

MCO COMPARATIVE REPORT

MAY 2016

TABLE OF CONTENTS

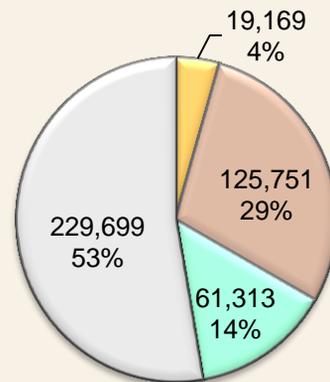
ENROLLMENT	
Member Months and Change in Member Months	2
Enrollment by Category of Assistance	3
Enrollment by County	4-5
COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS	
Complaints and Grievances per 1,000	6
Complaints and Grievances	7-8
Fair Hearings	9-10
UTILIZATION	
PCP Visits per 1,000	11
Dental Visits per 1,000	12
Specialty Provider Visits per 1,000	13
ER Utilization per 1,000	14
Key Performance Measures	15-19
FINANCIAL	
Inpatient Discharges per 1,000	20-21
Inpatient Days per 1,000	22-23
Inpatient Average Cost per Discharge	24-25
Hospital Inpatient Costs	26
Change in MCO Reported Costs PMPM	27
ENCOUNTER DATA	
Efficiency Adjustment Analyses	28-29
Risk Assessment Volume Observations	30-32
MA TRANSPORTATION PROGRAM AND PCP SELECTION DURING ENROLLMENT	33
COST AVOIDANCE AND PROGRAM INTEGRITY	34
PHARMACY	35-36
Pharmacy Costs PMPM by Case Mix	37
Price and Utilization Statistics	38-39
MATERNITY	40
CONTRACTOR PARTNERSHIP PROGRAM	41

HEALTHCHOICES SOUTHWEST ZONE

As of September 2015 enrollment in the Southwest Zone was 435,932

Exhibit A

Source: Internal DHS Report
Numbers reflect a point in time



■ Aetna ■ Gateway ■ United ■ 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)	Gateway	United	UPMC
December 2013	12,862	110,632	57,378	166,839
March 2014	13,198	109,020	57,367	169,617
June 2014	13,383	107,964	53,897	174,317
September 2014	13,295	107,900	53,347	176,943
March 2015	13,392	107,607	52,338	178,964
June 2015	16,424	117,960	57,262	204,967
September 2015	18,747	124,843	60,932	227,167

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)	42.1%	31.1%	19.9%	7.5%	4.1%	24.4%	40.1%
Gateway	(3.9%)	(4.0%)	(3.3%)	(1.7%)	(2.7%)	8.2%	15.6%
United	(11.7%)	(8.7%)	(11.5%)	(10.4%)	(8.8%)	(0.2%)	13.1%
UPMC	6.3%	6.5%	8.5%	8.2%	7.3%	20.8%	30.3%

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

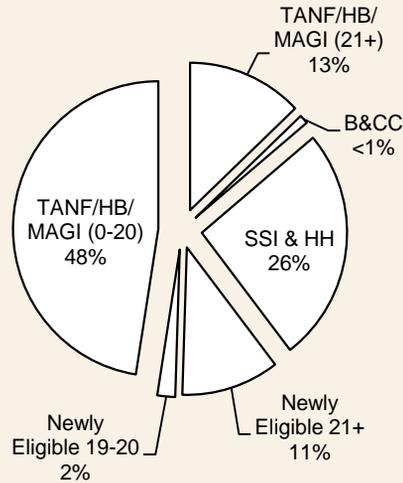


Exhibit E 3rd Qtr 2015 YTD

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	56%	48%	43%		19%	17%	16%		21%	22%	19%		1%	1%	1%		1%	2%	3%		3%	12%	19%	
Gateway	53%	51%	49%		15%	13%	13%		29%	28%	27%		1%	1%	1%		1%	2%	2%		2%	6%	9%	
United	57%	54%	52%		13%	12%	12%		28%	27%	25%		1%	1%	1%		1%	2%	2%		2%	5%	9%	
UPMC	59%	49%	47%		12%	14%	13%		24%	28%	26%		1%	1%	1%		2%	2%	2%		2%	7%	12%	

Exhibit F

Source: MCO Reported-Report #1 Enrollment Table

Enrollment

ENROLLMENT BY COUNTY

COUNTY	Aetna			Gateway			United			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
Allegheny	29%	29%	30%	48%	48%	48%	29%	29%	29%	39%	39%	38%
Armstrong	2%	2%	2%	1%	1%	1%	1%	1%	1%	4%	4%	4%
Beaver	5%	5%	5%	10%	10%	10%	3%	3%	3%	5%	5%	5%
Bedford	4%	4%	4%	1%	1%	1%	2%	2%	2%	2%	2%	2%
Blair	12%	12%	11%	6%	6%	6%	6%	6%	6%	4%	5%	5%
Butler	4%	4%	4%	4%	5%	5%	1%	1%	1%	5%	5%	5%
Cambria	14%	13%	13%	3%	3%	3%	8%	8%	8%	5%	5%	6%
Fayette	4%	4%	4%	3%	3%	3%	16%	16%	15%	7%	7%	7%
Greene	1%	2%	2%	1%	1%	1%	6%	6%	5%	1%	1%	1%
Indiana	2%	3%	3%	2%	2%	2%	3%	3%	3%	3%	3%	3%
Lawrence	3%	3%	3%	6%	6%	6%	2%	2%	2%	3%	3%	3%
Somerset	6%	6%	5%	1%	1%	2%	4%	4%	4%	2%	2%	2%
Washington	6%	6%	6%	4%	4%	4%	8%	8%	7%	7%	7%	7%
Westmoreland	9%	9%	9%	10%	10%	10%	12%	12%	12%	12%	12%	12%
TOTAL ENROLLMENT	17,203	17,568	19,169	120,261	121,785	125,751	58,082	58,917	61,313	212,338	217,968	229,699

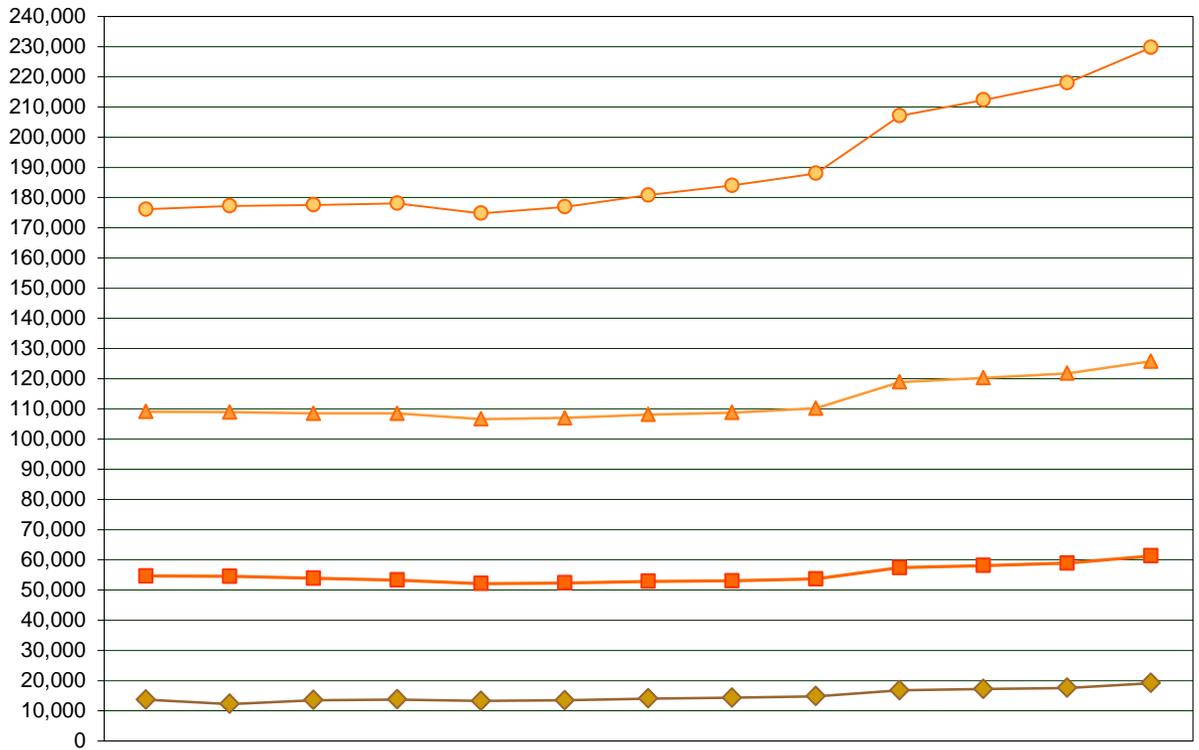
Exhibit G

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	13,708	12,258	13,533	13,715	13,238	13,466	14,036	14,303	14,823	16,772	17,203	17,568	19,169
▲ GATEWAY Total	109,068	108,945	108,516	108,483	106,652	107,001	108,113	108,741	110,193	118,894	120,261	121,785	125,751
■ UNITED Total	54,631	54,534	53,904	53,296	52,151	52,323	52,853	53,039	53,699	57,422	58,082	58,917	61,313
○ UPMC Total	176,116	177,224	177,573	178,061	174,804	176,916	180,808	184,032	188,006	207,116	212,338	217,968	229,699

* 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			
		Aetna	Gateway	United	UPMC	Aetna	Gateway	United	UPMC	Aetna	Gateway	United	UPMC
Complaints – 1st Level													
# Reviewed per 1,000 Members		.29	.85	.61	1.2	.65	.88	1.3	1.3	1.1	1.2	.72	1.3
Complaints – 2nd Level													
# Reviewed per 1,000 Members		0	.07	.04	0	.07	.02	.05	.06	0	.07	.05	.04
Grievances – 1st Level													
# Reviewed per 1,000 Members		1.2	1.1	.88	.66	.59	1.5	1.0	.77	.50	1.3	.45	.86
Grievances – 2nd Level													
# Reviewed per 1,000 Members		0	.12	.13	.14	0	.19	.18	.13	0	.27	.08	.16
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. *This reporting requirement was effective with the 3rd quarter 2006 report submissions.*

1 ST LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	Aetna	Gate-way	United	UPMC	Aetna	Gate-way	United	UPMC
ACCESS/AVAILABILITY PROBLEMS	10%	4%	8%	1%	21%	14%	12%	5%
COVERAGE OF SERVICES		7%	3%	21%		3%		25%
EXHAUSTION OF BENEFIT/BENEFIT LIMITS	10%		1%	4%		2%		2%
MCO SERVICE AND ADMIN.		22%	6%	8%		9%	5%	8%
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OTHER			30%	1%		7%	47%	1%
PAYMENT ISSUES	30%	15%	15%	11%	37%	12%	20%	11%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE	50%	52%	37%	54%	42%	53%	16%	48%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	100%	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			
	Aetna	Gate-way	United	UPMC	Aetna	Gate-way	United	UPMC
ACCESS/AVAILABILITY PROBLEMS	100%							
COVERAGE OF SERVICES				17%				11%
EXHAUSTION OF BENEFIT/BENEFIT LIMITS				8%				11%
MCO SERVICE AND ADMIN								
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OTHER						24%	66%	
PAYMENT ISSUES			33%	8%		13%		11%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE		100%	67%	67%		63%	34%	67%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	0%	100%	100%	100%

Exhibit K
Source: MCO Reported-Report QR-OPS4

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

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. *This reporting requirement was effective with the 3rd quarter 2006 report submissions.*

1 ST LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	Aetna	Gate-way	United	UPMC	Aetna	Gate-way	United	UPMC
BENEFIT LIMITS								
Dental (Braces)		15%	16%	19%	22%	17%	4%	21%
Dental (Dentures)		2%	9%	6%			7%	4%
Dental (Other)	11%	9%	14%	14%	22%	6%		17%
Dental Benefit Limits		5%		2%		5%	7%	4%
Durable Medical Equipment		7%	4%	6%	12%	9%	4%	6%
Hearing Svcs./ Products							7%	
Home Health Services		4%	9%	1%		2%		1%
Inpatient Medical Svcs.		2%		2%		2%	4%	
OTHER		9%		23%		8%		18%
Outpatient Medical Svcs.		25%		3%	22%	32%	60%	5%
PAYMENT/CO-PAY ISSUES								
PHARMACY/ FORMULARY		13%	39%	13%	22%	13%	7%	13%
PHARMACY BENEFIT LIMITS	89%							
QUALITY								
Skilled Nursing Services		8%	9%	11%		6%		11%
Transportation Services								
Vision Services/ Products		1%						
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

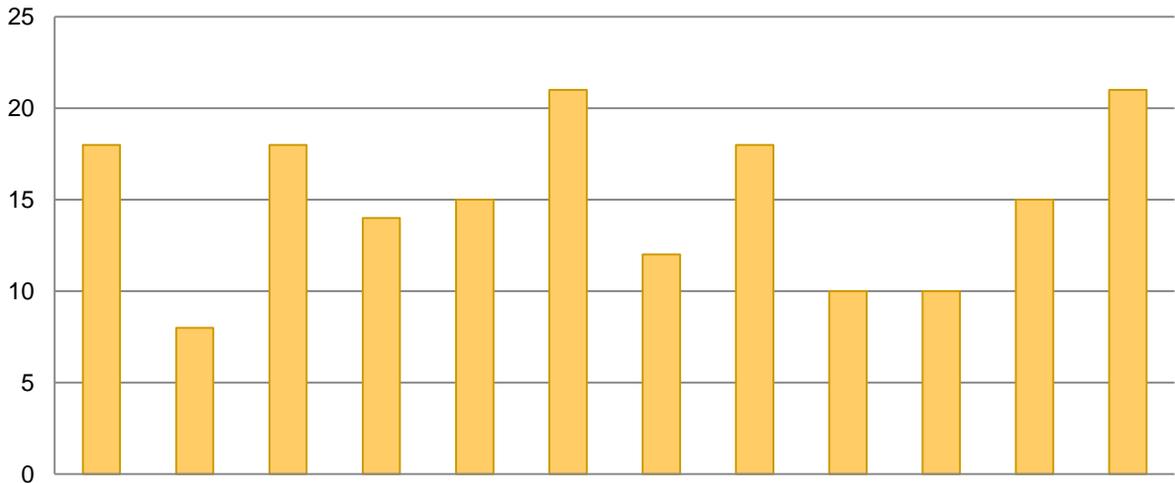
Exhibit L
Source: MCO Reported-Report QR-OPS4

2 ND LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	2 nd Qtr. 2015				3 rd Qtr. 2015			
	Aetna	Gate-way	United	UPMC	Aetna	Gate-way	United	UPMC
BENEFIT LIMITS								
Dental (Braces)		13%	10%	24%		9%		17%
Dental (Dentures)			10%					3%
Dental (Other)		5%		4%		9%	20%	9%
Dental Benefit Limits						3%	11%	
Durable Medical Equipment		10%	20%	8%		24%		6%
Hearing Svcs./ Products							20%	
Home Health Services		10%	20%				20%	
Inpatient Medical Svcs.				4%		3%		3%
OTHER		14%		16%		6%		20%
Outpatient Medical Svcs.		5%		4%		13%		3%
PHARMACY/ FORMULARY		10%				6%	40%	3%
Skilled Nursing Services		33%	40%	40%		27%		25%
Transportation Services								
Vision Services/ Products								
SUPPLEMENTAL SERVICES								
TOTAL	0%	100%	100%	100%	0%	100%	100%	100%

Exhibit M
Source: MCO Reported-Report QR-OPS4

FAIR HEARING REPORTS

Appeals Received



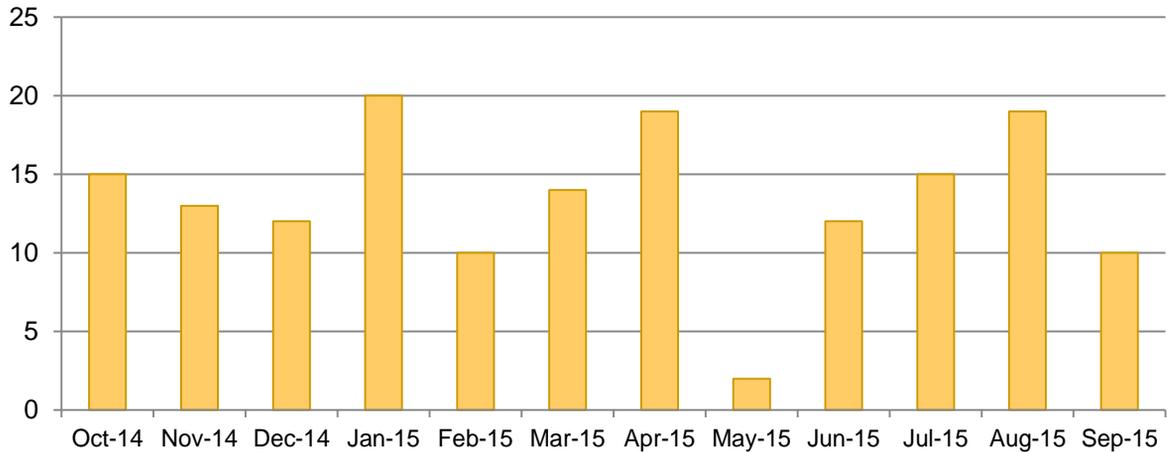
	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Southwest	18	8	18	14	15	21	12	18	10	10	15	21

- A total of 136 appeals have been received for 2015.
- Of the appeals, 49% 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
Southwest	15	13	12	20	10	14	19	2	12	15	19	10

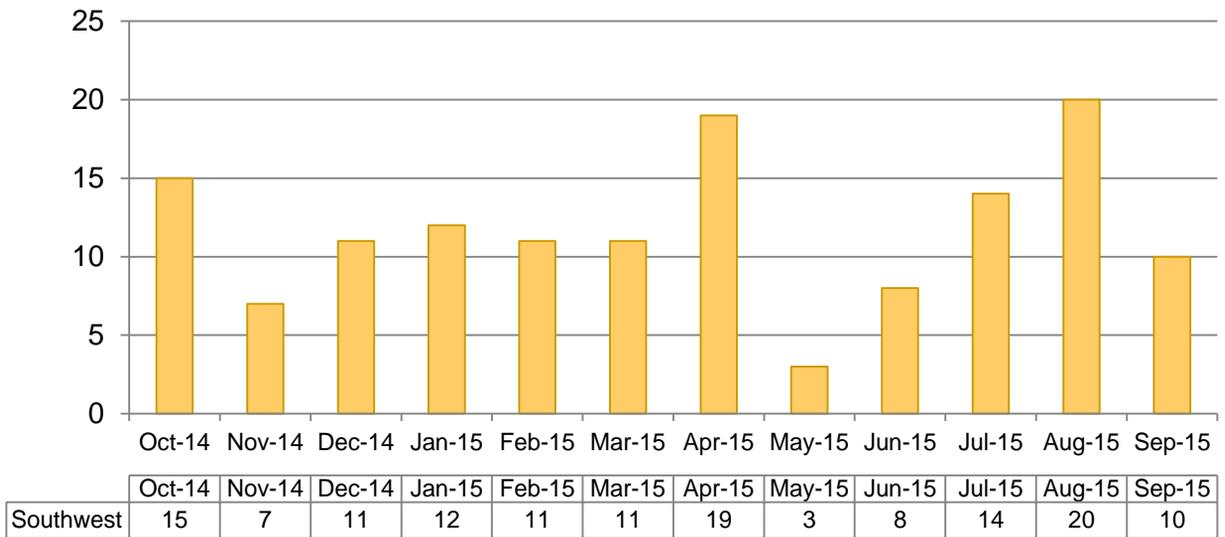
- A total of 121 hearings have been scheduled for 2015.

Exhibit O

Source: MCO Reported

FAIR HEARING REPORTS

Hearing Resolutions



•A total of 98 decisions have been rendered for SW 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
SW	0	0	0	0	0	0	2	0	0	1	0	0

•There was 1 expedited hearing in the SW in 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
SW	2	0	0	3	1	0	0	0	1	1	7	1

•Appeals over 90 days have increased 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.

PRIMARY CARE VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE

	1Qtr.14	2Qtr.14	3Qtr.14	4Qtr.14	1Qtr.15	2Qtr.15	3Qtr.15
Aetna*							
TANF/HB/MAGI (Ages 19+ or 21+)	945	873	881	720	746	845	692
TANF/HB/MAGI (Ages 0-18 or 0-20)	3,368	2,932	2,721	2,867	2,943	2,597	2,798
SSI	2,381	2,214	2,064	1,950	1,922	1,790	1,839
TOTAL AVERAGE	2,382	2,163	2,039	2,044	2,119	1,821	1,592
Gateway							
TANF/HB/MAGI (Ages 19+ or 21+)	1,631	1,613	1,562	1,384	1,219	1,309	1,324
TANF/HB/MAGI (Ages 0-18 or 0-20)	2,766	2,623	2,669	2,930	2,548	2,302	2,286
SSI	2,883	2,810	2,808	2,717	2,434	2,333	2,391
TOTAL AVERAGE	2,577	2,483	2,504	2,570	2,332	2,126	2,043
United							
TANF/HB/MAGI (Ages 19+ or 21+)	1,461	1,515	1,425	1,398	1,363	1,424	1,451
TANF/HB/MAGI (Ages 0-18 or 0-20)	2,753	2,683	2,757	3,051	2,771	2,541	2,521
SSI	2,667	2,937	3,015	2,937	2,650	2,599	2,671
TOTAL AVERAGE	2,481	2,552	2,597	2,726	2,510	2,328	2,242
UPMC							
TANF/HB/MAGI (Ages 19+ or 21+)	1,929	2,027	2,145	2,261	2,260	2,299	2,286
TANF/HB/MAGI (Ages 0-18 or 0-20)	2,976	2,663	2,573	3,328	2,841	2,447	2,329
SSI	3,610	3,558	3,583	3,791	3,368	3,250	3,265
TOTAL AVERAGE	2,991	2,860	2,850	3,251	2,930	2,676	2,539

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.

* 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.

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

	2015	2014	2013	2012
Aetna*				
12-24 months	95.80%	94.55%	88.17%	N/A
25 mo - 6 years	85.67%	85.96%	73.95%	N/A
7-11 years	85.84%	79.52%	77.62%	N/A
12-19 years	83.90%	75.72%	70.02%	N/A
Gateway				
12-24 months	96.29%	96.84%	97.62%	97.37%
25 mo - 6 years	88.46%	88.95%	88.70%	89.50%
7-11 years	91.88%	92.31%	92.29%	91.86%
12-19 years	90.37%	90.80%	90.57%	89.88%
UnitedHealthcare (Unison)				
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%
UPMC For You				
12-24 months	97.97%	96.39%	97.59%	97.87%
25 mo - 6 years	90.32%	88.84%	91.08%	91.75%
7-11 years	92.69%	92.21%	93.25%	93.14%
12-19 years	90.99%	90.36%	92.09%	91.63%

HEDIS MEASURE: ADULT ACCESS TO PREVENTATIVE/AMBULATORY HEALTH SERVICES

	2015	2014	2013	2012
Aetna*				
20-44 years	77.94%	75.81%	64.85%	N/A
45-64 years	86.93%	85.90%	78.24%	N/A
65 and older	79.05%	82.17%	71.19%	N/A
Gateway				
20-44 years	83.72%	84.07%	83.95%	80.70%
45-64 years	91.47%	90.90%	90.96%	88.37%
65 and older	91.68%	88.05%	88.91%	87.68%
UnitedHealthcare (Unison)				
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%
UPMC For You				
20-44 years	86.11%	85.76%	84.95%	84.06%
45-64 years	92.94%	92.15%	91.17%	90.49%
65 and older	88.45%	87.80%	85.69%	85.39%

Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	1Qtr.14	2Qtr.14	3Qtr.14	4Qtr.14	1Qtr.15	2Qtr.15	3Qtr.15
Aetna*							
TANF/HB/ MAGI (Ages 19+ or 21+)	641	709	734	664	541	606	470
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	766	677	702	632	687	713	877
SSI	825	773	825	611	594	712	635
TOTAL AVERAGE	682	666	697	577	638	674	639
Gateway							
TANF/HB/ MAGI (Ages 19+ or 21+)	946	981	958	818	744	805	742
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	1,196	1,226	1,282	954	946	998	1,008
SSI	985	1,052	1,046	792	848	864	819
TOTAL AVERAGE	1,064	1,105	1,127	882	914	933	862
United							
TANF/HB/ MAGI (Ages 19+ or 21+)	796	836	803	825	731	769	704
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	1,018	1,075	1,077	1,090	982	1,006	1,038
SSI	789	845	821	792	752	803	738
TOTAL AVERAGE	884	931	923	924	877	895	856
UPMC							
TANF/HB/ MAGI (Ages 19+ or 21+)	967	975	949	897	953	925	907
TANF/HB/ MAGI (Ages 0- 18 or 0-20)	1,070	1,111	1,121	1,058	1,019	1,054	1,102
SSI	897	960	964	894	870	898	875
TOTAL AVERAGE	959	997	1,000	938	968	991	996
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.							

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.

* 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.

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+)	2,577	2,555	2,613	2,337	2,203	2,640	2,229
TANF/HB/ MAGI (Ages 0-18 or 0-20)	656	709	686	664	724	690	684
SSI	4,225	3,866	3,736	3,866	3,897	3,561	3,620
TOTAL AVERAGE	2,199	2,147	2,091	1,990	1,936	1,868	1,732
Gateway							
TANF/HB/ MAGI (Ages 19+ or 21+)	3,284	3,417	3,340	3,116	3,283	3,818	3,871
TANF/HB/ MAGI (Ages 0-18 or 0-20)	1,132	1,093	1,048	1,023	1,126	1,102	1,156
SSI	4,206	4,173	4,165	4,122	4,418	4,465	4,395
TOTAL AVERAGE	2,538	2,514	2,484	2,410	2,527	2,560	2,540
United							
TANF/HB/ MAGI (Ages 19+ or 21+)	2,851	3,224	3,129	2,881	3,232	3,381	3,447
TANF/HB/ MAGI (Ages 0-18 or 0-20)	809	929	865	892	993	994	1,001
SSI	3,515	3,713	3,606	3,543	3,333	3,549	3,644
TOTAL AVERAGE	2,061	2,256	2,138	2,067	1,989	2,067	2,117
UPMC							
TANF/HB/ MAGI (Ages 19+ or 21+)	3,664	3,792	3,921	3,995	4,284	4,315	4,474
TANF/HB/ MAGI (Ages 0-18 or 0-20)	1,319	1,353	1,344	1,369	1,487	1,446	1,340
SSI	5,062	5,196	5,138	5,232	5,104	5,060	4,997
TOTAL AVERAGE	3,064	3,131	3,115	3,107	3,080	3,054	2,970
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+** and **SSI & HH with and without Medicare** have been merged into one group.

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
Aetna (Coventry)*						
Under 21 years old	664.5	635.6	641.0	561.6	619.0	679.6
21 years old & over	1,627.2	1,423.7	1,344.2	1,118.0	1,166.3	1,356.7
Gateway						
Under 21 years old	684.7	764.1	773.0	741.8	695.2	709.1
21 years old & over	1,255.8	1,384.0	1,471.9	1,321.5	1,290.5	1,379.0
United						
Under 21 years old	730.0	860.0	798.3	840.0	800.8	853.5
21 years old & over	1,511.8	1,638.5	1,569.7	1,601.4	1,677.7	1,948.7
UPMC						
Under 21 years old	575.9	649.3	616.5	629.4	607.5	607.0
21 years old & over	1,187.5	1,320.7	1,366.9	1,270.5	1,230.7	1,285.3
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 rates remained steady in utilization. Two MCOs increased denoting a decrease in performance. Q315 submission rates compared to HEDIS 2015 show three MCOs rates were consistent with reported rates. One MCO's rate increased. Year over year comparison of rates show all MCOs rates increased in ED utilization. The HealthChoices weighted average has increased for quarter to quarter but decreased for year HEDIS 2015. Year to year's rate remained steady.

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
Gateway Health	83.16	81.86	76.25	76.10	75.95	76.17	81.03
United Healthcare	70.81	68.18	67.44	68.31	67.51	68.22	68.49
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, and two MCOs remained consistent. Q315 submission rates compared to HEDIS 2015 show two MCOs are concurrent with reported rates, and two MCOs rates decreased. The HealthChoices weighted average from HEDIS 2015, and year to year have remained consistent. Rate compared to quarter to quarter remained 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%
Gateway Health	52.71%	53.73%	52.04%	51.83%	52.70%	53.72%	53.42%
United Healthcare	55.29%	57.75%	49.05%	52.88%	51.37%	57.80%	56.85%
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 show two MCOs rates increased in visits, while two MCOs decreased in visits. Q315 submissions compared to HEDIS 2015 show all MCOs decreased in visits. Year to year comparison show all MCOs rates increased in visits. The HealthChoices weighted average has increased compared to quarter to quarter, year to year and reported HEDIS 2015 rates.

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
Gateway Health	344.68	355.18	335.98	333.55	332.53	328.78	340.44
United Healthcare	292.21	321.26	289.37	293.45	298.01	320.90	315.84
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. Three MCOs quarterly submissions are consistent with last quarter's rates. One had a decrease in discharges, meaning an increase in performance. Year over year comparison of rates show one MCO's rate remained consistent The remaining three MCOs decreased. Q315 submission rates compared to HEDIS 2015 show all MCOs concurrent with reported rates. The HealthChoices weighted average has remained steady for quarter to quarter, and HEDIS 2015 rates. Year to year shows a decrease.

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
Gateway Health	8.38	7.66	10.72	10.51	10.30	10.20	7.02
United Healthcare	8.56	7.47	8.04	8.18	7.74	7.41	6.94
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 two years of age and no older than 17 years of age on the date of discharge.

Comparisons of Q315 rates to last quarter's rates are consistent. Year over year shows three MCOs rates were consistent and one was lower. 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
Aetna Better Health	4.06	4.41	4.01	3.03	2.19
Gateway Health	1.14	1.01	1.11	1.08	1.10
United Healthcare	2.39	2.65	2.80	2.69	2.76
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

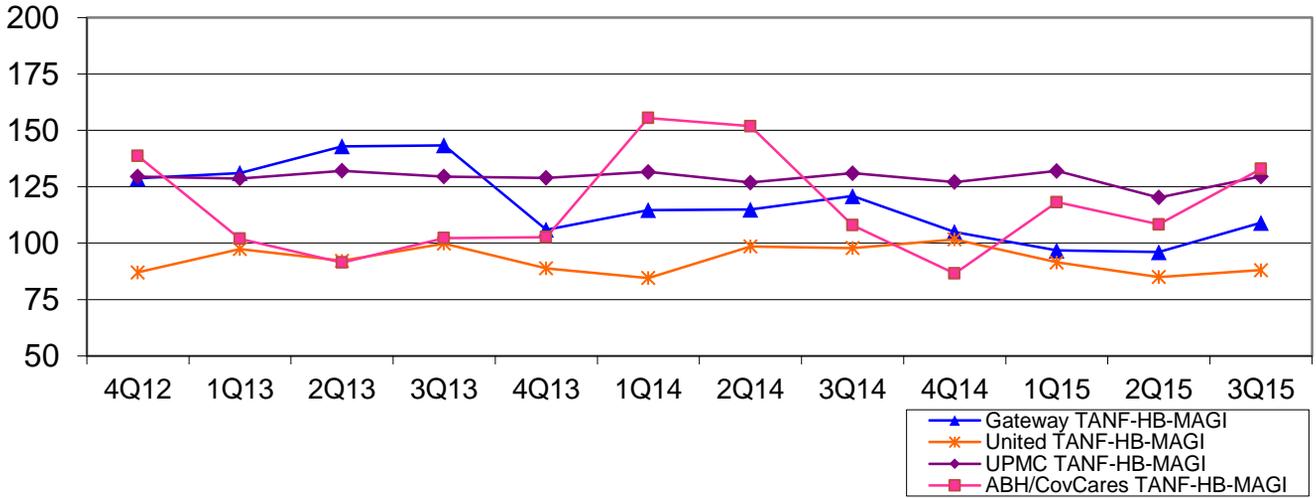
Exhibit AA

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 Southwest Zone Inpatient Discharges per 1000 (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Gateway TANF-HB-MAGI	129	131	143	143	106	115	115	121	105	97	96	109
United TANF-HB-MAGI	87	97	92	100	89	85	99	98	102	91	85	88
UPMC TANF-HB-MAGI	129	129	132	130	129	132	127	131	127	132	120	130
ABH/CovCares* TANF-HB-MAGI	139	102	91	102	103	156	152	108	87	118	108	133
GW TANF-HB-MAGI % chg					-17.69%	-12.51%	-19.63%	-15.72%	-0.93%	-15.63%	-16.43%	-9.76%
UN TANF-HB-MAGI % chg					2.13%	-13.14%	6.86%	-1.96%	14.42%	8.19%	-13.73%	-10.03%
UPMC TANF-HB-MAGI % chg					-0.40%	2.29%	-3.97%	1.15%	-1.49%	0.29%	-5.22%	-1.07%
ABH/CovC* TANF-HB-MAGI % chg					-25.92%	52.51%	66.16%	5.60%	-15.72%	-24.03%	-28.67%	23.15%

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

Note: % change is from the 4th prior quarter

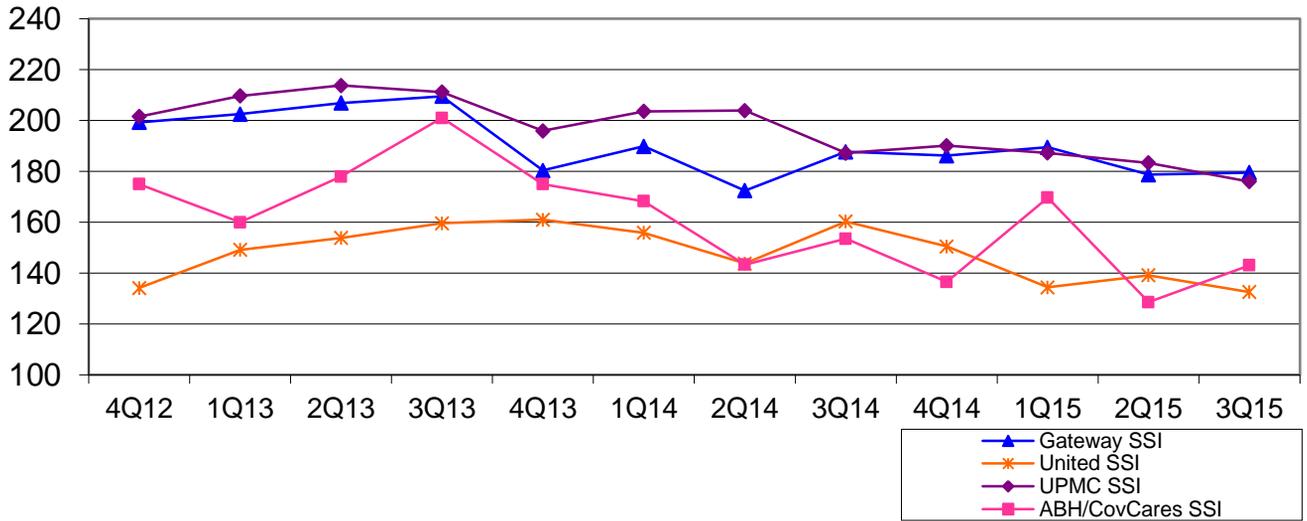
Exhibit CC1

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 Southwest Zone Inpatient Discharges per 1000 (SSI**)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Gateway SSI	199	203	207	210	180	190	172	188	186	190	179	180
United SSI	134	149	154	160	161	156	144	160	151	134	139	133
UPMC SSI	202	210	214	211	196	204	204	187	190	187	183	176
ABH/CovCares* SSI	175	160	178	201	175	168	143	154	137	170	129	143
GW SSI % chg					-9.49%	-6.26%	-16.66%	-10.41%	3.24%	-0.18%	3.66%	-4.36%
UN SSI % chg					20.04%	4.47%	-6.54%	0.44%	-6.53%	-13.77%	-3.21%	-17.29%
UPMC SSI % chg					-2.78%	-2.89%	-4.65%	-11.35%	-2.97%	-8.02%	-10.07%	-6.00%
ABH/CovCares* SSI % chg					0.00%	5.20%	-19.44%	-23.61%	-21.96%	0.83%	-10.31%	-6.80%

* 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 CC2

Source Report #6a Inpatient, Physician and Dental Statistics

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

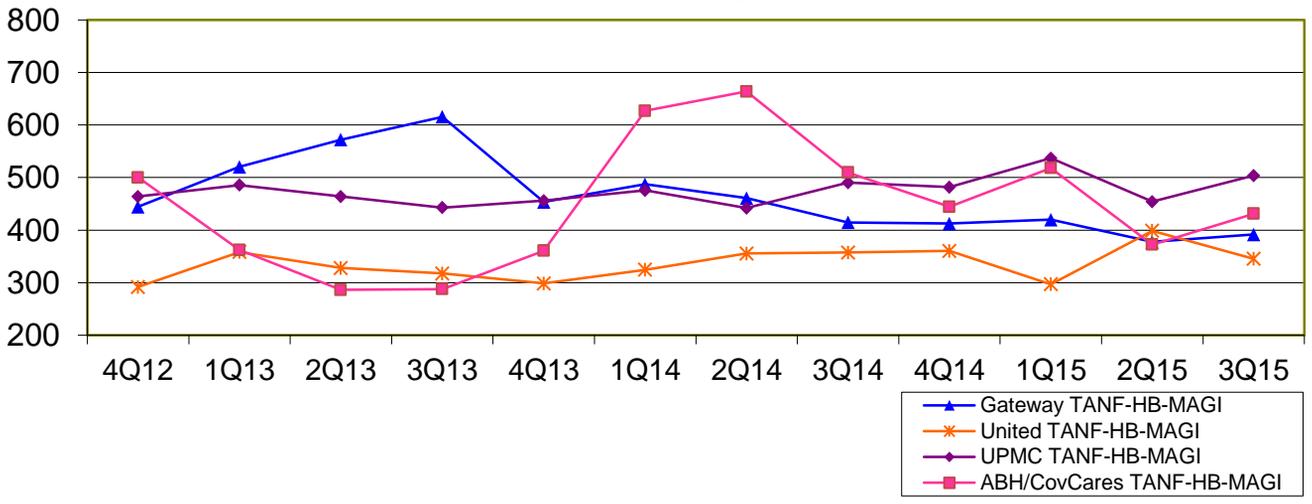
We are working with the MCOs to improve the data.

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 Southwest Zone Inpatient Days per 1000 (TANF-HB-MAGI)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Gateway TANF-HB-MAGI	444	520	572	615	454	487	461	414	412	420	377	392
United TANF-HB-MAGI	292	358	328	317	298	324	356	357	360	297	399	345
UPMC TANF-HB-MAGI	464	486	464	443	456	476	442	490	482	537	454	504
ABH/CovCares* TANF-HB-MAGI	500	362	286	288	361	627	664	509	444	518	372	431
GW TANF-HB-MAGI % chg					2.08%	-6.34%	-19.43%	-32.66%	-9.05%	-13.85%	-18.13%	-5.49%
UN TANF-HB-MAGI % chg					2.32%	-9.47%	8.43%	12.58%	20.73%	-8.47%	12.12%	-3.34%
UPMC TANF-HB-MAGI % chg					-1.72%	-2.06%	-4.79%	10.74%	5.65%	12.86%	2.77%	2.77%
ABH/CovC* TANF-HB-MAGI % chg					-27.88%	73.07%	131.96%	77.05%	23.20%	-17.33%	-43.92%	-15.37%

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

Note: % change is from the 4th prior quarter

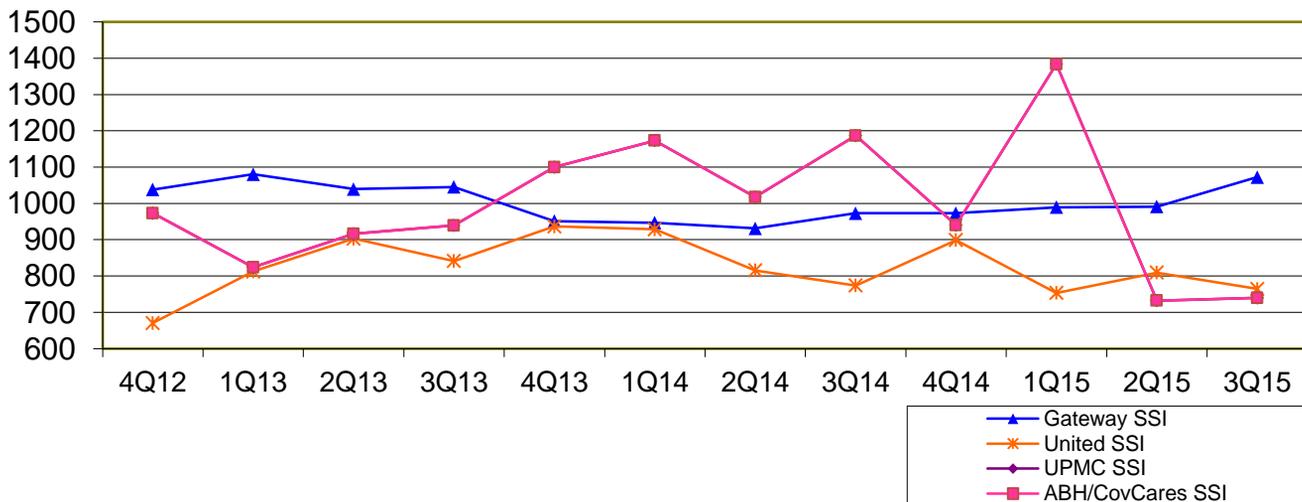
Exhibit DD1

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 Southwest Zone Inpatient Days per 1000 (SSI**)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Gateway SSI	1038	1080	1040	1045	951	947	931	973	973	989	991	1072
United SSI	671	812	903	841	937	929	815	774	899	753	809	765
UPMC SSI	1068	1139	1154	1155	1000	1103	1077	960	1112	1153	1075	1120
ABH/CovCares* SSI	973	824	916	939	1100	1173	1017	1187	940	1383	732	740
GW SSI % chg					-8.36%	-12.35%	-10.42%	-6.89%	2.30%	4.49%	6.42%	10.18%
UN SSI % chg					39.67%	14.31%	-9.66%	-8.04%	-4.05%	-18.88%	-0.73%	-1.17%
UPMC SSI % chg					-6.34%	-3.13%	-6.72%	-16.89%	11.14%	4.51%	-0.14%	16.75%
ABH/CovCares* SSI % chg					13.05%	42.33%	11.04%	26.37%	-14.55%	17.97%	-28.04%	-37.68%

* 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

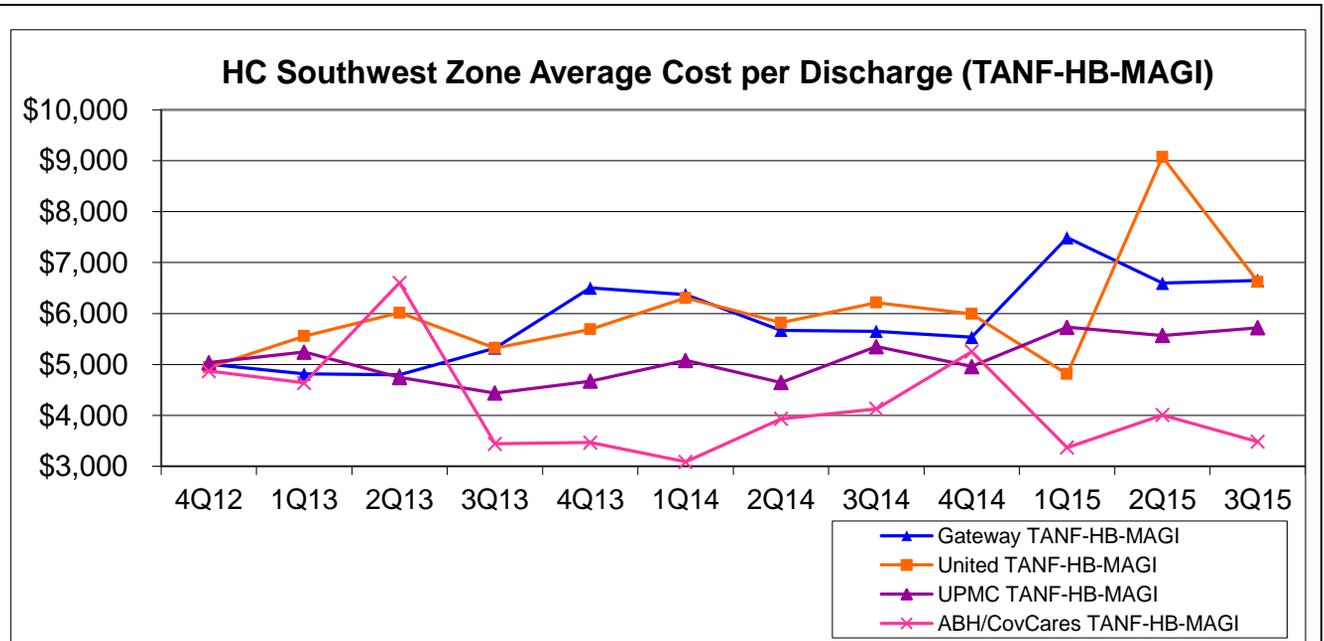
This data was reported by each MCO and might not reflect consistent methodology.

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
Gateway TANF-HB-MAGI	\$ 5,005	\$ 4,813	\$ 4,799	\$ 5,324	\$ 6,502	\$ 6,373	\$ 5,671	\$ 5,652	\$ 5,536	\$ 7,487	\$ 6,596	\$ 6,649
United TANF-HB-MAGI	\$ 4,944	\$ 5,557	\$ 6,014	\$ 5,324	\$ 5,689	\$ 6,307	\$ 5,820	\$ 6,214	\$ 5,993	\$ 4,811	\$ 9,074	\$ 6,622
UPMC TANF-HB-MAGI	\$ 5,036	\$ 5,244	\$ 4,743	\$ 4,439	\$ 4,671	\$ 5,081	\$ 4,647	\$ 5,351	\$ 4,959	\$ 5,730	\$ 5,571	\$ 5,723
ABH/CovCares* TANF-HB-MAGI	\$ 4,872	\$ 4,639	\$ 6,603	\$ 3,441	\$ 3,467	\$ 3,089	\$ 3,934	\$ 4,128	\$ 5,253	\$ 3,369	\$ 4,009	\$ 3,485
GW TANF-HB-MAGI % chg					29.92%	32.40%	18.18%	6.16%	-14.87%	17.49%	16.31%	17.65%
UN TANF-HB-MAGI % chg					15.06%	13.50%	-3.21%	16.72%	5.33%	-23.72%	55.90%	6.56%
UPMC TANF-HB-MAGI % chg					-7.23%	-3.10%	-2.03%	20.55%	6.15%	12.78%	19.89%	6.95%
ABH/CC* TANF-HB-MAGI % chg					-28.84%	-33.41%	-40.43%	19.97%	51.50%	9.07%	1.92%	-15.58%

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

Note: % change is from the 4th prior quarter

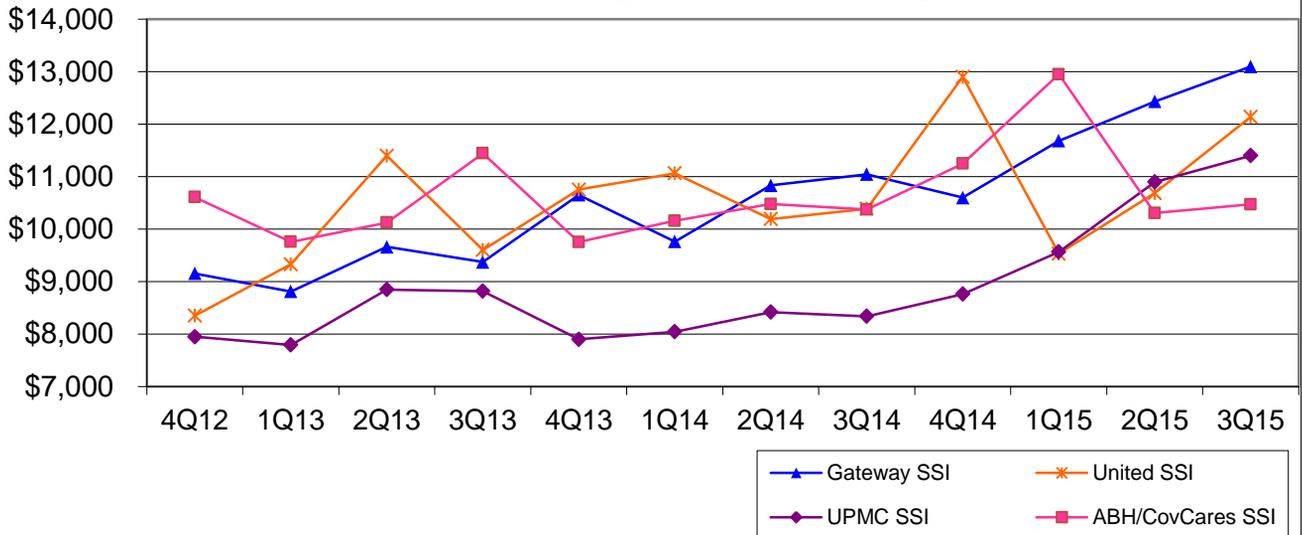
Exhibit EE1

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 Southwest Zone Average Cost per Discharge (SSI**)



	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
Gateway SSI	\$ 9,154	\$ 8,809	\$ 9,659	\$ 9,371	\$ 10,651	\$ 9,760	\$ 10,833	\$ 11,045	\$ 10,599	\$ 11,683	\$ 12,431	\$ 13,098
United SSI	\$ 8,349	\$ 9,328	\$ 11,397	\$ 9,600	\$ 10,752	\$ 11,062	\$ 10,189	\$ 10,387	\$ 12,902	\$ 9,531	\$ 10,685	\$ 12,139
UPMC SSI	\$ 7,946	\$ 7,791	\$ 8,845	\$ 8,815	\$ 7,899	\$ 8,042	\$ 8,416	\$ 8,338	\$ 8,761	\$ 9,566	\$ 10,895	\$ 11,400
ABH/CovCares* SSI	\$ 10,608	\$ 9,756	\$ 10,122	\$ 11,444	\$ 9,750	\$ 10,157	\$ 10,475	\$ 10,372	\$ 11,245	\$ 12,951	\$ 10,304	\$ 10,470
GW SSI % chg					16.35%	10.80%	12.15%	17.87%	-0.48%	19.70%	14.75%	18.59%
UN SSI % chg					28.79%	18.60%	-10.59%	8.20%	19.99%	-13.84%	4.86%	16.88%
UPMC SSI % chg					-0.59%	3.21%	-4.85%	-5.41%	10.91%	18.95%	29.46%	36.73%
ABH/CovCares* SSI % chg					-8.09%	4.11%	3.48%	-9.37%	15.33%	27.51%	-1.63%	0.95%

* 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

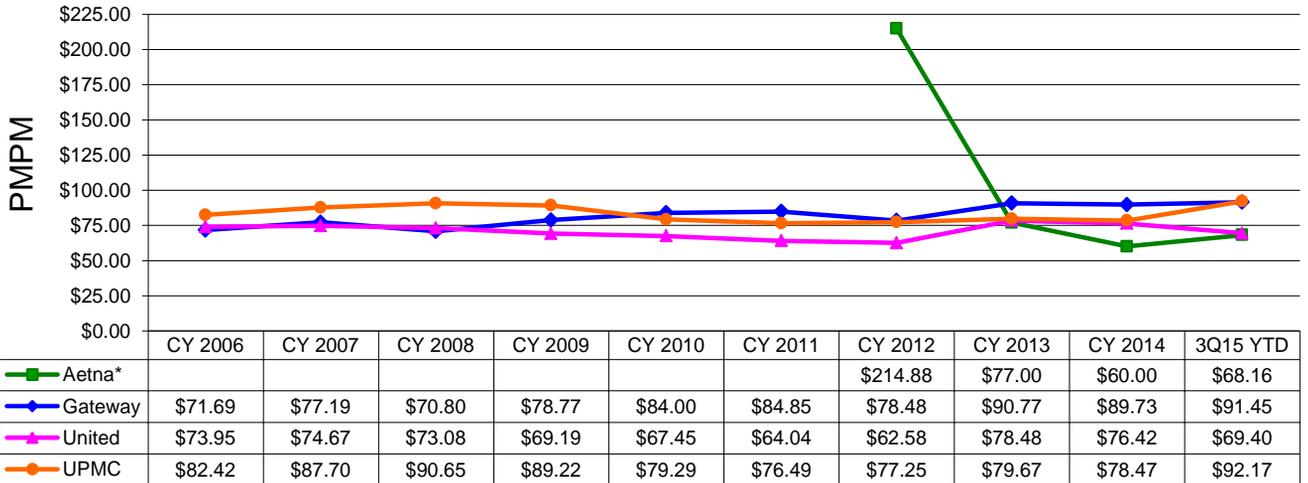
This data was reported by each MCO and might not reflect consistent methodology.

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



Note: 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 Southwest 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 SW ZONE REPORTED COSTS PMPM

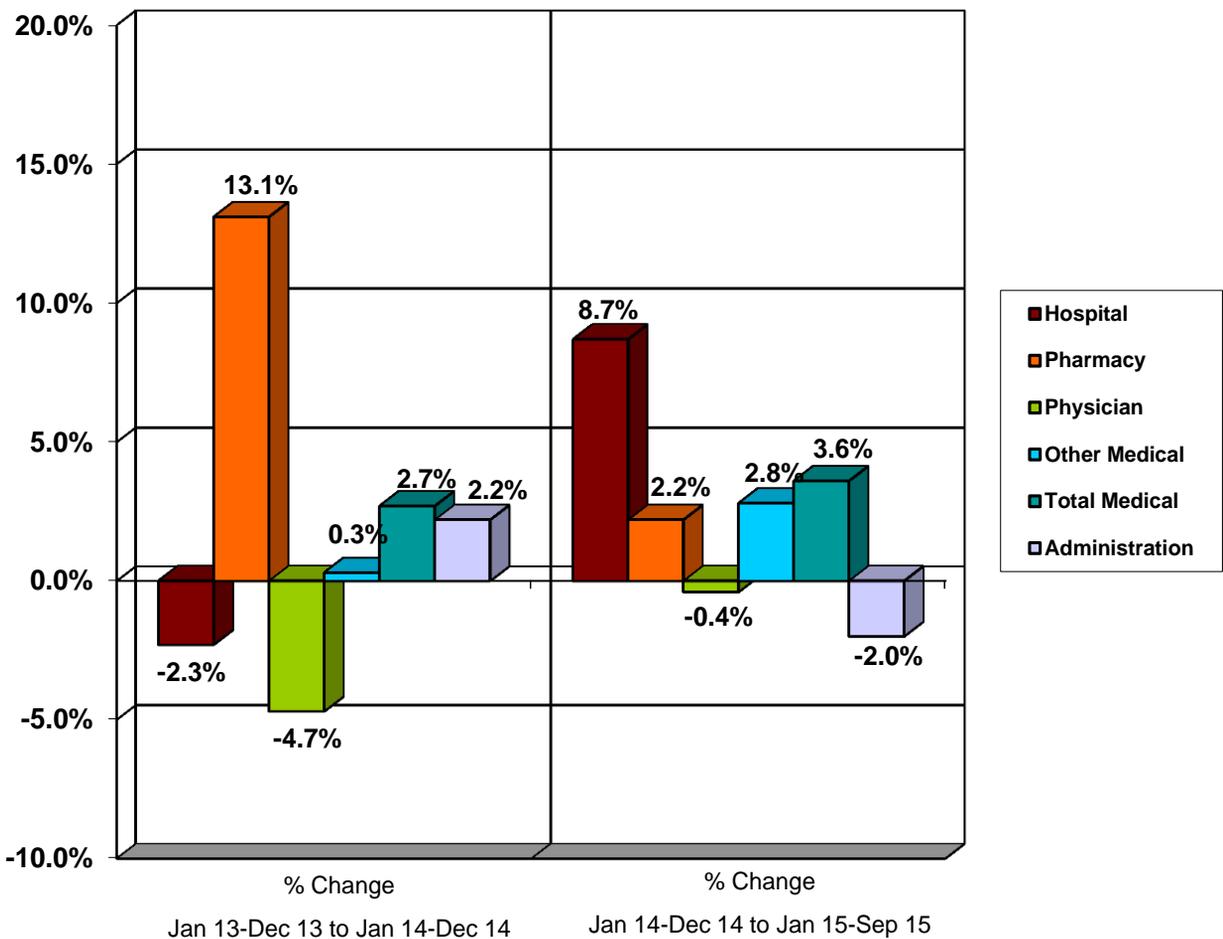


Exhibit GG

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 Southwest 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)
Coventry	10.2%	0.8%	1.0%	6.4%	\$2,142
Gateway	6.3%	1.8%	1.0%	2.3%	\$1,632,939
United	6.3%	1.6%	1.2%	0.9%	\$237,290
UPMC	5.0%	1.7%	1.0%	5.9%	\$588,727

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)
Coventry	1.80%	.05%	.05%	.33%
Gateway	2.87%	.10%	.21%	0.82%
United	2.52%	.05%	.03%	.76%
UPMC	2.58%	.09%	.10%	.88%

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.

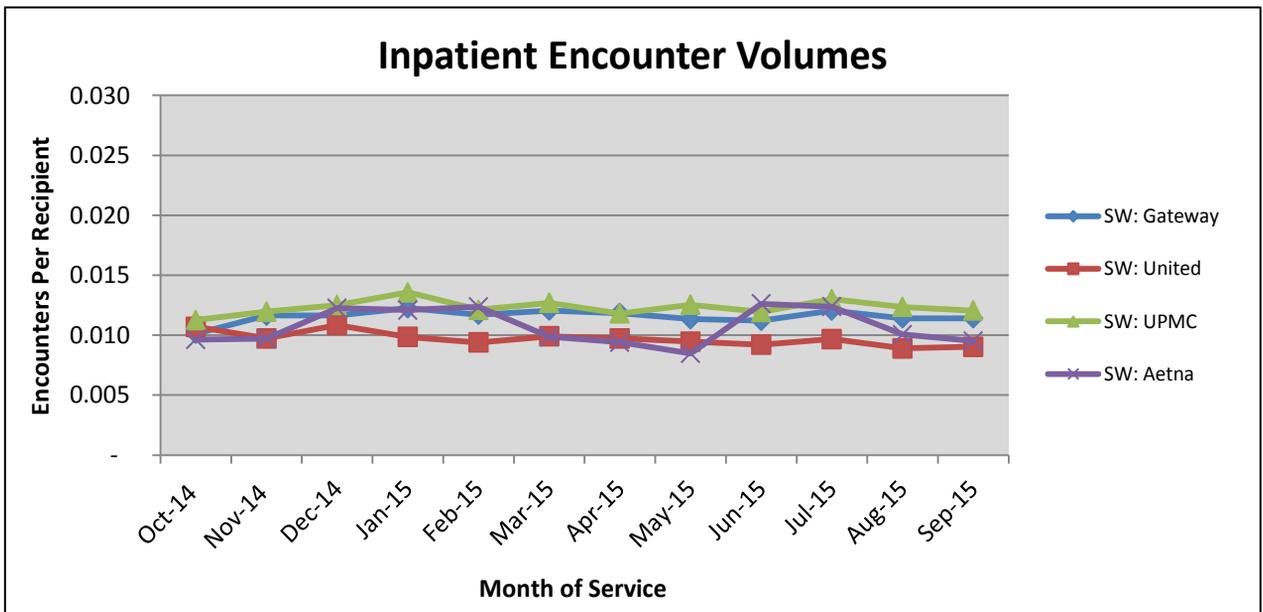


Exhibit II

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

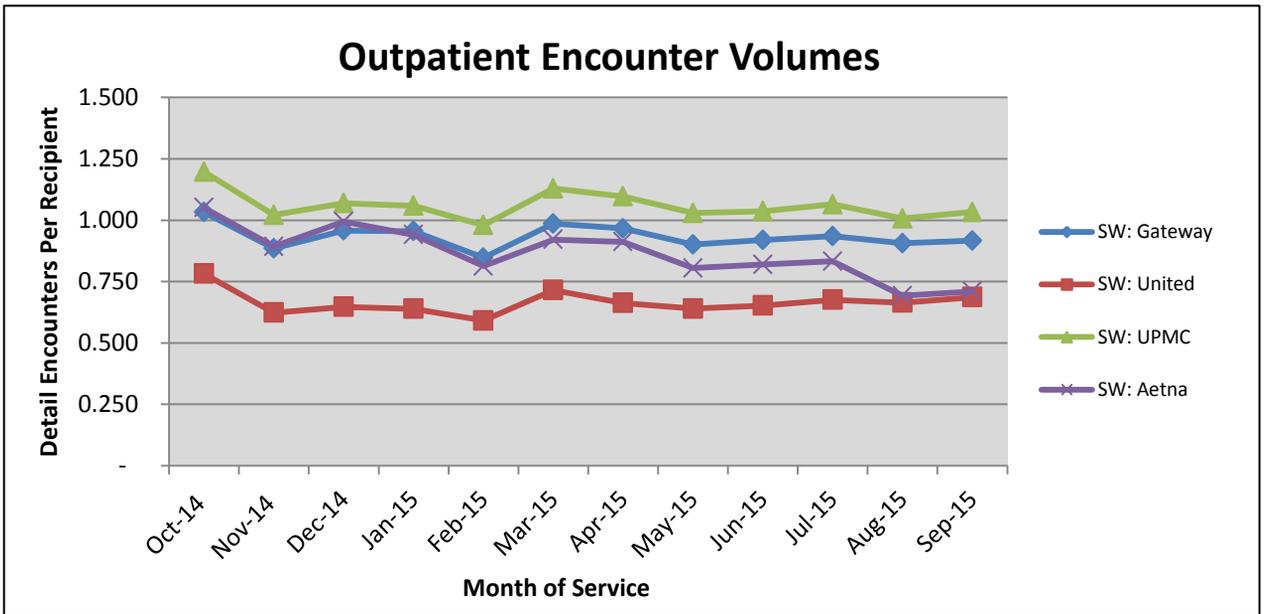


Exhibit JJ

Source: Mercer Government Human Services Consulting (MCO Reported)

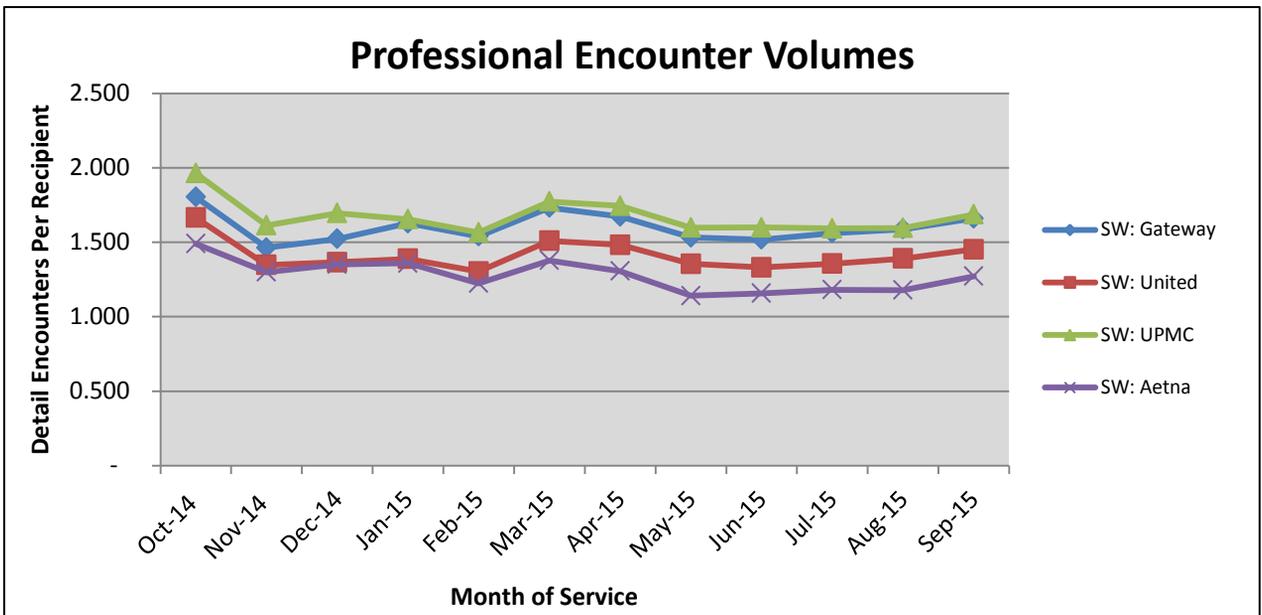


Exhibit KK

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

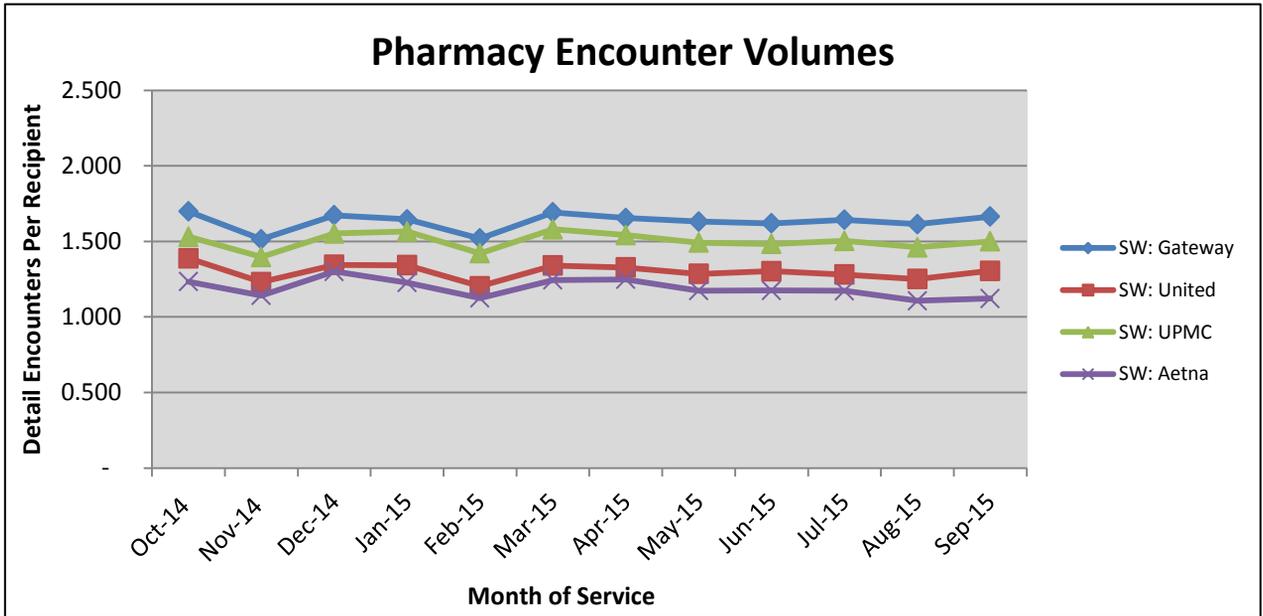


Exhibit LL

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 Southwest 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
Allegheny	\$ 1,976,846	44,779	122,859	30,287	197,925	6.6%
Armstrong	\$ 414,243	14,490	-	5,506	19,996	9.5%
Beaver	\$ 378,136	9,680	398	18,877	28,955	4.1%
Bedford	\$ 104,436	3,371	-	4,122	7,493	7.3%
Blair	\$ 228,685	10,481	1,696	3,615	15,792	4.7%
Butler	\$ 549,572	14,503	-	3,487	17,990	7.1%
Cambria	\$ 828,076	26,254	4,689	4,070	35,013	9.5%
Fayette	\$ 260,130	14,740	367	12,496	27,603	4.0%
Greene	\$ 154,975	4,790	-	2,521	7,311	8.7%
Indiana	\$ 289,972	8,085	336	6,216	14,637	7.7%
Lawrence	\$ 232,143	6,997	2,062	17,014	26,073	6.6%
Somerset	\$ 209,623	4,752	-	6,956	11,708	6.5%
Washington	\$ 514,044	18,602	345	13,479	32,426	7.1%
Westmoreland	\$ 521,754	17,545	160	18,173	35,878	4.1%
HC-SW Zone	\$ 6,662,635	199,069	132,912	146,819	478,800	6.3%

Exhibit MM

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

PCP Selection During Enrollment

Average = 95%

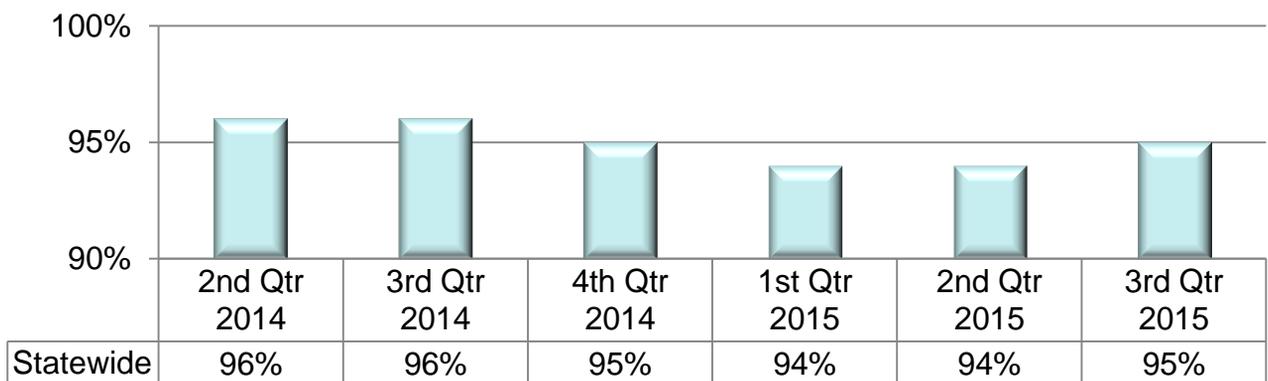


Exhibit NN

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	335	684	957	770
Gateway	4,472	2,177	6,439	5,381
United	1,959	1,806	2,660	2,621
UPMC	13,473	10,221	18,880	21,579

Exhibit OO
Source: MCO Reported

Restitution Recouped July 1, 2015 to September 30, 2015	
Aetna Better Health	\$19,413
Gateway	\$1,154,118
United Healthcare	\$421,853
UPMC	\$92,038

Exhibit PP
Source: MCO Quarterly Compliance Report
MCO Reported

Providers Under Review July 1, 2015 to September 30, 2015	
Aetna Better Health	45
Gateway	355
United Healthcare	625
UPMC	52

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
Gateway	\$3,073,663
United Healthcare	\$779,364
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 Health	3
Gateway	0
United Healthcare	5
UPMC	14

Exhibit SS
Source: MCO Quarterly Compliance Report
MCO Reported

Exhibit TT

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Exhibit UU

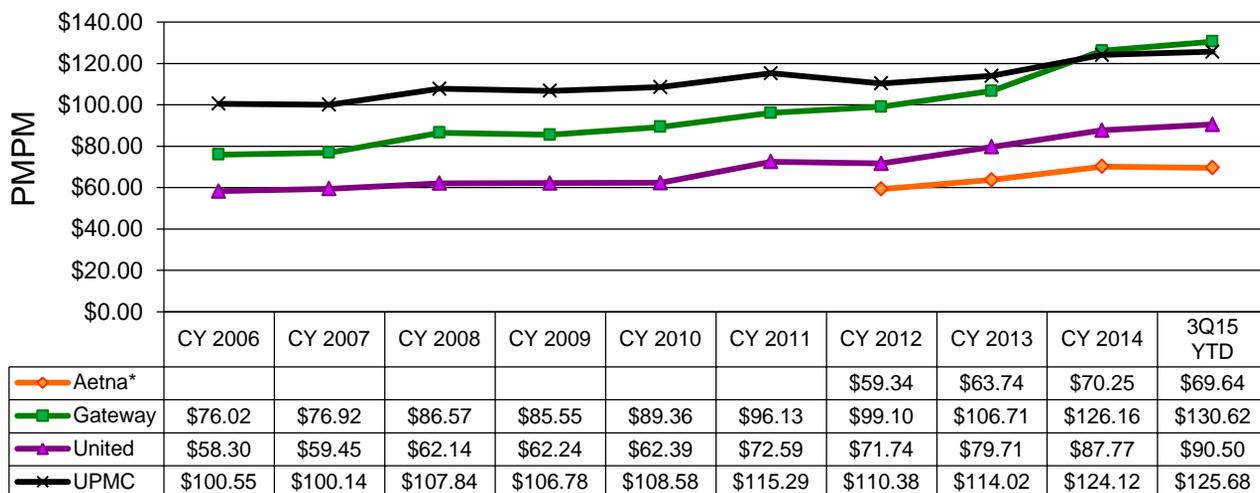
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Pharmacy Data

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



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

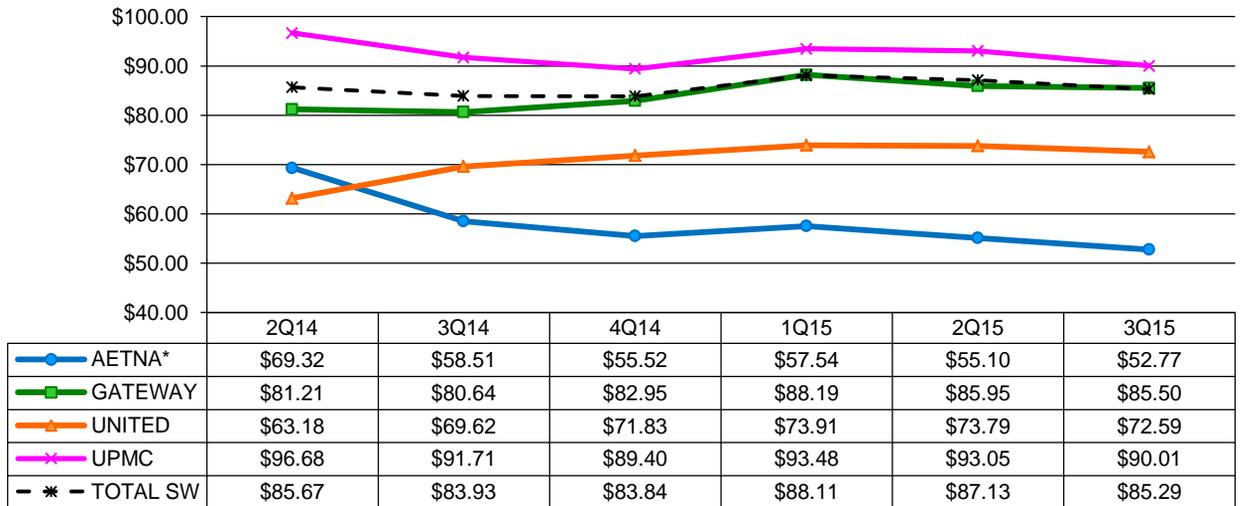


Exhibit WW

AVERAGE PRICE per LEGEND BRAND SCRIPT

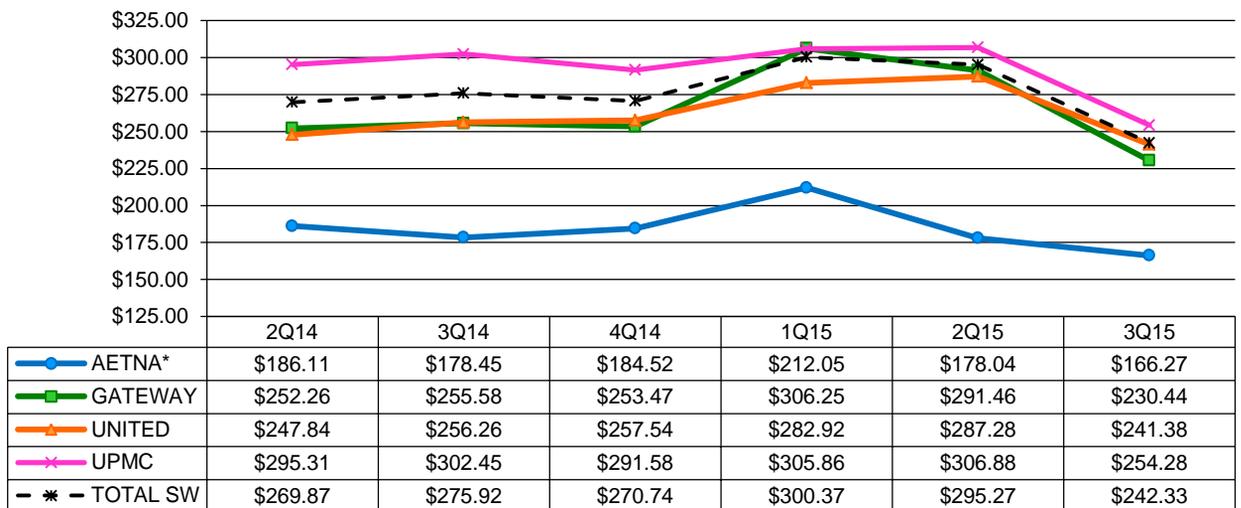
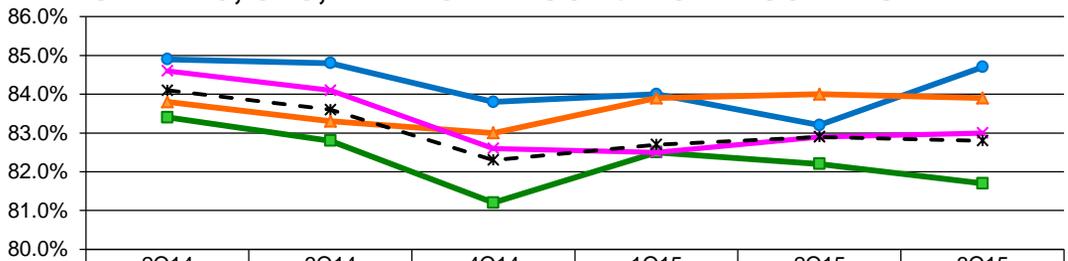


Exhibit XX

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

Pharmacy Data (Continued)

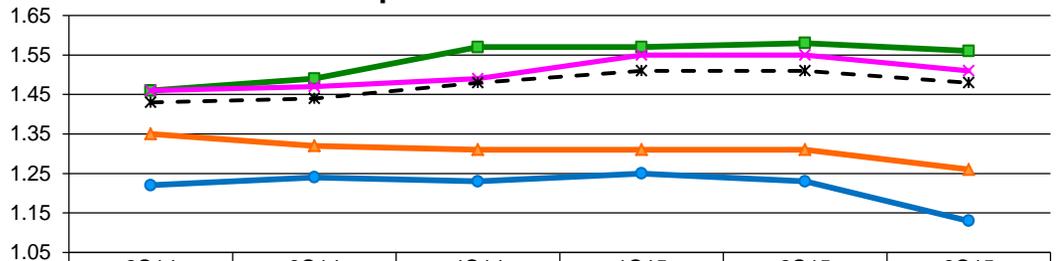
GENERIC, OTC, AND NON-DRUG vs. TOTAL SCRIPTS



	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
AETNA*	84.9%	84.8%	83.8%	84.0%	83.2%	84.7%
GATEWAY	83.4%	82.8%	81.2%	82.5%	82.2%	81.7%
UNITED	83.8%	83.3%	83.0%	83.9%	84.0%	83.9%
UPMC	84.6%	84.1%	82.6%	82.5%	82.9%	83.0%
TOTAL SW	84.1%	83.6%	82.3%	82.7%	82.9%	82.8%

Exhibit YY

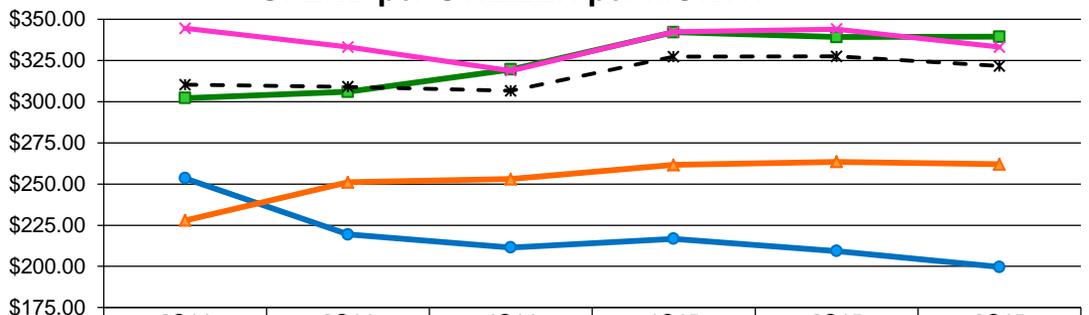
SCRIPTS per MEMBER MONTHS



	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
AETNA*	1.22	1.24	1.23	1.25	1.23	1.13
GATEWAY	1.46	1.49	1.57	1.57	1.58	1.56
UNITED	1.35	1.32	1.31	1.31	1.31	1.26
UPMC	1.46	1.47	1.49	1.55	1.55	1.51
TOTAL SW	1.43	1.44	1.48	1.51	1.51	1.48

Exhibit ZZ

SPEND per UTILIZER per MONTH



	2Q14	3Q14	4Q14	1Q15	2Q15	3Q15
AETNA*	\$253.54	\$219.43	\$211.49	\$216.77	\$209.37	\$199.64
GATEWAY	\$302.19	\$306.06	\$319.58	\$342.20	\$339.24	\$339.43
UNITED	\$227.88	\$251.11	\$253.01	\$261.60	\$263.48	\$261.99
UPMC	\$344.56	\$333.17	\$318.86	\$342.39	\$344.10	\$333.15
TOTAL SW	\$310.33	\$309.07	\$306.56	\$327.36	\$327.49	\$321.63

Exhibit AAA

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

Maternity

SW Zone : Maternity Care Costs per case *

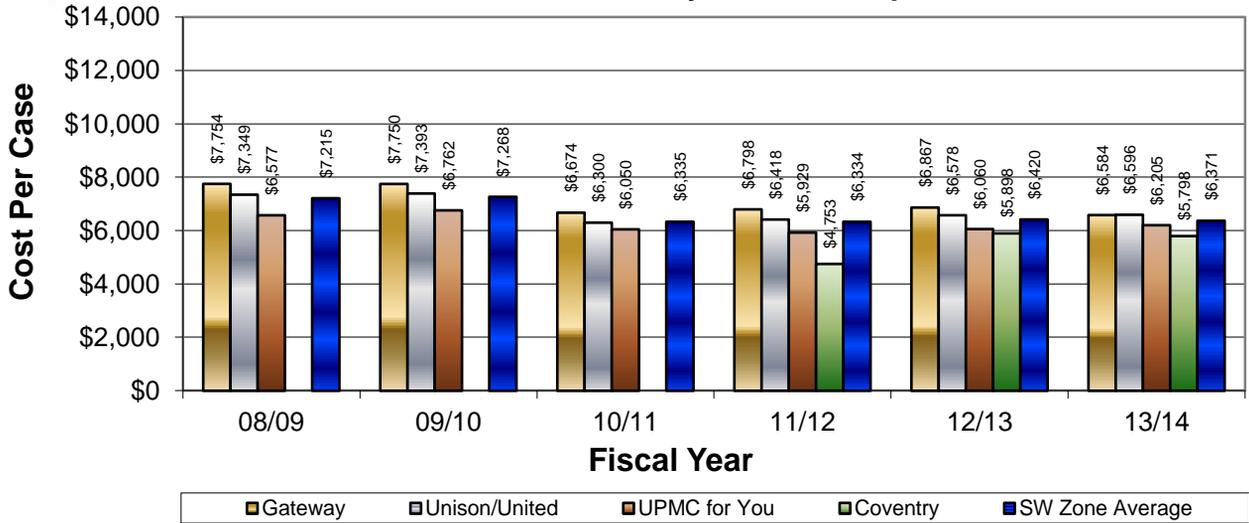


Exhibit WW

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

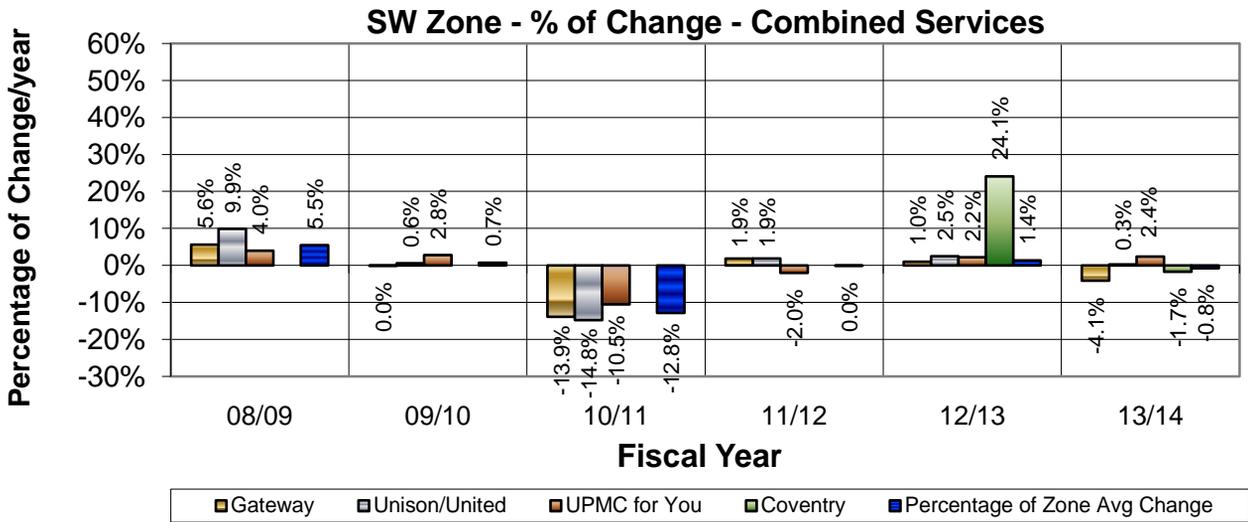


Exhibit XX

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

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

C-Section Prevalence - SW zone	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Gateway	26.26%	28.07%	29.45%	27.57%	29.67%	29.06%	28.13%
Unison/United	28.08%	30.63%	31.23%	27.52%	30.52%	27.73%	26.91%
UPMC for You	26.53%	25.60%	27.92%	29.55%	28.86%	30.39%	28.08%
Coventry **					0.00%	27.19%	21.19%
SW Zone totals	26.75%	27.59%	29.13%	28.44%	29.41%	29.43%	27.65%

Exhibit YY

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

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

** Coventry entered the Southwest Zone on April 1, 2012 and reported no C-Sections for FY 11-12.

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	1Q13	36	0	0%
	2Q13	0	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	9	0	0%
	2Q14	51	2	4%
	3Q14	257	3	1%
	4Q14	258	0	0%
	1Q15	168	0	0%
	2Q15	205	1	1%
	3Q15	52	1	2%
4Q15	116	0	0%	
GATEWAY HEALTH	4Q12	25	6	24%
	1Q13	19	1	5%
	2Q13	24	5	21%
	3Q13	35	3	9%
	4Q13	41	4	10%
	1Q14	33	3	9%
	2Q14	18	0	0%
	3Q14	12	2	17%
	4Q14	87	11	13%
	1Q15	126	6	5%
	2Q15	50	2	4%
	3Q15	74	5	7%
	4Q15	102	1	1%
UNITED HEALTHCARE COMMUNITY PLAN	4Q12	2	0	0%
	1Q13	2	0	0%
	2Q13	0	0	0%
	3Q13	1	1	100%
	4Q13	1	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	10	1	10%
	4Q15	7	1	14%
UPMC FOR YOU	4Q12	138	12	9%
	1Q13	88	6	7%
	2Q13	77	4	5%
	3Q13	209	4	2%
	4Q13	129	7	5%
	1Q14	124	13	10%
	2Q14	42	5	12%
	3Q14	211	4	2%
	4Q14	195	7	4%
	1Q15	217	8	4%
	2Q15	228	2	1%
	3Q15	290	12	4%
	4Q15	216	8	1%

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 Manager

Terry Carpenter & Jill Vovakes

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Alinda Burrell

Gateway Health

Liz DeLuca

United Healthcare Community Plan

Michael Wilkinson

UPMC for You

Virginia Perry

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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