

MCO COMPARATIVE REPORT

AUGUST 2015

HEALTHCHOICES NEW EAST ZONE

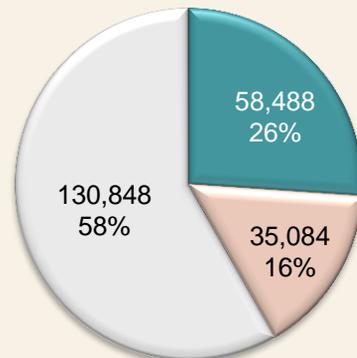
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As of December 2014 enrollment in the New East Zone was 224,420

Exhibit A

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



■ AmeriHealth ■ Aetna* ■ Geisinger

Exhibit B

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

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

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			
	Ameri-Health	Aetna* (Coventry)	Geisinger
June 2013	55,609	39,944	115,704
September 2013	54,623	38,015	117,582
December 2013	54,626	37,718	120,007
March 2014	56,081	37,895	123,725
June 2014	56,582	36,883	126,537
September 2014	57,189	35,751	128,070
December 2014	58,211	34,499	130,190

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

CHANGE IN MEMBER MONTHS FROM 12 MONTHS PRIOR							
	June 2013	September 2013	December 2013	March 2014	June 2014	September 2014	December 2014
AmeriHealth	N/A	N/A	N/A	(4.0%)	1.7%	4.7%	6.6%
Aetna* (Coventry)	N/A	N/A	N/A	(21.7%)	(7.7%)	(6.0%)	(8.5%)
Geisinger	N/A	N/A	N/A	21.1%	9.4%	8.9%	8.5%

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

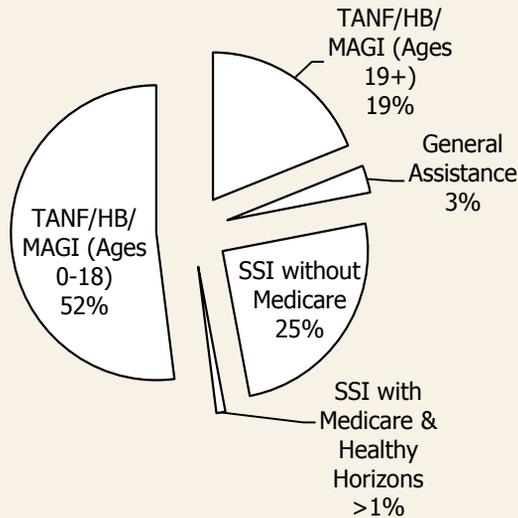


Exhibit E 4th Quarter 2014 YTD

Source: MCO Reported–Report #1 Enrollment Table

MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	TANF	TANF/HB/MAGI (Ages 0-18)				Health y Begin nings	TANF/HB/MAGI (Ages 19+)				SSI & Healthy Horizons				General Assistance					
	4 th Qtr. '13 YTD	1 st Qtr. '14 YTD	2 nd Qtr. '14 YTD	3 rd Qtr. '14 YTD	4 th Qtr. '14 YTD	4 th Qtr. '13 YTD	1 st Qtr. '14 YTD	2 nd Qtr. '14 YTD	3 rd Qtr. '14 YTD	4 th Qtr. '14 YTD	4 th Qtr. '13 YTD	1 st Qtr. '14 YTD	2 nd Qtr. '14 YTD	3 rd Qtr. '14 YTD	4 th Qtr. '14 YTD	4 th Qtr. '13 YTD	1 st Qtr. '14 YTD	2 nd Qtr. '14 YTD	3 rd Qtr. '14 YTD	4 th Qtr. '14 YTD
Ameri-Health	48%	51%	52%	52%	52%	24%	21%	21%	20%	20%	25%	25%	25%	24%	24%	3%	3%	3%	3%	3%
Aetna*	46%	51%	52%	51%	52%	25%	20%	20%	19%	19%	26%	26%	26%	26%	26%	3%	3%	3%	3%	3%
Geisinger	48%	51%	51%	52%	52%	23%	20%	20%	19%	19%	27%	26%	26%	26%	26%	3%	3%	3%	3%	3%

Exhibit F

Source: MCO Reported–Report #1 Enrollment Table

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

Categories of Assistance: Effective with the 1st quarter 2014, reporting has been changed from **TANF** and **HB** to **TANF/HB/MAGI ages 0-18** and **TANF/HB/MAGI ages 19+**. The Federal Affordable Care act (ACA) introduced a new income definition – Modified Adjusted Gross Income or “MAGI” for determining Medicaid income eligibility. The TANF and HB designations will phase out as recipients are redetermined for eligibility.

Enrollment

ENROLLMENT BY COUNTY

COUNTY	AmeriHealth			Aetna*			Geisinger		
	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14
Bradford	3%	3%	3%	9%	9%	9%	2%	2%	2%
Carbon	7%	7%	8%	3%	3%	3%	2%	2%	2%
Centre	3%	3%	3%	6%	6%	6%	4%	4%	4%
Clinton	1%	1%	1%	2%	2%	2%	3%	3%	3%
Columbia	2%	2%	2%	3%	3%	3%	4%	4%	4%
Juniata	1%	1%	1%	1%	1%	1%	1%	1%	1%
Lackawanna	1%	1%	1%	1%	1%	1%	1%	1%	1%
Luzerne	19%	19%	19%	23%	23%	23%	22%	22%	22%
Lycoming	6%	6%	6%	3%	3%	3%	8%	8%	8%
Mifflin	3%	3%	3%	4%	4%	4%	3%	3%	3%
Monroe	17%	17%	17%	7%	7%	7%	7%	7%	7%
Montour	<1%	<1%	<1%	1%	1%	1%	1%	1%	1%
Northumberland	3%	3%	3%	8%	8%	8%	5%	5%	5%
Pike	3%	3%	4%	2%	2%	2%	3%	3%	3%
Schuylkill	8%	9%	9%	6%	6%	6%	9%	9%	9%
Snyder	2%	2%	2%	3%	3%	3%	2%	2%	2%
Sullivan	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
Susquehanna	1%	1%	1%	2%	2%	2%	2%	2%	2%
Tioga	7%	7%	7%	1%	1%	1%	<1%	<1%	<1%
Union	1%	1%	1%	2%	2%	2%	1%	1%	1%
Wayne	2%	2%	2%	2%	2%	2%	3%	3%	3%
Wyoming	1%	1%	1%	1%	1%	1%	2%	2%	2%
TOTAL ENROLLMENT	58,051	58,318	58,488	34,659	35,328	35,084	130,492	130,864	130,848

Exhibit G

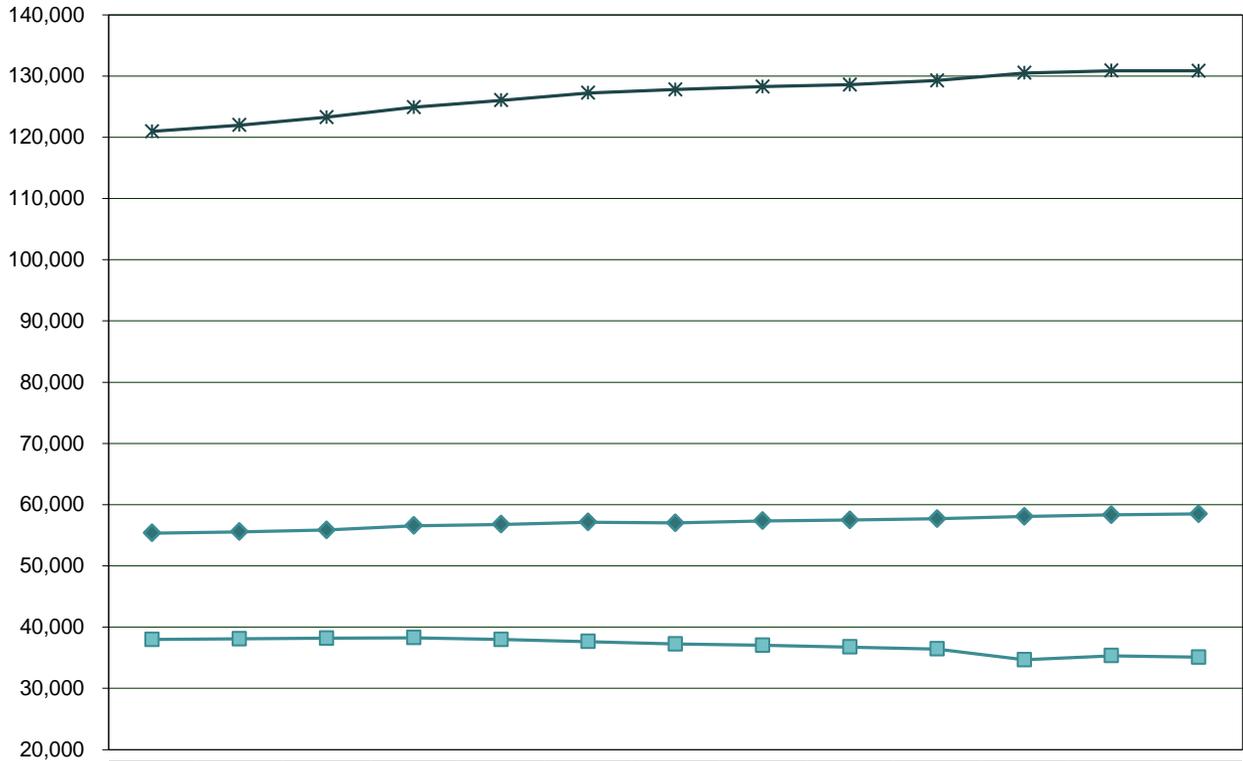
Source: DHS Internal Report

Numbers reflect point in time

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

Enrollment

Total Enrollment (Dec 2013 – Dec 2014)



	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
—◆— AHN Total	55,347	55,563	55,858	56,551	56,779	57,132	57,006	57,357	57,488	57,686	58,051	58,318	58,488
—■— AETNA* Total	37,980	38,083	38,197	38,256	37,984	37,641	37,249	37,017	36,726	36,418	34,659	35,328	35,084
—*— GEISINGER Total	120,965	121,986	123,272	124,900	126,027	127,244	127,784	128,258	128,584	129,264	130,492	130,864	130,848

* 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.

	2 nd Qtr. 2014			3 rd Qtr. 2014			4 th Qtr. 2014		
	AmeriHealth	Coventry	Geisinger	AmeriHealth	Coventry	Geisinger	AmeriHealth	Aetna*	Geisinger
Complaints – 1st Level									
# Reviewed per 1,000 Members	.04	.69	.38	.02	.44	.36	.03	.54	.44
Complaints – 2nd Level									
# Reviewed per 1,000 Members	0	0	.02	0	.03	.03	0	.03	.03
Grievances – 1st Level									
# Reviewed per 1,000 Members	.70	1.5	2.2	1.7	1.6	1.8	1.8	.49	1.2
Grievances – 2nd Level									
# Reviewed per 1,000 Members	.11	.13	.32	.31	.14	.36	.53	0	.18

Exhibit I

Source: MCO Reported-Report QR-OPS4

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

COMPLAINTS

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

1 ST LEVEL COMPLAINTS COMPLAINT TYPES BY MCO						
COMPLAINT TYPE	3 rd Qtr. 2014			4 th Qtr. 2014		
	AHN	Coventry	Geisinger	AHN	Aetna*	Geisinger
ACCESS/AVAILABILITY PROBLEMS		6%	9%			2%
COVERAGE OF SERVICES		38%	2%	50%		2%
ER SERVICE						
EXHAUSTION OF BENEFIT/ BENEFIT LIMITS					5%	
MCO SERVICE AND ADMIN		6%	2%		16%	
MEDICAL NECESSITY						
NON-COVERED BENEFIT						
OUT-OF-NETWORK SERVICE						
OTHER			7%	50%		10%
PAYMENT ISSUES		12%	2%		5%	5%
PHARMACY/ FORMULARY						
QUALITY OF CARE/SERVICE	100%	38%	78%		74%	81%
REFERRAL LACKING/ DENIED						
SUPPLEMENTAL SERVICES						
TOTAL	100%	100%	100%	100%	100%	100%

Exhibit J
Source: MCO Reported-Report QR-OPS4

2 ND LEVEL COMPLAINTS COMPLAINT TYPES BY MCO						
COMPLAINT TYPE	3 rd Qtr. 2014			4 th Qtr. 2014		
	AHN	Coventry	Geisinger	AHN	Aetna*	Geisinger
ACCESS/AVAILABILITY PROBLEMS						
COVERAGE OF SERVICES		100%				
ER SERVICE						
EXHAUSTION OF BENEFIT/ BENEFIT LIMITS						
MCO SERVICE AND ADMIN						
MEDICAL NECESSITY						
NON-COVERED BENEFIT						
OUT-OF-NETWORK SERVICE						
OTHER						25%
PAYMENT ISSUES						
PHARMACY/ FORMULARY						
QUALITY OF CARE/SERVICE			100%		100%	75%
REFERRAL LACKING/ DENIED						
SUPPLEMENTAL SERVICES						
TOTAL	0%	100%	100%	0%	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.

1 ST LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO						
GRIEVANCE TYPE	3 rd Qtr. 2014			4 th Qtr. 2014		
	AHN	Coventry	Geisinger	AHN	Aetna*	Geisinger
DENTAL (Braces)	7%	7%		8%	18%	
DENTAL (Dentures)	1%	2%		3%	6%	
DENTAL (Other)	1%	20%		3%	6%	
DURABLE MEDICAL EQUIPMENT	7%	5%	1%	6%		1%
EXHAUSTION OF BENEFIT/ BENEFIT LIMITS	5%					
HEARING SERVICES/ PRODUCTS						
HOME HEALTH SERVICES	13%			13%		
INPATIENT MEDICAL SERVICES		2%		4%		
MEDICAL NECESSITY						
NON-COVERED BENEFIT						
OTHER	9%		82%	1%	6%	85%
OUTPATIENT MEDICAL SERVICES	7%	15%		7%	11%	
PHARMACY	10%	47%	17%	18%	53%	13%
PHARMACY BENEFIT LIMITS						1%
SKILLED NURSING SERVICES	40%	2%		37%		
TRANSPORTATION SERVICES						
VISION SERVICES						
SUPPLEMENTAL SERVICES						
TOTAL	100%	100%	100%	100%	100%	100%

Exhibit L
Source: MCO Reported-Report QR-OPS4

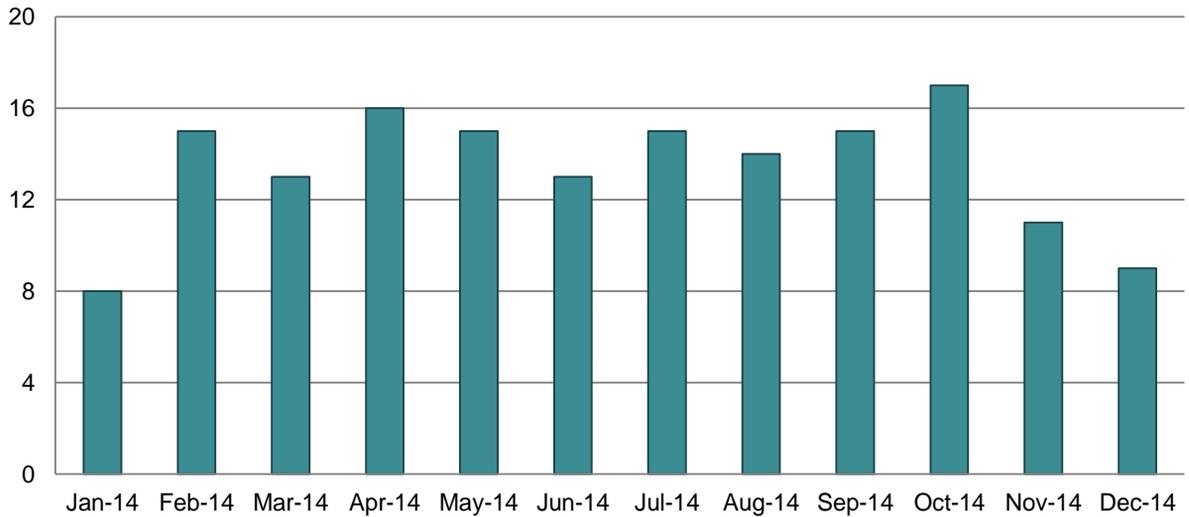
2 ND LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO						
GRIEVANCE TYPE	3 rd Qtr. 2014			4 th Qtr. 2014		
	AHN	Coventry	Geisinger	AHN	Aetna*	Geisinger
DENTAL (Braces)	6%			3%		
DENTAL (Dentures)						
DENTAL (Other)	11%					
DURABLE MEDICAL EQUIPMENT	6%			3%		
EXHAUSTION OF BENEFIT/ BENEFIT LIMITS						
HEARING SERVICES/ PRODUCTS						
HOME HEALTH SERVICES	11%	20%		23%		
INPATIENT MEDICAL SERVICES	6%	20%				
MEDICAL NECESSITY						
NON-COVERED BENEFIT						
OTHER	6%		100%			88%
OUTPATIENT MEDICAL SERVICES		20%		3%		
PHARMACY		20%				12%
SKILLED NURSING SERVICES	54%	20%		68%		
TRANSPORTATION SERVICES						
VISION SERVICES						
SUPPLEMENTAL SERVICES						
TOTAL	100%	100%	100%	100%	0%	100%

Exhibit M
Source: MCO Reported-Report QR-OPS4

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

FAIR HEARING REPORTS

Appeals Received



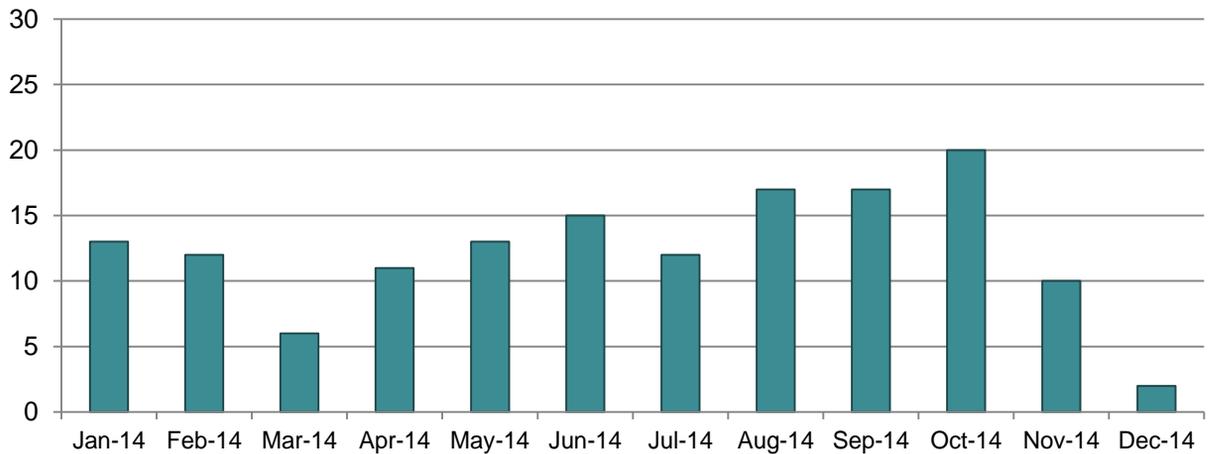
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
New East	8	15	13	16	15	13	15	14	15	17	11	9

- A total of 163 appeals have been received for 2014.
- Of the appeals, 49% of them are pharmacy issues.

Exhibit N

Source: MCO Reported

Hearings Scheduled



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
New East	13	12	6	11	13	15	12	17	17	20	10	2

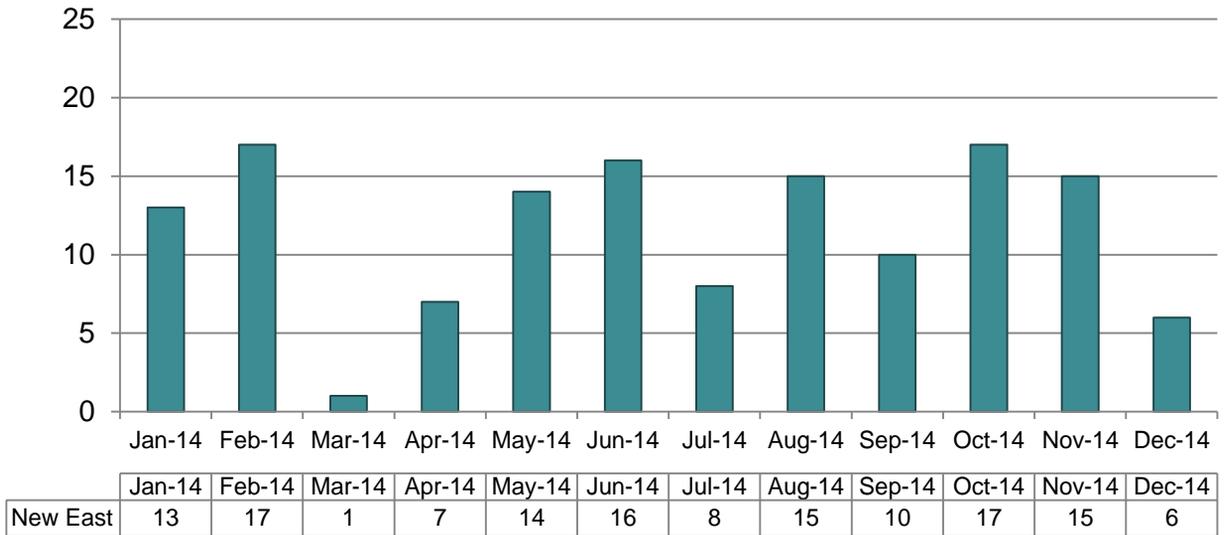
- A total of 149 hearings have been scheduled for 2014.

Exhibit O

Source: MCO Reported

FAIR HEARING REPORTS

Hearing Resolutions



•A total of 146 decisions have been rendered for NE for 2014.

Exhibit P

Source: MCO Reported

Expedited Hearings												
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
NE	0	0	0	0	0	0	0	1	0	1	0	0

•There was 1 expedited hearings for NE in 4th Quarter 2014.

Exhibit Q

Source: MCO Reported

Decisions Not Rendered in 90 Days												
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
NE	1	7	0	0	5	4	1	1	2	0	2	0

•Appeals over 90 days have decreased slightly since 3rd Quarter 2014.

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							
	3Qtr13	4Qtr13		1Qtr14	2Qtr14	3Qtr14	4Qtr14
AmeriHealth							
TANF	1,989	2,502	TANF/HB/ MAGI (Ages 19+)	2,127	2,235	2,190	2,113
HB	2,149	2,497	TANF/HB/ MAGI (Ages 0--18)	2,755	2,506	2,465	3,070
SSI w/o	3,077	3,266	SSI w/o	3,438	3,530	3,614	3,868
TOTAL AVERAGE	2,340	2,709	TOTAL AVG	2,815	2,746	2,732	3,094
Aetna*							
TANF	2,323	2,730	TANF/HB/ MAGI (Ages 19+)	2,239	2,170	2,349	3,240
HB	2,289	2,826	TANF/HB/ MAGI (Ages 0--18)	2,805	2,571	2,538	2,753
SSI w/o	3,750	3,740	SSI w/o	3,575	3,564	3,535	4,019
TOTAL AVERAGE	2,725	3,034	TOTAL AVG	2,905	2,774	2,775	3,175
Geisinger							
TANF	2,463	3,869	TANF/HB/ MAGI (Ages 19+)	2,668	2,518	2,647	2,679
HB	3,005	3,993	TANF/HB/ MAGI (Ages 0--18)	4,020	3,614	3,727	4,284
SSI w/o	3,824	4,811	SSI w/o	4,545	4,374	4,645	4,953
TOTAL AVERAGE	3,006	4,141	TOTAL AVG	3,891	3,617	3,775	4,166

Exhibit S

Source: MCO Reported—Report #6a Inpatient, Physician & Dental Statistics (Totals exclude dual eligibles and include GA category of assistance)

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

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

Categories of Assistance: Effective with the 1st quarter 2014, reporting has been changed from **TANF** and **HB** to **TANF/HB/MAGI ages 0-18** and **TANF/HB/MAGI ages 19+**. The Federal Affordable Care act (ACA) introduced a new income definition – Modified Adjusted Gross Income or “MAGI” for determining Medicaid income eligibility. The TANF and HB designations will phase out as recipients are redetermined for eligibility.

Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	3Qtr13	4Qtr13		1Qtr14	2Qtr14	3Qtr14	4Qtr14
AmeriHealth							
TANF	905	908	TANF/HB/ MAGI (Ages 19+)	762	749	747	759
HB	947	1,005	TANF/HB/ MAGI (Ages 0--18)	937	1,015	985	948
SSI w/o	856	835	SSI w/o	821	888	837	771
TOTAL AVERAGE	907	917	TOTAL AVG	865	919	891	859
Aetna*							
TANF	833	983	TANF/HB/ MAGI (Ages 19+)	881	911	882	827
HB	899	945	TANF/HB/ MAGI (Ages 0--18)	821	1,124	1,128	1,138
SSI w/o	783	877	SSI w/o	870	844	977	910
TOTAL AVERAGE	826	931	TOTAL AVG	823	974	1,010	983
Geisinger							
TANF	1,009	947	TANF/HB/ MAGI (Ages 19+)	845	924	875	818
HB	1,047	1,190	TANF/HB/ MAGI (Ages 0--18)	1,043	1,152	1,097	1,098
SSI w/o	973	1,014	SSI w/o	932	1,007	990	932
TOTAL AVERAGE	999	1,013	TOTAL AVG	947	1,037	996	972
Exhibit T							
Source: MCO Reported–Report #6a Inpatient, Physician & Dental Statistics (Totals exclude dual eligibles and include GA category of assistance) This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve the 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.

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Categories of Assistance: Effective with the 1st quarter 2014, reporting has been changed from **TANF** and **HB** to **TANF/HB/MAGI ages 0-18** and **TANF/HB/MAGI ages 19+**. The Federal Affordable Care act (ACA) introduced a new income definition – Modified Adjusted Gross Income or “MAGI” for determining Medicaid income eligibility. The TANF and HB designations will phase out as recipients are redetermined for eligibility.

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							
	3Qtr13	4Qtr13		1Qtr14	2Qtr14	3Qtr14	4Qtr14
AmeriHealth							
TANF	1,860	1,717	TANF/HB/ MAGI (Ages 19+)	3,525	3,440	3,348	3,355
HB	1,542	1,300	TANF/HB/ MAGI (Ages 0-18)	743	740	741	799
SSI w/o	3,867	3,666	SSI w/o	3,639	3,828	3,722	3,588
TOTAL AVERAGE	2,323	2,166	TOTAL AVG	2,149	2,157	2,088	2,068
Aetna*							
TANF	1,341	1,241	TANF/HB/ MAGI (Ages 19+)	2,826	2,886	2,420	2,064
HB	996	897	TANF/HB/ MAGI (Ages 0-18)	683	673	589	559
SSI w/o	2,936	3,015	SSI w/o	3,082	3,016	2,967	2,648
TOTAL AVERAGE	1,703	1,668	TOTAL AVG	1,819	1,790	1,610	1,455
Geisinger							
TANF	1,817	3,483	TANF/HB/ MAGI (Ages 19+)	3,751	3,812	3,745	3,628
HB	1,490	906	TANF/HB/ MAGI (Ages 0-18)	1,101	1,145	1,078	1,157
SSI w/o	4,298	3,718	SSI w/o	4,327	4,483	4,385	4,347
TOTAL AVERAGE	2,458	2,894	TOTAL AVG	2,544	2,627	2,520	2,521
Exhibit U Source: MCO Reported–Report #6a Inpatient, Physician & Dental Statistics (Totals exclude dual eligibles and include GA category of assistance) This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve the data.							

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Categories of Assistance: Effective with the 1st quarter 2014, reporting has been changed from **TANF** and **HB** to **TANF/HB/MAGI ages 0-18** and **TANF/HB/MAGI ages 19+**. The Federal Affordable Care act (ACA) introduced a new income definition – Modified Adjusted Gross Income or “MAGI” for determining Medicaid income eligibility. The TANF and HB designations will phase out as recipients are redetermined for eligibility.

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						
	2Qtr13	3Qtr13	4Qtr13	1Qtr14	2Qtr14	3Qtr14
AmeriHealth						
Under 21 years old	702.2	679.5	660.8	698.1	710.8	680.7
21 years old & over	1,381.1	1,569.8	1,454.4	1,474.8	1,549.3	1,593.7
Coventry						
Under 21 years old	671.9	629.5	615.5	604.7	571.5	550.2
21 years old & over	1,496.4	1,612.8	1,405.5	1,384.6	1,256.3	1,208.0
Geisinger						
Under 21 years old	655.9	663.8	582.2	597.6	657.0	699.9
21 years old & over	1,276.0	1,432.2	1,166.2	1,161.7	1,260.5	1,140.0
Exhibit V						
Source: MCO Reported – Report #7e Emergency Department Utilization						

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 remained consistent and one MCO's utilization increased meaning a decrease in performance. Year over year and Q115 submission to HEDIS 2014 comparison of rates are consistent. Data is not available for two MCOs prior to Q414. The HealthChoices weighted average has remained steady for quarter to quarter but decreased for year to year and HEDIS 2014.

Ambulatory Care (All Ages) - Emergency Department Visits/1,000 Member Months ¹							
	HEDIS 2013 (CY 2012)	HEDIS 2014 (CY 2013)	Reporting Q114 10/1/2012 - 9/30/2013	Reporting Q214 1/1/2013 - 12/31/2013	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014
AmeriHealth NE						51.53%	49.61%
CoventryCares ²	38.36%	43.21%	38.93%	43.09%	47.27%	47.85%	49.06%
Geisinger Health						54.47%	55.34%
Weighted Average	55.22%	56.71%	54.21%	56.36%	55.39%	55.66%	56.20%
50th PCTL BM	50.32%	52.65%					
75th PCTL BM	61.23%	61.13%					
90th PCTL BM	69.92%	66.80%					

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

² Coventry merged with Aetna effective October 1, 2014.

New East Zone operational as of March 1, 2013. Data is not available prior to the Quarter 4, 2014 submission.

Exhibit W

Source: Data is self-reported from the MCOs

Utilization

Exhibit X Annual Dental

This measure summarizes: Utilization of ambulatory care in the category of Emergency Department Visits. Quarter to quarter comparison of rates show one MCO's rate has increased, one MCO has decreased and one remained consistent. Year over year and Q115 comparison to HEDIS 2014 show one MCO's rate has increased. Data is not available for two MCOs prior to Q414. The HealthChoices weighted average from last quarter and HEDIS 2014 are consistent. Rate compared to last year has increased.

Annual Dental Visit, 2-21 years							
	HEDIS 2013 (CY 2012)	HEDIS 2014 (CY 2013)	Reporting Q114 10/1/2012 - 9/30/2013	Reporting Q214 1/1/2013 - 12/31/2013	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014
AmeriHealth NE						51.53%	49.61%
CoventryCares ¹	38.36%	43.21%	38.93%	43.09%	47.27%	47.85%	49.06%
Geisinger Health						54.47%	55.34%
Weighted Average	55.22%	56.71%	54.21%	56.36%	55.39%	55.66%	56.20%
50th PCTL BM	50.32%	52.65%					
75th PCTL BM	61.23%	61.13%					
90th PCTL BM	69.92%	66.80%					

¹ Coventry merged with Aetna effective October 1, 2014.

New East Zone operational as of March 1, 2013. Data is not available prior to the Quarter 4, 2014 submission.

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 all MCOs' rates decreased in visits. Year over year and Q115 compared to HEDIS 2014 show a decrease in visits for one MCO. Data is not available for two MCOs prior to Q414. The HealthChoices weighted average has decreased compared to last quarter and reported HEDIS 2014 rates, and has increased compared to last year.

Total Outpatient Visits, 0 - 64 year olds, per 1,000 member months							
	HEDIS 2013 (CY 2012)	HEDIS 2014 (CY 2013)	Reporting Q114 10/1/2012 - 9/30/2013	Reporting Q214 1/1/2013 - 12/31/2013	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014
AmeriHealth NE						340.33	334.90
CoventryCares ¹	243.72	337.83	328.67	337.14	344.67	339.37	308.06
Geisinger Health						425.17	418.13
Weighted Average	328.34	330.54	324.11	322.14	321.92	332.73	328.27
50th PCTL BM	361.58	352.38					
75th PCTL BM	410.96	404.51					
90th PCTL BM	469.74	461.19					

¹ Coventry merged with Aetna effective October 1, 2014.

New East Zone operational as of March 1, 2013. Data is not available prior to the Quarter 4, 2014 submission.

Exhibit Y

Source: Data is self-reported from the MCOs

Utilization

Exhibit Z Inpatient Discharges

This measure summarizes: Utilization of acute inpatient care and services in the category of Total Inpatient. Quarter to quarter comparison of rates show all MCOs remained consistent. Comparison of year over year and 1Q15 comparison to HEDIS 2014 submissions are consistent. Data is not available for two MCOs prior to Q414. The HealthChoices weighted average has remained steady for quarter to quarter, year over year and HEDIS 2014 rates.

Total Acute Inpatient Discharges/1,000 member months ¹							
	HEDIS 2013 (CY 2012)	HEDIS 2014 (CY 2013)	Reporting Q114 10/1/2012 - 9/30/2013	Reporting Q214 1/1/2013 - 12/31/2013	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q115 10/1/2013 - 9/30/2014
AmeriHealth NE						8.46	7.99
CoventryCares ²	9.53	8.22	7.92	8.22	8.48	8.45	8.43
Geisinger Health						8.13	8.00
Weighted Average	10.18	9.50	10.00	9.82	9.79	9.59	9.28
50th PCTL BM	7.84	7.63					
75th PCTL BM	9.05	8.95					
90th PCTL BM	11.30	10.92					

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

² Coventry merged with Aetna effective October 1, 2014.

New East Zone operational as of March 1, 2013. Data is not available prior to the Quarter 4, 2014 submission.

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 comparison of rates show all MCOs remained consistent. Comparison of Q115 rates to last year's rates show one MCO increased. Data is not available for two MCOs prior to Q414. 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 Q115 10/1/2013 - 9/30/2014	Reporting Q414 7/1/2013 - 6/30/2014	Reporting Q314 4/1/2013 - 3/31/2014	Reporting Q214 1/1/2013 - 12/31/2013	Reporting Q114 10/1/2012 - 9/30/2013
AmeriHealth Northeast	1.18	0.96			
CoventryCares ¹	1.88	0.91	0.99	0.82	0.69
Geisinger Health	0.83	0.66			
Weighted Average	3.04	2.81	3.14	3.17	3.38

¹ Coventry merged with Aetna effective October 1, 2014.

New East Zone operational as of March 1, 2013. Data is not available prior to the Quarter 4, 2014 submission.

Exhibit AA

Source: Data is self-reported from the MCOs

Utilization

Exhibit BB Denial File Quality Audit (2nd Quarter 2014) **

For each MCO 35 random denial files were selected from the denial logs submitted by the MCOs representing all UM denials for the 2nd Quarter 2014. Each denial file was audited for the following elements per the HealthChoices Contract:

1. Correct Denial Letter Template and supporting documentation
2. Correct time frames for review/Determination notices and letters
3. Appropriateness of Denial per policy and coverage
4. Medical Necessity determination and rationale
5. Evidence of a Physician/Dentist Review
6. Readability of Denial notice – clarity and language
7. Member age and Provider contact

The denial file is deemed compliant if all elements are met, deficient if any of the elements are not met. A file is marked deficient if it is missing the denial letter or if the entire file is not submitted as requested.

		COMPLIANT		
		AHN	CC	GHP
1	Correct denial letter & sufficient supporting doc.	89%	0%	100%
2	Correct time frames for review/Determination Notices	91%	86%	97%
3	Appropriateness of denial	100%	100%	100%
4	Medical Necessity	91%	100%	83%
5	Evidence of a Physician/Dentist Review	100%	97%	94%
6	Readability of denial notice – clarity and language	69%	0%	31%
7	Member age and provider contract	100%	94%	97%
Files Not Submitted as Requested		0%	0%	0%

Exhibit BB

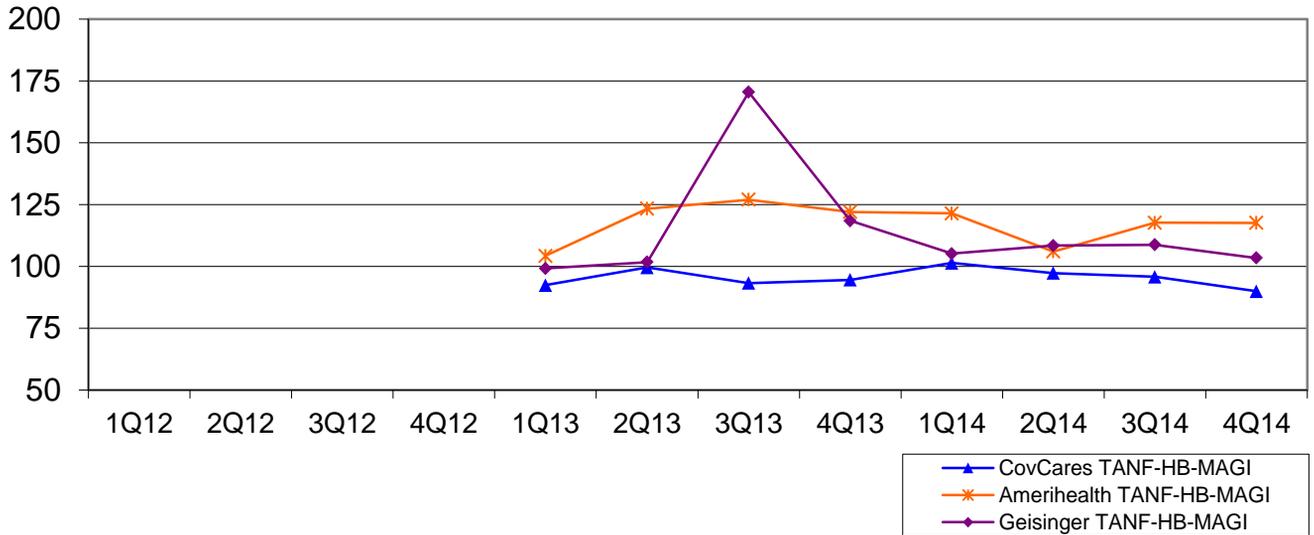
Source: DHS audit of MCO denial files

** No update for 3Q14—the 3rd quarter will be combined with 4Q14 into one review.

Financial

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

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares TANF-HB-MAGI					92	100	93	95	101	97	96	90
Amerihealth TANF-HB-MAGI					104	123	127	122	121	106	118	118
Geisinger TANF-HB-MAGI					99	102	170	118	105	108	109	103
CovCares TANF-HB-MAGI % chg									9.79%	-2.30%	2.75%	-4.90%
Amerihealth TANF-HB-MAGI % chg									16.49%	-14.04%	-7.33%	-3.62%
Geisinger TANF-HB-MAGI % chg									6.03%	6.64%	-36.24%	-12.73%

Note: % change is from the 4th prior quarter

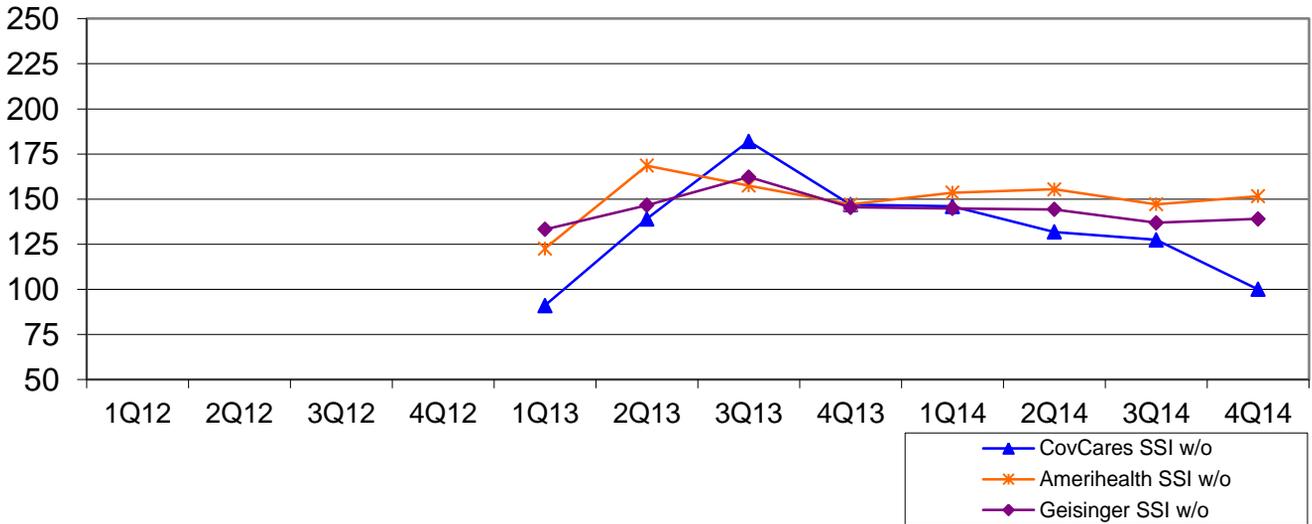
Exhibit CC1

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 New East Zone Inpatient Discharges per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares SSI w/o					91	139	182	147	146	132	127	100
Amerihealth SSI w/o					123	169	158	147	154	155	147	152
Geisinger SSI w/o					133	147	162	145	145	144	137	139
CovCares SSI w/o % chg									60.44%	-5.18%	-29.96%	-31.96%
Amerihealth SSI w/o % chg									25.28%	-7.78%	-6.60%	3.11%
Geisinger SSI w/o % chg									8.73%	-1.60%	-15.60%	-4.38%

Note: % change is from the 4th prior quarter

Exhibit CC2

Source Report #6a Inpatient, Physician and Dental Statistics

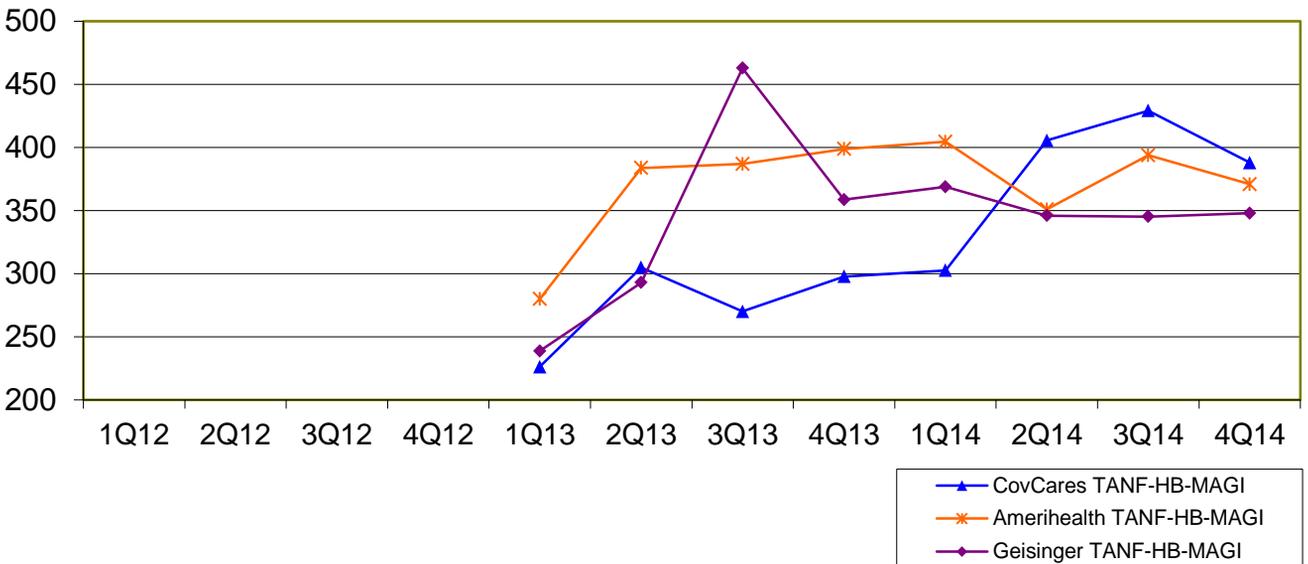
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

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

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

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares TANF-HB-MAGI					226	305	270	298	303	405	429	388
Amerihealth TANF-HB-MAGI					280	384	387	399	404	351	394	371
Geisinger TANF-HB-MAGI					239	293	463	359	369	346	345	348
CovCares TANF-HB-MAGI % chg									33.78%	32.97%	58.88%	30.27%
Amerihealth TANF-HB-MAGI % chg									44.56%	-8.53%	1.77%	-7.02%
Geisinger TANF-HB-MAGI % chg									54.50%	18.09%	-25.41%	-3.01%

Note: % change is from the 4th prior quarter

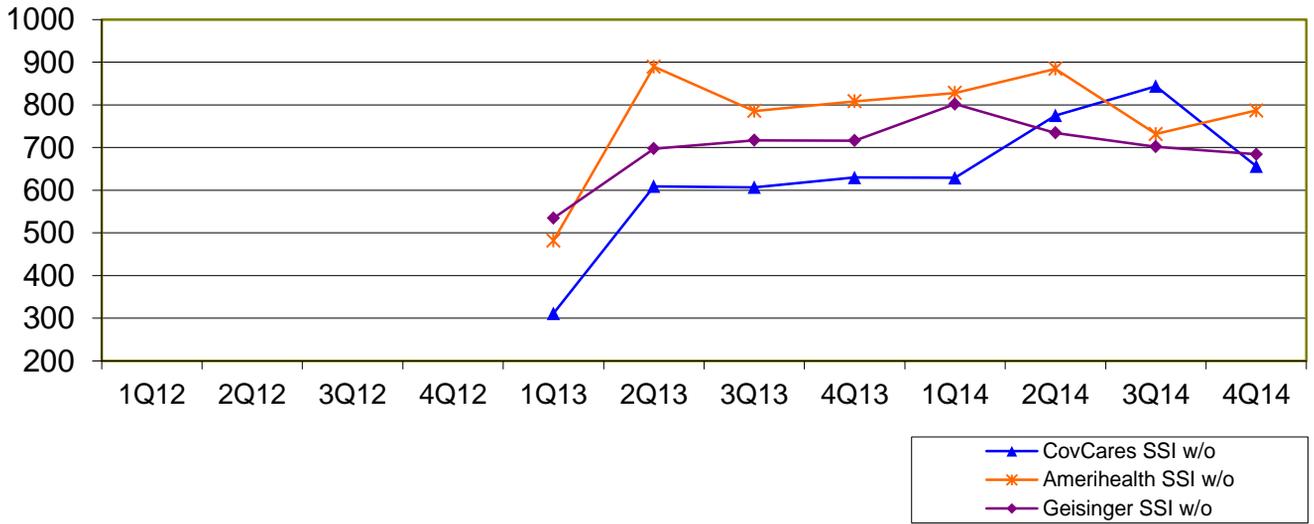
Exhibit DD1

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 New East Zone Inpatient Days per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares SSI w/o					311	609	607	630	629	775	844	656
Amerihealth SSI w/o					482	890	786	809	828	885	732	787
Geisinger SSI w/o					535	697	717	716	802	735	702	684
CovCares SSI w/o % chg									102.25%	27.32%	39.05%	4.17%
Amerihealth SSI w/o % chg									71.84%	-0.53%	-6.87%	-2.68%
Geisinger SSI w/o % chg									50.03%	5.32%	-2.13%	-4.47%

Note: % change is from the 4th prior quarter

Exhibit DD2

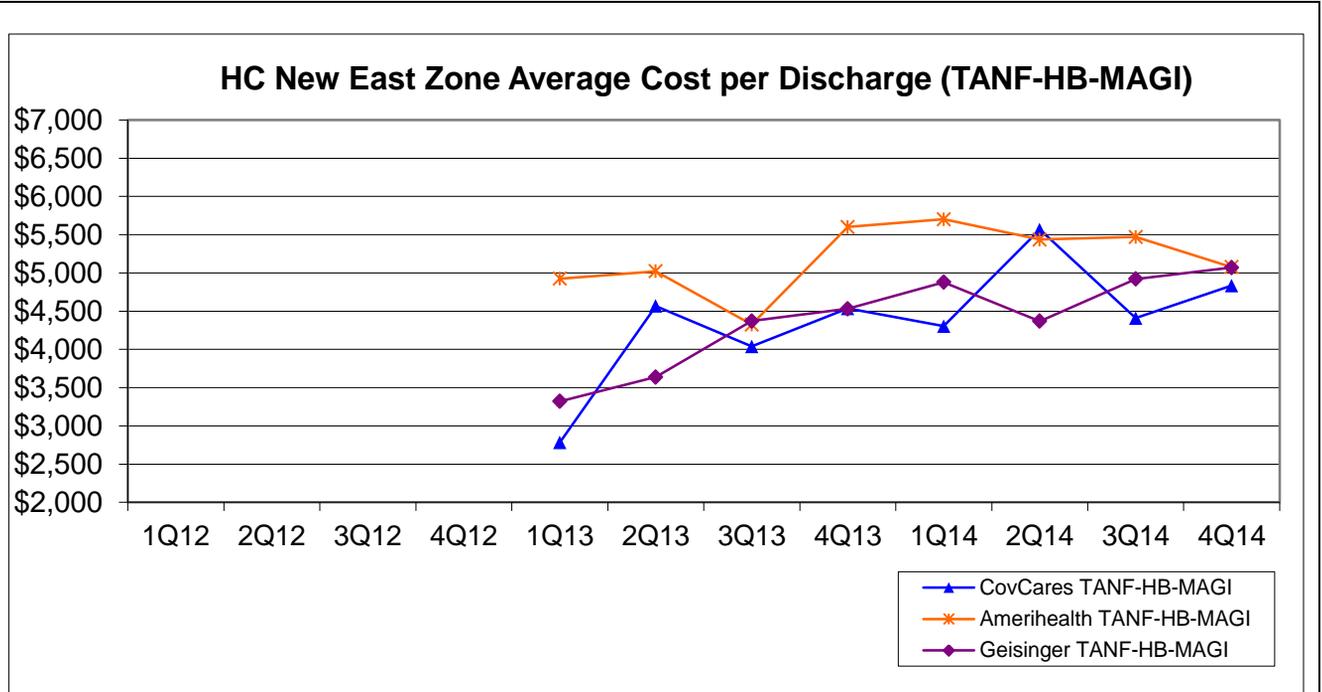
Source Report #6a Inpatient, Physician and Dental Statistics

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

We are working with the MCOs to improve the data.

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.



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares TANF-HB-MAGI					\$ 2,782	\$ 4,566	\$ 4,038	\$ 4,535	\$ 4,303	\$ 5,567	\$ 4,409	\$ 4,834
Amerihealth TANF-HB-MAGI					\$ 4,924	\$ 5,022	\$ 4,324	\$ 5,600	\$ 5,702	\$ 5,435	\$ 5,470	\$ 5,076
Geisinger TANF-HB-MAGI					\$ 3,321	\$ 3,638	\$ 4,371	\$ 4,531	\$ 4,878	\$ 4,370	\$ 4,921	\$ 5,069
CovCares TANF-HB-MAGI % chg									54.68%	21.91%	9.18%	6.59%
Amerihealth TANF-HB-MAGI % chg									15.79%	8.24%	26.51%	-9.36%
Geisinger TANF-HB-MAGI % chg									46.87%	20.13%	12.58%	11.86%

Note: % change is from the 4th prior quarter

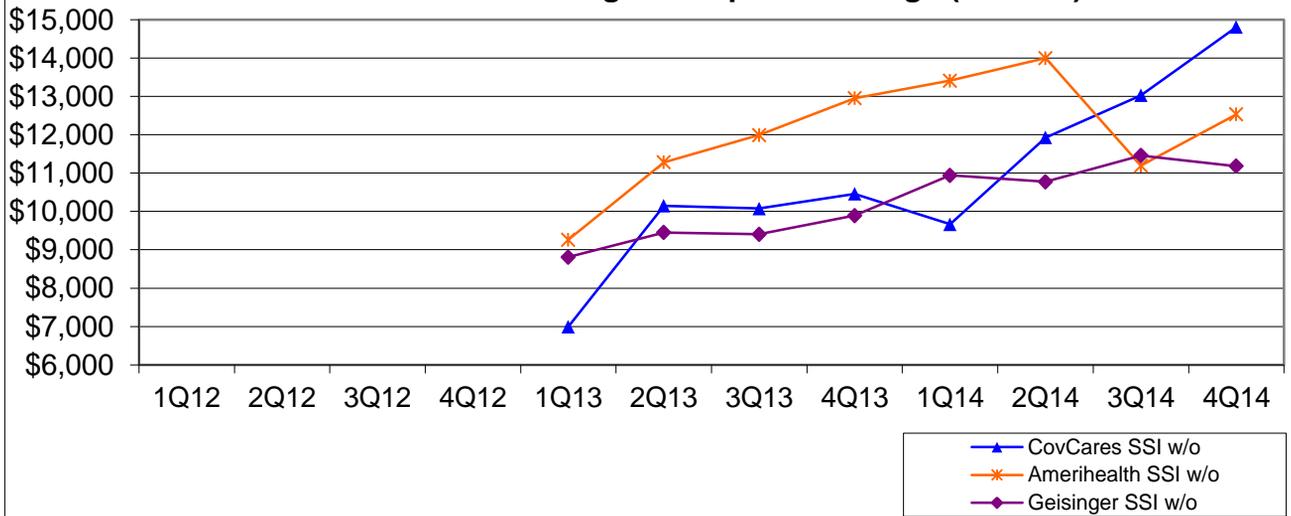
Exhibit EE1

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 New East Zone Average Cost per Discharge (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
CovCares SSI w/o					\$ 6,993	\$ 10,147	\$ 10,074	\$ 10,460	\$ 9,665	\$ 11,928	\$ 13,028	\$ 14,808
Amerihealth SSI w/o					\$ 9,260	\$ 11,281	\$ 11,988	\$ 12,951	\$ 13,410	\$ 13,998	\$ 11,191	\$ 12,531
Geisinger SSI w/o					\$ 8,810	\$ 9,451	\$ 9,405	\$ 9,893	\$ 10,941	\$ 10,773	\$ 11,458	\$ 11,181
CovCares SSI w/o % chg									38.21%	17.55%	29.33%	41.56%
Amerihealth SSI w/o % chg									44.82%	24.08%	-6.65%	-3.24%
Geisinger SSI w/o % chg									24.19%	13.98%	21.83%	13.02%

Note: % change is from the 4th prior quarter

Exhibit EE2

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

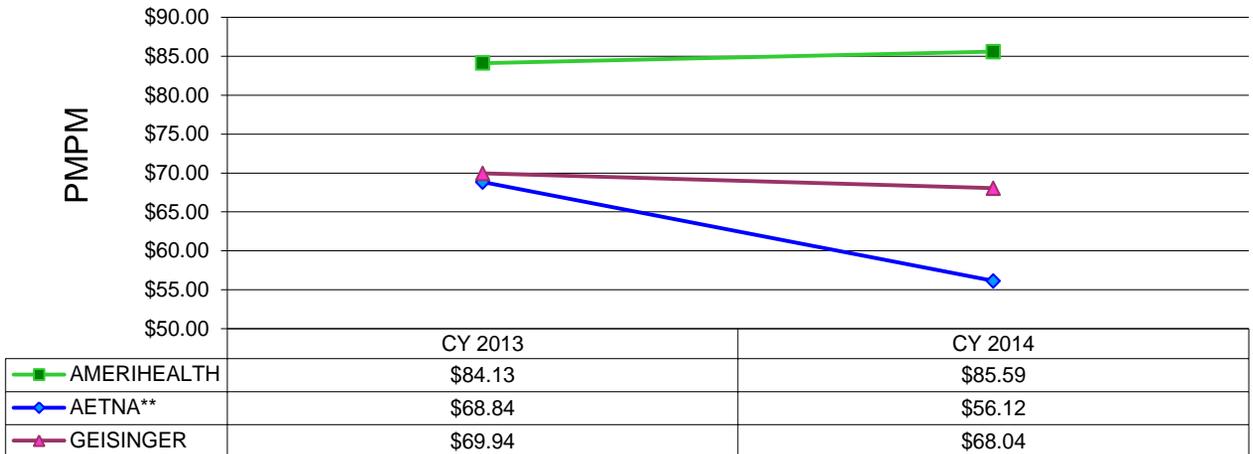
This data was reported by each MCO and might not reflect consistent methodology.

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-NE ZONE – CY 2013* – CY 2014 HOSPITAL INPATIENT COSTS YTD (No APR Adj.) WEIGHTED BY HC-NE ZONE CASE MIX



* New East Zone began operations on 3/01/13

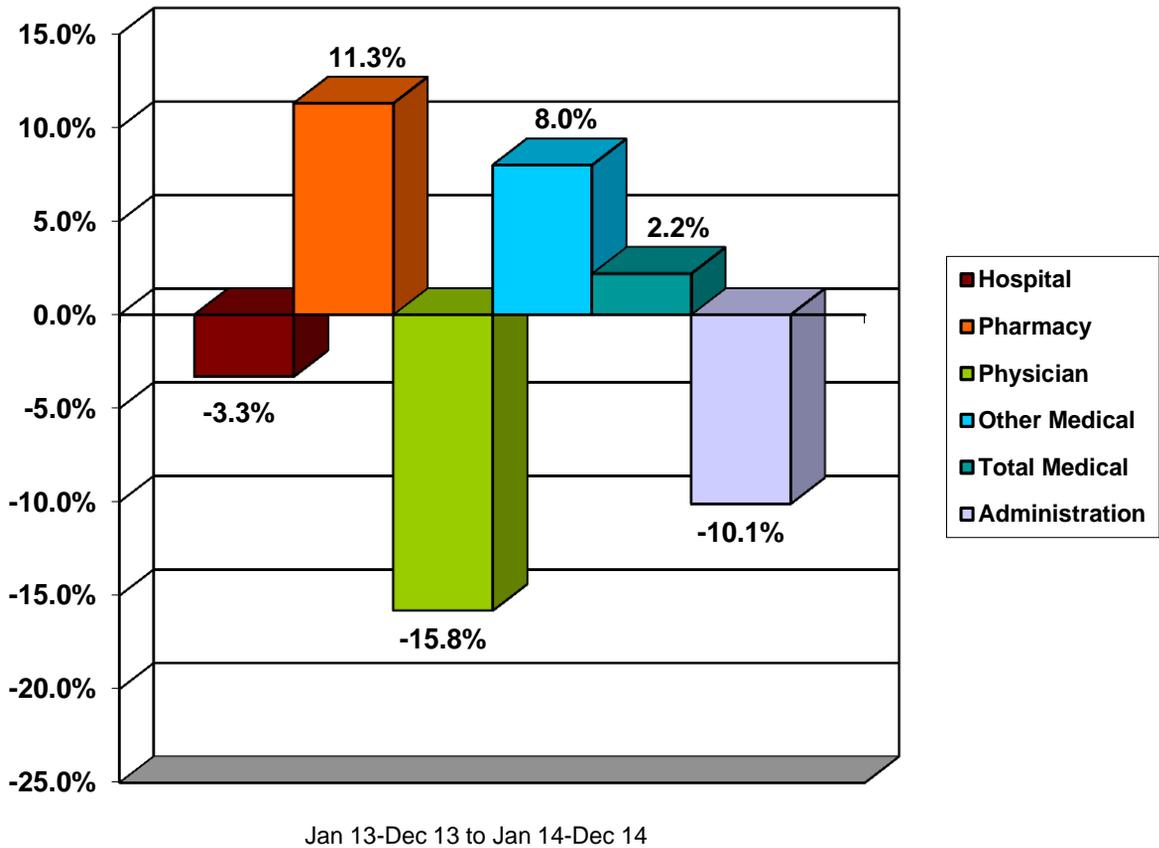
** Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

Exhibit FF

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

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

CHANGE IN NE ZONE REPORTED COSTS PMPM



*** New East Zone began operations on 3/01/13**

Exhibit GG

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

Encounter Data

Exhibit HH These analyses used HealthChoices 2011 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.

Pharmacy – 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).

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.

EFFICIENCY ADJUSTMENT ANALYSES FY 12-13 RATE SETTING

HealthChoices New East Zone PH-MCO	Emergency Dept. Low Acuity Non-Emergent (as a % of FRR Report 5 Emergency Room)	Pharmacy Retrospective Claims Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Appropriate Drug Use Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Maximum Allowable Cost (MAC) Reimbursement (as a % of Total Drug Spend)	Pharmacy Reimbursement on Drug-Related HCPCS Codes (as a Paid Amount)
AmeriHealth					
Coventry					
Gateway					
UPMC					

Exhibit HH

NO DATA AT THIS TIME.

EFFICIENCY ADJUSTMENT ANALYSES FY 12-13 RATE SETTING

HealthChoices New West 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)	Third Party Liability/ Coordination of Benefits (as a % of Base Financial Data)
AmeriHealth					
Coventry					
Gateway					
UPMC					

Exhibit HH

NO DATA AT THIS TIME.

Encounter Data

Exhibits II-LL show the interim encounter volume charts for the June 2014 through May 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 July 10th, 2015. These months of service represent the study period that DHS's consultant will use to develop risk scores that will ultimately adjust the contracted rates for the January through June 2016 (2016a) time period. The interim volume charts are provided to the MCOs several weeks prior to the final data cut-off date, which is September 11th, 2015 for the 2016a risk assessment. The MCOs should address any issues that are identified through these volume charts prior to the final cut-off date. 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.

In most cases, the volume levels appear reasonable. The largest issues appears to be Vista, whose volume level appears to be low for July 2014 pharmacy records. Some MCOs seem to have volume levels drop off in the last couple of months, but this is likely due to run-out. The MCOs were provided with detailed observations (potential data issues) along with the interim volume charts.

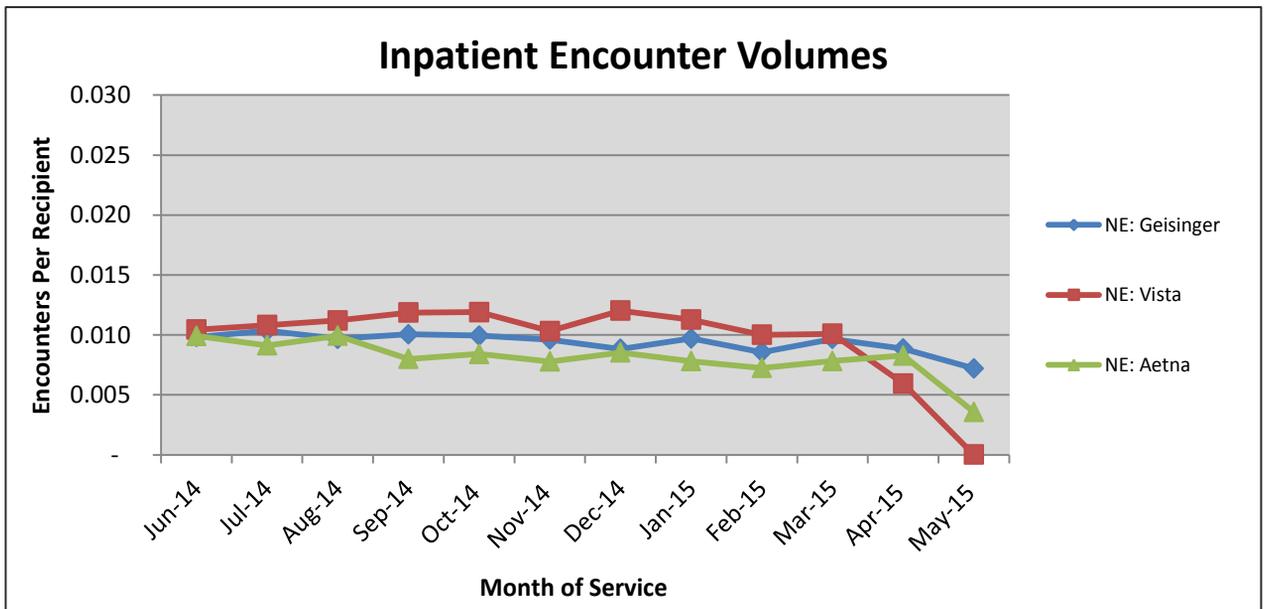


Exhibit II

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

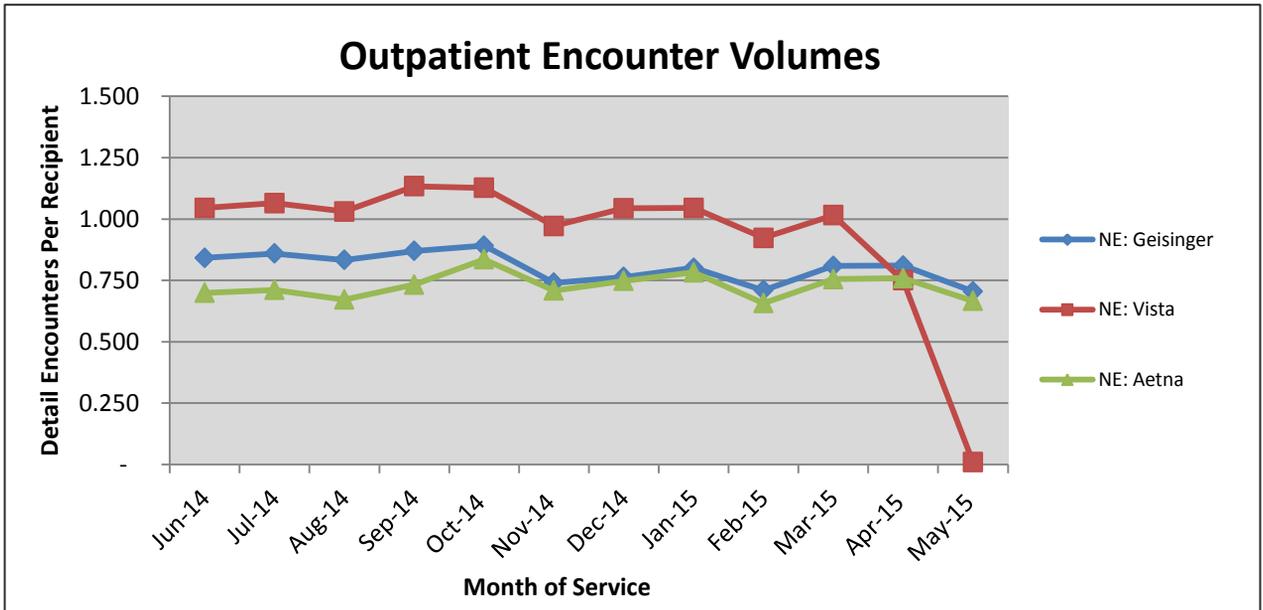


Exhibit JJ

Source: Mercer Government Human Services Consulting (MCO Reported)

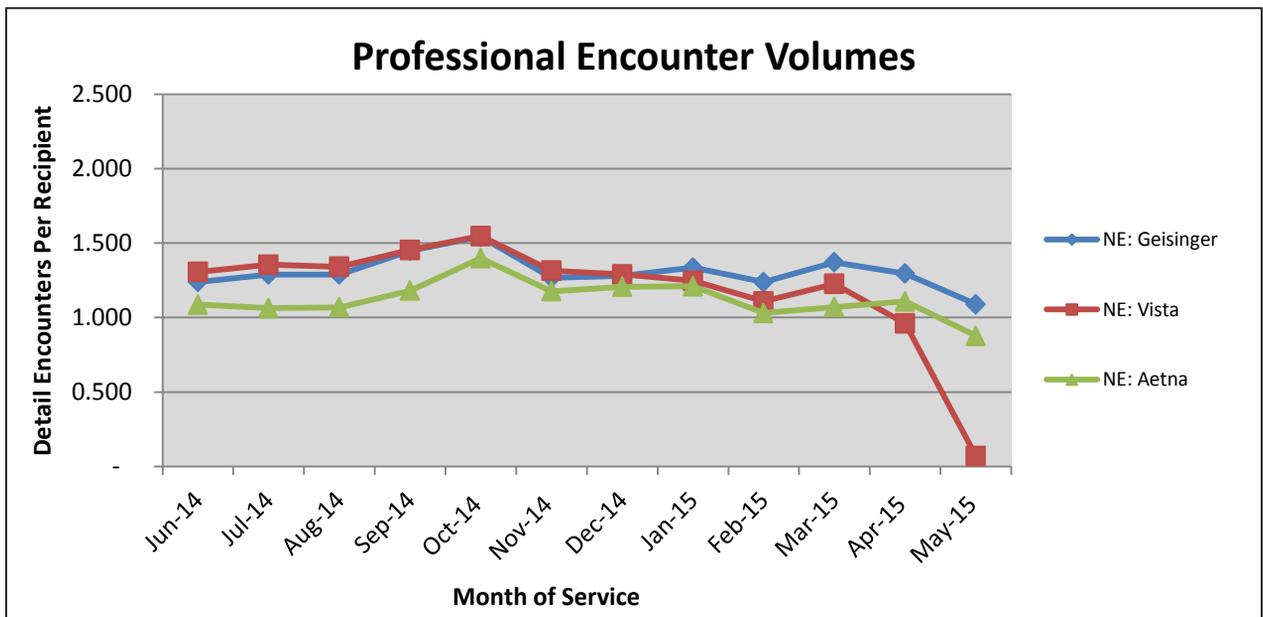


Exhibit KK

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

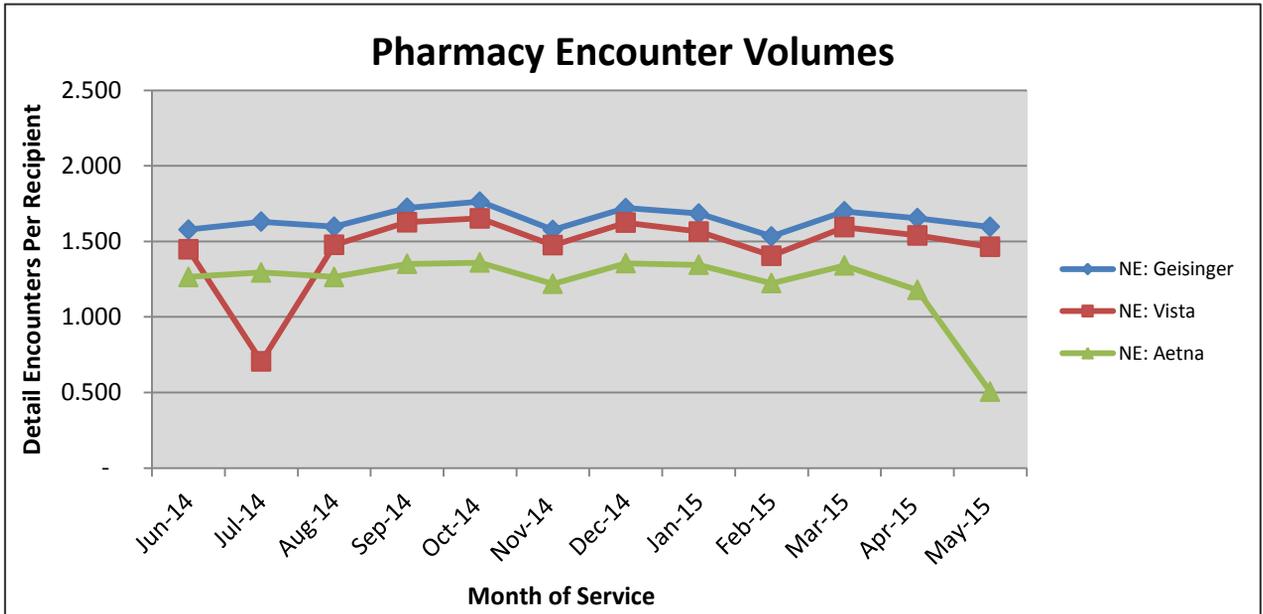


Exhibit LL

Source: Mercer Government Human Services Consulting (MCO Reported)

Exhibits II-LL

Source: Mercer Government Human Services Consulting (MCO Reported)

Medical Assistance Transportation Program

Exhibit MM Medical Assistance Transportation Program for the HealthChoices New East Zone.

COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Bradford/Tioga	\$ 236,193	5,404	194	2,038	7,636	5.4%
Carbon	\$ 344,557	6,240	-	1,290	7,530	5.1%
Centre	\$ 109,034	4,333	183	2,087	6,603	6.2%
Clinton	\$ 152,216	2,776	-	372	3,148	4.6%
Columbia	\$ 133,901	4,893	-	2,689	7,582	6.9%
Juniata	\$ 31,494	768	-	181	949	3.7%
Lackawanna	\$ 188,318	5,701	2,504	5,266	13,471	2.3%
Luzerne	\$ 340,441	15,752	1,924	7,272	24,948	4.9%
Lycoming	\$ 400,804	8,463	318	3,459	12,240	5.4%
Mifflin	\$ 152,653	5,076	-	1,080	6,156	7.1%
Monroe	\$ 212,326	6,641	1,297	5,839	13,777	4.1%
Montour	\$ 60,412	1,459	-	139	1,598	24.3%
Northumberland	\$ 165,827	7,532	-	2,266	9,798	6.2%
Pike	\$ 61,950	1,353	-	1,427	2,780	4.0%
Schuylkill	\$ 193,708	4,488	1,122	2,825	8,435	3.1%
Snyder	\$ 89,074	2,516	-	1,154	3,670	7.2%
Sullivan	\$ 19,408	308	95	98	501	3.9%
Susquehanna	\$ 132,049	2,257	-	1,106	3,363	7.4%
Union	\$ 58,457	1,769	-	988	2,757	7.5%
Wayne	\$ 153,805	3,578	-	1,413	4,991	7.7%
Wyoming	\$ 11,939	454	-	534	988	3.3%
HC-NE Zone	\$ 3,248,566	91,761	7,637	43,523	142,921	5.0%

Exhibit MM

Source: Based on Data Submitted By Each County (2nd Qtr. 2014)

PCP Selection During Enrollment

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

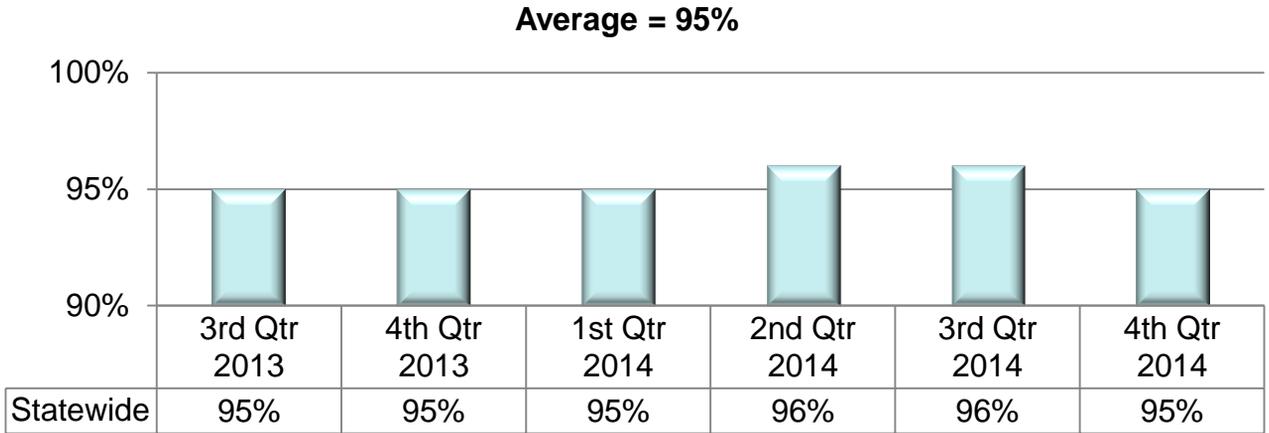


Exhibit NN

Source: Maximus Weekly Status Reports

Cost Avoidance/Program Integrity (by Plan)

Third Party Liability Resource Referrals				
	1 st Qtr. 2014	2 nd Qtr. 2014	3 rd Qtr. 2014	4 th Qtr. 2014
AmeriHealth	2,390	2,572	3,505	3,623
Coventry/Aetna*	273	139	379	726
Geisinger	3,791	2,691	3,618	2,612

Exhibit OO
Source: MCO Reported

Restitution Recouped October 1, 2014 to December 31, 2014	
AmeriHealth	\$232,156
Aetna*	\$14,021
Geisinger	\$95,309

Exhibit PP
Source: MCO Quarterly Compliance Report
MCO Reported

Providers Under Review October 1, 2014 to December 31, 2014	
AmeriHealth	8,337
Aetna*	31
Geisinger	176

Exhibit QQ
Source: MCO Quarterly Compliance Report
MCO Reported

Cost Avoidance: Front-End Edit Savings October 1, 2014 to December 31, 2014	
AmeriHealth	\$1,775,603
Aetna*	\$30,552,965
Geisinger	\$678,707

Exhibit RR
Source: MCO Quarterly Compliance Report
MCO Reported

Provider Issues Referred by the MCO October 1, 2014 to December 31, 2014	
AmeriHealth	3
Aetna*	1
Geisinger	0

Exhibit SS
Source: MCO Quarterly Compliance Report
MCO Reported

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

Exhibit TT

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Exhibit UU

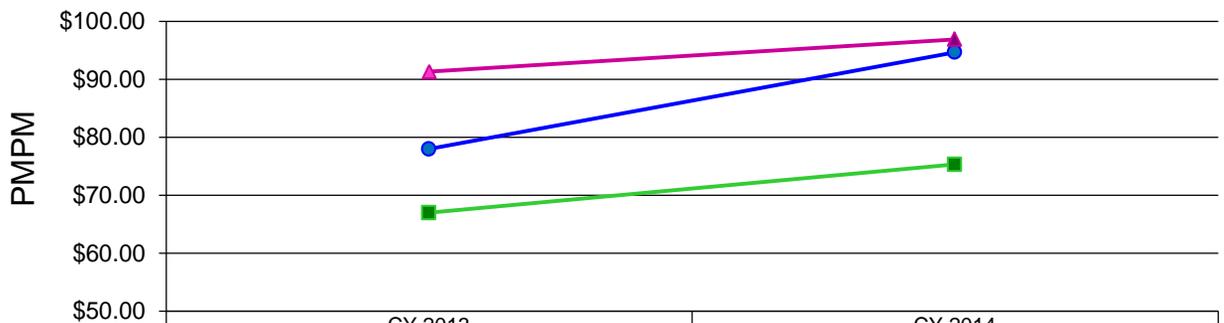
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Pharmacy Data

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-NE ZONE – CY 2013* – CY 2014
PHARMACY COSTS YTD
WEIGHTED BY HC-NE ZONE CASE MIX**



	CY 2013	CY 2014
AMERIHEALTH	\$77.99	\$94.69
AETNA**	\$66.98	\$75.32
GEISINGER	\$91.36	\$96.94

* New East Zone began operations on 3/01/13

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

Exhibit VV

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

Pharmacy Data

Exhibits WW-AAA Pharmacy Price and Utilization Statistics

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

AVERAGE PRICE per SCRIPT

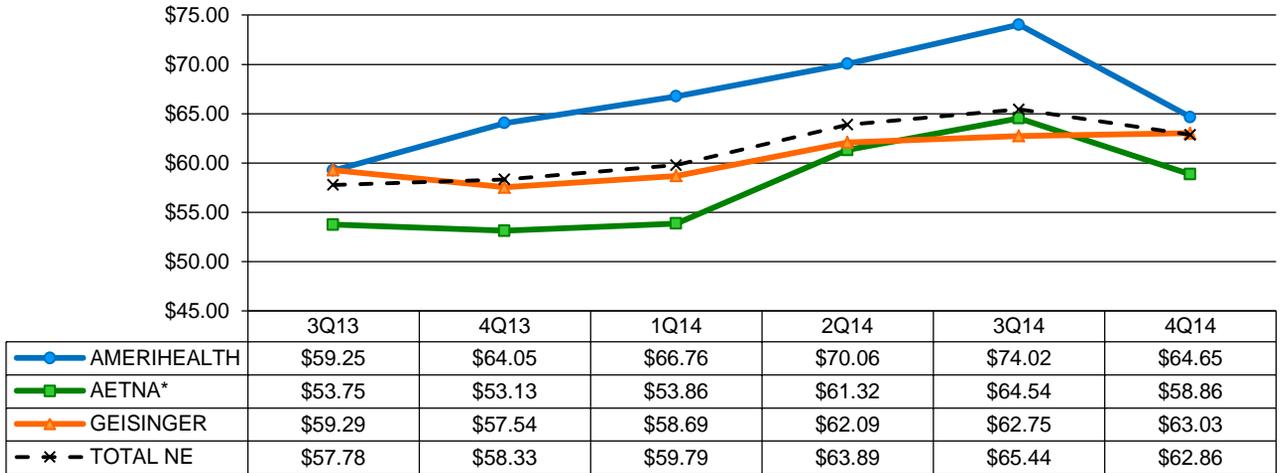


Exhibit WW

AVERAGE PRICE per LEGEND BRAND SCRIPT

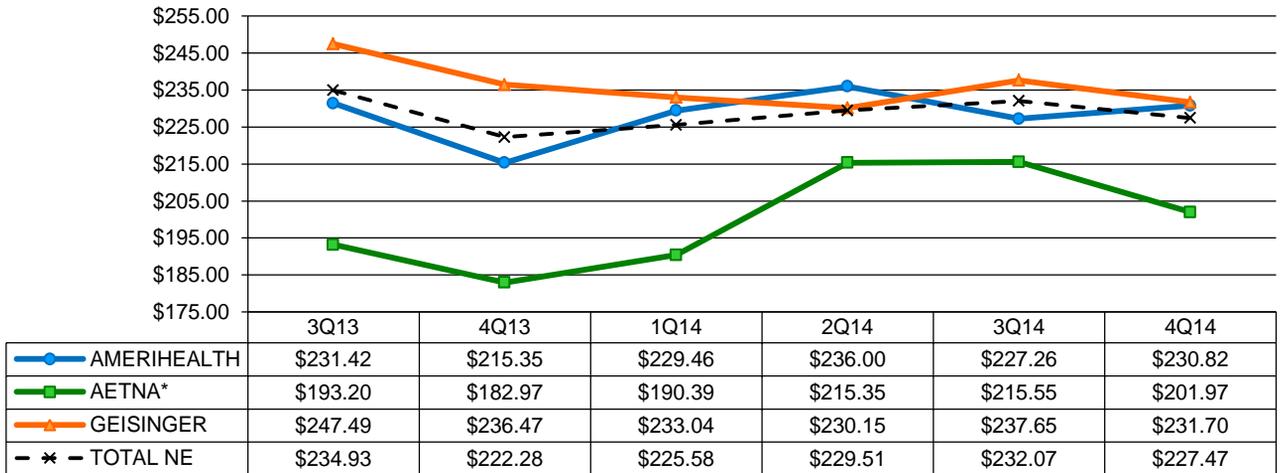


Exhibit XX

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

Pharmacy Data (Continued)

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

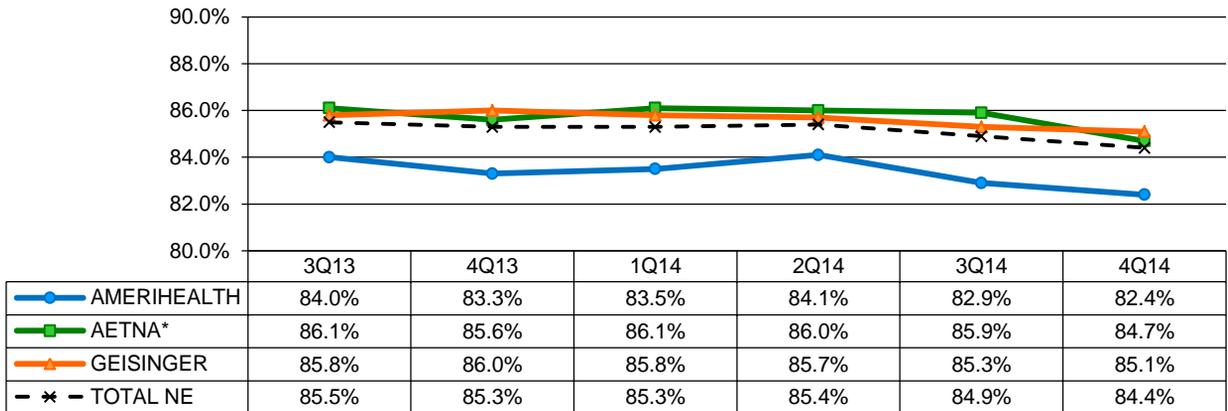


Exhibit YY

SCRIPTS per MEMBER MONTHS

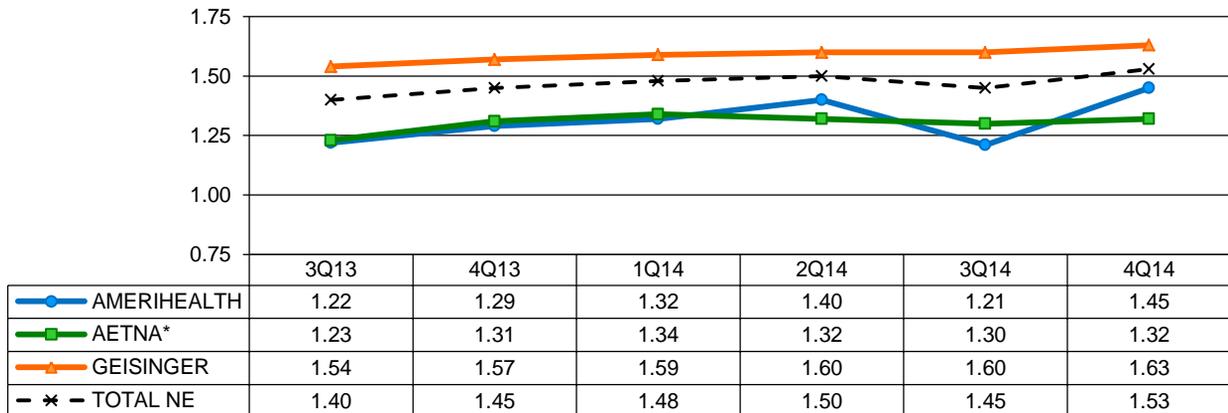


Exhibit ZZ

SPEND per UTILIZER per MONTH

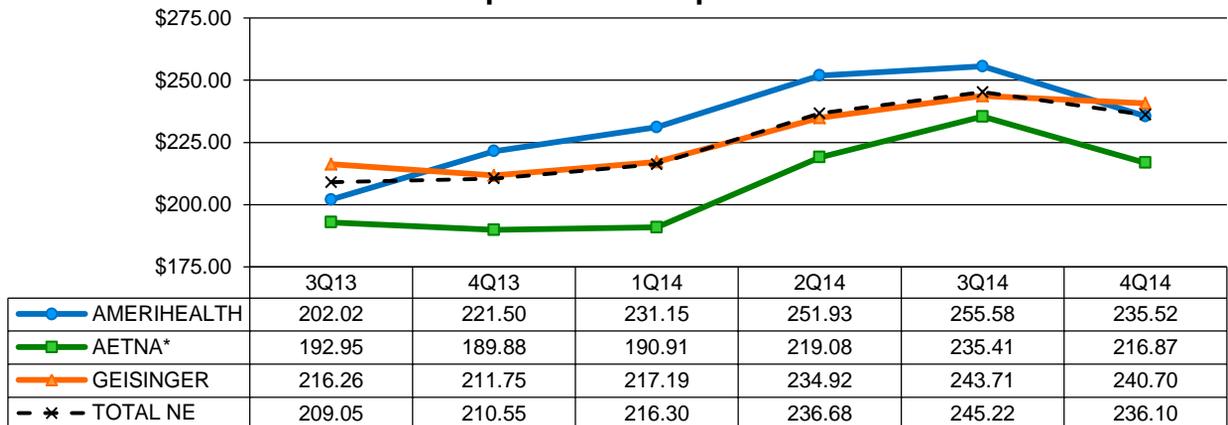


Exhibit AAA

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

Maternity

NE Zone : Maternity Care Costs per case *

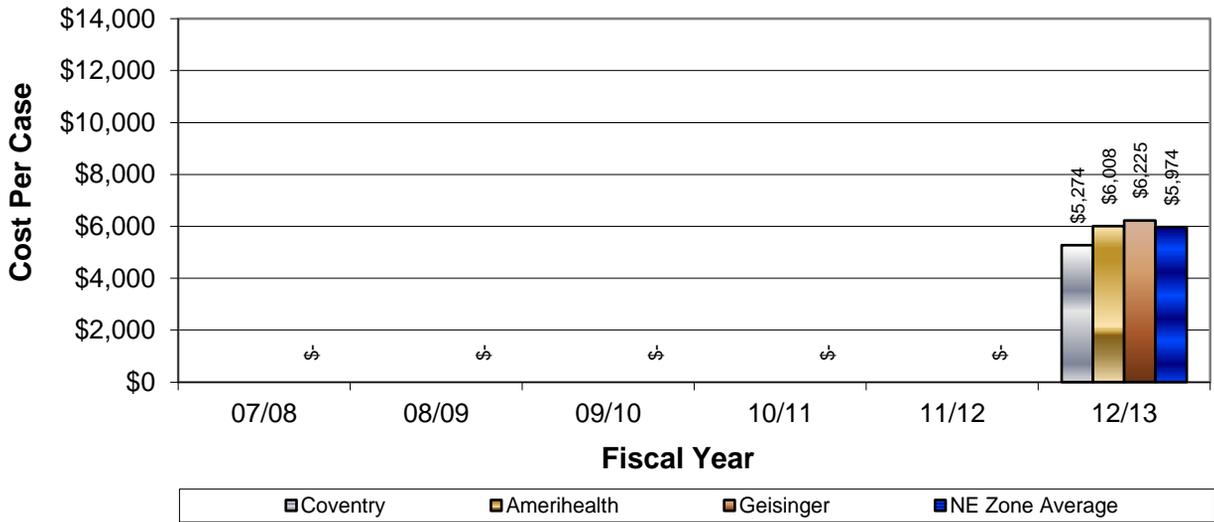


Exhibit WW

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

NE Zone - % of Change - Combined Services

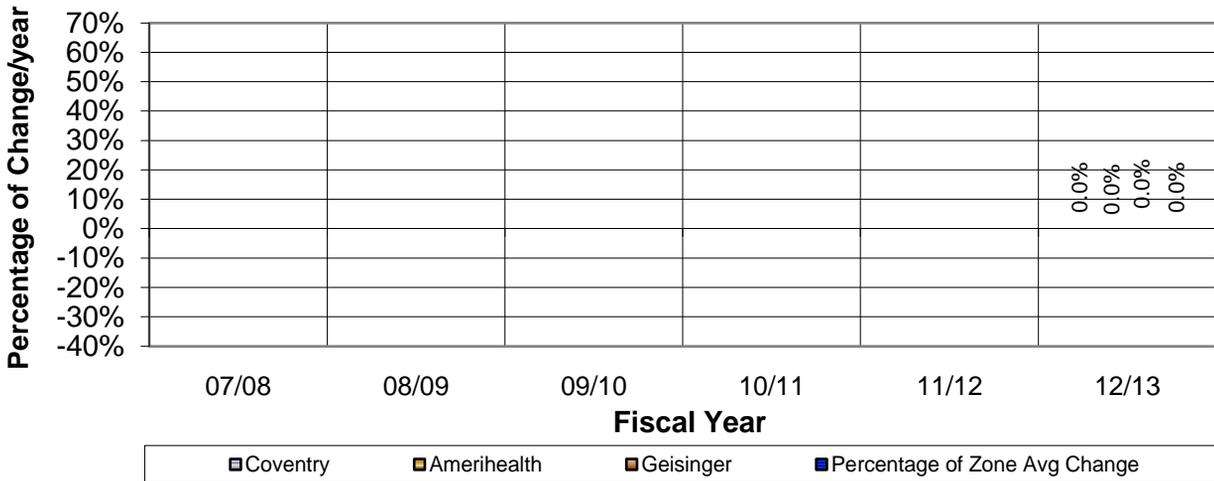


Exhibit XX

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

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

C-Section Prevalence - NE zone	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Coventry							30.75%
Amerihealth							33.18%
Geisinger							31.96%
NE Zone totals							32.12%

Exhibit YY

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

Contractor Partnership Program

MANAGED CARE ORGANIZATION	QTR/YR	NUMBER OF VACANCIES FILLED	NUMBER OF PUBLIC ASSISTANCE EMPLOYED	PERCENTAGE OF PUBLIC ASSISTANCE EMPLOYED
AMERIHEALTH NORTHEAST	3Q13	1	0	0%
	4Q13	3	0	0%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	-	-	-
	2Q15			
	3Q15			
AETNA BETTER HEALTH (EFF. 10/01/14)/ COVENTRY CARES	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	-	-	-
	2Q14	50	0	0%
	3Q14	95	0	0%
	4Q14	76	0	0%
	1Q15	141	0	0%
	2Q15			
	3Q15			
GEISINGER HEALTH PLAN FAMILY	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	-	-	-
	2Q14	13	0	0%
	3Q14	19	0	0%
	4Q14	19	0	0%
	1Q15	12	0	0%
	2Q15			
	3Q15			
4Q15				

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

Laurie Rock

Operations Manager

Terry Carpenter & Jill Vovakes

Contract Managers

AmeriHealth Northeast

James Peters

Aetna Better Health/Coventry

Liz DeLuca

Geisinger Health Plan Family

Leroy Jeffreys

HealthChoices Intranet

<https://dpwintra.dpw.state.pa.us/HealthChoices/>

DHS Web site

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

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