

MCO COMPARATIVE REPORT

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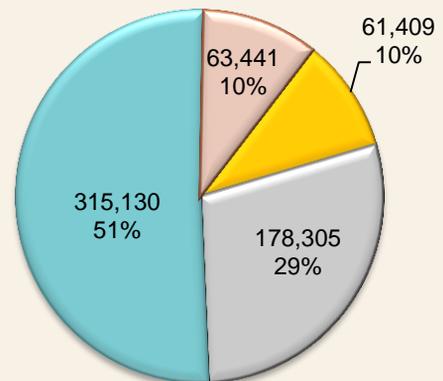
AUGUST 2015

HEALTHCHOICES SOUTHEAST ZONE

*As of December 2014
enrollment in the
Southeast Zone was
618,285*

Exhibit A

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



■ Aetna ■ Coventry* ■ HP ■ KF ■ United

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					
	Aetna	Coventry	Health Partners	Keystone	United
June 2013	36,478	21,751	166,417	311,353	57,014
September 2013	41,344	23,644	172,561	298,507	60,444
December 2013	44,496	25,703	177,391	286,553	63,780
March 2014	43,915	25,754	176,176	289,760	62,653
June 2014	43,918	25,693	176,613	296,542	62,397
September 2014	42,541	21,855	178,637	307,286	62,165
December 2014	61,878	**	178,358	312,917	63,376

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
Aetna	(1.8%)	16.9%	35.2%	30.3%	20.4%	2.9%	39.1%
Coventry	20.8%	23.5%	33.2%	24.1%	18.1%	(7.6%)	**
Health Partners	1.7%	6.3%	10.4%	9.5%	6.1%	3.5%	0.5%
Keystone	(3.8%)	(7.8%)	(11.3%)	(10.1%)	(4.8%)	2.9%	9.2%
United	(3.3%)	6.3%	16.0%	14.8%	9.4%	2.8%	(0.6%)

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

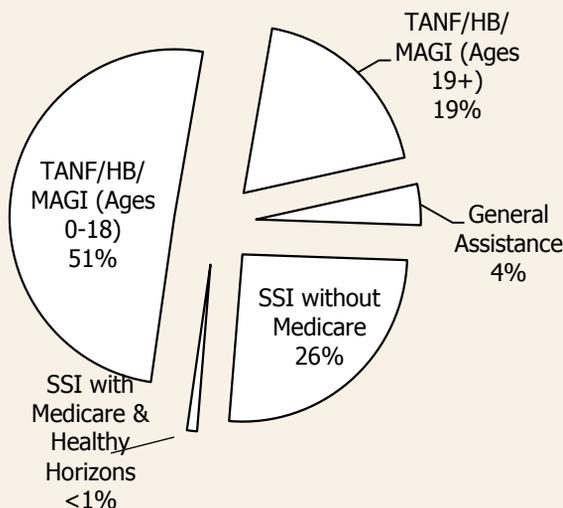


Exhibit E 4th Qtr 2014 YTD

Source: MCO Reported–Report #1 Enrollment Table

MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	TANF		TANF/HB/MAGI (Ages 0-18)					Healthy Begin.	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			
Aetna	47%	50%	50%	51%	51%	25%	22%	22%	22%	22%	22%	21%	21%	21%	21%	7%	7%	6%	6%	6%			
Coventry*	48%	42%	42%	43%	*	26%	26%	26%	26%	*	23%	24%	23%	23%	*	10%	9%	9%	8%	*			
Health Partners	52%	47%	47%	47%	48%	15%	21%	21%	21%	20%	29%	28%	28%	28%	28%	4%	4%	4%	4%	4%			
Keystone	50%	52%	52%	52%	52%	20%	18%	18%	18%	18%	27%	28%	27%	27%	27%	3%	2%	3%	3%	3%			
United	48%	53%	53%	53%	53%	23%	19%	18%	18%	18%	26%	25%	25%	25%	25%	4%	4%	4%	4%	4%			

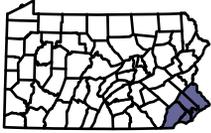
Exhibit F

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	Aetna			Health Partners			Keystone			United Healthcare		
	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14	Oct 14	Nov 14	Dec 14
Bucks	11%	11%	11%	3%	3%	3%	9%	9%	9%	5%	5%	5%
Chester	10%	10%	10%	1%	1%	1%	5%	5%	5%	12%	12%	12%
Delaware	14%	14%	15%	2%	2%	2%	16%	16%	16%	8%	9%	9%
Montgomery	13%	14%	14%	4%	4%	4%	12%	12%	12%	9%	9%	9%
Philadelphia	52%	51%	50%	90%	90%	90%	59%	59%	58%	65%	65%	64%
TOTAL ENROLLMENT	64,491	62,778	61,409	178,916	178,533	178,305	313,158	314,212	315,130	63,462	63,407	63,441

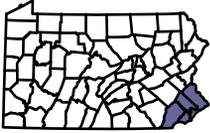
Exhibit G

Source: DHS Internal Report

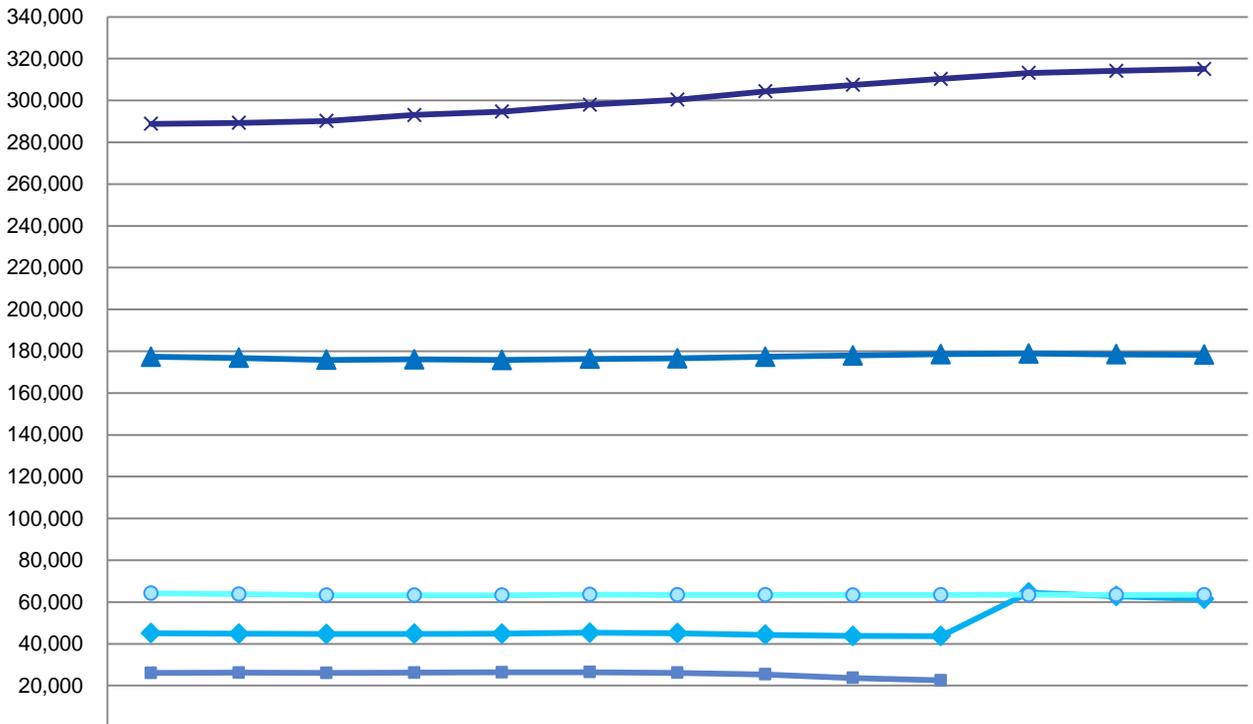
Numbers reflect point in time



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
—◆— AETNA*	45,050	44,816	44,648	44,734	44,825	45,266	45,079	44,272	43,711	43,678	64,491	62,778	61,409
—■— COVENTRY*	26,030	26,155	26,029	26,136	26,329	26,401	26,128	25,337	23,600	22,473			
—▲— HP	177,346	176,796	175,894	176,132	175,829	176,353	176,564	177,308	177,917	178,571	178,916	178,533	178,305
—×— KF	288,838	289,295	290,192	293,074	294,716	297,973	300,371	304,361	307,442	310,307	313,158	314,212	315,130
—○— UNITED	64,180	63,797	63,259	63,216	63,235	63,514	63,410	63,363	63,327	63,351	63,462	63,407	63,441

* 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			
	Aetna	Coventry	Health Partners	Keystone	United	Aetna	Coventry	Health Partners	Keystone	United	Aetna*	Health Partners	Keystone	United
Complaints – 1st Level														
# Reviewed per 1,000 Members	.44	1.0	.57	.11	.28	.48	.38	.62	.12	.99	.26	.68	.11	.95
Complaints – 2nd Level														
# Reviewed per 1,000 Members	.07	.04	.02	0	.02	0	0	.01	0	.02	.03	.01	.02	.02
Grievances – 1st Level														
# Reviewed per 1,000 Members	1.6	1.0	.36	1.1	.19	1.3	.97	.42	1.3	.58	.76	.49	1.4	.69
Grievances – 2nd Level														
# Reviewed per 1,000 Members	.04	.08	.02	.16	.01	.11	.04	.02	.18	.11	.03	.02	.14	.11
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. This reporting requirement was effective with the 3rd quarter 2006 report submissions.

1 ST LEVEL COMPLAINTS COMPLAINT TYPES BY MCO									
COMPLAINT TYPE	3 rd Qtr. 2014					4 th Qtr. 2014			
	Aetna	Coventry	HP	KF	United	Aetna*	HP	KF	United
ACCESS/AVAILABILITY PROBLEMS	5%	67%	12%		14%	4%	14%		
COVERAGE OF SERVICES		11%	7%	8%	4%		6%	26%	20%
DISCRIMINATION/EXCEPTION									
ER SERVICE									
EXHAUSTION OF BENEFIT/BENEFIT LIMITS	5%			68%	10%	9%	6%	41%	
MCO SERVICE AND ADMIN.			9%		10%	9%	5%		
NON-COVERED BENEFIT									
OTHER			3%	24%	6%		1%	24%	2%
OUT-OF-NETWORK SERVICE	5%								
PAYMENT ISSUES	5%		5%		35%	14%	2%	3%	33%
PHARMACY/FORMULARY									
QUALITY OF CARE/SERVICE	80%	22%	64%		21%	64%	66%	6%	45%
REFERRAL LACKING/DENIED									
SUPPLEMENTAL SERVICES									
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%

Exhibit J
Source: MCO Reported-Report QR-OPS4

2 ND LEVEL COMPLAINTS COMPLAINT TYPES BY MCO									
COMPLAINT TYPE	3 rd Qtr. 2014					4 th Qtr. 2014			
	Aetna	Coventry	HP	KF	United	Aetna*	HP	KF	United
ACCESS/AVAILABILITY PROBLEMS			100%						
COVERAGE OF SERVICES								20%	
MCO SERVICE AND ADMIN.							100%		
NON-COVERED BENEFIT/BENEFIT LIMITS								80%	
OTHER									
PAYMENT ISSUES					100%				
PHARMACY/FORMULARY									
QUALITY OF CARE/SERVICE									100%
SUPPLEMENTAL SERVICES									
TOTAL	0%	0%	100%	0%	100%	0%	100%	100%	100%

Exhibit K
Source: MCO Reported-Report QR-OPS4

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

GRIEVANCES

The tables below display the percent of grievances filed by grievance type. **Exhibit L** displays the 1st level grievances and **Exhibit M** displays the 2nd level grievances. This reporting requirement was effective with the 3rd quarter 2006 report submissions.

1 ST LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO									
GRIEVANCE TYPE	3 rd Qtr. 2014					4 th Qtr. 2014			
	Aetna	Coventry	HP	KF	United	Aetna*	HP	KF	United
BENEFIT LIMITS				9%	3%				
DENTAL (Braces)		9%	46%	17%	22%	11%	51%	24%	
DENTAL (Dentures)				4%	10%	3%	5%	4%	
DENTAL (Other)		13%	3%	5%	3%	5%	5%	2%	57%
DENTAL BENEFIT LIMITS								3%	
DURABLE MEDICAL EQUIPMENT			3%	8%	5%	7%	6%	6%	
HEARING SERVICES/ PRODUCTS									
HOME HEALTH SERVICES				4%			1%	3%	5%
INPATIENT MEDICAL SERVICES		9%	1%	3%	3%		2%	1%	
LEVEL/AMOUNT OF SERVICE			15%						
MEDICAL NECESSITY	21%								
OTHER			4%	6%			1%	5%	6%
OUTPATIENT MEDICAL SERVICES		17%	5%	14%	5%	5%	2%	22%	
PHARMACY	38%	48%	19%	23%	41%	66%	15%	20%	30%
PHARMACY BENEFIT LIMITS							10%		
SKILLED NURSING SERVICES			4%	11%	8%	3%	2%	10%	2%
TRANSPORTATION SERVICES		4%							
VISION SERVICES									
SUPPLEMENTAL SERVICES	41%								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%

Exhibit L
Source: MCO Reported-Report QR-OPS4

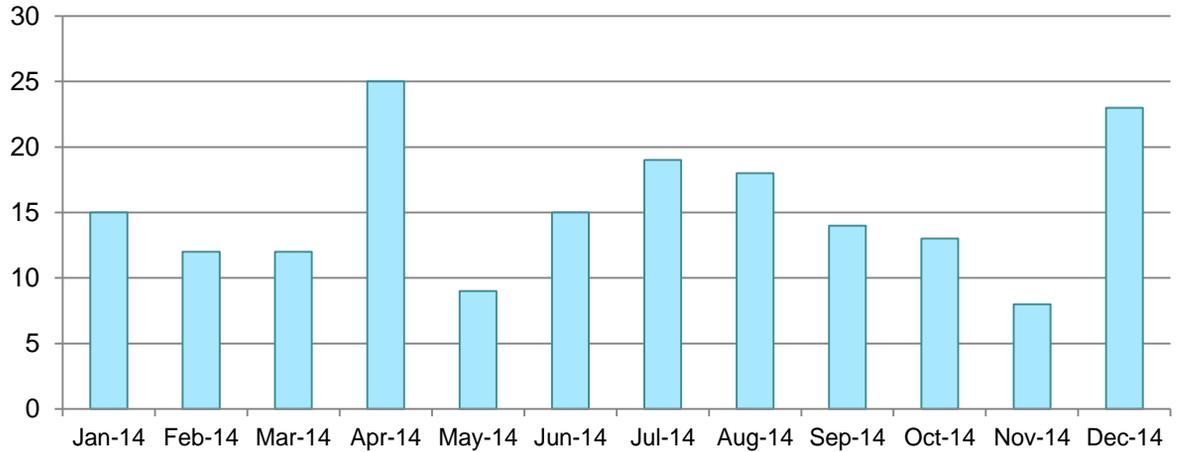
2 ND LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO									
GRIEVANCE TYPE	3 rd Qtr. 2014					4 th Qtr. 2014			
	Aetna	Coventry	HP	KF	United	Aetna*	HP	KF	United
BENEFIT LIMITS			33%	5%					
DENTAL (Braces)			67%	26%			75%	14%	
DENTAL (Dentures)				2%				9%	
DENTAL (Other)				2%			25%	3%	29%
DENTAL BENEFIT LIMITS								5%	
DURABLE MEDICAL EQUIPMENT				5%	14%			5%	14%
HEARING SERVICES/ PRODUCTS									
HOME HEALTH SERVICES				13%	14%			11%	43%
INPATIENT MEDICAL SERVICES				2%	14%			3%	
MEDICAL NECESSITY	20%								
OTHER				4%					14%
OUTPATIENT MEDICAL SERVICES		100%		9%	14%			9%	
PHARMACY	60%			16%		100%		11%	
SKILLED NURSING SERVICES				16%	44%			30%	
TRANSPORTATION SERVICES									
VISION SERVICES									
SUPPLEMENTAL SERVICES	20%								
TOTAL	100%	100%	100%	100%	100%	100%	100%	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



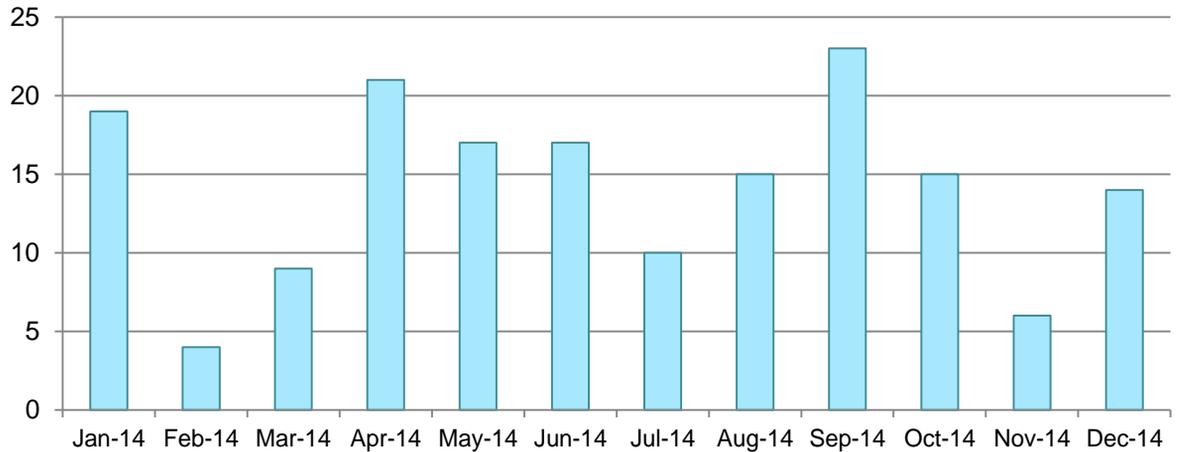
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Southeast	15	12	12	25	9	15	19	18	14	13	8	23

- A total of 182 appeals have been received for 2014.
- Of the appeals, 93% 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
Southeast	19	4	9	21	17	17	10	15	23	15	6	14

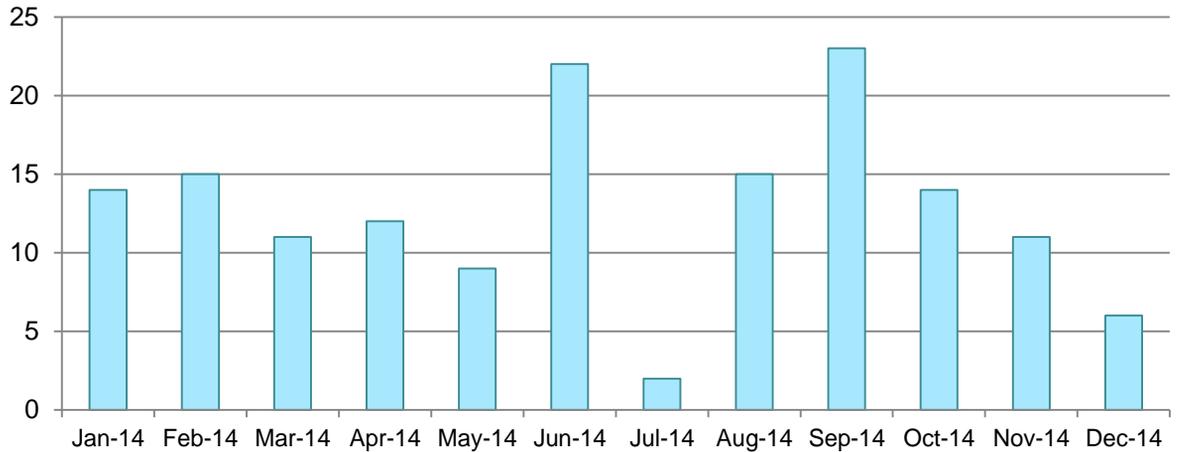
- A total of 169 hearings have been scheduled for 2014.

Exhibit O

Source: MCO Reported

FAIR HEARING REPORTS

Hearing Resolutions



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Southeast	14	15	11	12	9	22	2	15	23	14	11	6

•A total of 157 decisions have been rendered for SE 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
SE	2	1	0	0	0	0	0	0	0	0	0	0

•There were 0 expedited hearings in the SE 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
SE	0	8	0	0	2	6	0	2	0	3	1	0

•Appeals over 90 days have increased 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
Aetna Better Health*							
TANF	2,115	2,173	TANF/HB/ MAGI (Ages 19+)	3,797	3,430	2,296	1,856
HB	2,630	5,049	TANF/HB/ MAGI (Ages 0--18)	2,459	2,782	2,321	2,320
SSI w/o	2,402	2,927	SSI w/o	2,983	3,069	2,654	2,331
TOTAL AVERAGE	2,344	2,946	TOTAL AVG	2,873	2,998	2,396	2,195
Coventry Cares*							
TANF	1,791	2,158	TANF/HB/ MAGI (Ages 19+)	1,474	1,501	1,121	*
HB	1,996	2,398	TANF/HB/ MAGI (Ages 0--18)	2,395	2,252	1,978	*
SSI w/o	2,958	3,175	SSI w/o	3,026	3,019	2,217	*
TOTAL AVERAGE	2,181	2,494	TOTAL AVG	2,319	2,266	1,817	*
Health Partners							
TANF	1,875	1,978	TANF/HB/ MAGI (Ages 19+)	1,578	1,865	1,647	1,596
HB	1,992	2,094	TANF/HB/ MAGI (Ages 0--18)	2,068	2,170	1,985	2,308
SSI w/o	2,801	2,839	SSI w/o	2,829	3,146	2,922	2,937
TOTAL AVERAGE	2,194	2,265	TOTAL AVG	2,211	2,417	2,213	2,360
Keystone First							
TANF	2,018	2,308	TANF/HB/ MAGI (Ages 19+)	1,924	2,104	2,138	2,103
HB	2,168	2,713	TANF/HB/ MAGI (Ages 0--18)	2,157	2,162	2,139	2,767
SSI w/o	3,464	3,625	SSI w/o	3,459	3,592	3,561	3,739
TOTAL AVERAGE	2,488	2,765	TOTAL AVG	2,510	2,593	2,577	2,943
United Healthcare							
TANF	1,857	2,119	TANF/HB/ MAGI (Ages 19+)	1,249	1,359	1,394	1,351
HB	2,196	2,421	TANF/HB/ MAGI (Ages 0--18)	2,227	2,257	2,198	2,469
SSI w/o	2,534	2,467	SSI w/o	2,302	2,433	2,495	2,552
TOTAL AVERAGE	2,132	2,290	TOTAL AVG	2,068	2,150	2,137	2,289
Exhibit S							

Source: MCO Reported-Report #6a Inpatient, Physician and 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 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

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

	2014	2013	2012	2011
Aetna Better Health				
12-24 months	95.01%	92.35%	91.38%	N/A
25 mo - 6 years	82.16%	78.47%	75.25%	N/A
7-11 years	81.67%	81.24%	N/A	N/A
12-19 years	78.08%	76.75%	N/A	N/A
Coventry Cares				
12-24 months	94.55%	88.17%	86.13%	N/A
25 mo - 6 years	85.96%	73.95%	65.18%	N/A
7-11 years	79.52%	77.62%	N/A	N/A
12-19 years	75.72%	70.02%	N/A	N/A
Health Partners				
12-24 months	97.32%	96.47%	97.54%	94.59%
25 mo - 6 years	87.91%	86.55%	86.65%	84.23%
7-11 years	91.32%	91.46%	90.70%	90.25%
12-19 years	89.40%	89.45%	88.12%	87.82%
Keystone First (Keystone Mercy)				
12-24 months	97.35%	97.17%	97.36%	95.65%
25 mo - 6 years	88.67%	88.21%	88.76%	86.81%
7-11 years	92.29%	92.07%	91.19%	90.43%
12-19 years	90.60%	90.58%	89.63%	89.00%
UnitedHealthcare (AmeriChoice)				
12-24 months	95.99%	96.23%	96.31%	94.56%
25 mo - 6 years	87.92%	86.43%	86.83%	85.46%
7-11 years	90.34%	90.23%	90.15%	89.72%
12-19 years	88.51%	88.56%	87.95%	88.18%

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

	2014	2013	2012	2011
Aetna Better Health				
20-44 years	71.71%	67.86%	69.90%	N/A
45-64 years	81.66%	78.28%	79.56%	N/A
65 and older	83.51%	78.19%	81.48%	N/A
Coventry Cares				
20-44 years	75.81%	64.85%	59.52%	N/A
45-64 years	85.90%	78.24%	71.58%	N/A
65 and older	82.17%	71.19%	64.29%	N/A
Health Partners				
20-44 years	82.77%	82.28%	80.59%	81.08%
45-64 years	91.64%	91.55%	90.32%	89.09%
65 and older	88.40%	89.88%	89.12%	88.80%
Keystone First (Keystone Mercy)				
20-44 years	82.38%	81.75%	81.66%	81.44%
45-64 years	91.03%	91.11%	90.39%	89.61%
65 and older	88.17%	88.79%	87.36%	85.68%
UnitedHealthcare (AmeriChoice)				
20-44 years	77.68%	77.30%	77.96%	74.59%
45-64 years	85.96%	84.76%	84.47%	81.29%
65 and older	83.70%	82.97%	81.81%	77.15%

Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	3Qtr13	4Qtr13		1Qtr14	2Qtr14	3Qtr14	4Qtr14
Aetna Better Health							
TANF	969	724	TANF/HB/ MAGI (Ages 19+)	818	1,172	863	804
HB	1,078	1,457	TANF/HB/ MAGI (Ages 0-18)	981	1,154	1,166	1,170
SSI w/o	857	875	SSI w/o	804	710	905	864
TOTAL AVERAGE	914	863	TOTAL AVG	846	993	978	957
Coventry Cares							
TANF	995	1,019	TANF/HB/ MAGI (Ages 19+)	1,228	1,070	858	*
HB	968	1,062	TANF/HB/ MAGI (Ages 0-18)	865	847	927	*
SSI w/o	993	1,016	SSI w/o	1,149	566	1,047	*
TOTAL AVERAGE	932	965	TOTAL AVG	959	773	872	*
Health Partners							
TANF	1,044	965	TANF/HB/ MAGI (Ages 19+)	1,578	959	953	890
HB	1,309	1,230	TANF/HB/ MAGI (Ages 0-18)	1,043	1,135	1,259	1,256
SSI w/o	887	870	SSI w/o	850	947	974	938
TOTAL AVERAGE	1,005	934	TOTAL AVG	1,060	1,004	1,071	1,049
Keystone First							
TANF	1,004	1,029	TANF/HB/ MAGI (Ages 19+)	771	846	844	822
HB	1,307	1,357	TANF/HB/ MAGI (Ages 0-18)	1,101	1,235	1,204	1,192
SSI w/o	806	803	SSI w/o	731	840	825	828
TOTAL AVERAGE	1,011	1,017	TOTAL AVG	935	1,052	1,031	1,023
United Healthcare							
TANF	947	946	TANF/HB/ MAGI (Ages 19+)	601	778	713	739
HB	1,242	1,242	TANF/HB/ MAGI (Ages 0-18)	982	1,161	1,225	1,161
SSI w/o	705	702	SSI w/o	582	760	735	716
TOTAL AVERAGE	921	903	TOTAL AVG	773	947	966	934

Exhibit T

Source: MCO Reported-Report #6a Inpatient, Physician and 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 data.

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

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.

HEDIS MEASURE: PERIODIC DENTAL EVALUATIONS FOR CHILDREN, ADOLESCENTS AND ADULTS (21-64)

	2014	2013	2012	2011
Health Partners				
3-20 years	RETIRED	RETIRED	RETIRED	53.74%
21-64 years	RETIRED	RETIRED	RETIRED	33.54%
Keystone First (Mercy)				
3-20 years	RETIRED	RETIRED	RETIRED	52.33%
21-64 years	RETIRED	RETIRED	RETIRED	34.39%
UnitedHealthcare (AmeriChoice)				
3-20 years	RETIRED	RETIRED	RETIRED	47.20%
21-64 years	RETIRED	RETIRED	RETIRED	27.20%

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.

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.

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

SPECIALTY VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE							
	3Qtr13	4Qtr13	4Qtr13	1Qtr14	2Qtr14	3Qtr14	4Qtr14
Aetna Better Health							
TANF	1,219	1,108	TANF/HB/ MAGI (Ages 19+)	1,168	1,114	765	946
HB	1,144	1,549	TANF/HB/ MAGI (Ages 0--18)	501	536	535	529
SSI w/o	3,304	3,464	SSI w/o	2,785	2,810	2,301	2,292
TOTAL AVERAGE	1,775	1,798	TOTAL AVG	1,250	1,267	1,032	1,068
Coventry Cares							
TANF	1,437	1,548	TANF/HB/ MAGI (Ages 19+)	2,332	2,116	1,436	*
HB	1,360	1,502	TANF/HB/ MAGI (Ages 0--18)	850	700	532	*
SSI w/o	3,796	3,830	SSI w/o	3,716	3,728	2,580	*
TOTAL AVERAGE	2,097	2,206	TOTAL AVG	2,106	1,945	1,330	*
Health Partners							
TANF	3,831	3,908	TANF/HB/ MAGI (Ages 19+)	6,429	6,785	6,764	6,661
HB	2,806	2,632	TANF/HB/ MAGI (Ages 0--18)	2,118	2,279	2,150	2,292
SSI w/o	10,299	10,042	SSI w/o	10,187	10,925	10,937	10,687
TOTAL AVERAGE	5,706	5,661	TOTAL AVG	5,563	5,913	5,830	5,765
Keystone First							
TANF	1,365	1,272	TANF/HB/ MAGI (Ages 19+)	2,568	2,962	3,157	3,038
HB	1,016	793	TANF/HB/ MAGI (Ages 0--18)	682	779	796	800
SSI w/o	4,249	4,058	SSI w/o	4,052	4,347	4,277	4,155
TOTAL AVERAGE	2,137	2,013	TOTAL AVG	2,014	2,233	2,257	2,187
United Healthcare							
TANF	1,316	1,383	TANF/HB/ MAGI (Ages 19+)	2,626	2,519	2,475	2,358
HB	1,105	1,017	TANF/HB/ MAGI (Ages 0--18)	671	651	658	635
SSI w/o	3,270	3,089	SSI w/o	3,049	2,984	2,969	3,046
TOTAL AVERAGE	1,815	1,813	TOTAL AVG	1,696	1,652	1,629	1,608
Exhibit U							

Source: MCO Reported-Report #6a Inpatient, Physician and 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 data.

Utilization

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

EMERGENCY ROOM UTILIZATION PER 1,000 MEMBERS BY AGE GROUPING

	2Qtr.13	3Qtr.13	4Qtr.13	1Qtr.14	2Qtr.14	3Qtr.14
Aetna Better Health						
Under 21 years old	565.0	531.4	566.5	476.2	524.3	528.5
21 years old & over	1,109.3	1,159.3	1,181.9	1,111.5	1,379.5	1,184.3
Coventry Cares						
Under 21 years old	675.1	660.3	666.0	643.4	658.3	594.3
21 years old & over	1,433.1	1,615.5	1,492.0	1,447.4	1,233.6	1,243.8
Health Partners						
Under 21 years old	703.6	710.8	738.6	679.2	785.2	724.6
21 years old & over	1,192.7	1,334.2	1,220.6	1,222.2	1,302.7	1,370.5
Keystone First						
Under 21 years old	645.3	625.1	646.8	588.0	671.5	629.0
21 years old & over	1,372.7	1,540.2	1,411.8	1,393.7	1,519.3	1,552.2
United Healthcare						
Under 21 years old	648.2	635.6	686.9	609.1	696.7	650.1
21 years old & over	1,368.5	1,573.9	1,442.1	1,363.8	1,470.5	1,484.4
Exhibit V						
<i>Source: MCO Reported-Report #7e Emergency Department Utilization</i>						

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

Utilization

Exhibit W ED Utilization

This measure summarizes: Utilization of ambulatory care in the category of Emergency Department Visits. Quarter to quarter comparison shows four MCOs' rates stayed consistent. One MCO increased. Year over year comparison of rates show three MCOs' rates decreased in utilization, meaning better performance. Two MCOs' rates were consistent. Q115 submission compared to HEDIS 2014 show two MCOs decreased and three MCOs remained steady. The HealthChoices weighted average has remained steady for quarter to quarter utilization and 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
Aetna Better Health	68.58	68.35	68.67	68.64	67.25	67.42	67.60
CoventryCares ²	74.69	78.46	78.96	78.43	76.48	76.14	78.51
Health Partners Plans	80.23	79.99	81.10	80.12	78.89	79.73	80.04
Keystone First	67.05	68.60	68.78	68.83	66.71	66.87	66.56
United Healthcare	74.60	70.81	67.47	64.55	67.44	68.31	67.51
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 for four MCOs' have increased, one has decreased. Year over year comparison of rates show all MCOs have increased. Q115 submission compared to HEDIS 2014 shows one MCO remained consistent, one MCO's rate was lower and three MCOs' rates increased. 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
Aetna Better Health	43.00%	49.42%	45.29%	49.55%	48.08%	45.19%	51.89%
CoventryCares ¹	38.36%	43.21%	38.93%	43.09%	47.27%	47.85%	49.06%
Health Partners Plans	61.93%	64.18%	63.19%	64.23%	63.61%	63.56%	65.98%
Keystone First	61.23%	62.73%	61.36%	62.70%	62.21%	62.22%	63.24%
United Healthcare	50.74%	55.29%	43.69%	53.26%	49.05%	52.88%	51.37%
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 two MCOs' rates increased in visits, two MCOs decreased, and one MCO remained steady. Year over year comparison show one MCO has increased visits, one remained steady, and three MCOs have decreased. Q115 submission rates compared to HEDIS 2014 show one MCO higher than reported rates. Four MCOs' rates were below reported HEDIS rates. The HealthChoices weighted average has decreased compared to last quarter and reported HEDIS 2014 rates. Rate compared to last year has increased.

Total Outpatient Visits (0 - 64 year olds)/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
Aetna Better Health	267.87	268.46	267.46	266.86	263.73	265.59	265.62
CoventryCares ¹	243.72	337.83	328.67	337.14	344.67	339.37	308.06
Health Partners Plans	321.33	346.15	339.78	342.88	339.06	336.49	340.51
Keystone First	324.70	311.92	328.21	309.63	301.54	300.09	296.66
United Healthcare	288.67	292.21	266.87	264.06	289.37	293.45	298.01
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. All MCOs quarterly submissions are consistent with last quarter's rates. Q115 submission rates are consistent compared to HEDIS 2014. Year over year comparison of rates show one MCO's rate decreased, meaning better performance. The remaining four MCOs' rates remained steady. 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
Aetna Better Health	9.84	9.29	8.80	9.19	9.36	9.48	9.15
CoventryCares²	9.53	8.22	7.92	8.22	8.48	8.45	8.43
Health Partners Plans	13.37	12.93	13.07	12.87	12.80	12.58	12.13
Keystone First	11.81	11.16	11.63	11.10	10.83	10.57	10.60
United Healthcare	7.98	8.56	7.65	7.56	8.04	8.18	7.74
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. Quarter to Quarter comparison of rates show all MCOs remained consistent. Year over year comparison shows one MCO's rate has increased, one has decreased and three MCOs remained steady. The HealthChoices weighted average remains consistent to previous submissions as well.

Pediatric Asthma Admission Rate: Hospital Admissions per 100,000 population for children 2-17 with Asthma					
	Reporting 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
Aetna Better Health	4.01	4.41	4.06	3.82	3.55
CoventryCares ¹	1.88	0.91	0.99	0.82	0.69
Health Partners Plans	8.39	8.22	8.67	9.23	10.44
Keystone First	5.47	4.94	5.16	5.08	4.52
United Healthcare	2.80	2.65	2.39	2.41	3.15
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				
		ABH	CC	HP	KF	UHC
1	Correct denial letter & sufficient supporting doc.	40%	0%	86%	91%	100%
2	Correct time frames for review/Determination Notices	91%	86%	97%	89%	54%
3	Appropriateness of denial	100%	100%	100%	100%	100%
4	Medical Necessity	100%	100%	91%	89%	63%
5	Evidence of a Physician/Dentist Review	100%	97%	100%	100%	100%
6	Readability of denial notice – clarity and language	3%	0%	74%	17%	0%
7	Member age and provider contract	100%	94%	100%	97%	94%
Files Not Submitted as Requested		0%	0%	0%	0%	0%

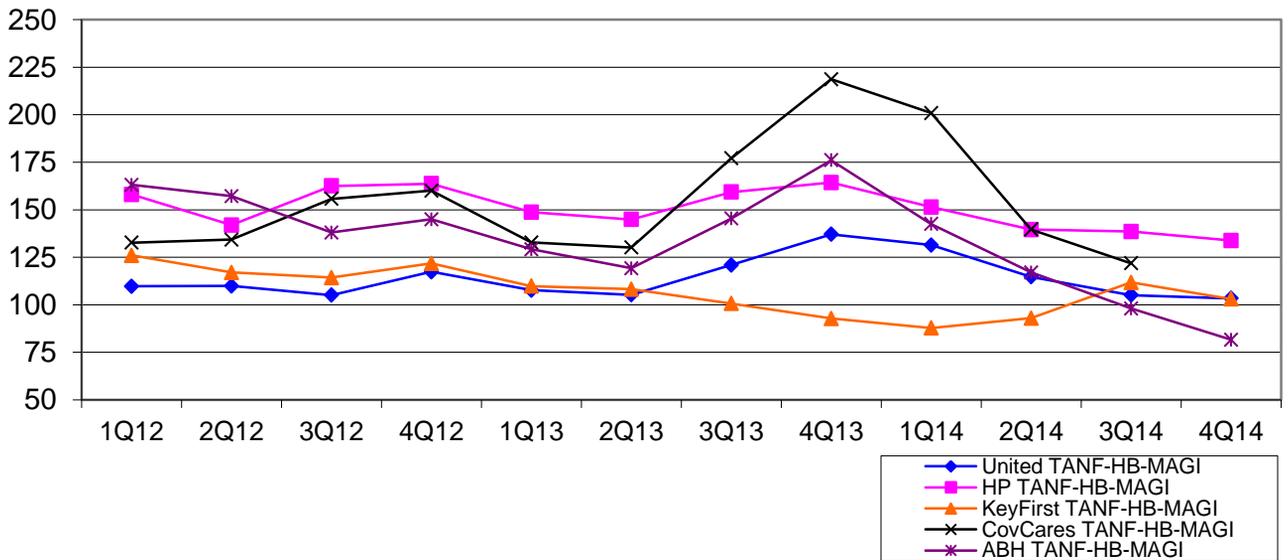
Exhibit BB

Source: DHS audit of MCO denial files

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

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

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
United TANF-HB-MAGI	110	110	105	117	108	105	121	137	131	115	105	103
HP TANF-HB-MAGI	158	142	162	164	149	145	159	164	151	140	139	134
KeyFirst TANF-HB-MAGI	126	117	114	122	110	108	101	93	88	93	112	103
CovCares TANF-HB-MAGI*	133	134	156	160	133	130	177	219	201	140	122	
ABH TANF-HB-MAGI	163	157	138	145	129	119	145	176	142	117	98	82
United TANF-HB-MAGI % chg					-1.84%	-4.27%	15.11%	16.81%	22.03%	9.05%	-13.14%	-24.61%
HP TANF-HB-MAGI % chg					-5.93%	2.08%	-1.96%	0.37%	1.83%	-3.69%	-13.05%	-18.57%
KeyFirst TANF-HB-MAGI % chg					-12.87%	-7.54%	-11.93%	-23.78%	-20.01%	-14.03%	10.96%	11.02%
CovCares TANF-HB-MAGI % chg*					0.08%	-3.09%	13.70%	36.59%	51.33%	7.28%	-31.19%	
ABH TANF-HB-MAGI % chg					-20.78%	-24.17%	5.30%	21.45%	10.25%	-1.83%	-32.54%	-53.64%

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

Note: % change is from the 4th prior quarter

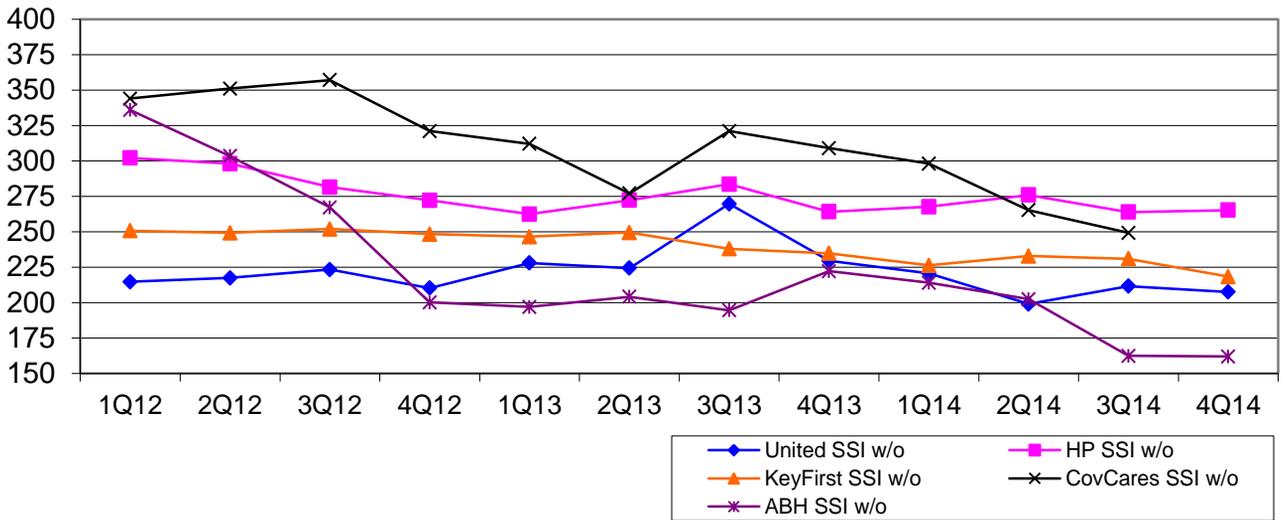
Exhibit CC1

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

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

We are working with the MCOs to improve the data.

HC Southeast Zone Inpatient Discharges per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
United SSI w/o	215	217	223	210	228	224	270	229	221	199	212	208
HP SSI w/o	302	298	281	272	262	272	283	264	268	276	264	265
KeyFirst SSI w/o	251	249	252	248	246	249	238	235	226	233	231	218
CovCares SSI w/o*	344	351	357	321	312	277	321	309	298	265	249	
ABH SSI w/o	336	303	267	200	197	204	194	222	214	202	162	162
United SSI w/o % chg					6.21%	3.16%	20.81%	9.09%	-3.23%	-11.31%	-21.56%	-9.53%
HP SSI w/o % chg					-13.14%	-8.63%	0.73%	-2.97%	1.99%	1.32%	-6.92%	0.46%
KeyFirst SSI w/o % chg					-1.64%	0.08%	-5.54%	-5.42%	-8.22%	-6.65%	-2.96%	-7.04%
CovCares SSI w/o % chg*					-9.30%	-21.08%	-10.08%	-3.74%	-4.49%	-4.25%	-22.37%	
ABH SSI w/o % chg					-41.36%	-32.71%	-27.19%	10.99%	8.65%	-0.88%	-16.50%	-27.11%

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

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.

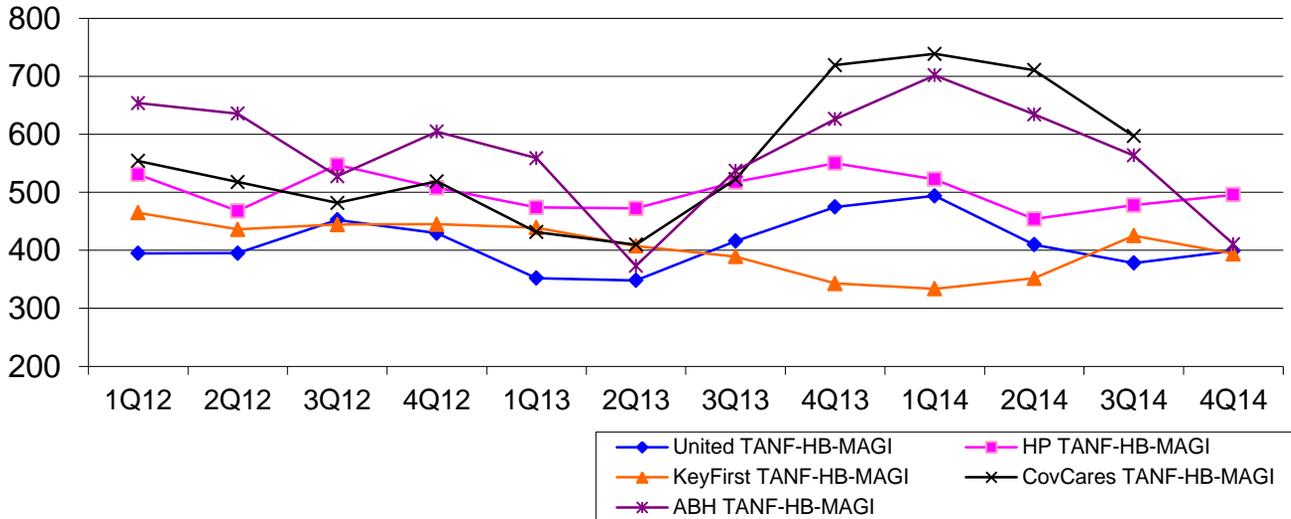
We are working with the MCOs to improve the data.

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
United TANF-HB-MAGI	395	395	452	429	352	348	416	475	494	410	378	399
HP TANF-HB-MAGI	531	468	547	508	474	472	518	550	522	454	478	496
KeyFirst TANF-HB-MAGI	465	436	444	445	439	408	389	343	334	352	425	394
CovCares TANF-HB-MAGI*	554	518	482	519	431	410	522	719	739	710	597	
ABH TANF-HB-MAGI	654	636	528	605	559	373	537	626	702	634	564	411
United TANF-HB-MAGI % chg					-10.84%	-11.88%	-8.05%	10.55%	40.38%	17.76%	-9.13%	-15.92%
HP TANF-HB-MAGI % chg					-10.72%	0.94%	-5.39%	8.38%	10.26%	-3.89%	-7.74%	-9.88%
KeyFirst TANF-HB-MAGI % chg					-5.50%	-6.52%	-12.41%	-22.94%	-24.01%	-13.69%	9.29%	14.94%
CovCares TANF-HB-MAGI % chg*					-22.12%	-20.85%	8.47%	38.59%	71.24%	73.40%	14.26%	
ABH TANF-HB-MAGI % chg					-14.56%	-41.28%	1.79%	3.56%	25.60%	69.91%	4.94%	-34.43%

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

Note: % change is from the 4th prior quarter

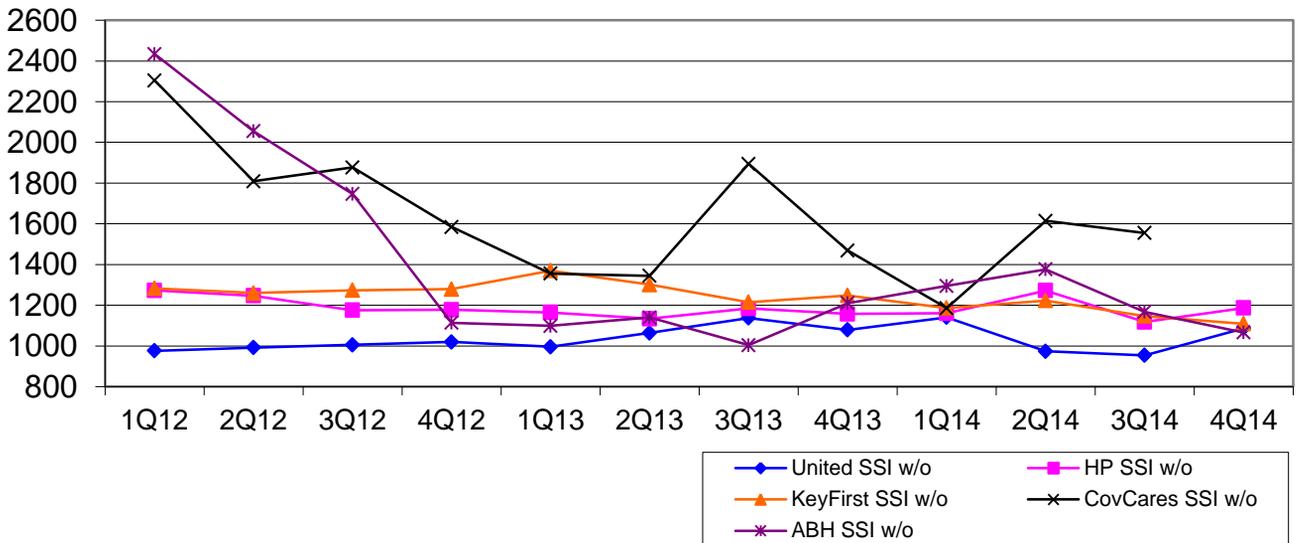
Exhibit DD1

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

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

We are working with the MCOs to improve the data.

HC Southeast Zone Inpatient Days per 1000 (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
United SSI w/o	976	992	1005	1020	996	1064	1138	1079	1141	974	954	1087
HP SSI w/o	1273	1247	1176	1178	1164	1133	1184	1157	1161	1272	1118	1187
KeyFirst SSI w/o	1283	1260	1274	1279	1370	1302	1215	1248	1187	1223	1147	1109
CovCares SSI w/o*	2304	1809	1877	1584	1356	1345	1894	1469	1186	1614	1555	
ABH SSI w/o	2433	2055	1747	1114	1099	1140	1003	1211	1295	1376	1168	1066
United SSI w/o % chg					2.04%	7.29%	13.14%	5.82%	14.54%	-8.50%	-16.13%	0.72%
HP SSI w/o % chg					-8.53%	-9.12%	0.74%	-1.77%	-0.32%	12.21%	-5.62%	2.58%
KeyFirst SSI w/o % chg					6.76%	3.27%	-4.61%	-2.42%	-13.36%	-6.06%	-5.63%	-11.10%
CovCares SSI w/o % chg*					-41.15%	-25.65%	0.91%	-7.26%	-12.54%	20.00%	-17.91%	
ABH SSI w/o % chg					-54.85%	-44.51%	-42.54%	8.66%	17.87%	20.69%	16.38%	-11.94%

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

Note: % change is from the 4th prior quarter

Exhibit DD2

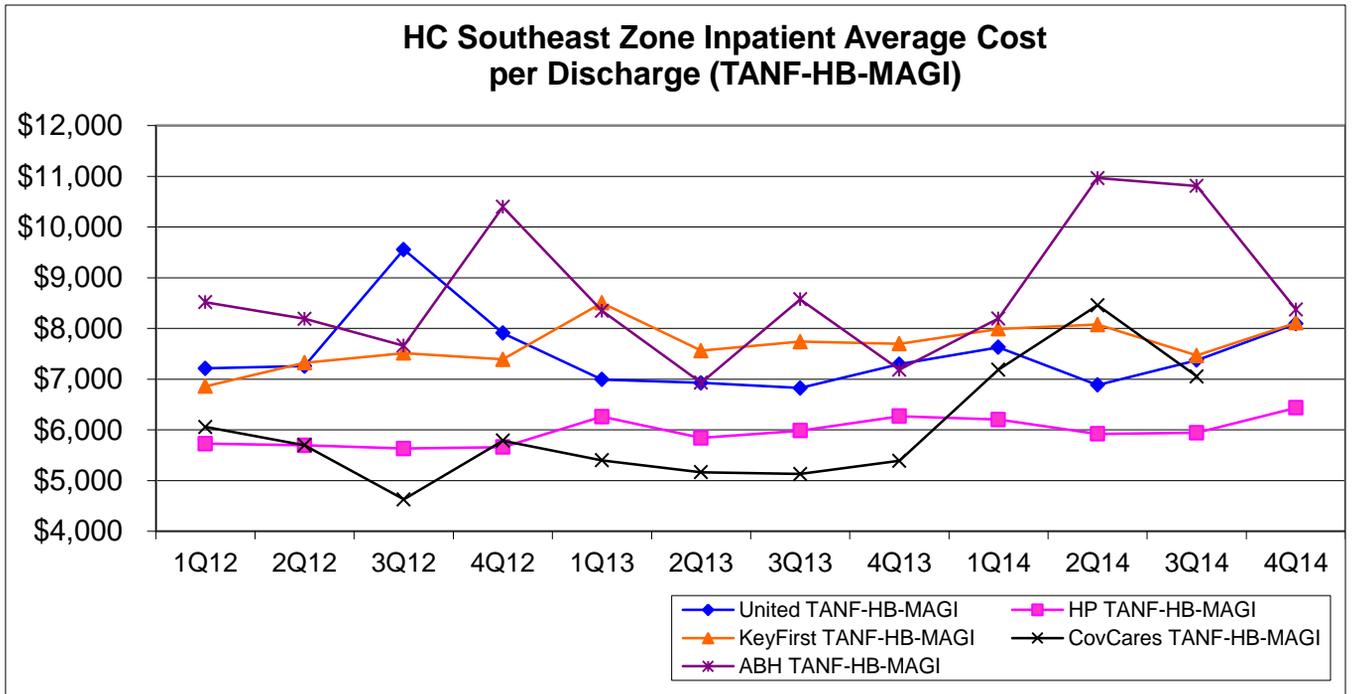
Source: Report #6a Inpatient, Physician and Dental Statistics

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
United TANF-HB-MAGI	\$ 7,212	\$ 7,256	\$ 9,554	\$ 7,908	\$ 6,993	\$ 6,926	\$ 6,826	\$ 7,296	\$ 7,627	\$ 6,883	\$ 7,374	\$ 8,091
HP TANF-HB-MAGI	\$ 5,726	\$ 5,693	\$ 5,630	\$ 5,658	\$ 6,261	\$ 5,842	\$ 5,985	\$ 6,270	\$ 6,202	\$ 5,921	\$ 5,942	\$ 6,434
KeyFirst TANF-HB-MAGI	\$ 6,860	\$ 7,322	\$ 7,514	\$ 7,389	\$ 8,503	\$ 7,562	\$ 7,738	\$ 7,699	\$ 7,988	\$ 8,077	\$ 7,466	\$ 8,111
CovCares TANF-HB-MAGI*	\$ 6,055	\$ 5,698	\$ 4,627	\$ 5,785	\$ 5,400	\$ 5,163	\$ 5,130	\$ 5,389	\$ 7,186	\$ 8,457	\$ 7,054	
ABH TANF-HB-MAGI	\$ 8,517	\$ 8,189	\$ 7,661	\$ 10,395	\$ 8,348	\$ 6,928	\$ 8,574	\$ 7,185	\$ 8,195	\$ 10,965	\$ 10,810	\$ 8,375
United TANF-HB-MAGI % chg					-3.03%	-4.55%	-28.56%	-7.75%	9.06%	-0.62%	8.03%	10.90%
HP TANF-HB-MAGI % chg					9.34%	2.60%	6.30%	10.82%	-0.93%	1.36%	-0.72%	2.62%
KeyFirst TANF-HB-MAGI % chg					23.94%	3.28%	2.98%	4.19%	-6.05%	6.81%	-3.51%	5.35%
CovCares TANF-HB-MAGI % chg*					-10.83%	-9.39%	10.89%	-6.85%	33.08%	63.79%	37.50%	
ABH TANF-HB-MAGI % chg					-1.98%	-15.40%	11.92%	-30.88%	-1.83%	58.27%	26.08%	16.56%

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

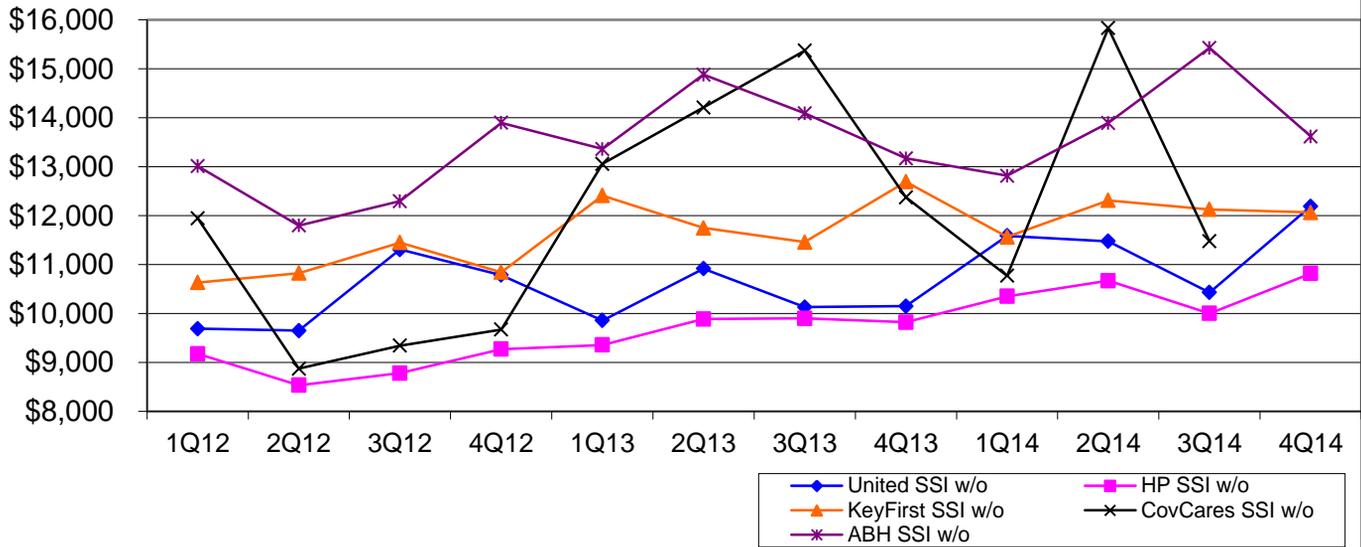
Note: % change is from the 4th prior quarter

Exhibit EE1

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

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

HC Southeast Zone Inpatient Average Cost per Discharge (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
United SSI w/o	\$ 9,690	\$ 9,652	\$ 11,308	\$ 10,785	\$ 9,856	\$ 10,918	\$ 10,129	\$ 10,150	\$ 11,587	\$ 11,476	\$ 10,431	\$ 12,191
HP SSI w/o	\$ 9,175	\$ 8,535	\$ 8,780	\$ 9,271	\$ 9,357	\$ 9,888	\$ 9,900	\$ 9,821	\$ 10,352	\$ 10,671	\$ 10,002	\$ 10,819
KeyFirst SSI w/o	\$ 10,634	\$ 10,824	\$ 11,450	\$ 10,844	\$ 12,410	\$ 11,748	\$ 11,460	\$ 12,695	\$ 11,565	\$ 12,311	\$ 12,129	\$ 12,064
CovCares SSI w/o*	\$ 11,945	\$ 8,875	\$ 9,343	\$ 9,672	\$ 13,059	\$ 14,209	\$ 15,371	\$ 12,374	\$ 10,773	\$ 15,832	\$ 11,477	
ABH SSI w/o	\$ 13,011	\$ 11,799	\$ 12,296	\$ 13,897	\$ 13,360	\$ 14,882	\$ 14,090	\$ 13,171	\$ 12,815	\$ 13,892	\$ 15,427	\$ 13,619
United SSI w/o % chg					1.71%	13.12%	-10.43%	-5.89%	17.56%	5.11%	2.98%	20.10%
HP SSI w/o % chg					1.99%	15.85%	12.75%	5.93%	10.63%	7.93%	1.03%	10.17%
KeyFirst SSI w/o % chg					16.70%	8.53%	0.10%	17.06%	-6.81%	4.79%	5.83%	-4.97%
CovCares SSI w/o % chg*					9.33%	60.10%	64.52%	27.94%	-17.51%	11.42%	-25.33%	
ABH SSI w/o % chg					2.68%	26.13%	14.59%	-5.22%	-4.08%	-6.65%	9.49%	3.40%

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

Note: % change is from the 4th prior quarter

Exhibit EE2

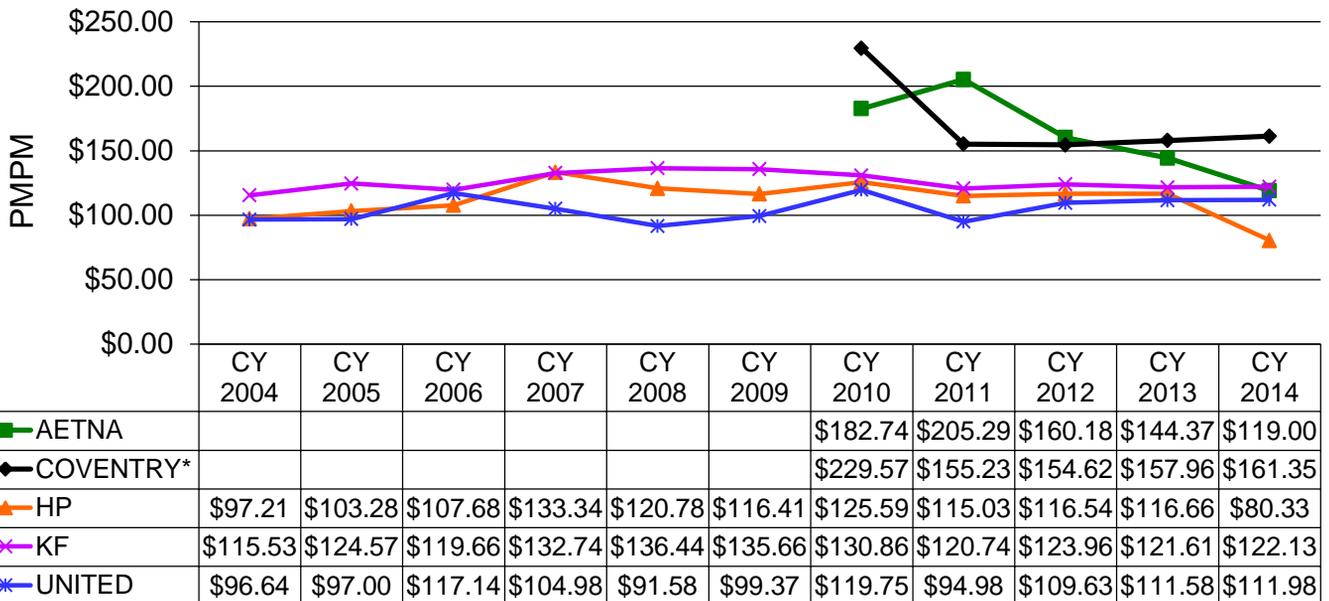
Source: Report #6a Inpatient, Physician and Dental Statistics

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-SE ZONE CY 2004 – CY 2014 HOSPITAL INPATIENT COSTS YTD (No APR Adj.) WEIGHTED BY HC-SE ZONE CASE MIX



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

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

Exhibit FF

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

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

CHANGE IN SE ZONE REPORTED COSTS PMPM

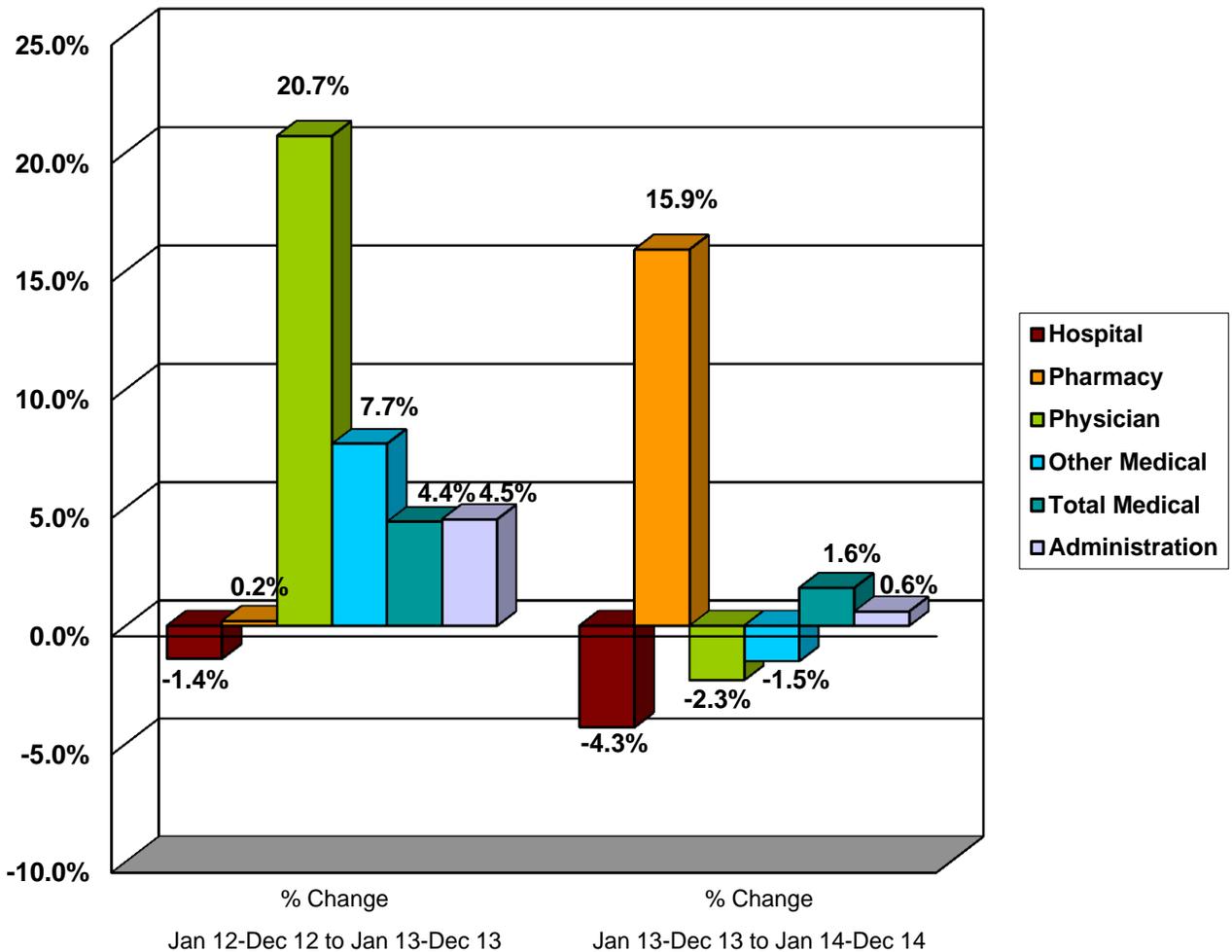


Exhibit GG

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

Encounter Data

Exhibit HH These analyses used HealthChoices 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 13-14 RATE SETTING

HealthChoices Southeast Zone PH-MCO	Emergency Dept. Low Acuity Non-Emergent (as a % of FRR Report 5 Emergency Room)	Pharmacy Retrospective Claims Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Appropriate Drug Use Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Maximum Allowable Cost (MAC) Reimbursement (as a % of Total Drug Spend)	Pharmacy Reimbursement on Drug-Related HCPCS Codes (as a Paid Amount)
Aetna	19.7%	1.0%	0.8%	6.8%	\$798,402
Coventry	25.5%	0.5%	0.4%	7.4%	\$127,054
Health Partners	10.2%	0.5%	1.0%	1.2%	\$446,317
Keystone	14.3%	0.6%	1.0%	1.1%	\$7,770,211
United	8.5%	0.8%	0.6%	0.0%	\$856,901

EFFICIENCY ADJUSTMENT ANALYSES FY 13-14 RATE SETTING

HealthChoices Southeast Zone PH-MCO	Inpatient Hospital PQI and PDI Dollars (as a % of Report 4)	Inpatient Hospital Ambulatory Care Sensitive (as a % of Report 4)	Inpatient Hospital Short Stays (as a % of Report 4)	Inpatient Hospital Readmissions (as a % of Report 4)	Third Party Liability/ Coordination of Benefits (as a % of Base Financial Data)
Aetna	1.75%	0.06%	0.39%	0.47%	0.75%
Coventry	1.56%	0.14%	0.56%	1.17%	0.54%
Health Partners	3.48%	0.15%	0.98%	0.70%	0.17%
Keystone	2.97%	0.10%	0.48%	0.80%	0.27%
United	3.13%	0.11%	0.46%	0.82%	0.42%

Exhibit HH

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 Aetna, whose volume levels are decreasing from August 2014 and forward for multiple record types. 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.

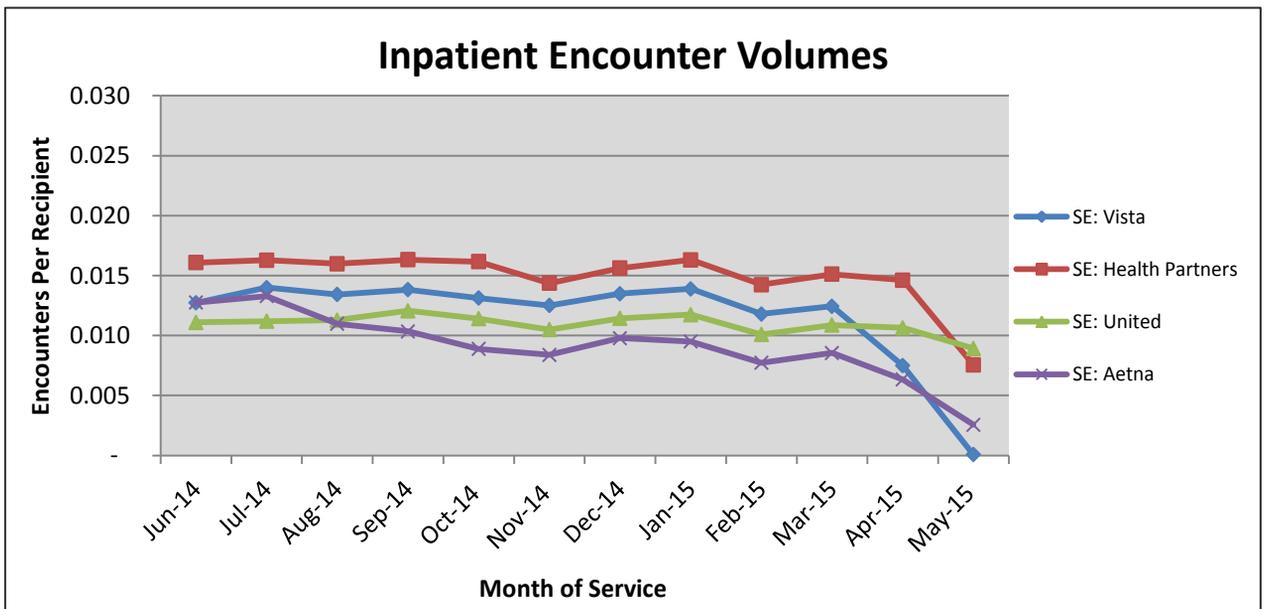


Exhibit II

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

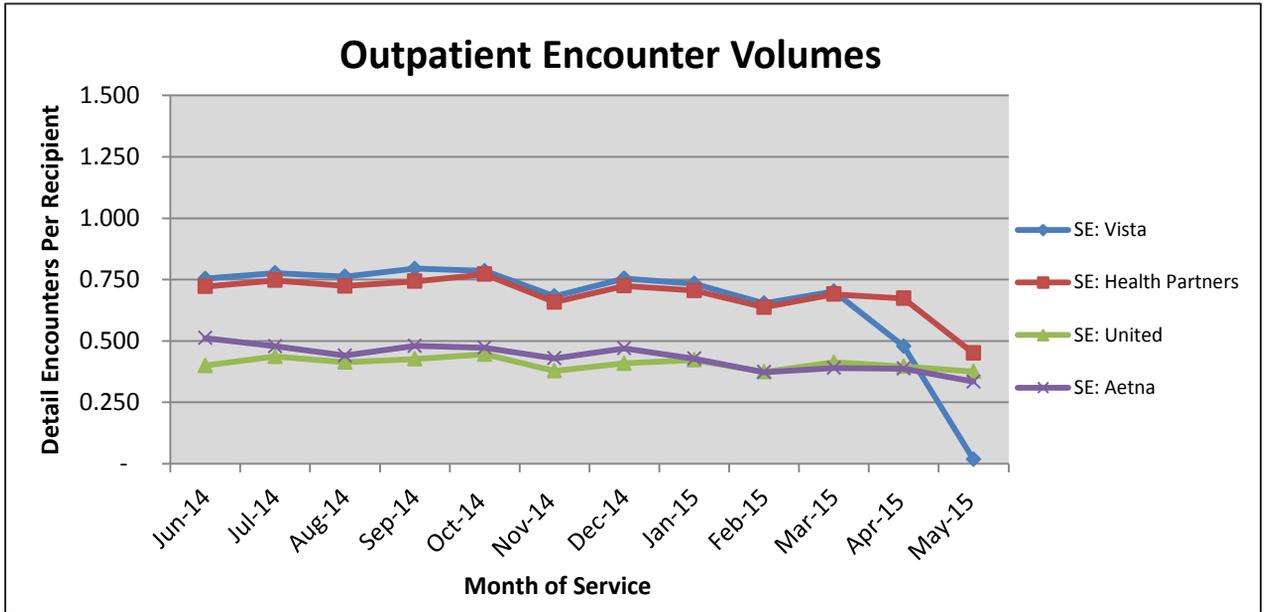


Exhibit JJ

Source: Mercer Government Human Services Consulting (MCO Reported)

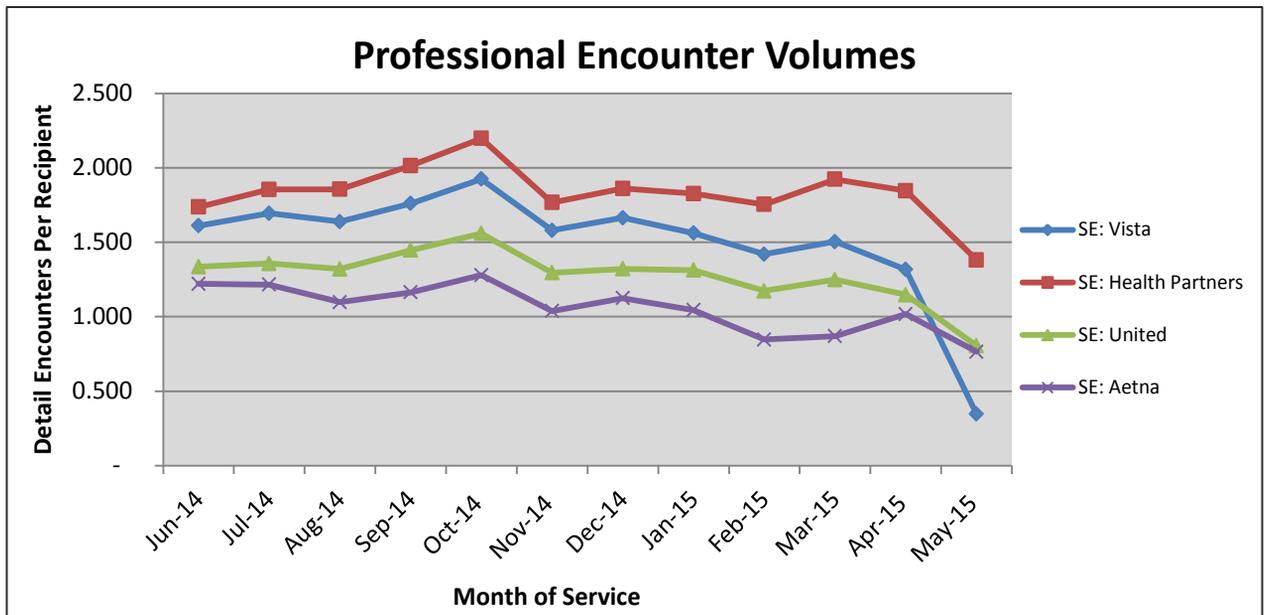


Exhibit KK

Source: Mercer Government Human Services Consulting (MCO Reported)

Encounter Data

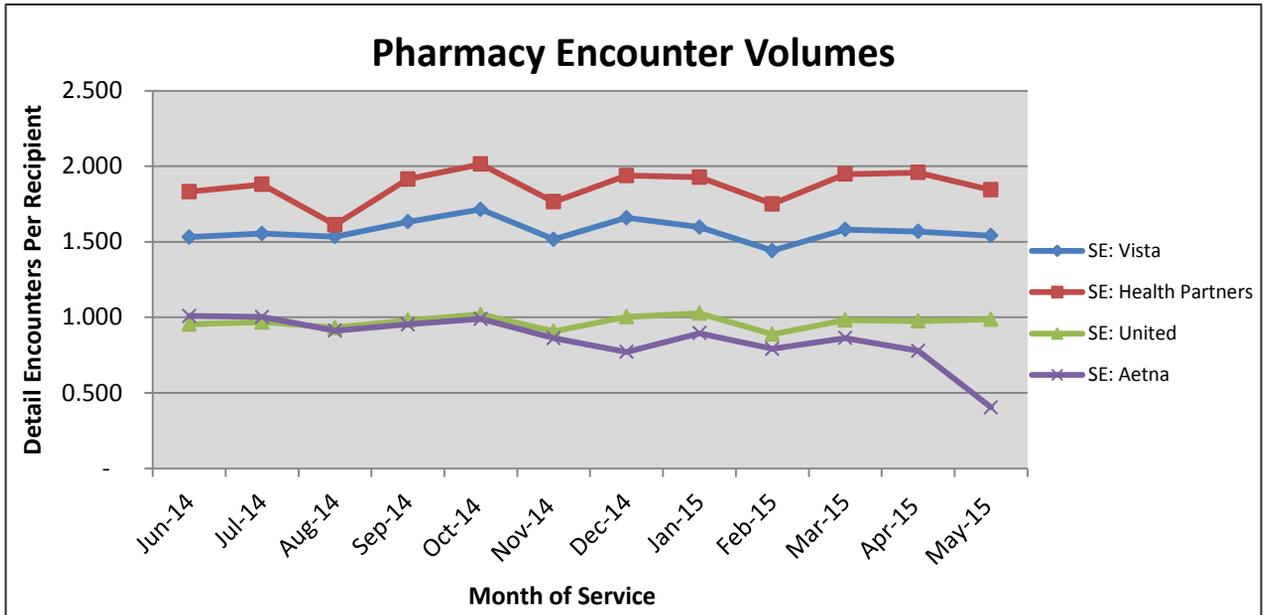


Exhibit LL

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

COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Bucks	\$ 649,875	18,637	-	25,044	43,681	3.4%
Chester	\$ 668,811	18,145	4,358	4,328	26,831	5.1%
Delaware	\$ 1,471,861	34,147	4,058	5,090	43,295	2.6%
Montgomery	\$ 667,229	21,379	2,386	3,571	27,336	2.5%
Philadelphia	\$ 9,411,280	254,556	794,063	19,346	1,067,965	10.2%
HC-SE Zone	\$ 12,869,056	346,864	804,865	57,379	1,209,108	7.9%

Exhibit MM

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

PCP Selection During Enrollment

Average = 95%

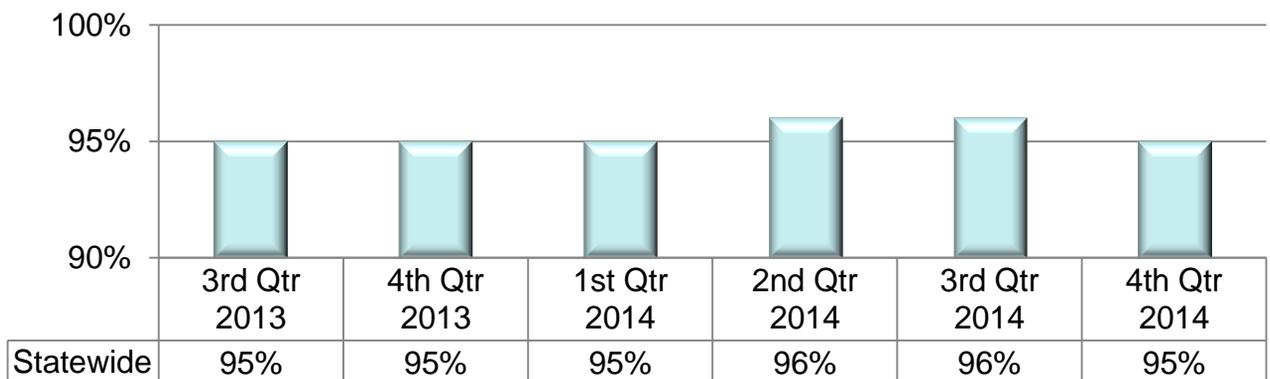


Exhibit NN

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
Aetna Better Health*	1,643	2,051	2,229	897
Coventry Cares*	234	83	170	-
Health Partners	2,053	2,068	1,863	2,528
Keystone First	11,222	10,696	12,070	11,297
United Healthcare	3,850	1,198	1,243	1,773

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

Exhibit OO

Source: MCO Reported

Restitution Recouped

October 1, 2014 to December 31, 2014

Aetna Better Health*	\$14,021
Health Partners	\$2,154,781
Keystone First	\$567,700
United Healthcare	\$535,240

Exhibit PP

Source: MCO Quarterly Compliance Report
MCO Reported

Providers Under Review

October 1, 2014 to December 31, 2014

Aetna Better Health*	31
Health Partners	898
Keystone First	14,387
United Healthcare	112

Exhibit QQ

Source: MCO Quarterly Compliance Report
MCO Reported

Cost Avoidance: Front-End

Edits Savings

October 1, 2014 to December 31, 2014

Aetna Better Health*	\$30,552,965
Health Partners	\$988,162
Keystone First	\$2,840,353
United Healthcare	\$14,887,840

Exhibit RR

Source: MCO Quarterly Compliance Report
MCO Reported

Provider Issues Referred by the MCO

October 1, 2014 to December 31, 2014

Aetna Better Health*	1
Health Partners	1
Keystone First	2
United Healthcare	12

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

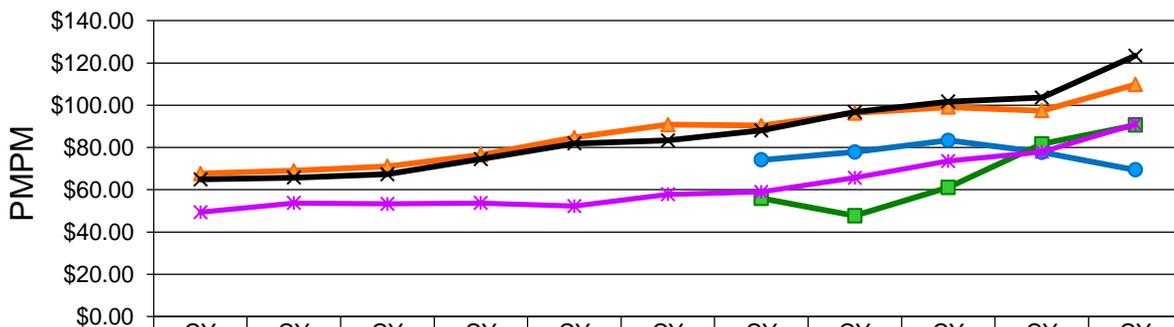
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Pharmacy Data

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-SE ZONE CY 2004 – CY 2014
PHARMACY COSTS YTD
WEIGHTED BY HC-SE ZONE CASE MIX**



	CY 2004	CY 2005	CY 2006	CY 2007	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
—●— AETNA							\$74.15	\$77.84	\$83.34	\$77.71	\$69.38
—■— COVENTRY							\$55.88	\$47.67	\$61.12	\$81.70	\$90.60
—▲— HP	\$67.65	\$68.99	\$71.11	\$76.54	\$84.68	\$90.80	\$90.32	\$96.33	\$99.08	\$97.43	\$109.76
—×— KF	\$64.89	\$65.73	\$67.31	\$74.50	\$81.92	\$83.32	\$88.09	\$96.76	\$101.72	\$103.63	\$123.41
—*— UNITED	\$49.34	\$53.69	\$53.36	\$53.73	\$52.24	\$57.83	\$58.98	\$65.69	\$73.61	\$77.97	\$91.05

Note: Excludes Dual Eligibles up to 2008.

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

Exhibit VV

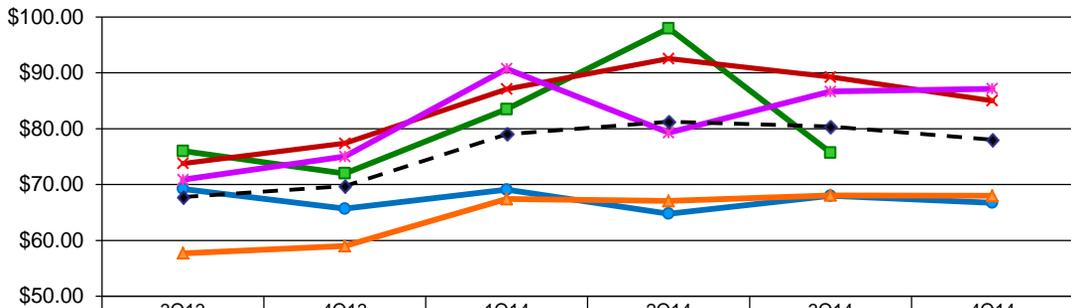
Source: Report #5 Income Statements (weighted based on MCO Reported)

Pharmacy Data

Exhibits WW-AAA Pharmacy Price and Utilization Statistics

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

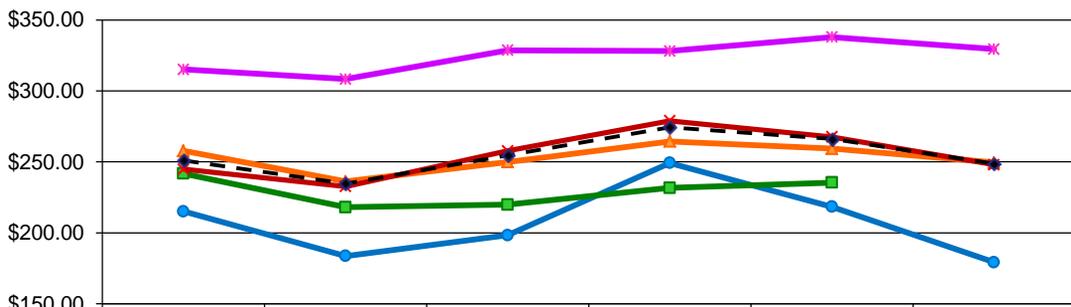
AVERAGE PRICE per SCRIPT



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AETNA	\$69.22	\$65.67	\$69.07	\$64.78	\$67.99	\$66.76
COVENTRY*	\$76.01	\$72.00	\$83.49	\$97.95	\$75.72	**
HP	\$57.71	\$59.00	\$67.42	\$67.07	\$68.08	\$67.98
KF	\$73.79	\$77.37	\$87.09	\$92.53	\$89.26	\$85.02
UNITED	\$70.88	\$75.02	\$90.72	\$79.29	\$86.66	\$87.15
TOTAL SE	\$67.77	\$69.75	\$79.03	\$81.26	\$80.37	\$78.00

Exhibit WW

AVERAGE PRICE per LEGEND BRAND SCRIPT



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AETNA	\$215.03	\$183.68	\$198.31	\$249.19	\$218.38	\$179.19
COVENTRY*	\$241.71	\$218.06	\$219.87	\$231.66	\$235.41	**
HP	\$257.74	\$236.21	\$249.84	\$264.45	\$259.30	\$249.55
KF	\$244.83	\$232.64	\$257.71	\$278.89	\$267.62	\$247.99
UNITED	\$315.09	\$308.31	\$328.64	\$328.01	\$337.94	\$329.40
TOTAL SE	\$251.04	\$234.69	\$254.69	\$274.34	\$266.12	\$248.62

Exhibit XX

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

Pharmacy Data (Continued)

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

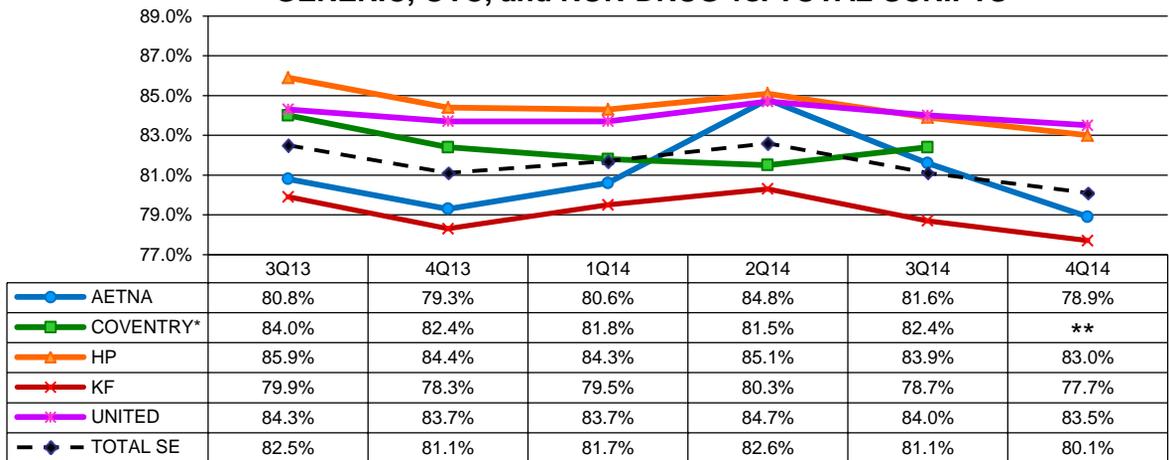


Exhibit YY

SCRIPTS per MEMBER MONTHS

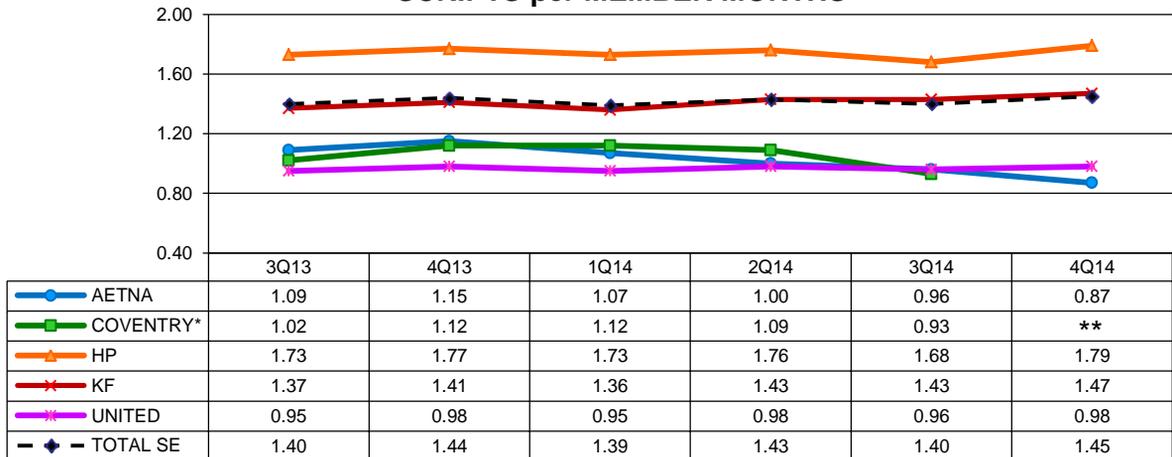


Exhibit ZZ

SPEND per UTILIZER per MONTH

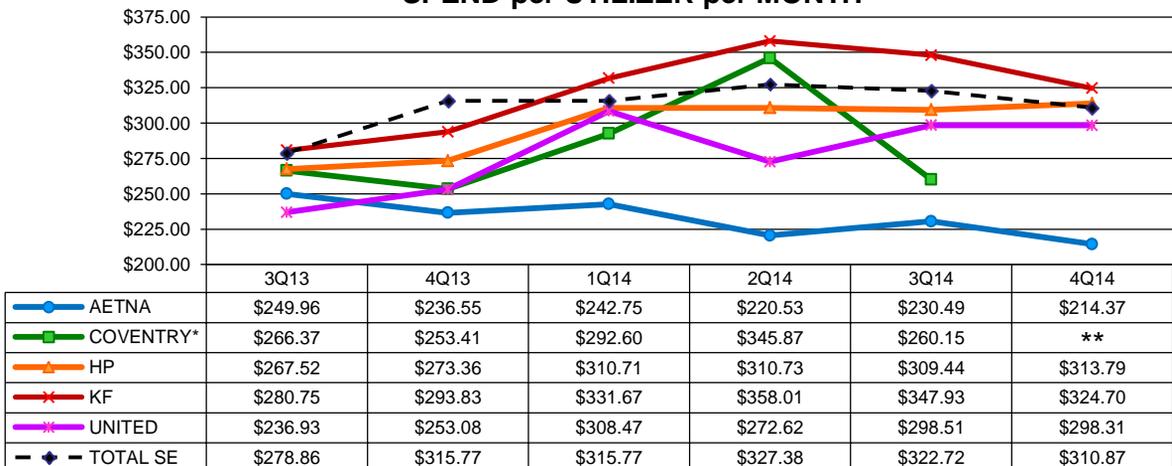


Exhibit AAA

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

Maternity

SE Zone : Maternity Care Costs per case *

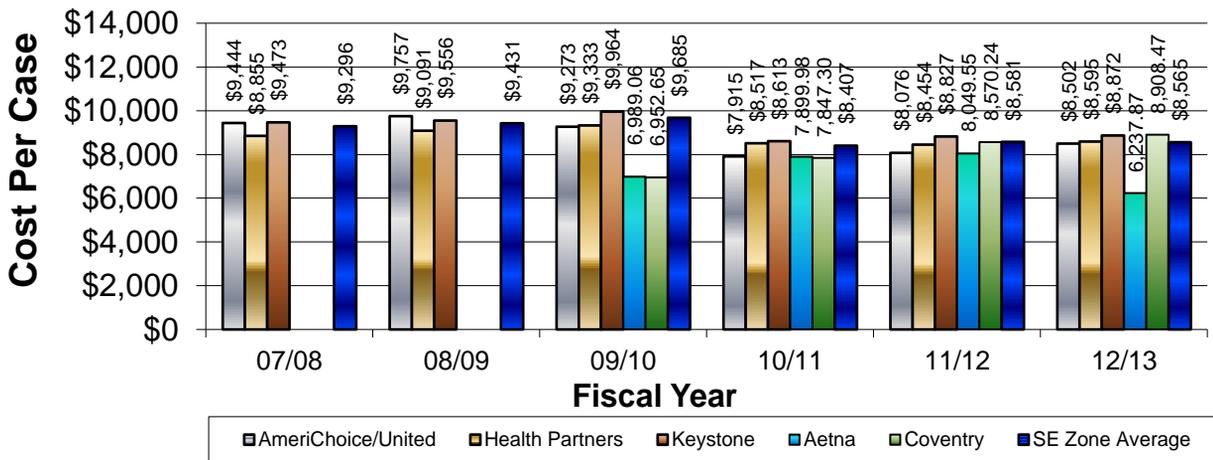


Exhibit BBB

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

SE Zone - % of Change - Combined Services

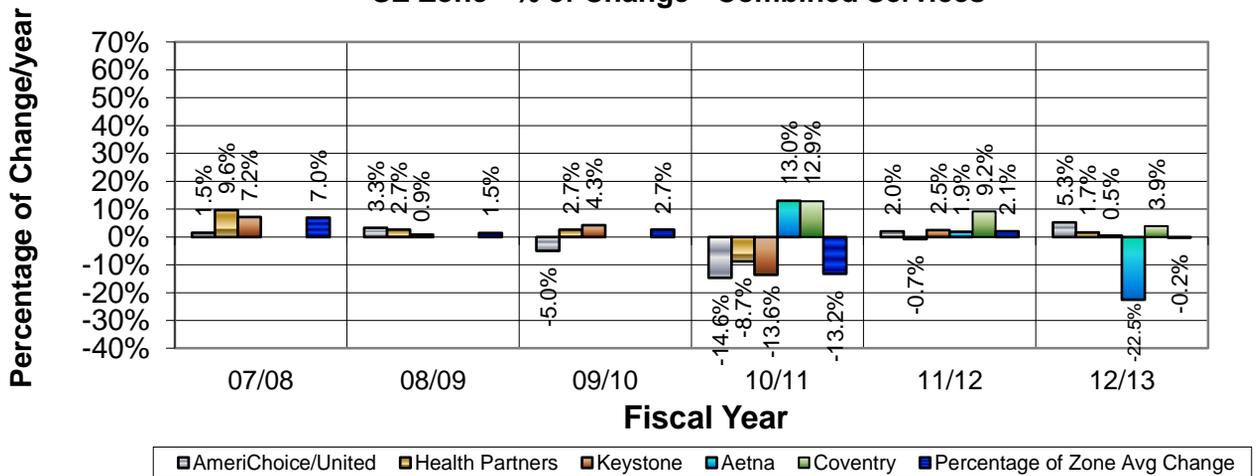


Exhibit CCC

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

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

C-Section Prevalence – SE Zone	06/07	07/08	08/09	09/10	10/11	11/12	12/13
AmeriChoice/United	26.50%	28.16%	25.72%	29.01%	27.65%	30.16%	32.15%
Health Partners	25.42%	26.63%	29.35%	30.65%	30.77%	30.87%	29.30%
Aetna				23.81%	29.71%	27.10%	27.92%
Coventry				30.43%	29.62%	29.39%	31.09%
Keystone Mercy	28.42%	28.08%	28.80%	29.98%	28.98%	29.27%	30.26%
SE Zone totals	27.38%	27.67%	28.74%	30.03%	29.49%	29.60%	29.98%

Exhibit DDD

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

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

Contractor Partnership Program

MANAGED CARE ORGANIZATION	QTR/YR	NUMBER OF VACANCIES FILLED	NUMBER OF PUBLIC ASSISTANCE EMPLOYED	PERCENTAGE OF PUBLIC ASSISTANCE EMPLOYED
AETNA BETTER HEALTH	3Q12	4	1	25%
	4Q12	4	2	50%
	1Q13	104	3	30%
	2Q13	0	0	0%
	3Q13	4	1	25%
	4Q13	2	2	100%
	1Q14	2	2	100%
	2Q14	0	0	0%
	3Q14	166	2	1%
	4Q14	218	0	0%
COVENTRY CARES	1Q15	123	1	1%
	3Q12	17	0	0%
	4Q12	22	1	5%
	1Q13	36	0	0%
	2Q13	32	16	50%
	3Q13	18	0	0%
	4Q13	56	0	0%
	1Q14	9	0	0%
	2Q14	23	1	4%
	3Q14	166	0	0%
MERGED WITH AETNA EFFECTIVE 10/01/14				
HEALTH PARTNERS OF PHILADELPHIA	3Q12	35	0	0%
	4Q12	22	3	14%
	1Q13	21	0	0%
	2Q13	38	1	3%
	3Q13	63	2	3%
	4Q13	22	2	9%
	1Q14	-	-	0%
	2Q14	-	-	0%
	3Q14	36	0	0%
	4Q14	41	1	2%
KEYSTONE FIRST	1Q15	43	1	2%
	3Q12	127	0	0%
	4Q12	93	0	0%
	1Q13	154	1	1%
	2Q13	18	0	0%
	3Q13	8	0	0%
	4Q13	13	0	0%
	1Q14	13	0	0%
	2Q14	6	0	0%
	3Q14	5	0	0%
UNITED HEALTHCARE COMMUNITY PLAN	4Q14	4	0	0%
	1Q15	74	9	12%
	3Q12	4	1	25%
	4Q12	0	0	0%
	1Q13	2	0	0%
	2Q13	0	0	0%
	3Q13	1	1	100%
	4Q13	2	1	50%
	1Q14	0	0	0%
	2Q14	0	0	0%
3Q14	2	0	0%	
4Q14	3	0	0%	
1Q15	1	0	0%	

Exhibit FFF

Source: MCO Reported

Web Sites

Department of Human Services

Office of Medical Assistance Programs Deputy Secretary

Leesa Allen

Bureau of Managed Care Operations

Laurie Rock

Division of Monitoring and Compliance

Laurie Rock

Operations Managers

Terry Carpenter & Jill Vovakes

Contract Managers

Aetna Better Health/Coventry

Liz Deluca

Health Partners Plans

Leroy Jefferys

Keystone First

James Peters

United Healthcare Community Plan

Michael Wilkinson

HealthChoices Intranet

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

DHS Web site

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

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