Commonwealth of Pennsylvania
Department of Human Services
Office of Long-Term Living

External Quality Review

Community HealthChoices Managed Care Organization Technical Report for UPMC Health Plan, January – December 2019

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Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

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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 the contracted Medicaid Managed Care Organization (MCO). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that the 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.

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

The PA Department of Human Services (DHS) Office of Long-Term Living (OLTL; hereafter "the Department") contracted with its EQRO, IPRO (hereafter "the EQRO"), to conduct the 2019 EQRs for the CHC-MCOs and to prepare the technical reports. This EQR CHC-MCO Technical Report presents a review of UPMC Health Plan (UPMC) for the period of January – December 2019. Hereafter, UPMC is synonymous with "the CHC-MCO".

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. 2018 Opportunities for Improvement – MCO Response
V. 2019 Strengths and Opportunities for Improvement
VI. Summary of Activities

Information for Section I for the compliance with Structure and Operations Standards section of the report is derived from the Department's monitoring of the CHC-MCO, from the CHC Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for the CHC-MCO. Information for Section II of this report is derived from activities conducted with and on behalf of the Department to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. Information for Section III of this report is derived from the EQRO's validation of each CHC-MCO's performance measure (PM) submissions. Performance measure validation as conducted by the EQRO includes PA-specific PMs as well as Healthcare Effectiveness Data and Information Set (HEDIS®) measures for the CHC-MCO. Within Section III, CAHPS Survey information follows the performance measures. Section IV, 2018 Opportunities for Improvement – CHC-MCO Response, includes the CHC-MCO responses to the prior year's EQR Technical Report's opportunities for improvement, and presents the degree to which the CHC-MCO addressed each

opportunity for improvement. Section V has a summary of the CHC-MCO's strengths and opportunities for improvement for this review period as determined by the EQRO and further interpretation of the CHC-MCO's performance as related to selected HEDIS measures, as warranted. Section VI provides a summary of EQR activities for the CHC-MCO for this review period.

I: Structure and Operations Standards

This section of the EQR report presents a review of UPMC's compliance with structure and operations standards. For 2019, the CHC-MCO was assessed on structure and operations standards in terms of readiness: prior to the enrollment of CHC participants and the start date for each zone, the Department determines the CHC-MCO's ability to provide required services (CHC Agreement, 2019). The CHC-MCO must cooperate with all the readiness activities, including on-site visits by the Department. As part of determining readiness, the CHC-MCO must test successfully claims processing systems prior to implementation of CHC in a given zone. If readiness is not sufficiently demonstrated, the Department will not permit the enrollment of CHC participants; the Department may extend the time period for the readiness determinations, or not authorize the CHC-MCO operations.

Methodology

Readiness to operate and commence enrollment of CHC participants was ascertained through on-site readiness reviews, which is a required methodology for standardized determinations on UPMC's capacity and capability (CHC Agreement, 2019). For 2019, the Department conducted on-site readiness visits in October 2018 for the SE. Information was collected using a formalized and standardized readiness review tool, which was adapted from an existing readiness review tool used for the HealthChoices readiness review process. Collected information was used to identify strengths and opportunities for improvement. The readiness review reports provided an evaluation of structural systems for CHC claims processing by zone. Additionally, the following operational domains were evaluated:

- organizational overview,
- participant services contact center,
- overview of the case management system,
- provider services,
- overview of the provider directory,
- provider dispute process,
- subcontracting and oversight, and
- service coordination.

Determination of Compliance

To evaluate compliance of individual provisions for UPMC, the readiness review tool used selected criteria, including the domains listed above, to ascertain readiness. The Department utilized an existing readiness review tool to ensure CHC-MCO compliance and readiness prior to CHC implementation. Findings on the structural systems and operational domains for the CHC-MCO was provided to the EQRO, which included multiple reports for the CHC-MCO, including justifications and integrations using supplemental readiness documentation. The EQRO reviewed the findings with orientation and support from the Department, and confirmed determinations were in alignment with the readiness review documentation.

Findings

The results for UPMC's onsite reviews of structural systems and operations readiness, supporting documentation of structural systems and operations readiness, and the determinations in terms of compliance with standards of quality in accordance with BBA reporting requirements are categorized and evaluated by the Department, below.

Organizational Overview

The CHC-MCO demonstrated an overview of the organization's structure and operations to the Department. In regard to organization's structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Participant Services Call Center
The CHC-MCO demonstrated the participant services call center structure and operations to the Department. In regard to participant services call center structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Case Management System
The CHC-MCO demonstrated the case management system structure and operations to the Department. In regard to case management system structure and operations readiness, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Provider Services
The CHC-MCO demonstrated the provider services structure and operations to the Department. In regard to provider services structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Provider Directory
The CHC-MCO demonstrated the provider directory structure and operations to the Department. In regard to provider directory structure and operations readiness, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Provider Dispute Process
The CHC-MCO demonstrated the provider dispute process structure and operations to the Department. In regard to provider dispute process structure and operations readiness, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Subcontracting and Oversight
The CHC-MCO demonstrated the subcontracting and oversight structure and operations to the Department. In regard to subcontracting and oversight structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Service Coordination
The CHC-MCO demonstrated service coordination structure and operations to the Department. In regard to service coordination structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

Discussion
UPMC demonstrated structure and operations across multiple required categories to the Department. In regard these categories of structure and operations, the CHC-MCO was found by the Department to be compliant with contractual obligations.

For subsequent years, BBA reporting will include findings from reviews of UPMC's ongoing operations and functioning structures for compliance with the standards, in accordance with BBA requirements. Monitoring standards will be grouped by provision to evaluate the CHC-MCO's compliance statuses with each item, which will be assigned a value of "compliant" or "non-compliant"; or, if an item is not evaluated for a particular MCO, an assigned value will be "not determined". If all items are compliant, then the CHC-MCO is evaluated as compliant; if some items are compliant and some are non-compliant, then the CHC-MCO is evaluated as partially compliant; and, if all items are non-compliant, then the CHC-MCO is evaluated as non-compliant. The format for this section of the report will be consistent with the subparts prescribed by BBA regulations, in which regulatory requirements are grouped under subject headings that are consistent with the three subparts set out in the BBA regulations, and described in the protocols for monitoring the CHC-MCO; the individual regulatory categories will be reported to correspond with each subpart heading. Presentation of these findings will be 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 MCO compliance monitoring, the EQRO will review and evaluate the most recent NCQA accreditation report for the CHC-MCO. This format reflects the goal of the review, which is to gather sufficient foundation for the EQRO's required assessment of the compliance of the CHC-MCO with BBA regulations as an element of the analysis of the CHC-MCO's strengths and weaknesses.

Upon request, the CHC-MCO's Readiness Review reports can be made available.

Accreditation Status

In accordance with the contract, UPMC is subject to full review of the first requirements for NCQA accreditation (CHC Agreement, 2019). Per notification from the Department, the CHC-MCO received NCQA accreditation as of December 2019. Additionally, the Department requires that the CHC-MCO have LTSS accreditation (CHC Agreement; 2019). Per notification from the Department, the CHC-MCO LTSS accreditation is currently in process and on schedule.

II: Performance Improvement Projects

In accordance with current regulations per the Centers for Medicare & Medicaid Services (CMS) and EQR protocol, the EQRO will conduct validation of PIPs for the CHC-MCO. For the purposes of the EQR, UPMC is required to participate in studies selected by the Department for proposal review and validation of methodology in 2019 (CHC Agreement, 2019). Two new PIPs were initiated as part of this requirement. Over the course of implementation of all PIPs, the CHC-MCO must implement improvement actions and conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

The CHC-MCO is required to develop and implement PIPs to assess and improve outcomes of care rendered by the CHC-MCO. PIP topics were discussed and selected in collaboration with the Department and the EQRO. For the current EQR PIP cycle, the CHC-MCO was required to implement interventions and measure performance on two topics: Strengthening Care Coordination (clinical) and Transition of Care from the NF to the Community (non-clinical). An evaluation is conducted for each PIP upon proposal submission, and then again for interim and final re-measurement, using a tool developed by the EQRO and consistent with CMS EQR protocols for PIP validation (CMS, 2012). Initial PIP proposals were submitted on September 15, 2018, ahead of PIP implementation on January 1, 2019 in the SW (for Phase 1); eligible populations for both topics included the Nursing Facility Clinically Eligible (NFCE) participants. The CHC-MCO submitted proposals for PIP expansion for Phase 2 (SE expansion) in September 2019, and the CHC-MCO will submit proposals for PIP expansion for Phase 3 (NE, NW, and Lehigh/Capital, expansion) in September 2020.

Methodology

The EQRO conducted validation of UPMC's PIPs in accordance with current CMS regulations and EQR protocol (CMS, 2012). As part of its review, the EQRO evaluates each submitted PIP report against eight review elements and associated requirements. The first seven elements relate to the baseline and demonstrable improvement phases of the PIP. The last element relates to sustaining improvement from the baseline measurement.

The CHC-MCO is encouraged to continuously assess their rates for performance indicators each year and adjust goals accordingly, as goals should be robust, yet attainable.

For the first element, the following requirements are reviewed for topic/rationale:

1a. Attestation signed and PIP identifiers completed.
1b. Impacts the maximum feasible proportion of members.
1c. Potential for meaningful impact on member health, functional status, or satisfaction.
1d. Reflects high-volume or high-risk conditions.
1e. Supported with MCO member data (e.g., historical data related to disease prevalence).

For the second element, the following requirements are reviewed for aim:

2a. Aim specifies performance indicators for improvement, with corresponding goals.
2b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark).
2c. Objectives align aim and goals with interventions.

For the third element, the following requirements are reviewed for methodology:

3a. Performance indicators are clearly defined and measurable (specifying numerator and denominator criteria).
3b. Performance indicators are measured consistently over time.
3c. Performance indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes.
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined.
3e. Procedures indicate data source, hybrid vs. administrative, reliability (e.g., inter-rater reliability [IRR]).
3f. If sampling was used, the CHC-MCO identified a representative sample, utilizing statistically sound methodology to limit bias, and the sampling technique specifies estimated/true frequency, margin of error, and confidence interval.

3g. Study design specifies data collection methodologies that are valid, reliable, representative of the entire eligible population, and presented with a corresponding timeline.
3h. Study design specifies data analysis procedures with a corresponding time line.

For the fourth element, the following requirements are reviewed for barrier analysis:

4a. Susceptible subpopulations identified using claims data on PMs, stratified by demographic and clinical characteristics;
4b. Member input at focus groups and/or quality meetings, and/or from care management (CM) outreach;
4c. Provider input at focus groups and/or quality meetings;
4d. Quality improvement process data ("5 Why's," fishbone diagram);
4e. HEDIS rates or other performance metric (e.g., CAHPS); and
4f. Literature review.

For the fifth element, the following requirements are reviewed for robust interventions:

5a. Informed by barrier analysis;
5b. Actions that target member, provider, and MCO;
5c. New or enhanced, starting after baseline year; and
5d. With corresponding monthly or quarterly intervention tracking measures (also known as process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports).

For the sixth element, the following requirement is reviewed for results table:

6a. Table shows performance indicator rates, numerators, and denominators, all with corresponding goals.

For the seventh element, the following requirements are reviewed for discussion and validity of reported improvement:

7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions).
7b. Data presented adhere to the statistical techniques outlined in the CHC-MCO's data analysis plan.
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.
7d. Lessons learned and follow-up activities planned as a result.

For the eighth element, the following requirements are reviewed for sustainability:

8a. There are ongoing, additional, or modified interventions documented.
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods.

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 assessment results of full, partial, and non-compliance. Points are awarded for the two phases of the PIP noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

Table 1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 1: Element Designation

Element Designation	Definition	Designation 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 Performance Score

The total points earned for each review element are weighted to determine UPMC's overall performance scores for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for full compliance; refer to **Table 1**).

Table 2: Review Element Scoring Weights

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

[1]At the time of this report, these standards were not reportable due to the PIP implementation date of January 1, 2020.

PIPs are also reviewed for the achievement of sustained improvement. For the EQR PIPs, sustained improvement elements have a total weight of 20%, for a possible maximum total of 20 points (**Table 2**). The CHC-MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements. The standards for demonstrable and sustainable improvement will be reported by the CHC-MCO and evaluated by the EQRO at the end of the current PIP cycle in 2022; therefore, this section will be reported in the subsequent BBA report.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements for which activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. The same project will then be evaluated for other elements at a later date, according to the PIP submission schedule. Each element is scored. Elements that are met receive an evaluation score of 100%, elements that are partially met receive a score of 50%, and elements that are not met receive a score of 0%. For the overall PIP, compliance determinations are as follows: compliance is deemed met for scores ≥ 85%, partially met for scores 60–84% (which results in a corrective action plan), and not met for scores < 60% (which also results in a corrective action plan).

Findings

For 2019, PIP activities included establishing PIP performance indicator goals, baseline rates, barrier analyses, and intervention development and implementation. During establishment of measurement parameters, multiple data sources were allowable, including: MCO pharmacies, service coordinator entities, copayments (i.e. after day 20), and traditional long-term care claims. Preliminary measurements were based on participants that were Medicaid-only CHC participants and/or aligned D-SNP CHC participants (at the time of submission of PIP proposals, UPMC's data was sourced from internal claims). For subsequent reporting, regional baseline rates upon expansion will be recalculated (and integrated into the PIP) with improved access to data. The CHC-MCO will submit PIP reports on Year 1 Implementation on July 31, 2020. Year 1 Implementation review findings will be included in the subsequent year's BBA report. The discussion and validity of reported improvement, as well as sustainability, will be reported by the CHC-MCO and evaluated by the EQRO later in the PIP cycle in 2022; therefore, the corresponding seventh and eighth elements will be reported in subsequent BBA reports, accordingly.

Strengthening Care Coordination

For the clinical PIP on the topic of Strengthening Care Coordination, UPMC proposed PIP expansion into the SE for CHC Phase 2, which received a score of 64% (35 out of a possible 55 points). The CHC-MCO received general commendation for the sufficiently comprehensive rationale driving the approach for strengthening care coordination upon PIP expansion into the SE for CHC Phase 2. The CHC-MCO received conditional approval to proceed with PIP expansion into the SE upon resolving issues and concerns identified by the EQRO, which include the following: the CHC-MCO should improve clarity and level of detail on several PIP components with regard to the expansion, including the goals for percentage change for valid demonstrable performance improvement; the CHC-MCO should pursue external collaboration as applicable for the expansion; and, intervention specificity and robustness with regard to the expanded target population in the SE.

Transitions of Care from the Nursing Facility to the Community

For the non-clinical PIP on the topic of Transitions of Care from the Nursing Facility to the Community, UPMC proposed PIP expansion into the SE for CHC Phase 2, which received a score of 82% (45 out of a possible 55 points). The CHC-MCO received commendation for the evidence-based approach with robust interventions tailored for improving performance upon PIP expansion into the SE for CHC Phase 2; this was driven by the CHC-MCO's success with its integration of internal data specific to the target population, the review of the literature, and findings from its analysis of barriers. The CHC-MCO received conditional approval to proceed with PIP expansion into the SE upon resolving concerns identified by the EQRO, which include the following: the CHC-MCO should improve clarity and level of detail on several PIP components with regard to the expansion, including key baseline parameters and intervention tracking measures, end dates of interventions, and goals for percentage change for valid demonstrable performance improvement.

III: Performance Measures and CAHPS Survey

For 2019, the EQRO conducted validation of performance measures (MY 2018) reported by UPMC, as applicable.

Methodology

From December 2018 to June 2019, technical specifications for the PAPMs, as well as submission instructions, were provided to UPMC. As part of the process, the EQRO requested submissions of the CHC-MCO's materials, including preliminary PAPM calculations, and internal data and code corresponding to the calculations. Using materials and anecdotal information provided to the EQRO, measure-specific code was run against the data, and the EQRO implemented a stepwise series of tests on key criteria per technical specifications. Following the review, the EQRO provided the CHC-MCO with formal written feedback, and the CHC-MCO was given the opportunity for resubmission of the materials upon detection of errors, as necessary. CHC enrollment abstracts complete with supplemental data from the Department were not yet available for integration into the validation process for MY 2018; since supplemental data is utilized to identify some CHC enrollment types, a degree of uncertainty is introduced and caution should therefore be exercised when interpreting the results. The EQRO's findings were informational for ascertainment of PAPM validity, in terms of detectable errors impacting the calculations reported by the CHC-MCO.

For 2019 (MY 2018), validation of CHC performance measures for HEDIS reporting was conducted for the first time, in accordance with CHC reporting requirements. HEDIS 2019 (MY 2018) measures were validated through a standard HEDIS compliance audit. This audit includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of Interactive Data Submission Systems (IDSS). A Final Audit Report was submitted to NCQA. Because the PAPMs rely on the same systems and staff, no separate onsite review was conducted for validation of the PAPMs for 2019 (MY 2018). The EQRO conducts a thorough review of the submissions of the CHC-MCO's materials, including preliminary rate calculations, and internal data and code corresponding to the calculations. Evaluation of performance is based on both PAPMs and selected HEDIS measures for the EQR. **Table 3** lists the performance measures included in this year's EQR report.

Table 3: Performance Measure Groupings

Source	Measures
Effectiveness of Care	
HEDIS	Adult BMI Assessment
HEDIS	Breast Cancer Screening
HEDIS	Care for Older Adults
HEDIS	Cervical Cancer Screening
HEDIS	Chlamydia Screening in Women
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
HEDIS	Medication Management for People With Asthma
HEDIS	Asthma Medication Ratio
HEDIS	Controlling High Blood Pressure
HEDIS	Persistence of Beta-Blocker Treatment After a Heart Attack
HEDIS	Statin Therapy for Patients With Cardiovascular Disease
HEDIS	Comprehensive Diabetes Care
HEDIS	Statin Therapy for Patients With Diabetes
HEDIS	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
HEDIS	Use of Imaging Studies for Low Back Pain
HEDIS	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
HEDIS	Diabetes Monitoring for People With Diabetes and Schizophrenia
HEDIS	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
HEDIS	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
HEDIS	Annual Monitoring for Patients on Persistent Medications
HEDIS	Transitions of Care

HEDIS	Risk of Continued Opioid Use
HEDIS	Use of Opioids at High Dosage
HEDIS	Use of Opioids From Multiple Providers
PA EQR	Antidepressant Medication Management
PA EQR	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
PA EQR	Number of Members with Schizophrenia on Antipsychotic Medications
Access/Availability of Care	
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services
HEDIS	Annual Dental Visit
PA EQR	Annual Dental Visit
Utilization and Risk Adjusted Utilization	
HEDIS	Frequency of Selected Procedures
HEDIS	Ambulatory Care: Total
HEDIS	Inpatient Utilization – General Hospital/Acute Care
HEDIS	Antibiotic Utilization: Total
HEDIS	Plan All-Cause Readmissions
PA EQR	Ambulatory Care
PA EQR	Inpatient Utilization – General Hospital/Acute Care
PA EQR	Plan All-Cause Readmissions
LTSS	
PA EQR	LTSS Comprehensive Assessment and Update
PA EQR	LTSS Comprehensive Care Plan and Update
PA EQR	LTSS Shared Care Plan with Primary Care Practitioner
PA EQR	LTSS Reassessment/Care Plan Update After Inpatient Discharge

PAPM Selection and Descriptions

Several PAPMs were calculated by the CHC-MCO and reviewed by the EQRO. In accordance with direction from the Department, the EQRO created the indicator specifications to resemble HEDIS specifications. 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 CHC-MCO's data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review validation (MRRV) to identify numerator events pertinent for the rate calculation.

Administrative PAPMs

Antidepressant Medication Management
This performance measure assesses the percentage of members with a diagnosis of major depression effectively treated with an antidepressant medication during the acute phase of treatment. Members in hospice are excluded from eligible population. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year; and
4. Total.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia
This key performance measure assessed the percentage of members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period. Members in hospice are excluded from eligible population. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year; and
4. Total.

Number of Members with Schizophrenia on Antipsychotic Medications
This key performance measure assessed the percentage of members with schizophrenia or schizoaffective disorder that were dispensed at least one antipsychotic medication. Members in hospice are excluded from eligible population. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year; and
4. Total.

Annual Dental Visit
This performance measure assessed the percentage of enrollees who were continuously enrolled and had at least one dental visit during the MY. Members in hospice are excluded from eligible population. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year; and
4. Total.

Ambulatory Care – ED Visits
This key performance measure assessed the utilization of emergency department visits. The result is reported as visits per 1,000 member months. Members in hospice are excluded from eligible population. For this measure, a lower rate indicates better performance. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year;
4. Age Unknown; and
5. Total.

Inpatient Utilization—General Hospital/Acute Care
This key performance measure assessed utilization of acute inpatient care and services in the following categories: Total inpatient, Maternity, Surgery, and Medicine. The result is reported as number of discharges per 1,000 member months. Members in hospice are excluded from eligible population. For this measure, a lower rate indicates better performance. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year;
4. Age Unknown; and
5. Total.

Plan All-Cause Readmissions
This key performance measure assessed acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days. Members in hospice are excluded from eligible population. The following groups are reported:

1. Ages 21-59 Years;
2. Ages 60-64 Years;
3. Ages 65+ Year; and
4. Total.

Hybrid PAPMs

LTSS Comprehensive Assessment and Update
This performance measure assesses the percentage of CHC LTSS members who have documentation of a comprehensive LTSS assessment in a specified timeframe that includes documentation of core elements. Two numerators are reported:

1. Assessment of core elements: New participants who had a comprehensive LTSS assessment completed within 90 days of enrollment, with nine core elements documented; and
2. Assessment of supplemental elements: New participants who had a comprehensive LTSS assessment completed within 90 days of enrollment, with 9 core elements and at least 12 supplemental elements documented.

This performance measure uses components of the HEDIS 2019 LTSS Comprehensive Assessment and Update Measure.

LTSS Comprehensive Care Plan and Update
This performance measure assesses the percentage of CHC LTSS members who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes core elements. Two numerators are reported:

1. Care plan with core elements documented: A comprehensive LTSS care plan completed during the MY, with nine core elements documented; and
2. Care plan with supplemental elements documented: New participants who had: A comprehensive LTSS care plan completed within 120 days of enrollment, with nine core elements and at least four supplemental elements documented.

This performance measure uses components of the HEDIS 2019 LTSS Comprehensive Care Plan and Update Measure.

LTSS Shared Care Plan With Primary Care Practitioner
This performance measure assesses the percentage of CHC LTSS members for whom a reassessment and care plan update occurred within 30 days of discharge. The reassessment after patient discharge numerator reports compliance with LTSS reassessment on the date of discharge or within 30 days after discharge. This performance measure uses components of the HEDIS 2019 LTSS Shared Care Plan With Primary Care Practitioner Measure.

LTSS Reassessment/Care Plan Update After Inpatient Discharge
This performance measure assesses the percentage of CHC LTSS members with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the enrollee within 30 days of its development. The shared plan should be the Person-Centered Service Plan (PCSP), adjusted for a status change such as an acute hospitalization, nursing facility stay, nursing facility discharge, or similar; for the purposes of this measure, shared plans, such as an LTSS service plan, utilized in lieu of a PCSP, are also acceptable. Two numerators are reported:

1. Care plan update after inpatient discharge reassessment with core elements documented; and
2. Care plan update after inpatient discharge reassessment with supplemental elements documented.

This performance measure uses components of the HEDIS 2019 LTSS Reassessment/Care Plan Update After Inpatient Discharge Measure.

HEDIS Performance Measure Selection and Descriptions

UPMC underwent a full HEDIS compliance audit in 2019 (MY 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 NCQA's HEDIS 2019 *Technical Specifications, Volume 2* (NCQA, 2019) narrative. Each year, the Department updates its requirements for the CHC-MCO to be consistent with NCQA's requirement for the reporting year. The CHC-MCO is required to report, as specified in the aforementioned *Technical Specifications, Volume 2*: the complete set of Medicaid measures (excluding those which are for behavioral health and chemical dependency, and those which are childhood and pregnancy-related); and, two Medicare measures (Care for Older Adults and Transitions of Care).

Adult Body Mass Index Assessment (ABA)
This measure assessed the percentage of CHC members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the MY or the year prior to the MY.

Adults' Access to Preventive/Ambulatory Health Services (AAP)
This measure assesses the percentage of CHC members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. A total and the following age cohorts are reported: 20-44, 45-64, and 65+ Years.

Breast Cancer Screening (BCS)
This measure assessed the percentage of female CHC members 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 MY. 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 MY and December 31 of the MY. Eligible members who received mammograms beginning at the age of 50 years are included in the numerator.

Cervical Cancer Screening (CCS)
This measure assessed the percentage of female CHC members 21-64 years of age who were screened for cervical cancer using either of the following criteria: females aged 21-64 Years who had cervical cytology performed every three years; and females aged 30-64 Years who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Chlamydia Screening in Women (CHL)
This measure assessed the percentage of female CHC members who were identified as sexually active and who had at least one test for chlamydia during the MY. Two rates are reported: a total and one age cohort, 21–24 Years.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
This measure assessed the percentage of CHC members aged 40+ Years with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation (PCE)
This measure assessed the percentage of COPD exacerbations for CHC members aged 40+ Years who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the MY 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; and 2) dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Medication Management for People with Asthma (MMA)
This measure assessed the percentage of CHC members during the MY who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Six rates are reported. Six rates are reported for two age cohorts (19-50 Years and 51-64 Years), as well as total, by:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period; and
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Asthma Medication Ratio (AMR)
This measure assessed the percentage of CHC members 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 MY. Three rates are reported: for two age cohorts (19-50 Years and 51-64 Years) and total.

Controlling High Blood Pressure (CBP)
This measure assessed the total percentage of CHC members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the MY.

Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
This measure assessed the percentage of CHC members aged 18+ Years during the MY who were hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Statin Therapy for Patients with Cardiovascular Disease (SPC)
This measure assessed the percentage of male CHC members aged 21–75 Years and female CHC members aged 40–75 Years during the MY, 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-intensity or moderate-intensity statin medication during the MY; and
2. *Statin Adherence 80%.* Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Comprehensive Diabetes Care (CDC)
This measure assessed the percentage of CHC members aged 18–75 Years with diabetes (type 1 and type 2) who had each of the following:

1. Hemoglobin A1c (HbA1c) Testing
2. HbA1c Poor Control (>9.0%)
3. HbA1c Control (<8.0%)
4. HbA1c Control (<7.0%)
5. Eye Exam (Retinal) Performed
6. Medical Attention for Nephropathy
7. Blood Pressure Control (<140/90 mm Hg)

Statin Therapy for Patients With Diabetes (SPD)
This measure assessed the percentage of CHC members aged 40–75 Years during the MY 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 dispensed at least one statin medication of any intensity during the MY; and
2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
This measure assessed the percentage of CHC members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
This measure assessed the percentage of CHC members aged up to 64 Years with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
This measure assessed the percentage of CHC members aged up to 64 Years with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the MY.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
This measure assessed the percentage of CHC members aged up to 64 Years with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the MY.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
This measure assessed CHC members with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported:

1. Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks); and
2. Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

Annual Monitoring for Patients on Persistent Medications (MPM)
This measure assessed the percentage of CHC members who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the MY and at least one therapeutic monitoring event for the therapeutic agent in the MY. Three rates are reported:

1. Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB);
2. Annual monitoring for members on diuretics; and
3. Total rate (the sum of the two numerators divided by the sum of the two denominators).

Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)
This measure assessed the percentage of CHC members aged up to 64 Years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Use of Imaging Studies for Low Back Pain (LBP)
This measure assessed the percentage of CHC members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Use of Opioids at High Dosage (UOD)
This measure assessed the proportion of CHC members receiving prescription opioids for ≥15 days during the MY at a high dosage (average milligram morphine dose [MME] >120 mg).

Use of Opioids From Multiple Providers (UOP)
This measure assessed the proportion of CHC members receiving prescription opioids for ≥15 days during the MY who received opioids from multiple providers. Three rates are reported:

1. Multiple Prescribers**:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the MY;

2. Multiple Pharmacies**:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the MY; and
3. Multiple Prescribers and Multiple Pharmacies**:** The proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the MY (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Risk of Continued Opioid Use (COU)
This measure assessed CHC members at risk for continued opioid use. Six rates are reported, for members up to 64 Years of age, members 65+ Years of age, and total, by:

1. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period; and
2. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.

Care for Older Adults (COA)
This Medicare measure assessed the percentage of CHC members aged 66+ Years who had each of the following during the MY:

1. Advance care planning;
2. Medication review;
3. Functional status assessment; and
4. Pain assessment.

Transitions of Care (TRC)
This Medicare measure is required for Special Needs Plans and Medicare-Medicaid Plans only. The percentage of discharges for CHC members is assessed with four reported rates, as follows:

1. *Notification of Inpatient Admission*. Documentation of receipt of notification of inpatient admission on the day of admission or the following day;
2. *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge or the following day;
3. *Patient Engagement After Inpatient Discharge*. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge; and
4. *Medication Reconciliation Post-Discharge*. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Adults' Access to Preventive/ Ambulatory Health Services (AAP)
This measure assessed the percentage of CHC members who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

1. Medicaid and Medicare members who had an ambulatory or preventive care visit during the MY; and
2. Commercial members who had an ambulatory or preventive care visit during the MY or the two years prior to the MY.

Frequency of Selected Procedures (FSP)
This utilization measure assessed the frequency of procedures performed for CHC members for Bariatric Weight Loss Surgery, Hysterectomy (by Abdominal and Vaginal), Cholecystectomy (by Open and Laparoscopic), Back Surgery, Mastectomy, and Lumpectomy. Twenty-three rates are reported, stratified by sex and age cohorts.

Ambulatory Care (AMBA)
This utilization measure assessed ambulatory care for CHC members for Outpatient Visits including telehealth and ED Visits. Results are reported per 1,000 Member-Months (MM).

Inpatient Utilization—General Hospital/Acute Care (IPUA)
This utilization measure assessed ambulatory care for CHC member discharges for categories of Maternity, Medicine, Surgery, and Total. Results are reported per 1,000 Member-Months (MM).

Antibiotic Utilization (ABXA)
This utilization measure assessed antibiotic prescriptions for CHC members. Results are reported for the following:

1. Total Antibiotic Scrips;
2. Average Scrips PMPY for Antibiotics;
3. Total Days Supply for All Antibiotic Scrips;
4. Average Days Supply per Antibiotic Scrip;
5. Total Number of Scrips for Antibiotics of Concern;
6. Average Scrips PMPY for Antibiotics of Concern; and
7. Percentage of Antibiotics of Concern of All Antibiotic Scrips.

Plan All-Cause Readmissions (PCR)
This utilization measure assessed all-cause readmissions for CHC members for count of index hospital stays, count of observed 30-day readmissions, observed readmission rate, and expected readmission rate stratified by stays, and age cohort; observed to expected readmission ratio was also calculated by stays.

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 version of the CAHPS Health Plan Surveys for HEDIS. In 2019, CAHPS Results were provided to the Department for further use.

Implementation of PAPMs and HEDIS Audit
UPMC successfully implemented all of the PAPMs for 2019 that were reported with CHC-MCO-submitted data. The CHC-MCO submitted all required materials as part of the validation process, and the EQRO completed the validation process.

The EQRO conducted medical record review validation (MRRV) of the four hybrid LTSS PAPMs consistent with the protocol used for a HEDIS audit. The MRRV process entails evaluation and review of the CHC-MCO's medical record abstraction tools and instruction materials. This ensures that the CHC-MCO's MRRV process was executed as planned and the abstraction results are accurate. A random sample of 30 records from each selected indicator across the four measures was evaluated.

Findings

The EQRO conducted performance measure validation using the process described in the methodology. Performance measurement calculations were collected via rate sheets and reviewed for all of the PAPMs. Denominator and numerator calculations were based on review of the materials provided to the EQRO. The CHC-MCO fulfilled the EQRO's requests for materials, including the CHC-MCO's PAPM calculations, and internal data and code corresponding to the CHC-MCO's calculations. Additionally, the CHC-MCO completed the HEDIS audit. The CHC-MCO received an Audit Designation of Report for all applicable measures. For measures with indicator source as PA EQR, data is from MY 2018 using significantly modified versions of HEDIS 2018 Technical Specifications.

Although all rates submitted by the CHC-MCO were reportable to the Department, caution should be exercised for interpretation: as aforementioned, CHC enrollment abstracts complete with supplemental data from the Department were not yet available for integration into the validation process for MY 2018; since supplemental data is utilized to identify some CHC enrollment types, a degree of uncertainty was introduced and related to the Department as a

limitation. These findings ascertained performance measure validity, in terms of detectable errors impacting the calculations reported by the CHC-MCO. For this first year of PAPM reporting, the findings were informative in terms of piloted implementation of CHC PAPMs to ascertain reporting capacity in accordance with the CHC Agreement for the CHC-MCO as CHC is phased in.

Starting with MY 2019 and reflected in performance measure results in the next year's EQR CHC-MCO Technical Report for 2020, the CHC-MCO will be provided with comparisons to the previous year's performance measurement calculations, and explanations for highlighted differences will be requested. For measures reported as percentages, any differences will be 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 will be highlighted based only on statistical significance, with no minimum threshold. Furthermore, CHC enrollment abstracts complete with supplemental data from the Department are in process of being integrated into the validation process for increased accuracy and precision in PAPM results for MY 2019. Activity surrounding PAPM reporting and validation is conducted at the discretion of the Department and is subject to change; recently, the reporting requirement for five measures (Ambulatory Care – ED Visits; Inpatient Utilization—General Hospital/Acute Care; Plan All-Cause Readmissions; Adherence to Antipsychotic Medications for Individuals With Schizophrenia; and, Number of Members with Schizophrenia on Antipsychotic Medications) was discontinued as of November 2019.

For 2019 (MY 2018), results are presented by measure classification in **Tables 4 through 7**, below. Following each table, measure-specific opportunities for improvement are identified (and no strengths are identified unless otherwise noted). Reported denominator, numerator, and 2019 (MY 2018) rates are displayed, as applicable. In addition to the CHC-MCO's rate, the PA CHC Mean and PA CHC Weighted Averages for 2019 (MY 2018) are presented. The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. The PA CHC Weighted Average takes into account the proportional relevance of all CHC-MCOs. For 2019 (MY 2018) LTSS measures, PA CHC Mean and PA CHC Weighted Average are for informational purposes only; MRRV identified documentation issues for numerator compliance across CHC-MCOs' submissions. Where indicated, a weighted average analytical approach to compare performance would be not applicable when values shown reflect a volume of services delivered, such as with utilization performance measures where the rates are normalized per 1,000 member months (MM). NCQA Benchmarks for State Medicaid Averages are provided for reference purposes only. Non-applicable findings are denoted with 'NA'.

Effectiveness of Care

Table 4 presents the CHC-MCO's 2019 (MY 2018) performance measure results for Effectiveness of Care.

Table 4: Effectiveness of Care Performance Measurement Results for 2019 (MY 2018)

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
HEDIS	ABA: Rate	0	0	NA	NA	NA	NA
HEDIS	BCS: Rate	0	0	NA	NA	NA	NA
HEDIS	COA: Advance Care Planning[1]	1476	7670	19.24%	NA	15.09%	19.18%
HEDIS	COA: Medication Review[1]	704	7670	9.18%	NA	41.31%	9.71%
HEDIS	COA: Functional Status Assessment[1]	2858	7670	37.26%	NA	44.41%	37.38%
HEDIS	COA: Pain Assessment[1]	1227	7670	16.00%	NA	38.47%	16.37%
HEDIS	CCS: Rate	2709	5931	45.68%	Below Avg	27.96%	45.00%
HEDIS	CHL: Ages 21-24 Yrs	4	13	NA	NA	NA	NA
HEDIS	CHL: Total Rate	4	13	NA	NA	NA	NA
HEDIS	AAB: Rate	0	0	NA	NA	NA	NA
HEDIS	SPR: Rate	0	0	NA	NA	NA	NA
HEDIS	PCE: Systemic Corticosteroid	620	922	67.25%	Below Avg	63.44%	67.00%
HEDIS	PCE: Bronchodilator	761	922	82.54%	Below Avg	81.66%	82.35%
HEDIS	MMA: 50% – 19-50 Yrs	0	0	NA	NA	NA	NA
HEDIS	MMA: 50% – 51-64 Yrs	0	0	NA	NA	NA	NA

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
HEDIS	MMA: 50% Total	0	0	NA	NA	NA	NA
HEDIS	MMA: 75% – 19-50 Yrs	0	0	NA	NA	NA	NA
HEDIS	MMA: 75% – 51-64 Yrs	0	0	NA	NA	NA	NA
HEDIS	MMA: 75% Total	0	0	NA	NA	NA	NA
HEDIS	AMR: 19-50 Yrs	0	0	NA	NA	NA	NA
HEDIS	AMR: 51-64 Yrs	0	0	NA	NA	NA	NA
HEDIS	AMR: Total Rate	0	0	NA	NA	NA	NA
HEDIS	CBP: Total Rate	3046	7881	38.65%	Below Avg	55.25%	39.29%
HEDIS	PBH: Rate	18	22	NA	NA	NA	NA
HEDIS	SPC: Received Statin Therapy – 21-75 Yrs (Male)	0	0	NA	NA	NA	NA
HEDIS	SPC: Received Statin Therapy – 40-75 Yrs (Female)	0	0	NA	NA	NA	NA
HEDIS	SPC: Received Statin Therapy – Total Rate	0	0	NA	NA	NA	NA
HEDIS	SPC: Statin Adherence 80% – 21-75 Yrs (Male)	0	0	NA	NA	NA	NA
HEDIS	SPC: Statin Adherence 80% – 40-75 Yrs (Female)	0	0	NA	NA	NA	NA
HEDIS	SPC: Statin Adherence 80% – Total Rate	0	0	NA	NA	NA	NA
HEDIS	CDC: HbA1c Testing	3865	4217	91.65%	Above Avg	89.31%	91.08%
HEDIS	CDC: HbA1c Poor Control (>9.0%)[2]	1586	4218	37.59%	Above Avg	43.69%	38.01%
HEDIS	CDC: HbA1c Control (<8.0%)	1940	4219	45.98%	Above Avg	42.46%	44.57%
HEDIS	CDC: HbA1c Control (<7.0%)	569	1377	41.32%	Below Avg	35.92%	39.89%
HEDIS	CDC: Eye Exam (Retinal) Performed	3065	4221	72.61%	Above Avg	55.20%	70.76%
HEDIS	CDC: Medical Attention for Nephropathy	3965	4222	93.91%	Below Avg	90.23%	93.47%
HEDIS	CDC: Blood Pressure Control (<140/90 mm Hg)	1361	4223	32.23%	Above Avg	47.03%	32.07%
HEDIS	SPD: Received Statin Therapy	0	0	NA	NA	NA	NA
HEDIS	SPD: Statin Adherence 80%	0	0	NA	NA	NA	NA
HEDIS	ART: Rate	197	266	74.06%	Below Avg	74.06%	74.07%
HEDIS	LBP: Rate	36	55	65.45%	Below Avg	65.45%	66.07%
HEDIS	SSD: Rate	1038	1211	85.71%	Below Avg	78.80%	85.30%
HEDIS	SMD: Rate	0	0	NA	NA	NA	NA
HEDIS	SMC: Rate	0	4	NA	NA	NA	NA
HEDIS	SAA: Rate	617	744	82.95%	Above Avg	83.14%	83.16%
HEDIS	MPM: ACE inhibitors or ARBs	5475	5896	92.86%	Above Avg	91.52%	92.79%
HEDIS	MPM: Diuretics	4191	4462	93.93%	Above Avg	93.51%	93.88%
HEDIS	MPM: Total Rate	9666	10358	93.32%	Above Avg	92.43%	93.26%
HEDIS	TRC: Total – Notification of Inpatient Admission[1,3]	0	0	NA	NA	NA	NA
HEDIS	TRC: Total – Receipt of Discharge Information[1,3]	0	0	NA	NA	NA	NA
HEDIS	TRC: Total – Patient Engagement After Inpatient Discharge[1,3]	3480	4608	75.52%	NA	75.52%	75.50%
HEDIS	TRC: Total – Medication Reconciliation Post-Discharge[1,3]	798	4608	17.32%	NA	17.32%	17.30%
HEDIS	COU: 18-64 Yrs – ≥15 Days covered	251	608	41.28%	NA	37.31%	40.15%
HEDIS	COU:18-64 Yrs – ≥31 Days covered	154	367	33.39%	NA	30.03%	42.20%
HEDIS	COU:65+ Yrs – ≥15 Days covered	405	975	41.96%	NA	41.96%	40.90%
HEDIS	COU:65+ Yrs – ≥31 Days covered	203	608	26.43%	NA	26.43%	32.46%
HEDIS	COU:Total – ≥15 Days covered	97	367	41.54%	NA	39.34%	26.61%
HEDIS	COU:Total – ≥31 Days covered	300	975	30.77%	NA	29.67%	30.33%
HEDIS	UOD: Rate	390	4152	9.39%	Above Avg	7.54%	9.26%
HEDIS	UOP: Multiple Prescribers	815	5146	15.84%	Below Avg	15.38%	15.74%
HEDIS	UOP: Multiple Pharmacies	137	5146	2.66%	Above Avg	1.39%	2.59%
HEDIS	UOP: Multiple Prescribers and Multiple Pharmacies	74	5146	1.44%	Above Avg	0.48%	1.39%
PA EQR	Adherence Antipsych Medications, Members With Schizophrenia: 21-59 Yrs	553	685	80.73%	NA	85.2%	80.9%
PA EQR	Adherence Antipsych Medications, Members With Schizophrenia: 60-64 Yrs	122	150	81.33%	NA	84.2%	81.8%
PA EQR	Adherence Antipsych Medications, Members With Schizophrenia: 65+ Yrs	169	193	87.56%	NA	95.9%	87.9%
PA EQR	Adherence Antipsych Medications, Members With Schizophrenia: Total	844	1028	82.10%	NA	86.0%	82.3%
PA EQR	Antidepressant Medication Management: 21-59 Yrs	200	274	72.99%	NA	73.0%	73.5%
PA EQR	Antidepressant Medication Management: 60-64 Yrs	67	80	83.75%	NA	85.6%	85.5%
PA EQR	Antidepressant Medication Management: 65+ Yrs	127	190	66.84%	NA	69.3%	68.1%
PA EQR	Antidepressant Medication Management: Total	394	544	72.43%	NA	75.1%	74.3%

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
PA EQR	Members with Schizophrenia on Antipsychotic Medications: 21-59 Yrs	699	749	93.32%	NA	83.5%	91.8%
PA EQR	Members with Schizophrenia on Antipsychotic Medications: 60-64 Yrs	154	164	93.90%	NA	85.5%	90.3%
PA EQR	Members with Schizophrenia on Antipsychotic Medications: 65+ Yrs	198	215	92.09%	NA	77.4%	89.8%
PA EQR	Members with Schizophrenia on Antipsychotic Medications: Total	1051	1128	93.17%	NA	83.2%	91.2%

Note: The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. For PA CHC Weighted Averages, the size of each CHC-MCO's contribution was accounted for, regardless if a given CHC-MCO's rate had a denominator too small for reporting at the individual CHC-MCO-level. NA: Not applicable.

[1] Two HEDIS measures (COA and TRC) do not apply to Medicaid, and are required to be reported via Medicare IDSS

[2] For HbA1c Poor Control, lower rates indicate better performance.

[3] One HEDIS measure (TRC) is a Medicare measure, and is required for Special Needs Plans and Medicare-Medicaid Plans only.

Opportunities for improvement were identified for the Effectiveness of Care performance measures, for which the CHC-MCO's 2019 (MY 2018) performance was worse than the 2019 (MY 2018) PA CHC weighted average, as follows:

- Care for Older Adults (HEDIS Indicator [COA]) for three sub-measures: Medication Review, Functional Status Assessment, and Pain Assessment;
- Controlling High Blood Pressure (HEDIS Indicator [CBP]);
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (HEDIS Indicator [ART]);
- Use of Imaging Studies for Low Back Pain (HEDIS Indicator [LBP]);
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (HEDIS Indicator [SAA]);
- Risk of Continued Opioid Use (HEDIS Indicator [COU]) for two sub-measures: 18-64 Years – ≥30 Days covered and 65+ Years – ≥30 Days covered;
- Use of Opioids From Multiple Providers (HEDIS Indicator [UOP]) for one sub-measure: Multiple Pharmacies;
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (PA EQR Indicator) for all four sub-measures; and
- Antidepressant Medication Management (PA EQR Indicator) for all four sub-measures.

Access/Availability of Care

Table 5 presents the CHC-MCO's 2019 (MY 2018) performance measure results for Access/Availability of Care.

Table 5: Access/Availability of Care Performance Measurement Results for 2019 (MY 2018)

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
HEDIS	AAP: 20-44 Yrs	2284	2451	93.19%	Above Avg	91.97%	93.08%
HEDIS	AAP: 45-64 Yrs	7486	7710	97.09%	Above Avg	96.69%	97.03%
HEDIS	AAP: 65+ Yrs	8143	8404	96.89%	Above Avg	97.32%	96.88%
HEDIS	AAP: Total Rate	17913	18565	96.49%	Above Avg	96.02%	96.44%
HEDIS	ADV: Total Rate	0	0	NA	NA	NA	NA
PA EQR	Annual Dental Visit: 21-59 Yrs	938	14163	6.62%	NA	8.7%	8.9%
PA EQR	Annual Dental Visit: 60-64 Yrs	261	4176	6.25%	NA	8.3%	8.3%
PA EQR	Annual Dental Visit: 65+ Yrs	669	16197	4.13%	NA	6.1%	6.5%
PA EQR	Annual Dental Visit: Total	1868	34536	5.41%	NA	7.4%	7.9%

Note: The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. For PA CHC Weighted Averages, the size of each CHC-MCO's contribution was accounted for, regardless if a given CHC-MCO's rate had a denominator too small for reporting at the individual CHC-MCO-level. NA: Not applicable.

Opportunities for improvement were identified for Access/Availability of Care performance measures, for which the CHC-MCO's 2019 (MY 2018) performance was worse than the 2019 (MY 2018) PA CHC weighted average, as follows:

- Annual Dental Visit (PA EQR Indicator) for all four sub-measures.

Utilization and Risk Adjusted Utilization

Table 6 presents the CHC-MCO's 2019 (MY 2018) performance measure results for Utilization and Risk Adjusted Utilization.

Table 6: Utilization and Risk Adjusted Utilization Performance Measurement Results for 2019 (MY 2018)

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
HEDIS	FSP: Bariatric Weight Loss Surgery, 20-44 Yrs (Male)	1	NA	0.07	Above Avg	0.32	
HEDIS	FSP: Bariatric Weight Loss Surgery, 20-44 Yrs (Female)	2	NA	0.12	Below Avg	0.04	
HEDIS	FSP: Bariatric Weight Loss Surgery, 45-64 Yrs (Male)	2	NA	0.05	Below Avg	0.02	
HEDIS	FSP: Bariatric Weight Loss Surgery, 45-64 Yrs (Female)	9	NA	0.15	Below Avg	0.13	
HEDIS	FSP: Hysterectomy, Abdominal, 15-44 Yrs (Female)	0	NA	0	NA	0	
HEDIS	FSP: Hysterectomy, Abdominal, 45-64 Yrs (Female)	5	NA	0.08	Below Avg	0.03	
HEDIS	FSP: Hysterectomy, Vaginal, 15-44 Yrs (Female)	1	NA	0.06	Below Avg	0.58	
HEDIS	FSP: Hysterectomy, Vaginal, 45-64 Yrs (Female)	1	NA	0.02	Below Avg	0.08	
HEDIS	FSP: Cholecystectomy, Open, 30-64 Yrs (Male)	4	NA	0.08	Above Avg	0.03	
HEDIS	FSP: Cholecystectomy, Open, 15-44 Yrs (Female)	0	NA	0	NA	0	
HEDIS	FSP: Cholecystectomy, Open, 45-64 Yrs (Female)	2	NA	0.03	Below Avg	0.22	
HEDIS	FSP: Cholecystectomy, Laparoscopic, 30-64 Yrs (Male)	23	NA	0.44	Above Avg	0.15	
HEDIS	FSP: Cholecystectomy, Laparoscopic, 15-44 Yrs (Female)	9	NA	0.52	Above Avg	0.17	
HEDIS	FSP: Cholecystectomy, Laparoscopic, 45-64 Yrs (Female)	35	NA	0.58	Below Avg	0.77	
HEDIS	FSP: Back Surgery, 20-44 Yrs (Male)	2	NA	0.14	Below Avg	0.05	
HEDIS	FSP: Back Surgery, 20-44 Yrs (Female)	8	NA	0.46	Above Avg	0.15	
HEDIS	FSP: Back Surgery, 45-64 Yrs (Male)	36	NA	0.88	Above Avg	0.41	
HEDIS	FSP: Back Surgery, 45-64 Yrs (Female)	50	NA	0.83	Above Avg	0.54	
HEDIS	FSP: Mastectomy, 15-44 Yrs (Female)	1	NA	0.06	Above Avg	0.02	
HEDIS	FSP: Mastectomy, 45-64 Yrs (Female)	3	NA	0.05	Below Avg	0.23	
HEDIS	FSP: Lumpectomy, 15-44 Yrs (Female)	4	NA	0.23	Below Avg	0.63	
HEDIS	FSP: Lumpectomy, 45-64 Yrs (Female)	6	NA	0.1	Below Avg	0.22	
HEDIS	AMBA: Outpatient Visits/1,000 MM	54213	NA	227.57	NA	671.09	
HEDIS	AMBA: Emergency Department Visits/1,000 MM	6922	NA	29.06	NA	60.1	
HEDIS	IPUA: Maternity Discharges/1,000 MM	11	NA	0.08	Below Avg	0.03	
HEDIS	IPUA: Medicine Discharges/1,000 MM	3294	NA	13.83	Above Avg	44.31	
HEDIS	IPUA: Surgery Discharges/1,000 MM	1634	NA	6.86	Above Avg	15.46	
HEDIS	IPUA: Total Discharges/1,000 MM	4940	NA	0.21	Below Avg	52.95	
HEDIS	ABXA: Total Antibiotic Scrips	NA	NA	8,904	NA	4092.33	
HEDIS	ABXA: Average Scrips PMPY for Antibiotics	NA	NA	0.45	NA	1.57	
HEDIS	ABXA: Total Days Supply for All Antibiotic Scrips	NA	NA	94,870	NA	41147.67	
HEDIS	ABXA: Average Days Supply per Antibiotic Scrip	NA	NA	10.65	NA	9.19	
HEDIS	ABXA: Total Number of Scrips for Antibiotics of Concern	NA	NA	4,159	NA	1946.33	
HEDIS	ABXA: Average Scrips PMPY for Antibiotics of Concern	NA	NA	0.21	NA	0.77	
HEDIS	ABXA: Percentage of Antibiotics of Concern of All Antibiotic Scrips	NA	NA	46.71%	NA	48.75%	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays 18-44 Yrs	NA	NA	19	NA	6.67	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays 45-54 Yrs	NA	NA	26	NA	9.33	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays 55-64 Yrs	NA	NA	64	NA	22.33	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 1-3 Stays Total	NA	NA	109	NA	38.33	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 4+ Stays 18-44 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 4+ Stays 45-54 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 4+ Stays 55-64 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - 4+ Stays Total	NA	NA	0	NA	0	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - Total Stays 18-44 Yrs	NA	NA	19	NA	6.67	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - Total Stays 45-54 Yrs	NA	NA	26	NA	9.33	
HEDIS	PCR: Count of Index Hospital Stays (IHS) - Total Stays 55-64 Yrs	NA	NA	64	NA	22.33	

HEDIS	PCR: Count of Index Hospital Stays (IHS) - Total Stays Total	NA	NA	109	NA	38.33	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 1-3 Stays 18-44 Yrs	NA	NA	3	NA	1	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 1-3 Stays 45-54 Yrs	NA	NA	5	NA	1.67	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 1-3 Stays 55-64 Yrs	NA	NA	11	NA	4.33	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 1-3 Stays Total	NA	NA	19	NA	7	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 4+ Stays 18-44 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 4+ Stays 45-54 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 4+ Stays 55-64 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Observed 30-Day Readmissions - 4+ Stays Total	NA	NA	0	NA	0	
HEDIS	PCR: Count of Observed 30-Day Readmissions-Total Stays 18-44 Yrs	NA	NA	3	NA	1	
HEDIS	PCR: Count of Observed 30-Day Readmissions-Total Stays 45-54 Yrs	NA	NA	5	NA	1.67	
HEDIS	PCR: Count of Observed 30-Day Readmissions-Total Stays 55-64 Yrs	NA	NA	11	NA	4.33	
HEDIS	PCR: Count of Observed 30-Day Readmissions-Total Stays Total	NA	NA	19	NA	7	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 1-3 Stays 18-44 Yrs	NA	NA	1.67	NA	0.61	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 1-3 Stays 45-54 Yrs	NA	NA	2.36	NA	0.87	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 1-3 Stays 55-64 Yrs	NA	NA	6.32	NA	2.27	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 1-3 Stays Total	NA	NA	10.36	NA	3.75	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 4+ Stays 18-44 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 4+ Stays 45-54 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 4+ Stays 55-64 Yrs	NA	NA	0	NA	0	
HEDIS	PCR: Count of Expected 30-Day Readmissions - 4+ Stays Total	NA	NA	0	NA	0	
HEDIS	PCR: Count of Expected 30-Day Readmissions-Total Stays 18-44 Yrs	NA	NA	1.67	NA	0.61	
HEDIS	PCR: Count of Expected 30-Day Readmissions-Total Stays 45-54 Yrs	NA	NA	2.36	NA	0.87	
HEDIS	PCR: Count of Expected 30-Day Readmissions-Total Stays 55-64 Yrs	NA	NA	6.32	NA	2.27	
HEDIS	PCR: Count of Expected 30-Day Readmissions-Total Stays Total	NA	NA	10.36	NA	3.75	
HEDIS	PCR: Observed Readmission Rate - 1-3 Stays 18-44 Yrs	NA	NA	15.79%	NA	7.90%	
HEDIS	PCR: Observed Readmission Rate - 1-3 Stays 45-54 Yrs	NA	NA	19.23%	NA	9.62%	
HEDIS	PCR: Observed Readmission Rate - 1-3 Stays 55-64 Yrs	NA	NA	17.19%	NA	55.73%	
HEDIS	PCR: Observed Readmission Rate - 1-3 Stays Total	NA	NA	17.43%	NA	45.81%	
HEDIS	PCR: Observed Readmission Rate - 4+ Stays 18-44 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Observed Readmission Rate - 4+ Stays 45-54 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Observed Readmission Rate - 4+ Stays 55-64 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Observed Readmission Rate - 4+ Stays Total	NA	NA	NA	NA	NA	
HEDIS	PCR: Observed Readmission Rate - Total Stays 18-44 Yrs	NA	NA	15.79%	NA	7.90%	
HEDIS	PCR: Observed Readmission Rate - Total Stays 45-54 Yrs	NA	NA	19.23%	NA	9.62%	
HEDIS	PCR: Observed Readmission Rate - Total Stays 55-64 Yrs	NA	NA	17.19%	NA	55.73%	
HEDIS	PCR: Observed Readmission Rate - Total Stays Total	NA	NA	17.43%	NA	45.81%	
HEDIS	PCR: Expected Readmission Rate - 1-3 Stays 18-44 Yrs	NA	NA	8.79%	NA	12.62%	
HEDIS	PCR: Expected Readmission Rate - 1-3 Stays 45-54 Yrs	NA	NA	9.09%	NA	10.61%	
HEDIS	PCR: Expected Readmission Rate - 1-3 Stays 55-64 Yrs	NA	NA	9.88%	NA	13.62%	
HEDIS	PCR: Expected Readmission Rate - 1-3 Stays Total	NA	NA	9.50%	NA	12.95%	
HEDIS	PCR: Expected Readmission Rate - 4+ Stays 18-44 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Expected Readmission Rate - 4+ Stays 45-54 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Expected Readmission Rate - 4+ Stays 55-64 Yrs	NA	NA	NA	NA	NA	
HEDIS	PCR: Expected Readmission Rate - 4+ Stays Total	NA	NA	NA	NA	NA	
HEDIS	PCR: Expected Readmission Rate - Total Stays 18-44 Yrs	NA	NA	8.79%	NA	12.62%	
HEDIS	PCR: Expected Readmission Rate - Total Stays 45-54 Yrs	NA	NA	9.09%	NA	10.61%	
HEDIS	PCR: Expected Readmission Rate - Total Stays 55-64 Yrs	NA	NA	9.88%	NA	13.62%	
HEDIS	PCR: Expected Readmission Rate - Total Stays Total	NA	NA	9.50%	NA	12.95%	
HEDIS	PCR: Observed to Expected Readmission Ratio - 1-3 Stays Total	NA	NA	1.83	NA	3.34	
HEDIS	PCR: Observed to Expected Readmission Ratio - 4+ Stays Total	NA	NA	NA	NA	NA	
HEDIS	PCR: Observed to Expected Readmission Ratio - Total Stays Total	NA	NA	1.83	NA	3.34	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Total IP 21-59 Yrs	200	274	73.0%	NA	75.4	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Total IP 60-64 Yrs	67	80	83.8%	NA	78.0	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Total IP 65+ Yrs	127	190	66.8%	NA	77.0	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Total IP Unknown	394	544	72.4%	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Total IP Total	2033	101598	20.0	NA	76.0	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Maternity 21-59 Yrs	866	31558	27.4	NA	0.1	

PA EQR	Inpatient Utilization-General Hospital/Acute Care Maternity 60-64 Yrs	2361	109351	21.6	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Maternity 65+ Yrs	0	0	NA	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Maternity Unknown	5260	242507	21.7	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Maternity Total	10	101598	0.1	NA	0.1	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Surgery 21-59 Yrs	1	31558	0.0	NA	17.0	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Surgery 60-64 Yrs	1	109351	0.0	NA	15.9	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Surgery 65+ Yrs	0	0	NA	NA	14.1	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Surgery Unknown	12	242507	0.0	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Surgery Total	758	101598	7.5	NA	16.1	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Medicine 21-59 Yrs	282	31558	8.9	NA	58.3	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Medicine 60-64 Yrs	652	109351	6.0	NA	62.1	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Medicine 65+ Yrs	0	0	NA	NA	62.9	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Medicine Unknown	1692	242507	7.0	NA	NA	
PA EQR	Inpatient Utilization-General Hospital/Acute Care Medicine Total	1265	101598	12.5	NA	59.8	
PA EQR	Ambulatory Care – ED Visits 21-59 Yrs	583	31558	18.5	NA	115.5	
PA EQR	Ambulatory Care – ED Visits 60-64 Yrs	1708	109351	15.6	NA	94.5	
PA EQR	Ambulatory Care – ED Visits 65+ Yrs	0	0	NA	NA	67.6	
PA EQR	Ambulatory Care – ED Visits Unknown Yrs	3556	242507	14.7	NA	NA	
PA EQR	Ambulatory Care – ED Visits Total	4236	101598	41.7	NA	101.3	
PA EQR	Plan All-Cause Readmissions 21-59 Yrs	1221	31558	38.7	NA	17.7%	
PA EQR	Plan All-Cause Readmissions 60-64 Yrs	1594	109351	14.6	NA	16.5%	
PA EQR	Plan All-Cause Readmissions 65+ Yrs	0	0	NA	NA	20.0%	
PA EQR	Plan All-Cause Readmissions Total	7051	242507	29.1	NA	17.9%	

Note: The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. PA CHC Weighted Average calculations are not applicable for utilization measurement. Lower rates for three PA EQR Indicators (Inpatient Utilization - General Hospital/Acute Care, Ambulatory Care, and Plan All-Cause Readmissions) indicate better performance. NA: Not applicable.

No opportunities for improvement were identified for Utilization and Risk Adjusted Utilization performance measures for 2019 (MY 2018).

LTSS Measurement

Table 7 presents the CHC-MCO's 2019 (MY 2018) preliminary performance measure results for LTSS.

Table 7: LTSS Performance Measurement Results for 2019 (MY 2018)

Indicator Source	Indicator	N	D	Result	NCQA Benchmark	PA CHC Mean	PA CHC Weighted Average
PA EQR	Comprehensive Care Plan and Update: Core Elements[1]	54	427	12.7%	NA	44.7%	46.6%
PA EQR	Comprehensive Care Plan and Update: Supplemental Elements[1]	52	427	12.2%	NA	44.6%	46.3%
PA EQR	Care Plan Update After IP Discharge Reassessment: Core Elements[1]	27	139	19.4%	NA	12.5%	10.7%
PA EQR	Care Plan Update After IP Discharge Reassessment: Supplemental Elements	8	139	5.8%	NA	5.3%	5.3%
PA EQR	Shared Care Plan With Primary Care Practitioner	0	450	0%	NA	25.2%	7.2%
PA EQR	Comprehensive Assessment and Update: Core Elements[1]	187	429	43.6%	NA	50.6%	57.5%
PA EQR	Comprehensive Assessment and Update: Supplemental Elements[1]	185	429	43.1%	NA	50.4%	57.3%

Note: The PA CHC Mean is the arithmetic (ordinary) population mean; CHC-MCOs with applicable rates are weighted equally regardless of differential population sizes. For PA CHC Weighted Average calculations, the size of each CHC-MCO's contribution was accounted for, regardless if a given CHC-MCO's rate had a denominator too small for reporting at the individual CHC-MCO-level. For 2019 (MY 2018) LTSS measures, PA CHC Mean and PA CHC Weighted Average are for informational purposes only; MRRV identified documentation issues for numerator compliance across CHC-MCOs' submissions. NA: Not applicable.

[1] During the MRRV, documentation issues for numerator compliance were identified with the CHC-MCO's submission; additional caution should be exercised when interpreting preliminary results.

During the MRRV, preliminary documentation issues for numerator compliance were identified with the CHC-MCO's submission for the following 2019 (MY 2018) LTSS performance measures, for which additional caution should be exercised when interpreting results:

- Comprehensive Care Plan and Update (PA EQR Indicator) for both sub-measures;
- Care Plan Update After Inpatient Discharge Reassessment (PA EQR Indicator) for one sub-measure: Core Elements; and
- Comprehensive Assessment and Update (PA EQR Indicator) for both sub-measures.

Opportunities for improvement were preliminarily identified for the LTSS performance measures, for which the CHC-MCO's 2019 (MY 2018) performance was worse than the 2019 (MY 2018) PA CHC weighted average, as follows:

- Comprehensive Care Plan and Update (PA EQR Indicator) for both sub-measures;
- Shared Care Plan with Primary Care Practitioner (PA EQR Indicator); and
- Comprehensive Assessment and Update (PA EQR Indicator) for both sub-measures.

IV: MCO's Responses to Previous Opportunities for Improvement

Phase 1 of CHC operations started in 2018, which was the first review year in regard to reporting on BBA requirements. No improvement opportunities were identified in regard to reporting requirements for the CHC-MCO. Therefore, there were no opportunities under discussion in this section for reporting in the EQR CHC-MCO Technical Report for 2019.

In subsequent review years, the CHC-MCO will respond to identified opportunities for improvement in its current and proposed interventions and submit tabulated information to the EQRO pertaining to Current and Proposed Interventions, as well as the Root Cause Analysis and Action Plan.

V: Strengths and Opportunities for Improvement in Review Year 2019

This section reports the UPMC's strengths and opportunities for improvement for this review period as determined by the EQRO and further interpretation of the CHC-MCO's performance as related to selected HEDIS measures, as warranted.

Strengths

- Based on the results for the CHC-MCO's onsite reviews of structural systems and operations readiness, the CHC-MCO's receipt of NCQA accreditation, and relevant supporting documentation, the CHC-MCO was determined to be sufficiently compliant with standards of quality in accordance with requirements.
- Based on the determinations of sufficient compliance with standards of quality, the CHC-MCO was approved to commence CHC Phase 2 expansion into the SE effective January 1, 2019.
- The CHC-MCO received conditional approval on both PIPs to proceed with PIP expansion for CHC Phase 2 into the SE.

Opportunities for Improvement

- The CHC-MCO should improve performance for nine measures of Effectiveness of Care, one measure of Access/Availability of Care, and three measures of LTSS; and
- The CHC-MCO should ensure compliance with medical record documentation requirements for three LTSS performance measures.

VI: Summary of Activities

This section provides a summary of EQR activities for UPMC for this review period.

Structure and Operations Standards

- The CHC-MCO was assessed for compliance using onsite reviews of structural systems and operations readiness, supporting documentation of structural systems and operations readiness, and the determinations in terms of compliance with standards of quality in accordance with BBA reporting requirements.

Performance Improvement Projects

- The CHC-MCO implemented PIPs to assess and improve outcomes of care rendered by the CHC-MCO and proposed activities for regional PIP expansion.
- The CHC-MCO implemented interventions and measured performance on two topics: Strengthening Care Coordination (clinical) and Transition of Care from the Nursing Facility to the Community (non-clinical) and proposed activities for regional PIP expansion on both topics.
- The CHC-MCO established and reported on PIP performance indicator goals, baseline data measurement, barrier analyses, and intervention development.
- The CHC-MCO submitted both required PIP proposals and both required PIP reports by the deadline, and both proposals for regional expansion were conditionally approved for implementation.
- The CHC-MCO had capacity to calibrate PIPs for the planned expansion of CHC, including updating regional PIP baseline data upon expansion and generating valid results for PIP intervention tracking measures and performance indicators.

Performance Measurement and Consumer Assessment of Healthcare Providers and Systems Surveys

- Performance measure results were reportable for 2019 (MY 2018), and the CHC-MCO submitted CAHPS Results to the Department for further use in accordance with requirements.
- Activities for 2019 which were applicable to the CHC-MCO included ongoing implementation of methodology for performance measure validation for meeting reporting requirements using updated specifications for reporting capacity for 2020 (MY 2019) performance measure results; furthermore, the CHC-MCO is participating in enhanced validation processes with regard to reviews of integrated supplemental data for CHC enrollment.
- Activities for 2019 which were applicable to the CHC-MCO included ongoing selection and description of HEDIS PMs for reporting requirements, including conduction of the second full HEDIS compliance audit using HEDIS 2020 (MY 2019) specifications.
- The CHC-MCO will be provided with comparisons to the previous year's performance measurement calculations, as applicable, with investigation into highlighted differences for further identification of strengths and opportunities in performance measurement.

MCO's Responses to Previous Opportunities for Improvement

- No previous opportunities were identified for the CHC-MCO; therefore, the CHC-MCO did not require a response for 2019.

Strengths and Opportunities for Improvement in Review Year 2019

- Strengths identified included the following: the CHC-MCO was determined to be sufficiently compliant with standards of quality in accordance with requirements, the CHC-MCO received NCQA accreditation as of December 2019, and effective January 1, 2019 the CHC-MCO was approved to commence operations with enrollment of CHC participants in the SE; and, the CHC-MCO received conditional approval on both PIPs to proceed with PIP expansion for CHC Phase 2 into the SE.
- Opportunities for improvement included the following: the CHC-MCO should improve performance for 13 measures across Effectiveness of Care, Access/Availability of Care, and LTSS; and, the CHC-MCO should ensure compliance with medical record documentation requirements for three LTSS performance measures.

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