total Stays (Ages Total)			**18.6%**			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 1 3 Stays (Ages Total)			**0.47**			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio 4+ Stays (Ages Total)			**1.28**			NA	NA			NA
HEDIS	PCR: Observed to Expected Readmission Ratio Total Stays (Ages Total)			**0.71**			NA	NA			NA

[1] For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.
[2] For the Use of Multiple Concurrent Antipsychotics in Children and Adolescents measure, lower rates indicate better performance.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

The following tables provide the survey results of four composite questions by two specific categories across the last three measurement years, as available. The composite questions will target the MCOs performance strengths as well as opportunities for improvement.

Due to differences in the CAHPS submissions from year to year, direct comparisons of results are not always available. Questions that are not included in the most recent survey version are not presented in the tables.

2018 Adult CAHPS 5.0H Survey Results

Table 3.12: CAHPS 2018 Adult Survey Results

Survey Section/Measure Your Health Plan	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2017 Rate Compared to 2016	2016 (MY 2015)	2018 MMC Weighted Average
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	81.72%	▼	83.39%	▲	79.78%	79.32%
Getting Needed Information (Usually or Always)	82.95%	▼	86.21%	▼	86.99%	84.96%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	74.79%	▼	76.89%	▲	73.79%	74.94%
Appointment for Routine Care When Needed (Usually or Always)	81.74%	▲	79.67%	▼	82.29%	83.30%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2018 MMC Weighted Average.

2018 Child CAHPS 5.0H Survey Results

Table 3.13: CAHPS 2018 Child Survey Results

CAHPS Items Your Child's Health Plan	2018 (MY 2017)	2018 Rate Compared to 2017	2017 (MY 2016)	2017 Rate Compared to 2016	2016 (MY 2015)	2018 MMC Weighted Average
Satisfaction with Child's Health Plan (Rating of 8 to 10)	87.75%	▼	87.91%	▲	84.76%	86.50%
Getting Needed Information (Usually or Always)	87.23%	▲	87.16%	▲	73.53%	84.26%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	83.68%	▼	84.23%	▲	82.06%	84.69%
Appointment for Routine Care When Needed (Usually or Always)	92.06%	▲	88.50%	▼	91.13%	88.89%

▲▼ = Performance compared to prior years' rate
Shaded boxes reflect rates above the 2018 MMC Weighted Average.

IV: 2017 Opportunities for Improvement MCO Response

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2017 EQR Technical Reports, which were distributed June 2018. The 2018 EQR is the tenth to include descriptions of current and proposed interventions from each PH MCO that address the 2017 recommendations.

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

- Follow-up actions that the MCO has taken through July 31, 2018 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the response submitted to IPRO as of August 2018, as well as any additional relevant documentation provided by UHC.

Table 4.1 presents UHC's responses to opportunities for improvement cited by IPRO in the 2017 EQR Technical Report, detailing current and proposed interventions.

Table 4.1: Current and Proposed Interventions

Reference Number: UHC 2017.01: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years, 45-64, & 65+)
Follow Up Actions Taken Through 07/31/18: <u>Person Centered Care Model (PCCM) (ongoing)</u> • Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community. <u>Clinical Practice Consultant Program (CPC) (ongoing)</u> • Conduct site visits to educate providers on the importance of access to preventive and ambulatory services for patients. • Share information on Clinical Practice Guidelines. <u>Advocate for Me (Adv4me) Customer Service Model (ongoing)</u> • A service model to connect members to Service Advocates that will best support the calls and care the member is requiring: including provider information, appointment scheduling, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources <u>Accountable Care Organizations (ACO) (ongoing)</u> • Partnership with providers that include staff at the practitioner's site to review UHCPA's Accountable Care Population Registry and outreach to their patients to schedule visits for PCP, cervical cancer screenings, breast cancer screenings, diabetic care and others health services based on contract metrics. <u>Live Outreach Calls to members without office visits (ongoing)</u> • Live outreach calls to members who have not had a prior preventive visit in a year or more for a previous disease state. <u>Member Nurseline (ongoing)</u> • 24/7 all year long access to Nurse advice line. Nurses provide advice on symptom management and recommended sites of care. <u>Patient Centered Medical Home (PCMH) (ongoing)</u> • PCMH will promote for children and adults increased access to care, improved care quality and outcomes, and better patient experience by utilizing a patient-centric approach to enhance coordination and communication between patients, providers, and the community. This includes involving the patient's family or advocates, as appropriate. We continue to enhance automated alert notifications in our Community Care system, such as alerts for recent ED visits. <u>Healthy First Steps Program (ongoing)</u> • A maternity case management tool focused on earlier identification and engagement of pregnant members along with enhanced support for healthcare providers. Better member experience is optimized by streamlining the outbound calls to a single touch point and empowering the inbound call team to provide education to pregnant members calling in.

Collaboration with Community partners to engage and educate members. Field based Community Health workers will assist in removing social barriers to care. Support Healthcare Providers by providing education and resources for the care of pregnant members. Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits.

- CPC/Clinical Transformation Consultant (CTC) team receives pregnant members at specific high volume practice and outreach to practice to assist with any barriers to care.

- Outcomes and program evaluation of Healthy First Steps are reviewed at least annually at the plan Physician Advisory Committee
- Maternal Child Health Coordinator to optimize the HFS program, coordinates with providers and agencies, and maintains close oversight of high risk pregnant women.

Embedded Community Health Workers in Accountable Care Organizations (ACO) (ongoing)

- Community Health Workers are embedded in an ACO practices on a full time basis to complete outreach to members that are identified as lost to care, noncompliant with scheduled visits, or challenged by psychosocial barriers.
- Enhance the services provided by ACO including strengthening adherence to medication and treatment plans.

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan expects higher percentage of members accessing services through our ongoing outreach efforts with initiatives and partnerships with ACOs.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.02: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Adult BMI Assessment (Age 18-74 years)

Follow Up Actions Taken Through 07/31/18:
Clinical Practice Consultant Program (CPC) (ongoing)

- CPCs are assigned to high volume practices to educate on HEDIS measures and Quality benchmarks.
- Provide the gaps in care lists for the identification of noncompliant members.
- CPCs use each Practitioner's Electronic Medical Record (EMR) to assess Medical record documentation for chart auditing for BMI percentile.
- The CPC deliver/ educate the practitioner on the appropriate documentation on BMI percentile for this age band.
- CPCs are abstracting supplemental data for HEDIS throughout the year: Real time data is collected and opportunities for improvement are identified timely. This data will also be utilized to increase administrative scores and gain better traction with the provider incentive programs.

Med Express Program (ongoing)

- Target sites treating a high volume of UHC members
- Med Express will continue to document height, weight and BMI for adults who are utilizing their facility for sick visits.

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The goal would be to increase the number of members accessing medexpress by 10% this year and to also increase members accessing preventive services overall by 5% in the plan.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.

- Performance Action Plan and Monitoring

Reference Number: UHC 2017.03: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Annual Dental Visits for Members with Developmental Disabilities (Age 2-20 years)

Follow Up Actions Taken Through 07/31/18:

Quality Management(QM) Outreach staff (ongoing)

- Conduct telephonic outreach to educate members on oral health care and assist with appointment scheduling to close dental care gaps.

Fluoride Varnish Project (4th Quarter 2018)

- Educate Providers on Varnish coding and application and offer training opportunities
- Letters are mailed to members who received Fluoride Varnish to encourage establishing a dental home.

Member Incentive Program (3rd Quarter 2018)

- Gift card ($30.00) for completing annual dental visit.

Clinical Practice Consultant (CPC) Education and Outreach (ongoing)

- CPCs educate on HEDIS measures and Quality benchmarks.
- Provide dental care gap lists for FQHCs and high volume provider sites
- Educate FQHCs with dental services to encourage members to make dental visits at the same time as well visits.

Dental Network Staff (ongoing)

- Provider site visits to identify barriers and work on access issues

Member Educational Mailer (ongoing)

- Dental Smiles mailing to members to encourage participation in Oral health services in School.
- Oral Health Education material targeting various age groups

Person Centered Care Model (PCCM) (ongoing)

- Distribute oral health educational brochure to members during prenatal visits.

Dental Community Events (ongoing)

- Back to School events with the opportunity to have a dental screening
- Partner with Community programs and mobile dental units to provide dental services

UHC OnAir (ongoing)

- Live and on demand training educational video for providers on Oral Health

KidsHealth (ongoing)

- Website for parents, kids and teens with information on dental care

Partnership with PA State Headstart/Oral Health Liaison (ongoing)

- Trainings for dental practitioners to provide care to children under age 3- "Connect The Dots"

Future Actions Planned:

Dental Outreach and Education(3rd Quarter 2018)

- Educate providers about adding on sealants to an emergency visit where definitive treatment must be scheduled at a later appointment.
- Educate Hygienist to increase utilization on patients already in chair

Public Health Dental Hygiene Practitioner (PHDHP) Placement in FQHC (3rd Quarter 2018)

- PHDHP placed in FQHC to facilitate physician screening preventive services and education referral.
- The Plan hopes to have PHDHP program in two FQHCs by end of 2018.

Provider Forum(4th Quarter 2018)

- Planning Oral Health Provider forum in Southwest zone in 4th Quarter 2018 and expected to expand in 2019.

Disparities Project (4th Quarter 2018)

- Project to focus on the disparities in Annual Dental Visits in the Age band of 0 to 2 years old.
- Focused initiatives will be in the following 6 counties: Cambria, Fayette, Washington, Westmoreland, and York.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. The plan wants to increase dental scores by 25 this year though our aggressive outreach initiatives.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to

brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.04: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk (Dental Enhanced)

Follow Up Actions Taken Through 07/31/18:

Dental Outreach and Education (ongoing)

- Educate providers about adding on sealants to an emergency dental visit where definitive treatment must be scheduled at a later appointment.

Future Actions Planned:

Sealants Day (4th Quarter 2018)

- Partner with a Provider to host a community sealant day

Partnership with Healthy Teeth Healthy Kids (4th Quarter 2018)

- Educate and train medical providers to apply varnish during well visits.
- Member education about the importance of early dental intervention including dental sealants.

Reference Number: UHC 2017.05: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Breast Cancer Screening (Age 50-74 years)

Follow Up Actions Taken Through 07/31/18:

Silverlink Interactive Voice Recognition (IVR) Mammography and Cervical Screening Campaign (ongoing)

- Women's Health auto messaging to educate/encourage women to complete their mammogram, cervical cancer Screening (CCS), and chlamydia.

Provider Education (ongoing)

- Sharing information on the clinical guidelines on breast cancer screening
    - Provider Website
    - Provider Newsletter articles

Advocate for Me (Adv4me) Customer Care Service Model (ongoing)

- A service model to connect members to Service Advocates that will best to support the call/care the member is requiring: including provider information, appointment scheduling, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources

Clinical Practice Consultant Program (CPC) (ongoing)

- CPCs are assigned to high volume practices to educate on HEDIS measures and Quality benchmarks.
- Provide the gaps in care lists to for identification of noncompliant members.
- CPCs use each Practitioner's Electronic Medical Record (EMR) to assess Medical record documentation for chart auditing.
- CPCs are abstracting supplemental data for HEDIS throughout the year: Real time data is collected and opportunities for improvement are identified timely. This data will also be utilized to increase administrative scores and gain better traction with the provider incentive programs.

Breast Screening Member Incentive Program (3rd Quarter 2018)

- A program that offers incentives (gift cards) to a member that completes breast cancer screening. Live outreach is conducted to members to promote program and educate.

Quality Management (QM) Staff Live Outreach (ongoing)

- Live telephonic outreach is conducted to members to promote and educate on the completion of breast cancer screenings as well as assist with scheduling appointments for the exams.

Member Education Mailing (ongoing)

- The plan mails to members health information and education on breast cancer screenings and the importance of completing a mammogram.

MyHealthLine (ongoing)

- Text4Health: A suite of interactive health and wellness text messaging programs providing an innovative opportunity to relay key health messages, benefits information, and enrollment reminders on obtaining women's health screenings.

Women's Health Wellness Events (ongoing)

- Partnership with Mammogram Mobiles/Federally Qualified Health Centers (FQHCs) to complete wellness events strategically across the state. GPHA event was in May and July 2018.

Mobile Mammography Van (ongoing)

- Partner with Mobile Mammography Van to complete breast screenings with members within the community/provider sites.

Future Actions Planned:

Women's Health Email (launched 3rd Quarter 2018)

- Email sent to members provided education on women's preventative health.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. Moving the breast screening score to the 50th percentile.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.06: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Cervical Cancer Screening (Age 21-64 years)

Follow Up Actions Taken Through 07/31/18:
Silverlink Interactive Voice Recognition (IVR) (ongoing)

- Women's Health auto messaging to educate/ encourage noncompliant women to complete their PAP, and Chlamydia screening.

Clinical Practice Consultant (CPC) Program (ongoing)

- CPCs are assigned to high volume practices to educate on HEDIS measures and Quality benchmarks.
- Provide the gaps in care lists for identification of noncompliant members.
- CPCs access Practitioner's Electronic Medical Record (EMR) to assess Medical record documentation for chart auditing.

Quality Management (QM) Outreach staff (ongoing)

- Conduct telephonic outreach to members to assist members with scheduling (as needed)

Future Actions Planned:
Women's Health Email (launched 3rd Quarter 2018)

- Email sent to members provided education on women's preventative health.

Member Educational mailer (4th Quarter)

- Member mailing to educate on importance cervical cancer screening and provider follow up.

The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of pap smears and meeting the 50th percentile.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.07: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for≥ 61% of Expected Prenatal Care Visits Received

Follow Up Actions Taken Through 07/31/18:
Clinical Practice Consultant Program (CPC) Outreach (ongoing)

- Education and outreach to OB Providers on clinical practice guidelines for prenatal care.
- CPCs educate on HEDIS measures and Quality benchmarks.
- Provide the gaps in care lists for identification of noncompliant members.

Baby Blocks Program (ongoing)

- An interactive web and smartphone program that encourages and reminds members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment

reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips; Baby Blues and guidance for assistance directing the member back to the provider.

Healthy First Steps Program (ongoing)

- A maternity case management tool focused on earlier identification and engagement of pregnant members along with enhanced support for healthcare providers. Better member experience is optimized by streamlining the outbound calls to a single touch point and empowering the inbound call team to provide education to pregnant members calling in. Collaboration with Community partners to engage and educate members. Field based Community Health workers will assist in removing social barriers to care. Support Healthcare Providers by providing education and resources for the care of pregnant members. Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits.
- CPC/Clinical Transformation Consultant (CTC) team receive pregnant members at specific high volume practice and outreach to practice to assist with any barriers to care
- Outcomes and program evaluation of Healthy First Steps are reviewed at least annually at the plan Physician Advisory Committee
- A Maternal Child Health Coordinator optimizes the Healthy First Steps program, coordinates with providers and agencies to maintain a close oversight of the high risk pregnant women.

Pregnancy Program Interactive Voice Recognition (IVR) (ongoing)

- An IVR campaign prenatal outreach during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor's appointments during Prenatal, Postpartum and Follow-up visits.

Pre-HEDIS Data/Chart Collection (ongoing)

- Plan collected complete pre/postnatal medical records of all members who delivered during 2017. Reviewed for compliance with the HEDIS measures and for practice patterns related to global billing/barriers.

Person Centered Care Model (PCCM) (ongoing)

- Community Health Workers (CHW) to engage additional members via home visits who are identified as pregnant but who do not respond to traditional telephonic outreach.

Advocate for Me (Adv4me) Customer Care Service Model (ongoing)

- A service model to connect members to Service Advocates that will best to support the calls and care the member is requiring: including provider information, appointment scheduling, Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.

Future Actions Planned:

Maternal Health Coordinator Role Expansion (3rd Quarter 2018)

- Onsite visits to OB practitioners to provide education and outreach

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
Increasing the overall FPC rate by 2-5% points.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.08: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for ≥ 81% of Expected Prenatal Care Visits Received

Follow Up Actions Taken Through 07/31/18:

See UHC 2017.07

Future Actions Planned:

The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to

current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.09: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Prenatal and Postpartum Care – Postpartum Care

Follow Up Actions Taken Through 07/31/18:

Baby Blocks Program (ongoing)

- An interactive web and smartphone program that encourages and reminds members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, smoking and referral to smoke counseling tips; Baby Blues and guidance for assistance directing the member back to the provider.

Clinical Practice Consultant Program (CPC) Outreach (ongoing)

- Education and outreach to OB Providers on clinical practice guidelines for postpartum care.
- CPCs educate on HEDIS measures and Quality benchmarks.
- Provide the gaps in care lists for identification of noncompliant members.

Home Physicians (ongoing)

- Home visiting Physicians that can perform health services in the home including post-partum visits

Healthy First Steps Program (ongoing)

- A maternity case management tool focused on earlier identification and engagement of pregnant members along with enhanced support for healthcare providers. Better member experience is optimized by streamlining the outbound calls to a single touch point and empowering the inbound call team to provide education to pregnant members calling in. Collaboration with Community partners to engage and educate members. Field based Community Health workers will assist in removing social barriers to care. Support Healthcare Providers by providing education and resources for the care of pregnant members. Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits.
- CPC/Clinical Transformation Consultant (CTC) team receive pregnant members at specific high volume practice and outreach to practice to assist with any barriers to care
- Outcomes and program evaluation of Healthy First Steps are reviewed at least annually at the plan Physician Advisory Committee

Provider Incentive Program -Post Partum (3rd Quarter 2018)

- Incentive program for OB/GYN which will pay providers for submitting a chart notes for Postpartum Visit completed within the HEDIS required time frame.

QM Staff Live Outreach for Post Partum Care (ongoing)

- Ongoing telephonic outreach by Quality Management to educate members on the importance of the completion of postpartum care and assist with appointment scheduling.

Obstetrical Needs Assessment Form Collection (ongoing)

- Obstetrical Forms completed by OB providers on postpartum visit are submitted throughout the year.

Member Incentive Program (3rd Quarter 2018)

A program that offers incentives $25 gift cards to member that completes postpartum visit within the 21-56 days post delivery

Advocate 4 Me (Adv4me) Customer Care Service Model (ongoing)

- A service model to connect members to Service Advocates that will best to support the call/care the member is requiring: including provider information, appointment scheduling, Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.

Future Actions Planned:

The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.10: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid

Follow Up Actions Taken Through 07/31/18:

Disease Management Mailings to Members (ongoing)

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition,) are mailed disease specific health information materials that provide education on minimizing the effects of their disease.

Future Actions Planned:

Member Newsletter Article(4th Quarter 2018)

- Publish an article about disease management of COPD in the Quarterly Member Newsletter.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
Increasing the rate to the 50th percentile.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.11: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Pharmacotherapy Management of COPD Exacerbation: Bronchodilator

Follow Up Actions Taken Through 07/31/18:
See UHC 2017.10

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals. This would increase the rate to the 50th percentile.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.12: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Medication Management for People with Asthma - 75% Compliance (Age 5-11 years, 12-18, 51-64, & Total)

Follow Up Actions Taken Through 07/31/18:

CPC Outreach (ongoing)

- Are assigned to High volume locations and will educate sites on closing gaps in care, identification of noncompliant members, offer UHC programs that assist in scheduling appointments, medication compliance, and health screenings
- CPCs distribute educational materials to providers on Asthma including Sesame Street A is for Asthma

Person Centered Care Model (PCCM) (ongoing)

- Community Health Workers function as a bridge between individuals and healthcare, and advocate through experience and skills for member healthcare and social needs within the community.

Advocate for Me Customer Care Service Model (ongoing)

- A service model to connect the member to the Service Advocate that will best to support the calls and care the member is requiring: provider information, appointment scheduling, Provider searches, completing Health Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.

Disease Management Mailings to Members (ongoing)

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition,) are mailed disease specific health information

materials that provide education on minimizing the effects of their disease

Asthma Therapy Optimization Program (ongoing)

- Goal is to optimize the use of long-term controller medications as recommended by current guidelines, promote the appropriate use of short-acting beta-agonists (SABAs), and provide asthma management education to members and their providers.
- Provider mailing introducing the intervention and highlighting current recommendations and reporting patients with potentially suboptimal asthma control
- Provider web posting that contains educational pieces on the diagnosis, treatment and management of asthma based on current guidelines from the NIH and GINA

Pharmacy Point of Care(POC) program (ongoing)

- Point of sale program which allows for physician dispensing of asthma medications, education and instruction on use of asthma medications and/or devices by a clinician, and free home delivery of refills of medications and supplies.

Pennsylvania Pharmacists Care Network (PPCN) (ongoing)

- Improve the quality of patient care with the assistance of independent pharmacies by focusing on comprehensive medication management in disease states which may include diabetes, asthma/COPD, smoking cessation, heart failure management, hypertension/hyperlipidemia management, HIV, and opioid use.

Physicians Pharmacy Alliance (PPA)(ongoing)

- Medication Care Management program coordinated with PPA pharmacy staff and PCP/prescribing physician(s) to achieve optimal medication regimen for identified chronic complex members.

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in compliance in the measure score by 2-5%.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.13: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Diabetes Short-Term Complications Admission Rate (Age 65+ years) per 100,000 member months

Follow Up Actions Taken Through 07/31/18:

Metropolitan Area Neighborhood Nutritional Alliance (Manna) (ongoing)

- Provides 16 weeks of Medical Nutrition Therapy (MNT) to members identified as diabetic with a history of elevated HbA1c and other criteria. Along with meals there are nutrition therapy calls to increase members overall health, awareness of healthy meal planning, and reduction in HbA1c levels.

Area Agency on Aging Care Transitions Program (ongoing)

- In Allegheny County, program addresses the transition from an inpatient setting. Engage members on face to face basis with follow up visits and calls to decrease readmissions and ensure the members have a viable plan to safely return home.

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.14: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Statin Therapy for Patients With Diabetes: Statin Adherence 80%

Follow Up Actions Taken Through 07/31/18:

Disease Management Mailings to Members (ongoing)

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition,) are mailed disease specific health information materials that provide education on minimizing the effects of their disease.

Distribute Clinical Guidelines to Providers on Diabetic Care (ongoing)

- Diabetic guidelines included in the clinical practice guidelines posted to provider education portal

Med Express Partnership (ongoing)

- Target sites treating a high volume of UHC members
- Med Express will continue to do HbA1C and cholesterol testing for diabetic adults who are utilizing their facility for sick visits.

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.15: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Persistence of Beta Blocker Treatment After Heart Attack

Follow Up Actions Taken Through 07/31/18:

Disease Management Mailings to Members (ongoing)

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition,) are mailed disease specific health information materials that provide education on minimizing the effects of their disease.

Distribute Clinical Guidelines to Providers (ongoing)

- Guidelines included in the clinical practice guidelines posted to provider education portal and distributed by CPCs staff

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.16: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy 40-75 years (Female)

Follow Up Actions Taken Through 07/31/18:
See UHC 2017.17 below

Future Actions Planned:
The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.17: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - [21-75 years (Male); 40-75 years (Female); Total rate]

Follow Up Actions Taken Through 07/31/18:

Disease Management Mailings to Members (ongoing)

- Members with chronic conditions (I.e. Asthma, COPD, & Heart Condition,) are mailed disease specific health information materials that provide education on minimizing the effects of their disease.

Distribute Clinical Guidelines to Providers (ongoing)

- Guidelines included in the clinical practice guidelines posted to provider education portal and distributed by CPCs staff

Future Actions Planned:

The plan will be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?

An increase in utilization and completion of health screenings and services by members is our expected outcome/goals.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.18: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average for Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Follow Up Actions Taken Through 07/31/18:

Provider Newsletters (ongoing)

- Promoting medication adherence through provider education and newsletter articles.

Person Centered Care Model (PCCM) (ongoing)

- Schizophrenic members enrolled in PCCM are managed to address medication adherence.

Integrated Care Program Model (ICP) Program Enhanced (ongoing)

- During concurrent case management rounds MCO is sharing information with behavioral health vendor to initiate discharge and further case management of member
- Increased adherence monitoring for this high risk behavioral health diagnosis.
- ICP program-will assist with sharing data.
- A subset of these members with Significant Persistent Mental Illness (SPMI) will get more active outreach.

Future Actions Planned:

Provider Education Letter (4th Quarter 2018)

- A letter for providers with members with Schizophrenia providing education about additional risk factors.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?

An increase in the number of members adhering to the medication.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?

The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.19: The MCO's rate was statistically significantly below the 2017 (MY 2016) MMC weighted average

for Use of Opioids at High Doses - (Age 19-64 & Total rate)

Follow Up Actions Taken Through 07/31/18:

Clinical Policy updates (4th Quarter 2017)

- Clinical policy changes occurred for both the Long-Acting Opioids and the Short-Acting Opioids in 2017 due to the recommendations by DHS and the CDC guidelines published in 2016.
- Each Clinical Policy includes a cumulative 90 morphine equivalent dose(MED) limit

Prior Authorization (1st Quarter 2017)

- Required for long Acting opioids
- Required for Short acting Opioids along with supply limit being contingent upon age (September 2017)

Opioid Advisory Committee (2nd Quarter 2018)

- Select group of members with significant and diverse experience in the opioid epidemic, with regional representation to help address specific issues on an on-going basis

Opioid Use Disorder (OUD) Coordinator (3rd Quarter 2018)

- Outreach to members and help the members connect with treatment providers or Centers of Excellence (COE)
- Provide support for members on high dose/ long term opioids with tapering

Member Outreach and Care Coordination (3rd Quarter 2018)

- Outreach to members with Opioid Use Disorder (OUD) who are enrolled in Medication Assisted Treatment (MAT)

Prescriber Outreach(3rd Quarter 2018)

- Target High Prescribers for outreach and education on high opioid use
- UHC collaborating with Community Based Provider to share best practices and practice specific data on a periodic basis, which addresses the use of Opioids at High Doses.
- Utilize Prescriber Report cards to educate providers on high opioid use.

Future Actions Planned:

Member Benefit Changes (4th Quarter 2018)

- The plan is working on implementing non pharmacological modalities as an alternative benefit

External Outreach(4th Quarter 2018)

- Drug take back events
- Opioid disposal kit dissemination
- Increase relationships with Community Organizations

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
A decreasing use of opioids by our membership.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.20: Of the four Adult CAHPS composite survey items reviewed, two decreased between 2017 (MY 2016) and 2016 (MY 2015). All four items fell below the 2017 MMC weighted average.

Follow Up Actions Taken Through 07/31/18:

Key Member Indicator (ongoing)

- Key Member Indicator (KMI) is a survey conducted among the United Healthcare Community & State Medicaid and CHIP members, or their caregivers. Our vendor, Nielsen, conducts a seven minute phone survey monthly. The survey contains 26 questions total. The survey focuses on drivers of simplify, personalize, and Care.
- Action plan has been developed based on the KMI survey to identify specific areas that are in need of improvement.

Review of Maximus Member Disenrollment Survey (ongoing)

- Survey results reviewed at internal Quality Management Committee (QMC) meeting and action items are identified.
- Report is shared with QMC committee

My Practice Profile (ongoing)

- My Practice Profile App to providers registered on the UHC provider portal Link, which is their new gateway to United Healthcare's online tools

- The app gives providers the ability to view, update and attest to the accuracy of physician and practice demographic data.

Advocate for Me (Adv4me) Customer Care Service Model (ongoing)

- A service model to connect the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.

CPC Staff Audit Wait Times and Missed Appointments at Provider Sites (ongoing)

- Clinical Practice consultants will audit provider sites for missed appointments and wait times and discuss results with physicians and office managers. Twenty-five sites per CPC are completed during the above time frame. This is done on a yearly basis.
- A report is provided to the Physicians Advisory Committee for review of barriers analysis and results

Member Incentive Program (3rd Quarter 2018)

- A program that offers incentives/gift cards to member that completes select screenings and exams. Live outreach is conducted to members to promote and educate on the program as well as assist with scheduling appointments for health exams. Yearly reward program is offered to members.

Performance Improvement Committee Meeting (ongoing)

- A monthly meeting where all departments are represented and provide feedback on programs and initiatives focused on member outreach and provider education.

Live Outreach Program (ongoing)

- Live telephonic outreach is conducted to assist members with appointment scheduling and provide additional information to members on health services

Member Nurseline (ongoing)

- 24/7 all year long access to Nurse advice line. Nurses provide advice on symptom management and recommended sites of care.

Net Promoter Score - Action Plan (ongoing)

- Strategies and interventions designed to improve member satisfaction and customer key drivers including doctor access, ease of use, prescriptions and personal interactions are performing favorably.

Member and Provider Customer Service Calibration Calls (ongoing)

- Health Plan management team representative meet and review live calls occurring at the call centers and provide feedback and advise on future training for call center staff.

Call Center Member Resolution Project (ongoing)

- Members that have called the plan several times in a 30 day period will receive an outreach call from plan staff to ensure that their issue has been resolved and completed

Call Center Agent Real Time Coaching (ongoing)

- New Call Center Agents receive one on one training and call assistance from experienced call center agents, help with member questions and resources available

New Member Welcome Letter/Getting Started Guide (ongoing)

- Medicaid Members are mailed a welcome letter including a Getting Started Guide that provides education on plan benefits.

Future Actions Planned:

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Action Plan (3rd Quarter 2018)

- Strategies and initiatives designed to improve member satisfaction and increase CAHPS Scores.

Customer Contact Center One Source Document (4th Quarter 2018)

- Developing a reference guide for Customer Contact Agents to better assist with member questions.
- Reference Guide will include information on the Plan, programs available to members, and regulatory information.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in our overall CAHPS scored by 2-3%

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Reference Number: UHC 2017.21: Of the four Child CAHPS composite survey items reviewed, two fell below the 2017 MMC

weighted average. One item decreased in 2017 (MY 2016)

Follow Up Actions Taken Through 07/31/18:

Key Member Indicator (ongoing)

- Key Member Indicator (KMI) is a survey conducted among the United Healthcare Community & State Medicaid and CHIP members, or their caregivers. Our vendor, Nielsen, conducts a seven minute phone survey monthly. The survey contains 26 questions total. The survey focuses on drivers of simplify, personalize, and Care.
- Action plan has been developed based on the KMI survey to identify specific areas that are in need of improvement.

Review of Maximus Member Disenrollment Survey (ongoing)

- Survey results reviewed at internal Quality Management Committee meeting and action items are identified.

My Practice Profile (ongoing)

- My Practice Profile App to providers registered on the UHC provider portal Link, which is their new gateway to United Healthcare's online tools
- The app gives providers the ability to view, update and attest to the accuracy of physician and practice demographic data.

Advocate for Me (Adv4me) Customer Care Service Model (ongoing)

- A service model to connect the member to the Service Advocate that will best to support the call/care the member is requiring: provider information, appointment scheduling, Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.

CPC Staff Audit Wait Times and Missed Appointments at Provider Sites (ongoing)

- Clinical Practice consultants will audit provider sites for missed appointments and wait times and discuss results with physicians and office managers. Twenty-five sites per CPC are completed during the above time frame. This is done on a yearly basis.

Member Incentive Program (3rd Quarter 2018)

- A program that offers incentives/gift cards to member that completes select screenings and exams. Live outreach is conducted to members to promote and educate

Member Nurseline (ongoing)

- 24/7 all year long access to Nurse advice line. Nurses provide advice on symptom management and recommended sites of care

Net Promoter Score - Action Plan (ongoing)

- Strategies and interventions designed to improve member satisfaction and customer key drivers including doctor access, ease of use, prescriptions and personal interactions are performing favorably.

Member and Provider Customer Service Calibration Calls (ongoing)

- Health Plan management team representative meet and review live calls occurring at the call centers and provide feedback and advise on future training for call center staff

Call Center Agent Real Time Coaching (ongoing)

- New Call Center Agents receive one on one training and call assistance from experienced call center agents, help with member questions and resources available

New Member Welcome Letter/Getting Started Guide (ongoing)

- Medicaid Members are mailed a welcome letter including a Getting Started Guide that provides education on plan benefits

Performance Improvement Committee Meeting (ongoing)

- A monthly meeting where all departments are represented and provide feedback on programs and initiatives focused on member outreach and provider education.

Future Actions Planned:

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Action Plan (3rd Quarter 2018)

- Strategies and initiatives designed to improve member satisfaction and increase CAHPS Scores.

Customer Contact Center One Source Document (4th Quarter 2018)

- Developing a reference guide for Customer Contact Agents to better assist with member questions.
- Reference Guide will include information on the Plan, programs available to members, and regulatory information.

The plan will also be continuing all Follow up actions listed above.

What is the expected outcome or goals of the actions that were taken or will be taken?
An increase in the overall CAHPS result for CHILD CAHPS to the 50th percentile.

What is the MCO's process for monitoring the actions to determine the effectiveness of the actions taken?
The effectiveness of these activities will be measured and evaluated to determine as to whether revisions need to be made to current actions via:

- Monthly Quality meetings to assess effectiveness of implemented initiatives and discuss member outcomes, continue to

brainstorm new initiatives to improve rates.
- Monitoring HEDIS rates month over month.
- Performance Action Plan and Monitoring

Root Cause Analysis and Action Plan

The 2018 EQR is the nineth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measures on the HEDIS 2017 P4P Measure Matrix receiving either "D" or "F" ratings. Each P4P measure in categories "D" and "F" required that the MCO submit:

- 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.

For the 2018 EQR, UHC was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits (Table 4.2)
2. Postpartum Care (Table 4.3)
3. Annual Dental Visit (Ages 2 – 20 years) (Table 4.4)

UHC submitted an initial Root Cause Analysis and Action Plan in July 2018.

Table 4.2: RCA and Action Plan: Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits

Instructions: For each measure in grade categories D and F, complete this form identifying factors contributing to poor performance.

Managed Care Organization:	***United Healthcare***
Response Date:	**9/4/18**
Measure:	**Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits**
Reason for Root Cause Analysis:	**Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits did not statistically significantly change from 2016, but is statistically significantly lower/worse than the 2017 MMC weighted average**
Goal Statement: Please specify goal(s) for measure	**Improve Frequency of Ongoing Prenatal Care: ≥ 81% rate by 3 percentage points.**
Part A: Identify Factors via Analysis	
Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year. • If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average. and/or • If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.	
Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**

Policies? (e.g., data systems, delivery systems, provider facilities)	N/A
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	• Many Providers unaware of missed opportunities for Pay for Performance Program or the Member Incentive Programs to improve and close gaps in care.
People? (e.g., personnel, provider network, patients)	• Transient members with incorrect demographic data and not notifying their CAO offices with updates thus unable to reach by mail/telephone. -members go to multiple sites for care - Members do not have insurance when they get pregnant and go without care until late in the pregnancy • Members have competing priorities (care of other children) that keep them from going for postpartum visits. • Some women who do not experience adverse issues with prior pregnancies tend to believe that they do not need to seek continuous ongoing care throughout their current pregnancy.
Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	• ONAF form is not acceptable by NCQA as a primary source of data • 3rd Party Copy vendor used by Practitioners/ Hospital Systems is a barrier of delays in obtaining HEDIS medical records • Providers not submitting ONAF forms informing Healthy First Steps of the member's pregnancy
Other? (specify)	• We have noted that many members are late to care and this proved challenging because we are not aware of pregnancy Diagnosis until they are well into their pregnancy. • Providers not submitting ONAF forms informing Healthy First Step (HFS) of member's pregnancy • We did notice a statistical increase in HEDIS 2015 to HEDIS 2016.

Part B: Identify Actions – implemented and planned

For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2018

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
Baby Blocks Program – encourages members to make and keep doctor appointments during their pregnancy and into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, Tobacco Cessation and referral to smoke counseling tips; signs & symptoms of Baby Blues and guidance for re-directing the member back to the provider for care.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care. • Increasing Depression screening and referrals for	5/13- Ongoing *6/17 Piloted enhance d Baby Blocks Program	• Monthly reports of Baby Blocks activity to trend patterns. • Annual outcome evaluation of Baby Blocks Program and impact on improving FPC and PPC visits that

• CPCs will be outreaching to educate and deliver to OB/Gyn and PCP offices Baby Blocks brochures.	treatment during Prenatal and Postpartum visits • Increasing Tobacco/ ETS screening and referrals for Cessation.		leads to improved rates with increased participation rates. • Monitoring monthly prenatal and postpartum rates
Healthy First Steps - refocusing program around earlier identification and engagement of pregnant members, and enhanced support for health care providers. • Member identification and stratify pregnant members into high risk and healthy pregnancy by leveraging data on file • Interventions to include: single touch outbound calls to members and automated outreach: IVR, reminder mailings, text messages • High Risk members managed through Whole-Person Care Model field CHWs with a focus on getting members to an OB and keeping them compliant with prenatal visits. Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits. • CPC/Clinical Transformation Consultant (CTC) team receive pregnant members at specific high volume practice and outreach to practice to assist with any barriers to care • Maternal CM with focus on Local Community Partnerships • A Maternal Child Health Coordinator optimizes the Healthy First Steps program, coordinates with providers and agencies to maintain a close oversight of the high risk pregnant women.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	*Enhanced 2017	• Monitoring by monthly Dashboard reporting metrics with members reached • Monitoring of prematurity rate reports • Monitoring of NICU Admission Rates • Enhanced/holistic reporting inclusive of all member touch points • Monitoring targeted OB/Gyn offices by CPC interaction
Person Centered Care Model (PCCM) – potential of Community Health Worker (CHW)/Patient Center Care approach to engage additional members who are identified as pregnant but who do not respond to traditional telephonic outreach. • UHCPA launched additional program resources in the field to achieve a face to face model of care. These resources have enabled the case management program to exceed member reach targets in 2017 with hopefully an impact on the 2018 quality measures as well.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	April 2016 - Ongoing	• Action is monitored through reports that are able to verify productivity of # members outreached by phone, field visits, enrollments, etc.

Pre-HEDIS Maternity Chart Collection • Plan collected complete pre/postnatal medical records of all members who delivered during 2016. Reviewed for compliance with the HEDIS measures and for practice patterns related to global billing/barriers. Checked for completion of ONAF forms.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care. • Increasing Depression screening and referrals for treatment during Prenatal and Postpartum visits • Increasing Tobacco/ ETS screening and referrals for Cessation.	• Oct 2017 – Feb 2018 • Re-Initiating Oct 2018 – Feb 2019	• Action monitored through reports that will identify medical record charts collected
Pregnancy Program Interactive Voice Recognition (IVR) • An IVR campaign prenatal outreach during their pregnancy with helpful tips and appointment reminders. Engages members and encourages healthy behaviors and compliance with necessary doctor's appointments during Prenatal and Follow-up visits.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	2015 – Ongoing	• Monitoring monthly prenatal rates
Advocate for Me (Adv4me) Customer Care Service Model • A service model to connect members to Service Advocates that will best to support the call/care the member is requiring: including provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	2016 - Ongoing	• Monitoring through monthly reporting
Clinical Practice Consultant Program (CPC) Outreach (ongoing) ▪ Education and outreach to OB Providers on clinical practice guidelines for prenatal care. ▪ CPCs educate on HEDIS measures, State PDS, PSS, MRFA, and FPC, and Quality benchmarks. ▪ Provide the gaps in care lists for identification of noncompliant members.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care. • Increasing Depression screening and referrals for treatment during Prenatal and Postpartum visits • Increasing Tobacco/ ETS screening and	2016– Ongoing	• Monitoring monthly prenatal & Postpartum rates

	referrals for Cessation.		
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.			

Table 4.3: RCA and Action Plan: Postpartum Care

Managed Care Organization:	***United Healthcare***
Response Date:	**9/4/18**
Measure:	**Postpartum Care**
Reason for Root Cause Analysis:	**Postpartum Care did not statistically significantly change from 2016, but is statistically significantly lower/worse than the 2017 MMC weighted average**
Goal Statement: Please specify goal(s) for measure	**Improve Postpartum Care to the 50% Quality Compass rate.**
Part A: Identify Factors via Analysis	
Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year. • If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average. and/or • If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.	
Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	N/A
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	• Many Providers are not aware of our Pay for Performance Program nor the Member Incentive Program to improve and close gaps in care.
People? (e.g., personnel, provider network, patients)	• Transient members with incorrect demographic data and not notifying their CAO offices with updates thus unable to reach by mail/telephone. -members go to multiple sites for care - Members do not have insurance when they get pregnant and go without care until late in the pregnancy • Members have competing priorities (care of other children) that keep them from going for postpartum visits. • Some women who do not experience adverse issues with prior pregnancies tend to believe that they do not need to seek continuous ongoing care throughout their current pregnancy.

Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	• ONAF form is not acceptable by NCQA as a primary source of data • 3rd Party Copy vendor used by Practitioners/ Hospital Systems is a barrier of delays in obtaining HEDIS medical records
Other? (specify)	N/A

Part B: Identify Actions – implemented and planned

For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2018

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
Baby Blocks Program – encourages members to make and keep doctor appointments during their pregnancy to PostPartum OV • Program continues into the first 15 months of their baby's life. Program offers appointment reminders, healthy pregnancy and well-baby tips, Tobacco Cessation and referral to smoke counseling tips; signs & symptoms of Baby Blues and guidance for re-directing the member back to the provider for care. • CPCs outreaching to educate and deliver to OB/Gyn and PCP offices Baby Blocks brochures.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care. • Increasing Depression screening and referrals for treatment during Prenatal and Postpartum visits • Increasing Tobacco/ ETS screening and referrals for Cessation.	5/13- Ongoing *6/17 Piloted enhance d Baby Blocks Program	• Monitoring through monthly Baby Blocks participation rates. • Monitoring prenatal and postpartum rates
Healthy First Steps - a maternity case management tool has had a historic focus on evidence based clinical care guidelines as well as wellness and member education. • Through ongoing program evaluation, program adjustments have been made to provide additional support for member identification, outreach and ongoing case management and care coordination with an additional focus on quality measures. • High Risk Pregnancy Case Management outreach to members with high risk conditions by RN case managers • Healthy First Steps nurses initiate a live call to all level 2 and 3 members while they are still	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	*Enhanced 2017	• Monitoring by monthly Dashboard reporting metrics with members reached • Monitoring of prematurity rate reports • Monitoring of NICU Admission Rates

in the hospital and remind them of the importance of a postpartum. If unable to contact while in the hospital 3 additional attempts are made within 5 days. Scheduling assistance is offered.			
Person Centered Care Model (PCCM) – potential of Community Health Worker (CHW)/Patient Center Care approach to engage additional members who are identified as pregnant but who do not respond to traditional telephonic outreach. • In 2015, UHCPA launched additional program resources in the field to achieve a face to face model of care. These resources have enabled the case management program to exceed member reach targets in 2015 with hopefully an impact on the 2016 quality measures as well.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	April 2016 - Ongoing	• Action is monitored through a daily report that is able to verify productivity of # members outreached by phone, field visits, enrollments, etc.
Home Care Physician Group - Partnership with a home visiting Physicians that will perform PostPartum visits with noncompliant postpartum members to close gaps in care and reengages membership with their Primary care Physician thus improving patient/physician relationship.	• Improving Post-Partum visits by closing gaps in care with 21-56 days post delivery	Late 2014 - Ongoing	• Monitoring measured by members who had completed screenings weekly. • Monthly meetings with the Home Physician group to monitor or resolve any barriers to visits.
Silverlink Interactive Voice Recognition (IVR) Prevention: Auto messaging to educate/ encourage noncompliant members to complete their pre and postnatal visits	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	2015 - Ongoing	▪ Report # of providers that participated in the program ▪ Report on Financial spend on the Program
Provider Incentive Program for Post-Partum • Provider Incentive program will incentivize Practitioners for Post-Partum care $50 per member within 21-56 days after delivery. • This incentive helps ensure our members receive the care they need and supports Healthcare Effectiveness Information and Data Set (HEDIS) quality standards.	• Improving Post-Partum visits by closing gaps in care with 21-56 days post delivery	• Initiated in 2Q 2017 • Plans to initiate in late 2nd Q 2018	
Healthy First Steps Program • A maternity case management tool focused on earlier identification and engagement of postpartum members along with enhanced support for healthcare providers. Collaboration with Community partners to engage and educate members. Field based	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	*Enhanced 2017	• Monitoring by monthly Dashboard reporting metrics with members reached

Community Health workers will assist in removing social barriers to care. • Assist members with scheduling appointments with obstetrician, pediatrics and follow up visits. ▪ CPC team receives flagged members at specific high volume practice and outreach to practice to assist with any barriers to care.			
Obstetrical Needs Assessment Form Collection (ongoing) • Obstetrical Forms completed by OB providers on postpartum visit are submitted throughout the year.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	Ongoing	• Monitoring through monthly reporting
Live Outreach Program • Outreach calls to Postpartum women to educate on the importance of postpartum care, • Will perform a 3 way call to assist a Mom in scheduling a Postpartum visit	• Improving Post-Partum visits by closing gaps in care.	Q1 2017 – Ongoing	• Monitoring compliance through monthly interim reports.
Advocate 4 Me (Adv4me) Customer Care Service Model (ongoing) • A service model to connect members to Service Advocates that will best to support the call/care the member is requiring: including provider information, appointment scheduling, PCP and Provider searches, completing Health Risk Assessments, non-clinical HEDIS gap closures, referrals to clinical and community resources.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care.	Late 2015 – Ongoing	• Monitoring through monthly reporting
Member Incentive Program (3rd Quarter 2018) • Program that offers incentives $25 gift cards to member that completes postpartum visit within the 21-56 days post delivery	• Improving Post-Partum visits by closing gaps in care.	2017 - Ongoing	• Track and trending of month over month members incentivized who completed a PostPartum OV within 21-56 days.
Clinical Practice Consultant Program (CPC) Outreach (ongoing) ▪ Education and outreach to OB Providers on clinical practice guidelines for prenatal care. ▪ CPCs educate on HEDIS measures, State PDS, PSS, MRFA, and FPC, and Quality benchmarks. ▪ Provide the gaps in care lists for identification of noncompliant members.	• Improving Prenatal Care & Post-Partum visits by closing gaps in care. • Increasing Depression screening and referrals for treatment during Prenatal and Postpartum visits • Increasing Tobacco/ ETS screening and	June 2016 - Ongoing	• Monitoring through monthly reporting of Practitioner sites visited

	referrals for Cessation.		
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.			

Table 4.4: RCA and Action Plan: Annual Dental Visit (Ages 2 – 20 years)

Managed Care Organization:	***United Healthcare***
Response Date:	**9/4/18**
Measure:	**Annual Dental Visit (Ages 2 – 20 years)**
Reason for Root Cause Analysis:	**Annual Dental Visit (Ages 2 – 20 years) is statistically significantly lower/worse than 2016, and is statistically significantly lower/worse than the 2017 MMC weighted average**
Goal Statement: Please specify goal(s) for measure	**Improve Annual Dental Visit (Ages 2 – 20 years) rate to the MCC Weighted Average 60.8%.**
Part A: Identify Factors via Analysis	
Please identify which factors contributed to poor performance compared to the MMC average and/or the previous measurement year. • If performance is worse than the MMC average, please identify factors that explain why performance is worse than the MMC average. and/or • If performance is worse than the previous measurement year, please identify factors that explain why performance is worse than the previous measurement year. Factors that are not new or have not changed this measurement year are unlikely to explain yearly decline in performance.	
Factor categories	**Factors** **Enter "N/A" if a factor category does not apply**
Policies? (e.g., data systems, delivery systems, provider facilities)	
Procedures? (e.g., payment/reimbursement, credentialing/collaboration)	• Underutilization of Codes: D1015 - ? is provider type required
People? (e.g., personnel, provider network, patients)	• Not a strong presence for PHDHP in offices • Lack of member knowledge regarding need for preventive Dental Check ups • Members have competing priorities that keep them from going to a screening • Not a good uptake on Dental Smiles • Member resistance to early treatment, establishing a dental home • Challenges in maintaining current member contact information on a transient population

Provisions? (e.g., screening tools, medical record forms, provider and enrollee educational materials)	• Because of the limited number of pediatric dentists, more general dentists are not comfortable with treating our youngest members are needed.
Other? (specify)	

Part B: Identify Actions – implemented and planned

For the factors identified in Part A please indicate what Actions have been planned and/or taken since June 2018

Actions Include those planned as well as already implemented. Actions should address factors contributing to poor performance compared to MMC average and/or previous year. **Add rows if needed.**	**Which factor(s) are addressed by this action?**	**Implementation Date** Indicate start date (month, year). Duration and frequency (e.g., Ongoing, Quarterly)	**Monitoring Plan** How will you know if this action is working? What will you measure and how often?
OHI and ADV data • Ongoing data analytics between PA DHS and UHPCA claims submission for data correctness	• Monitoring claims submission and resubmission of Claims if barrier is found..	2016 - Ongoing	• Monitoring OHI data files rec'd from PA DHS ad hoc
Live QM Telephonic Outreach • Live outreach to members with gaps in care to develop a dental home and assist with 3 way scheduling to for a preventive Dental Visit to close gaps in care.	• Improving ADV HEDIS rates by closing gaps in care.	June 2015 - Ongoing	• Monitoring compliance through monthly interim reports.
Silverlink Interactive Voice Recognition (IVR) Dental Campaign- • Automated calls to members or parents of children who have a care gap for annual dental visits	• Improving ADV HEDIS rates by closing gaps in care.	June 2015- Ongoing	• Monitor members targeted for mailing and the number of members with a dental visit after 4 months of IVR Campaign.
Dental Member Incentive Program • An attestation is mailed to members or parents of members that have a gap in care for an annual dental visit. An incentive of $30 is provided to noncompliant members who complete a preventive dental visit.	• Improving ADV HEDIS rates by closing gaps in care. • Establishing a Dental Home	June 2016 - Ongoing	• Participation rates will be monitored and review will be completed at the end of the year to determine if members that received the incentive were more likely to be compliant for ADV measure.
FQHC Medical and Dental Integration • Working with FQHCs to improve mental and dental integration at those FQHCs with co-	• Improving ADV HEDIS rates by closing gaps in	June 2015 - Ongoing	• Success will be measured by incremental

located medical and dental services. • Community Events – Dental exams	care.		(month to month) improvement in HEDIS goals from the current HEDIS year measured against the prior HEDIS year.
CPC Face to Face High Volume Practitioner Sites • CPCs educate on HEDIS measures and Quality benchmarks. • Provide dental care gap lists for FQHCs and high volume Practitioner sites • Educate FQHCs with dental services to encourage members to make dental visits at the same time as well visits.	• Improving ADV HEDIS rates by closing gaps in care.	June 2016 - Ongoing	• Monthly tracking of administrative HEDIS Data Monthly Interim Reports • Tracking through HEDIS Member Level Detail Reports will supply the data to indicate improvement with increased compliance rates and number of noncompliant members monthly will indicate the effectiveness
Focused Outreach to Pregnant Women through Patient Centered Care Model (PCCM) - Community Health Workers (CHW) will function as a bridge between members and healthcare to pregnant Moms promoting personal oral healthcare for the infant and pregnant Mom during CY 2017. The educational brochure, "*Pregnancy and Oral Health Flyer"* was delivered during Face to Face encounters with maternity members.	• Improving Dental awareness and Dental preventive services for both Mom & Baby	June 2017 - Ongoing	• Monthly tracking of Members reached during a Face to Face Encounter
Connect the Dots (CTD) training for Dental Providers Partnership with PA State Headstart/Oral Health Liaison sponsorship of its program, *Age One Connect the Dots*. The program is intended to provide education for general dentists to increase their comfort level in managing very small children, i.e. those 3 and under. Because of the limited number of pediatric dentists, more general dentists comfortable with treating our youngest members are needed.	• Educating Dental Providers to feel comfortable to treat children under 3. • Increasing the number of Dental Practitioners who are able to treat children under the age of 3.	2016 - Ongoing	• Tracking any participating DBP Dental Provider who completed CTD training and # of members seen following the training
Educate Medical Providers on the importance of referring members to Dental Home and how to apply Topical Fluoride Varnish (TFV). <u>Step 1: Provider Component</u> TFV letter and Quick Reference Guide was mailed to Pediatricians/Family Practitioners who had 25	• Educating Medical Practitioners on the importance of TFV. • Educating parents/guardians	2016 - Ongoing	• <u>Step 1:</u> Monitor targeted Pediatric/Family High Volume Practitioners who rec'd the TFV Letter

or more UHCPA members within their panel. Step 2: Member Component • A letter will be mailed to Parents/Guardians of children under the age of 5 who received TFV with their primary care providers. The letter encourages members to follow up with a dental check-up and establish a dental home. A listing of participating dental providers geographically accessible to their home residence was included.	on the importance of Dental checkups and establishing a Dental Home.		who started to administer TFV following receipt of the Outreach Letter. • Step 2: Monitor targeted member Dental visits prior to the letter mailed and Dental visits (Dental Home Established) after the letter received
Dental Mailing Brochures Member Dental Educational Brochures mailing to educate parents/guardians on tips for healthy teeth and the importance of preventive dental visits. • Develop education and outreach • Mailing provides parents/guardians with easy-to-access assistance in locating a participating dentist • Mailing to both Baby and Teen noncompliant populations • Track member compliance within 4 months of event or mailing • Dental Smiles mailing to members to encourage participation in Oral health services in Sch	• Educating parents/guardians on the importance of Dental checkups and establishing a Dental Home.	Late 2016 - Ongoing	• Monitor members targeted for mailing and the number of members with a dental visit after 4 months of mailing.
Dental Network Staff (ongoing) • Dental Network staff are visiting Practitioner sites to identify barriers and work on access issues	• Educating Dental Practitioners on importance of treating children under the age of 3, importance of TFV, improving Dental Sealants. • Removing any barriers or access issues for parents/guardians to establishing a Dental Home.	Late 017 - Ongoing	• Quarterly tracking of Practitioner sites visited.
UHC OnAir • Live and on demand training educational video for providers on Oral Health	• Educating Practitioners on the importance of Oral Health.	2017 - Ongoing	• Quarterly tracking of Practitioners who view UHC OnAir
Dental Community Events • Back to School events with the opportunity to have a dental screening. • Partner with Community programs and mobile dental units to provide dental services	• Improving ADV HEDIS rates by closing gaps in care.	2015 - Ongoing	• Monitor and track Quarterly members who attend Community Events

Public Health Dental Hygiene Practitioners (PHDHP) Program to employ PHDHP in FQHC setting, to provide screening and preventive services, along with referral to co-located dental, contributing to ADV and improved preventive utilization (2 FQHC have been identified in the Southeast and Southwest)	• Improving ADV HEDIS rates by closing gaps in care. • Removing any barriers or access issues for parents/guardians to establishing a Dental Home. • Establishing a Dental Home for follow up [appointments].	Late 2017 - Ongoing	• Monitor and track Quarterly members seen buy PHDHP and Members with [completed] Dental visit following PHDHP referral.
Factors not addressed by Actions Please list factors identified in Part A that are not addressed by the above actions and if known, the reason why.			

V: 2018 Strengths and Opportunities for Improvement

The review of MCO's 2018 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

- UHC was found to be fully compliant on Subparts C, D, and F of the structure and operations standards.

- The MCO's performance was statistically significantly above/better than the MMC weighted average in 2018 (MY 2017) on the following measures:
    - Well-Child Visits in the First 15 Months of Life (≥ 6 Visits)
    - Body Mass Index: Percentile (Age 12-17 years)
    - Body Mass Index: Percentile (Total)
    - Counseling for Physical Activity (Total)
    - Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase
    - Follow-up Care for Children Prescribed ADHD Medication - Continuation Phase
    - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Initiation Phase
    - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) - Continuation Phase
    - Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
    - Prenatal Counseling for Smoking
    - Prenatal Counseling for Environmental Tobacco Smoke Exposure
    - Postpartum Screening for Depression
    - Cesarean Rate for Nulliparous Singleton Vertex
    - Prenatal Screening for Alcohol use
    - Prenatal Screening for Prescribed or over-the-counter drug use
    - Prenatal Screening for Intimate partner violence
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40 to 64 years) per 100,000 member months
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Total Age 40+) per 100,000 member months
    - Statin Therapy for Patients With Diabetes: Received Statin Therapy
    - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Age Cohort: 18 - 64 Years of Age)
    - Use of Opioids From Multiple Providers (4 or more pharmacies)
    - Use of Opioids From Multiple Providers (4 or more prescribers & pharmacies)

- The following strengths were noted in 2018 (MY 2017) for Adult and Child CAHPS survey items:
    - Of the four Adult CAHPS composite survey items reviewed, two items were above the 2018 MMC Weighted average. Three items increased in 2018 (MY 2017) as compared to 2017 (MY 2016).
    - Of the four Child CAHPS composite survey items reviewed, two items were above the 2018 MMC Weighted average. One items increased in 2018 (MY 2017) as compared to 2017 (MY 2016).

Opportunities for Improvement

- For approximately 20 percent of reported measures, the MCO's performance was statistically significantly below/worse than the MMC weighted average in 2018 (MY 2017) on the following measures:
    - Adults' Access to Preventive/Ambulatory Health Services (Age 20-44 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 45-64 years)
    - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years)
    - Annual Dental Visit (Age 2–20 years)
    - Annual Dental Visits for Members with Developmental Disabilities (Age 2-20years)
    - Dental Sealants for 6-9 Year Of Children At Elevated Caries Risk
    - Breast Cancer Screening (Age 50-74 years)

- Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 15 to 20)
- Contraceptive Care for All Women: Provision of most or moderately effective contraception (Ages 21 to 44)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 3 days (Ages 15 to 20)
- Contraceptive Care for Postpartum Women: Most or moderately effective contraception - 60 days (Ages 21 to 44)
- ≥ 81% of Expected Prenatal Care Visits Received
- Prenatal Smoking Cessation
- Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
- Medication Management for People with Asthma - 75% Compliance (Age 5-11 years)
- Medication Management for People with Asthma - 75% Compliance (Age 12-18 years)
- Medication Management for People with Asthma - 75% Compliance (Age 19-50 years)
- Medication Management for People with Asthma - 75% Compliance (Age 51-64 years)
- Medication Management for People with Asthma - 75% Compliance (Total - Age 5-64 years)
- Asthma Medication Ratio (12-18 years)
- Asthma Medication Ratio (19-50 years)
- Asthma Medication Ratio (51-64 years)
- Asthma Medication Ratio (Total)
- Statin Therapy for Patients With Diabetes: Statin Adherence 80%
- Heart Failure Admission Rate (Age 18-64 years) per 100,000 member months
- Heart Failure Admission Rate (Total Age 18+ years) per 100,000 member months
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 21-75 years (Male)
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - 40-75 years (Female)
- Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence 80% - Total Rate
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers (4 or more prescribers)

- The following opportunities were noted in 2018 (MY 2017) for Adult and Child CAHPS survey items:
  - Of the four Adult CAHPS composite survey items reviewed, two fell below the 2018 MMC weighted average. One item decreased between 2018 (MY 2017) and 2017 (MY 2016).
  - Of the four Child CAHPS composite survey items reviewed, two fell below the 2018 MMC weighted average. Three items decreased in 2018 (MY 2017).

Additional targeted opportunities for improvement are found in the MCO-specific HEDIS 2018 P4P Measure Matrix that follows.

P4P Measure Matrix Report Card 2018

The Pay-for-Performance (P4P) Matrix Report Card provides a comparative look at all measures in the Quality Performance Measures component of the "HealthChoices MCO Pay for Performance Program." Nine measures are Healthcare Effectiveness Data Information Set (HEDIS®) measures, and the remaining two are PA specific measures. The matrix:

1. Compares the Managed Care Organization's (MCO's) own P4P measure performance over the two most recent reporting years (2018 and 2017); and
2. Compares the MCO's 2018 P4P measure rates to the 2018 Medicaid Managed Care (MMC) Weighted Average.

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

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

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

The green box (A) indicates that performance is notable. The MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average and above/better than the MCO's 2017 rate.

The light green boxes (B) indicate either that the MCO's 2018 rate does not differ from the 2018 MMC weighted average and is above/better than 2017 or that the MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average but there is no change from the MCO's 2017 rate.

The yellow boxes (C) indicate that the MCO's 2018 rate is statistically significantly below/worse than the 2018 MMC weighted average and is above/better than the 2017 rate, or the MCO's 2018 rate does not differ from the 2018 MMC weighted average and there is no change from 2017, or the MCO's 2018 rate is statistically significantly above/better than the 2018 MMC weighted average but is lower/worse than the MCO's 2017 rate. No action is required although MCOs should identify continued opportunities for improvement.

The orange boxes (D) indicate either that the MCO's 2018 rate is statistically significantly lower/worse than the 2018 MMC weighted average and there is no change from 2017, or that the MCO's 2018 rate is not different than the 2018 MMC weighted average and is lower/worse than the MCO's 2017 rate. ***A root cause analysis and plan of action is therefore required.***

The red box (F) indicates that the MCO's 2018 rate is statistically significantly below/worse than the 2018 MMC weighted average and is below/worse than the MCO's 2017 rate. ***A root cause analysis and plan of action is therefore required.***

UHC Key Points

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

Measures that in 2018 are statistically significantly above/better than 2017, and are statistically significantly above/better than the 2018 MMC weighted average are:

- Well-Child Visits in the First 15 Months of Life, 6 or more

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

- No P4P measures fell into this comparison category

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

Measures that in 2018 did not statistically significantly change from 2017, and are not statistically significantly different from the 2018 MMC weighted average are:

- Adolescent Well-Care Visits
- Comprehensive Diabetes Care: HbA1c Poor Control[4]
- Controlling High Blood Pressure
- Prenatal Care in the First Trimester
- Postpartum Care
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Measures that in 2018 are statistically significantly above/better than 2017, and are statistically significantly below/worse than the 2018 MMC weighted average are:

- Annual Dental Visit (Ages 2 – 20 years)

D - Root cause analysis and plan of action required

Measures that in 2018 did not statistically significantly change from 2017, but are statistically significantly lower/worse than the 2018 MMC weighted average are:

- Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits
- Reducing Potentially Preventable Readmissions[5]
- Medication Management for People With Asthma: 75% Total

F Root cause analysis and plan of action required

Measures that in 2018 are statistically significantly lower/worse than 2017, and are statistically significantly lower/worse than the 2018 MMC weighted average are:

- No P4P measures fell into this comparison category.

[4] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[5] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

Figure 5.1: P4P Measure Matrix

		Medicaid Managed Care Weighted Average Statistical Significance Comparison		
	Trend	**Below/Worse than Average**	**Average**	**Above/Better than Average**
Year to Year Statistical Significance Comparison	⬆	**C** Annual Dental Visit (Ages 2 – 20 years)	**B**	**A** Well Child Visits in the First 15 Months of Life, 6 or more
	No Change	**D** Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Reducing Potentially Preventable Readmissions[6] Medication Management for People With Asthma: 75% Total	**C** Adolescent Well-Care Visits Comprehensive Diabetes Care: HbA1c Poor Control[7] Controlling High Blood Pressure Prenatal Care in the First Trimester Postpartum Care Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	**B**
	⬇	**F**	**D**	**C**

[6] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance
[7] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance

P4P performance measure rates for, 2015, 2016, 2017 and 2018 as applicable are displayed in Figure 5.2. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

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

Table 5.1: P4P Measure Rates

Quality Performance Measure HEDIS®	HEDIS® 2015 Rate	HEDIS® 2016 Rate	HEDIS® 2017 Rate	HEDIS® 2018 Rate	HEDIS® 2018 MMC WA
Adolescent Well Care Visits (Age 12 21 Years)	56.5% =	53.8% =	58.4% =	62.3% =	62.0%
Comprehensive Diabetes Care HbA1c Poor Control[8]	44.7% =	43.4% =	37.9% ▼	37.1% =	34.7%
Controlling High Blood Pressure	47.9% ▼	63.7% ▲	64.5% =	65.7% =	64.3%
Prenatal Care in the First Trimester	82.0% =	82.7% =	85.2% =	84.4% =	86.6%
Postpartum Care		58.6% =	60.1% =	63.3% =	67.7%
Annual Dental Visits (Ages 2 20 years)[9]	57.7% ▲	59.9% ▲	58.2% ▼	58.8% ▲	63.0%
Well Child Visits in the First 15 Months of Life, 6 or more		69.2% =	67.9% =	74.5% ▲	69.9%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life		78.0% NA	79.8% =	77.1% =	77.6%
Medication Management for People with Asthma: 75% Total		28.6% NA	35.6% ▲	37.4% =	44.5%
Quality Performance Measure PA	**2015 Rate**	**2016 Rate**	**2017 Rate**	**2018 Rate**	**2018 MMC WA**
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received[10]	53.3% ▼	61.8% ▲	63.0% =	64.0% =	70.6%
Reducing Potentially Preventable Readmissions[11]	12.1% ▼	13.4% ▲	10.1% ▼	10.9% =	10.3%

[8] Lower rates for Comprehensive Diabetes Care: HbA1c Poor Control indicate better performance
[9] In 2015, the Annual Dental Visit age range was 2-21 years
[10] Frequency of Ongoing Prenatal Care was collected as a first-year PA PM for 2018. Prior to 2018, this measure was collected and validated via HEDIS®.
[11] Lower rates for Reducing Potentially Preventable Readmissions indicate better performance

VI: Summary of Activities

Structure and Operations Standards

- UHC was found to be fully compliant on Subparts C, D, and F. Compliance review findings for UHC from RY 2017, RY 2016 and RY 2015 were used to make the determinations.

Performance Improvement Projects

- As previously noted, UHC's Dental and Readmission PIP proposal submissions were validated. The MCO received feedback and subsequent information related to these activities from IPRO and DHS in 2017.

Performance Measures

- UHC reported all HEDIS, PA-Specific and CAHPS Survey performance measures in 2018 for which the MCO had a sufficient denominator.

2017 Opportunities for Improvement MCO Response

- UHC provided a response to the opportunities for improvement issued in the 2017 annual technical report and a root cause analysis and action plan for those measures on the HEDIS 2017 P4P Measure Matrix receiving either "D" or "F" ratings

2018 Strengths and Opportunities for Improvement

- Both strengths and opportunities for improvement have been noted for UHC in 2018. A response will be required by the MCO for the noted opportunities for improvement in 2019.