

MCO COMPARATIVE REPORT

MAY 2016

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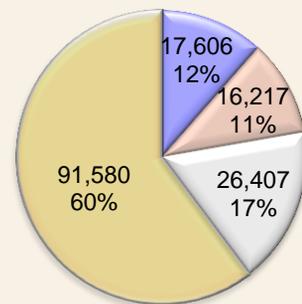
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HEALTHCHOICES NEW WEST ZONE

As of September 2015 enrollment in the New West Zone was 151,810

Exhibit A

Source: Internal DHS Report
Numbers reflect a point in time



■ Aetna ■ AmeriHealth ■ Gateway ■ UPMC

Exhibit B

Source: Internal DHS Report
Numbers reflect a point in time

Enrollment

Data in **Exhibit C** reflects member month equivalents from the last month of the quarter. The member month is equivalent to one member for whom the MCO has recognized capitation-based revenue for the entire month. Where the revenue is recognized for only part of a month for a given individual, a partial, prorated member month is counted. A partial member month is prorated based on the actual number of days in a particular month.

Exhibit D contains the percentages of change in member months from 12 months prior to the month listed.

MEMBER MONTHS				
	Aetna* (Coventry)	Ameri- Health	Gateway	UPMC
March 2014	18,484	11,823	23,139	70,417
June 2014	18,686	11,842	22,277	70,735
September 2014	18,561	11,980	21,938	71,183
December 2014	18,373	12,229	21,711	72,374
March 2015	16,737	12,036	21,763	73,381
June 2015	16,960	14,562	24,506	83,286
September 2015	17,261	16,056	26,322	91,185
Exhibit C Source: MCO Reported–Report #1 Enrollment Table				

CHANGE IN MEMBER MONTHS FROM 12 MONTHS PRIOR							
	March 2014	June 2014	September 2014	December 2014	March 2015	June 2015	September 2015
Aetna* (Coventry)	2.5%	2.7%	0.4%	(3.4%)	(10.4%)	(8.6%)	(6.1%)
AmeriHealth	(5.5%)	(1.4%)	0.4%	2.7%	1.8%	23.0%	34.0%
Gateway	(9.7%)	(10.3%)	(8.0%)	(7.7%)	(5.9%)	10.0%	20.0%
UPMC	4.6%	3.5%	4.2%	5.0%	4.2%	17.7%	28.1%
Exhibit D Source: MCO Reported–Report #1 Enrollment Table							

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Enrollment

PERCENTAGE OF ZONE ENROLLMENT BY CATEGORY OF ASSISTANCE

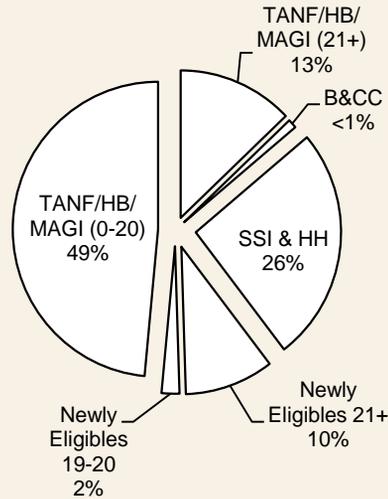


Exhibit E 3rd Qtr 2015 YTD

Source: MCO Reported–Report #1 Enrollment Table

MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	TANF/HB/MAGI (Ages 0-20)				TANF/HB/MAGI (Ages 21+)				SSI & HH and Other Disabled				Breast & Cervical Cancer				Newly Eligibles (Ages 19-20)				Newly Eligibles (Ages 21+)			
	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD	1 st Qtr '15 YTD	2 nd Qtr '15 YTD	3 rd Qtr '15 YTD	4 th Qtr '15 YTD
Aetna	50%	51%	49%		17%	15%	15%		29%	29%	27%		1%	1%	1%		1%	1%	2%		3%	5%	7%	
Ameri-Health	54%	51%	47%		15%	15%	14%		27%	25%	23%		1%	1%	1%		1%	2%	2%		4%	8%	14%	
Gateway	54%	52%	50%		13%	12%	12%		28%	27%	25%		1%	1%	1%		2%	3%	3%		4%	6%	11%	
UPMC	54%	52%	50%		13%	13%	12%		29%	28%	26%		1%	1%	1%		2%	2%	2%		2%	5%	10%	

Exhibit F

Source: MCO Reported–Report #1 Enrollment Table

Enrollment

ENROLLMENT BY COUNTY

COUNTY	Aetna			AmeriHealth			Gateway			UPMC		
	July 15	Aug 15	Sept 15	July 15	Aug 15	Sept 15	July 15	Aug 15	Sept 15	July 15	Aug 15	Sept 15
Cameron	<1%	<1%	<1%	1%	1%	1%	<1%	<1%	<1%	1%	1%	1%
Clarion	4%	4%	4%	4%	4%	4%	3%	3%	3%	4%	4%	4%
Clearfield	8%	8%	8%	11%	11%	11%	6%	6%	6%	11%	11%	11%
Crawford	7%	7%	7%	7%	7%	7%	3%	3%	4%	13%	12%	12%
Elk	1%	1%	1%	1%	1%	2%	2%	2%	2%	4%	4%	4%
Erie	51%	51%	51%	35%	36%	35%	60%	59%	59%	29%	30%	30%
Forest	<1%	<1%	<1%	1%	1%	1%	<1%	<1%	<1%	<1%	<1%	1%
Jefferson	2%	2%	2%	2%	2%	2%	4%	4%	4%	7%	7%	7%
McKean	4%	4%	4%	7%	7%	7%	1%	1%	1%	6%	6%	6%
Mercer	12%	12%	12%	13%	13%	13%	14%	15%	15%	13%	14%	13%
Potter	<1%	<1%	<1%	7%	7%	7%	<1%	<1%	<1%	2%	2%	2%
Venango	7%	6%	7%	7%	7%	7%	3%	3%	3%	7%	7%	7%
Warren	4%	4%	3%	5%	5%	5%	3%	3%	3%	4%	4%	4%
TOTAL ENROLLMENT	17,329	17,330	17,606	14,961	15,310	16,217	24,969	25,350	26,407	85,352	87,466	91,580

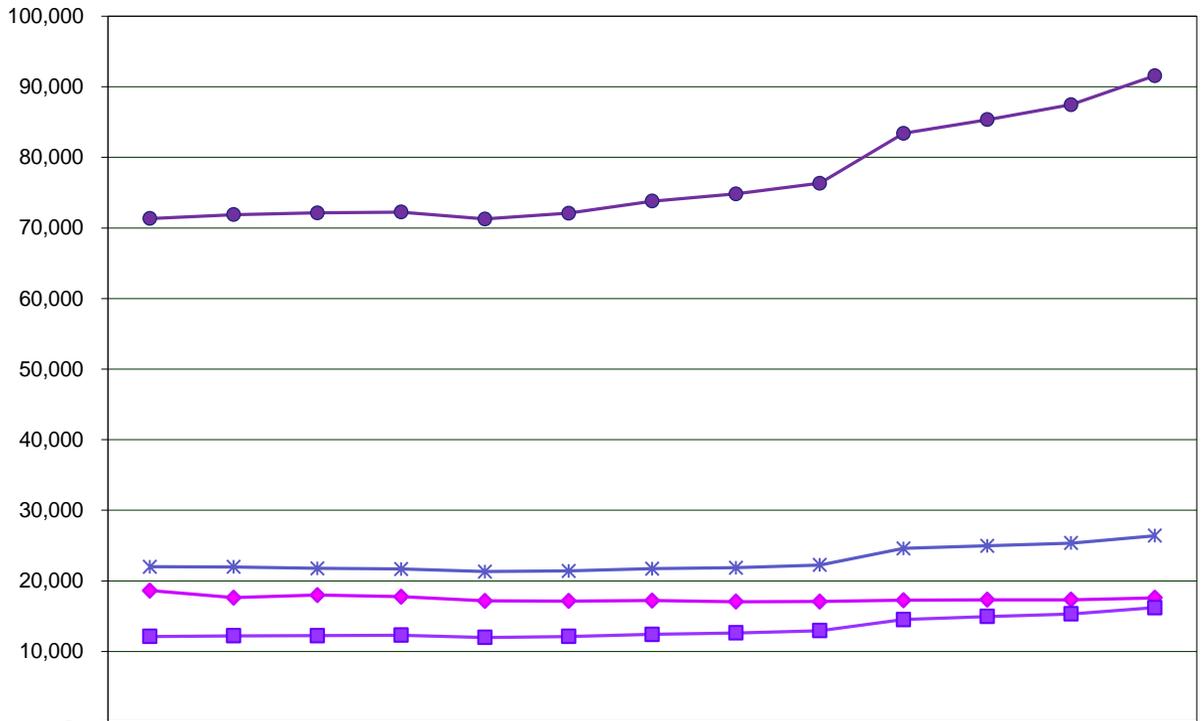
Exhibit G

Source: DHS Internal Report

Numbers reflect point in time

Enrollment

Total Enrollment (September 2014 – September 2015)



	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
◆ AETNA* Total	18,630	17,625	17,998	17,750	17,165	17,149	17,217	17,053	17,075	17,255	17,329	17,330	17,606
■ AHC Total	12,117	12,215	12,249	12,308	11,981	12,115	12,420	12,639	12,952	14,518	14,961	15,310	16,217
* GATEWAY Total	21,992	21,970	21,770	21,685	21,315	21,413	21,719	21,858	22,248	24,597	24,969	25,350	26,407
● UPMC Total	71,334	71,882	72,133	72,253	71,263	72,095	73,802	74,821	76,335	83,399	85,352	87,466	91,580

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Exhibit H

Source: DHS Internal Report

COMPLAINTS AND GRIEVANCES PER 1,000 MEMBERS

Exhibit I displays the number of 1st and 2nd level complaints and the number of 1st and 2nd level grievances reviewed per 1,000 members during the reporting quarter.

	1 st Qtr. 2015				2 nd Qtr. 2015				3 rd Qtr. 2015			
	Ameri-Health	Aetna	Gateway	UPMC	Ameri-Health	Aetna	Gateway	UPMC	Ameri-Health	Aetna	Gateway	UPMC
Complaints – 1st Level												
# Reviewed per 1,000 Members	.08	.06	.65	.83	0	0	.87	.81	.06	.17	.23	.64
Complaints – 2nd Level												
# Reviewed per 1,000 Members	0	0	.05	.01	0	0	.13	.01	0	0	.04	0
Grievances – 1st Level												
# Reviewed per 1,000 Members	.58	.76	.98	.58	.07	.58	1.7	.61	.65	1.1	2.4	.66
Grievances – 2nd Level												
# Reviewed per 1,000 Members	.33	0	.05	.04	0	0	.17	.15	.06	.06	.27	.10
Exhibit I												
Source: MCO Reported-Report QR-OPS4												

COMPLAINTS

The tables below display the percent of complaints filed by complaint type. **Exhibit J** displays the 1st level complaints and **Exhibit K** displays the 2nd level complaints.

1 ST LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	AHC	Aetna	Gate-way	UPMC	AHC	Aetna	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS				5%		10%	17%	4%
COVERAGE OF SERVICES			5%	25%		10%	17%	21%
DISCRIMINATION								
ER SERVICE								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS			5%	3%	100%			4%
MCO SERVICE AND ADMIN.			10%	8%		10%		13%
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OUT-OF-NETWORK SERVICE								
OTHER				2%		5%		
PAYMENT ISSUES			35%	13%		10%	17%	23%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE		100%	45%	44%		55%	49%	35%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	0%	100%	100%	100%	100%	100%	100%	100%

Exhibit J
Source: MCO Reported-Report QR-OPS4

2 ND LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	AHC	Aetna	Gate-way	UPMC	AHC	Aetna	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS								
COVERAGE OF SERVICES								
DISCRIMINATION								
ER SERVICE								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS								
MCO SERVICE AND ADMIN.								
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OUT-OF-NETWORK SERVICE								
OTHER								
PAYMENT ISSUES				100%				
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE			100%				100%	
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	0%	0%	100%	100%	0%	0%	100%	0%

Exhibit K
Source: MCO Reported-Report QR-OPS4

GRIEVANCES

The tables below display the percent of grievances filed by grievance type. **Exhibit L** displays the 1st level grievances and **Exhibit M** displays the 2nd level grievances.

1 ST LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	AHC	Aetna	Gate-way	UPMC	AHC	Aetna	Gate-way	UPMC
BENEFIT LIMITS			3%	2%				
Dental (Braces)			13%	32%		5%	15%	25%
Dental (Dentures)	9%			2%	10%			2%
Dental (Other)	28%		8%	15%		32%	5%	10%
Dental Benefit Limits					30%		2%	
Durable Medical Equipment	9%		3%	10%	10%	5%	13%	5%
Hearing Svcs./ Products								
Home Health Services	9%		3%					2%
Inpatient Medical Svcs.			3%				3%	
MEDICAL NECESSITY								
OTHER			3%	10%			8%	16%
Outpatient Medical Svcs	18%	10%	30%	6%	20%	5%	40%	2%
PHARMACY/ FORMULARY	18%	90%	21%	6%	20%	53%	11%	17%
Pharmacy Benefit Limits								
Skilled Nursing Services	9%		13%	17%	10%		3%	21%
Transportation Services								
Vision Services								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

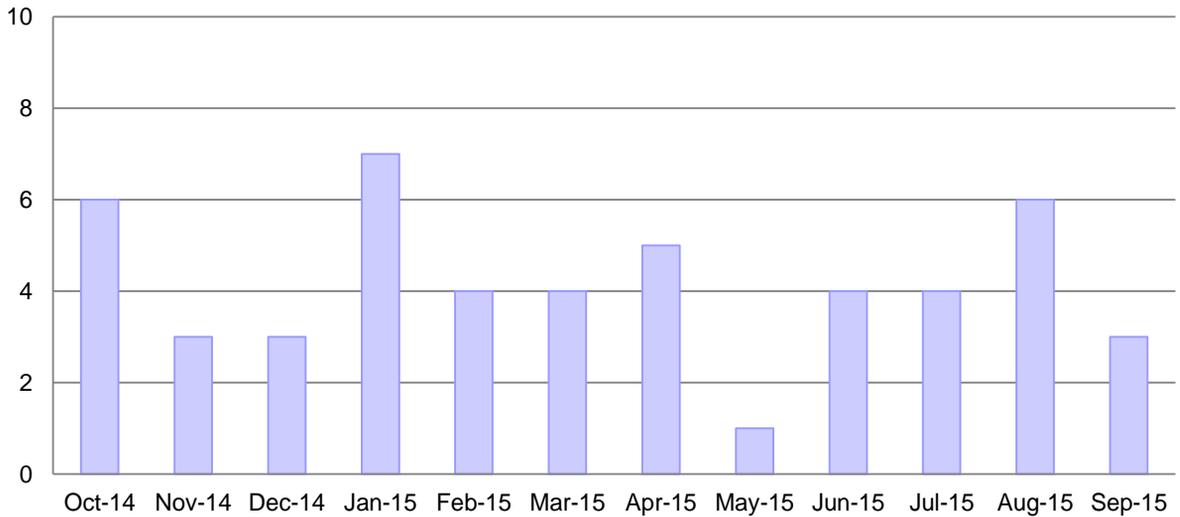
Exhibit L
Source: MCO Reported-Report QR-OPS4

2 ND LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	AHC	Aetna	Gate-way	UPMC	AHC	Aetna	Gate-way	UPMC
BENEFIT LIMITS				8%				
Dental (Braces)				17%			29%	
Dental (Dentures)								
Dental (Other)							14%	
Durable Medical Equipment				17%				
Hearing Svcs./ Products								
Home Health Services								11%
Inpatient Medical Svcs.								
MEDICAL NECESSITY								
OTHER				8%				
Outpatient Medical Svcs			25%	8%			14%	
PHARMACY/ FORMULARY			25%		100%	100%	14%	
Skilled Nursing Services			50%	42%			29%	89%
Transportation Services								
Vision Services								
SUPPLEMENTAL SERVICES								
TOTAL	0%	0%	100%	100%	100%	100%	100%	100%

Exhibit M
Source: MCO Reported-Report QR-OPS4

FAIR HEARING REPORTS

Appeals Received



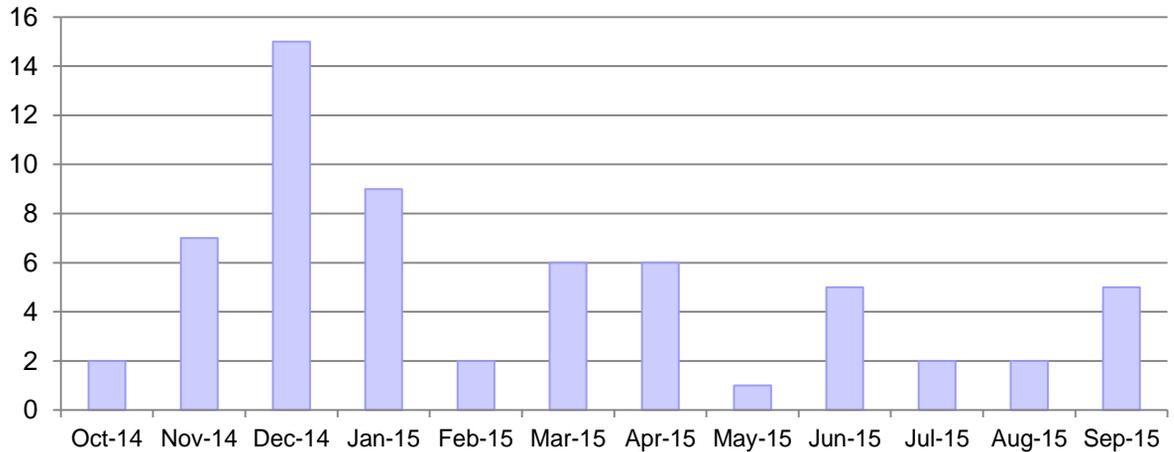
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
New West	6	3	3	7	4	4	5	1	4	4	6	3

- A total of 38 appeals have been received for 2015.
- Of the appeals, 58% of them are pharmacy issues.

Exhibit N

Source: MCO Reported

Hearings Scheduled



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
New West	2	7	15	9	2	6	6	1	5	2	2	5

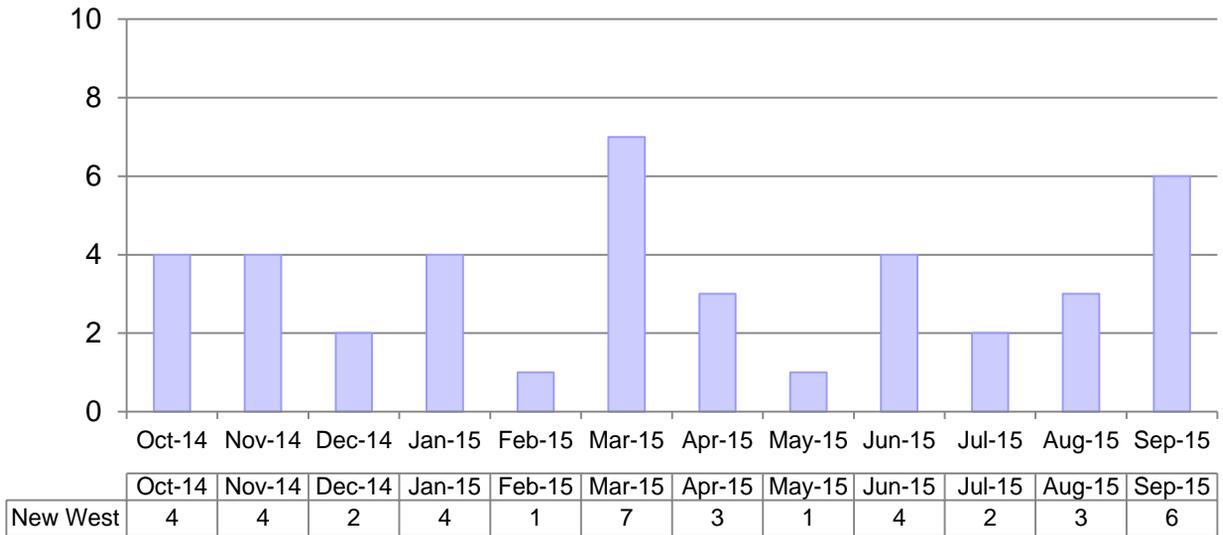
- A total of 38 hearings have been scheduled for 2015.

Exhibit O

Source: MCO Reported

FAIR HEARING REPORTS

Hearing Resolutions



•A total of 31 decisions have been rendered for NW for 2015.

Exhibit P

Source: MCO Reported

Expedited Hearings												
	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015
NW	0	0	0	0	0	0	0	0	0	0	0	0

•There were 0 expedited hearings for NW for 3rd Quarter 2015.

Exhibit Q

Source: MCO Reported

Decisions Not Rendered in 90 Days												
	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015
NW	0	0	0	0	0	2	0	0	0	0	1	1

•Appeals over 90 days have increased slightly since 2nd Quarter 2015.

Exhibit R

Source: MCO Reported

Utilization

Exhibit S displays utilization data for primary care visits. Primary care is inclusive of the following specialties: General Practice, Family Practice, Internal Medicine and Pediatrics. The data is reported by recipient group. The utilization measures are defined as annualized utilization per 1,000 average population.

A visit is defined as one or more professional contacts between a patient and a unique service provider on a unique date of service.

HEDIS MEASURE: CHILD AND ADOLESCENT ACCESS TO PREVENTATIVE/AMBULATORY HEALTH SERVICES

	2015	2014		
AmeriHealth Caritas				
12-24 months	97.09%	96.43%		
25 mo - 6 years	87.89%	87.61%		
7-11 years	91.42%	91.94%		
12-19 years	90.67%	91.51%		
Aetna*				
12-24 months	95.80%	94.55%		
25 mo - 6 years	85.67%	85.96%		
7-11 years	85.84%	79.52%		
12-19 years	83.90%	75.72%		
Gateway Health				
12-24 months	96.29%	96.84%		
25 mo - 6 years	88.46%	88.95%		
7-11 years	91.88%	92.31%		
12-19 years	90.37%	90.80%		
UPMC for You				
12-24 months	97.97%	96.39%		
25 mo - 6 years	90.32%	88.84%		
7-11 years	92.69%	92.21%		
12-19 years	90.99%	90.36%		

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Categories of Assistance: Effective with the 1st quarter 2015, reporting has been changed to **TANF/HB/MAGI ages 0-20** and **TANF/HB/MAGI ages 21+** and **SSI & HH with and without Medicare** have been merged into one group.

PRIMARY CARE VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15	3Qtr15
Aetna*							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,738	1,680	1,561	1,549	1,605	1,452	1,428
TANF/HB/ MAGI (Ages 0-18 or 0-20)	3,129	2,580	2,551	2,478	2,531	2,260	2,158
SSI	2,843	2,627	2,654	2,639	2,489	2,545	2,642
TOTAL AVERAGE	2,717	2,408	2,390	2,330	2,356	2,149	2,054
AmeriHealth							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,556	1,428	1,659	1,615	1,706	1,798	1,682
TANF/HB/ MAGI (Ages 0-18 or 0-20)	2,017	1,813	1,708	1,970	1,803	1,665	1,696
SSI	2,815	2,989	3,007	3,069	2,989	3,050	3,055
TOTAL AVERAGE	2,132	2,054	2,071	2,212	2,140	2,003	1,928
Gateway							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,643	1,653	1,495	1,511	1,416	1,637	1,769
TANF/HB/ MAGI (Ages 0-18 or 0-20)	2,683	2,458	2,466	2,573	2,263	1,990	2,095
SSI	2,863	2,759	2,804	2,763	2,658	2,604	2,645
TOTAL AVERAGE	2,525	2,395	2,382	2,439	2,275	2,089	2,065
UPMC							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,739	1,656	1,689	1,802	1,919	1,880	1,730
TANF/HB/ MAGI (Ages 0-18 or 0-20)	2,653	2,150	2,114	2,580	2,300	2,060	2,010
SSI	2,932	2,650	2,657	2,764	2,556	2,527	2,470
TOTAL AVERAGE	2,561	2,217	2,221	2,487	2,312	2,161	2,052
Exhibit S							
Source: MCO Reported-Report #6a Inpatient, Physician and Dental Statistics (Totals include state GA and Newly Eligible categories of assistances depending on year of reporting.) This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve data.							

HEDIS MEASURE: ADULT ACCESS TO PREVENTATIVE/AMBULATORY HEALTH SERVICES

	2015	2014		
AmeriHealth Caritas				
20-44 years	85.05%	84.10%		
45-64 years	92.65%	91.49%		
65 and older	89.17%	90.70%		
Aetna*				
20-44 years	77.94%	75.81%		
45-64 years	86.93%	85.90%		
65 and older	79.05%	82.17%		
Gateway Health				
20-44 years	83.72%	84.07%		
45-64 years	91.47%	90.90%		
65 and older	91.68%	88.05%		
UPMC for You				
20-44 years	86.11%	85.76%		
45-64 years	92.94%	92.15%		
65 and older	88.45%	87.80%		

Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15	3Qtr15
Aetna*							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,094	1,071	976	872	876	973	812
TANF/HB/ MAGI (Ages 0-18 or 0-20)	843	930	980	883	799	1,005	1,048
SSI	1,060	1,031	1,042	812	848	980	834
TOTAL AVERAGE	931	963	963	826	824	986	910
AmeriHealth							
TANF/HB/ MAGI (Ages 19+ or 21+)	586	668	607	689	628	672	611
TANF/HB/ MAGI (Ages 0-18 or 0-20)	803	754	710	757	786	825	771
SSI	746	663	676	666	636	737	517
TOTAL AVERAGE	733	702	679	718	731	738	652
Gateway							
TANF/HB/ MAGI (Ages 19+ or 21+)	750	837	839	763	669	734	669
TANF/HB/ MAGI (Ages 0-18 or 0-20)	981	1,103	1,209	890	1,032	1,094	965
SSI	878	973	925	809	846	870	853
TOTAL AVERAGE	890	995	1,036	833	948	973	812
UPMC							
TANF/HB/ MAGI (Ages 19+ or 21+)	945	890	928	861	921	894	849
TANF/HB/ MAGI (Ages 0-18 or 0-20)	1,142	1,128	1,150	1,071	1,055	1,092	1,168
SSI	980	1,022	996	931	946	1,000	1,014
TOTAL AVERAGE	1,030	1,022	1,040	964	1,003	1,025	1,040

Exhibit T
Source: MCO Reported-Report #6a Inpatient, Physician and Dental Statistics (Totals include state GA and Newly Eligible categories of assistances depending on year of reporting.) This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve data.

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Categories of Assistance: Effective with the 1st quarter 2015, reporting has been changed to **TANF/HB/MAGI ages 0-20** and **TANF/HB/MAGI ages 21+** and **SSI & HH with and without Medicare** have been merged into one group.

Utilization for dental services is displayed in **Exhibit T**. The data is provided by recipient group. These utilization measures are also on an annualized “per 1,000” basis.

A visit is defined as one or more professional contacts between a patient and a unique service provider on a unique date of service.

Utilization

Exhibit U displays utilization data for specialty provider visits. Specialty providers are defined as all providers practicing in a defined medical field, excluding the following: primary care, dentists, orthodontists and oral surgeons, provider services where the cost is included in a hospital invoice for an admission. In the Financial Reporting Requirements, Appendix A:14, Specialty Physician criteria should be used to determine specialty provider.

A visit is defined as one or more professional contacts between a patient and a unique service provider on a unique date of service.

The data is provided by recipient group. These utilization measures are also on an annualized “per 1,000” basis.

SPECIALTY VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15	3Qtr15
Aetna*							
TANF/HB/ MAGI (Ages 19+ or 21+)	3,584	3,867	3,743	3,671	4,026	3,753	3,441
TANF/HB/ MAGI (Ages 0-18 or 0-20)	707	777	761	648	801	746	704
SSI	4,172	4,165	4,207	4,123	4,204	4,120	3,888
TOTAL AVERAGE	2,436	2,535	2,475	2,330	2,348	2,271	2,117
AmeriHealth							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,661	2,940	3,066	2,710	2,827	3,434	2,916
TANF/HB/ MAGI (Ages 0-18 or 0-20)	512	677	671	583	847	899	648
SSI	2,593	2,866	3,030	2,643	2,634	3,050	2,573
TOTAL AVERAGE	1,605	1,802	1,867	1,633	1,709	1,858	1,554
Gateway							
TANF/HB/ MAGI (Ages 19+ or 21+)	3,076	3,248	3,618	3,491	3,611	3,893	3,856
TANF/HB/ MAGI (Ages 0-18 or 0-20)	922	906	1,056	911	978	929	908
SSI	3,481	3,727	3,784	3,658	3,949	3,876	3,511
TOTAL AVERAGE	2,114	2,199	2,323	2,176	2,244	2,231	2,039
UPMC							
TANF/HB/ MAGI (Ages 19+ or 21+)	3,146	3,230	3,201	3,207	3,594	3,616	3,636
TANF/HB/ MAGI (Ages 0-18 or 0-20)	1,018	1,060	976	1,060	1,180	1,204	1,101
SSI	3,978	4,163	4,141	3,881	3,874	4,130	3,962
TOTAL AVERAGE	2,384	2,472	2,410	2,348	2,345	2,422	2,298
Exhibit U							
Source: MCO Reported-Report #6a Inpatient, Physician and Dental Statistics (Totals include state GA and Newly Eligible categories of assistances depending on year of reporting.) This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve data.							

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Categories of Assistance: Effective with the 1st quarter 2015, reporting has been changed to **TANF/HB/MAGI ages 0-20** and **TANF/HB/MAGI ages 21+**.

Utilization

Exhibit V displays emergency department visits that result in discharge. These visits are counted once regardless of the intensity of care required during the stay or the length of stay. **Data reported is on an annualized per 1,000 member months basis.**

EMERGENCY ROOM UTILIZATION PER 1,000 MEMBERS BY AGE GROUPING						
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15
Aetna*						
Under 21 years old	842.1	784.6	853.0	793.1	809.6	782.0
21 years old & over	1,764.6	1,775.8	1,897.0	1,517.1	1,545.6	1,770.1
AmeriHealth						
Under 21 years old	838.7	820.5	823.6	789.6	782.5	785.2
21 years old & over	1,629.1	1,753.2	1,840.0	1,585.6	1,625.6	1,707.1
Gateway						
Under 21 years old	760.4	805.7	833.4	796.0	805.5	807.7
21 years old & over	1,446.1	1,626.4	1,665.8	1,486.5	1,519.4	1,682.6
UPMC						
Under 21 years old	720.8	776.5	762.0	743.8	766.7	746.1
21 years old & over	1,306.0	1,447.3	1,480.8	1,334.9	1,340.7	1,381.8
Exhibit V						
Source: MCO Reported – Report #7e Emergency Department Utilization						

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve the data.

Utilization

Exhibit W ED Utilization

This measure summarizes: Utilization of ambulatory care in the category of Emergency Department Visits. Quarter to quarter comparison of rates show two MCOs have increased, one MCO remained steady and one MCO decreased utilization. Year over year comparison of rates show three MCOs' rates increased in ED utilization and one decreased. Q315 submission of rates compared to HEDIS 2015 shows two MCOs rates were lower, and two MCOs rates were consistent. The HealthChoices weighted average has increased for quarter to quarter, utilization decreased for HEDIS 2015 and remained steady for year to year.

Ambulatory Care (All Ages) - Emergency Department Visits/1,000 Member Months ¹							
	HEDIS 2014 (CY 2013)	HEDIS 2015 (CY 2014)	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014 - 12/31/2014	Reporting Q315 4/1/2014 - 3/31/2015
Aetna Better Health	68.35	73.74	67.25	67.42	67.60	73.40	74.09
AmeriHealth Caritas	85.21	82.16	82.42	82.14	81.40	82.01	78.69
Gateway Health	83.16	81.86	76.25	76.10	75.95	76.17	81.03
UPMC For You	73.21	72.66	68.15	71.12	66.97	65.70	70.49
Weighted Average	75.74	73.98	72.29	73.10	72.35	71.95	73.09
50th PCTL BM	63.93	61.89					
75th PCTL BM	73.97	72.42					
90th PCTL BM	81.24	83.68					

¹ While not an inverse measure, lower rates are desirable.

Exhibit W

Source: Data is self-reported from the MCOs

Utilization

Exhibit X Annual Dental

This measure summarizes: The percentage of members 2 – 21 years of age who had at least one dental visit during the measurement year. Quarter to quarter comparison of rates show two MCOs rates have decreased, one increased and one remained steady. Year over year comparison of rates show three MCOs rates increased, one remained steady. Q315 submission rates compared to HEDIS 2015 show two MCOs have decreased and two MCOs were consistent. The HealthChoices weighted average HEDIS 2015 and year to year have increased. Rate compared to quarter to quarter remain consistent.

Annual Dental Visit, 2-21 years							
	HEDIS 2014 (CY 2013)	HEDIS 2015 (CY 2014)	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014- 12/31/2014	Reporting Q315 4/1/2014- 3/31/2015
Aetna Better Health	49.42%	51.13%	48.08%	45.19%	51.89%	50.87%	49.69%
AmeriHealth Caritas	54.80%	56.56%	55.00%	55.21%	53.78%	55.71%	56.75%
Gateway Health	52.71%	53.73%	52.04%	51.83%	52.70%	53.72%	53.42%
UPMC For You	53.23%	54.74%	53.02%	54.42%	54.06%	54.31%	52.71%
Weighted Average	56.71%	58.20%	55.39%	55.66%	56.20%	57.95%	57.44%
50th PCTL BM	52.65%	54.69%					
75th PCTL BM	61.13%	60.31%					
90th PCTL BM	66.80%	66.64%					

Exhibit X

Source: Data is self-reported from the MCOs

Utilization

Exhibit Y Outpatient Visits

This measure summarizes: Utilization of ambulatory care in the category of Outpatient Visits. Quarter to quarter comparison of rates show two MCOs increased visits, two MCOs decreased. Year to year comparison of rates show all MCOs increased visits. Q315 submission rates compared to HEDIS 2015 show all MCOs reported decreased visits. The HealthChoices weighted average has increased compared to quarter to quarter, year to year and reported HEDIS 2015.

Total Outpatient Visits (0 - 64 Years)/1,000 member months							
	HEDIS 2014 (CY 2013)	HEDIS 2015 (CY 2014)	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014- 12/31/2014	Reporting Q315 4/1/2014- 3/31/2015
Aetna Better Health	268.46	287.40	263.73	265.59	265.62	283.14	281.34
AmeriHealth Caritas	325.05	369.19	320.71	321.51	320.71	362.74	349.23
Gateway Health	344.68	355.18	335.98	333.55	332.53	328.78	340.44
UPMC For You	370.65	440.53	348.78	372.44	359.60	363.21	415.72
Weighted Average	330.54	360.37	321.92	332.73	328.27	335.93	347.31
50th PCTL BM	352.38	348.18					
75th PCTL BM	404.51	391.39					
90th PCTL BM	461.19	460.08					

Exhibit Y

Source: Data is self-reported from the MCOs

Utilization

Exhibit Z Inpatient Discharges

This measure summarizes: Utilization of acute inpatient care and services in the category of Total Inpatient. Quarter to quarter comparison of rates show three MCOs are consistent. One MCO showed a decrease in discharges, meaning an increase in performance. Year over year comparison of rates show three MCOs rates have decreased. Q315 rates compared to HEDIS 2015 show all MCOs are concurrent with reported rates. The HealthChoices weighted average has remained steady for quarter to quarter, and HEDIS 2015 rate, the year to year rate has decreased.

Total Acute Inpatient Discharges/1,000 member months ¹							
	HEDIS 2014 (CY 2013)	HEDIS 2015 (CY 2014)	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014 - 12/31/2014	Reporting Q315 4/1/2014 - 3/31/2015
Aetna Better Health	9.29	8.07	9.36	9.48	9.15	8.15	7.59
AmeriHealth Caritas	9.24	8.40	9.02	8.88	8.67	8.29	7.83
Gateway Health	8.38	7.66	10.72	10.51	10.30	10.20	7.02
UPMC For You	7.65	7.97	7.67	8.08	7.27	6.90	7.65
Weighted Average	9.50	8.71	9.79	9.59	9.28	8.84	8.12
50th PCTL BM	7.63	7.03					
75th PCTL BM	8.95	8.39					
90th PCTL BM	10.92	10.21					

¹ While not an inverse measure, lower rates are desirable.

Exhibit Z

Source: Data is self-reported from the MCOs

Utilization

Exhibit AA Pediatric Asthma Admission Rate for Children (2-17)

This measure summarizes: Utilization of Acute Inpatient Asthma services per 1000 member months during the 12 month measurement period for members aged 2 years of age and no older than 17 years of age on the date of discharge. Comparison of Q315 rates to last quarter is consistent. Comparison of last year's rates show three MCO's remained consistent and one MCO reported lower. The HealthChoices weighted average remains consistent to previous submissions.

Pediatric Asthma Admission Rate: Hospital Admissions per 100,000 population for children 2-17 with Asthma					
	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014- 12/31/2014	Reporting Q315 4/1/2014- 3/31/2015
Aetna Better Health	4.06	4.41	4.01	3.03	2.19
AmeriHealth Caritas	1.23	1.35	1.35	1.40	1.35
Gateway Health	1.14	1.01	1.11	1.08	1.10
UPMC For You	1.18	1.13	1.36	1.33	1.35
Weighted Average	3.14	3.06	3.04	2.77	2.59

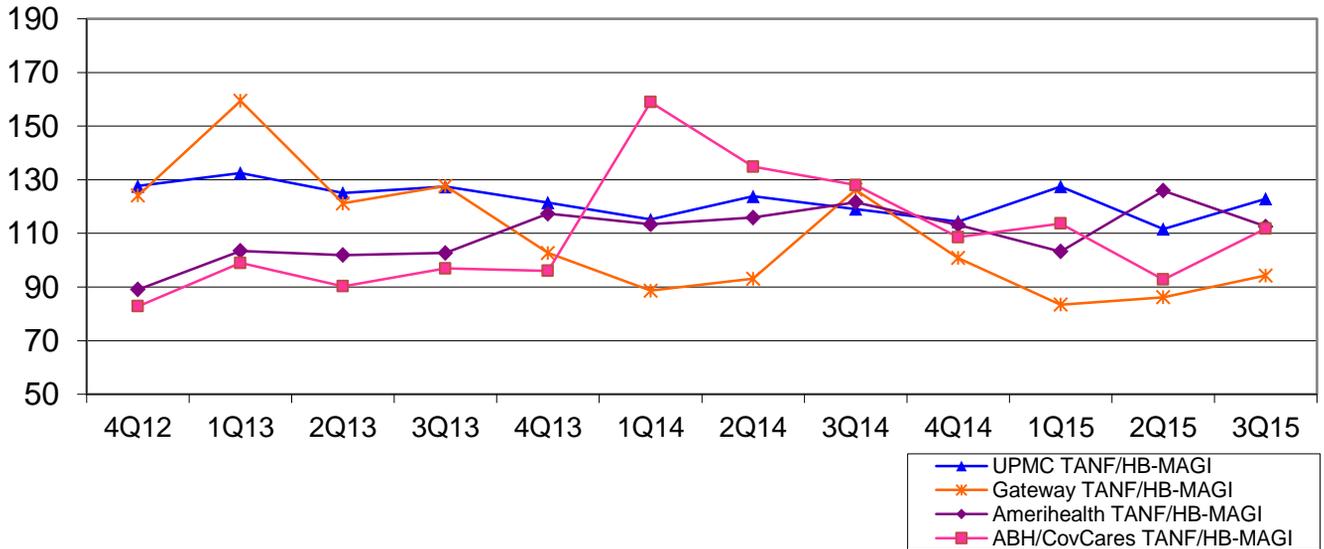
Exhibit AA

Source: Data is self-reported from the MCOs

Financial

Exhibit CC1 and CC2 displays Inpatient Discharges per 1,000 on an annualized basis. Inpatient Discharges per 1,000 represent any hospital-based stay exclusive of outpatient services where the discharge occurred within the quarter. Maternity and Newborn stay, including well newborn discharges are included and are counted as two discharges.

HC New West Zone Inpatient Discharges per 1000 (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC TANF-HB-MAGI	128	133	125	127	121	115	124	119	114	128	112	123
Gateway TANF-HB-MAGI	124	159	121	128	103	89	93	126	101	83	86	94
Amerihealth TANF-HB-MAGI	89	104	102	103	117	113	116	122	113	103	126	113
ABH/CovCares* TANF-HB-MAGI	83	99	90	97	96	159	135	128	109	114	93	112
UPMC TANF-HB-MAGI % chg					-4.87%	-13.09%	-0.98%	-6.59%	-5.80%	10.68%	-9.84%	3.24%
GW TANF-HB-MAGI % chg					-17.28%	-44.39%	-23.20%	-1.10%	-1.82%	-5.92%	-7.41%	-25.33%
Amerihealth TANF-HB-MAGI % chg					31.80%	9.54%	13.72%	18.43%	-3.53%	-8.92%	8.70%	-7.46%
ABH/CovCar* TANF-HB-MAGI % chg					15.97%	60.60%	49.35%	32.04%	13.01%	-28.48%	-31.19%	-12.62%

Note: % change is from the 4th prior quarter

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

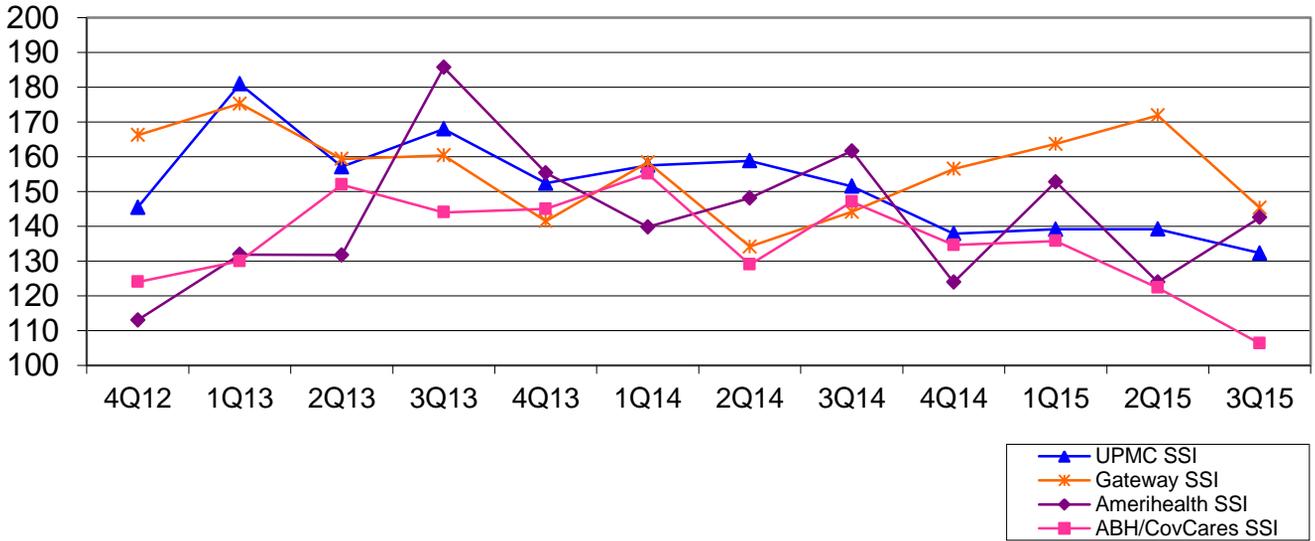
Exhibit CC1

Source Report #6a Inpatient, Physician and Dental Statistics

This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

HC New West Zone Inpatient Discharges per 1000 (SSI **)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC SSI	145	181	157	168	152	158	159	152	138	139	139	132
Gateway SSI	166	175	159	160	142	158	134	144	157	164	172	145
Amerihealth SSI	113	132	132	186	155	140	148	162	124	153	124	143
ABH/CovCares* SSI	124	130	152	144	145	155	129	147	135	136	122	106
UPMC SSI % chg					4.78%	-12.95%	1.11%	-9.82%	-9.52%	-11.66%	-12.37%	-12.66%
GW SSI % chg					-14.88%	-9.62%	-15.84%	-10.13%	10.61%	3.33%	28.12%	0.80%
Amerihealth SSI % chg					37.46%	6.01%	12.43%	-12.95%	-20.24%	9.27%	-16.32%	-11.82%
ABH/CovCares* SSI % chg					16.94%	19.32%	-15.12%	2.13%	-7.15%	-12.47%	-5.18%	-27.71%

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

** SSI includes SSI without Medicare through 2014 and SSI with and without Medicare after 2014.

Note: % change is from the 4th prior quarter

Exhibit CC2

Source Report #6a Inpatient, Physician and Dental Statistics

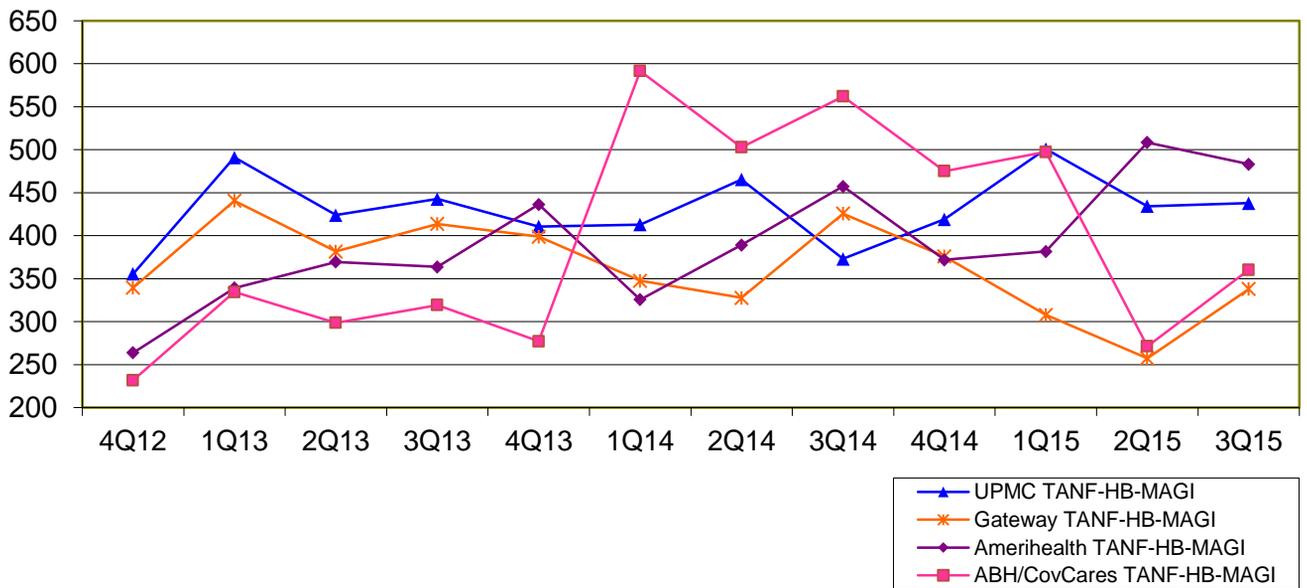
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

Exhibit DD1 and DD2 Inpatient Days per 1,000 on an annualized basis.

Inpatient Days per 1,000 are a measure of the number of days per 1,000 recipients where the recipients were in an inpatient facility. The days counted consist of all paid days of service.

HC New West Zone Inpatient Days per 1000 (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC TANF-HB-MAGI	356	491	424	443	411	413	465	373	419	501	434	438
Gateway TANF-HB-MAGI	339	441	382	414	399	347	328	426	376	308	257	338
Amerihealth TANF-HB-MAGI	264	339	369	364	436	326	389	457	372	382	508	483
ABH/CovCares* TANF-HB-MAGI	232	334	299	319	277	591	503	562	475	497	271	360
UPMC TANF-HB-MAGI % chg					15.48%	-15.92%	9.76%	-15.74%	2.06%	21.26%	-6.68%	17.42%
GW TANF-HB-MAGI % chg					17.51%	-21.14%	-14.12%	2.90%	-5.77%	-11.39%	-21.42%	-20.59%
Amerihealth TANF-HB-MAGI % chg					65.37%	-3.97%	5.32%	25.73%	-14.76%	17.18%	30.65%	5.69%
ABH/CovC* TANF-HB-MAGI % chg					19.52%	76.90%	68.36%	76.06%	71.48%	-15.92%	-46.04%	-35.88%

Note: % change is from the 4th prior quarter

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

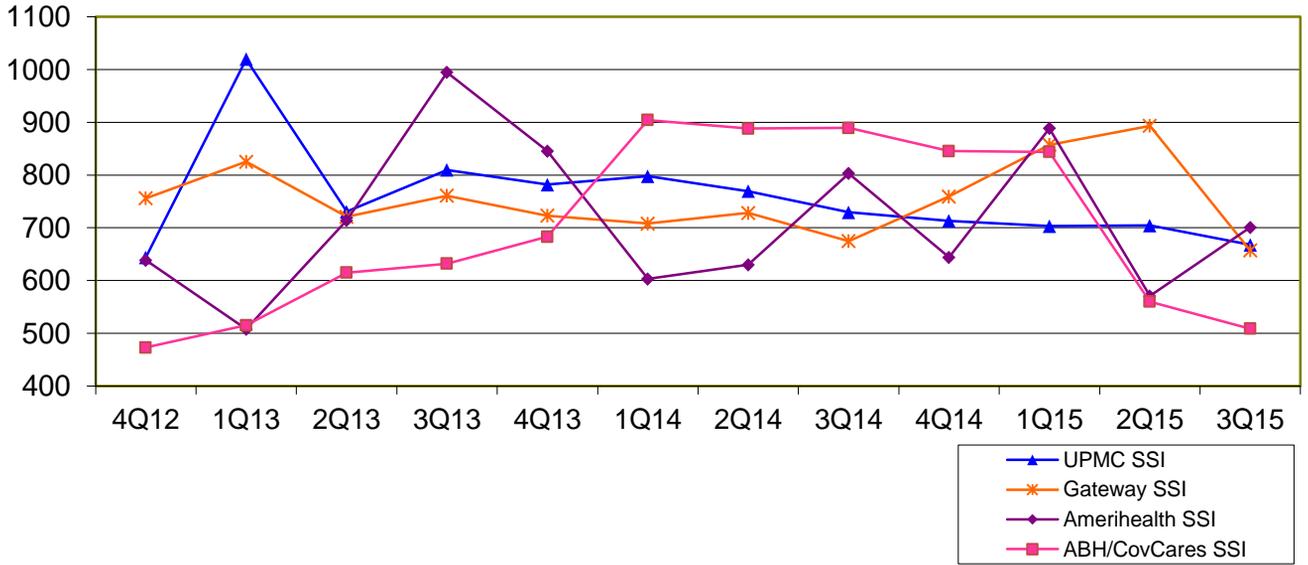
Exhibit DD1

Source Report #6a Inpatient, Physician and Dental Statistics

This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

HC New West Zone Inpatient Days per 1000 (SSI **)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC SSI	644	1020	731	810	782	798	769	729	713	703	705	668
Gateway SSI	756	825	721	761	723	708	728	675	759	857	894	657
Amerihealth SSI	638	508	714	995	845	603	630	803	644	889	571	701
ABH/CovCares* SSI	473	515	615	632	683	905	888	889	845	844	560	509
UPMC SSI % chg					21.42%	-21.77%	5.31%	-9.91%	-8.79%	-11.85%	-8.43%	-8.44%
GW SSI % chg					-4.36%	-14.20%	1.02%	-11.31%	5.02%	21.09%	22.71%	-2.62%
Amerihealth SSI % chg					32.44%	18.75%	-11.78%	-19.26%	-23.84%	47.31%	-9.40%	-12.75%
ABH/CovCares* SSI % chg					44.40%	75.63%	44.40%	40.71%	23.77%	-6.69%	-36.95%	-42.80%

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

** SSI includes SSI without Medicare through 2014 and SSI with and without Medicare after 2014.

Note: % change is from the 4th prior quarter

Exhibit DD2

Source Report #6a Inpatient, Physician and Dental Statistics

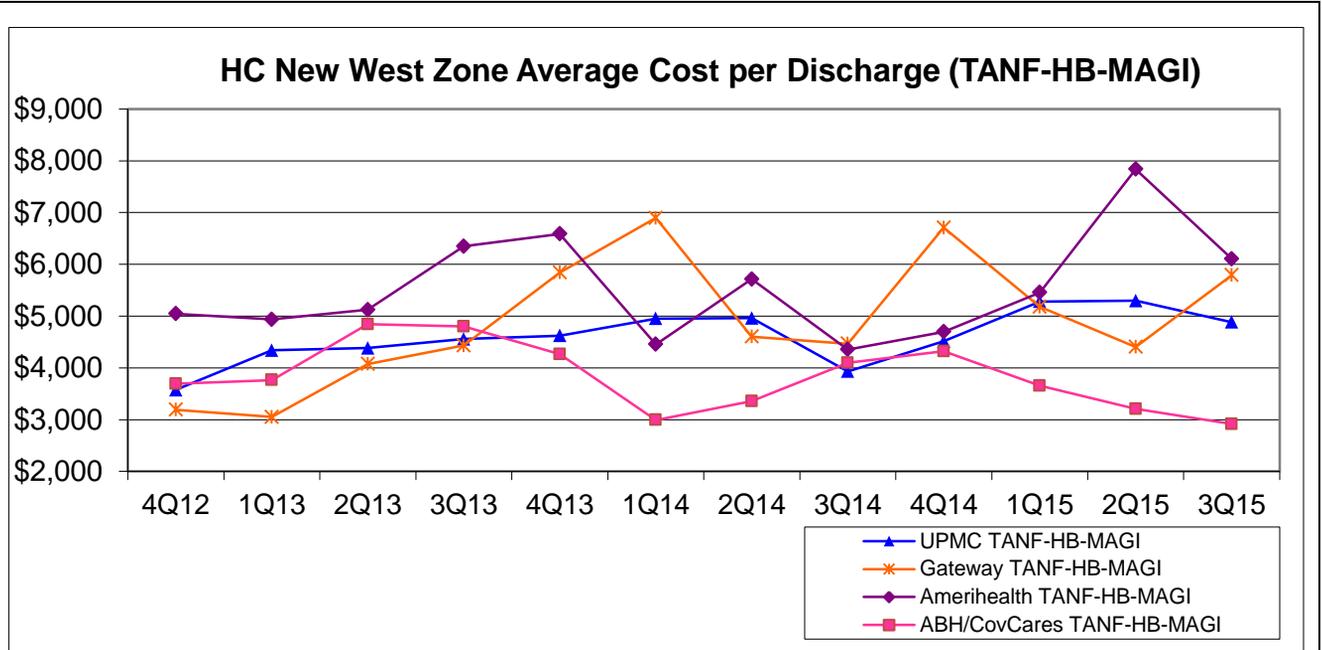
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

Financial

Exhibit EE1 and EE2 Inpatient Average Cost per Discharge

Inpatient Average Cost per Discharge provides data on the cost of discharges that occurred in a quarter. This is the net amount paid by an MCO for services rendered during an entire stay. These costs are net of Coordination of Benefits. They are based on the cost of discharges in the discharges per 1,000 measure.



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC TANF-HB-MAGI	\$ 3,574	\$ 4,340	\$ 4,383	\$ 4,556	\$ 4,624	\$ 4,950	\$ 4,961	\$ 3,933	\$ 4,514	\$ 5,283	\$ 5,297	\$ 4,884
Gateway TANF-HB-MAGI	\$ 3,191	\$ 3,052	\$ 4,074	\$ 4,433	\$ 5,841	\$ 6,896	\$ 4,604	\$ 4,468	\$ 6,709	\$ 5,179	\$ 4,405	\$ 5,793
Amerihealth TANF-HB-MAGI	\$ 5,044	\$ 4,935	\$ 5,123	\$ 6,348	\$ 6,588	\$ 4,455	\$ 5,712	\$ 4,355	\$ 4,696	\$ 5,454	\$ 7,836	\$ 6,104
ABH/CovCare* TANF-HB-MAGI	\$ 3,694	\$ 3,763	\$ 4,844	\$ 4,801	\$ 4,266	\$ 2,994	\$ 3,355	\$ 4,098	\$ 4,319	\$ 3,655	\$ 3,207	\$ 2,914
UPMC TANF-HB-MAGI % chg					29.38%	14.07%	13.17%	-13.69%	-2.37%	6.71%	6.78%	24.18%
GW TANF-HB-MAGI % chg					83.04%	125.94%	12.99%	0.79%	14.86%	-24.90%	-4.31%	29.64%
Amerihealth TANF-HB-MAGI % chg					30.60%	-9.73%	11.51%	-31.39%	-28.71%	22.43%	37.18%	40.16%
ABH/CovCar* TANF-HB-MAGI % chg					15.48%	-20.43%	-30.73%	-14.65%	1.26%	22.06%	-4.43%	-28.89%

Note: % change is from the 4th prior quarter

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

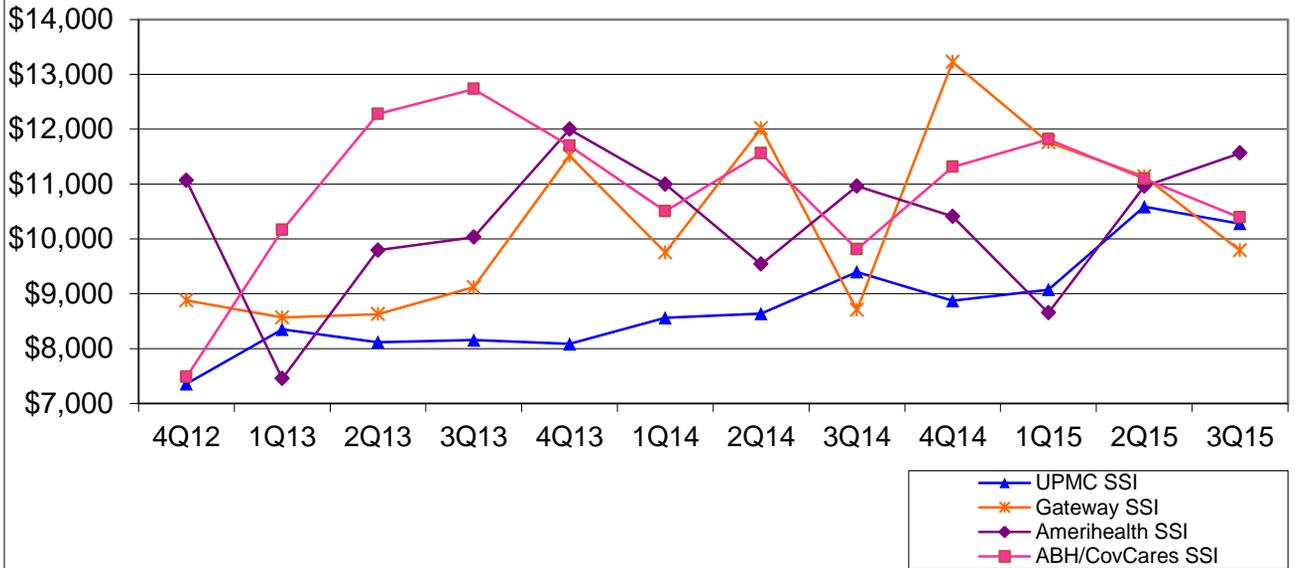
Exhibit EE1

Source: Report #6a Inpatient, Physician and Dental Statistics

This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

HC New West Zone Average Cost per Discharge (SSI **)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
UPMC SSI	\$ 7,355	\$ 8,349	\$ 8,116	\$ 8,155	\$ 8,083	\$ 8,559	\$ 8,636	\$ 9,395	\$ 8,870	\$ 9,074	\$ 10,586	\$ 10,278
Gateway SSI	\$ 8,877	\$ 8,567	\$ 8,627	\$ 9,117	\$ 11,516	\$ 9,752	\$ 12,014	\$ 8,703	\$ 13,224	\$ 11,760	\$ 11,138	\$ 9,791
Amerihealth SSI	\$ 11,064	\$ 7,453	\$ 9,794	\$ 10,030	\$ 11,997	\$ 10,998	\$ 9,539	\$ 10,961	\$ 10,410	\$ 8,652	\$ 10,960	\$ 11,563
ABH/CovCares* SSI	\$ 7,483	\$ 10,160	\$ 12,278	\$ 12,732	\$ 11,694	\$ 10,503	\$ 11,559	\$ 9,812	\$ 11,310	\$ 11,816	\$ 11,095	\$ 10,390
UPMC SSI % chg					9.90%	2.52%	6.41%	15.21%	9.73%	6.01%	22.58%	9.40%
GW SSI % chg					29.73%	13.83%	39.26%	-4.54%	14.83%	20.60%	-7.29%	12.50%
Amerihealth SSI % chg					8.43%	47.57%	-2.60%	9.29%	-13.23%	-21.33%	14.89%	5.49%
ABH/CovCares* SSI % chg					56.27%	3.37%	-5.86%	-22.93%	-3.28%	12.50%	-4.01%	5.89%

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

** SSI includes SSI without Medicare through 2014 and SSI with and without Medicare after 2014.

Note: % change is from the 4th prior quarter

Exhibit EE2

Source: Report #6a Inpatient, Physician and Dental Statistics

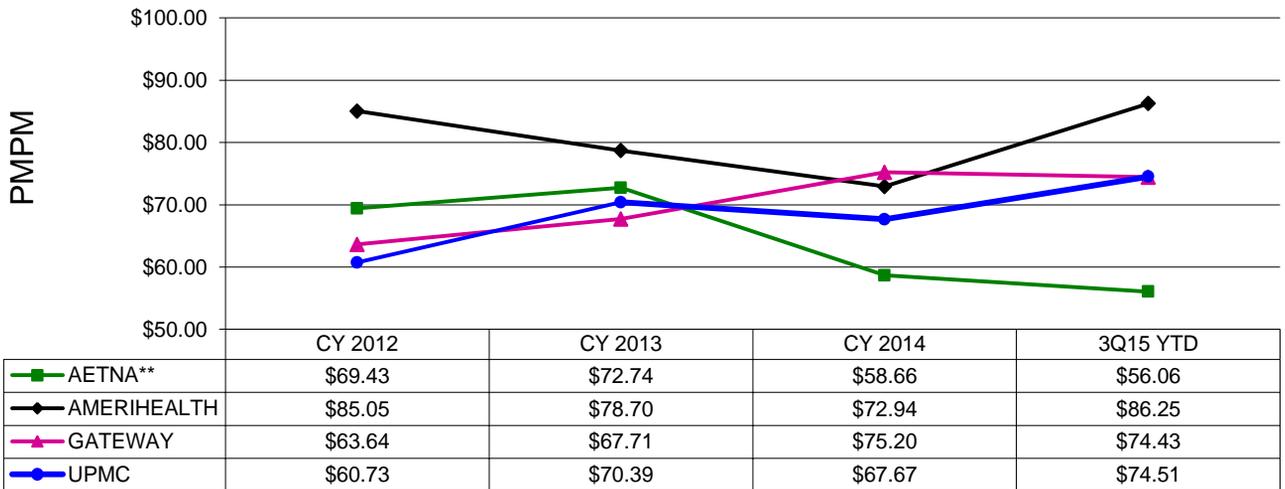
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

Exhibit FF Hospital Inpatient Costs

This chart uses the MCO Reported Hospital Inpatient, Acute Care expenses PMPM by recipient / region group and weights them using the case mix of the zone.

**HC-NW ZONE CY 2012* – 3Q15 YTD
HOSPITAL INPATIENT COSTS YTD (No APR Adj.)
WEIGHTED BY HC-NW ZONE CASE MIX**



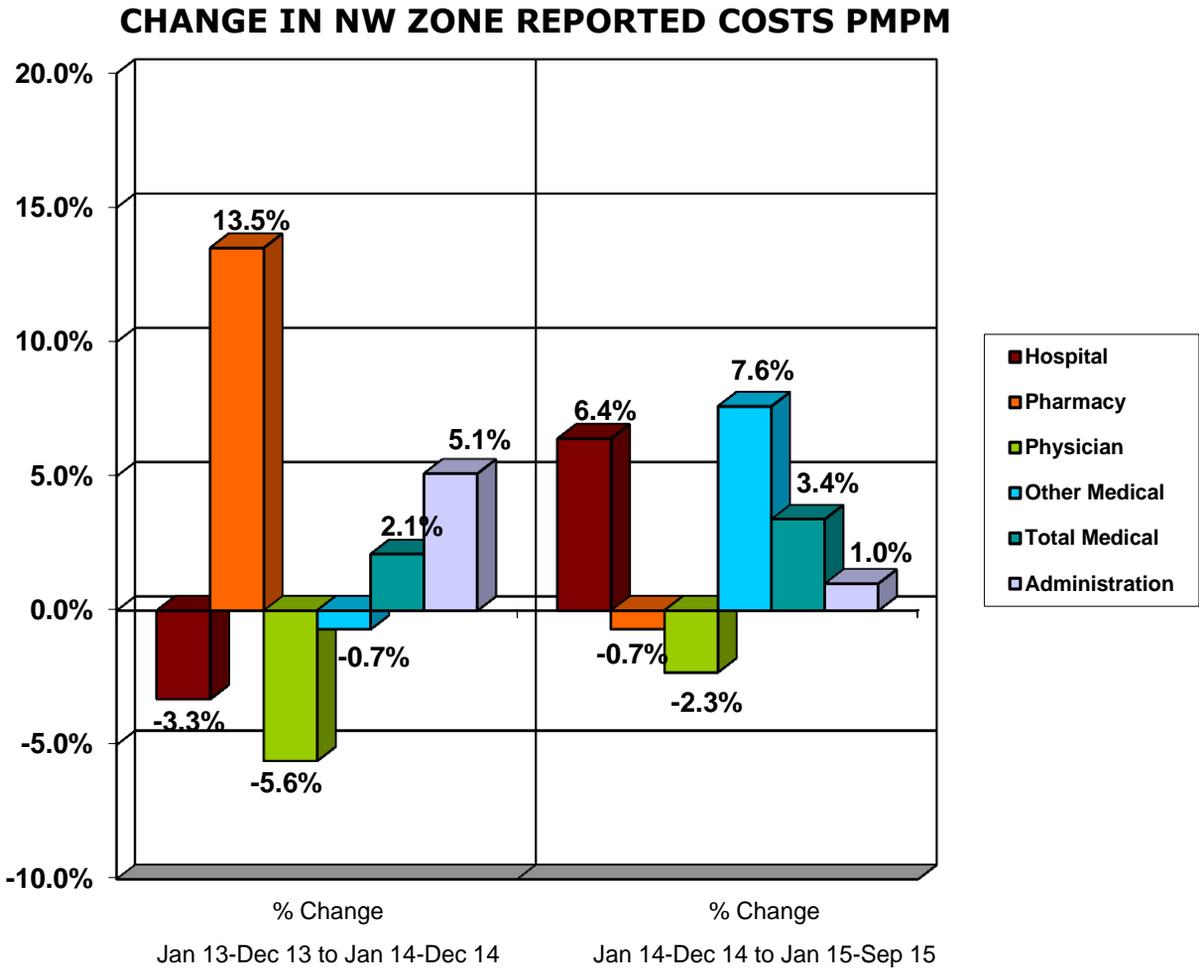
* New West Zone began operations on 10/01/12

** Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Exhibit FF

Source: Report #5 – Income Statements (weighted based on MCO Reported)

Exhibit GG displays the change in MCO-reported costs per member per month for the New West Zone.



*** New West Zone began operations on 10/01/12**

Exhibit GG

Source: Report #5 – Income Statements
(MCO Reported)

Encounter Data

Exhibit HH These analyses used HealthChoices 2013 Encounter Data.

Emergency Dept. – This analysis identified potentially preventable emergency department visits using research-supported low acuity procedure and primary diagnosis codes. The low acuity non-emergent (LANE) dollars are net of replacement costs (an average cost of a physician visit).

Pharmacy – The retrospective claims analysis identified inefficiencies based on editing for quantity limits, age, gender, and therapeutic duplication.

- The appropriate drug use analysis identified inefficiencies based on recipient diagnosis and drug use (where there is a high potential for abuse or misuse, high cost, and safety concerns).

- This maximum allowable cost reimbursement identified potential avoidable dollars based on comparison to a Medicaid specific benchmark list.

- The reimbursement on drug-related HCPCS codes identified potential avoidable dollars based on comparison to industry benchmarks.

Adjustments were applied for credibility, risk assessment, and minimum enrollment duration.

EFFICIENCY ADJUSTMENT ANALYSES CY 2016 RATE SETTING

HealthChoices New West Zone PH-MCO	Emergency Dept. Low Acuity Non-Emergent (as a % of FRR Report 5 Emergency Room)	Pharmacy Retrospective Claims Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Appropriate Drug Use Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Maximum Allowable Cost (MAC) Reimbursement (as a % of Total Drug Spend)	Pharmacy Reimbursement on Drug-Related HCPCS Codes (as a Paid Amount)
AmeriHealth	6.3%	1.0%	.90%	1.6%	\$0
Coventry	7.7%	1.4%	1.2%	11.0%	\$12,435
Gateway	6.2%	1.1%	1.0%	3.2%	\$126,450
UPMC	5.4%	1.4%	1.3%	6.9%	\$96,283

Exhibit HH

Encounter Data (continued)

Exhibit HH These analyses used HealthChoices 2013 Encounter Data.

Inpatient Hospital – This analysis identified potentially preventable hospital admissions/costs using the updated AHRQ Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI).

Adjustments were applied for credibility, risk assessment, and minimum enrollment duration.

- The ambulatory care sensitive analysis identified ACS visits using primary diagnosis code associated with cellulitis.

- The short stays analysis identified avoidable short stays (hospital admissions lasting zero to one day).

- This readmission analysis identified admissions that occurred within 30 days of previous discharge for the same members.

Adjustments were applied for credibility, risk assessment, and minimum enrollment duration.

EFFICIENCY ADJUSTMENT ANALYSES CY 2016 RATE SETTING

HealthChoices Southwest Zone PH-MCO	Inpatient Hospital PQI and PDI Dollars (as a % of Report 4)	Inpatient Hospital Ambulatory Care Sensitive (as a % of Report 4)	Inpatient Hospital Short Stays (as a % of Report 4)	Inpatient Hospital Readmissions (as a % of Report 4)
AmeriHealth	1.11%	.11%	.12%	.91%
Coventry	1.88%	.03%	.08%	.69%
Gateway	1.59%	.06%	.12%	.73%
UPMC	1.78%	.07%	.06%	.78%

Exhibit HH

Encounter Data

Exhibits II-LL show the encounter volume charts for the October 2014 through September 2015 time period. These charts illustrate the number of encounters per recipient by each month of service for inpatient, outpatient, professional and pharmacy records. The charts are based on the encounter data submitted by the MCOs to PROMISE™ by March 25, 2016. This is the same data that DHS’s consultant will use to develop risk scores that will ultimately adjust the contracted rates for the July through December 2016 (2016b) time period. To be consistent with DHS’s policy for calculating risk scores, the encounter volume charts were developed using only those records that passed the required PROMISE™ edits.

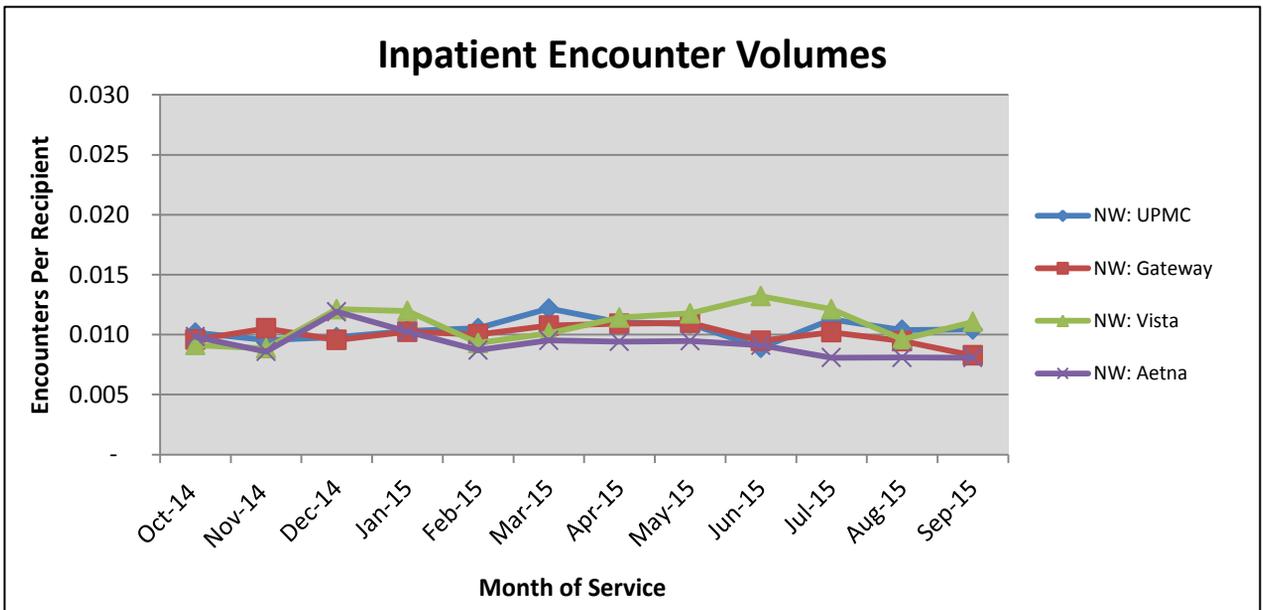


Exhibit II

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

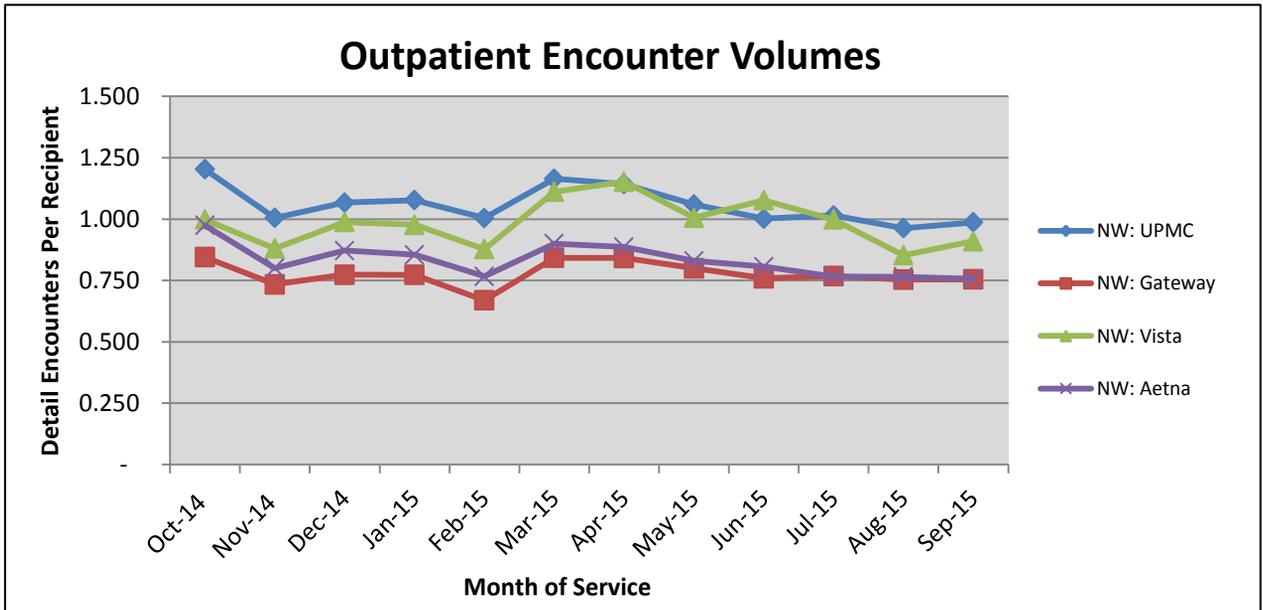


Exhibit JJ

Source: Mercer Government Human Services Consulting (MCO Reported)

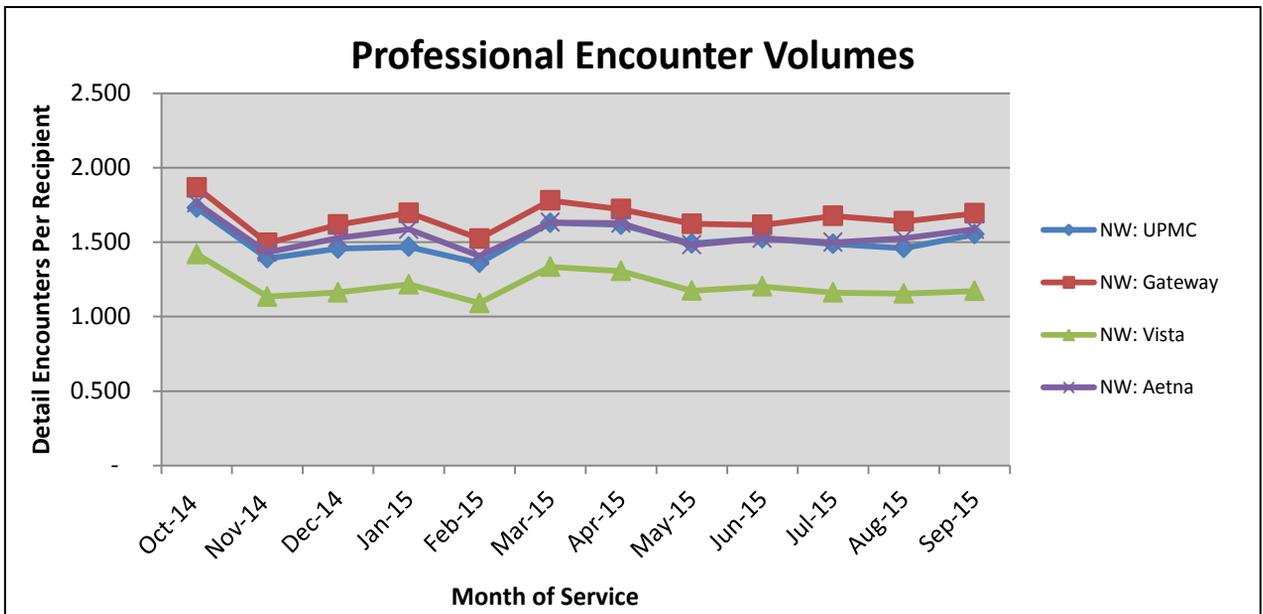


Exhibit KK

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

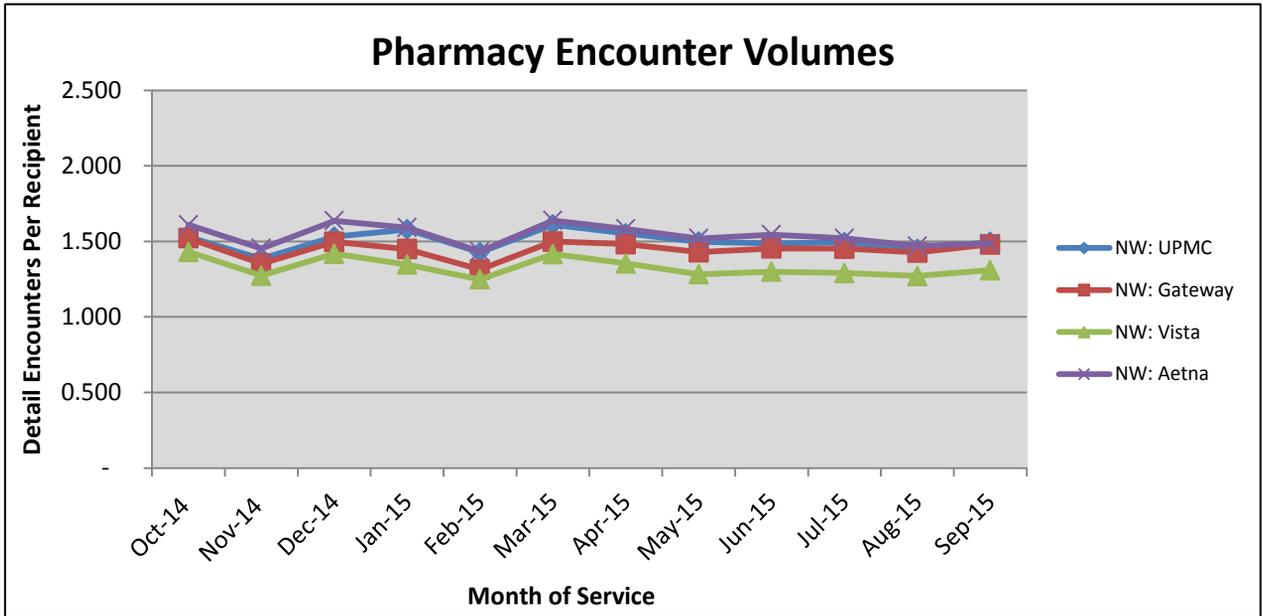


Exhibit LL

Source: Mercer Government Human Services Consulting (MCO Reported)

Exhibits II-LL

Source: Mercer Government Human Services Consulting (MCO Reported)

Medical Assistance Transportation Program

Exhibit MM Medical Assistance Transportation Program for the HealthChoices New West zone. **Exhibit NN** The PCP Selection Rate is broken out statewide and not by zone.

COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Cameron	\$ 25,082	446	10	279	735	9.7%
Clarion	\$ 146,480	2,913	-	1,996	4,909	10.2%
Clearfield	\$ 243,626	7,142	-	7,158	14,300	8.4%
Crawford	\$ 312,825	4,943	1,503	15,848	22,294	7.4%
Elk	\$ 88,858	2,822	2	984	3,808	8.2%
Erie	\$ 547,811	23,337	-	4,461	27,798	5.7%
Forest	\$ 18,160	528	-	277	805	6.8%
Jefferson	\$ 598,081	17,921	-	5,774	23,695	6.2%
McKean	\$ 120,806	2,249	41	647	2,937	14.5%
Mercer	\$ 185,658	8,571	10	3,480	12,061	9.5%
Potter	\$ 55,579	1,471	-	1,672	3,143	14.3%
Venango	\$ 287,933	5,666	425	1,659	7,750	15.0%
Warren	\$ 73,896	1,694	96	2,441	4,231	15.5%
HC-NW Zone	\$ 2,704,795	79,703	2,087	46,676	128,466	10.1%

Exhibit MM

Source: Based on Data Submitted By Each County (4th Qtr 14-15)

PCP Selection During Enrollment

Average = 95%

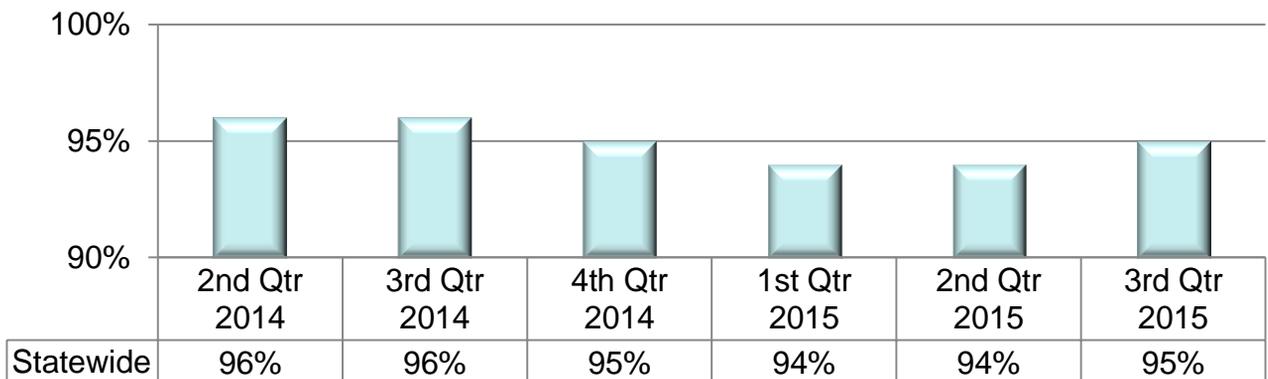


Exhibit NN

Source: Maximus Weekly Status Reports

Cost Avoidance/Program Integrity (by Plan)

Third Party Liability Resource Referrals				
	4 th Qtr. 2014	1 st Qtr. 2015	2 nd Qtr. 2015	3 rd Qtr. 2015
Aetna	380	570	845	422
AmeriHealth	892	610	902	931
Gateway	858	298	1,267	987
UPMC	5,268	3,973	6,820	7,058

Exhibit OO
Source: MCO Reported

Restitution Recouped July 1, 2015 to September 30, 2015	
Aetna	\$19,413
AmeriHealth	\$4,476,816
Gateway	\$1,154,118
UPMC	\$92,038

Exhibit PP
Source: MCO Quarterly Compliance Report
MCO Reported

Providers Under Review July 1, 2015 to September 30, 2015	
Aetna	45
AmeriHealth	4,948
Gateway	355
UPMC	52

Exhibit QQ
Source: MCO Quarterly Compliance Report
MCO Reported

Cost Avoidance: Front-End Edit Savings July 1, 2015 to September 30, 2015	
Aetna	\$70,742,616
AmeriHealth	\$2,817,009
Gateway	\$3,073,663
UPMC	\$2,957,160

Exhibit RR
Source: MCO Quarterly Compliance Report
MCO Reported

Provider Issues Referred by the MCO July 1, 2015 to September 30, 2015	
Aetna Better	3
AmeriHealth	4
Gateway	0
UPMC	14

Exhibit SS
Source: MCO Quarterly Compliance Report
MCO Reported

Exhibit TT

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Exhibit UU

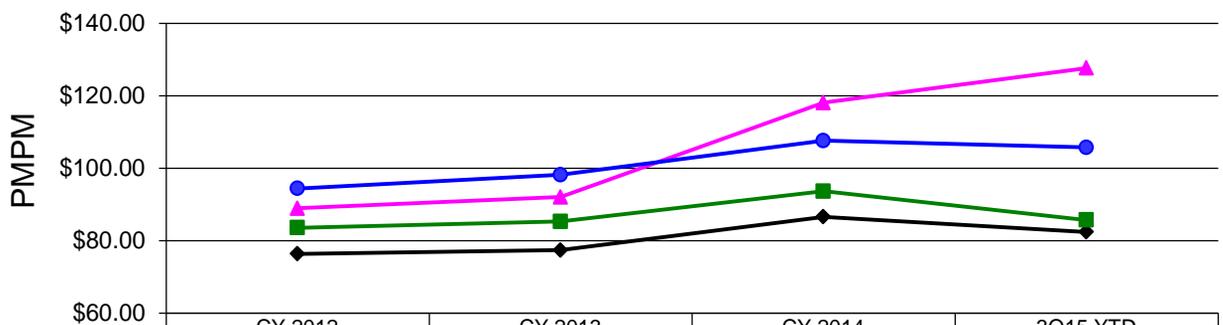
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Pharmacy Data

Exhibit VV Pharmacy Costs PMPM by Case Mix

This chart uses the MCO Reported Pharmacy expenses PMPM by recipient / region group and weights them using the case mix of the zone.

**HC-NW ZONE CY 2012* – 3Q15 YTD
PHARMACY COSTS YTD
WEIGHTED BY HC-NW ZONE CASE MIX**



	CY 2012	CY 2013	CY 2014	3Q15 YTD
◆ AETNA**	\$76.37	\$77.41	\$86.60	\$82.41
■ AMERIHEALTH	\$83.57	\$85.32	\$93.70	\$85.73
▲ GATEWAY	\$88.97	\$92.09	\$118.16	\$127.69
● UPMC	\$94.43	\$98.20	\$107.65	\$105.76

* New West Zone began operations on 10/01/12

** Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Exhibit VV

Source: Report #5 Income Statements (weighted based on MCO Reported)

Pharmacy Data

Exhibits WW-AAA Pharmacy Price and Utilization Statistics

These graphs utilize MCO PROMISe™ accepted encounter data. The quarters shown are based on date of service. The data does not reflect any rebates.

AVERAGE PRICE per SCRIPT

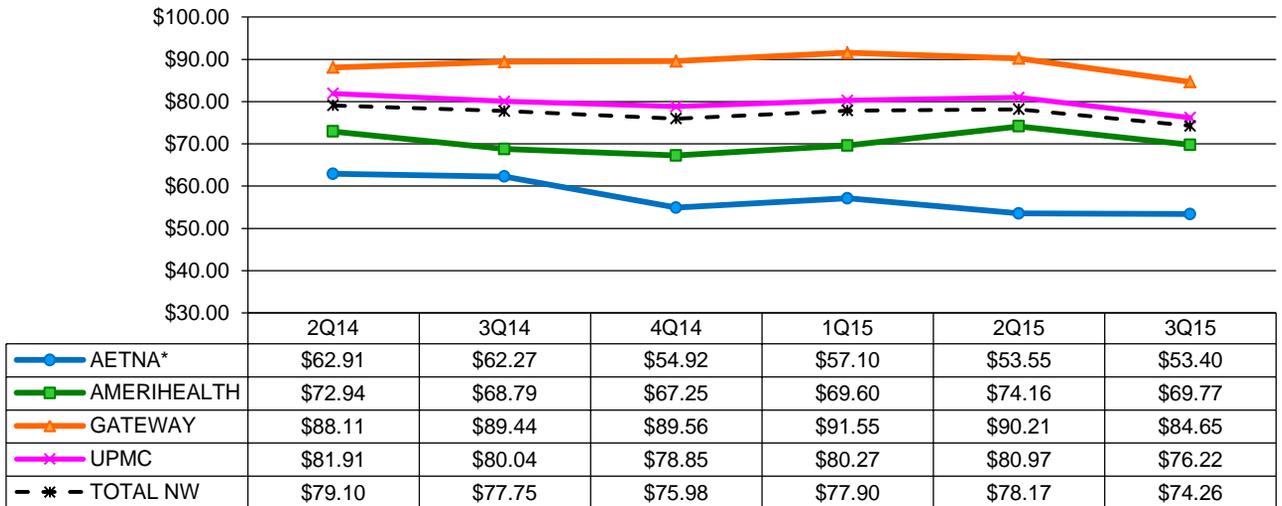


Exhibit WW

AVERAGE PRICE per LEGEND BRAND SCRIPT

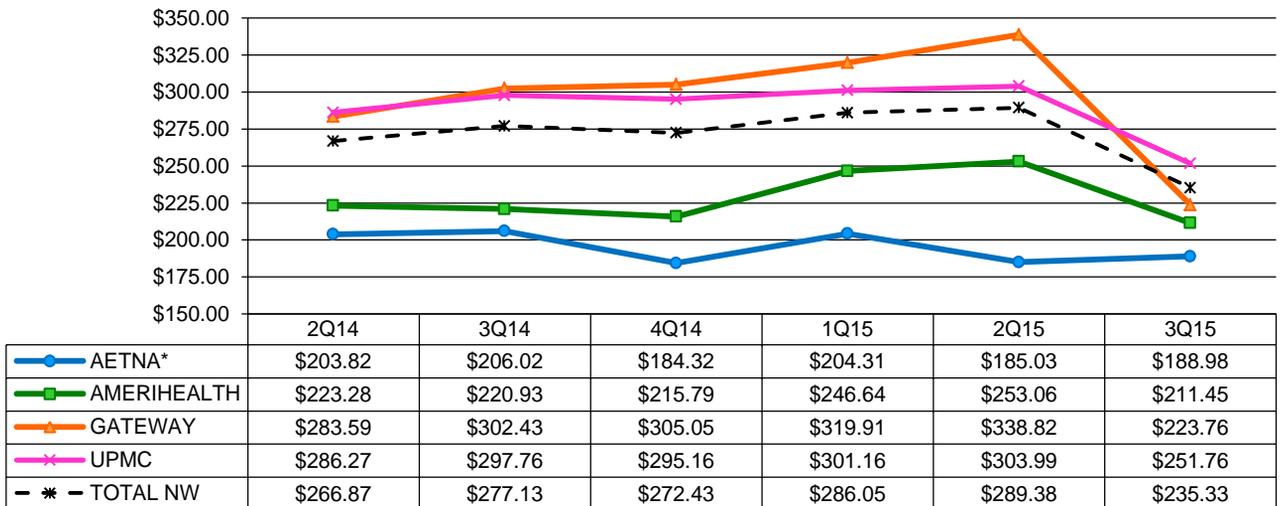


Exhibit XX

* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Pharmacy Data (Continued)

GENERIC, OTC, AND NON-DRUG vs. TOTAL SCRIPTS

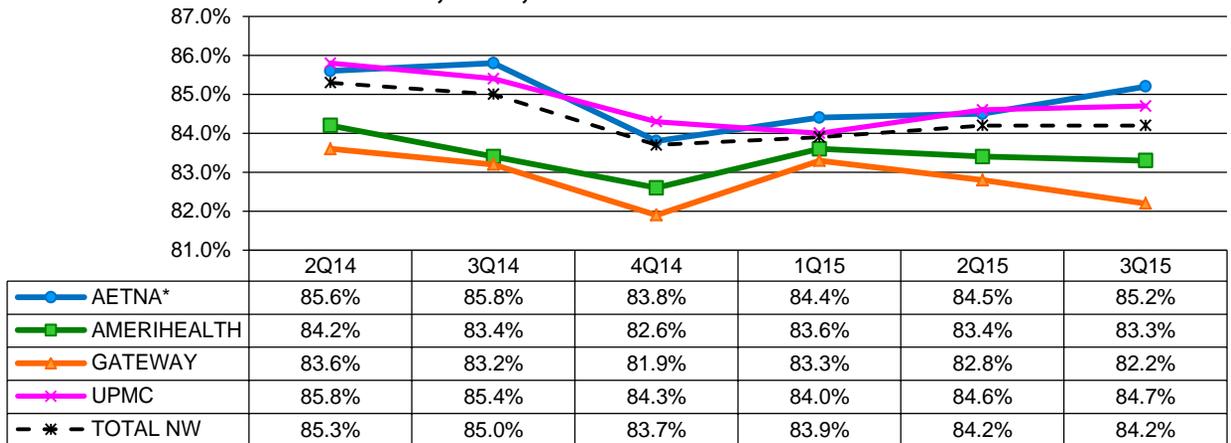


Exhibit YY

SCRIPTS per MEMBER MONTHS

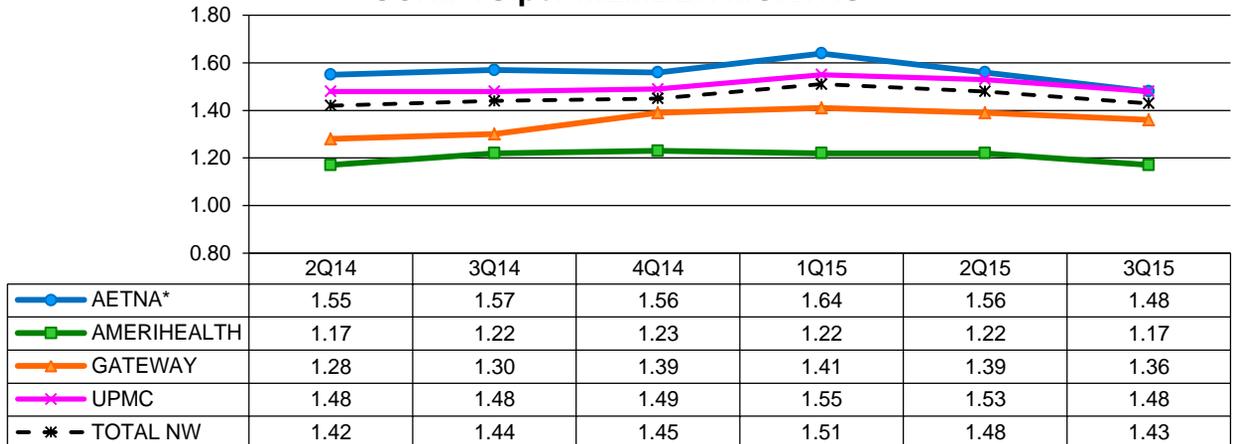


Exhibit ZZ

SPEND per UTILIZER per MONTH

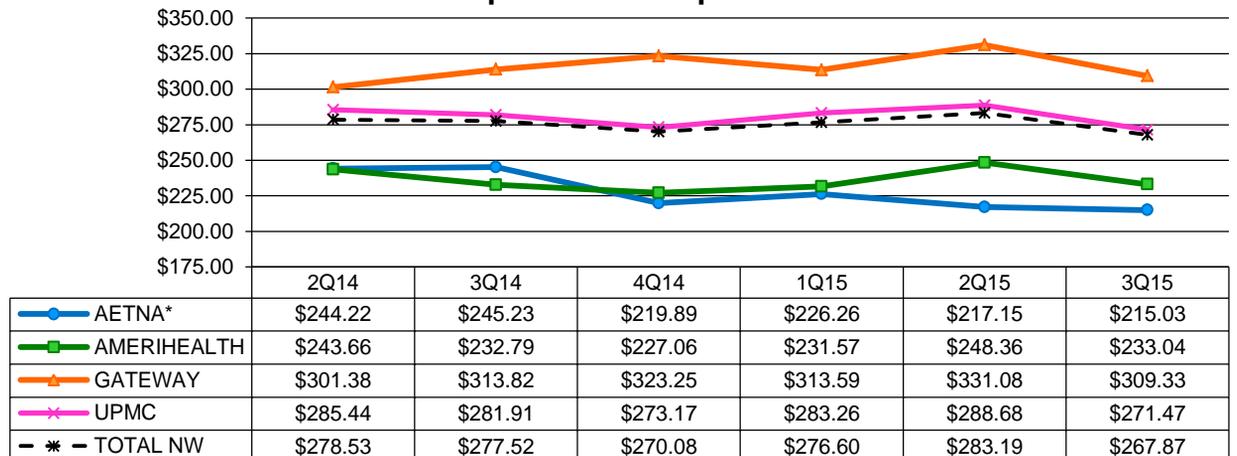


Exhibit AAA

Maternity

NW Zone : Maternity Care Costs per case

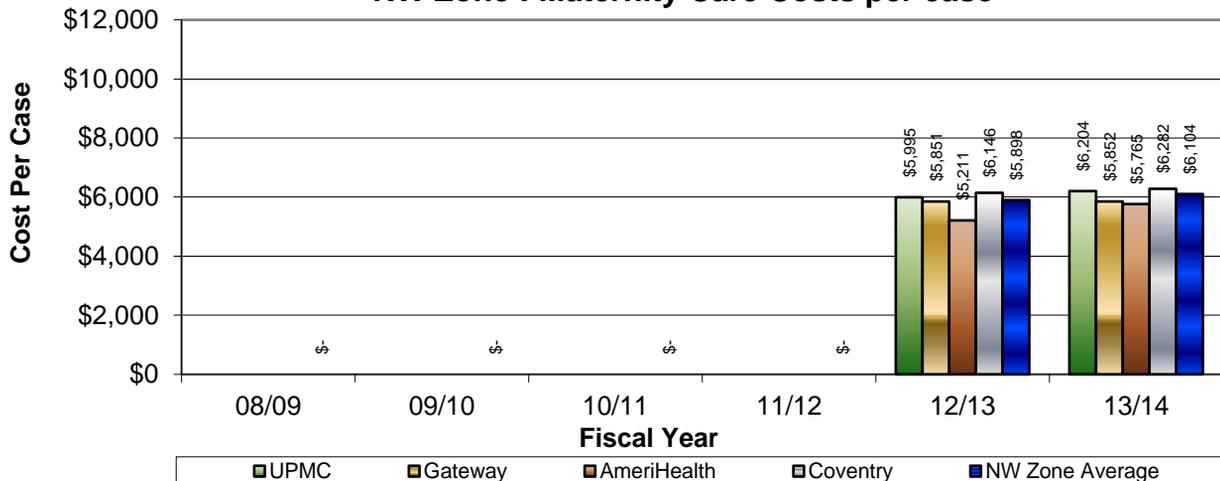


Exhibit WW

Source: Report #26 Maternity Rev Exp (MCO Reported)

NW Zone - % of Change - Combined Services

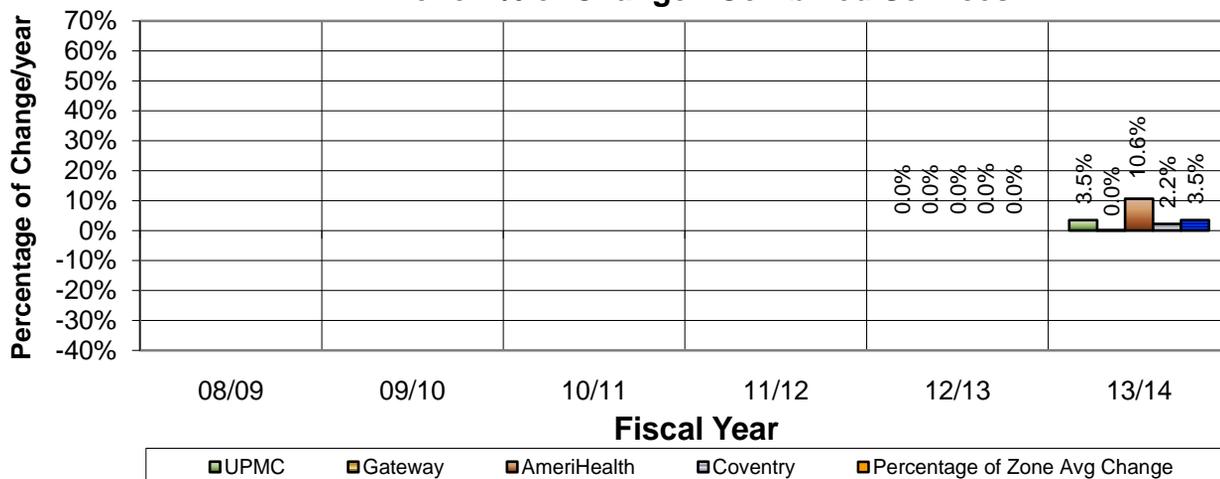


Exhibit XX

Source: Report #26 Maternity Rev Exp (MCO Reported)

Includes all services: Physician, Inpatient, Pharmacy & Other Medical

C-Section Prevalence - NW zone	07/08	08/09	09/10	10/11	11/12	12/13	13/14
UPMC						33.69%	33.94%
Gateway						32.33%	36.63%
Amerihealth						33.22%	34.77%
Coventry						35.19%	24.81%
NW Zone totals						33.53%	33.22%

Exhibit YY

Source: Report #26 Maternity Rev Exp and Report #27 Maternity Outcomes (MCO Reported)

Contractor Partnership Program

MANAGED CARE ORGANIZATION	QTR/YR	NUMBER OF VACANCIES FILLED	NUMBER OF PUBLIC ASSISTANCE EMPLOYED	PERCENTAGE OF PUBLIC ASSISTANCE EMPLOYED
AETNA BETTER HEALTH (EFF. 10/01/14)/ COVENTRY CARES	2Q13	0	0	0%
	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	10	0	0%
	2Q14	1	0	0%
	3Q14	1	0	0%
	4Q14	0	0	0%
	1Q15	1	0	0%
	2Q15	4	0	0%
	3Q15	1	0	0%
4Q15	-	-	-	-
AMERIHEALTH CARITAS	2Q13	1	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	0	0	0%
	2Q15	0	0	0%
	3Q15	0	0	0%
4Q15	0	0	0%	
GATEWAY HEALTH	2Q13	0	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	0	0	0%
	2Q15	0	0	0%
	3Q15	0	0	0%
4Q15	0	0	0%	
UPMC FOR YOU	2Q13	-	-	-
	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	-	-	-
	2Q14	-	-	-
	3Q14	-	-	-
	4Q14	-	-	-
	1Q15	-	-	-
	2Q15	-	-	-
	3Q15	-	-	-
4Q15	-	-	-	

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AmeriHealth Caritas

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Liz DeLuca

UPMC for You

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