

MCO COMPARATIVE REPORT

AUGUST 2015

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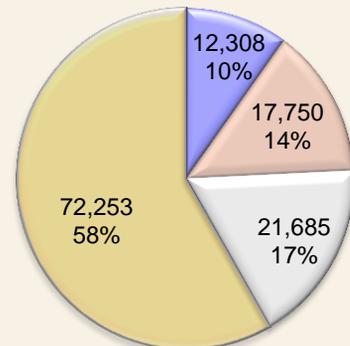
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HEALTHCHOICES NEW WEST ZONE

As of December 2014 enrollment in the New West Zone was 123,996

Exhibit A

Source: Internal DHS Report
Numbers reflect a point in time



■ AmeriHealth ■ Aetna* ■ Gateway ■ UPMC

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)	Gateway	UPMC
June 2013	12,013	18,078	24,832	68,370
September 2013	11,935	18,298	23,855	68,293
December 2013	11,907	18,484	23,532	68,910
March 2014	11,823	18,686	23,139	70,417
June 2014	11,842	18,561	22,277	70,735
September 2014	11,980	18,373	21,938	71,183
December 2014	12,229	17,859	21,711	72,374

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	(1.5%)	(5.5%)	(1.4%)	0.4%	2.7%
Aetna* (Coventry)	N/A	N/A	(0.6%)	2.5%	2.7%	0.4%	(3.4%)
Gateway	N/A	N/A	(13.0%)	(9.7%)	(10.3%)	(8.0%)	(7.7%)
UPMC	N/A	N/A	7.4%	4.6%	3.5%	4.2%	5.0%

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

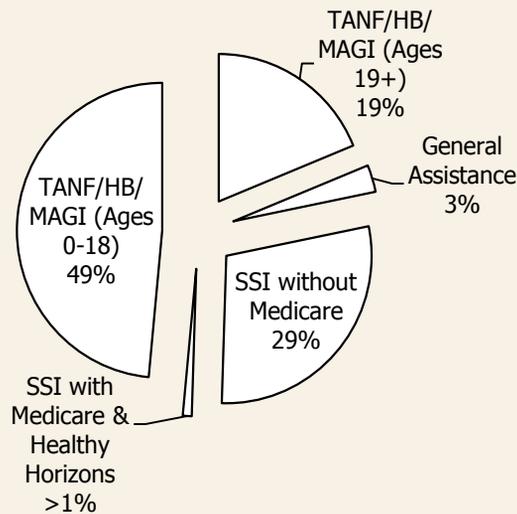


Exhibit E 4th Qtr 2014 YTD

Source: MCO Reported–Report #1 Enrollment Table

MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	TANF					Health by Begin nings	TANF/HB/MAGI (Ages 0-18)					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%	48%	48%	48%	49%	22%	22%	21%	21%	21%	26%	26%	26%	26%	26%	4%	4%	4%	4%	4%	
Aetna*	47%	46%	46%	47%	47%	20%	21%	21%	21%	20%	29%	29%	29%	29%	29%	4%	4%	4%	4%	4%	
Gateway	50%	50%	50%	51%	51%	21%	19%	19%	19%	18%	28%	28%	28%	28%	28%	3%	3%	3%	3%	3%	
UPMC	46%	48%	49%	49%	49%	22%	20%	19%	19%	19%	30%	29%	30%	29%	29%	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

Enrollment

ENROLLMENT BY COUNTY

COUNTY	AmeriHealth			Aetna*			Gateway			UPMC		
	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14
Cameron	1%	1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	1%	1%	1%
Clarion	4%	4%	4%	4%	4%	4%	3%	3%	3%	4%	4%	4%
Clearfield	10%	10%	10%	7%	7%	7%	5%	6%	6%	11%	11%	11%
Crawford	7%	7%	7%	7%	7%	7%	3%	3%	3%	13%	13%	13%
Elk	1%	1%	1%	1%	1%	1%	2%	2%	2%	4%	4%	4%
Erie	36%	36%	36%	50%	51%	51%	61%	61%	61%	28%	28%	28%
Forest	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
Jefferson	2%	2%	2%	2%	2%	2%	4%	4%	4%	7%	7%	7%
McKean	7%	7%	7%	4%	4%	4%	1%	1%	1%	6%	6%	6%
Mercer	13%	13%	13%	12%	12%	12%	14%	14%	14%	14%	14%	14%
Potter	8%	8%	7%	<1%	<1%	<1%	<1%	<1%	<1%	2%	2%	2%
Venango	7%	7%	7%	7%	7%	7%	3%	3%	3%	7%	7%	7%
Warren	4%	4%	5%	4%	4%	4%	3%	3%	3%	4%	4%	4%
TOTAL ENROLLMENT	12,215	12,249	12,308	17,625	17,998	17,750	21,970	21,770	21,685	71,882	72,133	72,253

Exhibit G

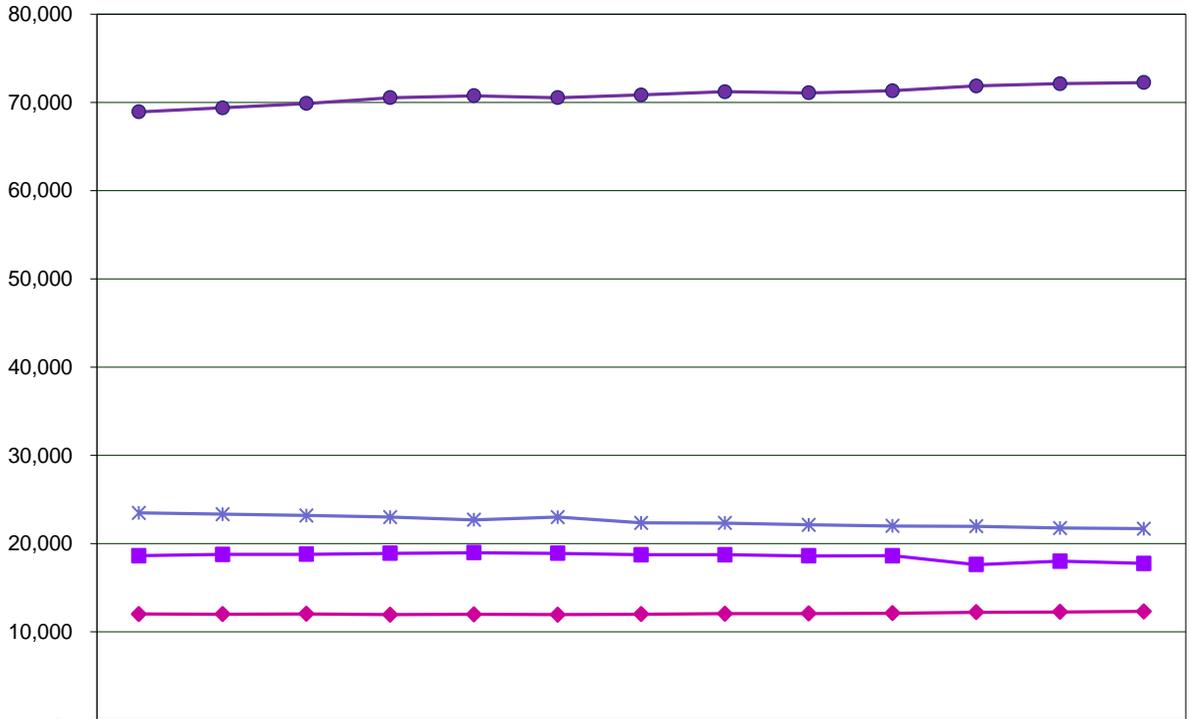
Source: DHS Internal Report

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
◆ AHC Total	12,027	11,999	12,039	11,943	11,984	11,943	11,996	12,050	12,072	12,117	12,215	12,249	12,308
■ AETNA* Total	18,620	18,765	18,788	18,889	18,973	18,889	18,735	18,727	18,606	18,630	17,625	17,998	17,750
* GATEWAY Total	23,474	23,339	23,186	23,000	22,694	23,000	22,338	22,324	22,126	21,992	21,970	21,770	21,685
● UPMC Total	68,943	69,387	69,879	70,533	70,768	70,533	70,851	71,211	71,092	71,334	71,882	72,133	72,253

* 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			
	Ameri-Health	Coventry	Gateway	UPMC	Ameri-Health	Coventry	Gateway	UPMC	Ameri-Health	Aetna*	Gateway	UPMC
Complaints – 1st Level												
# Reviewed per 1,000 Members	0	.74	.35	.93	0	.83	.95	.70	0	.22	.37	.69
Complaints – 2nd Level												
# Reviewed per 1,000 Members	0	.05	.09	.03	0	0	0	.03	0	0	0	.01
Grievances – 1st Level												
# Reviewed per 1,000 Members	.50	1.4	1.3	.64	.70	2.9	.95	.67	.90	.90	1.1	.62
Grievances – 2nd Level												
# Reviewed per 1,000 Members	.17	.16	.13	.13	.11	.08	.18	.11	.16	0	.18	.10
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			
	AHC	Coven-try	Gate-way	UPMC	AHC	Aetna*	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS		40%						6%
COVERAGE OF SERVICES		20%	19%	22%			13%	28%
DISCRIMINATION								
ER SERVICE								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS				16%		25%		8%
MCO SERVICE AND ADMIN.		10%	10%	26%		25%		18%
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OUT-OF-NETWORK SERVICE								
OTHER			52%					
PAYMENT ISSUES		20%		2%			13%	10%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE		10%	19%	34%		50%	74%	30%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	0%	100%	100%	100%	0%	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			
	AHC	Coven-try	Gate-way	UPMC	AHC	Aetna*	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS								
COVERAGE OF SERVICES								
DISCRIMINATION								
ER SERVICE								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS								
MCO SERVICE AND ADMIN.				50%				
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OUT-OF-NETWORK SERVICE								
OTHER								
PAYMENT ISSUES								100%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE				50%				
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	0%	0%	0%	100%	0%	0%	0%	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			
	AHC	Coventry	Gate-way	UPMC	AHC	Aetna*	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS								
BENEFIT LIMITS				4%				
Dental (Braces)	8%	11%	19%	19%	19%		5%	18%
Dental (Dentures)	8%	3%						
Dental (Other)		34%	10%	4%	9%			2%
Durable Medical Equipment	8%	3%	13%				8%	12%
Hearing Svcs./ Products								
Home Health Services	8%			2%				2%
Inpatient Medical Svcs.		3%			9%			
MEDICAL NECESSITY								
OTHER			5%	12%			8%	22%
Outpatient Medical Svcs	15%	11%	5%		27%	12%		2%
PHARMACY/ FORMULARY	38%	26%	29%	42%	9%	88%	58%	18%
Pharmacy Benefit Limits								2%
Skilled Nursing Services	15%	9%	19%	17%	27%		21%	22%
Transportation Services								
Vision Services								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

Exhibit L
Source: MCO Reported-Report QR-OPS4

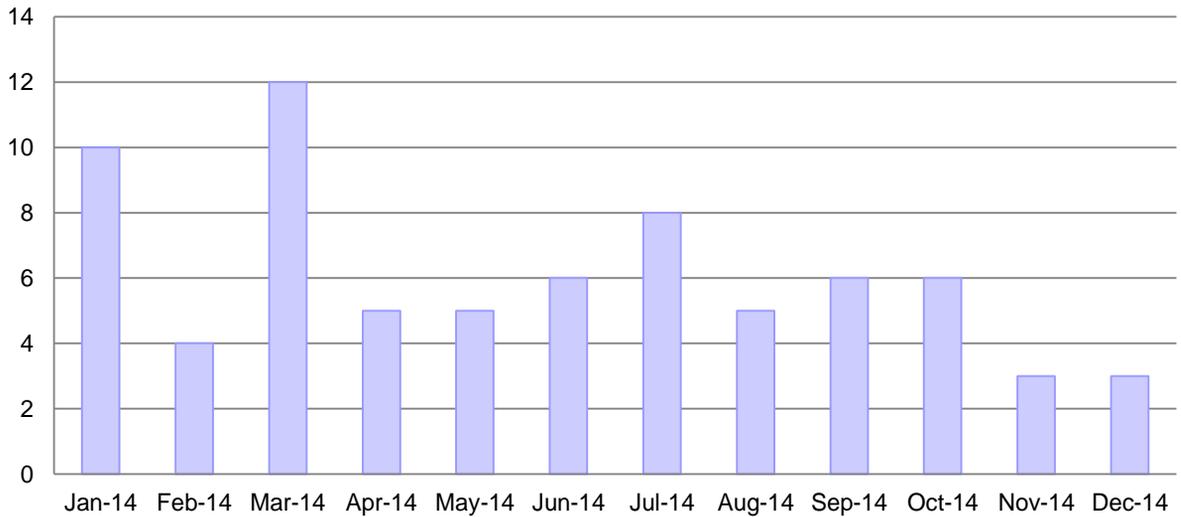
2 ND LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO								
GRIEVANCE TYPE	3 rd Qtr. 2014				4 th Qtr. 2014			
	AHC	Coventry	Gate-way	UPMC	AHC	Aetna*	Gate-way	UPMC
ACCESS/AVAILABILITY PROBLEMS								
BENEFIT LIMITS				25%				
Dental (Braces)								14%
Dental (Dentures)								
Dental (Other)				25%				
Durable Medical Equipment								
EXCEPTION DECISIONS								
Hearing Svcs./ Products								
Home Health Services								
Inpatient Medical Svcs.				13%				
MEDICAL NECESSITY								
OTHER								
Outpatient Medical Svcs		100%						
PHARMACY/ FORMULARY	50%		25%	12%			25%	14%
Skilled Nursing Services	50%		75%	25%	100%		75%	72%
Transportation Services								
Vision Services								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	100%	0%	100%	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



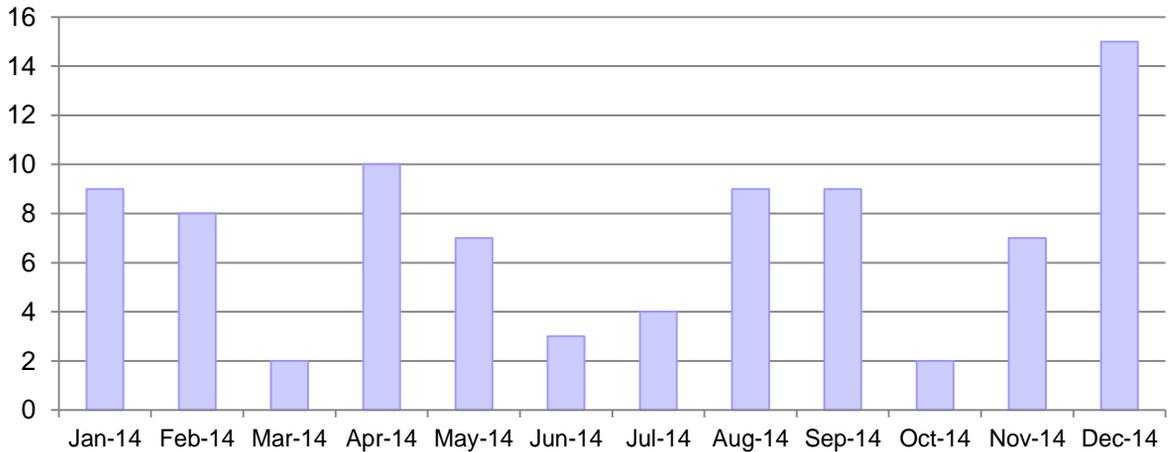
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
New West	10	4	12	5	5	6	8	5	6	6	3	3

- A total of 66 appeals have been received for 2014.
- Of the appeals, 32% 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 West	9	8	2	10	7	3	4	9	9	2	7	15

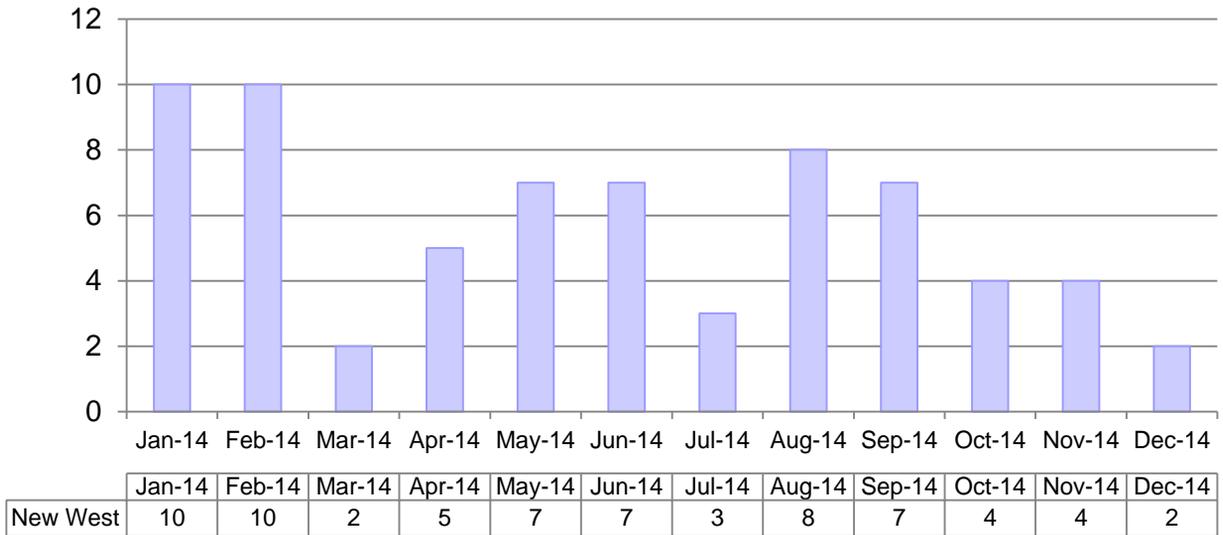
- A total of 85 hearings have been scheduled for 2014.

Exhibit O

Source: MCO Reported

FAIR HEARING REPORTS

Hearing Resolutions



•A total of 70 decisions have been rendered for NW 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
NW	0	0	0	0	0	0	0	0	1	0	0	0

•There were 0 expedited hearings for NW for 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
NW	1	3	0	0	4	3	0	0	0	0	0	0

•Appeals over 90 days have remained the same 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	1,812	1,579	TANF/HB/ MAGI (Ages 19+)	1,556	1,428	1,659	1,573
HB	1,726	1,610	TANF/HB/ MAGI (Ages 0--18)	2,017	1,813	1,708	1,923
SSI w/o	2,844	2,870	SSI w/o	2,815	2,989	3,007	3,033
TOTAL AVERAGE	2,089	1,964	TOTAL AVG	2,133	2,054	2,074	2,168
Aetna*							
TANF	2,142	2,121	TANF/HB/ MAGI (Ages 19+)	1,822	1,796	2,165	3,311
HB	2,073	2,111	TANF/HB/ MAGI (Ages 0--18)	2,661	2,184	2,452	2,292
SSI w/o	3,403	3,549	SSI w/o	3,457	3,219	3,396	3,553
TOTAL AVERAGE	2,510	2,566	TOTAL AVG	2,725	2,430	2,697	2,867
Gateway							
TANF	2,249	2,217	TANF/HB/ MAGI (Ages 19+)	1,643	1,653	1,495	1,491
HB	2,266	2,368	TANF/HB/ MAGI (Ages 0--18)	2,683	2,458	2,466	2,562
SSI w/o	2,865	2,878	SSI w/o	2,863	2,759	2,804	2,745
TOTAL AVERAGE	2,424	2,435	TOTAL AVG	2,526	2,396	2,384	2,426
UPMC							
TANF	2,171	2,105	TANF/HB/ MAGI (Ages 19+)	1,739	1,656	1,689	1,796
HB	2,116	2,137	TANF/HB/ MAGI (Ages 0--18)	2,653	2,150	2,114	2,560
SSI w/o	2,808	2,846	SSI w/o	2,932	2,650	2,657	2,753
TOTAL AVERAGE	2,369	2,354	TOTAL AVG	2,563	2,218	2,210	2,474
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.							

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

	2014		
AmeriHealth Caritas			
12-24 months	96.43%		
25 mo - 6 years	87.61%		
7-11 years	91.94%		
12-19 years	91.51%		
Coventry Cares			
12-24 months	94.55%		
25 mo - 6 years	85.96%		
7-11 years	79.52%		
12-19 years	75.72%		
Gateway Health			
12-24 months	96.84%		
25 mo - 6 years	88.95%		
7-11 years	92.31%		
12-19 years	90.80%		
UPMC for You			
12-24 months	96.39%		
25 mo - 6 years	88.84%		
7-11 years	92.21%		
12-19 years	90.36%		

HEDIS MEASURE: ADULT ACCESS TO PREVENTATIVE/AMBULATORY HEALTH SERVICES

	2014		
AmeriHealth Caritas			
20-44 years	84.10%		
45-64 years	91.49%		
65 and older	90.70%		
Coventry Cares			
20-44 years	75.81%		
45-64 years	85.90%		
65 and older	82.17%		
Gateway Health			
20-44 years	84.07%		
45-64 years	90.90%		
65 and older	88.05%		
UPMC for You			
20-44 years	85.76%		
45-64 years	92.15%		
65 and older	87.80%		

* 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	737	680	TANF/HB/ MAGI (Ages 19+)	586	668	607	644
HB	686	780	TANF/HB/ MAGI (Ages 0--18)	803	754	710	702
SSI w/o	724	659	SSI w/o	746	663	676	613
TOTAL AVERAGE	716	686	TOTAL AVG	734	702	680	666
Aetna*							
TANF	921	878	TANF/HB/ MAGI (Ages 19+)	1,084	960	937	952
HB	870	909	TANF/HB/ MAGI (Ages 0--18)	838	1,045	1,004	1,037
SSI w/o	934	899	SSI w/o	1,005	974	1,050	932
TOTAL AVERAGE	899	876	TOTAL AVG	912	936	968	949
Gateway							
TANF	866	698	TANF/HB/ MAGI (Ages 19+)	750	837	839	815
HB	818	678	TANF/HB/ MAGI (Ages 0--18)	981	1,103	1,209	1,149
SSI w/o	839	657	SSI w/o	878	973	925	966
TOTAL AVERAGE	833	673	TOTAL AVG	890	996	1,037	1,012
UPMC							
TANF	1,031	1,048	TANF/HB/ MAGI (Ages 19+)	945	890	928	860
HB	1,106	1,184	TANF/HB/ MAGI (Ages 0--18)	1,142	1,128	1,150	1,069
SSI w/o	970	987	SSI w/o	980	1,022	996	929
TOTAL AVERAGE	1,007	1,028	TOTAL AVG	1,029	1,023	1,034	963
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.

* 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

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	1,394	1,398	TANF/HB/MAGI (Ages 19+)	2,661	2,940	3,066	2,677
HB	979	1,060	TANF/HB/MAGI (Ages 0-18)	512	677	671	576
SSI w/o	2,810	2,729	SSI w/o	2,593	2,866	3,030	2,622
TOTAL AVERAGE	1,723	1,724	TOTAL AVG	1,604	1,799	1,869	1,621
Aetna*							
TANF	1,696	1,652	TANF/HB/MAGI (Ages 19+)	3,480	3,770	3,280	1,958
HB	1,043	1,081	TANF/HB/MAGI (Ages 0-18)	739	753	730	597
SSI w/o	3,641	3,725	SSI w/o	3,650	3,720	3,583	3,347
TOTAL AVERAGE	2,193	2,222	TOTAL AVG	2,261	2,331	2,143	1,716
Gateway							
TANF	1,871	1,810	TANF/HB/MAGI (Ages 19+)	3,076	3,248	3,618	3,449
HB	1,296	979	TANF/HB/MAGI (Ages 0-18)	922	906	1,056	900
SSI w/o	3,395	3,441	SSI w/o	3,481	3,727	3,784	3,615
TOTAL AVERAGE	2,177	2,134	TOTAL AVG	2,099	2,199	2,325	2,145
UPMC							
TANF	1,775	1,680	TANF/HB/MAGI (Ages 19+)	3,146	3,230	3,201	3,196
HB	1,318	1,182	TANF/HB/MAGI (Ages 0-18)	1,018	1,060	976	1,057
SSI w/o	4,052	3,882	SSI w/o	3,978	4,163	4,141	3,882
TOTAL AVERAGE	2,410	2,301	TOTAL AVG	2,385	2,473	2,397	2,346

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.

* 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

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	848.1	840.2	793.0	838.7	820.5	823.6
21 years old & over	1,718.6	1,911.1	1,628.8	1,629.1	1,753.2	1,840.0
Coventry						
Under 21 years old	861.9	870.0	816.3	842.1	784.6	853.0
21 years old & over	1,975.6	2,178.2	1,865.4	1,764.6	1,775.8	1,897.0
Gateway						
Under 21 years old	842.7	818.0	769.9	760.4	805.7	833.4
21 years old & over	1,719.2	1,787.3	1,586.9	1,446.1	1,626.4	1,665.8
UPMC						
Under 21 years old	775.6	749.8	721.2	720.8	776.5	762.0
21 years old & over	1,445.2	1,484.3	1,337.0	1,306.0	1,447.3	1,480.8
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 steady, one MCO increased and one MCO decreased. Year over year comparison of rates and Q115 comparison to HEDIS 2014 show three MCOs' rates decreased in ED utilization, meaning an increase in performance, and one remained consistent. The HealthChoices weighted average has remained steady for quarter to quarter; utilization 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 Caritas	83.45	85.21	86.74	85.90	82.42	82.14	81.40
CoventryCares ²	74.69	78.46	78.96	78.43	76.48	76.14	78.51
Gateway Health	84.35	83.16	80.17	83.08	76.25	76.10	75.95
UPMC for You	72.96	73.21	70.76	70.27	68.15	71.12	66.97
Weighted Average	75.61	75.74	74.60	74.62	72.29	73.10	72.35
50th PCTL BM	65.65	63.93					
75th PCTL BM	75.53	73.97					
90th PCTL BM	85.99	81.24					

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

² Coventry merged with Aetna effective October 1, 2014.

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 one MCO's rate increased, one decreased and two remained steady. Year over year comparison of rates show two MCOs' rates increased; two remained steady. Q115 submission rates compared to HEDIS 2014 show two MCOs remained steady, one MCO's rate increased and one decreased. The HealthChoices weighted average 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 Caritas	55.99%	54.80%	54.29%	54.80%	55.00%	55.21%	53.78%
CoventryCares¹	38.36%	43.21%	38.93%	43.09%	47.27%	47.85%	49.06%
Gateway Health	53.27%	52.71%	52.97%	52.62%	52.04%	51.83%	52.70%
UPMC For You	46.79%	53.23%	50.93%	52.85%	53.02%	54.42%	54.06%
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.

Exhibit X

Source: Data is self-reported from the MCOs

Utilization

Exhibit Y Outpatient Visits

This measure summarizes: Utilization of ambulatory care in the category of Outpatient Visits. Quarter to quarter comparison of rates show three MCOs decreased visits. One MCO remained steady. Year over year comparison of rates show three MCOs decreased in visits and one increased. Q115 submission rates compared to HEDIS 2014 show all MCOs decreased visits. The HealthChoices weighted average has decreased compared to last quarter and reported HEDIS 2014 rates; rate increased compared to last year.

Total Outpatient Visits (0 - 64 Years)/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 Caritas	337.90	325.05	332.11	324.31	320.71	321.51	320.71
CoventryCares ¹	243.72	337.83	328.67	337.14	344.67	339.37	308.06
Gateway Health	347.22	344.68	339.38	342.30	335.98	333.55	332.53
UPMC For You	385.90	370.65	343.29	349.63	348.78	372.44	359.60
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.

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 and year over year comparison of rates show all MCOs are consistent. Q115 rates compared to HEDIS 2014 show three concurrent with reported rates and one MCO reporting higher. 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 Caritas	8.22	9.24	9.41	9.16	9.02	8.88	8.67
CoventryCares ²	9.53	8.22	7.92	8.22	8.48	8.45	8.43
Gateway Health	8.61	8.38	11.12	10.87	10.72	10.51	10.30
UPMC for You	10.56	7.65	7.58	7.65	7.67	8.08	7.27
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.

Exhibit Z

Source: Data is self-reported from the MCOs

Utilization

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

This measure summarizes: Utilization of Acute Inpatient Asthma services per 1000 member months during the 12 month measurement period for members aged 2 years of age and no older than 17 years of age on the date of discharge. Comparison of Q115 rates to last quarters is consistent. Compared to last year, three MCOs rates have remained consistent and one has increased. 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 Caritas	1.35	1.35	1.23	1.32	1.37
CoventryCares ¹	1.88	0.91	0.99	0.82	0.69
Gateway Health	1.11	1.01	1.14	1.18	1.41
UPMC for You	1.36	1.13	1.18	1.17	1.34
Weighted Average	3.04	2.81	3.14	3.17	3.38

¹ Coventry merged with Aetna effective October 1, 2014.

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			
		AHC	CC	GHP	UPMC
1	Correct denial letter & sufficient supporting doc.	89%	0%	97%	54%
2	Correct time frames for review/Determination Notices	91%	86%	97%	97%
3	Appropriateness of denial	100%	100%	100%	100%
4	Medical Necessity	100%	100%	97%	86%
5	Evidence of a Physician/Dentist Review	100%	97%	100%	100%
6	Readability of denial notice – clarity and language	43%	0%	60%	34%
7	Member age and provider contract	100%	94%	89%	94%
Files Not Submitted as Requested		0%	0%	0%	0%

Exhibit BB

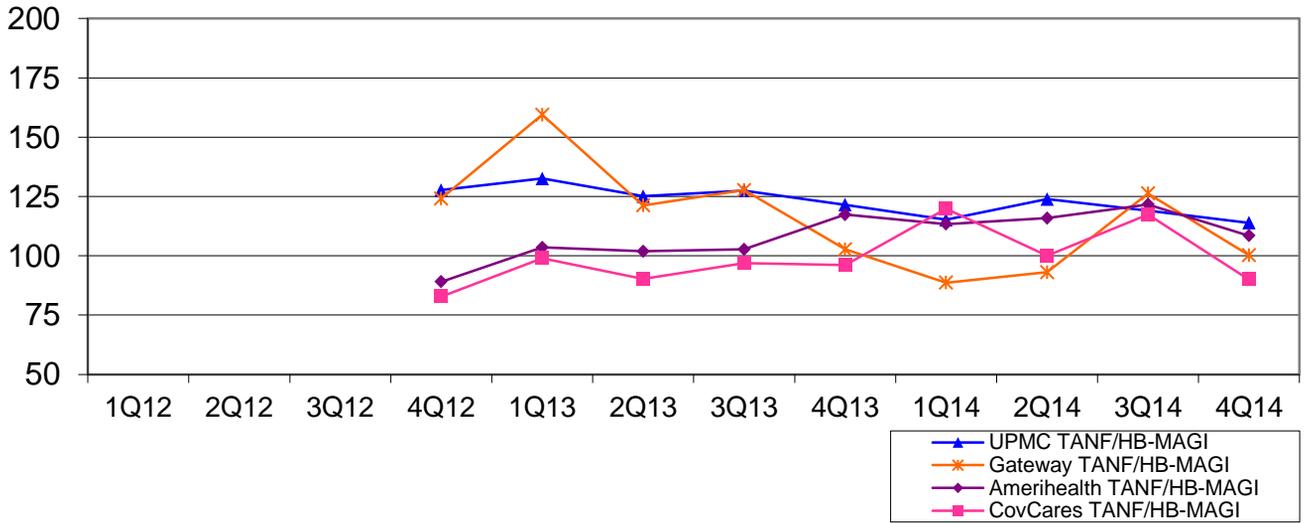
Source: DHS audit of MCO denial files

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC TANF-HB-MAGI				128	133	125	127	121	115	124	119	114
Gateway TANF-HB-MAGI				124	159	121	128	103	89	93	126	100
Amerihealth TANF-HB-MAGI				89	104	102	103	117	113	116	122	108
CovCares TANF-HB-MAGI				83	99	90	97	96	120	100	117	90
UPMC TANF-HB-MAGI % chg								-4.87%	-13.09%	-0.98%	-6.59%	-6.20%
GW TANF-HB-MAGI % chg								-17.28%	-44.39%	-23.20%	-1.10%	-2.34%
Amerihealth TANF-HB-MAGI % chg								31.80%	9.54%	13.72%	18.43%	-7.57%
CovCares TANF-HB-MAGI % chg								15.97%	21.05%	10.77%	21.04%	-6.28%

Note: % change is from the 4th prior quarter

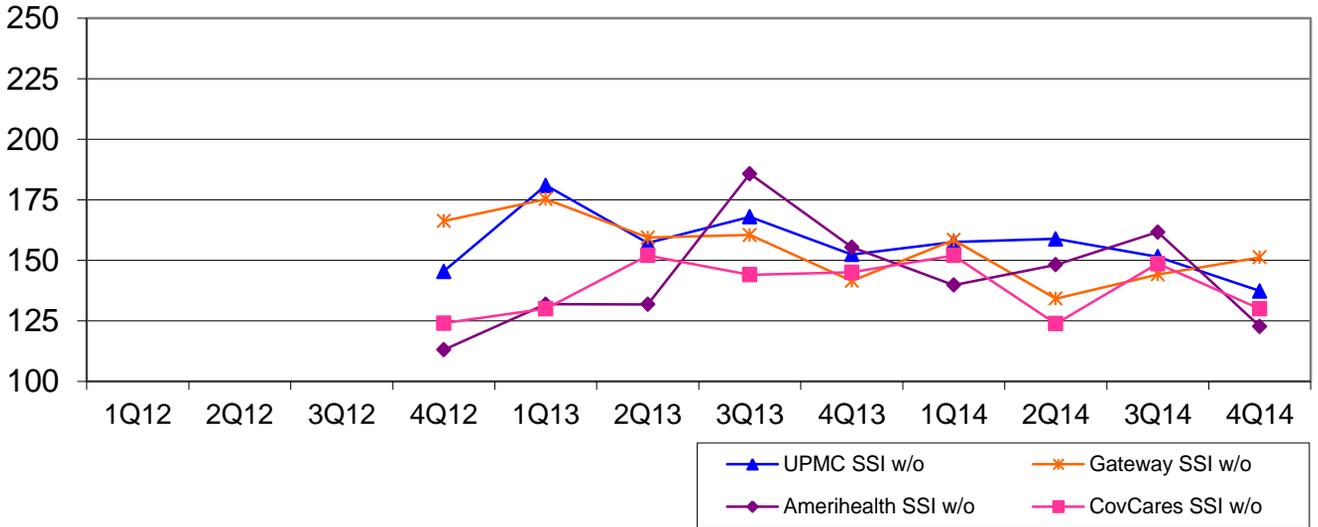
Exhibit CC1

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 West Zone Inpatient Discharges per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC SSI w/o				145	181	157	168	152	158	159	152	137
Gateway SSI w/o				166	175	159	160	142	158	134	144	151
Amerihealth SSI w/o				113	132	132	186	155	140	148	162	123
CovCares SSI w/o				124	130	152	144	145	152	124	149	130
UPMC SSI w/o % chg								4.78%	-12.95%	1.11%	-9.82%	-9.90%
GW SSI w/o % chg								-14.88%	-9.62%	-15.84%	-10.13%	6.86%
Amerihealth SSI w/o % chg								37.46%	6.01%	12.43%	-12.95%	-21.06%
CovCares SSI w/o % chg								16.94%	16.92%	-18.58%	3.19%	-10.39%

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.

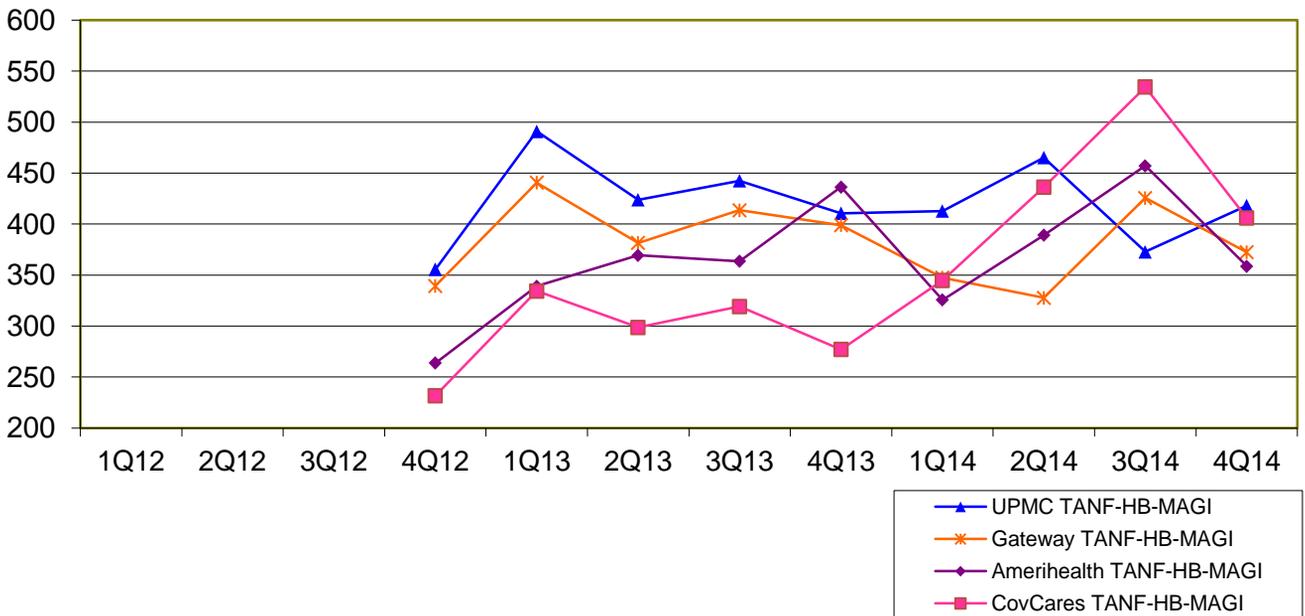
We are working with the MCOs to improve the data.

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC TANF-HB-MAGI				356	491	424	443	411	413	465	373	418
Gateway TANF-HB-MAGI				339	441	382	414	399	347	328	426	372
Amerihealth TANF-HB-MAGI				264	339	369	364	436	326	389	457	359
CovCares TANF-HB-MAGI				232	334	299	319	277	345	436	534	406
UPMC TANF-HB-MAGI % chg								15.48%	-15.92%	9.76%	-15.74%	1.84%
GW TANF-HB-MAGI % chg								17.51%	-21.14%	-14.12%	2.90%	-6.64%
Amerihealth TANF-HB-MAGI % chg								65.37%	-3.97%	5.32%	25.73%	-17.80%
CovCares TANF-HB-MAGI % chg								19.52%	3.11%	46.09%	67.45%	46.51%

Note: % change is from the 4th prior quarter

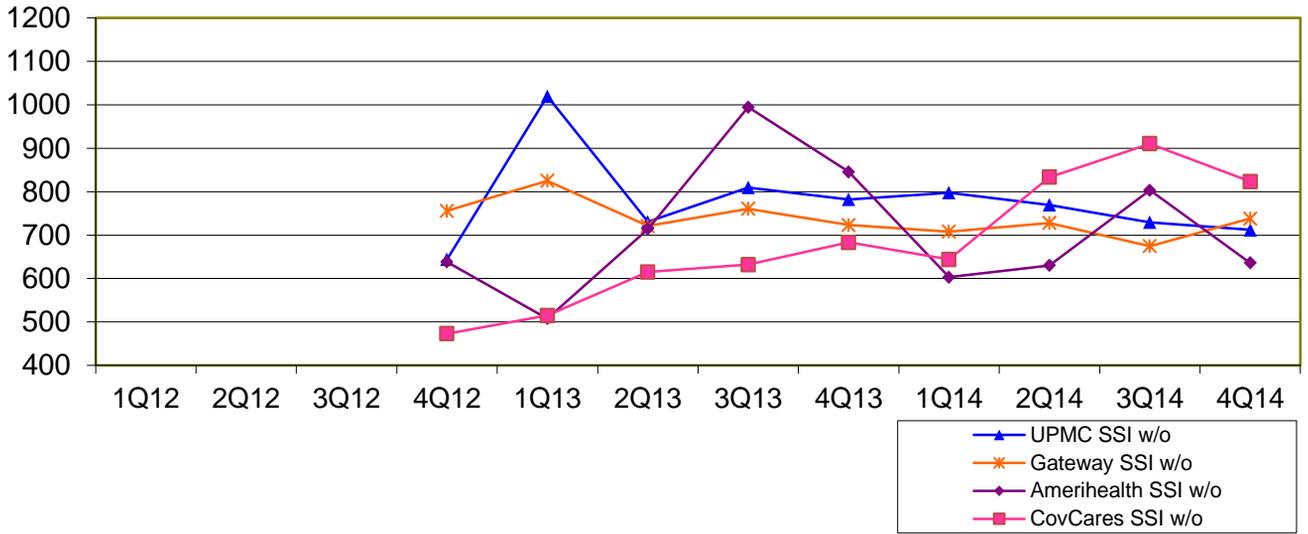
Exhibit DD1

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 West Zone Inpatient Days per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC SSI w/o				644	1020	731	810	782	798	769	729	712
Gateway SSI w/o				756	825	721	761	723	708	728	675	738
Amerihealth SSI w/o				638	508	714	995	845	603	630	803	636
CovCares SSI w/o				473	515	615	632	683	644	833	911	823
UPMC SSI w/o % chg								21.42%	-21.77%	5.31%	-9.91%	-8.96%
GW SSI w/o % chg								-4.36%	-14.20%	1.02%	-11.31%	2.09%
Amerihealth SSI w/o % chg								32.44%	18.75%	-11.78%	-19.26%	-24.75%
CovCares SSI w/o % chg								44.40%	25.05%	35.50%	44.09%	20.56%

Note: % change is from the 4th prior quarter

Exhibit DD2

Source Report #6a Inpatient, Physician and Dental Statistics

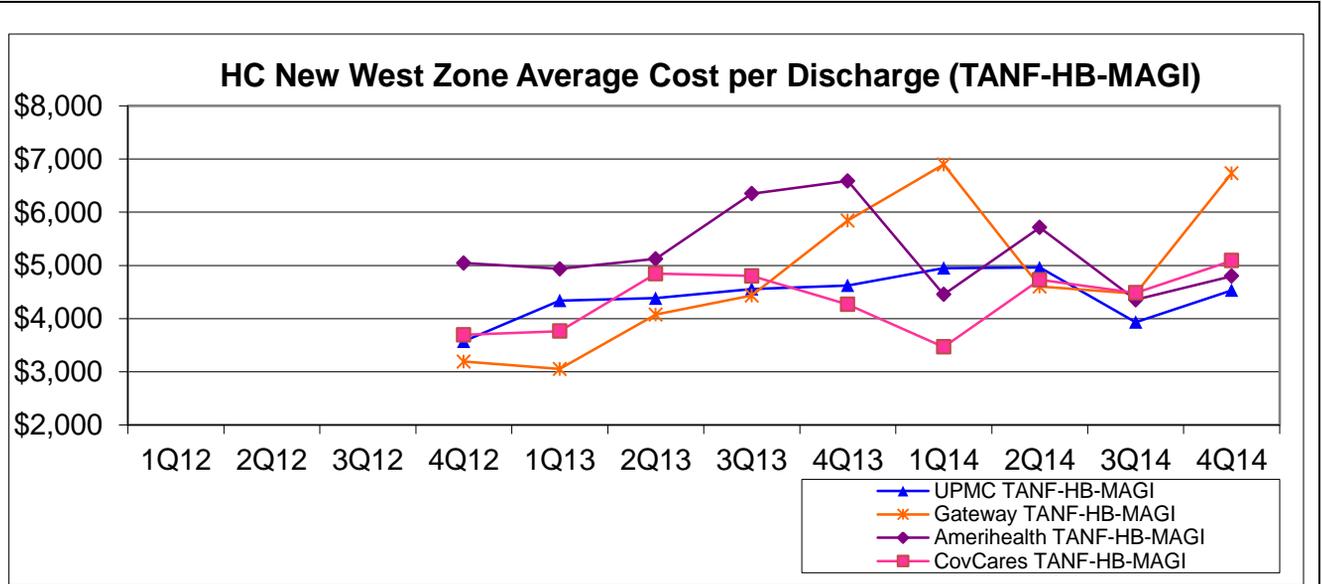
This data was reported by each MCO and might not reflect consistent methodology.

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.



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC TANF-HB-MAGI				\$ 3,574	\$ 4,340	\$ 4,383	\$ 4,556	\$ 4,624	\$ 4,950	\$ 4,961	\$ 3,933	\$ 4,533
Gateway TANF-HB-MAGI				\$ 3,191	\$ 3,052	\$ 4,074	\$ 4,433	\$ 5,841	\$ 6,896	\$ 4,604	\$ 4,468	\$ 6,732
Amerihealth TANF-HB-MAGI				\$ 5,044	\$ 4,935	\$ 5,123	\$ 6,348	\$ 6,588	\$ 4,455	\$ 5,712	\$ 4,355	\$ 4,799
CovCares TANF-HB-MAGI				\$ 3,694	\$ 3,763	\$ 4,844	\$ 4,801	\$ 4,266	\$ 3,468	\$ 4,730	\$ 4,483	\$ 5,090
UPMC TANF-HB-MAGI % chg								29.38%	14.07%	13.17%	-13.69%	-1.95%
GW TANF-HB-MAGI % chg								83.04%	125.94%	12.99%	0.79%	15.25%
Amerihealth TANF-HB-MAGI % chg								30.60%	-9.73%	11.51%	-31.39%	-27.16%
CovCares TANF-HB-MAGI % chg								15.48%	-7.85%	-2.35%	-6.62%	19.33%

Note: % change is from the 4th prior quarter

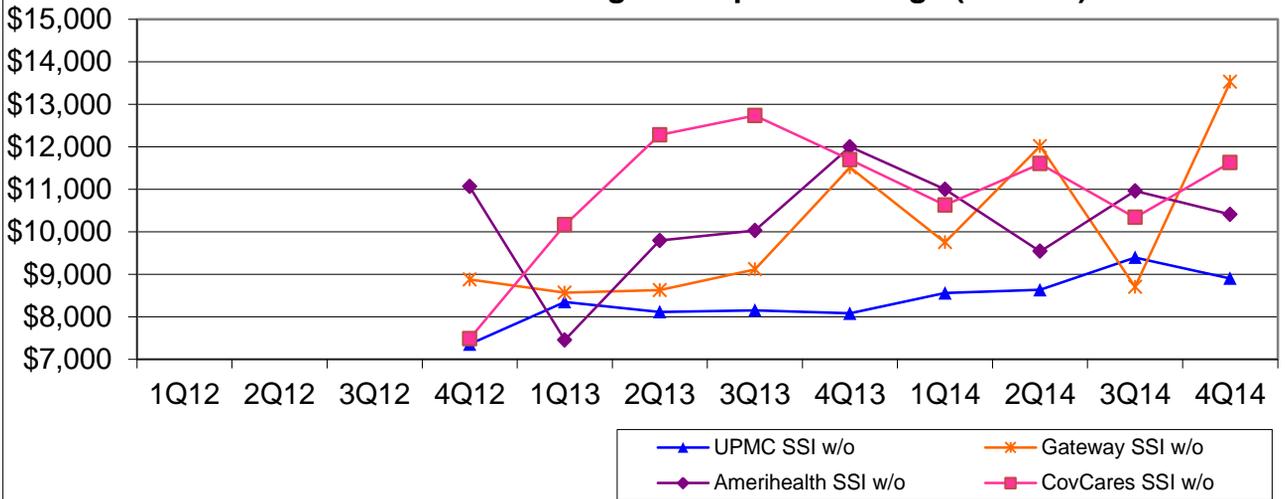
Exhibit EE1

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 West Zone Average Cost per Discharge (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
UPMC SSI w/o				\$ 7,355	\$ 8,349	\$ 8,116	\$ 8,155	\$ 8,083	\$ 8,559	\$ 8,636	\$ 9,395	\$ 8,903
Gateway SSI w/o				\$ 8,877	\$ 8,567	\$ 8,627	\$ 9,117	\$ 11,516	\$ 9,752	\$ 12,014	\$ 8,703	\$ 13,527
Amerihealth SSI w/o				\$ 11,064	\$ 7,453	\$ 9,794	\$ 10,030	\$ 11,997	\$ 10,998	\$ 9,539	\$ 10,961	\$ 10,409
CovCares SSI w/o				\$ 7,483	\$ 10,160	\$ 12,278	\$ 12,732	\$ 11,694	\$ 10,627	\$ 11,603	\$ 10,336	\$ 11,628
UPMC SSI w/o % chg								9.90%	2.52%	6.41%	15.21%	10.14%
GW SSI w/o % chg								29.73%	13.83%	39.26%	-4.54%	17.46%
Amerihealth SSI w/o % chg								8.43%	47.57%	-2.60%	9.29%	-13.24%
CovCares SSI w/o % chg								56.27%	4.60%	-5.50%	-18.82%	-0.56%

Note: % change is from the 4th prior quarter

Exhibit EE2

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

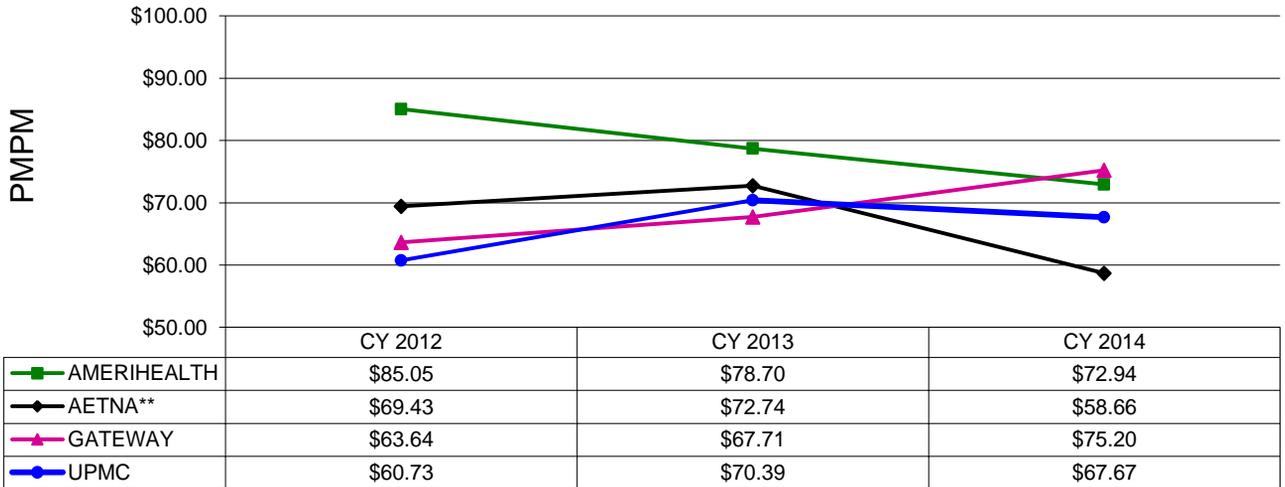
This data was reported by each MCO and might not reflect consistent methodology.

We are working with the MCOs to improve the data.

Exhibit FF Hospital Inpatient Costs

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

HC-NW ZONE CY 2012* – CY 2014
HOSPITAL INPATIENT COSTS YTD (No APR Adj.)
WEIGHTED BY HC-NW ZONE CASE MIX



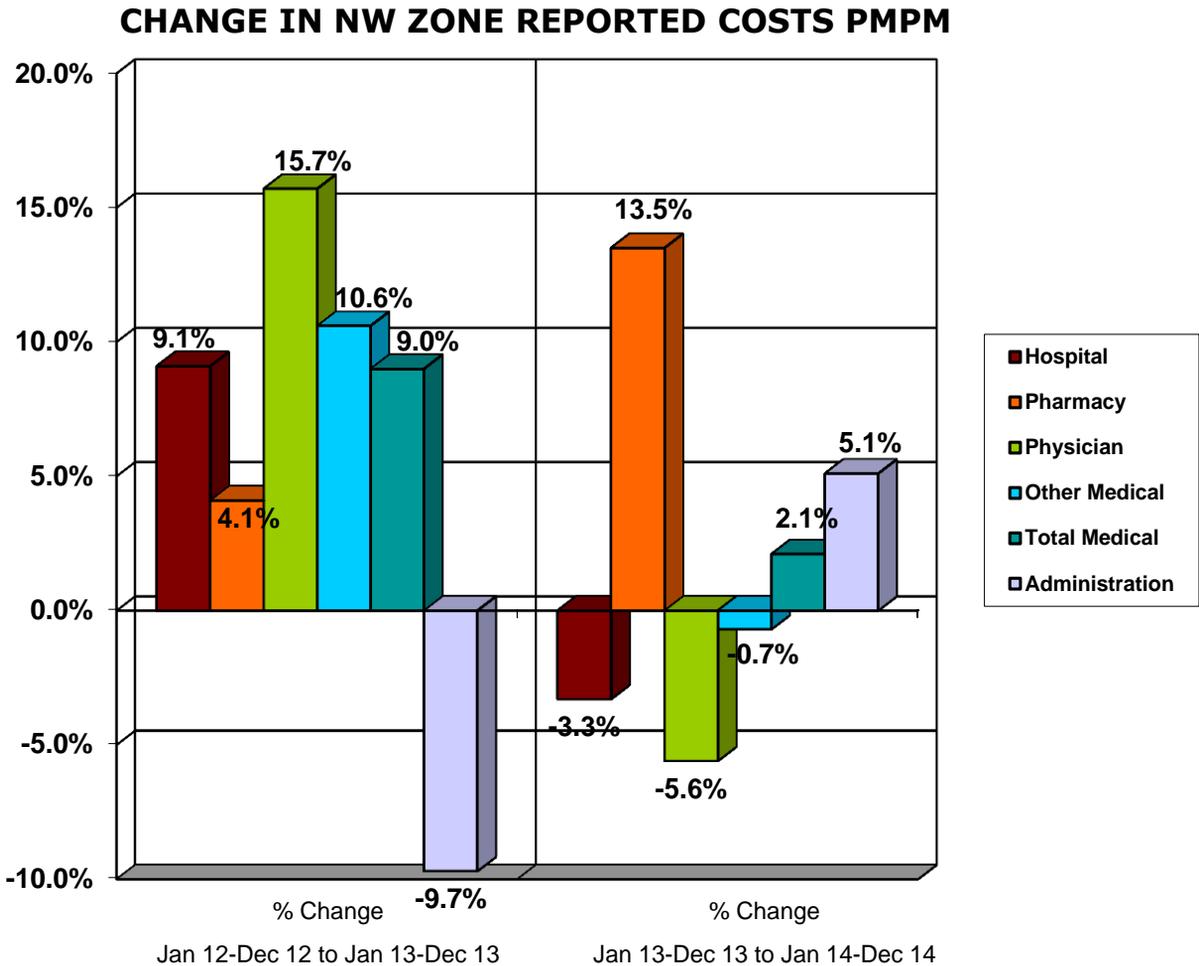
* New West Zone began operations on 10/01/12

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

Exhibit FF

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

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



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

Exhibit GG

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

Encounter Data

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

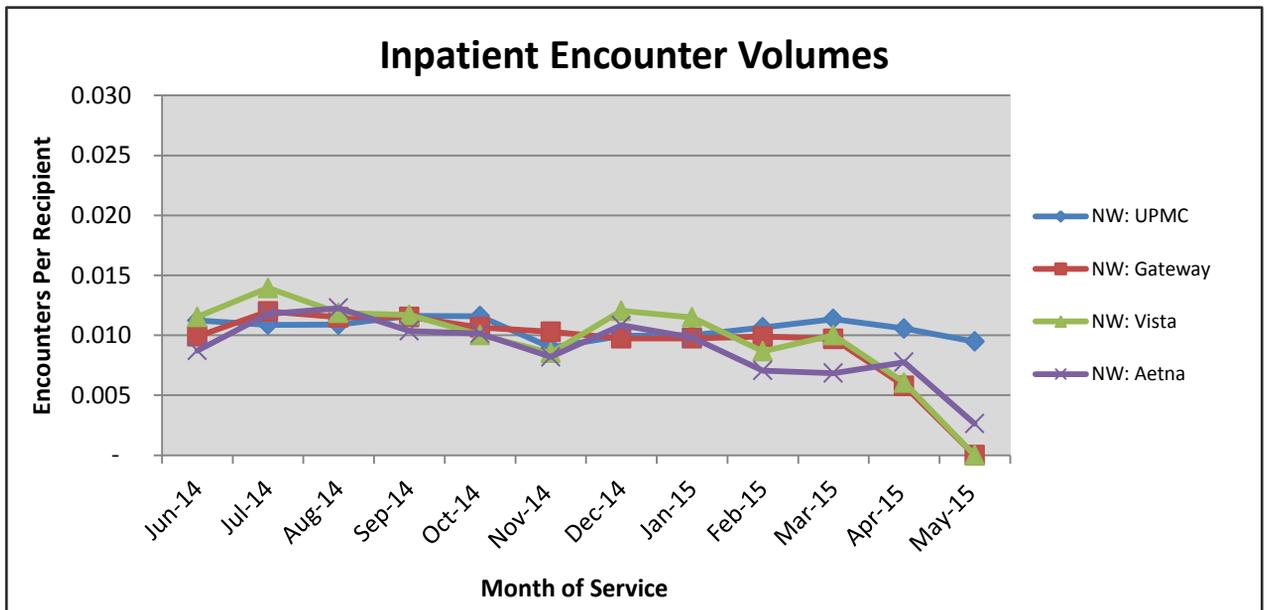


Exhibit II

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

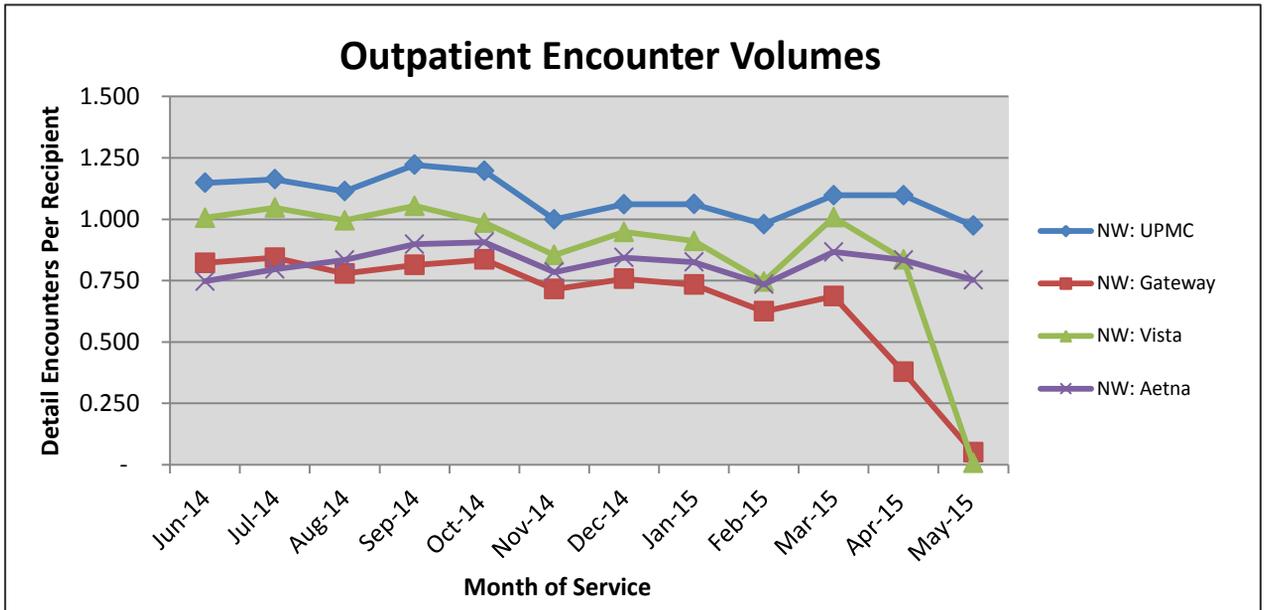


Exhibit JJ

Source: Mercer Government Human Services Consulting (MCO Reported)

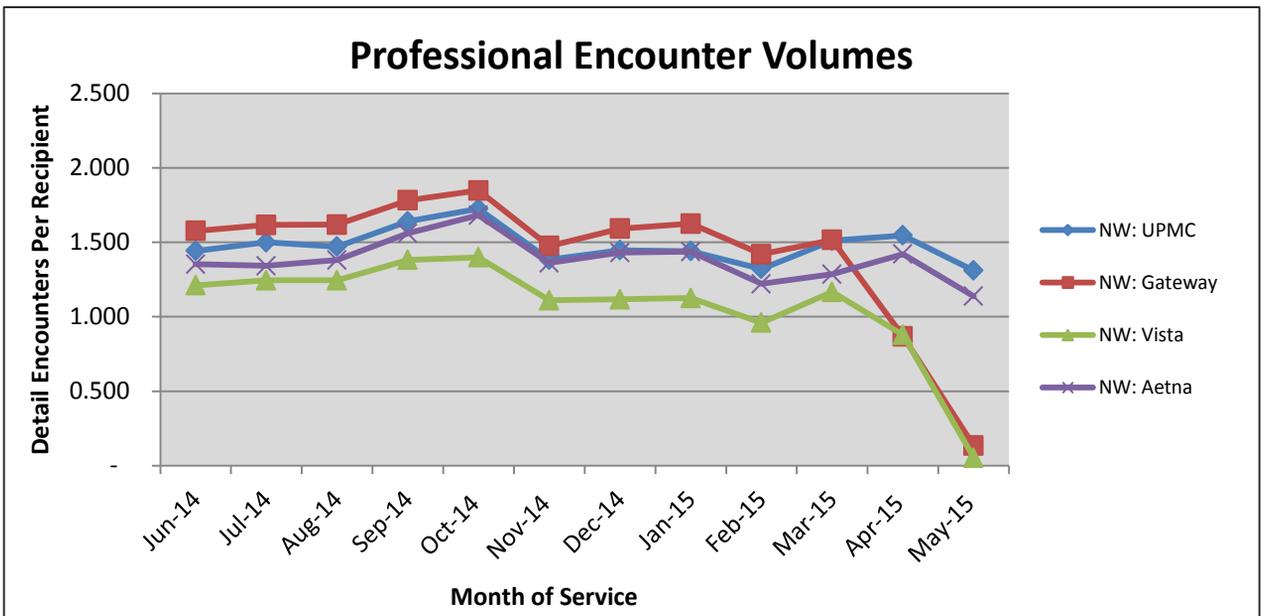


Exhibit KK

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

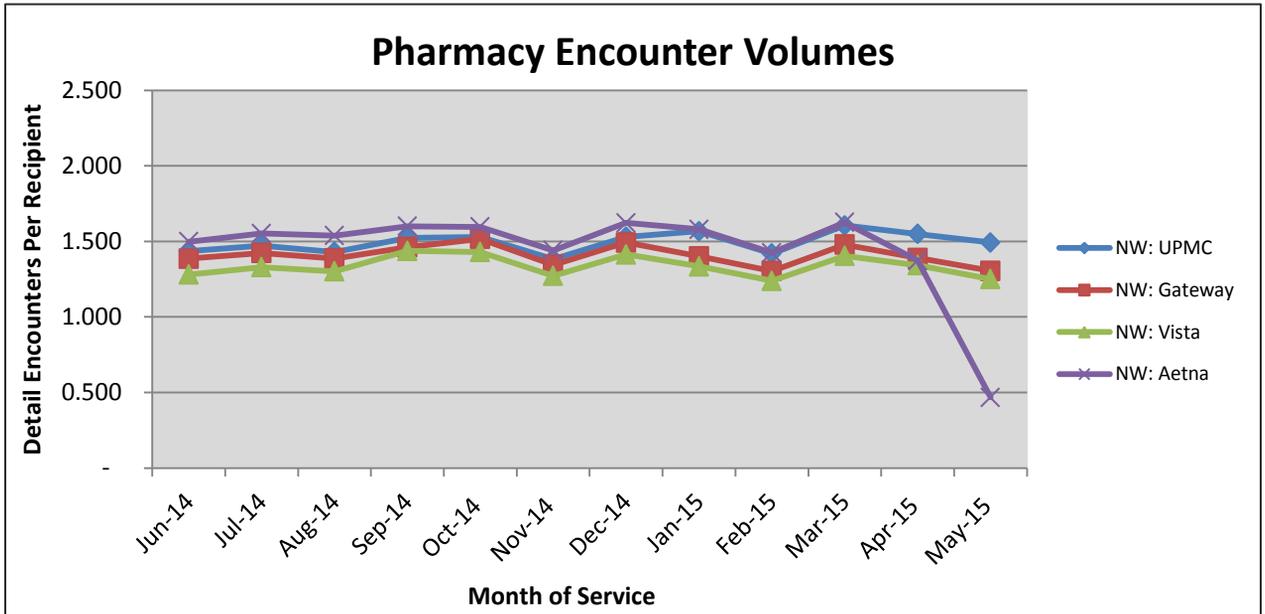


Exhibit LL

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

COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Cameron	\$ 38,985	653	35	170	858	6.1%
Clarion	\$ 183,140	2,918	-	2,554	5,472	9.8%
Clearfield	\$ 201,401	5,463	(316)	8,262	13,409	6.7%
Crawford	\$ 294,218	10,015	1,217	11,496	22,728	10.3%
Elk	\$ 116,447	2,779	3	893	3,675	6.2%
Erie	\$ 580,129	22,576	1,260	4,390	28,226	2.6%
Forest	\$ 19,853	474	-	272	746	9.2%
Jefferson	\$ 663,677	18,332	4	5,791	24,127	15.9%
McKean	\$ 137,148	2,015	17	553	2,585	4.4%
Mercer	\$ 197,867	8,169	12	3,635	11,816	4.7%
Potter	\$ 115,290	1,340	-	1,376	2,716	15.5%
Venango	\$ 256,395	7,029	508	1,096	8,633	7.6%
Warren	\$ 76,976	1,556	284	2,698	4,538	9.2%
HC-NW Zone	\$ 2,881,526	83,319	3,024	43,186	129,529	6.1%

Exhibit MM

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

PCP Selection During Enrollment

Average = 95%

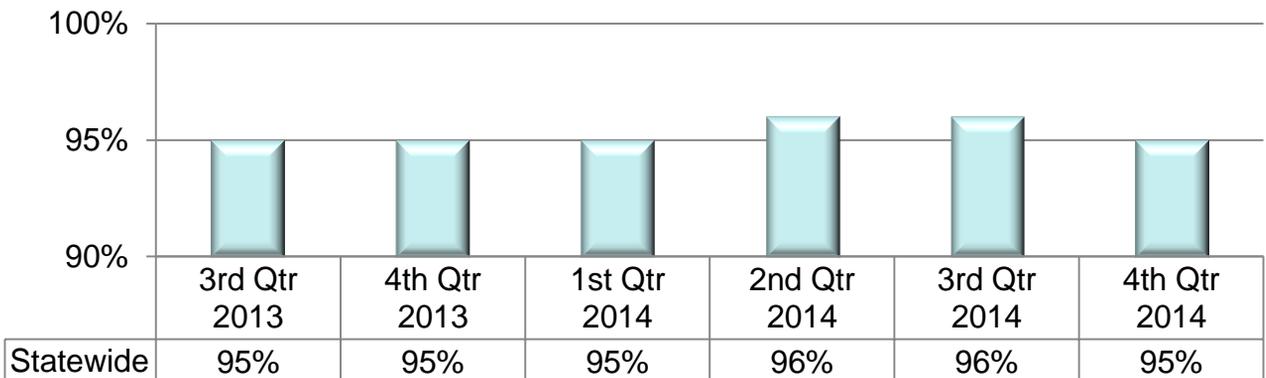


Exhibit NN

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	601	760	847	892
Aetna/Coventry*	256	67	202	380
Gateway	675	1,021	909	858
UPMC	3,121	4,058	3,518	5,268

Exhibit OO
Source: MCO Reported

Restitution Recouped October 1, 2014 to December 31, 2014	
AmeriHealth	\$232,156
Aetna*	\$14,021
Gateway	\$556,368
UPMC	\$ 0

Exhibit PP
Source: MCO Quarterly Compliance Report
MCO Reported

Providers Under Review October 1, 2014 to December 31, 2014	
AmeriHealth	8,337
Aetna*	31
Gateway	375
UPMC	0

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
Gateway	\$1,385,966
UPMC	\$ 0

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
Gateway	1
UPMC	13

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

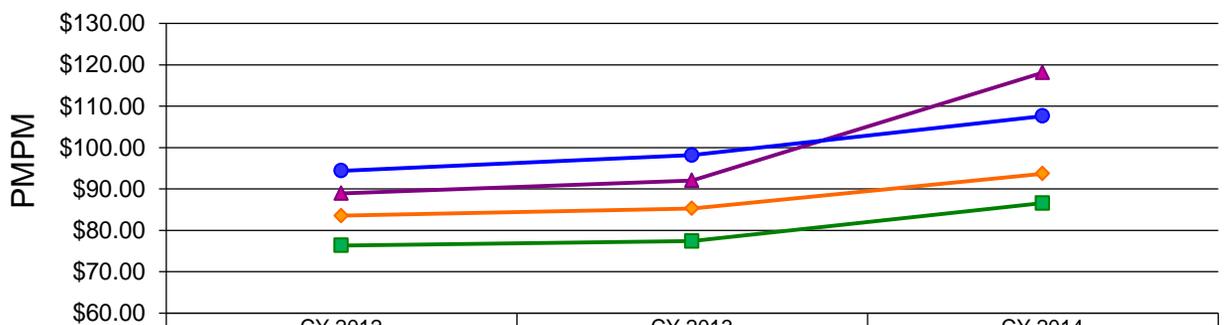
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Pharmacy Data

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-NW ZONE CY 2012* – CY 2014
PHARMACY COSTS YTD
WEIGHTED BY HC-NW ZONE CASE MIX**



	CY 2012	CY 2013	CY 2014
AMERIHEALTH	\$83.57	\$85.32	\$93.70
AETNA**	\$76.37	\$77.41	\$86.60
GATEWAY	\$88.97	\$92.09	\$118.16
UPMC	\$94.43	\$98.20	\$107.65

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

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

Exhibit VV

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

Pharmacy Data

Exhibits WW-AAA Pharmacy Price and Utilization Statistics

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

AVERAGE PRICE per SCRIPT

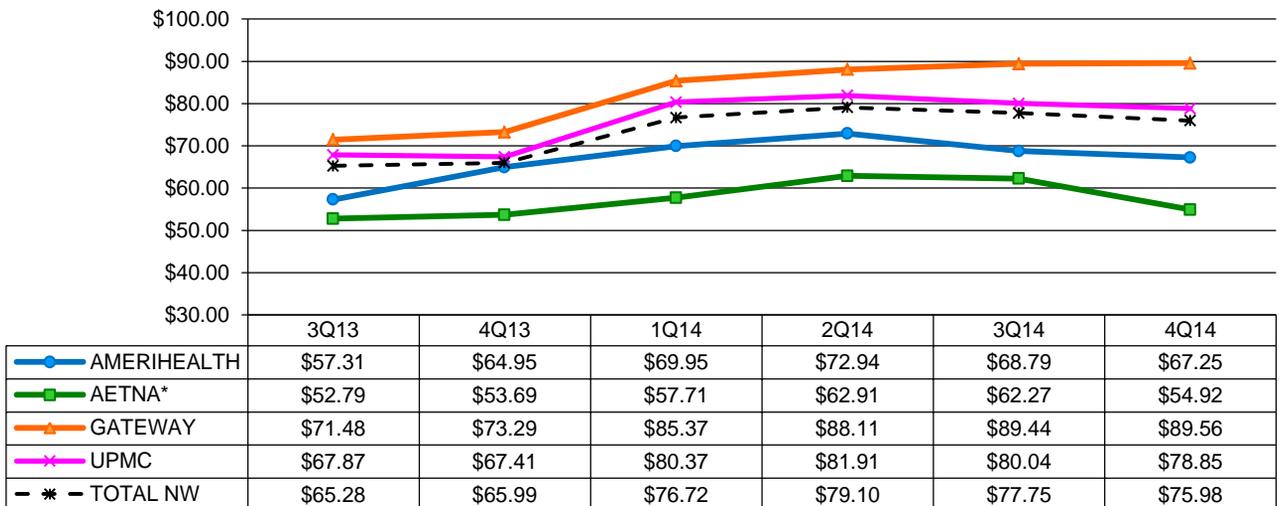


Exhibit WW

AVERAGE PRICE per LEGEND BRAND SCRIPT

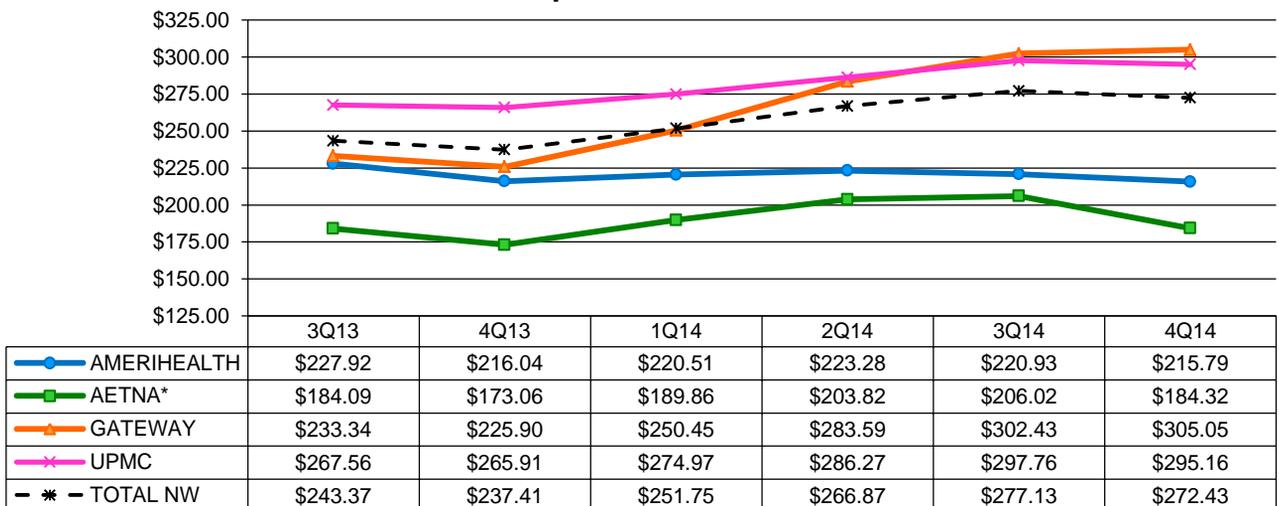
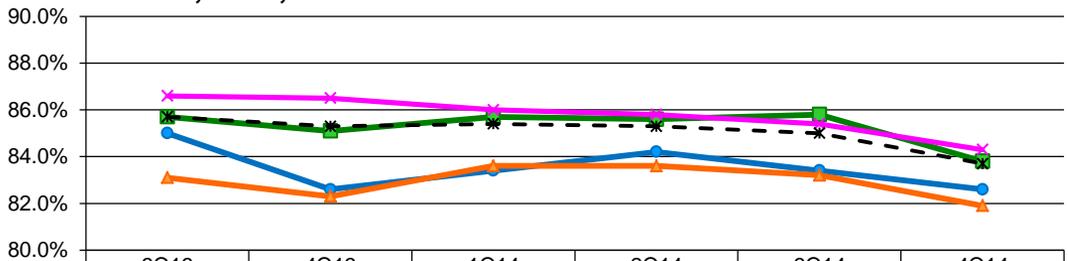


Exhibit XX

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

Pharmacy Data (Continued)

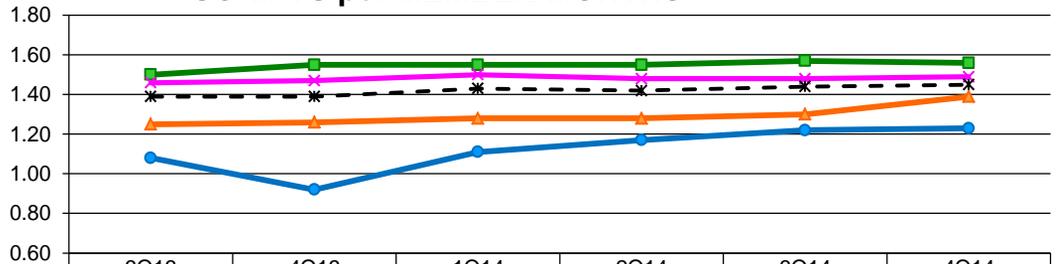
GENERIC, OTC, AND NON-DRUG vs. TOTAL SCRIPTS



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AMERIHEALTH	85.0%	82.6%	83.4%	84.2%	83.4%	82.6%
AETNA*	85.7%	85.1%	85.7%	85.6%	85.8%	83.8%
GATEWAY	83.1%	82.3%	83.6%	83.6%	83.2%	81.9%
UPMC	86.6%	86.5%	86.0%	85.8%	85.4%	84.3%
TOTAL NW	85.7%	85.3%	85.4%	85.3%	85.0%	83.7%

Exhibit YY

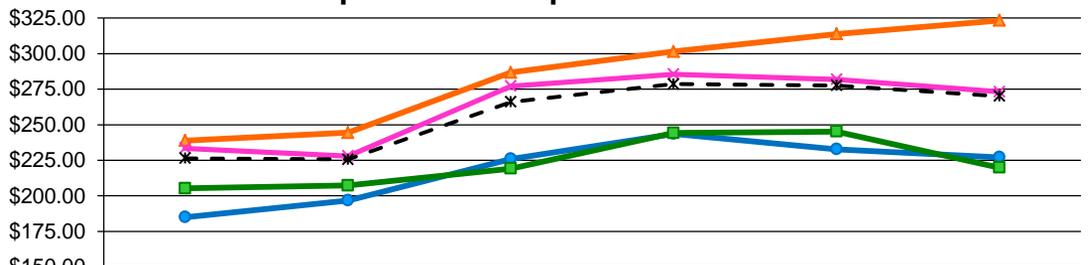
SCRIPTS per MEMBER MONTHS



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AMERIHEALTH	1.08	0.92	1.11	1.17	1.22	1.23
AETNA*	1.50	1.55	1.55	1.55	1.57	1.56
GATEWAY	1.25	1.26	1.28	1.28	1.30	1.39
UPMC	1.46	1.47	1.50	1.48	1.48	1.49
TOTAL NW	1.39	1.39	1.43	1.42	1.44	1.45

Exhibit ZZ

SPEND per UTILIZER per MONTH



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AMERIHEALTH	185.05	196.81	226.02	243.66	232.79	227.06
AETNA*	205.25	207.35	219.18	244.22	245.23	219.89
GATEWAY	238.82	244.42	286.70	301.38	313.82	323.25
UPMC	233.47	228.05	277.07	285.44	281.91	273.17
TOTAL NW	226.45	225.66	265.99	278.53	277.52	270.08

Exhibit AAA

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

Maternity

NW Zone : Maternity Care Costs per case *

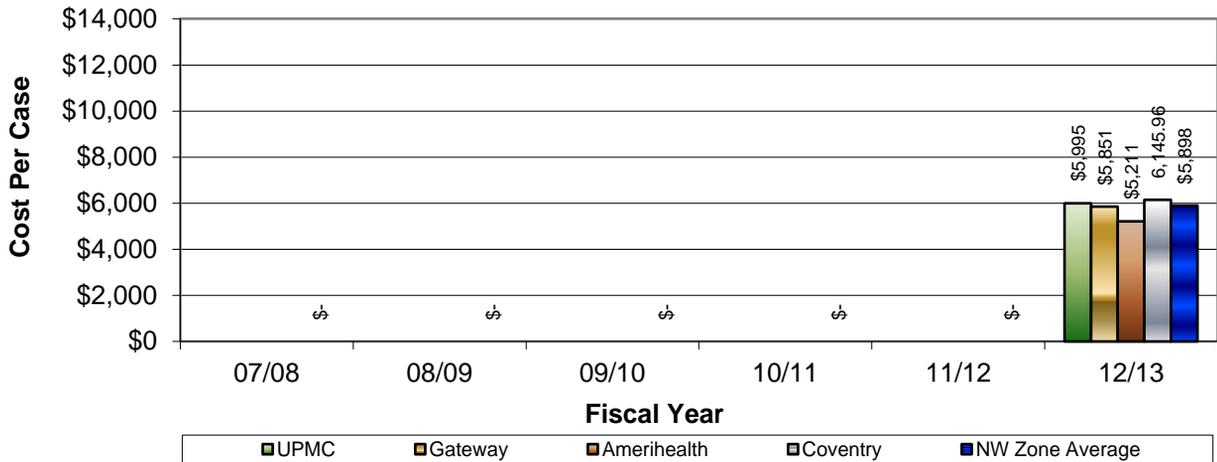


Exhibit WW

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

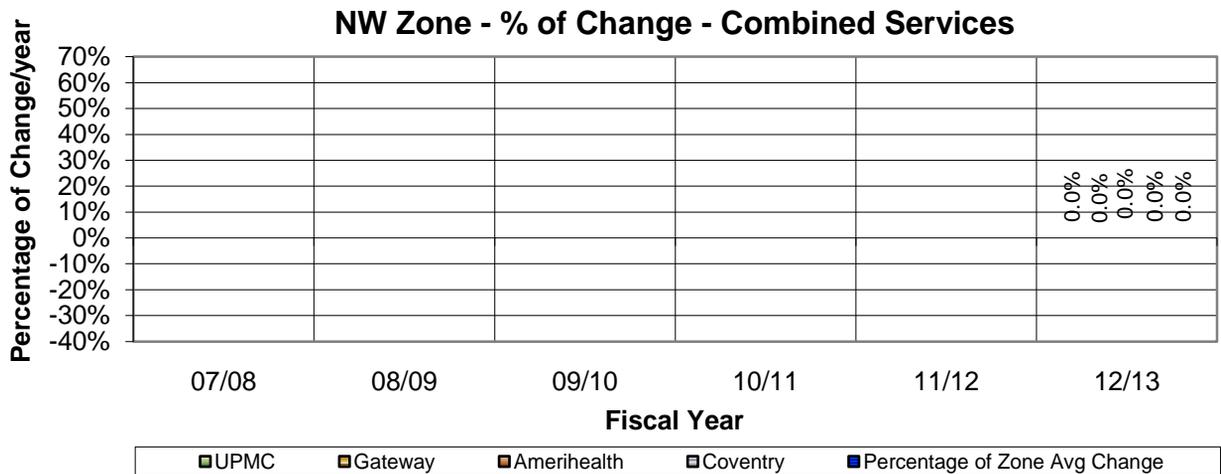


Exhibit XX

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

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

C-Section Prevalence - NW zone	06/07	07/08	08/09	09/10	10/11	11/12	12/13
UPMC							33.69%
Gateway							32.33%
Amerihealth							33.22%
Coventry							35.19%
NW Zone totals							33.53%

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 CARITAS	1Q13	1	1	100%
	2Q13	1	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	0	0	0%
AETNA BETTER HEALTH (EFF. 10/01/14)/ COVENTRY CARES	1Q13	36	0	0%
	2Q13	0	0	0%
	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	10	0	0%
	2Q14	1	0	0%
	3Q14	1	0	0%
	4Q14	0	0	0%
	1Q15	1	0	0%
GATEWAY HEALTH PLAN, INC.	1Q13	0	0	0%
	2Q13	0	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	0	0	0%
UPMC FOR YOU	1Q13	-	-	-
	2Q13	0	0	0%
	3Q13	-	-	-
	4Q13	-	-	-
	1Q14	-	-	-
	2Q14	-	-	-
	3Q14	-	-	-
	4Q14	-	-	-
	1Q15	-	-	-

Web Sites

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Operations Manager

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AmeriHealth Caritas

James Peters

Aetna Better Health/Coventry

Liz DeLuca

Gateway Health

Alinda Burrell

UPMC for You

Virginia Perry

HealthChoices Intranet

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

DHS Web site

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

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