

# MCO COMPARATIVE REPORT

MAY 2016

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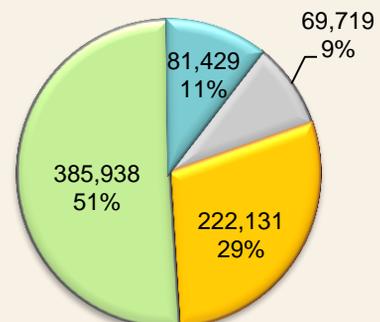
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## HEALTHCHOICES SOUTHEAST ZONE

*As of September 2015 enrollment in the Southeast Zone was 759,217*

### Exhibit A

*Source: Internal DHS Report  
Numbers reflect a point in time*



■ Aetna ■ HP ■ Keystone ■ United

### 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.

<b>MEMBER MONTHS</b>					
	<b>Aetna*</b>	<b>Coventry</b>	<b>Health Partners</b>	<b>Keystone</b>	<b>United</b>
<b>March 2014</b>	43,915	25,754	176,176	289,760	62,653
<b>June 2014</b>	43,918	25,693	176,613	296,542	62,397
<b>September 2014</b>	42,541	21,855	178,637	307,286	62,165
<b>December 2014</b>	61,878	*	178,358	312,917	63,376
<b>March 2015</b>	55,276	*	175,534	308,452	63,196
<b>June 2015</b>	61,890	*	200,439	353,782	71,134
<b>September 2015</b>	68,156	*	222,217	382,762	80,493

**Exhibit C**  
Source: MCO Reported–Report #1 Enrollment Table

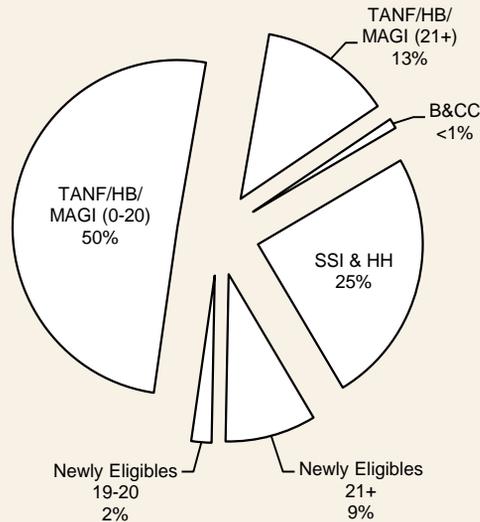
<b>CHANGE IN MEMBER MONTHS FROM 12 MONTHS PRIOR</b>							
	<b>March 2014</b>	<b>June 2014</b>	<b>September 2014</b>	<b>December 2014</b>	<b>March 2015</b>	<b>June 2015</b>	<b>September 2015</b>
<b>Aetna*</b>	30.3%	20.4%	2.9%	39.1%	25.9%	40.9%	60.2%
<b>Coventry*</b>	24.1%	18.1%	(7.6%)	*	*	*	*
<b>Health Partners</b>	9.5%	6.1%	3.5%	0.5%	(0.4%)	13.5%	24.4%
<b>Keystone</b>	(10.1%)	(4.8%)	2.9%	9.2%	6.5%	19.3%	24.6%
<b>United</b>	14.8%	9.4%	2.8%	(0.6%)	0.9%	14.0%	29.5%

**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 3<sup>rd</sup> Qtr 2015 YTD**

Source: MCO Reported–Report #1 Enrollment Table

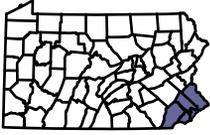
## MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	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 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD	1 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD	1 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD	1 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD	1 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD	1 <sup>st</sup> Qtr '15 YTD	2 <sup>nd</sup> Qtr '15 YTD	3 <sup>rd</sup> Qtr '15 YTD	4 <sup>th</sup> Qtr '15 YTD
<b>Aetna</b>	56%	56%	51%		19%	16%	15%		21%	20%	19%		1%	1%	1%		1%	1%	3%		3%	7%	13%	
<b>Health Partners</b>	53%	51%	48%		15%	15%	14%		29%	28%	26%		1%	1%	1%		1%	2%	2%		2%	5%	9%	
<b>Keystone</b>	57%	55%	53%		13%	13%	12%		28%	27%	25%		1%	1%	1%		1%	2%	2%		2%	4%	8%	
<b>United</b>	59%	57%	54%		12%	12%	11%		24%	24%	22%		1%	1%	1%		2%	2%	3%		2%	5%	10%	

**Exhibit F**

Source: MCO Reported–Report #1 Enrollment Table

# Enrollment



## ENROLLMENT BY COUNTY

COUNTY	Aetna			Health Partners			Keystone			United Healthcare		
	Jul 15	Aug 15	Sep15	Jul 15	Aug 15	Sep15	Jul 15	Aug 15	Sep15	Jul 15	Aug 15	Sep15
<b>Bucks</b>	11%	11%	10%	4%	4%	4%	9%	9%	9%	6%	6%	6%
<b>Chester</b>	10%	10%	10%	1%	1%	1%	5%	5%	5%	14%	14%	13%
<b>Delaware</b>	15%	15%	15%	3%	3%	3%	16%	16%	16%	9%	9%	9%
<b>Montgomery</b>	15%	15%	15%	5%	5%	5%	12%	12%	13%	10%	10%	10%
<b>Philadelphia</b>	49%	50%	50%	88%	88%	87%	57%	57%	57%	62%	62%	62%
<b>TOTAL ENROLLMENT</b>	63,720	64,236	69,719	205,945	210,816	222,131	361,655	369,558	385,938	74,345	76,268	81,429

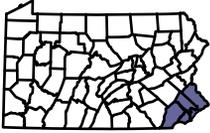
**Exhibit G**

Source: DHS Internal Report

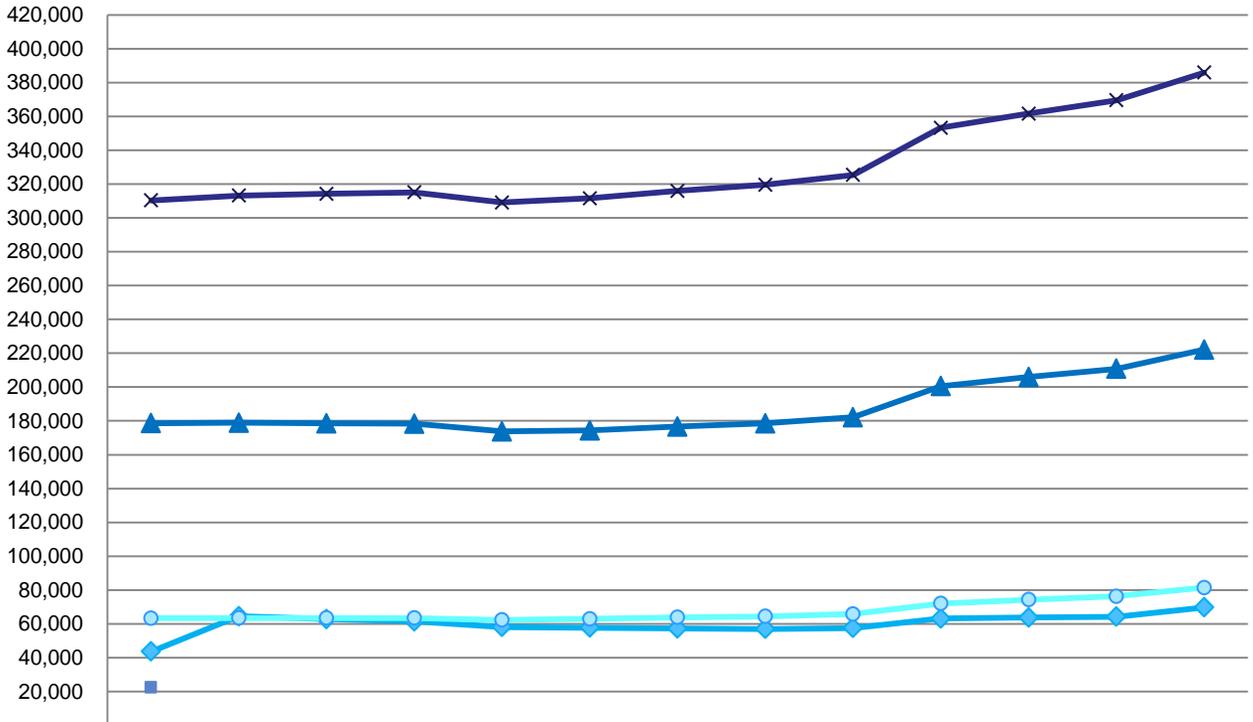
Numbers reflect point in time



# 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*	43,678	64,491	62,778	61,409	58,142	57,694	57,309	56,944	57,545	63,198	63,720	64,236	69,719
—■— COVENTRY*	22,473												
—▲— HP	178,571	178,916	178,533	178,305	173,767	174,336	176,601	178,482	182,175	200,513	205,945	210,816	222,131
—×— KF	310,307	313,158	314,212	315,130	309,092	311,562	315,948	319,570	325,400	353,218	361,655	369,558	385,938
—○— UNITED	63,351	63,462	63,407	63,441	62,344	63,016	63,864	64,444	65,804	72,041	74,345	76,268	81,429

\* 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 1<sup>st</sup> and 2<sup>nd</sup> level complaints and the number of 1<sup>st</sup> and 2<sup>nd</sup> level grievances reviewed per 1,000 members during the reporting quarter.

	1 <sup>st</sup> Qtr. 2015				2 <sup>nd</sup> Qtr. 2015				3 <sup>rd</sup> Qtr. 2015			
	Aetna	Health Partners	Keystone	United	Aetna	Health Partners	Keystone	United	Aetna	Health Partners	Keystone	United
<b>Complaints – 1<sup>st</sup> Level</b>												
# Reviewed per 1,000 Members	.29	.69	.22	.62	.78	.68	.26	1.1	.61	.68	.22	1.0
<b>Complaints – 2<sup>nd</sup> Level</b>												
# Reviewed per 1,000 Members	.02	.01	.02	.02	.02	.01	.04	.01	0	.01	.01	.03
<b>Grievances – 1<sup>st</sup> Level</b>												
# Reviewed per 1,000 Members	.23	.42	1.0	.55	.88	.45	1.5	.89	1.3	.45	1.5	.35
<b>Grievances – 2<sup>nd</sup> Level</b>												
# Reviewed per 1,000 Members	0	.03	.15	.06	.02	.03	.16	.15	.15	.01	.18	.06
<b>Exhibit I</b>												
Source: MCO Reported-Report QR-OPS4												

# COMPLAINTS

The tables below display the percent of complaints filed by complaint type. **Exhibit J** displays the 1<sup>st</sup> level complaints and **Exhibit K** displays the 2<sup>nd</sup> level complaints. This reporting requirement was effective with the 3rd quarter 2006 report submissions.

1 <sup>ST</sup> LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	2 <sup>nd</sup> Qtr. 2015				3 <sup>rd</sup> Qtr. 2015			
	Aetna	HP	KF	United	Aetna	HP	KF	United
ACCESS/AVAILABILITY PROBLEMS	20%	19%		9%	3%	21%		21%
BENEFIT LIMITS	2%	9%	76%	3%		3%	75%	1%
COVERAGE OF SERVICES	9%	4%	13%	3%	5%	3%	6%	8%
ER SERVICE								
MCO SERVICE AND ADMIN.		4%		3%	13%	5%		1%
OTHER				22%	3%		14%	22%
PAYMENT ISSUES	26%	4%	3%	24%	16%	3%	1%	26%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE	43%	60%	8%	36%	60%	65%	4%	21%
REFERRAL LACKING/ DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

**Exhibit J**  
Source: MCO Reported-Report QR-OPS4

2 <sup>ND</sup> LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	2 <sup>nd</sup> Qtr. 2015				3 <sup>rd</sup> Qtr. 2015			
	Aetna	HP	KF	United	Aetna	HP	KF	United
ACCESS/AVAILABILITY PROBLEMS								
BENEFIT LIMITS			83%			34%	34%	
COVERAGE OF SERVICES		50%	17%				33%	
MCO SERVICE AND ADMIN.								50%
OTHER							33%	
PAYMENT ISSUES								50%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE	100%	50%		100%		66%		
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	0%	100%	100%	100%

**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 1<sup>st</sup> level grievances and **Exhibit M** displays the 2<sup>nd</sup> level grievances. This reporting requirement was effective with the 3rd quarter 2006 report submissions.

1 <sup>ST</sup> LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 <sup>nd</sup> Qtr. 2015				3 <sup>rd</sup> Qtr. 2015			
	Aetna	HP	KF	United	Aetna	HP	KF	United
BENEFIT LIMITS								
DENTAL (Braces)	23%	36%	21%	25%	13%	32%	13%	33%
DENTAL (Dentures)			2%	3%		2%	6%	3%
DENTAL (Other)	17%	6%	3%	7%	21%	7%	6%	13%
DENTAL BENEFIT LIMITS		12%	9%			22%	7%	
DURABLE MEDICAL EQUIPMENT	4%	4%	6%	8%	7%	3%	4%	3%
HEARING SERVICES/ PRODUCTS								
HOME HEALTH SERVICES	2%	6%	4%	18%		4%	5%	3%
INPATIENT MEDICAL SERVICES		2%	1%				1%	
OTHER				3%			2%	6%
OUTPATIENT MEDICAL SERVICES	6%	11%	19%		15%	7%	15%	
PHARMACY	35%	17%	24%	33%	37%	20%	30%	33%
PHARMACY BENEFIT LIMITS							3%	
SKILLED NURSING SERVICES	13%	6%	11%	3%	7%	3%	8%	6%
TRANSPORTATION SERVICES								
VISION SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

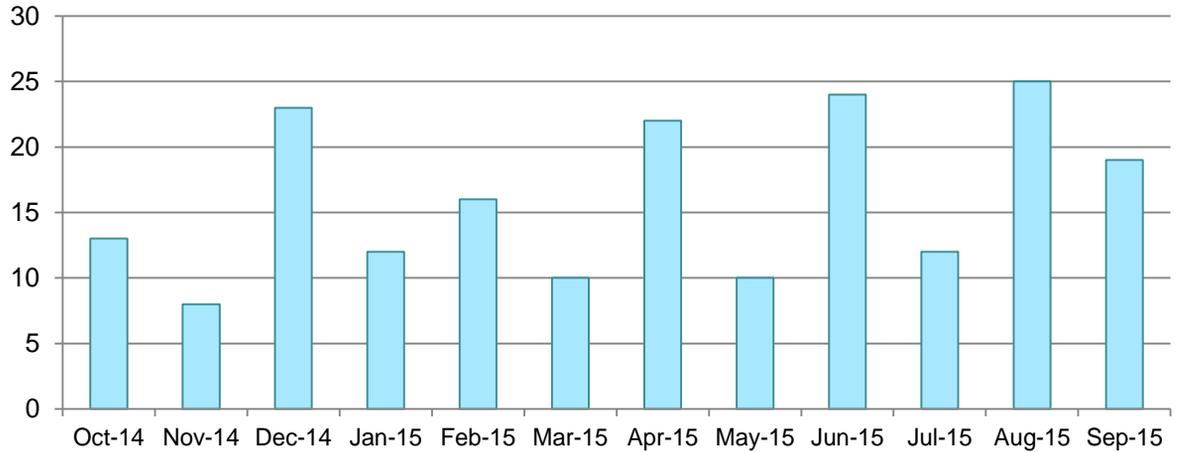
**Exhibit L**  
Source: MCO Reported-Report QR-OPS4

2 <sup>ND</sup> LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 <sup>nd</sup> Qtr. 2015				3 <sup>rd</sup> Qtr. 2015			
	Aetna	HP	KF	United	Aetna	HP	KF	United
BENEFIT LIMITS								
DENTAL (Braces)	100%		10%	20%	20%	34%	6%	14%
DENTAL (Dentures)			2%				3%	14%
DENTAL (Other)							2%	
DENTAL BENEFIT LIMITS			6%				7%	
DURABLE MEDICAL EQUIPMENT			8%		20%		12%	
HEARING SERVICES/ PRODUCTS								
HOME HEALTH SERVICES		50%	21%	40%	10%	33%	4%	
INPATIENT MEDICAL SERVICES							2%	
OTHER							2%	
OUTPATIENT MEDICAL SERVICES		17%	13%		30%		12%	
PHARMACY			12%	20%	10%		26%	29%
SKILLED NURSING SERVICES		33%	28%	20%	10%	33%	24%	43%
TRANSPORTATION SERVICES								
VISION SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

**Exhibit M**  
Source: MCO Reported-Report QR-OPS4

# FAIR HEARING REPORTS

## Appeals Received



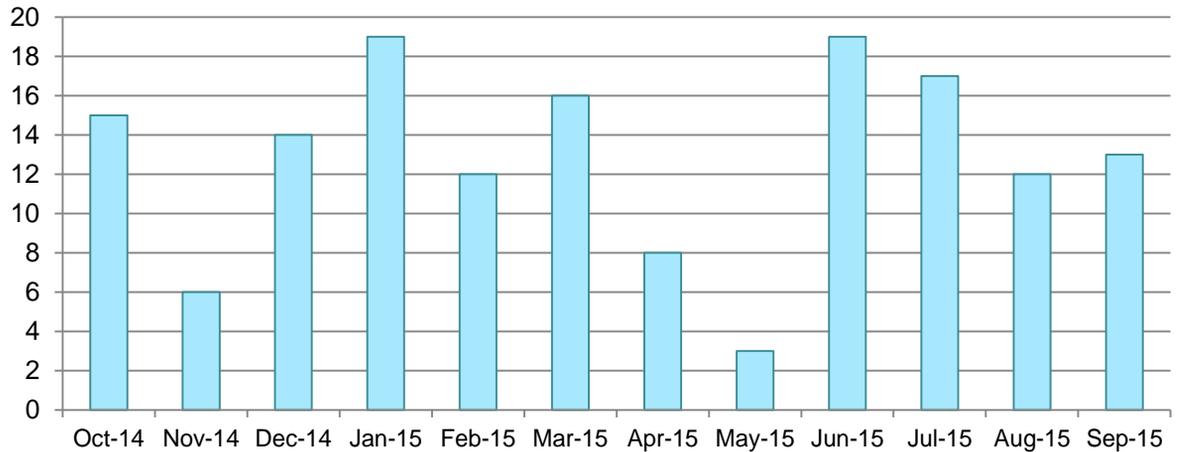
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Southeast	13	8	23	12	16	10	22	10	24	12	25	19

- A total of 150 appeals have been received for 2015.
- Of the appeals, 51% 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
Southeast	15	6	14	19	12	16	8	3	19	17	12	13

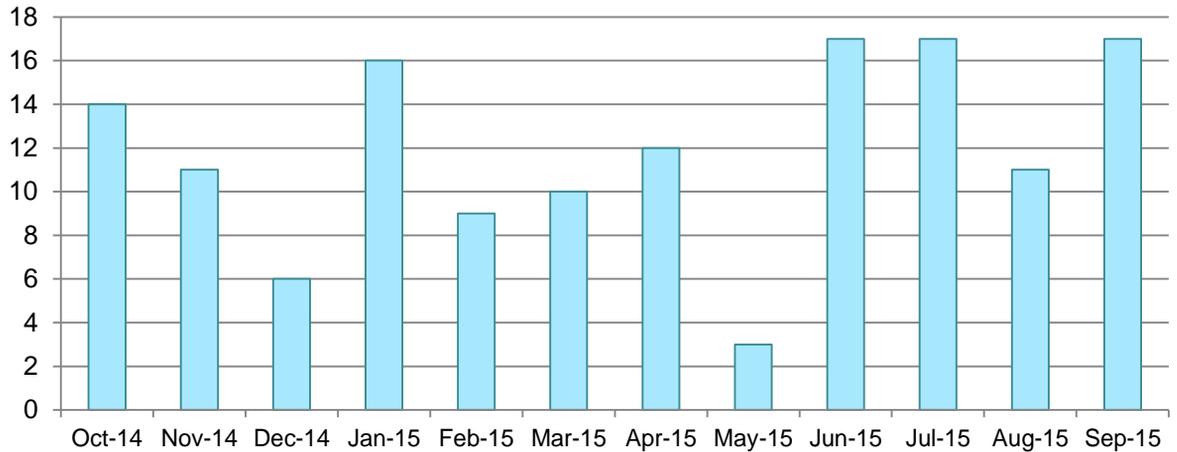
- A total of 119 hearings have been scheduled for 2015.

### Exhibit O

Source: MCO Reported

# FAIR HEARING REPORTS

## Hearing Resolutions



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Southeast	14	11	6	16	9	10	12	3	17	17	11	17

•A total of 112 decisions have been rendered for SE 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
SE	0	0	0	0	0	0	1	0	1	0	0	0

•There were no expedited hearings in the SE for 3<sup>rd</sup> 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
SE	3	1	0	0	0	0	1	1	0	0	2	2

•Appeals over 90 days have increased slightly since 2<sup>nd</sup> 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.

PRIMARY CARE VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15	3Qtr15
<b>Aetna Better Health*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	957	994	873	779	685	772	623
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	3,329	3,222	2,735	2,624	2,490	2,395	2,185
SSI	1,771	1,854	1,730	1,716	1,755	1,633	1,463
TOTAL AVERAGE	2,344	2,355	2,060	1,961	1,923	1,800	1,435
<b>Coventry Cares*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,294	1,207	772	*	*	*	*
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	2,821	2,611	2,106	*	*	*	*
SSI w/o	1,821	1,865	1,433	*	*	*	*
TOTAL AVERAGE	2,066	1,996	1,557	*	*	*	*
<b>Health Partners</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,578	1,865	1,647	1,715	1,784	1,837	1,596
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	2,068	2,170	1,985	2,396	2,146	2,226	2,043
SSI	2,829	3,146	2,922	3,058	2,917	3,098	2,806
TOTAL AVERAGE	2,209	2,419	2,211	2,468	2,321	2,375	2,108
<b>Keystone First</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,924	2,104	2,138	2,146	2,170	2,166	2,036
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	2,157	2,162	2,139	2,801	2,379	2,132	1,937
SSI	3,459	3,592	3,561	3,830	3,515	3,469	3,199
TOTAL AVERAGE	2,511	2,592	2,577	2,995	2,693	2,469	2,267
<b>United Healthcare</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,249	1,359	1,394	1,396	1,427	1,539	1,451
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	2,227	2,257	2,198	2,584	2,266	2,240	2,079
SSI	2,302	2,433	2,495	2,665	2,544	2,550	2,465
TOTAL AVERAGE	2,071	2,153	2,141	2,394	2,196	2,157	1,972
<b>Exhibit S</b>							

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

# Utilization

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

	2015	2014	2013	2012
<b>Aetna Better Health</b>				
12-24 months	95.80%	95.01%	92.35%	91.38%
25 mo - 6 years	85.67%	82.16%	78.47%	75.25%
7-11 years	85.84%	81.67%	81.24%	N/A
12-19 years	83.90%	78.08%	76.75%	N/A
<b>Coventry Cares</b>				
12-24 months	*	94.55%	88.17%	86.13%
25 mo - 6 years	*	85.96%	73.95%	65.18%
7-11 years	*	79.52%	77.62%	N/A
12-19 years	*	75.72%	70.02%	N/A
<b>Health Partners</b>				
12-24 months	96.68%	97.32%	96.47%	97.54%
25 mo - 6 years	87.25%	87.91%	86.55%	86.65%
7-11 years	92.24%	91.32%	91.46%	90.70%
12-19 years	89.80%	89.40%	89.45%	88.12%
<b>Keystone First (Keystone Mercy)</b>				
12-24 months	97.25%	97.35%	97.17%	97.36%
25 mo - 6 years	88.42%	88.67%	88.21%	88.76%
7-11 years	92.71%	92.29%	92.07%	91.19%
12-19 years	90.75%	90.60%	90.58%	89.63%
<b>UnitedHealthcare (AmeriChoice)</b>				
12-24 months	96.92%	95.99%	96.23%	96.31%
25 mo - 6 years	87.71%	87.92%	86.43%	86.83%
7-11 years	91.20%	90.34%	90.23%	90.15%
12-19 years	89.57%	88.51%	88.56%	87.95%

## HEDIS MEASURE: ADULT ACCESS TO PREVENTATIVE/AMBULATORY HEALTH SERVICES

	2015	2014	2013	2012
<b>Aetna Better Health</b>				
20-44 years	77.94%	71.71%	67.86%	0.699
45-64 years	86.93%	81.66%	78.28%	0.7956
65 and older	79.05%	83.51%	78.19%	0.8148
<b>Coventry Cares</b>				
20-44 years	*	75.81%	64.85%	0.5952
45-64 years	*	85.90%	78.24%	0.7158
65 and older	*	82.17%	71.19%	0.6429
<b>Health Partners</b>				
20-44 years	82.76%	82.77%	82.28%	80.59%
45-64 years	92.29%	91.64%	91.55%	90.32%
65 and older	89.32%	88.40%	89.88%	89.12%
<b>Keystone First (Keystone Mercy)</b>				
20-44 years	81.72%	82.38%	81.75%	81.66%
45-64 years	90.69%	91.03%	91.11%	90.39%
65 and older	86.33%	88.17%	88.79%	87.36%
<b>UnitedHealthcare (AmeriChoice)</b>				
20-44 years	78.52%	77.68%	77.30%	77.96%
45-64 years	86.04%	85.96%	84.76%	84.47%
65 and older	85.12%	83.70%	82.97%	81.81%

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

# Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr14	2Qtr14	3Qtr14	4Qtr14	1Qtr15	2Qtr15	3Qtr15
<b>Aetna Better Health*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	820	930	861	776	560	671	551
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	956	1,124	1,140	950	1,030	1,232	1,397
SSI	774	959	838	738	713	787	816
TOTAL AVERAGE	827	980	951	811	855	989	958
<b>Coventry Cares*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,239	1,031	880	*	*	*	*
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	868	938	902	*	*	*	*
SSI w/o	1,214	959	1,023	*	*	*	*
TOTAL AVERAGE	981	912	861	*	*	*	*
<b>Health Partners</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	1,578	959	953	893	874	961	924
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	1,043	1,135	1,259	1,260	1,065	1,153	1,205
SSI	850	947	974	940	871	958	865
TOTAL AVERAGE	1,060	1,003	1,071	1,052	979	1,057	1,045
<b>Keystone First</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	771	846	844	891	941	880	809
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	1,101	1,235	1,204	1,290	1,293	1,233	1,264
SSI	731	840	825	894	869	838	796
TOTAL AVERAGE	935	1,052	1,031	1,106	1,134	1,062	1,056
<b>United Healthcare</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	601	778	713	748	705	784	737
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	982	1,161	1,225	1,170	1,108	1,191	1,240
SSI	582	760	735	721	683	713	689
TOTAL AVERAGE	773	945	964	940	939	991	963
<b>Exhibit T</b>							

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.

**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.

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

# 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.

**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.

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

<b>SPECIALTY VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE</b>							
	<b>1Qtr14</b>	<b>2Qtr14</b>	<b>3Qtr14</b>	<b>4Qtr14</b>	<b>1Qtr15</b>	<b>2Qtr15</b>	<b>3Qtr15</b>
<b>Aetna Better Health*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,902	2,671	2,192	1,936	1,825	1,856	1,733
TANF/HB/ MAGI (Ages 0-18 or 0-20)	691	680	622	590	628	657	590
SSI	4,096	3,867	3,315	3,059	3,110	3,084	2,567
<b>TOTAL AVERAGE</b>	<b>2,099</b>	<b>2,020</b>	<b>1,688</b>	<b>1,535</b>	<b>1,463</b>	<b>1,466</b>	<b>1,269</b>
<b>Coventry Cares*</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,685	2,490	1,896	*	*	*	*
TANF/HB/ MAGI (Ages 0-18 or 0-20)	755	660	523	*	*	*	*
SSI	4,709	4,533	3,370	*	*	*	*
<b>TOTAL AVERAGE</b>	<b>2,472</b>	<b>2,319</b>	<b>1,712</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>
<b>Health Partners</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	6,429	6,785	6,764	6,702	7,399	7,650	7,358
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	2,118	2,279	2,150	2,297	2,277	2,281	2,085
SSI	10,187	10,925	10,937	10,764	10,405	10,877	10,356
<b>TOTAL AVERAGE</b>	<b>5,560</b>	<b>5,908</b>	<b>5,826</b>	<b>5,800</b>	<b>5,568</b>	<b>5,702</b>	<b>5,371</b>
<b>Keystone First</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,568	2,962	3,157	3,059	3,419	3,448	3,228
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	682	779	796	809	866	881	824
SSI	4,052	4,347	4,277	4,193	4,173	4,302	4,065
<b>TOTAL AVERAGE</b>	<b>2,017</b>	<b>2,233</b>	<b>2,259</b>	<b>2,209</b>	<b>2,187</b>	<b>2,175</b>	<b>2,059</b>
<b>United Healthcare</b>							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,626	2,519	2,475	2,434	3,063	3,281	3,010
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	671	651	658	647	699	783	725
SSI	3,049	2,984	2,969	3,141	3,282	3,472	3,198
<b>TOTAL AVERAGE</b>	<b>1,702</b>	<b>1,659</b>	<b>1,634</b>	<b>1,659</b>	<b>1,676</b>	<b>1,808</b>	<b>1,671</b>
<b>Exhibit U</b>							

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.

# 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						
	1Qtr.14	2Qtr.14	3Qtr.14	4Qtr.14	1Qtr.15	2Qtr.15
<b>Aetna Better Health*</b>						
Under 21 years old	476.2	524.3	528.5	599.4	566.2	588.4
21 years old & over	1,111.5	1,379.5	1,184.3	1,116.0	1,138.2	1,239.6
<b>Coventry Cares*</b>						
Under 21 years old	643.4	658.3	594.3	*	*	*
21 years old & over	1,447.4	1,233.6	1,243.8	*	*	*
<b>Health Partners</b>						
Under 21 years old	679.2	785.2	724.6	820.4	758.2	708.3
21 years old & over	1,222.2	1,302.7	1,370.5	1,279.9	1,296.7	1,338.7
<b>Keystone First</b>						
Under 21 years old	588.0	671.5	629.0	685.2	657.4	635.0
21 years old & over	1,393.7	1,519.3	1,552.2	1,425.4	1,457.7	1,464.5
<b>United Healthcare</b>						
Under 21 years old	609.1	696.7	650.1	700.5	714.6	712.4
21 years old & over	1,363.8	1,470.5	1,484.4	1,405.8	1,629.0	2,004.1
<b>Exhibit V</b>						
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 shows two MCOs' rates are consistent. One MCO's utilization has increased, meaning a decrease in performance, and one decreased. Year over year comparison of rates show one MCO's rate decreased in utilization, meaning better performance. Three MCOs' rates increased. Q315 submission compared to HEDIS 2015 show one MCOs rate is lower, one is higher and two are concurrent. The HealthChoices weighted average has remained steady for year to year utilization but decreased for year HEDIS 2015. Quarter to quarter has increased in utilization.

Ambulatory Care (All Ages) - Emergency Department Visits/1,000 Member Months <sup>1</sup>							
	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
<b>Aetna Better Health</b>	68.35	73.74	67.25	67.42	67.60	73.40	74.09
<b>Health Partners Plans</b>	79.99	81.05	78.89	79.73	80.04	81.22	82.30
<b>Keystone First</b>	68.60	66.42	66.71	66.87	66.56	66.49	65.17
<b>United Healthcare</b>	70.81	68.18	67.44	68.31	67.51	68.22	68.49
<b>Weighted Average</b>	<b>75.74</b>	<b>73.98</b>	<b>72.29</b>	<b>73.10</b>	<b>72.35</b>	<b>71.95</b>	<b>73.09</b>
<b>50th PCTL BM</b>	63.93	61.89					
<b>75th PCTL BM</b>	73.97	72.42					
<b>90th PCTL BM</b>	81.24	83.68					

<sup>1</sup> 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 have decreased, and two remained steady. Year over year comparison of rates show all MCOs have increased. Q315 submission compared to HEDIS 2015 show two MCOs have decreased and two are concurrent with reported rates. The HealthChoices weighted average from HEDIS 2015, and year to year have increased. Rate compared to quarter to quarter has remained steady.

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
<b>Aetna Better Health</b>	49.42%	51.13%	48.08%	45.19%	51.89%	50.87%	49.69%
<b>Health Partners Plans</b>	64.18%	70.30%	63.61%	63.56%	65.98%	70.26%	69.03%
<b>Keystone First</b>	62.73%	64.51%	62.21%	62.22%	63.24%	64.33%	64.26%
<b>United Healthcare</b>	55.29%	57.75%	49.05%	52.88%	51.37%	57.80%	56.85%
<b>Weighted Average</b>	<b>56.71%</b>	<b>58.20%</b>	<b>55.39%</b>	<b>55.66%</b>	<b>56.20%</b>	<b>57.95%</b>	<b>57.44%</b>
<b>50th PCTL BM</b>	52.65%	54.69%					
<b>75th PCTL BM</b>	61.13%	60.31%					
<b>90th PCTL BM</b>	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 one MCO's rate increased in visits, three decreased. Year over year comparison show three MCOs have increased visits, one remained steady. Q315 submission rates compared to HEDIS 2015 show all MCOs are consistent with reported rates. The HealthChoices weighted average increased compared to quarter to quarter, year to year and HEDIS 2015.

Total Outpatient Visits (0 - 64 year olds)/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
Health Partners Plans	346.15	345.72	339.06	336.49	340.51	341.91	343.39
Keystone First	311.92	314.33	301.54	300.09	296.66	309.61	300.71
United Healthcare	292.21	321.26	289.37	293.45	298.01	320.90	315.84
<b>Weighted Average</b>	<b>330.54</b>	<b>360.37</b>	<b>321.92</b>	<b>332.73</b>	<b>328.27</b>	<b>335.93</b>	<b>347.31</b>
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. Three MCOs quarterly submissions are consistent with last quarter's rates. Year over year comparison of rates show three MCOs' rates decreased, one MCO's rate remained steady. Q315 submission show three MCOs rates are consistent compared to HEDIS 2015, and one decreased meaning better performance. The HealthChoices weighted average has remained steady for quarter to quarter and HEDIS 2015 rates. Year to year rate shows a decrease.

Total Acute Inpatient Discharges/1,000 member months <sup>1</sup>							
	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
Health Partners Plans	12.93	12.13	12.80	12.58	12.13	11.45	10.15
Keystone First	11.16	10.21	10.83	10.57	10.60	10.09	9.86
United Healthcare	8.56	7.47	8.04	8.18	7.74	7.41	6.94
<b>Weighted Average</b>	<b>9.50</b>	<b>8.71</b>	<b>9.79</b>	<b>9.59</b>	<b>9.28</b>	<b>8.84</b>	<b>8.12</b>
50th PCTL BM	7.63	7.03					
75th PCTL BM	8.95	8.39					
90th PCTL BM	10.92	10.21					

<sup>1</sup> 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. Quarter to quarter comparisons of rates shows all MCOs remained consistent. Year over year comparison shows two MCOs rates have decreased and two MCOs remained steady. The HealthChoices weighted average remains consistent to previous submissions as well.

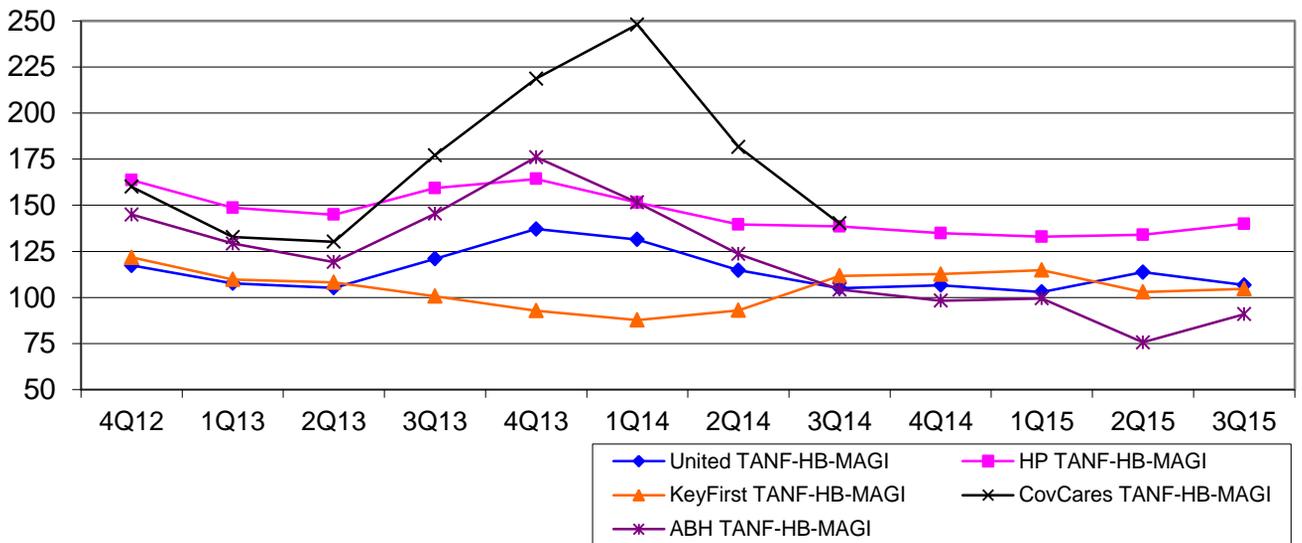
Pediatric Asthma Admission Rate: Hospital Admissions per 100,000 population for children 2-17 with Asthma					
	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014	Reporting Q215 1/1/2014- 12/31/2014	Reporting Q315 4/1/2014- 3/31/2015
<b>Aetna Better Health</b>	4.06	4.41	4.01	3.03	2.19
<b>Health Partners Plans</b>	8.67	8.22	8.39	6.67	6.25
<b>Keystone First</b>	5.16	4.94	5.47	4.92	4.58
<b>United Healthcare</b>	2.39	2.65	2.80	2.69	2.76
<b>Weighted Average</b>	3.14	3.06	3.04	2.77	2.59

### Exhibit AA

Source: Data is self-reported from the MCOs

**Exhibit CC1 and CC2** - 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 Southeast Zone Inpatient Discharges per 1000 (TANF-HB-MAGI)**



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United TANF-HB-MAGI	117	108	105	121	137	131	115	105	107	103	114	107
HP TANF-HB-MAGI	164	149	145	159	164	151	140	139	135	133	134	140
KeyFirst TANF-HB-MAGI	122	110	108	101	93	88	93	112	113	115	103	105
CovCares* TANF-HB-MAGI	160	133	130	177	219	248	182	140				
ABH* TANF-HB-MAGI	145	129	119	145	176	152	124	104	98	99	76	91
United TANF-HB-MAGI % chg					16.81%	22.03%	9.05%	-13.14%	-22.21%	-21.65%	-0.92%	1.60%
HP TANF-HB-MAGI % chg					0.37%	1.83%	-3.69%	-13.05%	-17.91%	-12.18%	-4.05%	1.00%
KeyFirst TANF-HB-MAGI % chg					-23.78%	-20.01%	-14.03%	10.96%	21.36%	30.79%	10.69%	-6.30%
CovCares* TANF-HB-MAGI % chg					36.59%	86.76%	39.51%	-20.83%				
ABH* TANF-HB-MAGI % chg					21.45%	17.26%	3.66%	-28.24%	-44.18%	-34.37%	-38.75%	-12.84%

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

**Note:** % change is from the 4<sup>th</sup> prior quarter

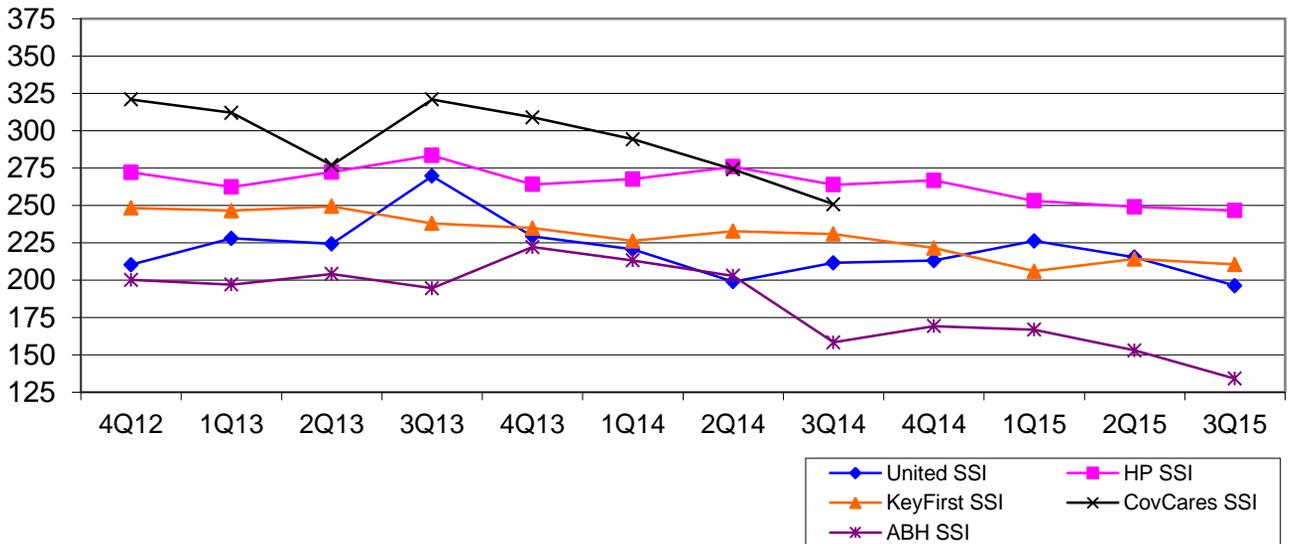
**Exhibit CC1**

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 Southeast Zone Inpatient Discharges per 1000 (SSI\*\*)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United SSI	210	228	224	270	229	221	199	212	213	226	215	196
HP SSI	272	262	272	283	264	268	276	264	267	253	249	247
KeyFirst SSI	248	246	249	238	235	226	233	231	221	206	214	210
CovCares* SSI	321	312	277	321	309	294	274	251				
ABH* SSI	200	197	204	194	222	213	203	158	169	167	153	134
United SSI % chg					9.09%	-3.23%	-11.31%	-21.56%	-7.13%	2.56%	8.22%	-7.26%
HP SSI % chg					-2.97%	1.99%	1.32%	-6.92%	1.04%	-5.41%	-9.71%	-6.53%
KeyFirst SSI % chg					-5.42%	-8.22%	-6.65%	-2.96%	-5.69%	-8.97%	-8.05%	-8.82%
CovCares* SSI % chg					-3.74%	-5.67%	-1.02%	-21.87%				
ABH* SSI % chg					10.99%	8.21%	-0.66%	-18.60%	-23.84%	-21.75%	-24.58%	-15.35%

\* 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 4<sup>th</sup> 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.

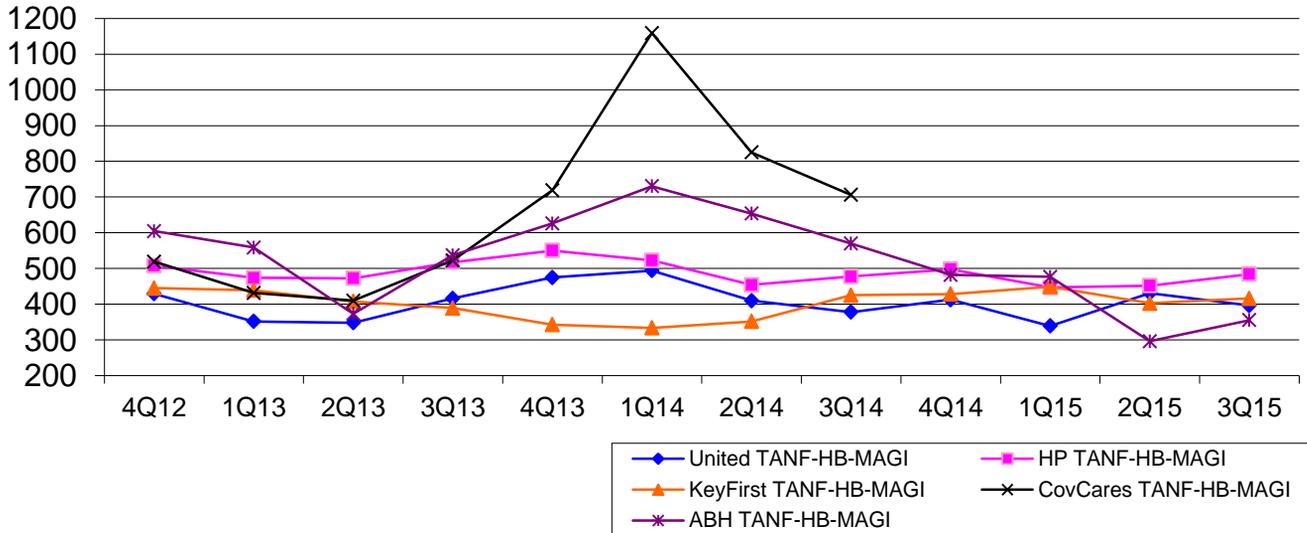
We are working with the MCOs to improve the data.

# Financial

## 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 Southeast Zone Inpatient Days per 1000 (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United TANF-HB-MAGI	429	352	348	416	475	494	410	378	413	339	431	396
HP TANF-HB-MAGI	508	474	472	518	550	522	454	478	498	447	452	484
KeyFirst TANF-HB-MAGI	445	439	408	389	343	334	352	425	429	449	403	416
CovCares* TANF-HB-MAGI	519	431	410	522	719	1159	825	706				
ABH* TANF-HB-MAGI	605	559	373	537	626	730	654	570	482	476	296	355
United TANF-HB-MAGI % chg					10.55%	40.38%	17.76%	-9.13%	-13.07%	-31.38%	5.20%	4.84%
HP TANF-HB-MAGI % chg					8.38%	10.26%	-3.89%	-7.74%	-9.54%	-14.46%	-0.52%	1.42%
KeyFirst TANF-HB-MAGI % chg					-22.94%	-24.01%	-13.69%	9.29%	24.99%	34.49%	14.44%	-2.13%
CovCares* TANF-HB-MAGI % chg					38.59%	168.68%	101.32%	35.20%				
ABH* TANF-HB-MAGI % chg					3.56%	30.70%	75.13%	6.12%	-22.99%	-34.76%	-54.65%	-37.64%

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

Note: % change is from the 4<sup>th</sup> prior quarter

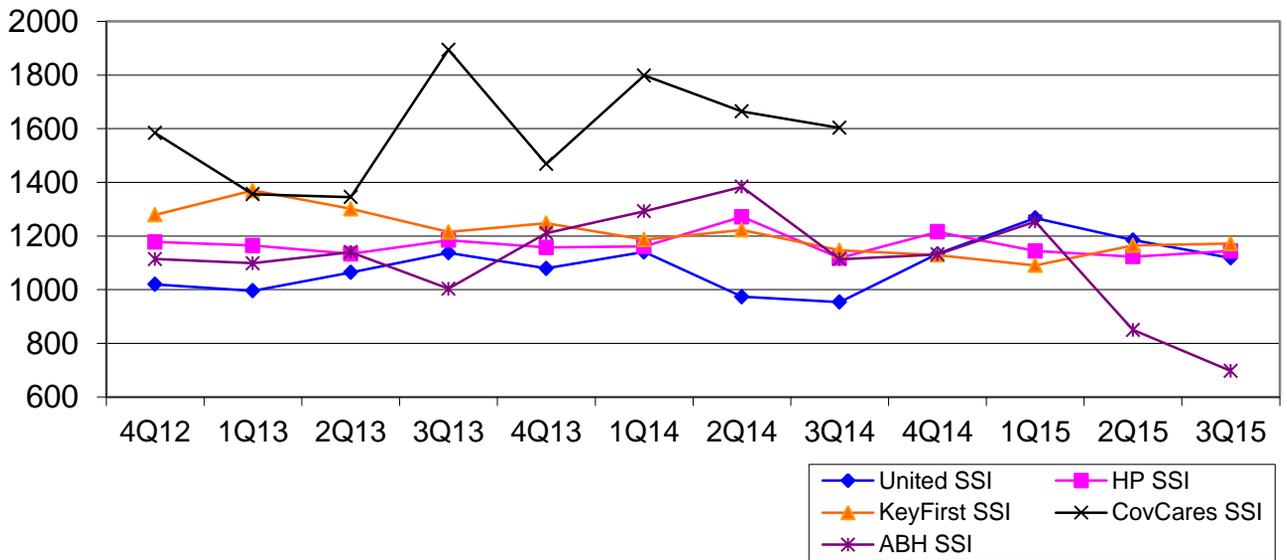
### Exhibit DD1

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 Southeast Zone Inpatient Days per 1000 (SSI\*\*)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United SSI	1020	996	1064	1138	1079	1141	974	954	1134	1267	1185	1119
HP SSI	1178	1164	1133	1184	1157	1161	1272	1118	1215	1144	1123	1144
KeyFirst SSI	1279	1370	1302	1215	1248	1187	1223	1147	1129	1091	1165	1172
CovCares* SSI	1584	1356	1345	1894	1469	1798	1664	1603				
ABH* SSI	1114	1099	1140	1003	1211	1292	1384	1114	1132	1254	850	697
United SSI % chg					5.82%	14.54%	-8.50%	-16.13%	5.03%	11.09%	21.72%	17.25%
HP SSI % chg					-1.77%	-0.32%	12.21%	-5.62%	5.03%	-1.44%	-11.68%	2.35%
KeyFirst SSI % chg					-2.42%	-13.36%	-6.06%	-5.63%	-9.53%	-8.12%	-4.70%	2.20%
CovCares* SSI % chg					-7.26%	32.63%	23.74%	-15.36%				
ABH* SSI % chg					8.66%	17.63%	21.37%	10.97%	-6.52%	-2.96%	-38.56%	-37.43%

\* 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 4<sup>th</sup> prior quarter**

### Exhibit DD2

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

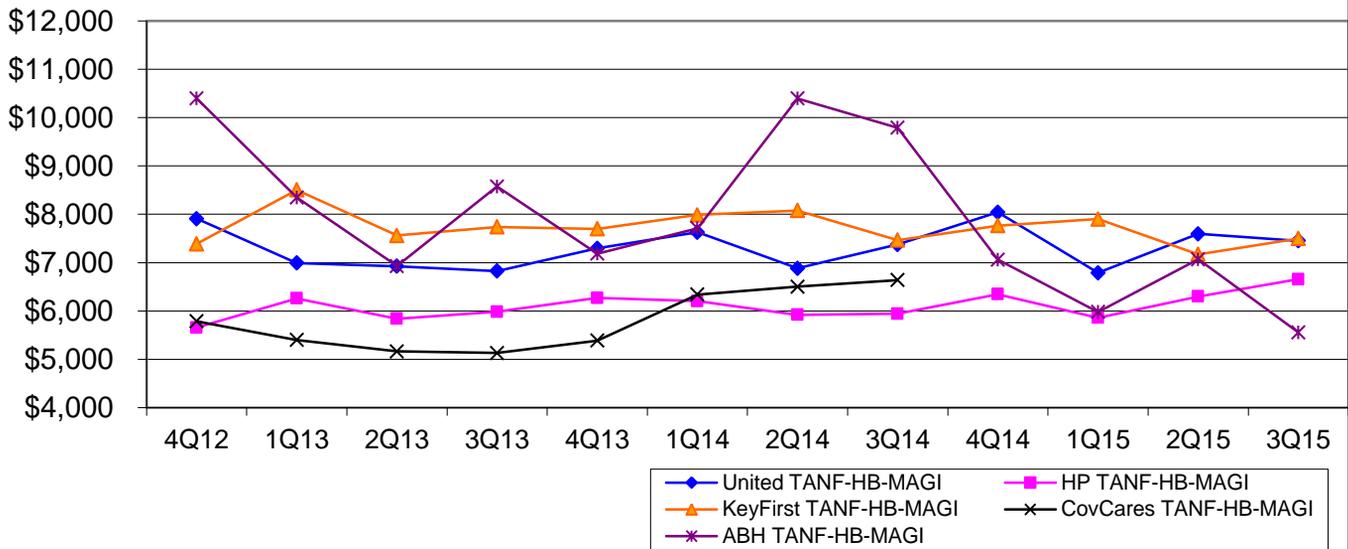
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

## 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.

### HC Southeast Zone Inpatient Average Cost per Discharge (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United TANF-HB-MAGI	\$ 7,908	\$ 6,993	\$ 6,926	\$ 6,826	\$ 7,296	\$ 7,627	\$ 6,883	\$ 7,374	\$ 8,042	\$ 6,789	\$ 7,595	\$ 7,452
HP TANF-HB-MAGI	\$ 5,658	\$ 6,261	\$ 5,842	\$ 5,985	\$ 6,270	\$ 6,202	\$ 5,921	\$ 5,942	\$ 6,347	\$ 5,861	\$ 6,299	\$ 6,655
KeyFirst TANF-HB-MAGI	\$ 7,389	\$ 8,503	\$ 7,562	\$ 7,738	\$ 7,699	\$ 7,988	\$ 8,077	\$ 7,466	\$ 7,764	\$ 7,900	\$ 7,174	\$ 7,498
CovCares* TANF-HB-MAGI	\$ 5,785	\$ 5,400	\$ 5,163	\$ 5,130	\$ 5,389	\$ 6,340	\$ 6,503	\$ 6,639				
ABH* TANF-HB-MAGI	\$ 10,395	\$ 8,348	\$ 6,928	\$ 8,574	\$ 7,185	\$ 7,713	\$ 10,397	\$ 9,788	\$ 7,062	\$ 5,980	\$ 7,067	\$ 5,556
United TANF-HB-MAGI % chg					-7.75%	9.06%	-0.62%	8.03%	10.23%	-10.99%	10.34%	1.07%
HP TANF-HB-MAGI % chg					10.82%	-0.93%	1.36%	-0.72%	1.22%	-5.51%	6.39%	12.00%
KeyFirst TANF-HB-MAGI % chg					4.19%	-6.05%	6.81%	-3.51%	0.85%	-1.11%	-11.18%	0.43%
CovCares* TANF-HB-MAGI % chg					-6.85%	17.41%	25.95%	29.41%				
ABH* TANF-HB-MAGI % chg					-30.88%	-7.61%	50.07%	14.16%	-1.72%	-22.47%	-32.02%	-43.24%

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

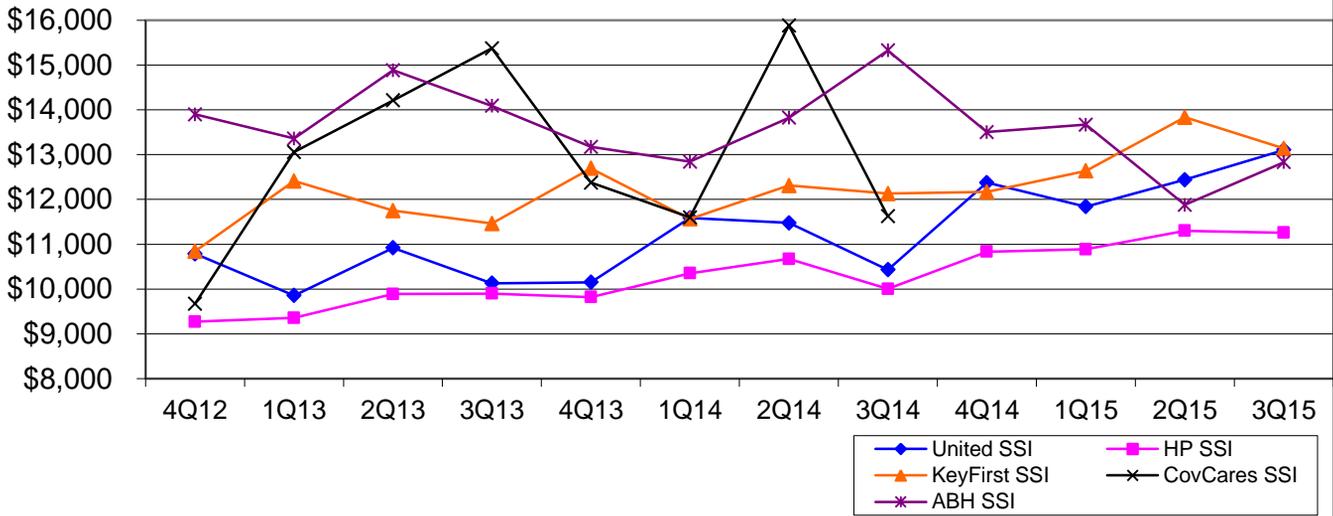
Note: % change is from the 4<sup>th</sup> prior quarter

### 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 Southeast Zone Inpatient Average Cost per Discharge (SSI\*\*)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
United SSI	\$ 10,785	\$ 9,856	\$ 10,918	\$ 10,129	\$ 10,150	\$ 11,587	\$ 11,476	\$ 10,431	\$ 12,374	\$ 11,839	\$ 12,440	\$ 13,105
HP SSI	\$ 9,271	\$ 9,357	\$ 9,888	\$ 9,900	\$ 9,821	\$ 10,352	\$ 10,671	\$ 10,002	\$ 10,834	\$ 10,888	\$ 11,301	\$ 11,258
KeyFirst SSI	\$ 10,844	\$ 12,410	\$ 11,748	\$ 11,460	\$ 12,695	\$ 11,565	\$ 12,311	\$ 12,129	\$ 12,166	\$ 12,637	\$ 13,835	\$ 13,136
CovCares* SSI	\$ 9,672	\$ 13,059	\$ 14,209	\$ 15,371	\$ 12,374	\$ 11,597	\$ 15,883	\$ 11,625				
ABH* SSI	\$ 13,897	\$ 13,360	\$ 14,882	\$ 14,090	\$ 13,171	\$ 12,841	\$ 13,824	\$ 15,324	\$ 13,502	\$ 13,668	\$ 11,878	\$ 12,832
United SSI % chg					-5.89%	17.56%	5.11%	2.98%	21.91%	2.18%	8.40%	25.63%
HP SSI % chg					5.93%	10.63%	7.93%	1.03%	10.32%	5.18%	5.90%	12.56%
KeyFirst SSI % chg					17.06%	-6.81%	4.79%	5.83%	-4.16%	9.27%	12.38%	8.30%
CovCares* SSI % chg					27.94%	-11.19%	11.78%	-24.37%				
ABH* SSI % chg					-5.22%	-3.88%	-7.11%	8.76%	2.51%	6.44%	-14.08%	-16.26%

\* 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 4<sup>th</sup> prior quarter**

#### Exhibit EE2

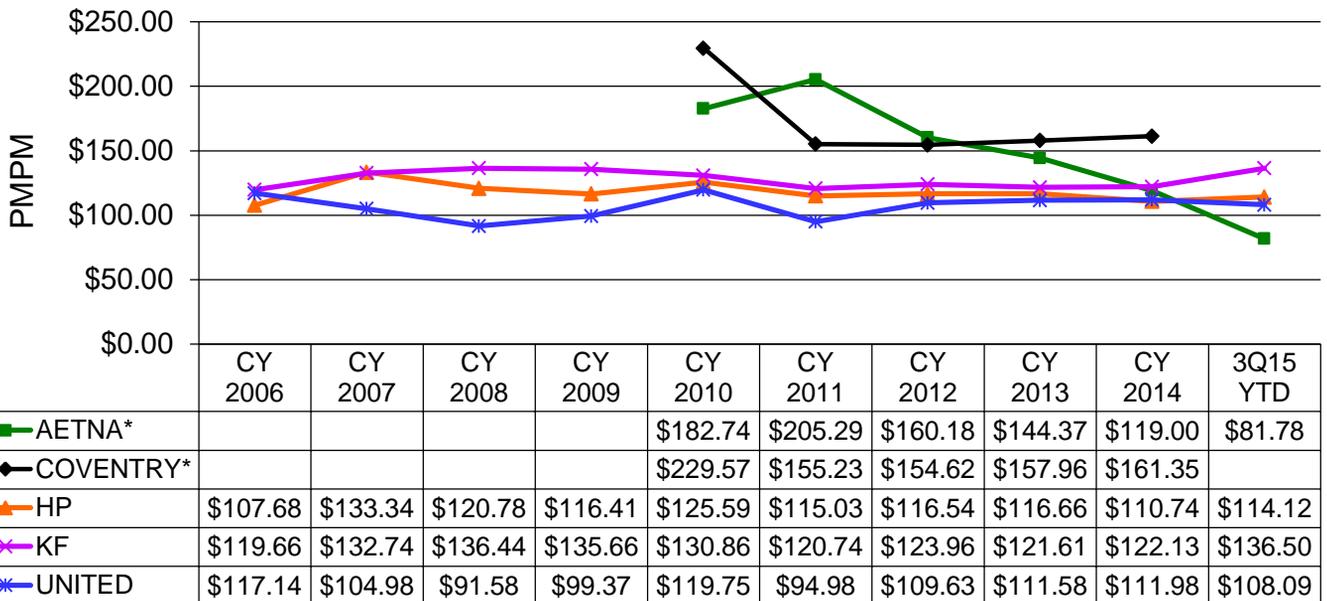
Source: Report #6a Inpatient, Physician and Dental Statistics

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-SE ZONE CY 2006 – 3Q15 YTD HOSPITAL INPATIENT COSTS YTD (No APR Adj.) WEIGHTED BY HC-SE ZONE CASE MIX



**Note: HP Costs include other risk pool adjustments. Excludes Dual Eligibles up to 2008.**

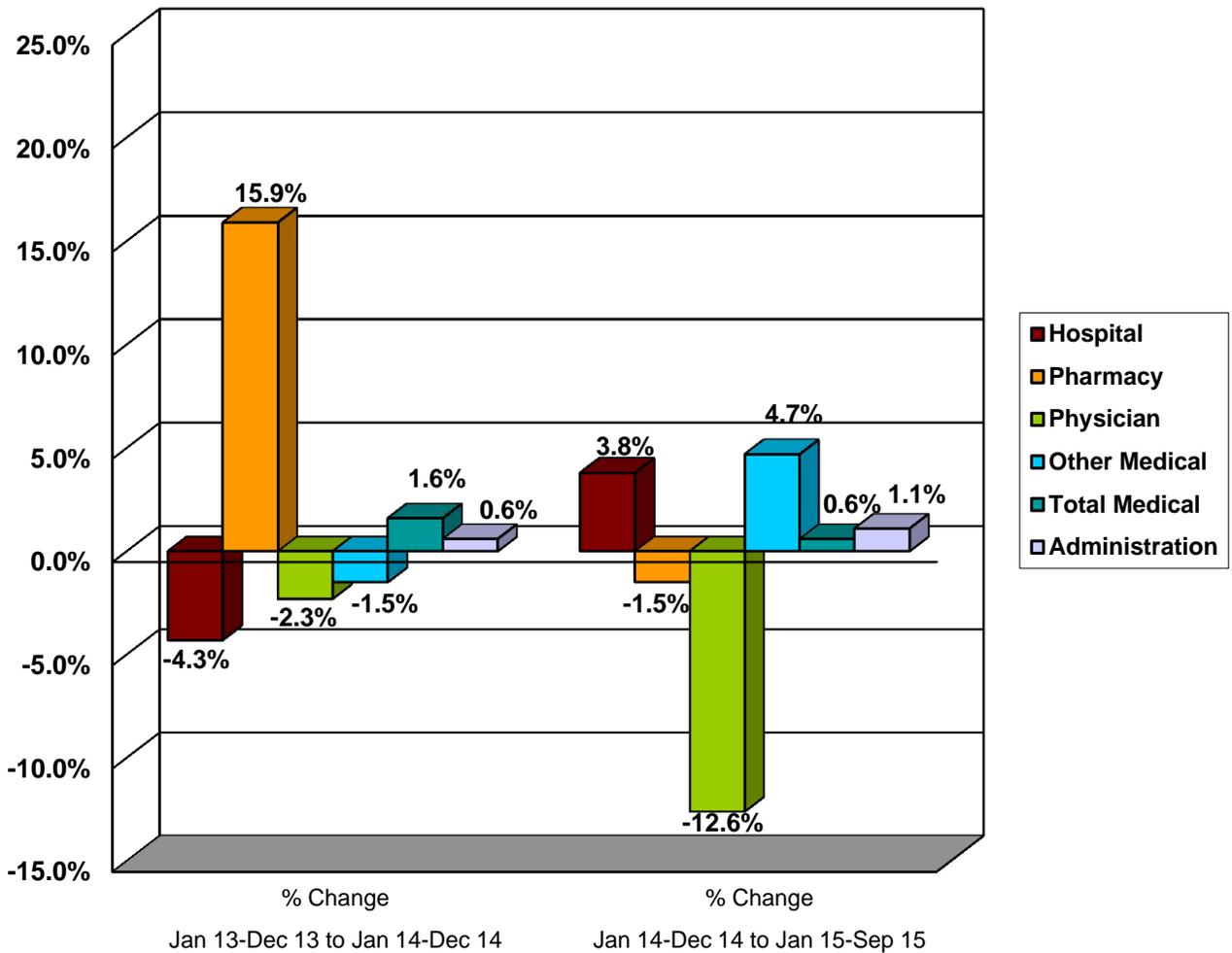
\* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

## 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 Southeast Zone. The change in costs are affected by medical cost trends as well as the following: changes in medical expense reporting by service group, prior period adjustments (including settlements), changes in provider networks and recipient populations. Includes costs for compliance with ACA requirements for PCP payment levels effective January 1, 2013.

## CHANGE IN SE ZONE REPORTED COSTS PMPM



**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 Southeast 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)
Aetna	17.9%	1.7%	1.3%	3.9%	\$137,509
Coventry	13.2%	1.0%	0.7%	6.2%	\$18,598
Health Partners	10.4%	0.6%	1.0%	1.8%	\$760,121
Keystone	13.2%	1.6%	1.3%	0.7%	\$2,176,722
United	8.7%	1.7%	1.1%	0.8%	\$607,573

# 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.

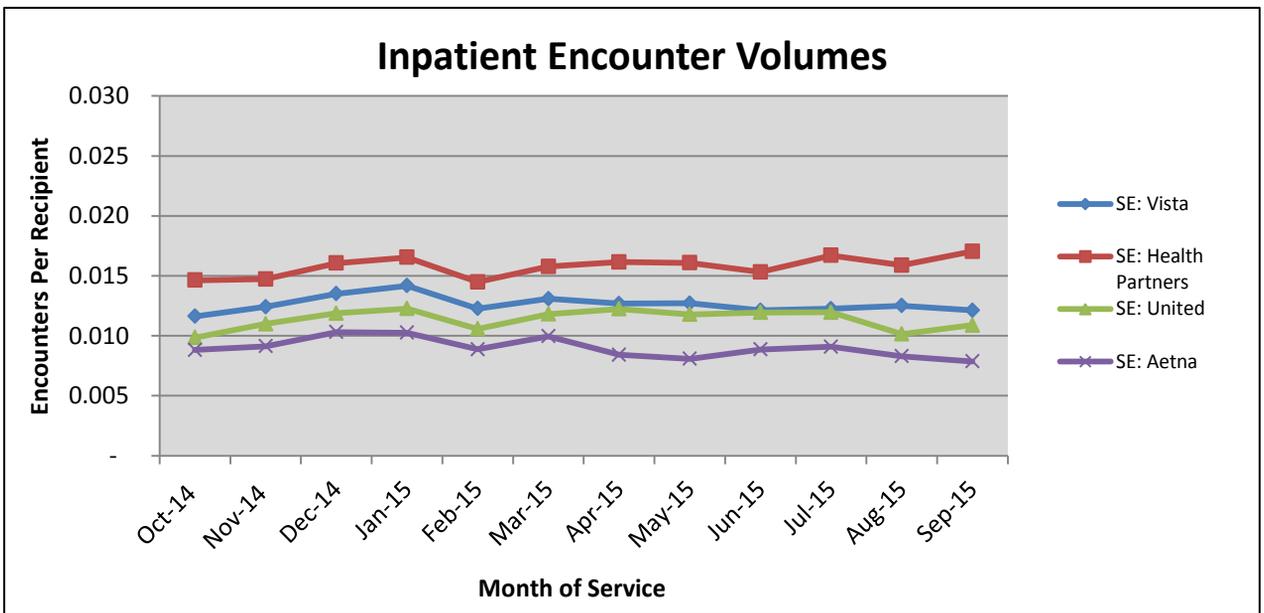
## EFFICIENCY ADJUSTMENT ANALYSES CY 2016 RATE SETTING

HealthChoices Southeast 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)
Aetna	1.92%	0.01%	0.13%	0.60%
Coventry	1.51%	0.07%	0.28%	1.28%
Health Partners	3.40%	0.14%	0.52%	0.92%
Keystone	3.18%	0.11%	0.21%	1.15%
United	3.40%	0.09%	0.32%	1.13%

**Exhibit HH**

# Encounter Data

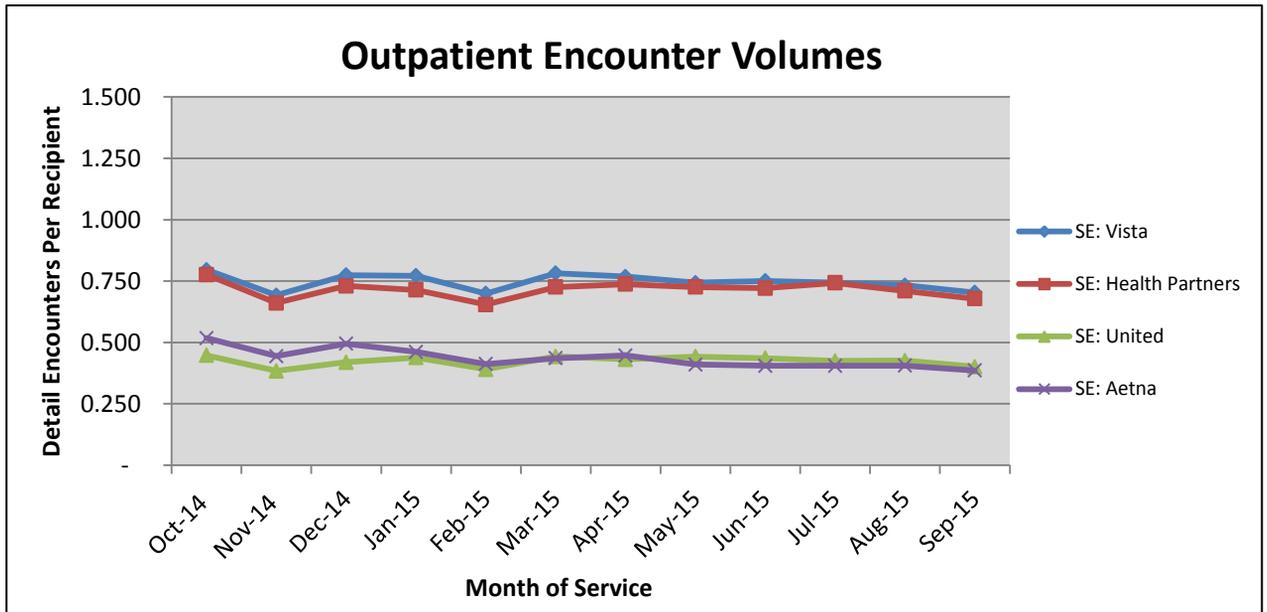
**Exhibits II-LL** show the encounter volume charts for the October 2014 through September 2015 time period. These charts illustrate the number of encounters per recipient by each month of service for inpatient, outpatient, professional and pharmacy records. The charts are based on the encounter data 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**

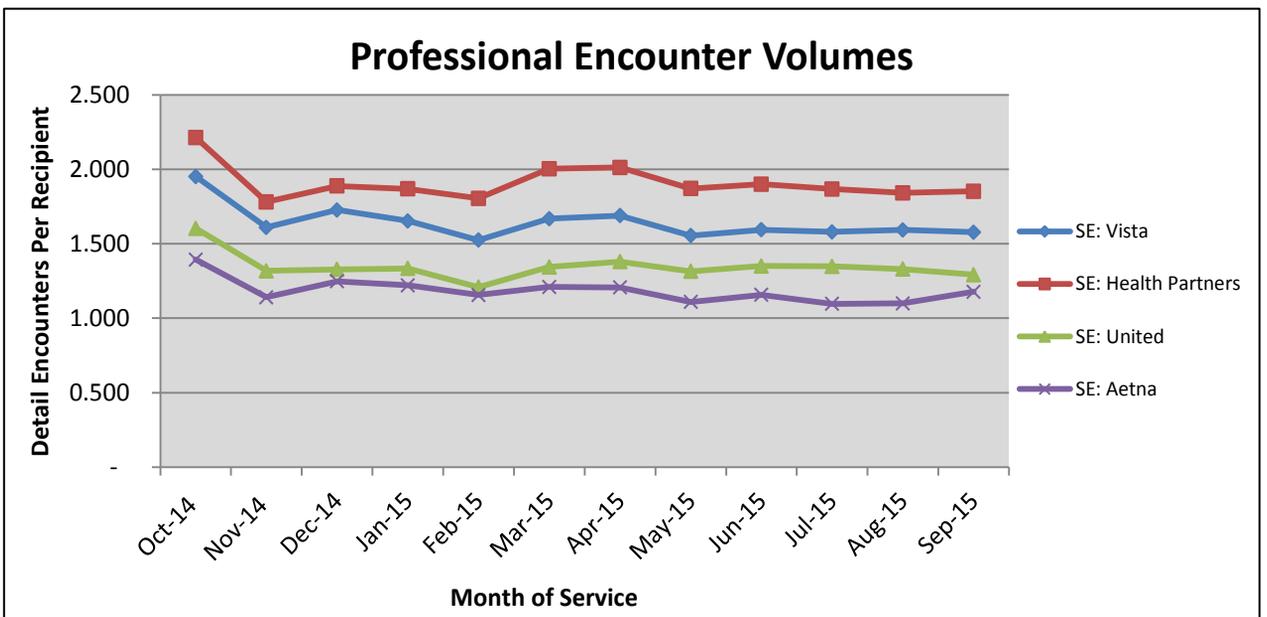
Source: Mercer Government Human Services Consulting (MCO Reported)

# Encounter Data



**Exhibit JJ**

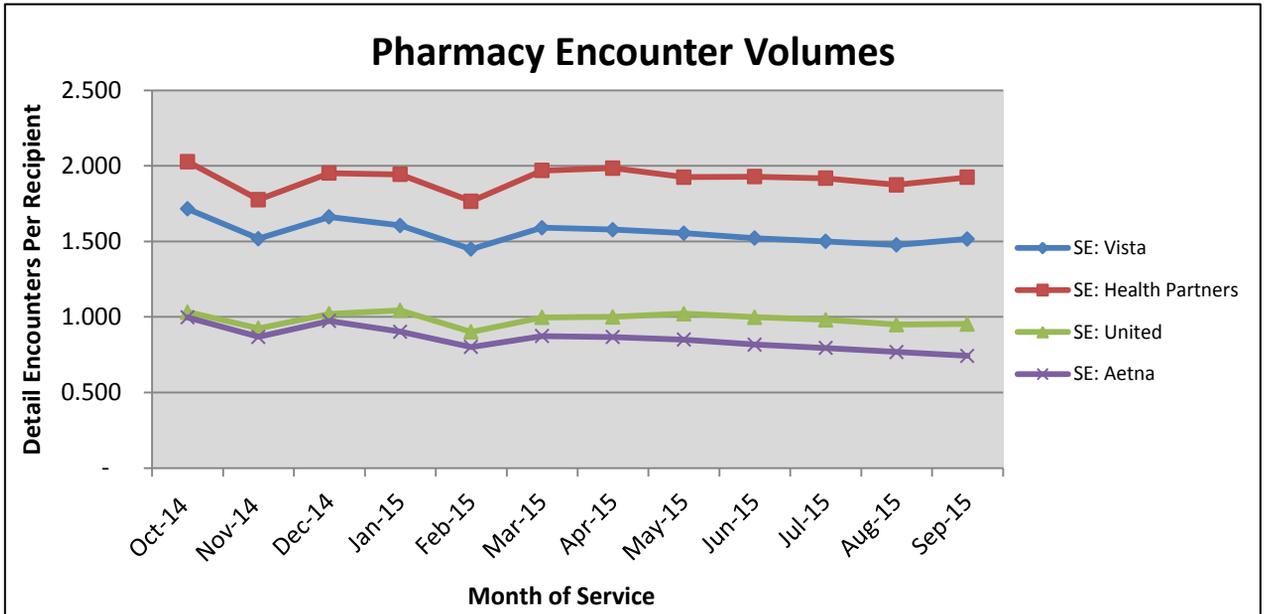
Source: Mercer Government Human Services Consulting (MCO Reported)



**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 Southeast zone. **Exhibit NN** The PCP Selection Rate is broken out statewide and not by zone.

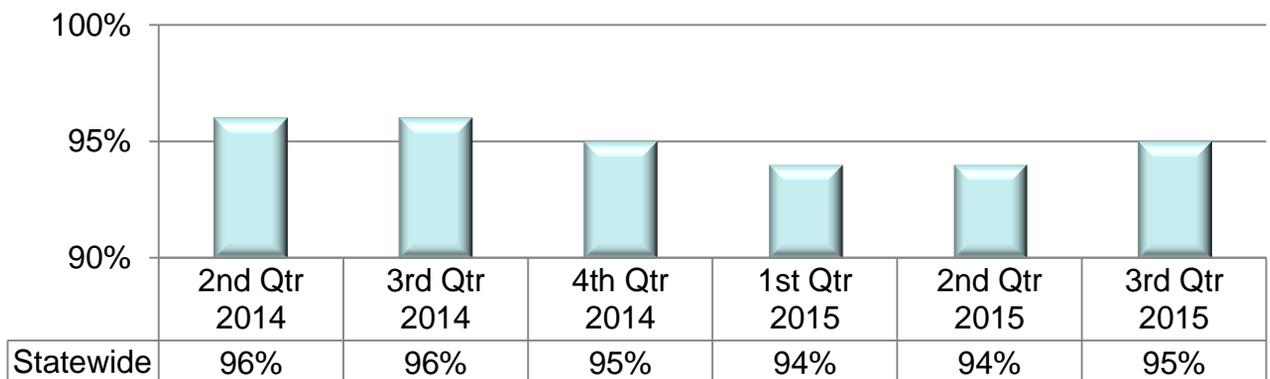
COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Bucks	\$ 586,793	20,603	-	12,096	32,699	6.6%
Chester	\$ 566,831	15,944	1,884	2,310	20,138	8.3%
Delaware	\$ 1,309,706	34,490	-	11,796	46,286	4.3%
Montgomery	\$ 629,167	21,004	-	7,251	28,255	7.5%
Philadelphia	\$ 9,560,604	284,893	835,468	17,552	1,137,913	2.0%
<b>HC-SE Zone</b>	<b>\$ 12,653,101</b>	<b>376,934</b>	<b>837,352</b>	<b>51,005</b>	<b>1,265,291</b>	<b>5.7%</b>

**Exhibit MM**

Source: Based on Data Submitted By Each County (4<sup>th</sup> 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 <sup>th</sup> Qtr. 2014	1 <sup>st</sup> Qtr. 2015	2 <sup>nd</sup> Qtr. 2015	3 <sup>rd</sup> Qtr. 2015
Aetna Better Health	897	1,700	2,406	2,735
Health Partners	2,528	1,466	3,572	3,864
Keystone First	11,297	17,806	17,603	19,893
United Healthcare	1,773	1,536	2,786	2,565

**Exhibit OO**

Source: MCO Reported

### Restitution Recouped

July 1, 2015 to September 30, 2015

Aetna Better Health	\$19,413
Health Partners	\$1,999,110
Keystone First	\$12,238,591
United Healthcare	\$421,853

**Exhibit PP**

Source: MCO Quarterly Compliance Report  
MCO Reported

### Providers Under Review

July 1, 2015 to September 30, 2015

Aetna Better Health	45
Health Partners	912
Keystone First	6,248
United Healthcare	625

**Exhibit QQ**

Source: MCO Quarterly Compliance Report  
MCO Reported

### Cost Avoidance: Front-End

#### Edits Savings

July 1, 2015 to September 30, 2015

Aetna Better Health	\$70,742,616
Health Partners	\$815,300
Keystone First	\$4,667,520
United Healthcare	\$779,364

**Exhibit RR**

Source: MCO Quarterly Compliance Report  
MCO Reported

### Provider Issues Referred by the MCO

July 1, 2015 to September 30, 2015

Aetna Better Health	3
Health Partners	0
Keystone First	17
United Healthcare	5

**Exhibit SS**

Source: MCO Quarterly Compliance Report  
MCO Reported

Exhibit TT

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**Exhibit UU**

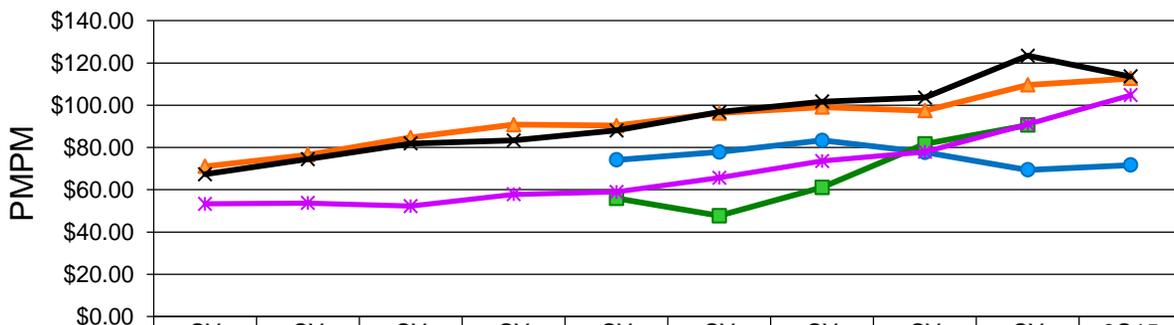
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# Pharmacy Data

## 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-SE ZONE CY 2006 – 3Q15 YTD  
PHARMACY COSTS YTD  
WEIGHTED BY HC-SE ZONE CASE MIX**



	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	3Q15 YTD
—●— AETNA*					\$74.15	\$77.84	\$83.34	\$77.71	\$69.38	\$71.69
—■— COVENTRY*					\$55.88	\$47.67	\$61.12	\$81.70	\$90.60	
—▲— HP	\$71.11	\$76.54	\$84.68	\$90.80	\$90.32	\$96.33	\$99.08	\$97.43	\$109.64	\$112.65
—×— KF	\$67.31	\$74.50	\$81.92	\$83.32	\$88.09	\$96.76	\$101.72	\$103.63	\$123.41	\$113.57
—*— UNITED	\$53.36	\$53.73	\$52.24	\$57.83	\$58.98	\$65.69	\$73.61	\$77.97	\$91.05	\$104.79

**Note: Excludes Dual Eligibles up to 2008.**

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

### Exhibit VV

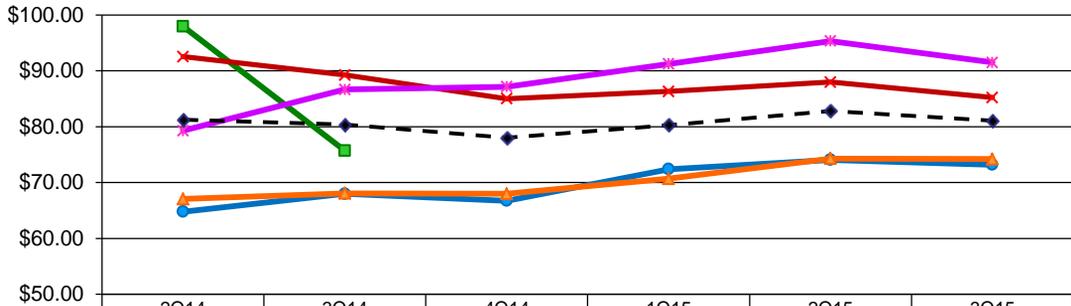
Source: Report #5 Income Statements (weighted based on MCO Reported)

# 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.

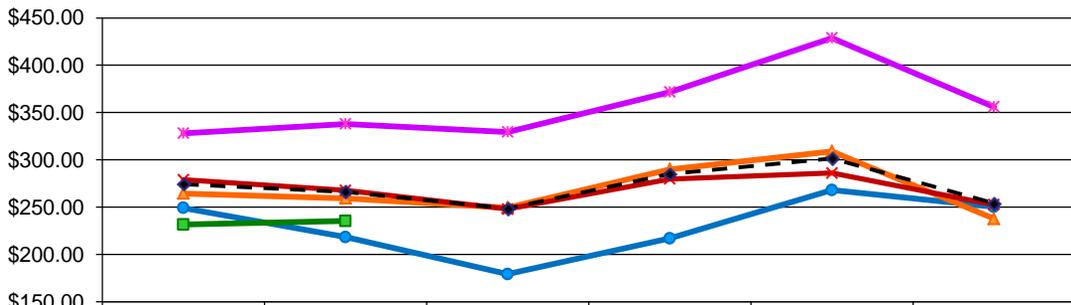
### AVERAGE PRICE per SCRIPT



	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
AETNA*	\$64.78	\$67.99	\$66.76	\$72.40	\$74.07	\$73.19
COVENTRY*	\$97.95	\$75.72				
HP	\$67.07	\$68.08	\$67.98	\$70.71	\$74.31	\$74.22
KF	\$92.53	\$89.26	\$85.02	\$86.30	\$87.97	\$85.23
UNITED	\$79.29	\$86.66	\$87.15	\$91.25	\$95.33	\$91.49
TOTAL SE	\$81.26	\$80.37	\$78.00	\$80.28	\$82.82	\$81.07

Exhibit WW

### AVERAGE PRICE per LEGEND BRAND SCRIPT



	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
AETNA*	\$249.19	\$218.38	\$179.19	\$216.91	\$268.07	\$250.39
COVENTRY*	\$231.66	\$235.41				
HP	\$264.45	\$259.30	\$249.55	\$289.93	\$308.95	\$237.79
KF	\$278.89	\$267.62	\$247.99	\$279.83	\$286.09	\$252.62
UNITED	\$328.01	\$337.94	\$329.40	\$371.61	\$428.77	\$355.94
TOTAL SE	\$274.34	\$266.12	\$248.62	\$284.96	\$301.32	\$254.09

Exhibit XX

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

# Pharmacy Data (Continued)

## GENERIC, OTC, and NON-DRUG vs. TOTAL SCRIPTS

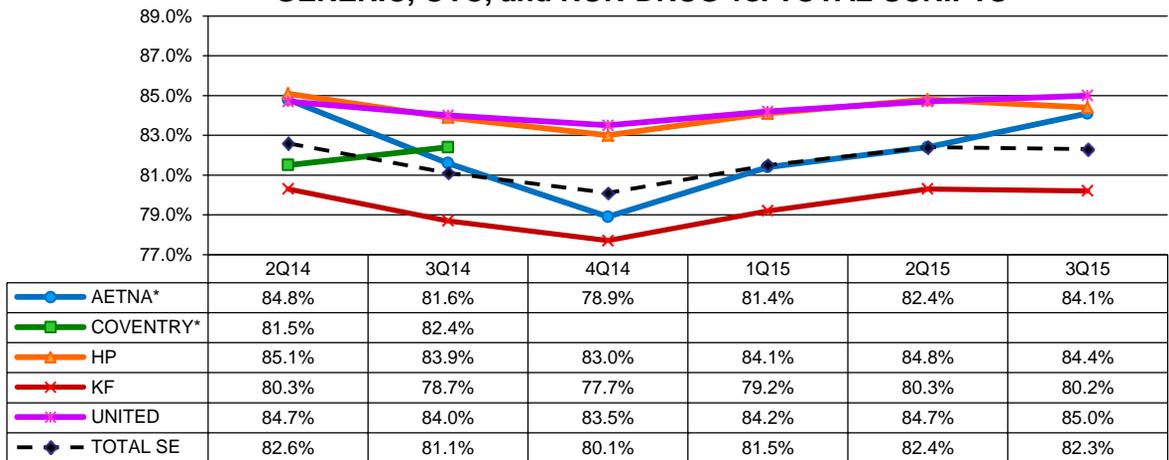


Exhibit YY

## SCRIPTS per MEMBER MONTHS

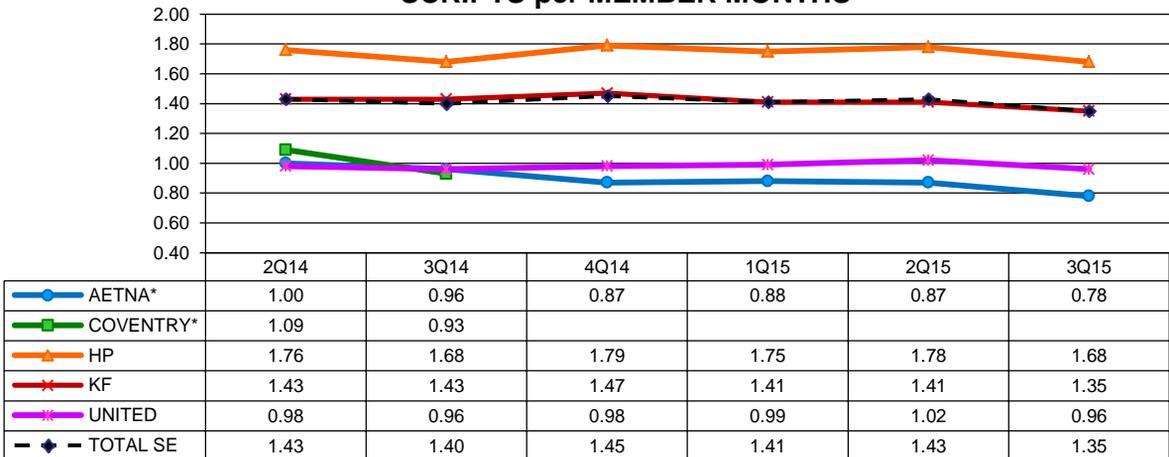


Exhibit ZZ

## SPEND per UTILIZER per MONTH

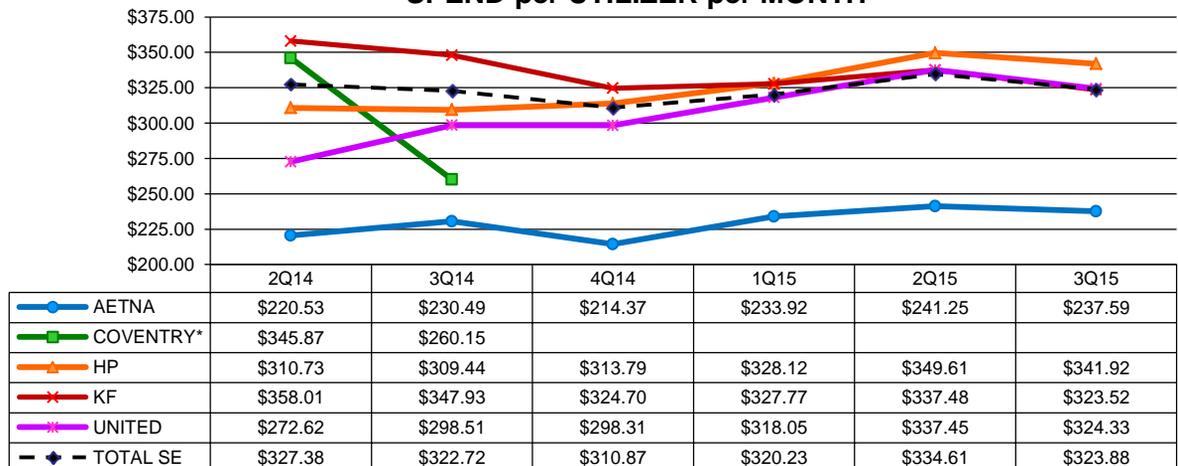
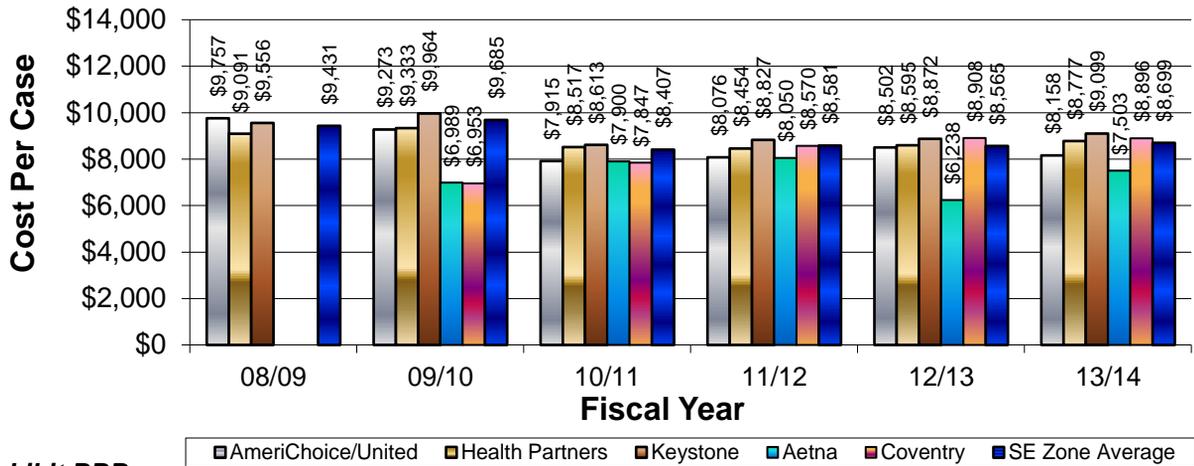


Exhibit AAA

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

# Maternity

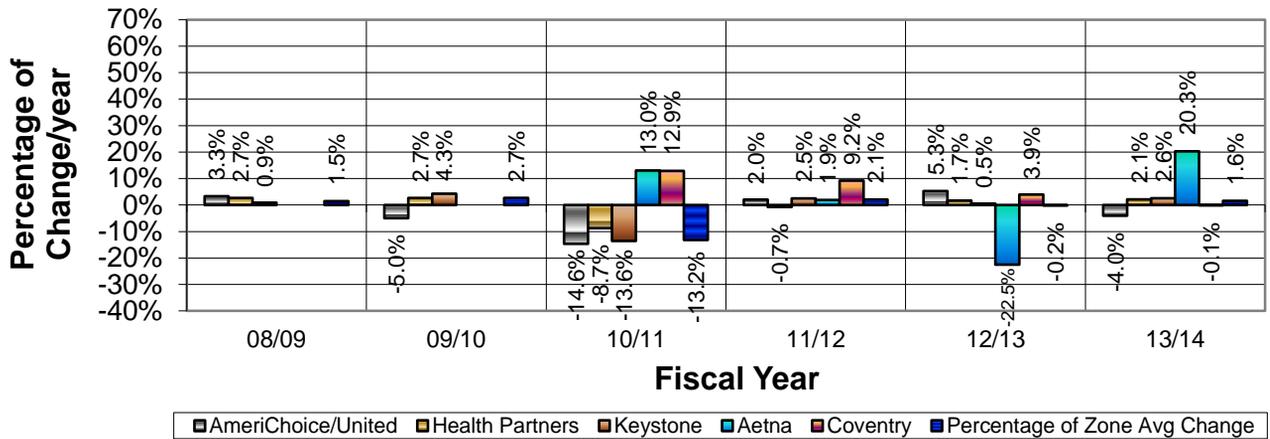
## SE Zone : Maternity Care Costs per case \*



### Exhibit BBB

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

## SE Zone - % of Change - Combined Services



### Exhibit CCC

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

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

C-Section Prevalence - SE Zone	07/08	08/09	09/10	10/11	11/12	12/13	13/14
AmeriChoice/United	28.16%	25.72%	29.01%	27.65%	30.16%	29.42%	28.25%
Health Partners	26.63%	29.35%	30.65%	30.77%	30.87%	29.30%	28.94%
Aetna			23.81%	29.71%	27.10%	27.92%	28.74%
Coventry			30.43%	29.62%	29.39%	31.09%	26.17%
Keystone Mercy	28.08%	28.80%	29.98%	28.98%	29.27%	30.26%	28.43%
SE Zone totals	27.67%	28.74%	30.03%	29.49%	29.60%	29.76%	28.47%

### Exhibit DDD

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

\* Includes all services: Physician, inpatient, pharmacy, & others.

# 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	2Q13	0	0	0%
	3Q13	4	1	25%
	4Q13	2	2	100%
	1Q14	2	2	100%
	2Q14	0	0	0%
	3Q14	166	2	1%
	4Q14	218	0	0%
	1Q15	123	1	1%
	2Q15	231	0	0%
	3Q15	141	0	0%
COVENTRY CARES	4Q15	98	0	0%
	2Q13	32	16	50%
	3Q13	18	0	0%
	4Q13	56	0	0%
	1Q14	9	0	0%
	2Q14	23	1	4%
MERGED WITH AETNA EFFECTIVE 10/01/14				
HEALTH PARTNERS PLANS	3Q14	166	0	0%
	2Q13	38	1	3%
	3Q13	63	2	3%
	4Q13	22	2	9%
	1Q14	-	-	0%
	2Q14	-	-	0%
	3Q14	36	0	0%
	4Q14	41	1	2%
	1Q15	43	1	2%
	2Q15	35	0	0%
KEYSTONE FIRST	3Q15	78	1	1%
	4Q15	34	0	0%
	2Q13	18	0	0%
	3Q13	8	0	0%
	4Q13	13	0	0%
	1Q14	13	0	0%
	2Q14	6	0	0%
	3Q14	5	0	0%
	4Q14	4	0	0%
	1Q15	74	9	12%
UNITED HEALTHCARE COMMUNITY PLAN	2Q15	100	7	7%
	3Q15	155	11	7%
	4Q15	116	5	4%
	2Q13	0	0	0%
	3Q13	1	1	100%
	4Q13	2	1	50%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	2	0	0%
	4Q14	3	0	0%
UNITED HEALTHCARE COMMUNITY PLAN	1Q15	1	0	0%
	2Q15	1	0	0%
	3Q15	1	0	0%
	4Q15	1	0	0%

Exhibit FFF

Source: MCO Reported

## Web Sites

### **Department of Human Services**

#### **Office of Medical Assistance Programs Deputy Secretary**

Leesa Allen

#### **Bureau of Managed Care Operations**

Laurie Rock

#### **Division of Monitoring and Compliance**

Barry Bowman

#### **Operations Managers**

Terry Carpenter & Jill Vovakes

#### **Contract Managers**

#### **Aetna Better Health/Coventry**

Alinda Burrell

#### **Health Partners Plans**

Bethany Garretson

#### **Keystone First**

James Peters

#### **United Healthcare Community Plan**

Michael Wilkinson

HealthChoices Intranet

[https://dpwintra.dpw.state.pa.us/  
HealthChoices/](https://dpwintra.dpw.state.pa.us/HealthChoices/)

DHS Web site

<http://www.dhs.state.pa.us/>

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