

# MCO COMPARATIVE REPORT

AUGUST 2015

## TABLE OF CONTENTS

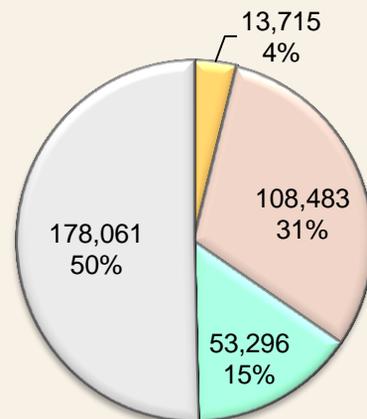
<b>ENROLLMENT</b>	
Member Months and Change in Member Months	2
Enrollment by Category of Assistance	3
Enrollment by County	4-5
<b>COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS</b>	
Complaints and Grievances per 1,000	6
Complaints and Grievances	7-8
Fair Hearings	9-10
<b>UTILIZATION</b>	
PCP Visits per 1,000	11
Dental Visits per 1,000	12
Specialty Provider Visits per 1,000	13
ER Utilization per 1,000	14
Key Performance Measures	15-19
Denial File Quality Audit	20
<b>FINANCIAL</b>	
Inpatient Discharges per 1,000	21-22
Inpatient Days per 1,000	23-24
Inpatient Average Cost per Discharge	25-26
Hospital Inpatient Costs	27
Change in MCO Reported Costs PMPM	28
<b>ENCOUNTER DATA</b>	
Efficiency Adjustment Analyses	29-30
Risk Assessment Volume Observations	31-33
<b>MA TRANSPORTATION PROGRAM AND PCP SELECTION DURING ENROLLMENT</b>	34
<b>COST AVOIDANCE AND PROGRAM INTEGRITY</b>	35
<b>PHARMACY</b>	36-37
Pharmacy Costs PMPM by Case Mix	38
Price and Utilization Statistics	39-40
<b>MATERNITY</b>	41
<b>CONTRACTOR PARTNERSHIP PROGRAM</b>	42

## HEALTHCHOICES SOUTHWEST ZONE

*As of December 2014 enrollment in the Southwest Zone was 353,555*

**Exhibit A**

Source: Internal DHS Report  
Numbers reflect a point in time



■ Aetna\* ■ Gateway ■ United ■ UPMC

**Exhibit B**

Source: Internal DHS Report  
Numbers reflect a point in time

\* 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.

<b>MEMBER MONTHS</b>				
	<b>Aetna* (Coventry)</b>	<b>Gateway</b>	<b>United</b>	<b>UPMC</b>
<b>June 2013</b>	10,067	113,619	62,809	159,333
<b>September 2013</b>	11,157	111,692	60,909	160,704
<b>December 2013</b>	12,362	109,818	59,535	163,520
<b>March 2014</b>	12,862	110,632	57,378	166,839
<b>June 2014</b>	13,198	109,020	57,367	169,617
<b>September 2014</b>	13,383	107,964	53,897	174,317
<b>December 2014</b>	13,295	107,900	53,347	176,943

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

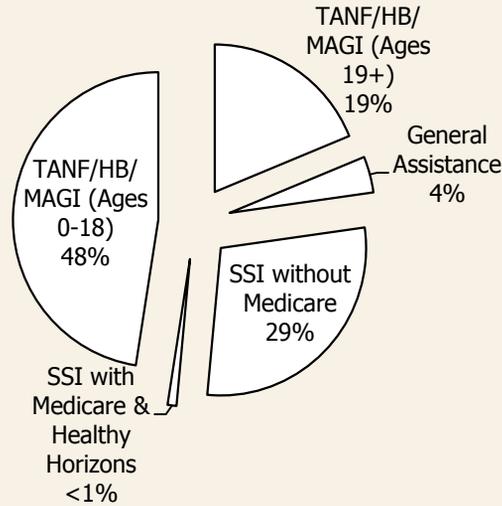
<b>CHANGE IN MEMBER MONTHS FROM 12 MONTHS PRIOR</b>							
	<b>June 2013</b>	<b>September 2013</b>	<b>December 2013</b>	<b>March 2014</b>	<b>June 2014</b>	<b>September 2014</b>	<b>December 2014</b>
<b>Aetna * (Coventry)</b>	645.7%	13.6%	40.5%	42.1%	31.1%	19.9%	7.5%
<b>Gateway</b>	6.4%	(4.6%)	(6.0%)	(3.9%)	(4.0%)	(3.3%)	(1.7%)
<b>United</b>	18.6%	(7.3%)	(8.9%)	(11.7%)	(8.7%)	(11.5%)	(10.4%)
<b>UPMC</b>	19.1%	3.9%	5.3%	6.3%	6.5%	8.5%	8.2%

**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 4<sup>th</sup> Qtr 2014 YTD**

Source: MCO Reported–Report #1 Enrollment Table

## MCO ENROLLMENT BY CATEGORY OF ASSISTANCE

	TANF		TANF/HB/MAGI (Ages 0-18)					Health by Beginnings	TANF/HB/MAGI (Ages 19+)					SSI & Healthy Horizons					General Assistance				
	4 <sup>th</sup> Qtr. '13 YTD	1 <sup>st</sup> Qtr. '14 YTD	2 <sup>nd</sup> Qtr. '14 YTD	3 <sup>rd</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '13 YTD	1 <sup>st</sup> Qtr. '14 YTD	2 <sup>nd</sup> Qtr. '14 YTD	3 <sup>rd</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '13 YTD	1 <sup>st</sup> Qtr. '14 YTD	2 <sup>nd</sup> Qtr. '14 YTD	3 <sup>rd</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '13 YTD	1 <sup>st</sup> Qtr. '14 YTD	2 <sup>nd</sup> Qtr. '14 YTD	3 <sup>rd</sup> Qtr. '14 YTD	4 <sup>th</sup> Qtr. '14 YTD			
<b>Aetna*</b>	44%	44%	44%	45%	45%	22%	23%	23%	23%	22%	25%	23%	23%	23%	23%	9%	10%	10%	9%	9%			
<b>Gateway</b>	49%	49%	49%	49%	49%	19%	19%	19%	19%	19%	29%	29%	29%	29%	29%	3%	3%	3%	3%	3%			
<b>United</b>	48%	50%	50%	50%	50%	21%	19%	18%	18%	18%	29%	29%	29%	29%	29%	3%	3%	3%	3%	3%			
<b>UPMC</b>	45%	45%	45%	46%	46%	21%	20%	20%	20%	20%	30%	30%	30%	30%	30%	4%	5%	5%	5%	5%			

**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	Aenta*			Gateway			United			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
<b>Allegheny</b>	22%	23%	24%	48%	48%	48%	29%	29%	29%	39%	39%	39%
<b>Armstrong</b>	2%	2%	2%	1%	1%	1%	1%	1%	1%	4%	4%	4%
<b>Beaver</b>	4%	5%	5%	10%	10%	10%	3%	3%	3%	5%	5%	5%
<b>Bedford</b>	6%	5%	5%	1%	1%	1%	2%	2%	2%	2%	2%	2%
<b>Blair</b>	15%	14%	14%	6%	6%	6%	6%	6%	6%	4%	4%	4%
<b>Butler</b>	3%	3%	3%	5%	5%	5%	1%	1%	1%	5%	5%	5%
<b>Cambria</b>	19%	18%	17%	3%	3%	3%	8%	8%	8%	5%	5%	5%
<b>Fayette</b>	3%	3%	3%	3%	3%	3%	16%	16%	16%	7%	7%	7%
<b>Greene</b>	1%	1%	1%	1%	1%	1%	6%	6%	6%	1%	1%	1%
<b>Indiana</b>	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%	3%	3%
<b>Lawrence</b>	3%	3%	3%	6%	6%	6%	2%	2%	2%	3%	3%	3%
<b>Somerset</b>	8%	7%	7%	1%	1%	1%	4%	4%	4%	2%	2%	2%
<b>Washington</b>	5%	5%	5%	4%	4%	4%	8%	8%	8%	7%	7%	7%
<b>Westmoreland</b>	7%	7%	8%	10%	10%	10%	12%	12%	12%	12%	12%	12%
<b>TOTAL ENROLLMENT</b>	12,258	13,533	13,715	108,945	108,516	108,483	54,534	53,904	53,296	177,224	177,573	178,061

### Exhibit G

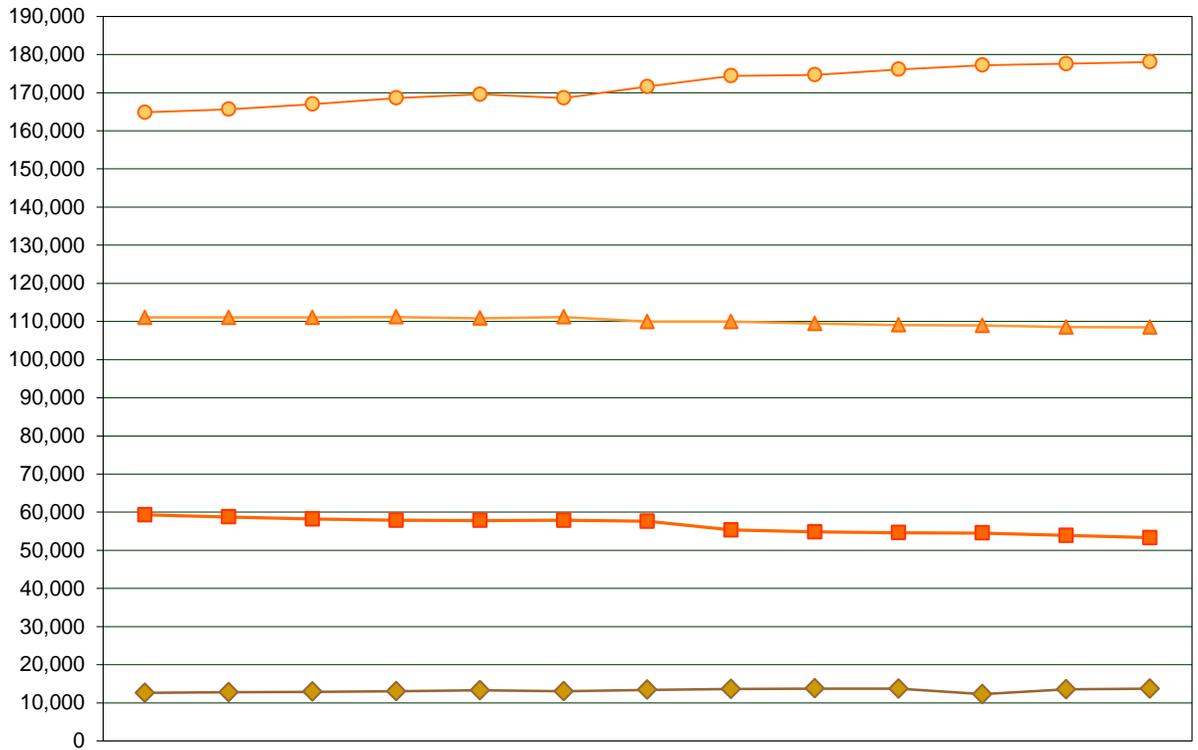
Source: DHS Internal Report

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
◆ AETNA* Total	12,591	12,794	12,902	13,048	13,276	13,048	13,418	13,621	13,741	13,708	12,258	13,533	13,715
▲ GATEWAY Total	111,058	111,039	111,054	111,198	110,864	111,198	109,951	109,962	109,449	109,068	108,945	108,516	108,483
■ UNITED Total	59,284	58,755	58,205	57,851	57,817	57,851	57,594	55,340	54,832	54,631	54,534	53,904	53,296
○ UPMC Total	164,835	165,646	166,997	168,601	169,566	168,601	171,608	174,408	174,667	176,116	177,224	177,573	178,061

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

### Exhibit H

Source: DHS Internal Report

# COMPLAINTS AND GRIEVANCES PER 1,000 MEMBERS

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

	2 <sup>nd</sup> Qtr. 2014				3 <sup>rd</sup> Qtr. 2014				4 <sup>th</sup> Qtr. 2014			
	Coventry	Gateway	United	UPMC	Coventry	Gateway	United	UPMC	Aetna*	Gateway	United	UPMC
<b>Complaints – 1<sup>st</sup> Level</b>												
# Reviewed per 1,000 Members	.45	.62	.81	1.6	.37	.64	.80	1.4	.38	.92	1.1	1.5
<b>Complaints – 2<sup>nd</sup> Level</b>												
# Reviewed per 1,000 Members	0	.12	0	.08	0	.09	.02	.08	0	.09	.04	.11
<b>Grievances – 1<sup>st</sup> Level</b>												
# Reviewed per 1,000 Members	1.6	.95	.79	1.2	1.6	1.1	.67	.75	.61	1.0	.95	.87
<b>Grievances – 2<sup>nd</sup> Level</b>												
# Reviewed per 1,000 Members	.08	.29	.10	.19	0	.21	.13	.12	0	.24	0	.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 1<sup>st</sup> level complaints and **Exhibit K** displays the 2<sup>nd</sup> level complaints. *This reporting requirement was effective with the 3rd quarter 2006 report submissions.*

1 <sup>ST</sup> LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	3 <sup>rd</sup> Qtr. 2014				4 <sup>th</sup> Qtr. 2014			
	Coventry	Gate-way	United	UPMC	Aetna*	Gate-way	United	UPMC
ACCESS/AVAILABILITY PROBLEMS	20%	3%	5%	3%		13%	2%	5%
COVERAGE OF SERVICES	20%	20%		20%		23%	2%	29%
DISCRIMINATION								
ER SERVICE								
EXCEPTION DECISIONS								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS			2%	5%		12%	15%	3%
LEVEL/AMOUNT OF SERVICE								
MCO SERVICE AND ADMIN.		4%	9%	16%	20%	8%	2%	12%
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OTHER		11%	9%	1%			5%	1%
PAYMENT ISSUES	60%	11%	45%	4%	20%	4%	37%	4%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE		51%	30%	51%	60%	40%	37%	46%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

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

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

2 <sup>ND</sup> LEVEL COMPLAINTS COMPLAINT TYPES BY MCO								
COMPLAINT TYPE	3 <sup>rd</sup> Qtr. 2014				4 <sup>th</sup> Qtr. 2014			
	Coventry	Gate-way	United	UPMC	Aetna*	Gate-way	United	UPMC
ACCESS/AVAILABILITY PROBLEMS						30%		
COVERAGE OF SERVICES		40%		36%		10%	50%	16%
DISCRIMINATION								
ER SERVICE								
EXCEPTION DECISIONS								
EXHAUSTION OF BENEFIT/BENEFIT LIMITS								10%
LEVEL/AMOUNT OF SERVICE								
MCO SERVICE AND ADMIN				21%				16%
MEDICAL NECESSITY								
NON-COVERED BENEFIT								
OUT-OF-NETWORK SERVICE								
OTHER			100%	7%				
PAYMENT ISSUES		10%				20%	50%	5%
PHARMACY/FORMULARY								
QUALITY OF CARE/SERVICE		50%		36%		40%		53%
REFERRAL LACKING/DENIED								
SUPPLEMENTAL SERVICES								
TOTAL	0%	100%	100%	100%	0%	100%	100%	100%

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

# GRIEVANCES

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

## 1<sup>ST</sup> LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO

GRIEVANCE TYPE	3 <sup>rd</sup> Qtr. 2014				4 <sup>th</sup> Qtr. 2014			
	Coven-try	Gate-way	United	UPMC	Aetna*	Gate-way	United	UPMC
ACCESS/AVAIL-ABILITY PROBLEMS								
DENTAL (Braces)		18%	24%	18%	13%	22%		22%
DENTAL (Dentures)				1%	24%			6%
DENTAL (Other)	14%	4%	3%	17%		7%		8%
DENTAL BENEFIT LIMITS							41%	2%
Durable Medical Equipment	5%	13%	5%			18%	10%	7%
EXHAUSTION OF BENEFIT/ BENEFIT LIMITS			3%					
Hearing Svcs./ Products								
Home Health Services		3%	5%	3%		2%	2%	2%
Inpatient Medical Svcs.		2%		2%		1%		1%
MEDICAL NECESSITY								
OTHER	5%	18%	8%	16%		9%	10%	9%
Outpatient Medical Svcs.	16%	5%	19%	2%	13%	3%		1%
PAYMENT/CO-PAY ISSUES								
PHARMACY/ FORMULARY	55%	20%	30%	35%	50%	29%		33%
PHARMACY BENEFIT LIMITS							37%	4%
QUALITY								
Skilled Nursing Services	5%	17%	3%	6%		9%		5%
Transportation Services								
Vision Services/ Products								
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

### Exhibit L

Source: MCO Reported-Report QR-OPS4

## 2<sup>ND</sup> LEVEL GRIEVANCES GRIEVANCE TYPES BY MCO

GRIEVANCE TYPE	3 <sup>rd</sup> Qtr. 2014				4 <sup>th</sup> Qtr. 2014			
	Coven-try	Gate-way	United	UPMC	Aetna*	Gate-way	United	UPMC
ACCESS/AVAIL-ABILITY PROBLEMS								
BENEFIT LIMITS			14%					
Dental (Braces)		9%		14%		4%		21%
Dental (Dentures)								
Dental (Other)		4%		5%		4%		
Durable Medical Equipment		13%	14%			15%		11%
Hearing Svcs./ Products								
Home Health Services		4%				8%		5%
Inpatient Medical Svcs.								5%
LEVEL/AMOUNT OF SERVICE								
MEDICAL NECESSITY								
OUT-OF-NETWORK SERVICE								
OTHER		9%	14%	38%		12%		
Outpatient Medical Svcs.		13%	29%	5%		4%		
PHARMACY/ FORMULARY		13%		5%		15%		26%
Skilled Nursing Services		35%	29%	33%		38%		32%
Transportation Services								
Vision Services/ Products								
SUPPLEMENTAL SERVICES								
TOTAL	100%	100%	100%	100%	0%	100%	0%	100%

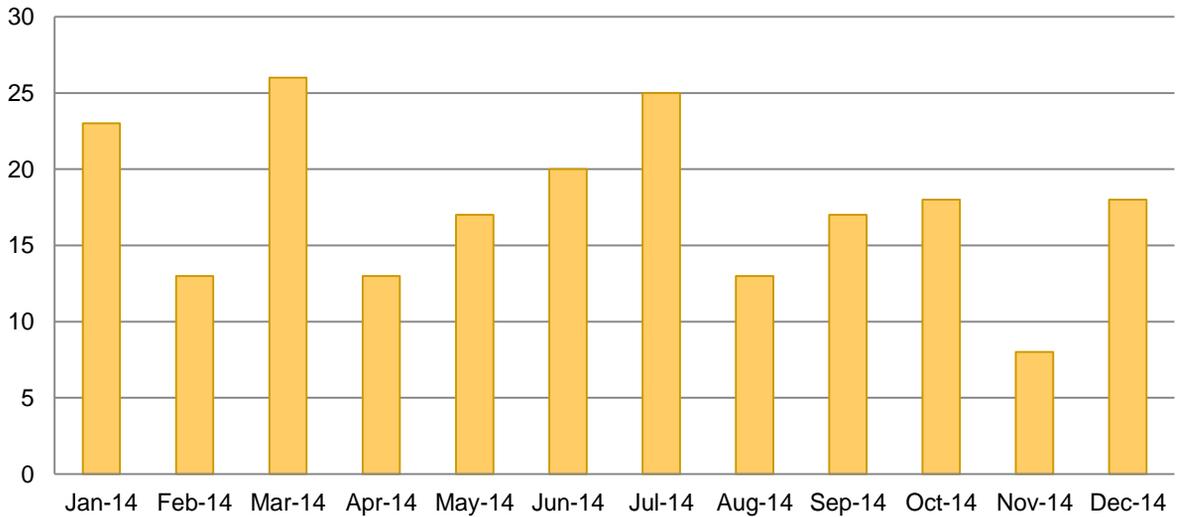
### Exhibit M

Source: MCO Reported-Report QR-OPS4

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

# FAIR HEARING REPORTS

## Appeals Received



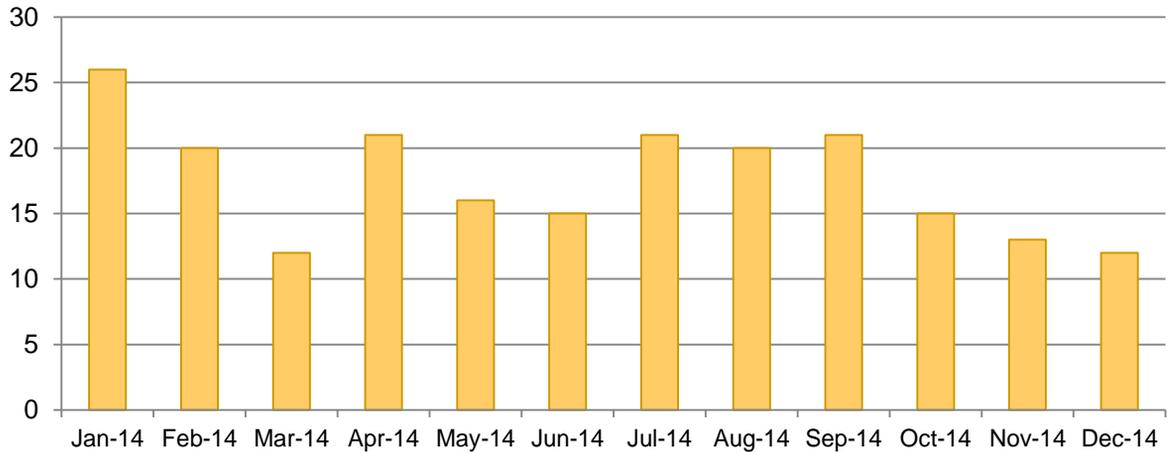
	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Southwest	23	13	26	13	17	20	25	13	17	18	8	18

- A total of 208 appeals have been received for 2014.
- Of the appeals, 92% 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
Southwest	26	20	12	21	16	15	21	20	21	15	13	12

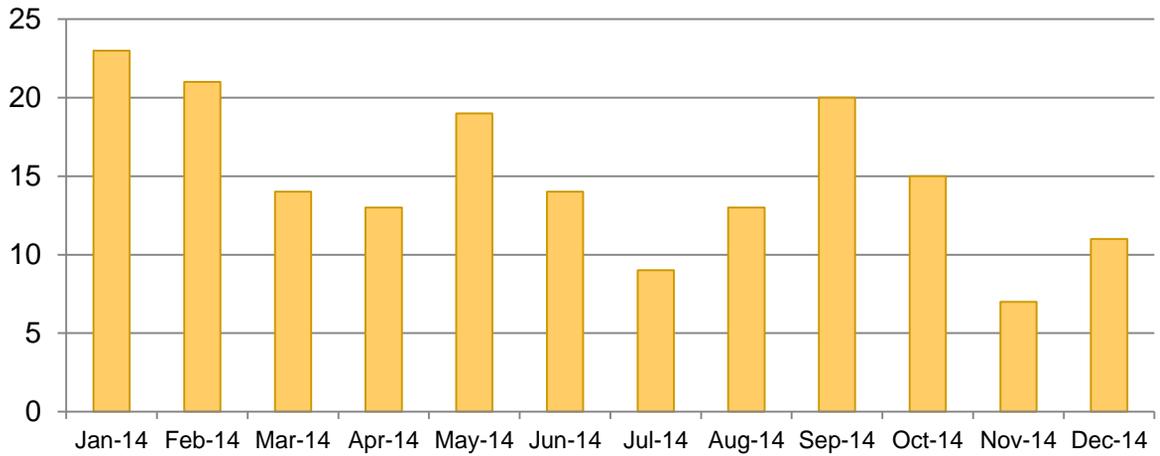
- A total of 212 hearings have been scheduled for 2014.

### 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
Southwest	23	21	14	13	19	14	9	13	20	15	7	11

•A total of 188 decisions have been rendered for SW 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
SW	0	0	0	0	1	0	2	0	0	0	0	0

•There were 0 expedited hearings in the SW in 4<sup>th</sup> 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
SW	9	2	2	0	8	3	0	0	3	2	0	0

•Appeals over 90 days have decreased slightly since 3<sup>rd</sup> 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								
	3Qtr.13		4Qtr.13		1Qtr.14	2Qtr.14	3Qtr.14	4Qtr.14
<b>Aetna*</b>								
TANF	2,032	2,298	TANF/HB/MAGI (Ages 19+)	1,123	1,053	1,437	1,740	
HB	2,226	2,541	TANF/HB/MAGI (Ages 0-18)	2,876	2,519	2,604	2,665	
SSI w/o	2,792	2,988	SSI w/o	2,853	2,735	2,671	2,509	
TOTAL AVERAGE	2,250	2,483	TOTAL AVG	2,385	2,207	2,328	2,375	
<b>Gateway</b>								
TANF	2,203	2,561	TANF/HB/MAGI (Ages 19+)	1,631	1,613	1,562	1,367	
HB	2,559	2,525	TANF/HB/MAGI (Ages 0-18)	2,766	2,623	2,669	2,916	
SSI w/o	2,929	2,989	SSI w/o	2,883	2,810	2,808	2,692	
TOTAL AVERAGE	2,500	2,690	TOTAL AVG	2,575	2,483	2,505	2,552	
<b>United</b>								
TANF	2,337	2,344	TANF/HB/MAGI (Ages 19+)	1,461	1,515	1,425	1,381	
HB	2,853	2,750	TANF/HB/MAGI (Ages 0-18)	2,753	2,683	2,757	3,030	
SSI w/o	2,606	2,517	SSI w/o	2,667	2,937	3,015	2,904	
TOTAL AVERAGE	2,527	2,464	TOTAL AVG	2,480	2,553	2,591	2,691	
<b>UPMC</b>								
TANF	2,373	2,858	TANF/HB/MAGI (Ages 19+)	1,929	2,027	2,145	2,252	
HB	2,521	3,002	TANF/HB/MAGI (Ages 0-18)	2,976	2,663	2,573	3,322	
SSI w/o	3,502	3,565	SSI w/o	3,610	3,558	3,583	3,787	
TOTAL AVERAGE	2,814	3,143	TOTAL AVG	2,994	2,862	2,852	3,249	

**Exhibit S**  
 Source: MCO Reported-Report #6a Inpatient, Physician & Dental Statistics (Totals exclude dual eligibles and include GA category of assistance)  
 This data was reported by each MCO and might not reflect consistent methodology. We are working with the MCOs to improve the data.

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

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

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

	2014	2013	2012	2011
<b>Coventry</b>				
12-24 months	94.55%	88.17%	N/A	N/A
25 mo - 6 years	85.96%	73.95%	N/A	N/A
7-11 years	79.52%	77.62%	N/A	N/A
12-19 years	75.72%	70.02%	N/A	N/A
<b>Gateway</b>				
12-24 months	96.84%	97.62%	97.37%	97.39%
25 mo - 6 years	88.95%	88.70%	89.50%	88.28%
7-11 years	92.31%	92.29%	91.86%	92.58%
12-19 years	90.80%	90.57%	89.88%	90.38%
<b>UnitedHealthcare (Unison)</b>				
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%
<b>UPMC For You</b>				
12-24 months	96.39%	97.59%	97.87%	97.57%
25 mo - 6 years	88.84%	91.08%	91.75%	90.55%
7-11 years	92.21%	93.25%	93.14%	92.97%
12-19 years	90.36%	92.09%	91.63%	91.90%

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

	2014	2013	2012	2011
<b>Coventry</b>				
20-44 years	75.81%	0.6485	N/A	N/A
45-64 years	85.90%	0.7824	N/A	N/A
65 and older	82.17%	0.7119	N/A	N/A
<b>Gateway</b>				
20-44 years	84.07%	83.95%	80.70%	77.82%
45-64 years	90.90%	90.96%	88.37%	86.82%
65 and older	88.05%	88.91%	87.68%	83.73%
<b>UnitedHealthcare (Unison)</b>				
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%
<b>UPMC For You</b>				
20-44 years	85.76%	84.95%	84.06%	83.87%
45-64 years	92.15%	91.17%	90.49%	89.58%
65 and older	87.80%	85.69%	85.39%	84.01%

# Utilization

DENTAL VISITS PER 1,000 MEMBERS BY CATEGORY OF ASSISTANCE												
	3Qtr.13		4Qtr.13		1Qtr.14		2Qtr.14		3Qtr.14		4Qtr.14	
<b>Aetna*</b>												
TANF	698	634	TANF/HB/ MAGI (Ages 19+)	632	936	719	707					
HB	659	593	TANF/HB/ MAGI (Ages 0-18)	749	765	704	744					
SSI w/o	558	678	SSI w/o	778	342	839	711					
TOTAL AVERAGE	620	611	TOTAL AVG	663	640	698	664					
<b>Gateway</b>												
TANF	914	769	TANF/HB/ MAGI (Ages 19+)	946	981	958	877					
HB	1,037	751	TANF/HB/ MAGI (Ages 0-18)	1,196	1,226	1,282	1,230					
SSI w/o	847	717	SSI w/o	985	1,052	1,046	994					
TOTAL AVERAGE	905	739	TOTAL AVG	1,064	1,104	1,128	1,069					
<b>United</b>												
TANF	950	951	TANF/HB/ MAGI (Ages 19+)	796	836	803	821					
HB	1,153	1,155	TANF/HB/ MAGI (Ages 0-18)	1,018	1,075	1,077	1,086					
SSI w/o	789	788	SSI w/o	789	845	821	788					
TOTAL AVERAGE	925	915	TOTAL AVG	884	933	924	922					
<b>UPMC</b>												
TANF	1,161	1,031	TANF/HB/ MAGI (Ages 19+)	967	975	949	893					
HB	1,056	1,109	TANF/HB/ MAGI (Ages 0-18)	1,070	1,111	1,121	1,053					
SSI w/o	893	942	SSI w/o	897	960	964	891					
TOTAL AVERAGE	1,016	981	TOTAL AVG	959	997	1,000	935					

**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.

\* 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 AND ADOLESCENTS AND ADULTS (21-64)**

	2014	2013	2012	2011
<b>Gateway</b>				
3-20 years	RETIRED	RETIRED	RETIRED	48.11%
21-64 years	RETIRED	RETIRED	RETIRED	30.07%
<b>United Healthcare (Unison)</b>				
3-20 years	RETIRED	RETIRED	RETIRED	47.20%
21-64 years	RETIRED	RETIRED	RETIRED	27.20%
<b>UPMC For You</b>				
3-20 years	RETIRED	RETIRED	RETIRED	43.13%
21-64 years	RETIRED	RETIRED	RETIRED	30.56%

**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
<b>Aetna*</b>							
TANF	1,343	1,315	TANF/HB/ MAGI (Ages 19+)	2,422	2,382	2,143	1,436
HB	969	830	TANF/HB/ MAGI (Ages 0--18)	647	743	659	625
SSI w/o	3,625	3,711	SSI w/o	3,792	3,461	3,343	3,382
TOTAL AVERAGE	1,983	2,020	TOTAL AVG	2,033	1,965	1,795	1,614
<b>Gateway</b>							
TANF	1,872	1,872	TANF/HB/ MAGI (Ages 19+)	3,284	3,417	3,340	3,078
HB	1,518	1,127	TANF/HB/ MAGI (Ages 0--18)	1,132	1,093	1,048	1,012
SSI w/o	4,062	3,976	SSI w/o	4,206	4,173	4,165	4,084
TOTAL AVERAGE	2,492	2,438	TOTAL AVG	2,528	2,505	2,479	2,379
<b>United</b>							
TANF	1,502	1,508	TANF/HB/ MAGI (Ages 19+)	2,851	3,224	3,129	2,858
HB	1,029	978	TANF/HB/ MAGI (Ages 0--18)	809	929	865	884
SSI w/o	3,715	3,698	SSI w/o	3,515	3,713	3,606	3,474
TOTAL AVERAGE	2,095	2,139	TOTAL AVG	2,053	2,257	2,133	2,032
<b>UPMC</b>							
TANF	2,180	2,146	TANF/HB/ MAGI (Ages 19+)	3,664	3,792	3,921	3,980
HB	1,708	1,568	TANF/HB/ MAGI (Ages 0--18)	1,319	1,353	1,344	1,367
SSI w/o	5,259	4,823	SSI w/o	5,062	5,196	5,138	5,231
TOTAL AVERAGE	3,120	2,985	TOTAL AVG	3,065	3,132	3,116	3,105
<b>Exhibit U</b>							
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.**

<b>EMERGENCY ROOM UTILIZATION PER 1,000 MEMBERS BY AGE GROUPING</b>						
	<b>2Qtr.13</b>	<b>3Qtr.13</b>	<b>4Qtr.13</b>	<b>1Qtr.14</b>	<b>2Qtr.14</b>	<b>3Qtr.14</b>
<b>Coventry</b>						
Under 21 years old	738.5	715.8	696.9	664.5	635.6	641.0
21 years old & over	1,631.0	1,764.0	1,685.0	1,627.2	1,423.7	1,344.2
<b>Gateway</b>						
Under 21 years old	755.5	732.3	726.8	684.7	764.1	773.0
21 years old & over	1,412.2	1,463.1	1,310.3	1,255.8	1,384.0	1,471.9
<b>United</b>						
Under 21 years old	844.7	806.6	772.3	730.0	860.0	798.3
21 years old & over	1,578.8	1,571.8	1,553.9	1,511.8	1,638.5	1,569.7
<b>UPMC</b>						
Under 21 years old	654.3	617.9	600.5	575.9	649.3	616.5
21 years old & over	1,341.4	1,408.5	1,273.5	1,187.5	1,320.7	1,366.9
<b>Exhibit V</b>						
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' rates remained steady in utilization. One MCO increased and one MCO decreased. Q115 submission rates compared to HEDIS 2014 show three MCOs' rates decreased; one remained steady. Year over year comparison of rates show two MCOs' rates decreased in ED utilization, meaning an increase in performance. Two MCOs' rates remained steady. The HealthChoices weighted average has remained steady for quarter to quarter but decreased for year to year and HEDIS 2014.

Ambulatory Care (All Ages) – Emergency Department Visits/1,000 Member Months <sup>1</sup>							
	HEDIS 2013 (CY 2012)	HEDIS 2014 (CY 2013)	Reporting Q14 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
CoventryCares <sup>2</sup>	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
United Healthcare	74.60	70.81	67.47	64.55	67.44	68.31	67.51
UPMC for You	72.96	73.21	70.76	70.27	68.15	71.12	66.97
<b>Weighted Average</b>	<b>75.61</b>	<b>75.74</b>	<b>74.60</b>	<b>74.62</b>	<b>72.29</b>	<b>73.10</b>	<b>72.35</b>
50th PCTL BM	65.65	63.93					
75th PCTL BM	75.53	73.97					
90th PCTL BM	85.99	81.24					

<sup>1</sup> While not an inverse measure, lower rates are desirable.

<sup>2</sup> 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 has increased. Two MCOs remain consistent and one decreased. Year over year comparison of rates show three MCOs' rates have increased, while one MCO remained steady. Q115 submission rates compared to HEDIS 2014 show two MCOs are concurrent. One MCO reported lower and one reported higher than HEDIS 2014. 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
<b>CoventryCares<sup>1</sup></b>	38.36%	43.21%	38.93%	43.09%	47.27%	47.85%	49.06%
<b>Gateway Health</b>	53.27%	52.71%	52.97%	52.62%	52.04%	51.83%	52.70%
<b>United Healthcare</b>	50.74%	55.29%	43.69%	53.26%	49.05%	52.88%	51.37%
<b>UPMC for You</b>	46.79%	53.23%	50.93%	52.85%	53.02%	54.42%	54.06%
<b>Weighted Average</b>	<b>55.22%</b>	<b>56.71%</b>	<b>54.21%</b>	<b>56.36%</b>	<b>55.39%</b>	<b>55.66%</b>	<b>56.20%</b>
<b>50th PCTL BM</b>	50.32%	52.65%					
<b>75th PCTL BM</b>	61.23%	61.13%					
<b>90th PCTL BM</b>	69.92%	66.80%					

<sup>1</sup> 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 show three MCOs' rates decreased in visits, while one MCO increased in visits. Year over year comparison show a decrease in visits for two MCOs, and two MCOs showed increases. Q115 submissions compared to HEDIS 2014 show lower visits than reported rates for three MCOs. One MCO was higher than reported rates. The HealthChoices weighted average has increased compared to last year and has decreased compared to last quarter and reported HEDIS 2014 rates.

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
<b>CoventryCares<sup>1</sup></b>	243.72	337.83	328.67	337.14	344.67	339.37	308.06
<b>Gateway Health</b>	347.22	344.68	339.38	342.30	335.98	333.55	332.53
<b>United Healthcare</b>	288.67	292.21	266.87	264.06	289.37	293.45	298.01
<b>UPMC for You</b>	385.90	370.65	343.29	349.63	348.78	372.44	359.60
<b>Weighted Average</b>	<b>328.34</b>	<b>330.54</b>	<b>324.11</b>	<b>322.14</b>	<b>321.92</b>	<b>332.73</b>	<b>328.27</b>
<b>50th PCTL BM</b>	361.58	352.38					
<b>75th PCTL BM</b>	410.96	404.51					
<b>90th PCTL BM</b>	469.74	461.19					

<sup>1</sup> 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 and year over year submissions are consistent with last quarter's and last year's rates. Q115 submission rates compared to HEDIS 2014 show three MCOs concurrent with reported HEDIS 2014 rates. One MCO's rate was higher. One MCO's rate was 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 <sup>1</sup>							
	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
CoventryCares <sup>2</sup>	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
United Healthcare	7.98	8.56	7.65	7.56	8.04	8.18	7.74
UPMC for You	10.56	7.65	7.58	7.65	7.67	8.08	7.27
<b>Weighted Average</b>	<b>10.18</b>	<b>9.50</b>	<b>10.00</b>	<b>9.82</b>	<b>9.79</b>	<b>9.59</b>	<b>9.28</b>
50th PCTL BM	7.84	7.63					
75th PCTL BM	9.05	8.95					
90th PCTL BM	11.30	10.92					

<sup>1</sup> While not an inverse measure, lower rates are desirable.

<sup>2</sup> 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 two years of age and no older than 17 years of age on the date of discharge.

Comparisons of Q115 rates to last quarter's rates are consistent. Compared to last year three remained consistent while one 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
<b>CoventryCares<sup>1</sup></b>	1.88	0.91	0.99	0.82	0.69
<b>Gateway Health</b>	1.11	1.01	1.14	1.18	1.41
<b>United Healthcare</b>	2.80	2.65	2.39	2.41	3.15
<b>UPMC for You</b>	1.36	1.13	1.18	1.17	1.34
<b>Weighted Average</b>	<b>3.04</b>	<b>2.81</b>	<b>3.14</b>	<b>3.17</b>	<b>3.38</b>

<sup>1</sup> 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 (2<sup>nd</sup> 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 2<sup>nd</sup> 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			
		CC	GHP	UHC	UPMC
1	Correct denial letter & sufficient supporting doc.	0%	97%	100%	54%
2	Correct time frames for review/Determination Notices	86%	97%	54%	97%
3	Appropriateness of denial	100%	100%	100%	100%
4	Medical Necessity	100%	97%	63%	86%
5	Evidence of a Physician/Dentist Review	97%	100%	100%	100%
6	Readability of denial notice – clarity and language	0%	60%	0%	34%
7	Member age and provider contract	94%	89%	94%	94%
Files Not Submitted as Requested		0%	0%	0%	0%

### Exhibit BB

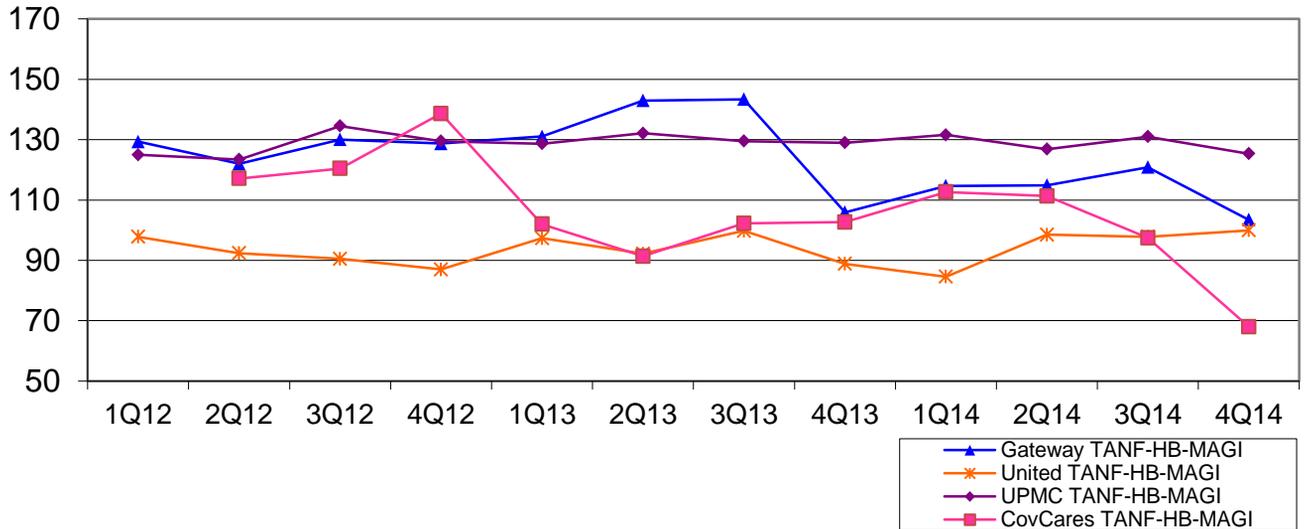
Source: DHS audit of MCO denial files

\*\* No update for 3Q14—the 3<sup>rd</sup> 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 Southwest Zone Inpatient Discharges per 1000 (TANF-HB-MAGI)**



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway TANF-HB-MAGI	129	122	130	129	131	143	143	106	115	115	121	103
United TANF-HB-MAGI	98	92	90	87	97	92	100	89	85	99	98	100
UPMC TANF-HB-MAGI	125	123	135	129	129	132	130	129	132	127	131	125
CovCares TANF-HB-MAGI*		117	120	139	102	91	102	103	113	111	97	68
GW TANF-HB-MAGI % chg					1.33%	17.17%	10.25%	-17.69%	-12.51%	-19.63%	-15.72%	-2.32%
UN TANF-HB-MAGI % chg					-0.48%	-0.21%	10.27%	2.13%	-13.14%	6.86%	-1.96%	12.49%
UPMC TANF-HB-MAGI % chg					2.92%	7.02%	-3.73%	-0.40%	2.29%	-3.97%	1.15%	-2.82%
CovCares TANF-HB-MAGI % chg*						-21.97%	-15.13%	-25.92%	10.45%	21.79%	-4.70%	-33.78%

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

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

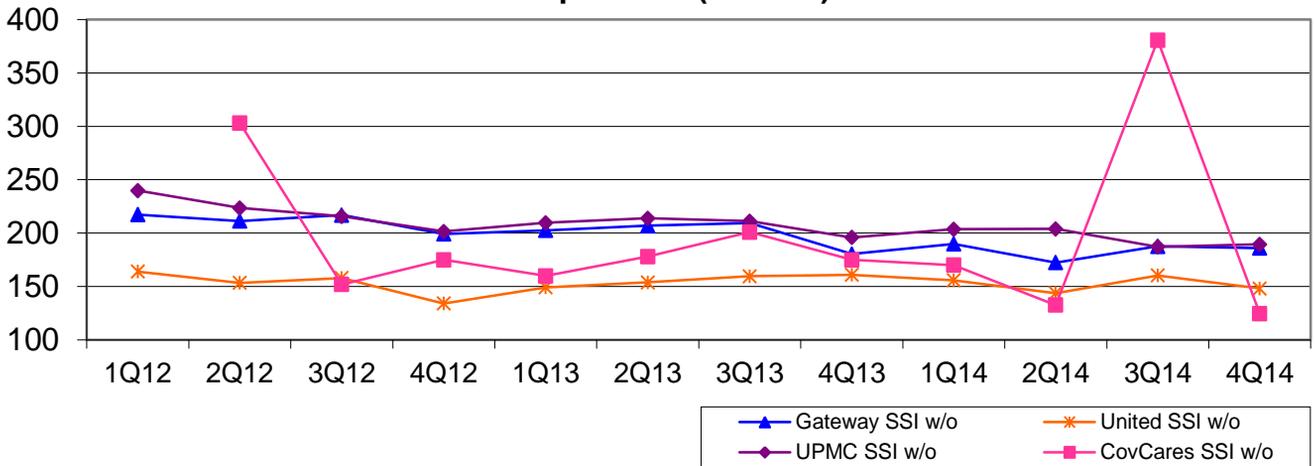
## Exhibit CC1

Source Report #6a Inpatient, Physician and Dental Statistics

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

We are working with the MCOs to improve the data.

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway SSI w/o	217	211	217	199	203	207	210	180	190	172	188	186
United SSI w/o	164	153	158	134	149	154	160	161	156	144	160	148
UPMC SSI w/o	240	224	216	202	210	214	211	196	204	204	187	190
CovCares SSI w/o		303	152	175	160	178	201	175	170	133	381	125
GW SSI w/o % chg					-6.81%	-2.05%	-3.43%	-9.49%	-6.26%	-16.66%	-10.41%	3.10%
UN SSI w/o % chg					-9.01%	0.30%	1.08%	20.04%	4.47%	-6.54%	0.44%	-7.95%
UPMC SSI w/o % chg					-12.56%	-4.36%	-2.11%	-2.78%	-2.89%	-4.65%	-11.35%	-3.28%
CovCares SSI w/o % chg						-41.25%	32.24%	0.00%	6.25%	-25.47%	89.34%	-28.84%

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

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

#### Exhibit CC2

Source Report #6a Inpatient, Physician and Dental Statistics

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

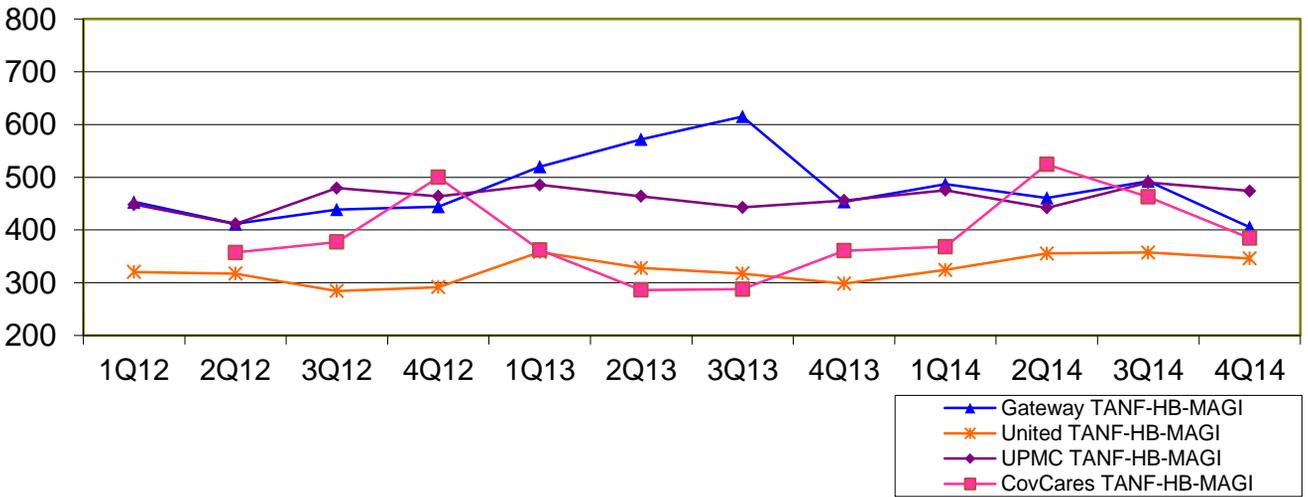
We are working with the MCOs to improve the data.

# Financial

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

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

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway TANF-HB-MAGI	453	412	439	444	520	572	615	454	487	461	493	405
United TANF-HB-MAGI	320	317	284	292	358	328	317	298	324	356	357	346
UPMC TANF-HB-MAGI	448	411	479	464	486	464	443	456	476	442	490	474
CovCares TANF-HB-MAGI*		357	377	500	362	286	288	361	368	524	463	385
GW TANF-HB-MAGI % chg					14.77%	38.94%	40.26%	2.08%	-6.34%	-19.43%	-19.94%	-10.64%
UN TANF-HB-MAGI % chg					11.83%	3.35%	11.64%	2.32%	-9.47%	8.43%	12.58%	16.02%
UPMC TANF-HB-MAGI % chg					8.35%	12.77%	-7.65%	-1.72%	-2.06%	-4.79%	10.74%	3.95%
CovCares TANF-HB-MAGI % chg*						-19.94%	-23.68%	-27.88%	1.69%	83.30%	60.73%	6.67%

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

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

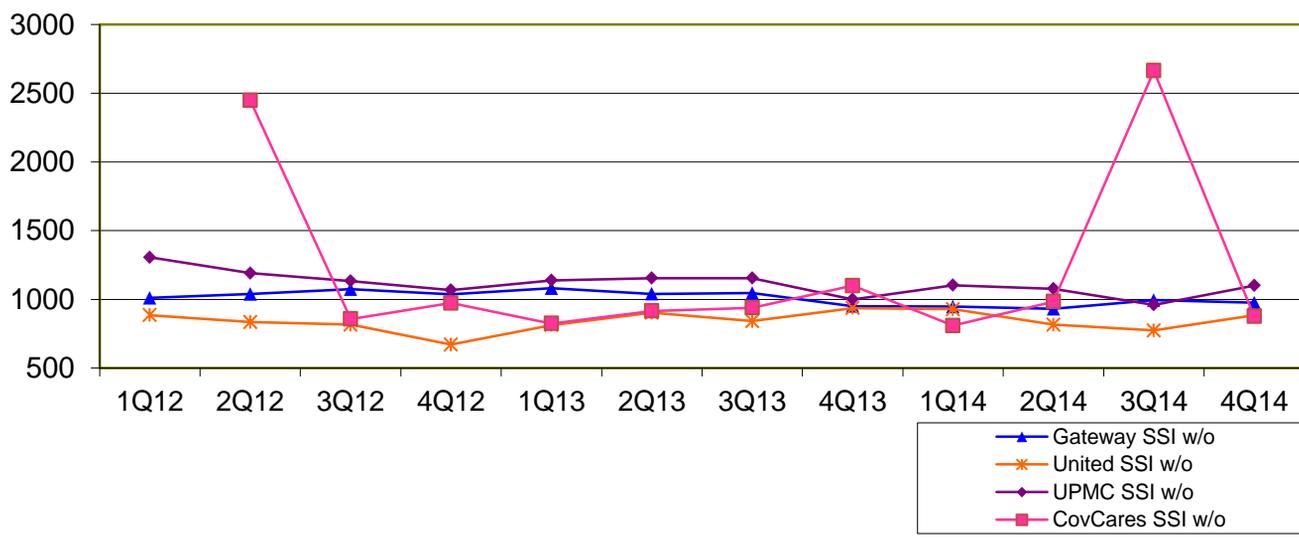
### Exhibit DD1

Source Report #6a Inpatient, Physician and Dental Statistics

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

We are working with the MCOs to improve the data.

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway SSI w/o	1010	1039	1074	1038	1080	1040	1045	951	947	931	994	976
United SSI w/o	885	835	816	671	812	903	841	937	929	815	774	885
UPMC SSI w/o	1306	1190	1133	1068	1139	1154	1155	1000	1103	1077	960	1101
CovCares SSI w/o*		2450	857	973	824	916	939	1100	809	984	2664	876
GW SSI w/o % chg					6.92%	0.07%	-2.66%	-8.36%	-12.35%	-10.42%	-4.87%	2.56%
UN SSI w/o % chg					-8.22%	8.12%	3.04%	39.67%	14.31%	-9.66%	-8.04%	-5.49%
UPMC SSI w/o % chg					-12.80%	-3.02%	1.91%	-6.34%	-3.13%	-6.72%	-16.89%	10.05%
CovCares SSI w/o % chg*						-62.61%	9.57%	13.05%	-1.82%	7.38%	183.70%	-20.39%

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

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

**Exhibit DD2**

Source Report #6a Inpatient, Physician and Dental Statistics

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

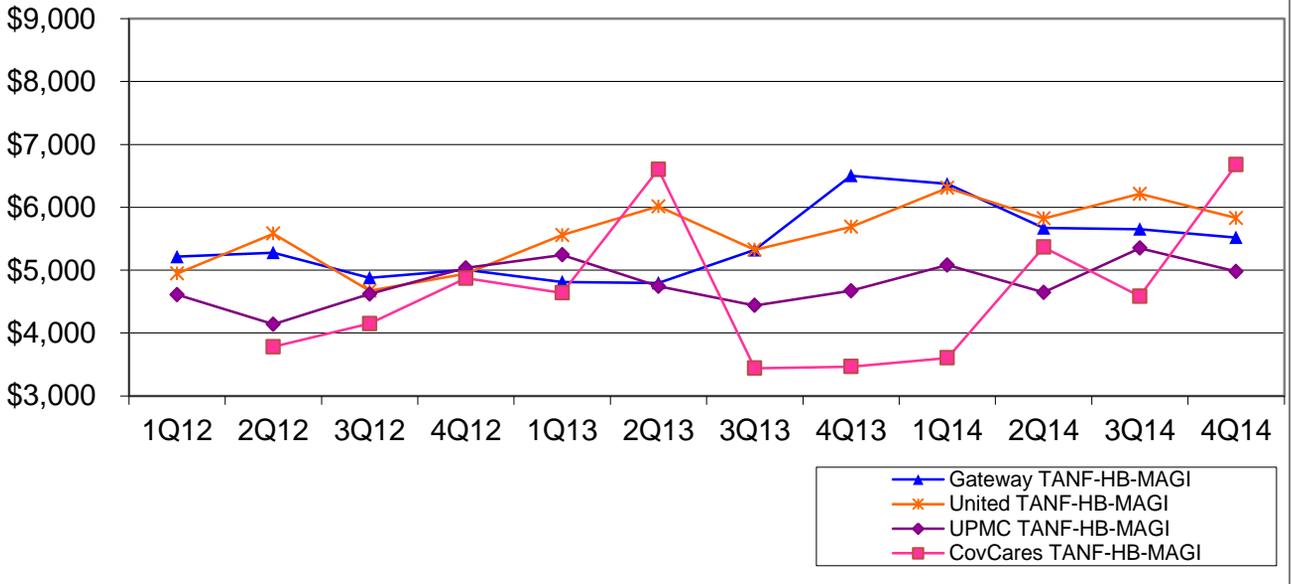
We are working with the MCOs to improve the data.

# 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.

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



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway TANF-HB-MAGI	\$ 5,214	\$ 5,278	\$ 4,879	\$ 5,005	\$ 4,813	\$ 4,799	\$ 5,324	\$ 6,502	\$ 6,373	\$ 5,671	\$ 5,652	\$ 5,519
United TANF-HB-MAGI	\$ 4,947	\$ 5,580	\$ 4,673	\$ 4,944	\$ 5,557	\$ 6,014	\$ 5,324	\$ 5,689	\$ 6,307	\$ 5,820	\$ 6,214	\$ 5,828
UPMC TANF-HB-MAGI	\$ 4,611	\$ 4,139	\$ 4,621	\$ 5,036	\$ 5,244	\$ 4,743	\$ 4,439	\$ 4,671	\$ 5,081	\$ 4,647	\$ 5,351	\$ 4,979
CovCares TANF-HB-MAGI*		\$ 3,781	\$ 4,150	\$ 4,872	\$ 4,639	\$ 6,603	\$ 3,441	\$ 3,467	\$ 3,604	\$ 5,367	\$ 4,585	\$ 6,677
GW TANF-HB-MAGI % chg					-7.68%	-9.09%	9.11%	29.92%	32.40%	18.18%	6.16%	-15.12%
UN TANF-HB-MAGI % chg					12.34%	7.77%	13.94%	15.06%	13.50%	-3.21%	16.72%	2.44%
UPMC TANF-HB-MAGI % chg					13.72%	14.59%	-3.95%	-7.23%	-3.10%	-2.03%	20.55%	6.58%
CovCares TANF-HB-MAGI % chg*						74.65%	-17.09%	-28.84%	-22.30%	-18.72%	33.25%	92.58%

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

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

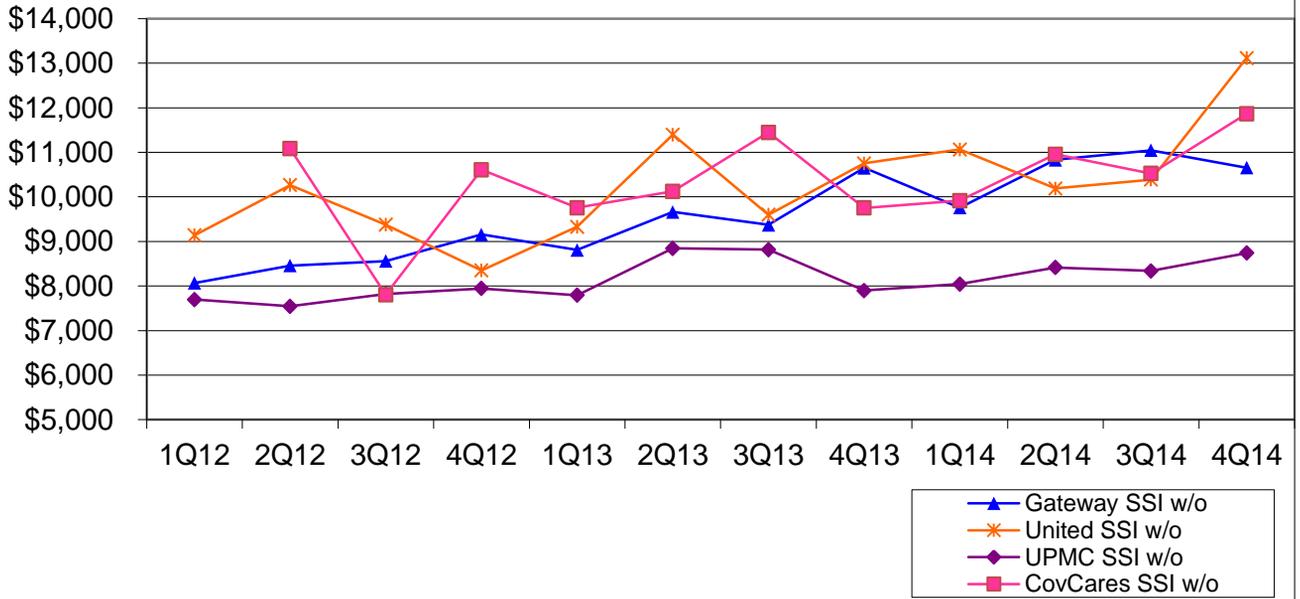
### Exhibit EE1

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

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

We are working with the MCOs to improve the data.

## HC Southwest Zone Average Cost per Discharge (SSI w/o)



	1Q12	2Q12	3Q12	4Q12	1Q13	2Q13	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
Gateway SSI w/o	\$ 8,066	\$ 8,457	\$ 8,559	\$ 9,154	\$ 8,809	\$ 9,659	\$ 9,371	\$ 10,651	\$ 9,760	\$ 10,833	\$ 11,045	\$ 10,655
United SSI w/o	\$ 9,139	\$ 10,266	\$ 9,377	\$ 8,349	\$ 9,328	\$ 11,397	\$ 9,600	\$ 10,752	\$ 11,062	\$ 10,189	\$ 10,387	\$ 13,113
UPMC SSI w/o	\$ 7,694	\$ 7,545	\$ 7,818	\$ 7,946	\$ 7,791	\$ 8,845	\$ 8,815	\$ 7,899	\$ 8,042	\$ 8,416	\$ 8,338	\$ 8,740
CovCares SSI w/o*		\$ 11,081	\$ 7,803	\$ 10,608	\$ 9,756	\$ 10,122	\$ 11,444	\$ 9,750	\$ 9,913	\$ 10,955	\$ 10,524	\$ 11,866
GW SSI w/o % chg					9.21%	14.22%	9.48%	16.35%	10.80%	12.15%	17.87%	0.04%
UN SSI w/o % chg					2.07%	11.01%	2.38%	28.79%	18.60%	-10.59%	8.20%	21.96%
UPMC SSI w/o % chg					1.27%	17.24%	12.76%	-0.59%	3.21%	-4.85%	-5.41%	10.64%
CovCares SSI w/o % chg*						-8.65%	46.66%	-8.09%	1.61%	8.23%	-56.89%	21.70%

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

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

### Exhibit EE2

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

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

We are working with the MCOs to improve the data.

## Exhibit FF Hospital Inpatient Costs

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

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



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

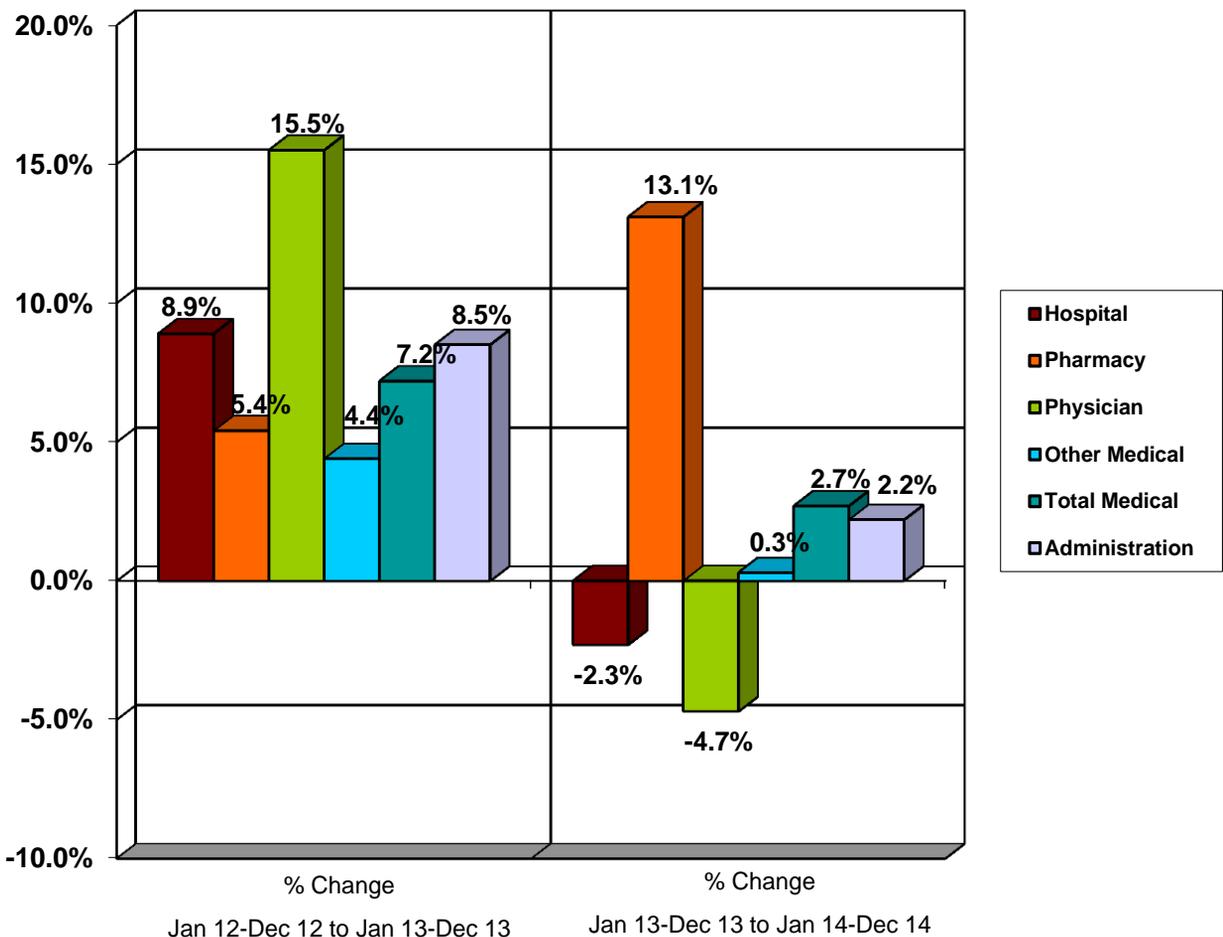
\* Aetna and Coventry merged Pennsylvania Medicaid operations on 10/01/14

## Exhibit FF

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

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

## CHANGE IN SW ZONE REPORTED COSTS PMPM



**Exhibit GG**

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

# Encounter Data

**Exhibit HH** These analyses used HealthChoices 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 Southwest Zone PH-MCO	Emergency Dept. Low Acuity Non-Emergent (as a % of FRR Report 5 Emergency Room)	Pharmacy Retrospective Claims Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Appropriate Drug Use Analysis Inefficient Dollars (as a % of Total Drug Spend)	Pharmacy Maximum Allowable Cost (MAC) Reimbursement (as a % of Total Drug Spend)	Pharmacy Reimbursement on Drug-Related HCPCS Codes (as a Paid Amount)
Coventry	6.3%	0.5%	0.2%	8.9%	\$27,286
Gateway	6.0%	1.1%	0.9%	0.9%	\$664,370
United	6.4%	0.6%	0.9%	0.0%	\$136,356
UPMC	5.0%	1.0%	0.6%	4.1%	\$512,607

**Exhibit HH**

## EFFICIENCY ADJUSTMENT ANALYSES FY 13-14 RATE SETTING

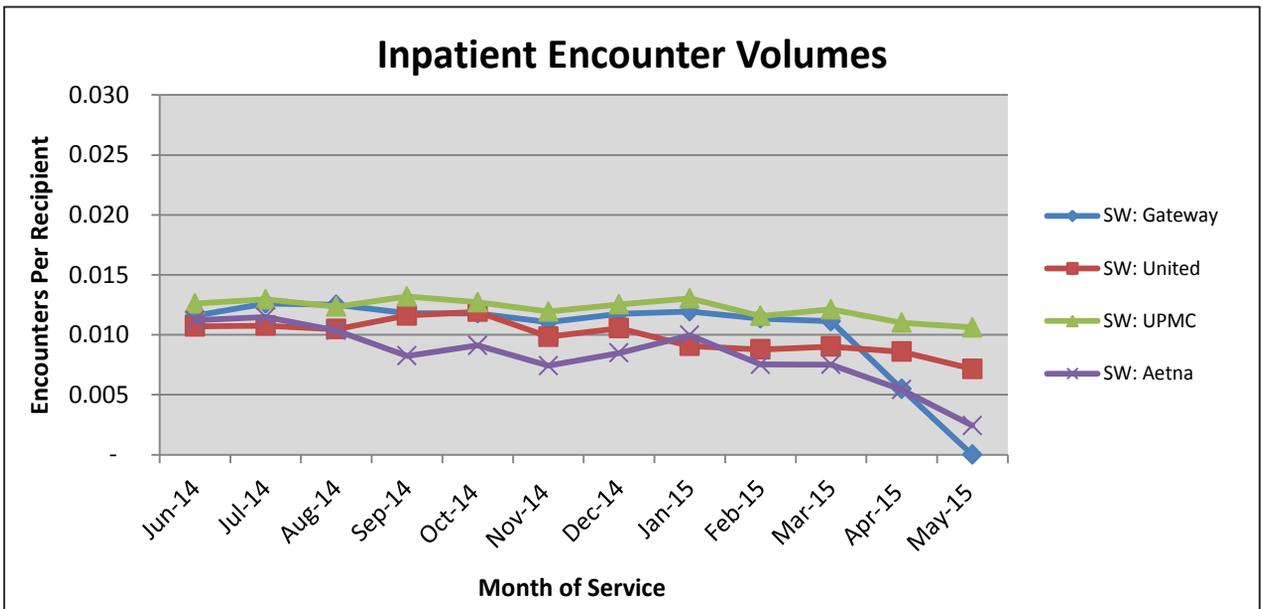
HealthChoices Southwest Zone  PH-MCO	Inpatient Hospital PQI and PDI Dollars (as a % of Report 4)	Inpatient Hospital Ambulatory Care Sensitive (as a % of Report 4)	Inpatient Hospital Short Stays (as a % of Report 4)	Inpatient Hospital Readmissions (as a % of Report 4)	Third Party Liability/ Coordination of Benefits (as a % of Base Financial Data)
Coventry	0.48%	0.05%	0.16%	0.21%	0.41%
Gateway	2.95%	0.15%	0.61%	0.77%	0.15%
United	2.83%	0.07%	0.15%	0.41%	0.26%
UPMC	2.88%	0.10%	0.26%	0.70%	0.19%

*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 10<sup>th</sup>, 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 11<sup>th</sup>, 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.

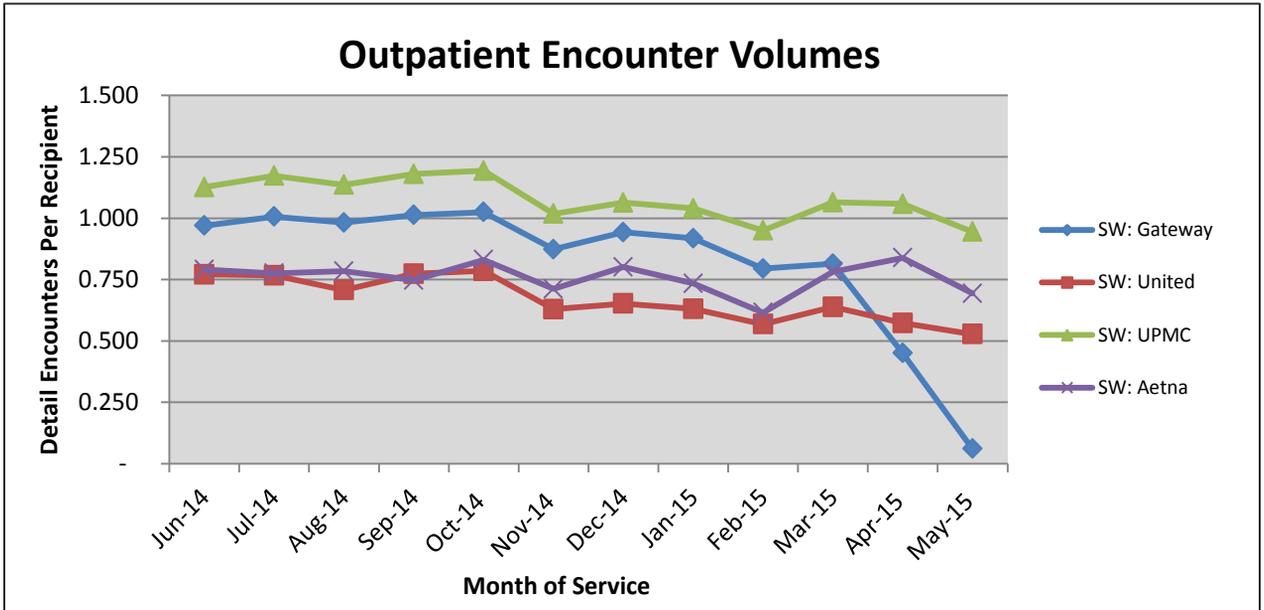
In most cases, the volume levels appear reasonable. The largest issues appears to be Aetna, whose volume levels are decreasing from August 2014 and forward for inpatient records. Some MCOs seem to have volume levels drop off in the last couple of months, but this is likely due to run-out. The MCOs were provided with detailed observations (potential data issues) along with the interim volume charts.



**Exhibit II**

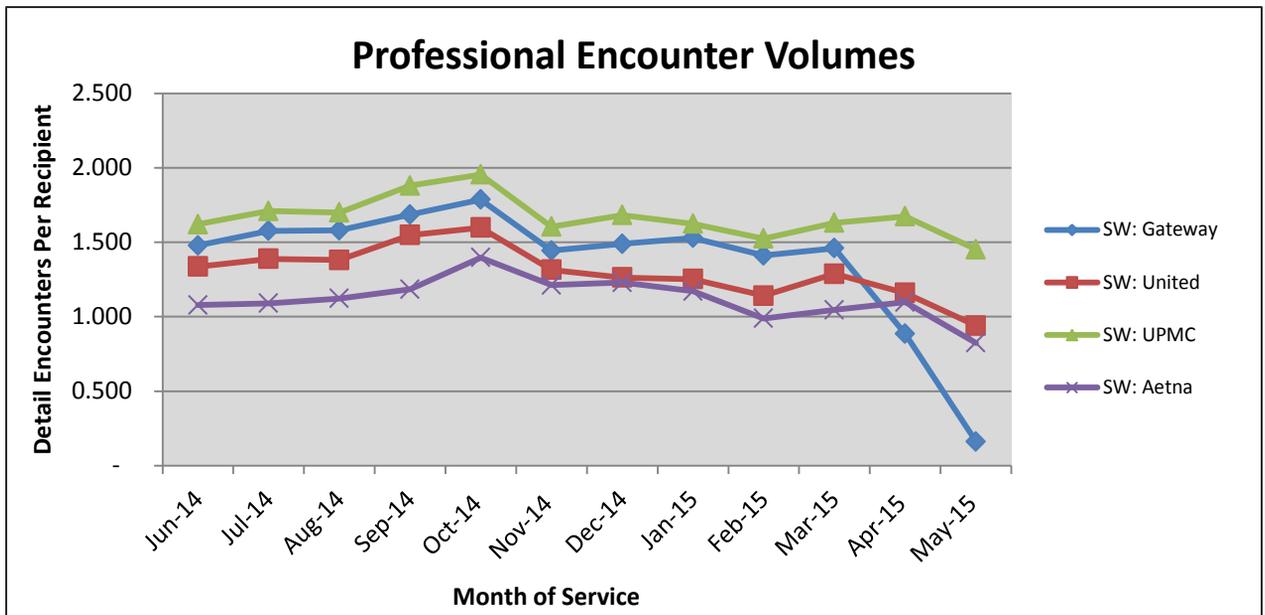
Source: Mercer Government Human Services Consulting (MCO Reported)

# Encounter Data



**Exhibit JJ**

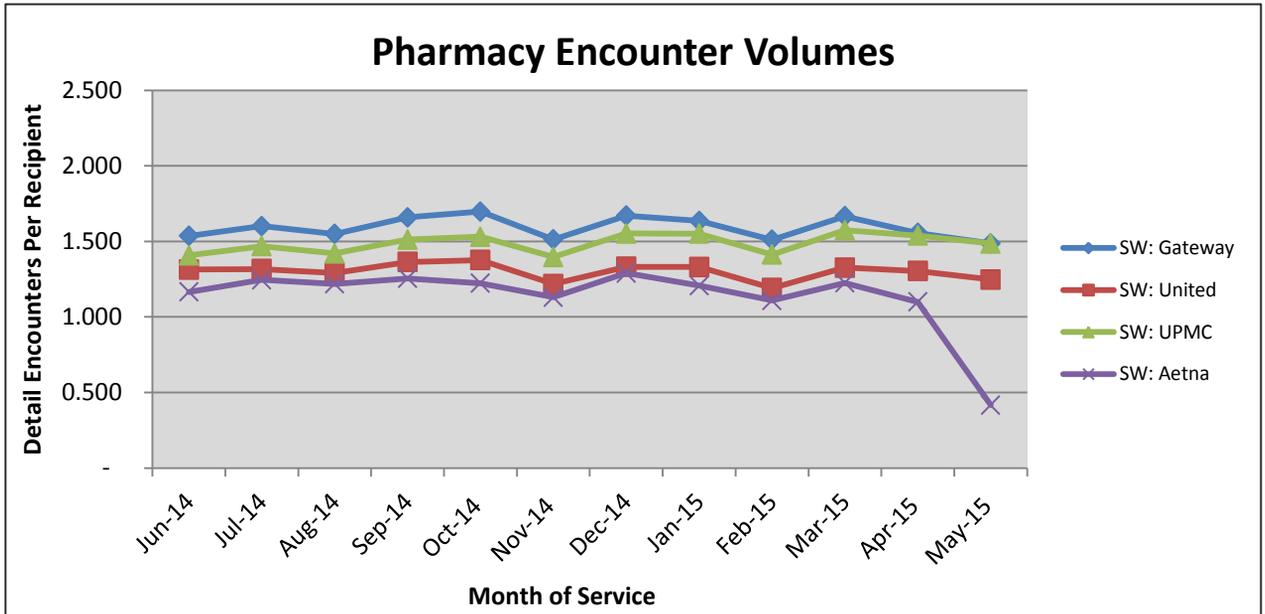
Source: Mercer Government Human Services Consulting (MCO Reported)



**Exhibit KK**

Source: Mercer Government Human Services Consulting (MCO Reported)

# Encounter Data



**Exhibit LL**

Source: Mercer Government Human Services Consulting (MCO Reported)

**Exhibits II-LL**

Source: Mercer Government Human Services Consulting (MCO Reported)

# Medical Assistance Transportation Program

**Exhibit MM** Medical Assistance Transportation Program for the HealthChoices Southwest zone. **Exhibit NN** The PCP Selection Rate is broken out statewide and not by zone.

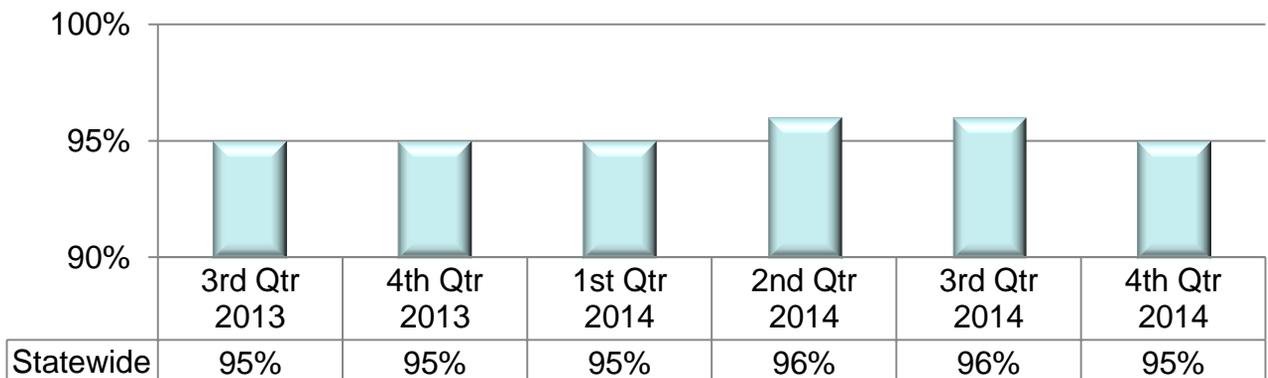
COUNTY	Total Expenditure	Para Transit Trips	Mass Transit Trips	Mileage Reimbursement Trips	Total Trips	Client Utilization
Allegheny	\$ 2,360,794	44,310	114,812	54,392	213,514	7.6%
Armstrong	\$ 376,923	11,285	-	6,038	17,323	11.8%
Beaver	\$ 467,148	12,215	2,703	17,660	32,578	12.1%
Bedford	\$ 111,767	3,755	-	5,630	9,385	8.7%
Blair	\$ 290,488	11,328	1,410	6,574	19,312	5.4%
Butler	\$ 560,145	14,463	-	4,010	18,473	8.2%
Cambria	\$ 781,623	28,271	6,751	4,011	39,033	10.9%
Fayette	\$ 295,897	15,330	444	16,172	31,946	8.2%
Greene	\$ 189,242	5,388	-	3,847	9,235	10.2%
Indiana	\$ 333,546	8,373	467	6,139	14,979	9.1%
Lawrence	\$ 259,645	6,837	2,237	18,985	28,059	8.3%
Somerset	\$ 189,510	5,004	-	7,244	12,248	7.5%
Washington	\$ 542,861	18,036	1,952	16,629	36,617	8.7%
Westmoreland	\$ 524,852	17,713	254	21,885	39,852	5.1%
<b>HC-SW Zone</b>	<b>\$ 7,284,441</b>	<b>202,308</b>	<b>131,030</b>	<b>189,216</b>	<b>522,554</b>	<b>8.0%</b>

**Exhibit MM**

Source: Based on Data Submitted By Each County (2<sup>nd</sup> 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 <sup>st</sup> Qtr. 2014	2 <sup>nd</sup> Qtr. 2014	3 <sup>rd</sup> Qtr. 2014	4 <sup>th</sup> Qtr. 2014
Aetna/Coventry*	248	90	196	335
Gateway	3,094	5,317	4,478	4,472
United	3,580	1,211	1,409	1,959
UPMC	7,978	9,457	8,773	13,473

\* 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
Gateway	\$556,368
United Healthcare	\$535,240
UPMC	\$ 0

**Exhibit PP**

Source: MCO Quarterly Compliance Report  
MCO Reported

### Providers Under Review

October 1, 2014 to December 31, 2014

Aetna Better Health*	31
Gateway	375
United Healthcare	112
UPMC	0

**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
Gateway	\$1,385,966
United Healthcare	\$14,887,840
UPMC	\$ 0

**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
Gateway	1
United Healthcare	12
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

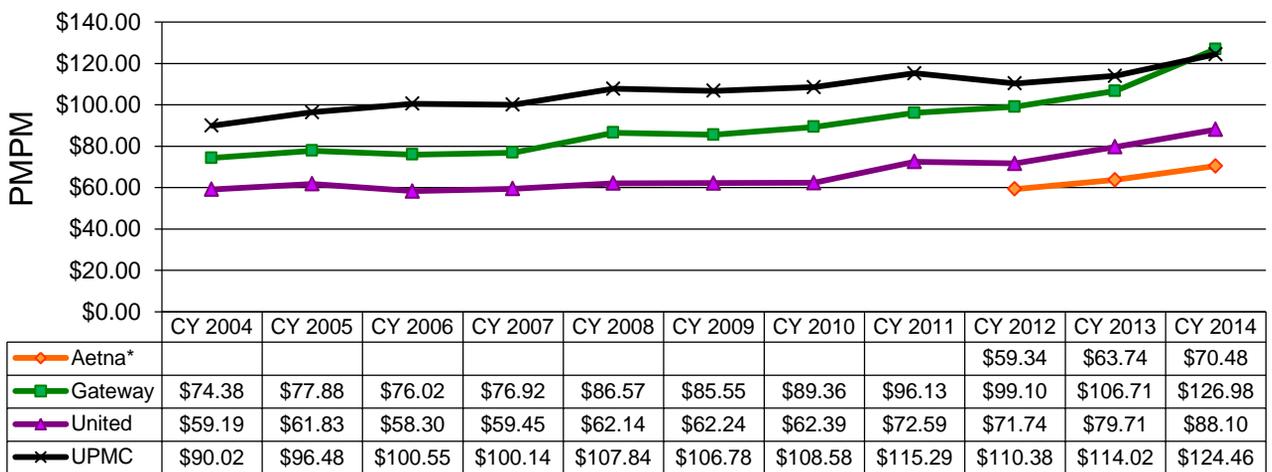
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# Pharmacy Data

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



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

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

### Exhibit VV

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

\* Aetna acquired Coventry effective 10/01/14

# 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

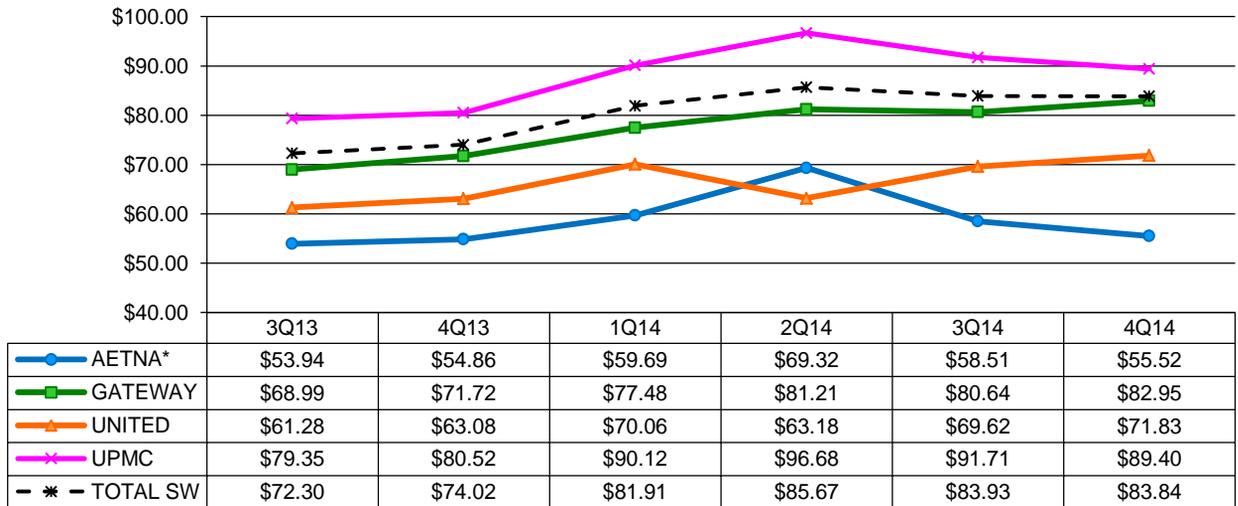


Exhibit WW

### AVERAGE PRICE per LEGEND BRAND SCRIPT

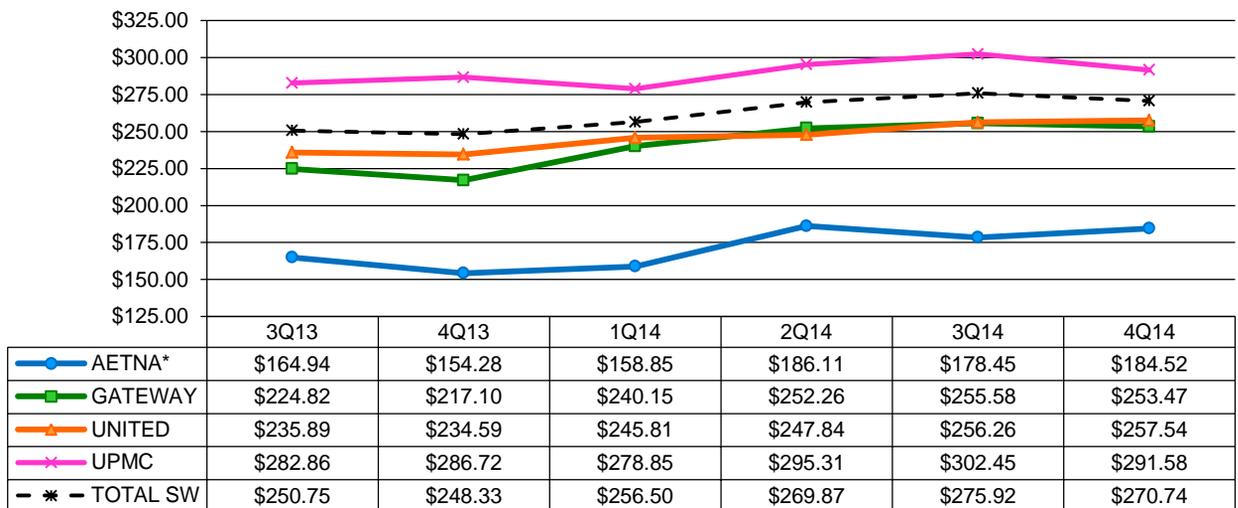
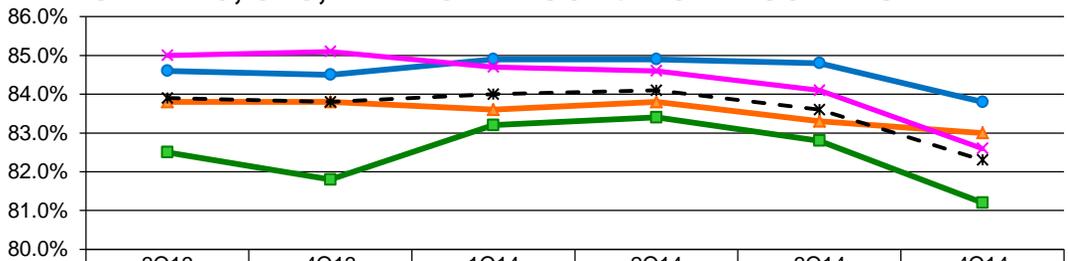


Exhibit XX

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

# Pharmacy Data (Continued)

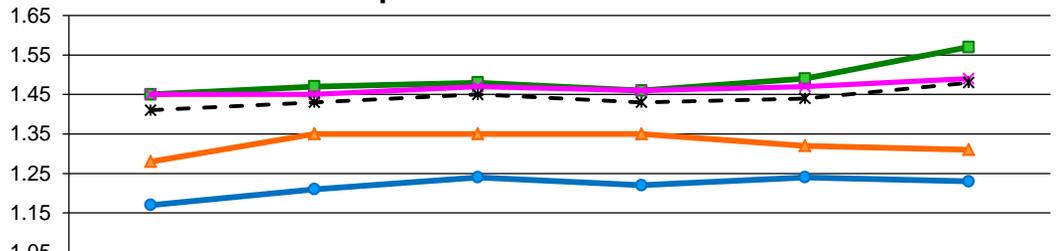
## GENERIC, OTC, AND NON-DRUG vs. TOTAL SCRIPTS



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AETNA*	84.6%	84.5%	84.9%	84.9%	84.8%	83.8%
GATEWAY	82.5%	81.8%	83.2%	83.4%	82.8%	81.2%
UNITED	83.8%	83.8%	83.6%	83.8%	83.3%	83.0%
UPMC	85.0%	85.1%	84.7%	84.6%	84.1%	82.6%
TOTAL SW	83.9%	83.8%	84.0%	84.1%	83.6%	82.3%

Exhibit YY

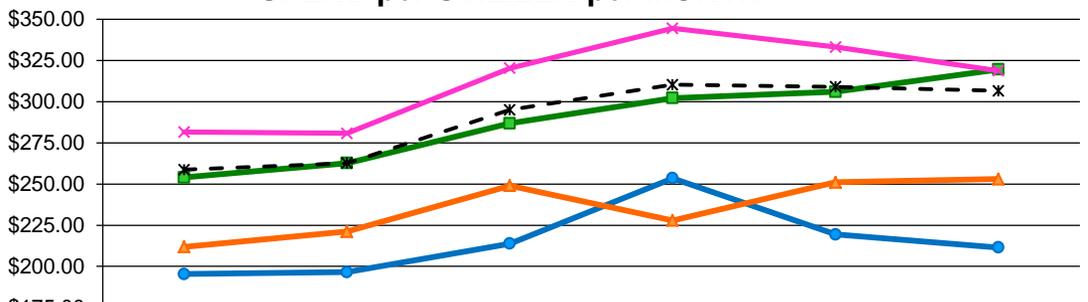
## SCRIPTS per MEMBER MONTHS



	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AETNA*	1.17	1.21	1.24	1.22	1.24	1.23
GATEWAY	1.45	1.47	1.48	1.46	1.49	1.57
UNITED	1.28	1.35	1.35	1.35	1.32	1.31
UPMC	1.45	1.45	1.47	1.46	1.47	1.49
TOTAL SW	1.41	1.43	1.45	1.43	1.44	1.48

Exhibit ZZ

## SPEND per UTILIZER per MONTH



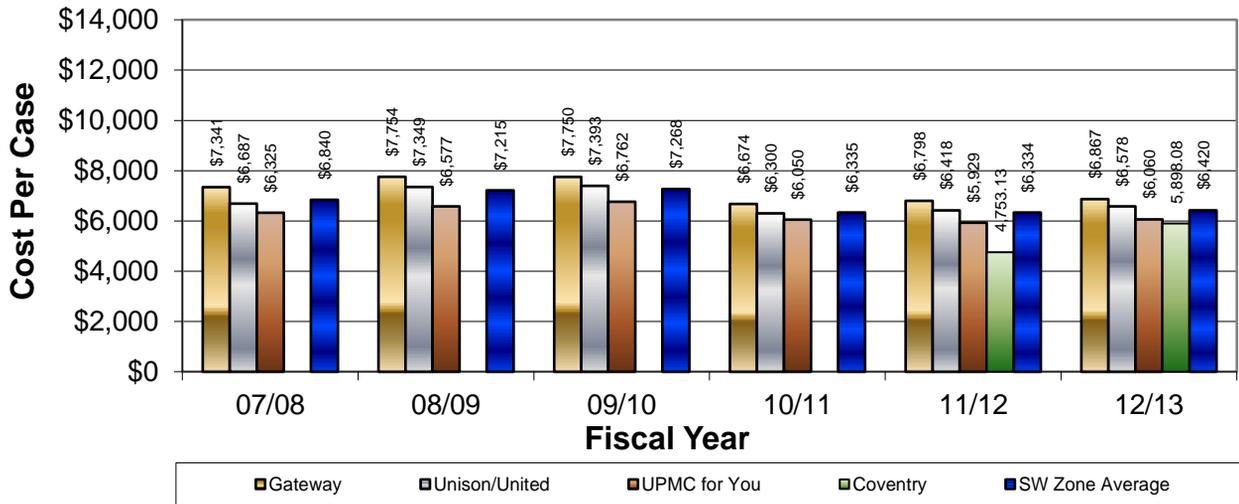
	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14
AETNA*	195.31	196.52	213.78	253.54	219.43	211.49
GATEWAY	254.03	262.70	286.81	302.19	306.06	319.58
UNITED	211.89	221.15	249.02	227.88	251.11	253.01
UPMC	281.55	280.83	320.40	344.56	333.17	318.86
TOTAL SW	258.73	262.73	295.08	310.33	309.07	306.56

Exhibit AAA

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

# Maternity

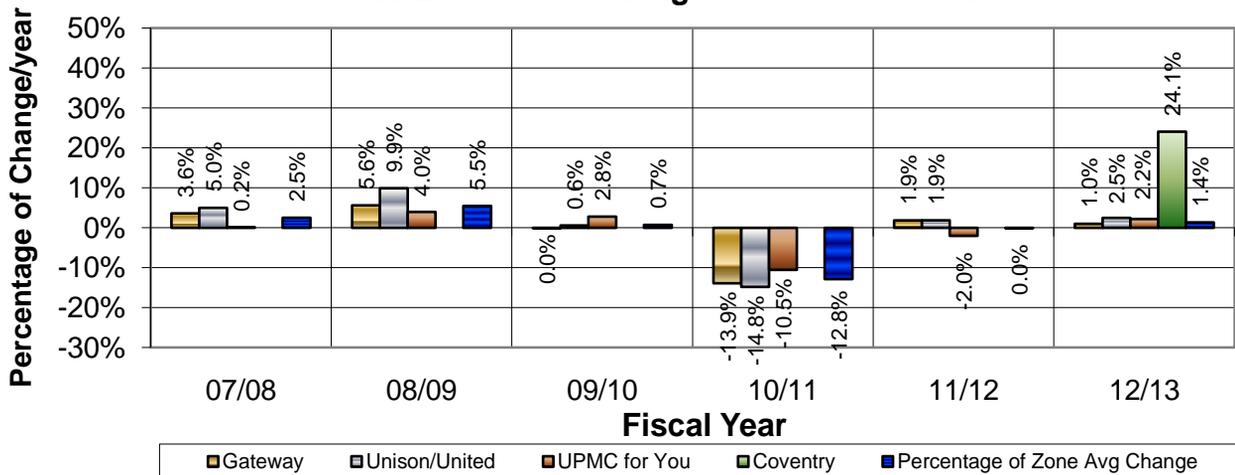
## SW Zone : Maternity Care Costs per case \*



### Exhibit WW

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

## SW Zone - % of Change - Combined Services



### Exhibit XX

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

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

C-Section Prevalence - SW zone	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Gateway	26.93%	26.26%	28.07%	29.45%	27.57%	29.67%	29.06%
Unison/United	28.81%	28.08%	30.63%	31.23%	27.52%	30.52%	31.53%
UPMC for You	26.28%	26.53%	25.60%	27.92%	29.55%	28.86%	30.39%
Coventry **						0.00%	27.19%
SW Zone totals	27.15%	26.75%	27.59%	29.13%	28.44%	29.41%	30.04%

### Exhibit YY

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

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

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

# Contractor Partnership Program

MANAGED CARE ORGANIZATION	QTR/YR	NUMBER OF VACANCIES FILLED	NUMBER OF PUBLIC ASSISTANCE EMPLOYED	PERCENTAGE OF PUBLIC ASSISTANCE EMPLOYED
AETNA BETTER HEALTH (EFF. 10/01/14)/ COVENTRY CARES	2Q12	12	2	17%
	3Q12	17	0	0%
	4Q12	22	1	5%
	1Q13	36	0	0%
	2Q13	0	0	0%
	3Q13	0	0	0%
	4Q13	0	0	0%
	1Q14	9	0	0%
	2Q14	51	2	4%
	3Q14	257	3	1%
	4Q14	258	0	0%
GATEWAY HEALTH PLAN, INC.	1Q15	168	0	0%
	1Q12	80	36	45%
	2Q12	20	1	5%
	3Q12	32	3	9%
	4Q12	25	6	24%
	1Q13	19	1	5%
	2Q13	24	5	21%
	3Q13	35	3	9%
	4Q13	41	4	10%
	1Q14	33	3	9%
	2Q14	18	0	0%
UNITED HEALTHCARE COMMUNITY PLAN	3Q14	12	2	17%
	4Q14	87	11	13%
	1Q15	126	6	5%
	1Q12	8	5	63%
	2Q12	7	2	29%
	3Q12	4	1	25%
	4Q12	2	0	0%
	1Q13	2	0	0%
	2Q13	0	0	0%
	3Q13	1	1	100%
	4Q13	1	0	0%
UPMC FOR YOU	1Q14	0	0	0%
	2Q14	0	0	0%
	3Q14	0	0	0%
	4Q14	0	0	0%
	1Q15	0	0	0%
	1Q12	45	6	13%
	2Q12	157	8	5%
	3Q12	183	13	7%
	4Q12	138	12	9%
	1Q13	88	6	7%
	2Q13	77	4	5%
3Q13	209	4	2%	
4Q13	129	7	5%	
1Q14	124	13	10%	
2Q14	42	5	12%	
3Q14	211	4	2%	
4Q14	195	7	4%	
1Q15	217	8	4%	

## Web sites

### **Department of Human Services**

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

Leesa Allen

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

Laurie Rock

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

Laurie Rock

#### **Operations Manager**

Terry Carpenter & Jill Vovakes

#### **Contract Managers**

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

Liz DeLuca

#### **Gateway Health**

Alinda Burrell

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

Michael Wilkinson

#### **UPMC for You**

Virginia Perry

HealthChoices Intranet

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

DHS Web site

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

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