



# External Quality Review Community HealthChoices Annual Technical Report 2024–2025 Reporting Cycle

**April 2025**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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## Table of Contents

Executive Summary .....	8
Purpose of Report .....	8
Scope of External Quality Review Activities Conducted .....	9
Findings .....	9
Timeline of IPRO’s Review of OLTL Activities .....	10
PA CHC Medicaid Managed Care Program.....	11
Pennsylvania Managed Care Quality Strategy (MCQS), 2023.....	12
IPRO’s Assessment of the Pennsylvania Medicaid and CHIP Quality Strategy.....	15
Monitoring Activities.....	15
Discussion of the Quality Management Program .....	16
Recommendations to Pennsylvania .....	17
Validation of Performance Improvement Projects .....	18
Objectives.....	18
Technical Methods of Data Collection and Analysis .....	18
Description of Data Obtained.....	20
Conclusions and Comparative Findings for 2023 PIP.....	20
Conclusions and Comparative Findings for 2024 Restructured PIPs.....	39
Validation of Performance Measures .....	49
Objectives.....	49
Technical Methods of Data Collection and Analysis .....	49
Description of Data Obtained.....	50
Conclusions and Comparative Findings .....	52
Review of Compliance with Medicaid and CHIP Managed Care Regulations .....	139
Objectives.....	139
Technical Methods of Data Collection and Analysis .....	139
Description of Data Obtained.....	140
Conclusions and Comparative Findings .....	142
Validation of Network Adequacy .....	146
Objectives.....	146
Technical Methods of Data Collection and Analysis .....	146
Description of Data Obtained.....	147
Conclusions and Comparative Findings .....	157
Validation of Quality-of-Care Surveys – CAHPS Member Experience Survey.....	161
Objectives.....	161
Technical Methods of Data Collection and Analysis .....	161
Description of Data Obtained.....	162
Conclusions and Comparative Findings .....	162
Pay-for-Performance Program Report Card.....	172
Objectives.....	172
Technical Methods of Data Collection and Analysis .....	172
Description of Data Obtained.....	172
Conclusions and Comparative Findings .....	173
References and Notes.....	180

## List of Tables

Table 1: OLTL Quality Strategy Goals .....	12
Table 2: 2023 CHC PIP Topics .....	20
Table 3: ACP/KF PIP General Information .....	21
Table 4: ACP/KF Intervention Strategies .....	21
Table 5: ACP/KF Performance Measures and Results .....	22
Table 6: ACP/KF PIP Validation Information.....	23
Table 7: PHW PIP General Information .....	24
Table 8: PHW Intervention Strategies .....	24
Table 9: PHW Performance Measures and Results .....	25
Table 10: PHW PIP Validation Information .....	26
Table 11: UPMC PIP General Information .....	26
Table 12: UPMC Intervention Strategies .....	27
Table 13: UPMC Performance Measures and Results .....	27
Table 14: UPMC PIP Validation Information .....	28
Table 15: Strengthening Care Coordination (Clinical PIP) MCO Confidence Ratings .....	29
Table 16: Strengthening Care Coordination PIP Previous Recommendations, Plan Responses and Actions, and New Recommendations .....	29
Table 17: ACP/KF PIP General Information .....	30
Table 18: ACP/KF Intervention Strategies .....	30
Table 19: ACP/KF Performance Measures and Results .....	31
Table 20: ACP/KF PIP Validation Information.....	32
Table 21: PHW PIP General Information .....	32
Table 22: PHW Intervention Strategies .....	32
Table 23: PHW Performance Measures and Results .....	33
Table 24: PHW PIP Validation Information .....	34
Table 25: UPMC PIP General Information .....	34
Table 26: UPMC Intervention Strategies .....	35
Table 27: UPMC Performance Measures and Results .....	35
Table 28: UPMC PIP Validation Information .....	36
Table 29: Transitions of Care PIP MCO Confidence Ratings .....	36
Table 30: Transitions of Care Previous Recommendations, Plan Responses and Actions, and New Recommendations .....	37
Table 31: 2024 CHC PIP Topics .....	39
Table 32: ACP/KF PIP General Information .....	39
Table 33: ACP/KF Intervention Strategies .....	40
Table 34: ACP/KF PIP Validation Information.....	40
Table 35: PHW PIP General Information .....	41
Table 36: PHW Intervention Strategies .....	41
Table 37: PHW PIP Validation Information .....	42
Table 38: UPMC PIP General Information .....	42
Table 39: UPMC Intervention Strategies .....	43
Table 40: UPMC PIP Validation Information .....	43
Table 41: Restructured - Strengthening Care Coordination (Clinical PIP) MCO Confidence Ratings .....	44
Table 42: ACP/KF PIP General Information .....	44
Table 43: ACP/KF Intervention Strategies .....	44
Table 44: ACP/KF PIP Validation Information.....	45
Table 45: PHW PIP General Information .....	45

Table 46: PHW Intervention Strategies .....46

Table 47: PHW PIP Validation Information .....46

Table 48: UPMC PIP General Information .....47

Table 49: UPMC Intervention Strategies .....47

Table 50: UPMC PIP Validation Information .....47

Table 51: Restructured - Transitions of Care PIP MCO Confidence Ratings .....48

Table 52: MY 2023 Required Performance Measures.....51

Table 53: MCO Compliance with Information System Standards.....52

Table 54: Adults’ Access to Preventive/Ambulatory Health Services.....54

Table 55: Prenatal and Postpartum Care .....55

Table 56: Adult Annual Dental Visit .....55

Table 57: Adherence to Antipsychotic Medications for Individuals with Schizophrenia .....56

Table 58: Antidepressant Medication Management.....57

Table 59: Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia.....58

Table 60: Diabetes Monitoring for People With Diabetes and Schizophrenia .....58

Table 61: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications .....59

Table 62: Diagnosed Mental Health Disorders.....59

Table 63: Diagnosed Substance Use Disorders .....60

Table 64: Pharmacotherapy for Opioid Use Disorder .....62

Table 65 Race and Ethnicity Breakout for Pharmacotherapy for Opioid Use Disorder .....63

Table 66: Cardiac Rehabilitation .....66

Table 67: Controlling High Blood Pressure.....68

Table 68: Race and Ethnicity Breakout for Controlling High Blood Pressure.....69

Table 69: Statin Therapy for Patients With Cardiovascular Disease.....72

Table 70: Advance Care Planning.....74

Table 71: Transitions of Care .....75

Table 72: Blood Pressure Control for Patients With Diabetes.....79

Table 73: Eye Exam for Patients With Diabetes .....79

Table 74: Hemoglobin A1c Control for Patients With Diabetes .....80

Table 75: Race and Ethnicity Breakout for Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%).....81

Table 76: Race and Ethnicity Breakout for Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control .....85

Table 77: Kidney Health Evaluation for Patients With Diabetes.....88

Table 78: Statin Therapy for Patients With Diabetes .....89

Table 79: Adult Immunization Status.....90

Table 80: Race and Ethnicity Breakout for Adult Immunization Status, Td/Tdap.....92

Table 81: Race and Ethnicity Breakout for Adult Immunization Status, Influenza .....94

Table 82: Race and Ethnicity – Adult Immunization Status, Pneumococcal .....97

Table 83: Race and Ethnicity – Adult Immunization Status, Zoster .....100

Table 84: Breast Cancer Screening.....103

Table 85: Race and Ethnicity Breakout for Breast Cancer Screening.....104

Table 86: Colorectal Cancer Screening.....107

Table 87: Race and Ethnicity Breakout for Colorectal Cancer Screening.....108

Table 88: Cervical Cancer Screening .....111

Table 89: Long-Term Services and Supports Comprehensive Assessment and Update .....111

Table 90: Long-Term Services and Supports Comprehensive Care Plan and Update .....112

Table 91: Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge.....113

Table 92: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner ..... 115

Table 93: Use of Imaging Studies for Low Back Pain ..... 115

Table 94: Use of Opioids at High Dosage ..... 116

Table 95: Use of Opioids From Multiple Providers..... 117

Table 96: Risk of Continued Opioid Use ..... 118

Table 97: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis ..... 119

Table 98: Appropriate Treatment for Upper Respiratory Infection..... 120

Table 99: Chlamydia Screening in Women..... 121

Table 100: Care for Older Adults..... 122

Table 101: Asthma Medication Ratio..... 123

Table 102: Race and Ethnicity – Asthma Medication Ratio ..... 123

Table 103: Pharmacotherapy Management of COPD Exacerbation..... 126

Table 104: Use of Spirometry Testing in the Assessment and Diagnosis of COPD ..... 127

Table 105: Appropriate Testing for Pharyngitis..... 128

Table 106: Ambulatory Care ..... 128

Table 107: Inpatient Utilization..... 129

Table 108: Antibiotic Utilization for Respiratory Conditions ..... 130

Table 109: Plan All-Cause Readmissions ..... 130

Table 110: CHC Managed Care Quality Objectives and Metrics..... 131

Table 111: Performance Measure Previous Recommendations, Plan Responses and Actions, and New Recommendations ..... 137

Table 112: SMART Items Count Per Regulation ..... 141

Table 113: MCO Compliance with State Responsibilities ..... 142

Table 114: MCO Compliance with Enrollee Rights and Protections Regulations ..... 142

Table 115: MCO Compliance with MCO, PIHP, and PAHP Standards Regulations..... 143

Table 116: MCO Compliance with Quality Measurement and Improvement; EQR Regulations ..... 143

Table 117: Review of Compliance with Regulations Previous Recommendations, Plan Responses and Actions, and New Recommendations ..... 144

Table 118: Community HealthChoices Provider Network Adequacy Standards..... 147

Table 119: Summary of Network Adequacy Validation Findings..... 151

Table 120: Number of Urban and Rural Counties Served by MCOs ..... 153

Table 121: Community HealthChoices Network Adequacy Results ..... 153

Table 122: Community Health Choices compliance with appointment availability requirements..... 155

Table 123: Summary of Network Adequacy Findings by MCO ..... 157

Table 124: MCO-Level Network Adequacy Recommendations..... 159

Table 125: State-Level Network Adequacy Recommendations..... 160

Table 126: CAHPS Categories and Response Options ..... 162

Table 127: ACP CAHPS MY 2023 Adult Survey Results ..... 163

Table 128: KF CAHPS MY 2023 Adult Survey Results ..... 163

Table 129: PHW CAHPS MY 2023 Adult Survey Results ..... 164

Table 130: UPMC CAHPS MY 2023 Adult Survey Results ..... 165

Table 131: CAHPS Survey Recommendations, Plan Responses and Actions, and New Recommendations ..... 169

Table 132: MY 2023 Aggregate P4P Performance Results ..... 175

Table 133: ACP Pay-for-Performance Program Results for MY 2023 ..... 176

Table 134: KF Pay-for-Performance Program Results for MY 2023 ..... 176

Table 135: PHW Pay-for-Performance Program Results for MY 2023..... 177

Table 136: UPMC Pay-for-Performance Program Results for MY 2023..... 178

Table 137: P4P Recommendations, Plan Responses and Actions, and New Recommendations..... 178

## List of Figures

Figure 1: Timeline of OLTL Activity Review. ....	10
Figure 2: Timeline of CHC HealthChoices Implementation and Expansion .....	11
Figure 3: CHC Implementation and Expansion Zones by County.....	11
Figure 4: CHC-MCO Choices by Zone .....	12
Figure 5: EQR Protocol 1 Activities.....	19
Figure 6: EQR Overall Validation Ratings .....	19
Figure 7: 2023 PIP Validation Aggregate Findings.....	38
Figure 8: EQR Protocol 2 Activities.....	49
Figure 9: PAPM Validation Process .....	50
Figure 10: Three-Year Trend of Adult Annual Dental Visits from MY 2021 to MY 2023 .....	132
Figure 11: Three-Year Trend of Emergency Department Visits from MY 2021 to MY 2023 .....	133
Figure 12: Three-Year Trend of Inpatient Discharges from MY 2021 to MY 2023 .....	134
Figure 13: Three-Year Trend of Plan All-Cause Readmission Observed to Expected Ratio.....	136
Figure 14: Performance Measure Aggregate Findings .....	138
Figure 15: EQR Protocol 3 Activities.....	139
Figure 16: Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Findings ....	145
Figure 17: EQR Protocol 4 Activities.....	146
Figure 18: EQR Protocol 6 Activities.....	161
Figure 19: MY 2021–2023 CAHPS Composite Rates – Getting Care Quickly .....	166
Figure 20: MY 2021–2023 CAHPS Composite Rates – Getting Needed Care.....	166
Figure 21: MY 2021–2023 CAHPS Composite Rates – How Well Doctors Communicate .....	167
Figure 22: MY 2021–2023 CAHPS Composite Rates – Customer Service .....	167
Figure 23: MY 2021–2023 CAHPS Global Rating Score – Rating of Personal Doctor Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating scores for Personal Doctor by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.....	168
Figure 24: MY 2021–2023 CAHPS Global Rating Score – Rating of Health Plan Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating score for Health Plan by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar. ....	168
Figure 25: MY 2021–2023 CAHPS Global Rating Score – Personal Doctor Informed/ Up to Date on Care Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating score for Personal Doctor – Informed/Up to Date on Care by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.....	168
Figure 26: MY 2021–2023 CAHPS Organizational Cultural Capacity Score Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS organizational cultural capacity score by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar. ....	169
Figure 27: MY 2021–2023 CAHPS Linguistic Capacity Score Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS linguistic capacity score by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.....	169
Figure 28: CAHPS Survey Member Experience Aggregate Findings .....	171
Figure 29: Pay-for-Performance Data Collection and Analysis Activities .....	172
Figure 30: P4P Matrix Color Codes and Definitions.....	174
Figure 31: Pay-for-Performance Aggregate Findings .....	179

## List of Boxes

Box 1: <i>Title 42 CFR § 438.320</i> Definitions.....	8
Box 2: <i>Title 42 CFR § 438.330</i> PIP Required Elements.....	18
Box 3: The Impact of Small Denominators .....	53
Box 4: Network Adequacy Data and Definitions .....	147

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## Executive Summary

### Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the managed care organizations (MCOs). *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. **Box 1** lists the definitions per *Title 42 CFR § 438.320 External quality review*.<sup>1</sup>

#### Box 1: *Title 42 CFR § 438.320* Definitions

- Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under network adequacy standards and availability of services
- External quality review means the analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that an MCO, PIHP, PAHP, or PCCM entity, or their contractors furnish to Medicaid beneficiaries.
- External quality review organization means an organization that meets the competence and independence requirements and performs external quality review and other EQR-related activities.
- Quality, as it pertains to external quality review, means the degree to which an MCO PIHP, PAHP, or PCCM entity (described in § 438.310(c)(2)) increases the likelihood of desired outcomes of its enrollees through (1) Its structural and operational characteristics; (2) the provision of services that are consistent with current professional, evidenced-based-knowledge; and (3) Interventions for performance improvement.

CFR: Code of Federal Regulations; §: section; EQRO: external quality review organization; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; PCCM: primary care case management; EQR: external quality review.

*Title 42 CFR § 438.364 External review results (a) through (d)* requires that the annual EQR be summarized in a detailed annual technical report (ATR) that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR § 438.364 External review results (a) through (d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Commonwealth of Pennsylvania (PA) Department of Human Services (DHS) Office of Long-Term Living (OLTL) contracted with IPRO, an EQRO, to conduct the 2024 EQR activities for MCOs contracted to furnish Medicaid Community HealthChoices (CHC) services in the state. No MCOs were excluded from EQR review

## Scope of External Quality Review Activities Conducted

This EQR ATR focuses on the four mandatory and one optional EQR activities that were conducted. These activities are:

- **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that MCO PIPs were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its Medicaid population.
- **CMS Optional Protocol 6: Validation of Quality-of-Care Surveys** – In 2024, satisfaction surveys were conducted for adult members. The member survey measured satisfaction with care received, providers, and health plan operations.

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*CMS defines validation in Title 42 CFR § 438.320 Definitions as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”*

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*Title 42 CFR § 438.364 External quality review results (a)(6)* require each ATR include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement (QI) made by the EQRO during the previous year’s EQR.” This section assesses the degree to which each CHC-MCO has addressed the opportunities for improvement made by IPRO in the 2023-2024 reporting cycle EQR ATRs.

## Findings

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

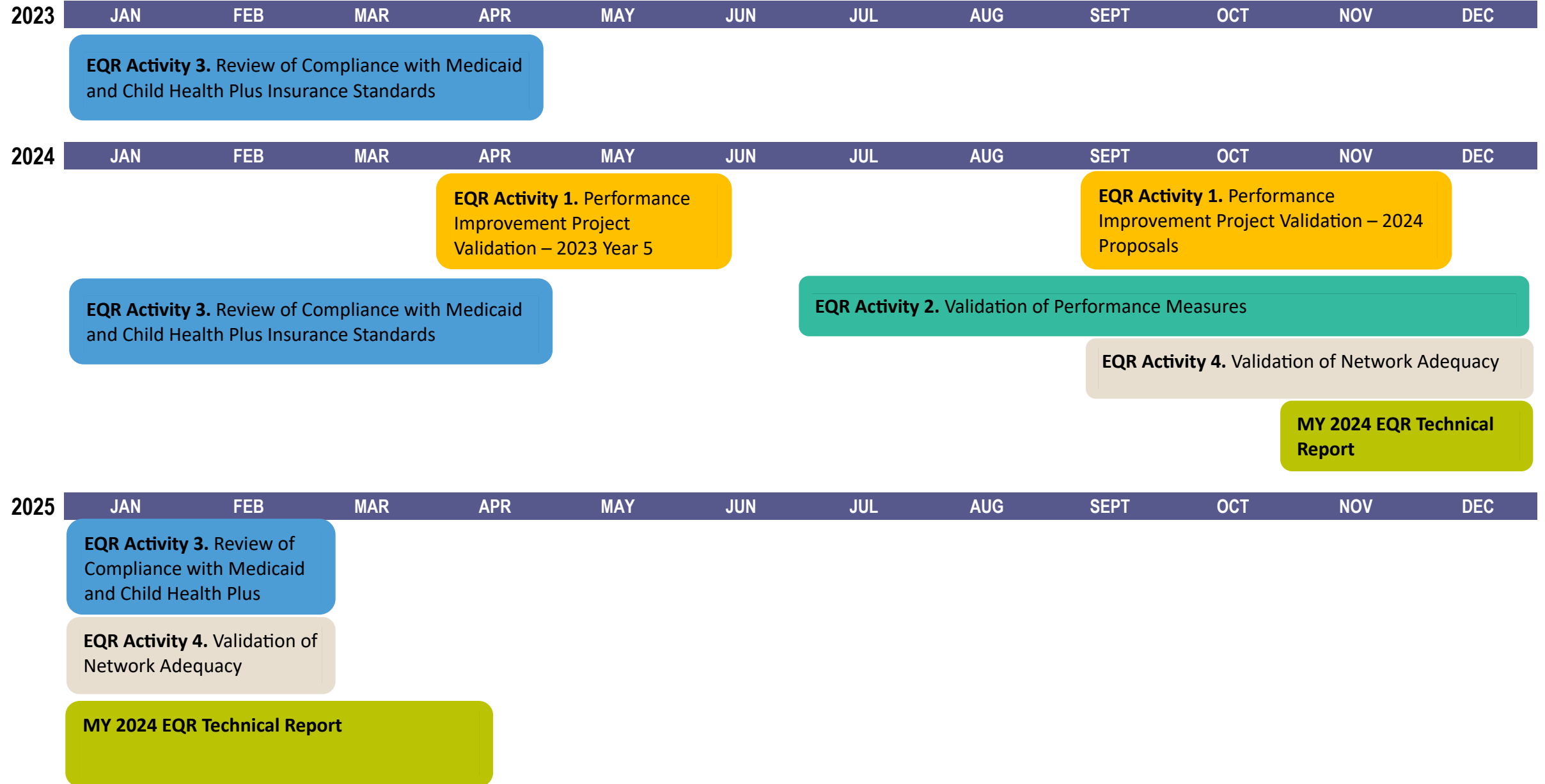
- data collection and analysis methodologies;
- comparative findings; and
- where applicable, the MCOs’ performance strengths and opportunities for improvement.

MCOs were compared to each other, statewide rates, historical trends, and/or national benchmarks when available, to develop conclusions and recommendations for improvement for each activity, summarized in each section of this report.

Systems reviews that are conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ and related findings from IPRO’s review of the MCOs’ HEDIS final audit reports (FAR) are in the **Validation of Performance Measures** section.

## Timeline of IPRO’s Review of OLTL Activities

The timeline of IPRO’s review is displayed below to help establish the cycle of review.



**Figure 1: Timeline of OLTL Activity Review.** EQR: external quality review; OLTL: Office of Long-Term Living; MY: measurement year.

## PA CHC Medicaid Managed Care Program

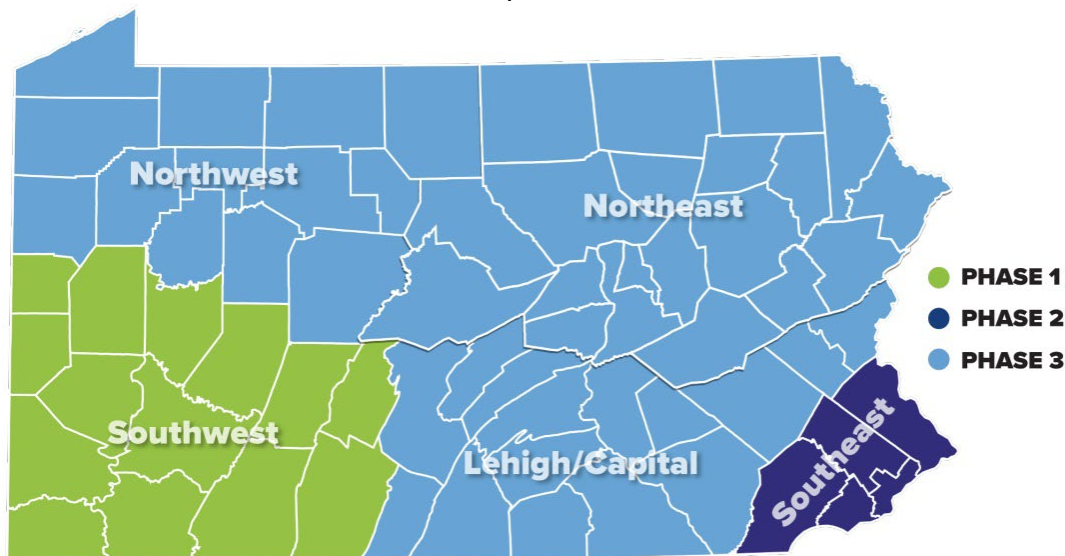
Community HealthChoices (CHC) is the mandatory managed care program in PA for adults dually eligible for Medicare and Medicaid, older adults, and adults with physical disabilities, in need of long-term services and supports (LTSS). DHS OLTL contracts with CHC-MCOs to provide physical health care services to recipients. LTSS help individuals perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications. CHC aims to serve more people in communities, give them the opportunity to work, spend more time with their families, and experience an overall better quality of life. CHC was developed to improve and enhance medical care access and coordination, as well as create a person-centered LTSS system, in which people have a full array of quality services and supports that foster independence, health, and quality of life.

Starting in 2018, the CHC HealthChoices Program was implemented using a zone phase-in schedule. Between 2018 and 2020, the CHC HealthChoices Program expanded by adding additional counties and zones until the program was fully implemented across PA. **Figure 2** chronicles a timeline of the expansion activities.



**Figure 2: Timeline of CHC HealthChoices Implementation and Expansion** CHC: Community HealthChoices.

**Figure 3** displays the CHC implementation and expansion zones by county. All PA counties were covered by the CHC Program in 2020, when it became mandatory statewide.



**Figure 3: CHC Implementation and Expansion Zones by County**

During the period under review, January 1, 2024, to December 31, 2024, PA’s CHC MCOs included AmeriHealth Caritas Pennsylvania (ACP), Keystone First (KF), PA Health and Wellness (PHW), and University of Pittsburgh Medical Center Health Plan (UPMC). No CHC-MCOs were exempt from EQR review. This report presents the results of these EQR activities for all CHC-MCOs.

Figure 4 displays the MCOs available to enrollees by zone.

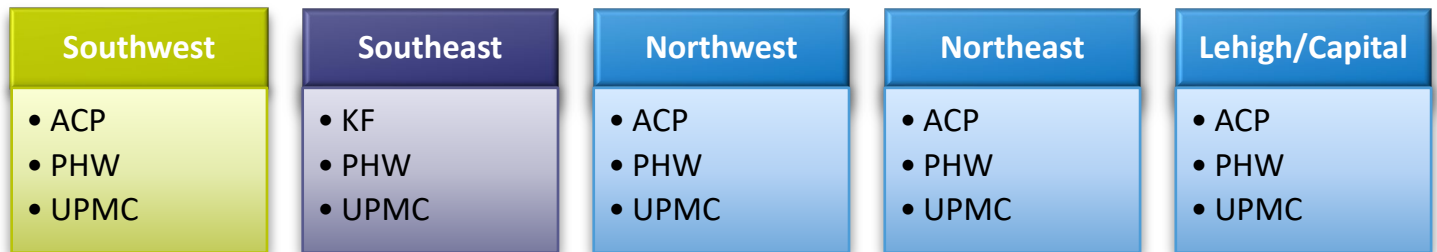


Figure 4: CHC-MCO Choices by Zone ACP: AmeriHealth Caritas of Pennsylvania; KF: Keystone First, PHW: Pennsylvania Health and Wellness; UPMC: University of Pittsburgh Medical Center Health Plan;.

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As of September 2024, 384,559 Pennsylvanians were enrolled in the CHC Program.

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### Pennsylvania Managed Care Quality Strategy (MCQS), 2023

Pennsylvania’s current Quality Strategy, dated December 2023, was developed with input from stakeholders.<sup>2</sup> The Quality Strategy includes objectives, standards, and goals for the following overarching areas that impact health care services: network adequacy and availability; continuous quality improvement (QI); quality metrics and performance targets; PIPs; external independent reviews; Transitions of Care; health disparities; intermediate sanctions; long-term services and supports (LTSS); and non-duplication of EQR activities.

The quality strategy elucidates a high-level mission, “...to assist Pennsylvanians in achieving safe, healthy, and productive lives while being an accountable steward of Commonwealth resources.” As well as a set of guiding principles that drive a managed program that is person-centered, relationship-driven, community-based, data-driven, collaborative, innovative and equitable.

### OLTL Quality Strategy Goals

The state’s objectives for CHC track progress toward achieving established goals, as well as identify opportunities for improvement. The CHC program is administered by OLTL. The three primary goals of the CHC program are to: increase member access to healthcare services, improve the health outcomes of populations, and promote efficient and effective use of taxpayer resources (Table 1).

Table 1: OLTL Quality Strategy Goals

Objective	Measure/Target	Applicable EQR Protocols
Goal: Increase member access to healthcare services		
Increase the percentage of members being served in their home or community	MCOs to assist at least 425 people on an annual basis for transition  Goal that less than 5.0% of people who transitioned	Protocol 1: Validation of Performance Improvement Projects

Objective	Measure/Target	Applicable EQR Protocols
	to community will be re-institutionalized for less than four of the six months post-discharge	
Increase the percentage of members being served in their home or community	The MCOs will assist 404 participants who transitioned from the NF to the community and remained in the community for at least four of the six months	Protocol 1. Validation of Performance Improvement Projects
<p>Maintain or increase access to nursing facility services for medically necessary care.</p> <ul style="list-style-type: none"> <li>• <b>Directed Payment</b> <ul style="list-style-type: none"> <li>○ Nursing facility access</li> </ul> </li> </ul>	Number of Nursing Facilities measured by the count of open and Medicaid enrolled providers by the end of the CY.	Protocol 4 – Validation of Network Adequacy
<p>Develop and implement educational programs and VBP initiatives for NF Services: in coordination with NF representatives, implement educational programs and VBP initiatives to improve care coordination and health and safety outcomes for NF participants</p> <ul style="list-style-type: none"> <li>○ This includes initiatives supporting improvements such as reducing hospitalizations, reducing pressure ulcers, improving immunization rates, reducing falls, and reducing the use of antipsychotic medications</li> <li>• <b>Directed Payment</b> <ul style="list-style-type: none"> <li>○ Lead the healthcare system toward VBP coordinated across payers</li> </ul> </li> </ul>	<p>Percentage of short-stay residents who were re-hospitalized after a NF admission</p> <p>Percentage of long-stay residents with pressure ulcers</p> <p>Percentage of long-stay residents experiencing one or more falls with major injury</p> <p>Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine</p> <p>Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine</p> <p>Percentage of long-stay residents who received an antipsychotic medication</p>	Protocol 1. Validation of Performance Improvement Projects
<p>Increase Annual Adult Dental Visits</p> <p>Note: NCQA retired the HEDIS measure Annual Dental Visits (ADV). For</p>	Return the PAPM measure to pre-pandemic (MY 2019) levels by MY 2023	Protocol 2. Validation of Performance Measures

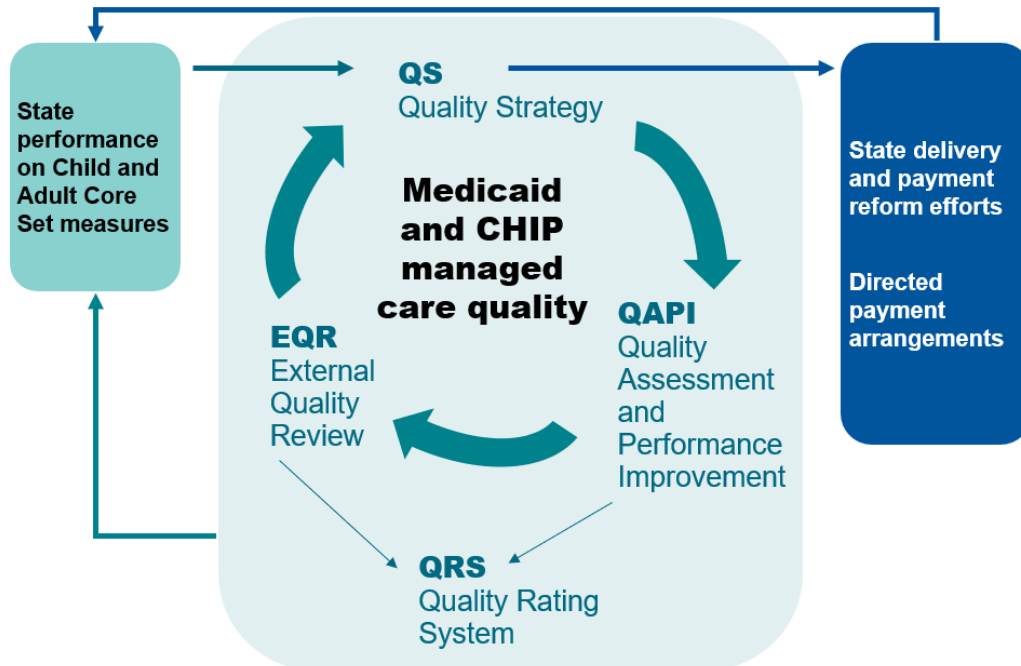
Objective	Measure/Target	Applicable EQR Protocols
MY2023, OLTL will continue to measure the PAMP to continue measuring the adult annual dental visits.		
Decrease ED utilization and inpatient admissions and readmissions	Return HEDIS ED Visits/1,000 MM to pre-pandemic (MY 2019) levels by MY 2024  Return HEDIS inpatient admissions — Total Discharges/1,000 MM to pre-pandemic (MY 2019) levels by MY 2024	Protocol 2. Validation of Performance Measures
Decrease ER utilization and inpatient admissions and readmissions	HEDIS Plan All-Cause Readmissions (PCR): Count of Expected/Observed 30-Day Readmissions Ratio	Protocol 2. Validation of Performance Measures
<b>Goal: Improve the health outcomes of populations</b>		
Increase the number of LTSS members with a Comprehensive Assessment and Update (CAU)	Maintain or exceed the rate of 78% for members with a CAU	Protocol 1. Validation of Performance Improvement Projects
Increase the number of LTSS members with a Comprehensive Care Plan and Update (CPU)	Maintain or exceed the rate of 78% for members with a CPU	Protocol 1. Validation of Performance Improvement Projects
Increase the number of LTSS members with a Reassessment and Care Plan Update after Inpatient Discharge (RAC)	Maintain or exceed the rate of 38% for members with a RAC	Protocol 1. Validation of Performance Improvement Projects
Increase the number of LTSS members with a Shared Care Plan (SCP) with PCP	Maintain or exceed the rate of 55% for members with a SCP	Protocol 1. Validation of Performance Improvement Projects
Increase organizational, cultural, and linguistic capacity to reduce health disparities	Increase 3% of MCOs providing culturally competent care through CAHPS results MHSIP measures for BH	Protocol 6: Validation of Quality-of-Care Surveys
<b>Goal: Promote efficient and effective use of taxpayer resources</b>		
Support alternative payment models that promote quality of care while managing increasing costs	Establish contractual VBP requirements by 2023	Protocol 1. Validation of Performance Improvement Projects

OLTL: Office of Long-Term Living; EQR: external quality review; MCO: managed care organization; NF: nursing facility; CY: calendar year; VBP: value-based payments; MY: measurement year; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MM: member months; ER: emergency room.

## IPRO’s Assessment of the Pennsylvania Medicaid and CHIP Quality Strategy

IPRO is employing the rubric from the CMS Medicaid and CHIP Managed Care: Quality Strategy Toolkit Summary, June 2021 in reviewing the Pennsylvania Medical Assistance and Children’s Health Insurance Program Managed Care Quality Strategy dated December 2023.

CMS’s vision of the EQR role in the evaluating the quality strategy is captured in **Figure 4**.



**Figure 4: Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit**

The structure of the CHC program is addressed in detail including the regional approach, the number, and types of plans.

DHS describes its process for seeking input from qualified stakeholders in developing its quality strategy. Stakeholders identified include: Medicaid members, the public, Medicaid Assistance Advisory Committee, Pennsylvania Mental Health Planning Council, and MCOs.

There are specific goals set, with baseline rates and statewide performance targets. Where available, goals are based on standard performance measures. There is ample room within the goal structure to make ongoing adjustments to measures and target based on the evolving experience of monitoring goal progress and changes in the population health experience of the members.

### Monitoring Activities

DHS outlines the details of their MCO monitoring activities within the MCQS. These include:

- standard annual review of HEDIS measures;
- comparison of results to goals;
- root cause analysis on missed targets;
- collaborative remediation planning, goal setting and re-evaluation with MCOs that miss targets;
- ongoing review of MCO compliance with state and federal regulations; and
- Discussion of DHS’s Medicaid Enterprise Monitoring Module (MEMM) dashboard, used for cross program aggregation of quality indicator monitoring. Among the core quality domains that are

routinely monitored via MEMM are Network Adequacy, Compliance, Performance Measures, Surveys, Care Management, and others.

IPRO notes that while the majority of goals have timelines that begin with measurement year (MY) 2024 or later, there are a number of goals that were set with MY 2023. As of this report, DHS has not posted any progress reporting on their quality goals.

### **Discussion of the Quality Management Program**

The 2023 Managed Care Quality Strategy (MCQS) contains detailed descriptions of the PA statewide initiatives underway or under consideration for achieving the stated goals.

Social determinants of health (SDoH)/Health equity are targeted with increased detail in the new strategy document. DHS documents its engagement with stakeholders in developing their statewide SDoH strategy and provides details on activities completed and those being initiated.

There is a section about value-based payments and pay-4-performance (P4P) initiatives that are aligned with the goals of quality, access and efficiency. These initiatives are also intended to increase the alignment between program offices. Specific topics with the goal structures of these programs include focuses on SDoH, maternity, post-partum and infant care, transitions of care, integrated care for members with serious and persistent mental illness. All of these programs are based on specific measurable indicators such as HEDIS or Consumer Assessment of Healthcare Providers and Systems (CAHPS®). DHS also discusses potential future initiatives under consideration.

There is a section on performance improvement project (PIPs) with topics. There are high-level descriptions of project aims and key interventions for each PIP. For the CHC program the PIP topics are Care Coordination and Nursing Home Transitions. The report directs the reader to the EQR technical report on the DHS website for detailed results and analysis.

There is a section on network adequacy standards which includes details on time, distance, appointment availability all broken down by provider type, geographic region. This section also describes DHS's activities in monitoring compliance with these standards.

There is a description of the process DHS uses to review each MCO's clinical practice guidelines, including the participation of medical experts and the basis in scientific and reliable clinical evidence.

The MCQS delineates the provision that could trigger MCO sanctions and the possible sanctions or penalties that could be levied. The report contains a listing of MCO sanctions imposed within the past three years. There is a mention of five work plans and the high-level topics that were implemented as well as goals and a mention of Corrective Action Plans (CAPs) that were developed. The narrative does not indicate the current status of the work plans and CAPs, nor the specific metrics for their completion and ongoing monitoring.

Pennsylvania's quality management plan and execution is robust, with the adoption of CMS core measures and an ambitious program to create quality dashboards through the Medicaid Enterprise Monitoring Module (MEMM). Initiatives that target health equity, social determinants of health and health information are all forward looking and expansive. DHS is using the levers available through pay for performance programs to align quality and efficiency within the delivery systems.

## **Recommendations to Pennsylvania**

The 2023 MCQS addresses several of the recommendations made in the 2023 technical report.

- Strong numerical targets were established for performance measures.
- A more robust discussion of PIPs has been added.
- A detailed discussion of quality interventions where areas of underperformance were identified has been added.

DHS should consider creating an annual progress report detailing progress on the CHC goals, any obstacles encountered, plans to address obstacles and capturing success strategies where significant progress and/or achievement of goals has been observed.

# Validation of Performance Improvement Projects

## Objectives

*Title 42 CFR § 438.330(d) Performance improvement projects* establishes that the state must require contracted MCOs to conduct PIPs that focus on both clinical and non-clinical areas. According to CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. Further, MCOs are required to design PIPs to achieve significant, sustained improvement in health outcomes.

**Box 2** details the required PIP elements.

### **Box 2: Title 42 CFR § 438.330 PIP Required Elements**

1. Measurement of performance using objective quality indicators,
2. Implementation of interventions to achieve improvement in access to and quality of care,
3. Evaluation of the effectiveness of interventions based on the performance measures, and
4. Planning and initiation of activities for increasing or sustaining improvement.

CFR: Code of Federal Regulations; §: section; PIP: performance improvement project.

*Title 42 CFR § 438.356(a)(1)* and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. To meet these federal regulations, PA contracted with IPRO to validate the PIPs that were underway in 2023.

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**2023 was the final year of the PIP cycle.** PA DHS assigned two PIP topics to every CHC-MCO:

- 1) Strengthening Care Coordination (Clinical Focus)
  - 2) Successful Transitions to Community from Nursing Facility (Non-Clinical Focus)
- 

## Technical Methods of Data Collection and Analysis

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. During the conduct of the PIPs, IPRO provides technical assistance to each MCO. Technical assistance includes feedback.

*CMS's Protocol 1. Validation of Performance Improvement Projects* was used as the framework to validate each PIP. **Figure 5** details the mandatory EQR Protocol 1 activities.

### Activity 1: Assess the PIP Methodology

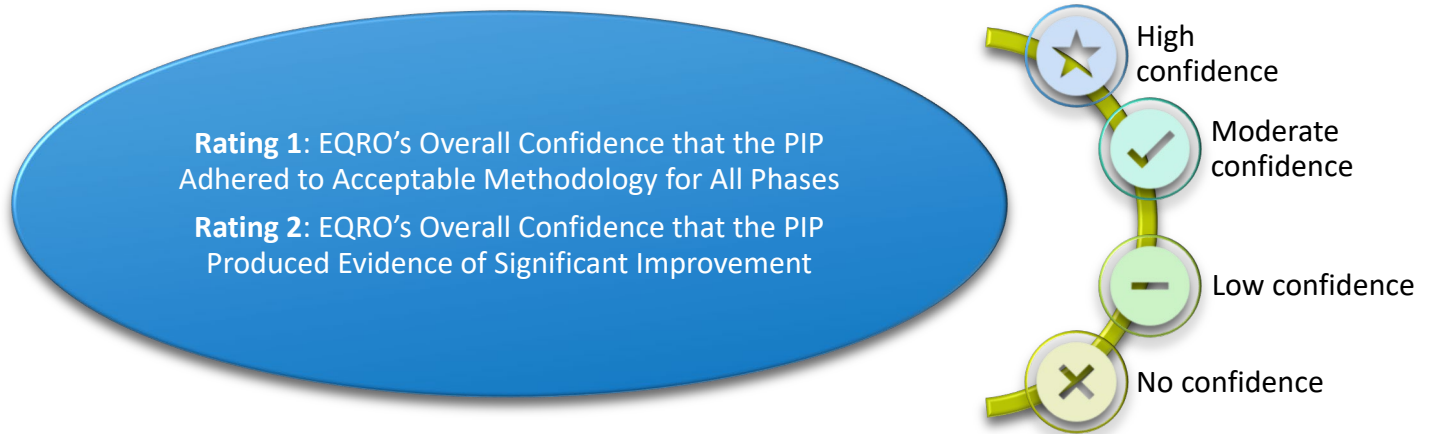
- Step 1: Review the selected PIP topic
- Step 2: Review the PIP aim statement
- Step 3: Review the identified PIP population
- Step 4: Review the sampling method
- Step 5: Review the selected PIP variables and performance measures
- Step 6: Review the data collection procedures
- Step 7: Review data analysis and interpretation of PIP results
- Step 8: Assess the improvement strategies
- Step 9: Assess the likelihood that significant and sustained improvement occurred

### Activity 2: Perform Overall Validation and Reporting of PIP Results

- Step 1: Assign validation ratings
- Step 2: Report findings and performance measure data

**Figure 5: EQR Protocol 1 Activities** PIP: performance improvement project; EQR: external quality review.

The 2023 EQR protocols transitioned the validation process and reporting of PIP results from a compliance model to a confidence model. The evaluation consists of the review findings being considered to determine whether the PIP results should be accepted as valid and reliable. In accordance with the EQR PIP validation protocol issued by CMS in February 2023, IPRO adopted two qualitative assessments of the PIP, expressed in terms of levels of confidence. **Figure 6** displays the validation determinations and corresponding confidence levels.



**Figure 6: EQR Overall Validation Ratings** EQRO: external quality review organization; PIP: performance improvement project.

IPRO's assessment of indicator performance was based on demonstrated **performance improvement** and whether there was a **statistically significant change** in performance based on a p-value of 0.05. The p-value means that there is a less than a 5% probability that the change was due to random chance.

## Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

The CHC population was grouped to align with three benefit structures for CHC reporting for the 2024 PIP reporting.

- The first group identified members who were Medicaid-only members with CHC benefits (i.e., those not also enrolled in Medicare).
- The second group identified members with CHC benefits and Medicare benefits with the same MCO, (i.e., Medicare-Medicaid enrolled), or aligned dual eligible special needs plan (D-SNP) and CHC benefits (per NCQA requirements, MCOs that offer Medicaid and Medicare-Medicaid dual benefits include the MCO's aligned dual-eligible members under Medicaid reporting). The Medicaid IDSS submission is comprised of these first two groups. Additionally, there are two measures (Care for Older Adults [COA] and Transitions of Care [TRC]) that must be reported for the second group only; these were captured via submission of a separate, partially completed Medicare IDSS.
- A third group comprised members who have CHC benefits and Medicare benefits with different MCOs (i.e., D-SNP enrollment is not aligned with the MCO, or the member has another Medicare Advantage or fee-for-service plan).

## Conclusions and Comparative Findings for 2023 PIP

Pennsylvania identifies PIPs by assessing gaps in care with a focus on applying sustainable interventions that will improve the access, quality, or timeliness of care and services provided to the state's Medicaid beneficiaries. DHS-selected topics require that each MCO implement work plans and activities consistent with PIPs, as required by federal and state regulations. All CHC PIPs were state mandated from the Office of Long-Term Living program. Due to the region-by-region rollout of the CHC program, the first PIP year with statewide data was 2021. **Table 2** details the PIPs underway in 2023.

**Table 2: 2023 CHC PIP Topics**

PIP Topic	PIP Description
Strengthening Care Coordination	Strengthening care coordination following an inpatient hospital stay to improve physical health and recovery outcomes among CHC participants.
Transitions of Care	Enhanced opportunities for community-based living and decrease the number of people living in nursing facilities while increasing the number of people living in the community.

CHC: Community HealthChoices; PIP: performance improvement project.

**PIP Topic 1: Strengthening Care Coordination**

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 3–14** for each MCO.

Strengthening Care Coordination: Validation Results for AmeriHealth Caritas and Keystone First (ACP/KF)

**Table 3: ACP/KF PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of the PIP, AmeriHealth Caritas Pennsylvania Community HealthChoices (ACP) and Keystone First Community HealthChoices (KF) aim to improve care coordination as evidenced by an increase in the HEDIS Transitions of Care (TRC) measure (notification of inpatient admission, receipt of discharge information on day of discharge or next day, patient engagement after inpatient discharge, medication reconciliation post discharge) for Participants who were discharged from an acute or behavioral health facility from the baseline rate.
Target age group	Ages 21+
Target population	CHC-MCO Nursing Home and Community-Based (NFCE) and Nursing Facility Ineligible (NFI) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 4: ACP/KF Intervention Strategies**

ACP/KF Intervention Strategies
Service Coordinators (SC) will conduct an in-person visit within 2 business days after notification of discharge from a hospital and develop or update Person-Center Service Plan (PCSP) to ensure it is person-centered and meets the needs of the Participant
Ensure appropriate care transitions when a Participant is admitted to an acute hospital. Care Management and SC teams will educate Participants on the guideline for use of transportation pre-scheduling for follow-up care and maintain open lines of communication. Educated SC’s provide contact information to the Participant so the Participant will notify the SC of an admission
Educate Participants and caregivers on importance of immediate notification to their SC if admitted to a BH facility. Provide visual reminders to Participants including SC name, contact information, and 24-hour phone number
Provide Participant education via Participant Newsletter, reminder notecard in home, and ad hoc mailing on the importance of notifying the SC following a discharge from a hospital or behavioral health facility
Provider Network department works collaboratively with areas hospitals to educate on the importance of notification of the SC upon discharge of the Participants
Educate providers to enter missed shifts due to hospitalizations as soon as they are made aware. The SC will review the Missed Shift report on a weekly basis to capture the notifications to address potential gaps in care
Collaborate with key stakeholders with ClinicalConnect and other HIE organizations (potentially eVantage, HSX, KeyHIE, and LGH) to develop the necessary agreements and processes to capture the data needed for our Participants
Strengthen relationships with the DSNPs in PA to promote timely Participant engagement following discharge through obtaining data exchange agreements with HIE organizations, DSNPs, and BH-MCO along with continued education for our staff to enhance the service coordination program

ACP/KF Intervention Strategies
Collect data to help ensure appropriate care transition when a Participant utilizes the Emergency Room for care. Care Management and SC teams will educate Participants on the proper use of ER, establish guidelines for use of transportation pre-scheduling for follow-up care, and to keep open lines of communication
Provider Network department will work collaboratively with area hospitals to educate on the effectiveness of shared data and encourage the exchange in a timely manner to promote reduced readmission rate for Participants
Strengthen relationships with the Behavioral Health (BH) MCOs to promote timely Participant engagement following discharge. Establish agreements with BH-MCO's to allow for data and care coordination to improve HEDIS FUH measure.
SC will visit the Participant within 14 days of discharge to review care plan and any changes following notification of discharge in an effort to decrease the risk of readmission
SC provides Participant education via Participant Newsletter, reminder notecard in home and ad hoc mailing on the importance of notifying the SC following a discharge from a hospital or behavioral health facility
Educate SCs on ways to convey to Participants the importance and value of care coordination and agreeing to have their BH information shared

MCO: managed care organization.

**Table 5: ACP/KF Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Notification of Inpatient Admissions (Adjusted TRC)	2020	1.5%	2023	Medicaid Only/Aligned D-SNP: 3.1%	Yes	Yes
Notification of Inpatient Admissions (Adjusted TRC)	2020	1.5%	2023	Unaligned: 3.9%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	0.5%	2023	Medicaid Only/Aligned D-SNP: 22.5%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	0.5%	2023	Unaligned: 3.4%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	3.7%	2023	Medicaid Only/Aligned D-SNP: 46.5%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	3.7%	2023	Unaligned: 9.9%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	3.2%	2023	Medicaid Only/Aligned D-SNP: 25.9%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	3.2%	2023	Unaligned: 3.4%	Yes	Yes
7-Day Follow Up BH Discharge (Adjusted FUH)	2020	20.0%	2023	30.1%	Yes	Yes

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Additional PIP PI 1A: Transitional Care Planning	2021	17.44%	2023	Medicaid Only/Aligned D-SNP: 43.1%	Yes	No
Additional PIP PI 1A: Transitional Care Planning	2021	17.44%	2023	Unaligned: 4.9%	No	Yes
Additional PIP PI 1B: Notification of Discharge	2021	31.48%	2023	Medicaid Only/Aligned D-SNP: 52.7%	Yes	No
Additional PIP PI 1B: Notification of Discharge	2021	31.48%	2023	Unaligned: 10.0%	No	Yes

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan; FUH: Follow-Up After Hospitalization for Mental Illness; PI: Performance Indicator.

**Table 6: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO's overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO's recommendations for improvement	<ol style="list-style-type: none"> <li>1) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>2) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

**Table 7: PHW PIP General Information**

PIP Element	Element Description
PIP aim statement	PHW will implement an LTSS enhanced Service Coordination program to improve the percentage of participants who remain in the community post-discharge from baseline to final measurement.
Target age group	Ages 21+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a behavioral health inpatient facility or an acute care hospital.

PIP: performance improvement project.

**Table 8: PHW Intervention Strategies**

PHW Intervention Strategies
Licensed Care Management (CM) will complete a specific behavioral health follow-up assessment within TruCare and address discharge follow-up and barriers
Implement a clinical information resource document similar to the AHRQ IPASS format to be accessed and modified by the nurse within 48 hours of discharge from an acute inpatient facility
Implement an external outbound fax Medication Reconciliation sent to a Primary Care Provider utilizing the IPASS template
Contract with Health Information Exchanges to help link the electronic medical record systems of different hospital health systems and other healthcare providers to make clinical information readily accessible for care management
Utilize the Admission Report and/or HIE ADT Data to provide admission notifications to staff to help coordinate transitions of care through the in person comprehensive reassessment
Implement a Transitions of Care Nurse dedicated to discharge planning and ER prevention activities in which, upon notification of admission, the nurse would begin discharge planning activities within 24 hours
Utilize the Transitions of Care Nurse to initiate post-discharge outreach within 72 hours of notification of discharge
Utilize the Transitions of Care Nurse to initiate post-discharge outreach within 10 days of notification of discharge
Initiate outreach to the participant or guardian to identify participant needs for discharge and to schedule an in-person comprehensive reassessment within 14 days following discharge
Implement a feedback mechanism from an internal discharge report to utilization management and the participant discharge
Initiate process of requesting pre-admission medication list and obtaining the discharge medication list and complete medication reconciliation within 30 days of discharge

MCO: managed care organization.

**Table 9: PHW Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Notification of Inpatient Admissions (Adjusted TRC)	2020	0.00%	2023	Medicaid Only/Aligned D-SNP: 67.92%	Yes	Yes
Notification of Inpatient Admissions (Adjusted TRC)	2020	0.00%	2023	Unaligned: 30.91%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	0.00%	2023	Medicaid Only/Aligned D-SNP: 34.14%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	0.00%	2023	Unaligned: 18.66%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	26.82%	2023	Medicaid Only/Aligned D-SNP: 68.41%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	26.82%	2023	Unaligned: 51.89%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	3.23%	2023	Medicaid Only/Aligned D-SNP: 59.42%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	3.23%	2023	Unaligned: 18.48%	Yes	Yes
7-Day Follow Up BH Discharge (Adjusted FUH)	2018	0.00%	2023	24.06%	Yes	Yes
Additional PIP PI 1A: Transitional Care Planning	2021	61.28%	2023	Medicaid Only/Aligned D-SNP: 90.28%	Yes	Yes
Additional PIP PI 1A: Transitional Care Planning	2021	61.28%	2023	Unaligned: 79.03%	Yes	Yes
Additional PIP PI 1B: Notification of Discharge	2021	77.74%	2023	Medicaid Only/Aligned D-SNP: 95.33%	Yes	Yes
Additional PIP PI 1B: Notification of Discharge	2021	77.74%	2023	Unaligned: 84.55%	Yes	Yes

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan; FUH: Follow-Up After Hospitalization for Mental Illness; PI: Performance Indicator.

**Table 10: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO's overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO's recommendations for improvement	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Strengthening Care Coordination: Validation Results for University of Pittsburgh Medical Center Health Plan (UPMC)

**Table 11: UPMC PIP General Information**

PIP Element	Element Description
PIP aim statement	Implement an enhanced discharge notification process for care managers and service coordinators to conduct outreach to CHC NFCE participants within 48 hours of discharge and coordinate follow up assistance with participants through telephonic and face to face interaction to assist with implementing discharge instructions and preventing unnecessary readmissions
Target age group	Ages 21+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a behavioral health inpatient facility or an acute care hospital.

PIP: performance improvement project.

**Table 12: UPMC Intervention Strategies**

UPMC Intervention Strategies
Improve the notification process to the care managers and service coordinators within one business day of the MCO’s notification of an inpatient admission
Improve data exchange and care management through data sharing plans with other D-SNPs to improve timely notifications of discharges and in doing so, timelier follow-up by the service coordinators and care managers.
Improve discharge support through service coordinator outreach to the participant within one business day of receiving notification of discharge

MCO: managed care organization; D-SNP: dual eligible special needs plan.

**Table 13: UPMC Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Notification of Inpatient Admissions (Adjusted TRC)	2020	34.42%	2023	Medicaid Only/Aligned D-SNP: 30.8%	No	Yes
Notification of Inpatient Admissions (Adjusted TRC)	2018	34.42%	2023	Unaligned: 40.7%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	25.53%	2023	Medicaid Only/Aligned D-SNP: 79.9%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2018	25.53%	2023	Unaligned: 77.2%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	81.08%	2023	Medicaid Only/Aligned D-SNP: 47.7%	No	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2018	81.08%	2023	Unaligned: 40.5%	No	Yes
Medication Reconciliation (Adjusted TRC)	2020	46.88%	2023	Medicaid Only/Aligned D-SNP: 16.3%	No	Yes
Medication Reconciliation (Adjusted TRC)	2018	46.88%	2023	Unaligned: 14.1%	No	Yes
7-Day Follow Up BH Discharge (Adjusted FUH)	2020	39.96%	2023	33.6%	No	Yes
Additional PIP PI 1A: Transitional Care Planning	2021	26.96%	2023	Medicaid Only/Aligned D-SNP: 9.7%	No	Yes
Additional PIP PI 1A: Transitional Care Planning	2021	26.96%	2023	Unaligned: 1.9%	No	Yes

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Additional PIP PI 1B: Notification of Discharge	2021	29.79%	2023	Medicaid Only/Aligned D-SNP: 5.9%	No	Yes
Additional PIP PI 1B: Notification of Discharge	2021	29.76%	2023	Unaligned: 2.7%	No	Yes

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan; FUH: Follow-Up After Hospitalization for Mental Illness; PI: Performance Indicator.

**Table 14: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO's overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO's recommendations for improvement	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) Focus on systemic barriers to success for the next PIP cycle as many of the performance indicators did not show sustained improvement in a positive direction</li> <li>3) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>4) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

Strengthening Care Coordination Comparative Findings

A comparison of all MCO validation confidence ratings on Strengthening Care Coordination PIP is reported in **Table 15**.

**Table 15: Strengthening Care Coordination (Clinical PIP) MCO Confidence Ratings**

MCO	Validation Rating 1 – Confidence of Acceptable Methodology	Validation Rating 2 – Confidence in Evidence of Improvement
ACP/KF	High confidence	High confidence
PHW	High confidence	High confidence
UPMC	High confidence	High confidence

MCO: managed care organization.

Strengthening Care Coordination Previous Recommendations, Plan Responses and Actions, and New Recommendations

**Table 16** displays the prior year PIP findings for the Strengthening Care Coordination, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 16: Strengthening Care Coordination PIP Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ACP/KF	<ol style="list-style-type: none"> <li>Expand and/or enhance current interventions to address additional performance indicators</li> <li>Improve the assessment of goals on a region-by-region basis to ensure feasibility in all regions</li> </ol>	<ol style="list-style-type: none"> <li>Recommendations were made on the final report, implementation expected in the next PIP.</li> </ol>	<ol style="list-style-type: none"> <li>Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>
PHW	<ol style="list-style-type: none"> <li>Enhance the barrier analysis to be more comprehensive towards the entire targeted population</li> </ol>	<ol style="list-style-type: none"> <li>Recommendation was made on final report, implementation expected in the next PIP.</li> </ol>	<ol style="list-style-type: none"> <li>Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>
UPMC	<ol style="list-style-type: none"> <li>Enhance the existing, successful interventions to make a broader impact across the targeted population</li> </ol>	<ol style="list-style-type: none"> <li>Recommendation was made on final report, implementation expected in the next PIP.</li> </ol>	<ol style="list-style-type: none"> <li>Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>Focus on systemic barriers to success for the next PIP cycle as many of the performance indicators did not show sustained improvement in a positive direction</li> <li>Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> </ol>

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
			4) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP

**PIP Topic 2: Transitions of Care**

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 17–28** for each MCO.

Transitions of Care: Validation Results for AmeriHealth Caritas and Keystone First (ACP/KF)

**Table 17: ACP/KF PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of the PIP, AmeriHealth Caritas Pennsylvania Community HealthChoices (ACP) and Keystone First Community HealthChoices (KF) aim to improve transitions of care back to the community through various educational interventions to improve discharge/transition planning and care coordination for the HEDIS Transitions of Care measure.
Target age group	Ages 21+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 18: ACP/KF Intervention Strategies**

ACP/KF Intervention Strategies
Educate the Participant on the role of unmet behavioral health needs may have on their ability to remain in the community and on available behavioral health benefits
Provide education to the Participant and/or caregiver on the benefits of consenting to the offered services and resources to enhance the potential for success in the community
Participants will be educated during new member orientation to notify their SC within 2 business days of admission to a nursing facility
Educate nursing facility administration on the benefits of proper discharge/ transition planning and coordination between ACP/KF and the administrative staff to improve percent of Participants who are discharged from the nursing facility with a viable person-centered care plan
Strengthen relationships with the nursing facilities and educate regarding the importance and process of notifying ACP/KF within 24 hours of Participant admission and/or discharge
Educate Service Coordinators on rapport building techniques for use in building relationships with Nursing Facility staff to be included in the PCPT process for the Participants in the nursing facility
Implement a communication process in place with other health plan care manager or the discharge planner when there is no care manager, to coordinate discharge planning and provision of support services under the LTSS benefit to avoid duplication of services

**ACP/KF Intervention Strategies**

SC will conduct an assessment of the Participant’s living situation prior to discharge from a nursing facility to identify the need for any LTSS services upon transition to the community. Following discharge from a nursing facility, the SC will help facilitate scheduling of appointments

The CIS and SCs will review HIE admission data for use in identifying admissions to the NF

MCO: managed care organization; NF: nursing facility; SC: service coordinator; CIS: critical incident specialist.

**Table 19: ACP/KF Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Receipt of Discharge Note (Adjusted TRC)	2020	2.6%	2023	Medicaid Only/Aligned D-SNP: 63.3%	Yes	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	2.6%	2023	Unaligned: 22.2%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	10.3%	2023	Medicaid Only/Aligned D-SNP: 51.0%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	10.3%	2023	Unaligned: 22.2%	Yes	No
Medication Reconciliation (Adjusted TRC)	2020	15.7%	2023	Medicaid Only/Aligned D-SNP: 31.6%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	15.7%	2023	Unaligned: 22.2%	Yes	No
Remains in Home or Community Post-Discharge	2020	94.1%	2023	Medicaid Only/Aligned D-SNP: 95.2%	Yes	No
Remains in Home or Community Post-Discharge	2020	94.1%	2023	Unaligned: 16.7%	No	Yes
Additional PI #2: Transitional Care Planning	2021	0.0%	2023	Medicaid Only/Aligned D-SNP: 26.8%	Yes	Yes
Additional PI #2: Transitional Care Planning	2021	0.0%	2023	Unaligned: 0.0%	No	No

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan.

**Table 20: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO's overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO's recommendations for improvement	<ol style="list-style-type: none"> <li>1) Focus on systemic barriers to success for the next PIP cycle</li> <li>2) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

#### Transitions of Care: Validation Results for PA Health and Wellness (PHW)

**Table 21: PHW PIP General Information**

PIP Element	Element Description
PIP aim statement	PHW will implement an LTSS enhanced Service Coordination program to improve the percentage of participants who remain in the community post-discharge from baseline to final measurement.
Target age group	Ages 21+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 22: PHW Intervention Strategies**

PHW Intervention Strategies
Referral to the Independent Enrollment Broker (IEB) made as soon as NHT candidates are identified. A program coordinator tracks the status of the waiver application, notifies the IEB of discharge date and address, and information provided to the County Assistance Office for waiver approval
SCs will review the final nursing facility discharge plans with the participant and/or guardian prior to discharge
Implement a weekly multidisciplinary team meeting including service coordinators, nursing home transitions team, utilization management, and program coordination to ensure that home and community-based service needs have been determined and all services are in place and Durable Medical Equipment (DME) has been purchased and/or completed along with all authorizations

PHW Intervention Strategies
SC will complete an in-person comprehensive reassessment within 14 business days of NF discharge
SC will identify any Participant that are needing housing to transition from the NF to the community and referred to a community partner and an intake is completed with the attendance of the SC to help identify appropriate housing
At time of discharge from the NF, the SC will request the discharge summary and discharge medication list and file it in the case management system and the SC will notify the pharmacist through case management in order to complete the medication reconciliation

MCO: managed care organization; NHT: nursing home transitions; SC: service coordinator; NF: nursing facility.

**Table 23: PHW Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Receipt of Discharge Note (Adjusted TRC)	2020	55.1%	2023	Medicaid Only/Aligned D-SNP: 28.6%	No	No
Receipt of Discharge Note (Adjusted TRC)	2020	55.1%	2023	Unaligned: 37.5%	No	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	54.8%	2023	Medicaid Only/Aligned D-SNP: 66.7%	Yes	No
Engagement After Inpatient Admission (Adjusted TRC)	2020	54.8%	2023	Unaligned: 54.5%	No	No
Medication Reconciliation (Adjusted TRC)	2020	14.9%	2023	Medicaid Only/Aligned D-SNP: 35.7%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2020	14.9%	2023	Unaligned: 40.5%	Yes	Yes
Remains in Home or Community Post-Discharge	2020	86.5%	2023	Medicaid Only/Aligned D-SNP: 90.9%	Yes	No
Remains in Home or Community Post-Discharge	2020	86.5%	2023	Unaligned: 86.0%	No	No
Additional PI #2: Transitional Care Planning	2021	50.0%	2023	Medicaid Only/Aligned D-SNP: 13.3%	No	Yes
Additional PI #2: Transitional Care Planning	2021	50.0%	2023	Unaligned: 29.2%	No	No

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan.

**Table 24: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) In future internal staff transitions, coordinate and plan to maintain the success and progress of the PIP</li> <li>3) Focus on systemic barriers to success for the next PIP cycle such as accountability and ownership amongst service coordinators</li> <li>4) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>5) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

Transitions of Care: Validation Results for University of Pittsburgh Medical Center Health Plan (UPMC)

**Table 25: UPMC PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of this PIP, UPMC will implement enhanced service coordination, provide comprehensive assessment and care planning, coordinate home visits and care plan/service plan adjustments to increase the number of successful transitions of participants from a nursing facility to community.
Target age group	Ages 21+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 26: UPMC Intervention Strategies**

UPMC Intervention Strategies
Inform nursing facilities of the requirement to notify the CHC-MCO within one business day when a participant wants to transition out or was assessed for a lower level of care to ensure adequate time for the service coordinator to meet
Service Coordinator will visit the participant in the home or complete a telephonic meeting within 48 hours of discharge to complete a comprehensive needs assessment and ensure the Participant is living in a safe and accessible environment that meets their needs
Empower participants and/or families with communication tools and materials to successfully collaborate with the direct care worker/agency

**Table 27: UPMC Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Receipt of Discharge Note (Adjusted TRC)	2020	83.2%	2023	Medicaid Only/Aligned D-SNP: 46.1%	No	Yes
Receipt of Discharge Note (Adjusted TRC)	2020	83.2%	2023	Unaligned: 31.9%	No	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	11.9%	2023	Medicaid Only/Aligned D-SNP: 52.3%	Yes	Yes
Engagement After Inpatient Admission (Adjusted TRC)	2020	11.9%	2023	Unaligned: 8.1%	No	Yes
Medication Reconciliation (Adjusted TRC)	2020	4.4%	2023	Medicaid Only/Aligned D-SNP: 6.6%	Yes	No
Medication Reconciliation (Adjusted TRC)	2020	4.4%	2023	Unaligned: 1.0%	No	Yes
Remains in Home or Community Post-Discharge	2020	86.8%	2023	Medicaid Only/Aligned D-SNP: 91.4%	Yes	Yes
Remains in Home or Community Post-Discharge	2020	86.8%	2023	Unaligned: 89.7%	Yes	No
Additional PI #2: Transitional Care Planning	2021	7.3%	2023	Medicaid Only/Aligned D-SNP: 0.7%	No	Yes
Additional PI #2: Transitional Care Planning	2021	7.3%	2023	Unaligned: 0.7%	No	Yes

TRC: Transitions of Care; D-SNP: Dual Eligible Special Needs Plan.

**Table 28: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Sustainability/Final Report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) Invest in further measure and intervention development to encapsulate the goals for the new PIP</li> <li>3) Focus on systemic barriers to success for the next PIP cycle</li> <li>4) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>5) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

Transitions of Care Comparative Findings

A comparison of all MCO validation confidence ratings on Transitions of Care PIP is reported in **Table 29**.

**Table 29: Transitions of Care PIP MCO Confidence Ratings**

MCO	Validation Rating 1	Validation Rating 2
ACP/KF	High confidence	High confidence
PHW	High confidence	High confidence
UPMC	High confidence	High confidence

MCO: managed care organization.

Transitions of Care Previous Recommendations, Plan Responses and Actions, and New Recommendations

**Table 30** displays the prior year PIP findings for the Transitions of Care, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 30: Transitions of Care Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ACP/KF	<ol style="list-style-type: none"> <li>1) Expand interventions to include ITM(s) that address additional PI #2 or tailoring current ITMs to better address the barriers inhibiting success of additional PI #2</li> <li>2) Note any significant changes to interventions or ITMs in the Change Log in the introduction section of the PIP, especially if the indicator definition changes, addition of new interventions, or changes in eligible population or numerator eligibility</li> <li>3) Assess the success on a region-by-region basis if the overarching goal for the performance indicator is feasible in all regions based on baseline data</li> </ol>	<ol style="list-style-type: none"> <li>1) Addressed. New intervention was introduced to address additional PI #2 Transitional Care Planning.</li> <li>2) Addressed. Change log utilized to note any significant changes to the methodology, data collection, addition of new interventions, change in indicator definitions or data collection</li> <li>3) Recommendation was made on the final report, implementation expected in the next PIP</li> </ol>	<ol style="list-style-type: none"> <li>1) Focus on systemic barriers to success for the next PIP cycle</li> <li>2) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>
PHW	<ol style="list-style-type: none"> <li>1) Assess the success on a region-by-region basis if the overarching goal for the performance indicator is feasible in all regions based on baseline data, if not, create goals by region</li> </ol>	<ol style="list-style-type: none"> <li>1) Recommendation was made on the final report, implementation expected in the next PIP</li> </ol>	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) Proactively plan for internal staff transitions to ensure the continued success and progress of the PIP</li> <li>3) Focus on systemic barriers to success for the next PIP cycle such as accountability and ownership amongst service coordinators</li> <li>4) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> <li>5) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP</li> </ol>
UPMC	<ol style="list-style-type: none"> <li>1) Goals should be reviewed and reported to aid in the interpretation of the results</li> <li>2) Discussion section could be enhanced to further clarify the specifics of the new performance indicator, specifically the low denominator and barriers to interpretation</li> </ol>	<ol style="list-style-type: none"> <li>1) Addressed. Goals were reviewed and reported in the report to help streamline the review process</li> <li>2) Addressed. Discussion section was improved to clarify the low denominator and barriers to interpretation with the new performance indicator</li> </ol>	<ol style="list-style-type: none"> <li>1) Ensure all levels of interventions are included through the PIP cycle (member-level, provider-level, and MCO/system-level)</li> <li>2) Invest in further measure and intervention development to encapsulate the goals for the new PIP</li> </ol>

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
			3) Focus on systemic barriers to success for the next PIP cycle 4) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts 5) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner in the new PIP

MCO: managed care organization.

**2023 PIP Aggregate Summary**

Figure 7 provides an aggregated summary of the PIP validation across all MCOs.

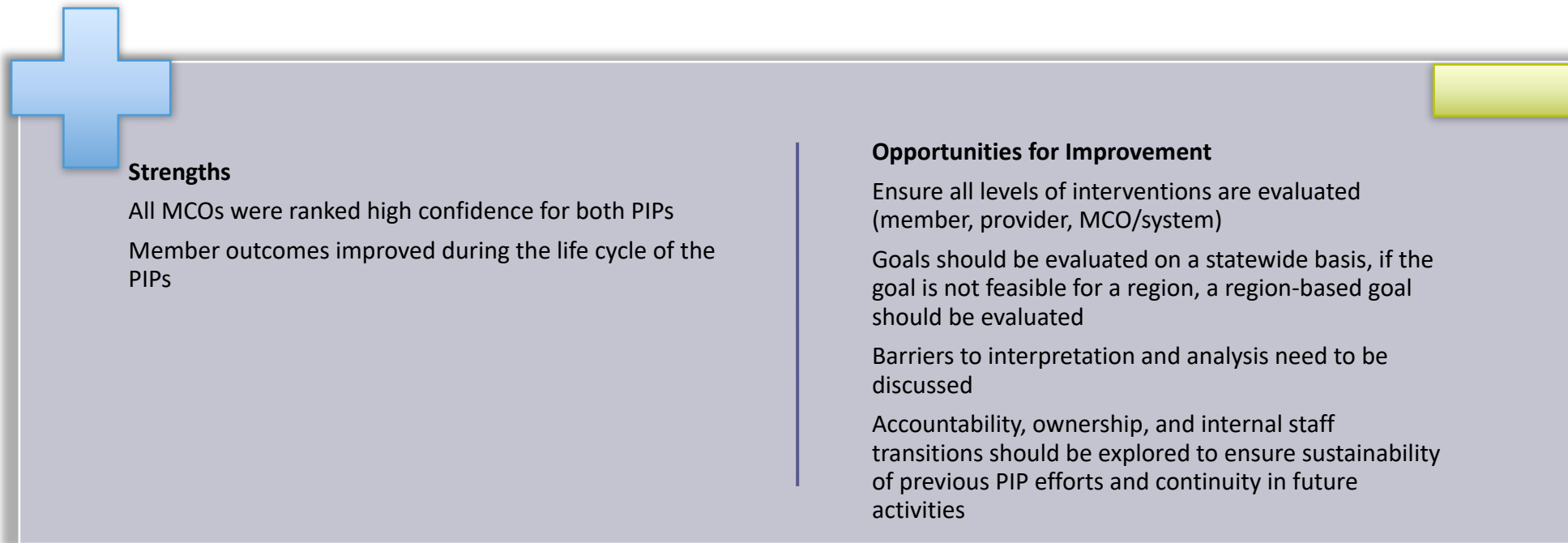


Figure 7: 2023 PIP Validation Aggregate Findings PIP: performance improvement project.

## Conclusions and Comparative Findings for 2024 Restructured PIPs

With the completion of the previous PIPs, PA identified a need to restructure the previous PIPs by assessing gaps in the previous PIPs. These restructured PIPs focused on applying sustainable interventions that will improve the access, quality, or timeliness of care and services provided to the state’s Medicaid beneficiaries, including specific interventions dedicated to the state’s value-based payments program and health equity. Additional changes were made to reflect lessons learned from the previous PIP cycle and encourage more streamlined data reporting. DHS-selected topics require that each MCO implement work plans and activities consistent with PIPs, as required by federal and state regulations. All CHC PIPs were state mandated from the Office of Long-Term Living program. **Table 31** details the new, restructured PIPs underway in 2024.

**Table 31: 2024 CHC PIP Topics**

PIP Topic	PIP Description
Strengthening Care Coordination (Clinical Focus)	Strengthening care coordination following an inpatient hospital stay to improve physical health and recovery outcomes among CHC participants. *Value-Based Payments component*
Transitions of Care (Non-Clinical Focus)	Enhanced opportunities for community-based living and decrease the number of people living in nursing facilities while increasing the number of people living in the community. *Health equity component*

PIP: performance improvement project.

### *PIP Topic 1: 2024 Restructured – Strengthening Care Coordination*

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 32–40** for each MCO.

Restructured – Strengthening Care Coordination: Validation Results for AmeriHealth Caritas and Keystone First (ACP/KF)

**Table 32: ACP/KF PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of the PIP, AmeriHealth Caritas Pennsylvania Community HealthChoices (ACP) and Keystone First Community HealthChoices (KF) aim to improve care coordination as evidenced by an increase rate in the HEDIS LTSS measures such as the Reassessment/Care Plan Update After Inpatient Discharge (RAC), Shared Care Plan with Primary Care Practitioner (SCP), and the Medication Reconciliation portion of the Transitions of Care (TRC) measure.
Target age group	Ages 18+
Target population	CHC-MCO Nursing Home and Community-Based (NFCE) and Nursing Facility Ineligible (NFI) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 33: ACP/KF Intervention Strategies**

ACP/KF Intervention Strategies
Care Manager will follow up with all Participants in Case Management to assist with appointment scheduling for a follow up PCP visit post inpatient discharge.
Help at Home will conduct a home visit with Participant to complete a comprehensive assessment to identify and address risk factors for inpatient readmission. *VBP intervention*
Implement a CPT II Code Reimbursement Incentive Program for Medication Reconciliation.
Update and implement process for letter distribution to include steps to identify accurate PCP information for the Participants who are Medicare primary.
Develop and initiate a reporting process to monitor timely letter distribution to PCPs for Participants that are Medicare Primary
Define the documentation standards that are acceptable for exclusion as non-compliant cases and reeducate the SCs on the guidelines for refusal.
Conduct phone audits of calls where Participant was unwilling to participate to identify reasons for refusal and subsequent reeducation of Care Manager as needed to improve Participant participation.

PCP: primary care practitioner; CPT: current procedural terminology; MCO: managed care organization.

**Table 34: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Conduct a thorough record review to meet the newly required 411-sample size for the HEDIS LTSS measures that are performance indicators in this PIP</li> <li>2) Ensure an adequate number of interventions per barrier level as the PIP moves into the implementation phase (member-level, provider-level, and MCO/system-level)</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and supports.

**Table 35: PHW PIP General Information**

PIP Element	Element Description
PIP aim statement	PHW will address gaps in quality care following an inpatient discharge by breaking down barriers determined through timely care plan assessments, communication to the participant’s primary care physician (PCP), and medication reconciliation to reduce avoidable readmissions.
Target age group	Ages 18+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 36: PHW Intervention Strategies**

PHW Intervention Strategies
Utilizing the 081 Admission Report and/or HIE ADT Data to provide admission notifications to staff to coordinate transitions of care in which the TOC Coordinator will contact the participant and develop a relationship to improve contact post discharge.
A TOC Care Manager dedicated to discharge planning and ER prevention activities will assess a participant’s risk level through the Post Discharge TOC Assessment (Medicare) and will coordinate CM services based on the participant’s readmission risk score within 30 days of discharge.
Service Level Agreements (SLAs) created with Service Coordination Entities (SCEs) that can qualify for quarterly incentive payments if compliance metrics are met, specifically the completion of an ADT trigger event follow-up within 14 days of discharge *VBP intervention*
PHW’s Internal Audit Team will audit every inpatient hospital discharge RAC completed monthly and ensure completion of all necessary documentation otherwise, turned over to Service Coordination to complete a remediation of the documentation.
After completion of the Person-Centered Service Plan, the SC will immediately upload the plan into the Case Management Software (TruCare) and submit it to the mailing services to send the document to the PTPs PCP.
Contract with HIEs to link the electronic medical record systems of different hospital health systems and other healthcare providers to make clinical information readily accessible for care management.
Initiate the process of requesting pre-admission medication list from the PCP once made aware of a participant admission to the hospital and once aware of discharge, the Transition of Care Coordinator initiates attempt to obtain the discharge medication list (and pre-admission list if not already received).
Implement a TOC Nurse dedicated to discharge planning and ER prevention activities so that upon notification of admission, discharge planning can be initiated within 24 hours.

HIE: health information exchange; ADT: Admission, Discharge, and Transfer; TOC: transitions of care; VBP: value-based payments; MCO: managed care organization; NHT: nursing home transitions; SC: service coordinator; NF: nursing facility.

**Table 37: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Conduct a thorough record review to meet the newly required 411-sample size for the HEDIS LTSS measures that are performance indicators in this PIP.</li> <li>2) Ensure an adequate number of interventions per barrier level as the PIP moves into the implementation phase (member-level, provider-level, and MCO/system-level)</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner</li> <li>4) Coordinate and plan to maintain the success and progress of the PIP in cases of internal staff transitions</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization; LTSS: long-term services and supports.

Restructured – Strengthening Care Coordination: Validation Results for University of Pittsburgh Medical Center Health Plan (UPMC)

**Table 38: UPMC PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of this PIP, UPMC will implement increased participant touch points with the MCO following discharges from an inpatient facility to increase participant health, well-being and success in their chosen environment.
Target age group	Ages 18+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 39: UPMC Intervention Strategies**

UPMC Intervention Strategies
Improve the discharge follow up process through Service Coordinators completing outreach to participants twice within the first 10 business days post discharge if the initial outreach was unsuccessful.
UPMC Care Manager RNs will implement a process where participants confirm scheduled appoints with the RN or the RN offers assistant to schedule follow up appointments for participants during the TOC assessment.
Implement a post inpatient discharge survey system that collects health metrics and social determinants from enrolled agency Direct Care Workers (DCWs). *VBP intervention*
Service Coordinators creating a care plan with participants that includes required assessed needs and supports to reduce risk of hospital readmission, rather than care plans created by other entities.
Utilize an electronic portal to transmit a Person-Centered Service Plan created by a UPMC Service Coordinator to a participant’s respective Primary Care Practitioner
Care Management Registered Nurses completing additional medication reconciliation questions along with the transition of care (TOC) assessment within 30 days of a participant’s discharge from an inpatient facility.

MCO: managed care organization.

**Table 40: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Conduct a thorough record review to meet the newly required 411-sample size for the HEDIS LTSS measures that are performance indicators in this PIP.</li> <li>2) Ensure an adequate number of interventions per barrier level as the PIP moves into the implementation phase (member-level, provider-level, and MCO/system-level)</li> <li>3) Utilization of automated tools rather than manual data collection or entry to help reduce data errors and streamline gathering efforts</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization; LTSS: long-term services and supports.

Restructured – Strengthening Care Coordination Comparative Findings

A comparison of all MCO validation confidence ratings for the Restructured - Strengthening Care Coordination PIP is reported in **Table 41**.

**Table 41: Restructured - Strengthening Care Coordination (Clinical PIP) MCO Confidence Ratings**

MCO	Validation Rating 1	Validation Rating 2
ACP/KF	High confidence	High confidence
PHW	High confidence	High confidence
UPMC	High confidence	High confidence

MCO: managed care organization.

Restructured – Strengthening Care Coordination Previous Recommendations, Plan Responses and Actions, and New Recommendations

With the new restructured PIP cycle, prior year PIP recommendations will be monitored as the restructured PIP moves into full implementation phase in 2025. In the 2026 Annual Technical Report, an assessment of how effectively each MCO addressed IPRO’s recommendations for improvement from this EQR will be presented along with baseline data.

**PIP Topic 2: 2024 Restructured – Transitions of Care**

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 42–50** for each MCO.

Restructured – Transitions of Care: Validation Results for AmeriHealth Caritas and Keystone First (ACP/KF)

**Table 42: ACP/KF PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of the PIP, AmeriHealth Caritas Pennsylvania Community HealthChoices (ACP) and Keystone First Community HealthChoices (KF) aim to improve transitions of care back to the community through various tracking and monitoring and development of new processes to engage with providers and nursing facilities.
Target age group	Ages 18+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 43: ACP/KF Intervention Strategies**

ACP/KF Intervention Strategies
Implement the use of Community Transition Services benefit to Participants with a barrier of housing who transition from the nursing facility (NF) into the community. *Health equity intervention*
Re-educated Service Coordinators on the requirements and guidelines for distribution of letters to PCPs after the completion of a Plan of Care including the use of telephonic outreach.
Develop and initiate a reporting process to monitor timely letter distribution to PCPs for Participants who are Medicare Primary.
Update process, including reeducation of SCs, on proper progress note documentation for a Participant refusal.

ACP/KF Intervention Strategies
Pharmacy Department participation in Nursing Home Transition rounds to encourage contact with the NF to ensure the receipt of discharge summary to properly complete medication reconciliation
Implement a case rounds team for Participants who have complex needs or are at a high-risk of readmission to ensure a comprehensive discharge planning conversation to address needs before transition to the community.

MCO: managed care organization; SC: service coordinator; POC: plan of care; CIS: critical incident specialist

**Table 44: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	<ol style="list-style-type: none"> <li>1) Focus on the addition of member- and provider-level interventions to address systemic barriers</li> <li>2) Utilization of automated tools and existing reporting mechanisms to help reduce data errors and streamline gathering efforts and presentation</li> <li>3) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

Restructured – Transitions of Care: Validation Results for PA Health and Wellness (PHW)

**Table 45: PHW PIP General Information**

PIP Element	Element Description
PIP aim statement	PHW will collaborate with Service Coordination and Nursing Facility Partners to produce complete and compliant documentation for Participants to ensure comprehensive and holistic plan of care for a successful transition into the community.
Target age group	Ages 18+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 46: PHW Intervention Strategies**

PHW Intervention Strategies
Implement a process for Service Coordinators to review the final NF discharge plans with the Participant and/or caregiver prior to discharge to allow the Participant to address any outstanding issues with the transition plan.
Enhance discharge planning through Service Coordinators (SC) completing an in-person, Person-Centered Service Plan within 14 business days of Nursing Facility discharge for Participants.
Enhance discharge planning through Service Coordinators completing an in-person, comprehensive InterRAI assessment within 14 business days of Nursing Facility discharge for Participants.
Implement an improved process to handle discharge summaries and untimely medication reconciliations through the Care Management Tracking Software (TruCare), the Participant’s medical record, and other discharge information.
Implement an Internal Audit Team to audit assessments to ensure completion of necessary documentation including notification to Service Coordination to complete remediation of the documentation.
Implement a workflow to ensure the service plan is uploaded to the provider portal for immediate PCSP access or immediately upload to the Case Management Software (TruCare) and submit to mailing services to be received by the PCP.
Implement a weekly multidisciplinary team meeting regarding Participants who are transition to ensure that HCBS needs have been determined and DME has been rented/purchases and/or completed with all required authorizations.
Institute a feedback loop to track the status of a Nursing Home Transition candidates waiver application to the Independent Enrollment Broker (Maximus) and subsequent information sharing to the County Assistance Office for waiver approval.
Institute a referral process to a Community Partner for any Participant identified as needing housing to transition from the NF to the community with weekly meetings with MCO NHT Program Coordinator to ensure progress in securing housing. *Health equity intervention*

MCO: managed care organization; NF: nursing facility; SC: service coordinator; PCSP: person-centered service plan; DME: durable medical equipment; NHT: nursing home transitions.

**Table 47: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	High confidence
Validation rating 2: EQRO’s overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO’s recommendations for improvement	1) Focus on member- and provider-level interventions to address systemic barriers to successful nursing facility discharges to the community

PIP Validation Information	Validation Findings
	2) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner 3) Ensure members’ perspectives around successful transitions are highlighted through intervention efforts

PIP: performance improvement project; EQRO: external quality review organization.

Restructured – Transitions of Care: Validation Results for University of Pittsburgh Medical Center Health Plan (UPMC)

**Table 48: UPMC PIP General Information**

PIP Element	Element Description
PIP aim statement	By the end of this PIP, UPMC will implement enhanced service coordination, provide comprehensive assessment and care planning to increase the number of successful transitions of participants from a nursing facility to community.
Target age group	Ages 18+
Target population	CHC-MCO NFCE (nursing home and community-based) and NFI (Nursing Facility Ineligible) who have an inpatient discharge from a nursing facility after greater than a 30-day stay and who remained in the CHC-MCO after discharge.

PIP: performance improvement project.

**Table 49: UPMC Intervention Strategies**

UPMC Intervention Strategies
Improve discharge follow up process through outreach to Participants twice within the first 10 business days post discharge if the initial outreach was unsuccessful.
Improve engagement in the Nursing Home Transition (NHT) process, which includes a follow up benefit providing additional supports and standard follow up intervals, for participants aged 60-80 to increase success in remaining in the community post nursing facility discharge. *Health equity intervention*
None available.
Implement a new process to improve the transmission of compliant Care Plans to Participant’s PCPs through an electronic portal in which there will be clearly documented agreement to the care plan by the participant or their designated representative.
Improve discharge follow up process through Care Management Registered Nurses completing additional medication reconciliation questions along with the transition of care (TOC) assessment within 30 days of discharge from the inpatient facility.

MCO: managed care organization.

**Table 50: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Proposal
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all	High confidence

PIP Validation Information	Validation Findings
phases of design and data collection, conducted accurate data analysis and interpretation of PIP results.	
Validation rating 2: EQRO's overall confidence that the PIP produced evidence of significant improvement	High confidence
EQRO's recommendations for improvement	<ol style="list-style-type: none"> <li>1) Focus on the addition of provider-level interventions to address systemic barriers to successful discharges to the community</li> <li>2) Maintain the use of proper methodology and data collection methods and strive to evaluate data analysis and interpretation of results in a consistent manner</li> <li>3) Ensure members' perspectives around successful transitions continue to be highlighted through intervention efforts</li> <li>4) Continue to focus on other disparate populations as part of the health equity requirement</li> </ol>

PIP: performance improvement project; EQRO: external quality review organization.

#### Restructured – Transitions of Care Comparative Findings

A comparison of all MCO validation confidence ratings on Transitions of Care PIP is reported in **Table 51**.

**Table 51: Restructured - Transitions of Care PIP MCO Confidence Ratings**

MCO	Validation Rating 1	Validation Rating 2
ACP/KF	High confidence	High confidence
PHW	High confidence	High confidence
UPMC	High confidence	High confidence

MCO: managed care organization.

#### Restructured – Transitions of Care Previous Recommendations, Plan Responses and Actions, and New Recommendations

With the new restructured PIP cycle, prior year PIP recommendations will be monitored as the restructured PIP moves into full implementation phase in 2025. In the 2026 Annual Technical Report, an assessment of how effectively each MCO addressed IPRO's recommendations for improvement from this EQR will be presented along with baseline data.

## Validation of Performance Measures

### Objectives

PA selects quality metrics and performance targets by assessing gaps in care within the state's Medicaid population. DHS monitors and uses data that evaluates the MCOs' strengths and opportunities for improvement in serving the Medicaid population by specifying performance measures. The selected performance measures and performance targets are reasonable, based on industry standards, and consistent with the CMS's *External Quality Review (EQR) Protocols*. DHS conducts annual monitoring of the performance measures to observe trends and to identify potential risks to meeting performance targets. Annually, the EQRO validates the MCOs' reported performance rates.

The objective of this section is to provide the performance and capture any strengths or opportunities for improvement and the overall validation of each performance measure.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 2. Validation of Performance Measures* was used as the framework to validate performance measures specified by PA for inclusion in the MCOs' quality assessment and performance improvement programs. **Figure 8** details the mandatory EQR Protocol 2 activities.

#### Activity 1: Conduct Preliminary Activities

- Step 1: Define the scope of the validation
- Step 2: Assess the integrity of the MCOs' information systems
- Step 3: Conduct a detailed review of the measures
- Step 4: Initiate review of medical record data collection
- Step 5: Prepared for assessment activities

#### Activity 2: Conduct Assessment Activities

- Step 1: Review information systems underlying performance measurement
- Step 2: Assess data integration and control for performance measure calculation
- Step 3: Review performance measure production
- Step 4: Complete the detailed review of the measures
- Step 5: Assess the sampling process (if applicable)
- Step 6: Communicate preliminary findings and outstanding items

#### Activity 3: Conduct Documentation and Reporting Activities

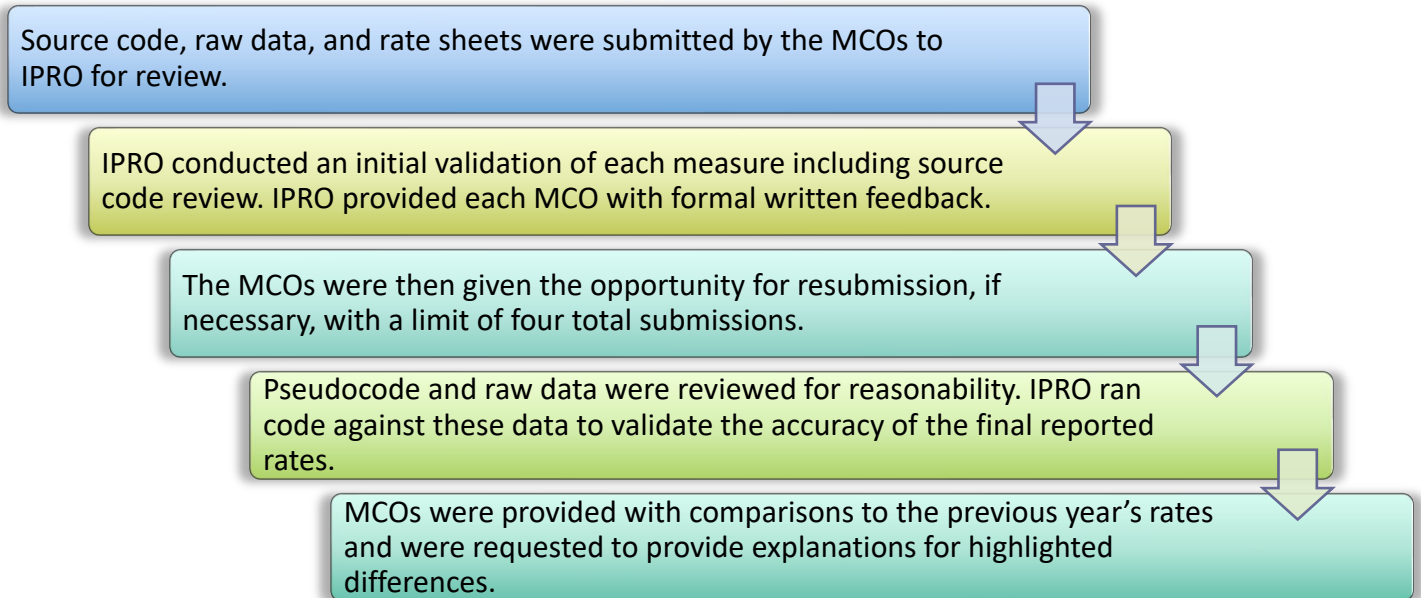
- Step 1: Determine preliminary validation findings for each measure
- Step 2: Assess and document the accuracy of performance measure reports
- Step 3: Submit validation report

**Figure 8: EQR Protocol 2 Activities** MCO: managed care organization; EQR: external quality review.

The MCOs are required to follow **NCQA HEDIS** and **Pennsylvania Performance Measure (PAPM)** technical specifications for reporting, as determined by each DHS program office. MY 2023 was the measurement period for performance measure validation.

**HEDIS MY 2023 Health Plan measures** were validated through a standard HEDIS Compliance Audit of each CHC-MCO. The audit protocol includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A final audit review (FAR) was submitted to NCQA for each MCO.

**MY 2023 PAPMs** were validated through a series of steps detailed in **Figure 9**.



**Figure 9: PAM Validation Process** MCO: managed care organization; CMS: Centers for Medicare & Medicaid.

## Description of Data Obtained

### *Pennsylvania Performance Measures*

MCOs collect a PAMM which was developed to focus on a specific area of importance to the Commonwealth that is not captured through other available data sets. The PAMM uses statistically valid methodologies and allow program offices to track program performance over time. MCOs are required to report specific data for measures according to the requirements of the managed care program(s) in which they participate. Data sources include, but are not limited to, encounter data, electronic file reviews, quarterly, and annual reports.

### *HEDIS Health Plan Measures*

The NCQA is the steward of over 90 quality measures across six domains of care, including<sup>3</sup>:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

According to NCQA, “HEDIS is the nation’s most widely used set of health care performance measures.”<sup>4</sup> HEDIS is a performance improvement tool and HEDIS data are used to set benchmarks and performance standards.

Each CHC-MCO underwent a full HEDIS Compliance Audit in 2024. The CHC-MCOs are required by DHS to report on measures listed in the *HEDIS MY 2023: Volume 2: Technical Specifications*.

**Table 52** shows the required MY 2023 performance measures, the measure type, and measure steward.

**Table 52: MY 2023 Required Performance Measures**

Source	Measures
Access to/Availability of Care	
HEDIS	Adults' Access to Preventive/Ambulatory Health Services (AAP)
HEDIS	Prenatal and Postpartum Care (PPC)
PA EQR	Adult Annual Dental Visit (AADV)
Behavioral Health	
HEDIS	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
HEDIS	Antidepressant Medication Management (AMM)
HEDIS	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
HEDIS	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
HEDIS	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
HEDIS	Diagnosed Mental Health Disorders (DMH)
HEDIS	Diagnosed Substance Use Disorder (DSU)
HEDIS	Pharmacotherapy for Opioid Use Disorder (POD)
Cardiovascular Conditions	
HEDIS	Cardiac Rehabilitation (CRE)
HEDIS	Controlling High Blood Pressure (CBP)
HEDIS	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease (SPC)
Care Coordination	
HEDIS	Advance Care Planning (ACP)
HEDIS	Transitions of Care (TRC)
Diabetes	
HEDIS	Blood Pressure Control for Patients With Diabetes (BPD)
HEDIS	Eye Exam for Patients With Diabetes (EED)
HEDIS	Hemoglobin A1c Control for Patients With Diabetes (HBD)
HEDIS	Kidney Health Evaluation for Patients With Diabetes (KED)
HEDIS	Statin Therapy for Patients With Diabetes (SPD)
Electronic Clinical Data Systems	
HEDIS	Adult Immunization Status (AIS-E)
HEDIS	Breast Cancer Screening (BCS-E)
HEDIS	Colorectal Cancer Screening (COL-E)
HEDIS	Cervical Cancer Screening (CCS-E)
Long-Term Services and Supports	
HEDIS	Long-Term Services and Supports Comprehensive Assessment and Update (CAU)
HEDIS	Long-Term Services and Supports Comprehensive Care Plan and Update (CPU)
HEDIS	Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge (RAC)
HEDIS	Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner (SCP)

Source	Measures
Overuse/Appropriateness	
HEDIS	Use of Imaging Studies for Low Back Pain (LBP)
HEDIS	Use of Opioids at High Dosage (HDO)
HEDIS	Use of Opioids From Multiple Providers (UOP)
HEDIS	Risk of Continued Opioid Use (COU)
HEDIS	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
HEDIS	Appropriate Treatment for Upper Respiratory Infection (URI)
Prevention and Screening	
HEDIS	Chlamydia Screening in Women (CHL)
HEDIS	Care for Older Adults (COA)
Respiratory Conditions	
HEDIS	Asthma Medication Ratio (AMR)
HEDIS	Pharmacotherapy Management of COPD Exacerbation (PCE)
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
HEDIS	Appropriate Testing for Pharyngitis (CWP)
Utilization	
HEDIS	Ambulatory Care (AMB)
HEDIS	Inpatient Utilization (IPU)
HEDIS	Antibiotic Utilization for Respiratory Conditions (AXR)
HEDIS	Plan All-Cause Readmissions (PCR)

## Conclusions and Comparative Findings

Based on a review of the FARs issued by each MCO's independent auditor, IPRO found that the ACP and KF were determined to be *partially compliant* in 5.0 Supplemental Data, otherwise, all MCOs were determined to be *fully compliant* with the other six of the applicable NCQA Information System (IS) standards (**Table 53**). HEDIS rates produced by the MCPs were reported to the NCQA.

**Table 53: MCO Compliance with Information System Standards**

IS Standard	ACP	KF	PHW	UPMC
HEDIS auditor				
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Partially Compliant	Partially Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization; IS: Information Systems; HEDIS: Healthcare Effectiveness Data and Information Set.

The MCOs all successfully implemented the PAPM for 2023 that was reported with MCO-submitted data. The MCOs submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCOs. All rates submitted by the MCOs were reportable. Additionally, the MCOs successfully completed the HEDIS audit. The MCOs received an Audit Designation of Report for all applicable measures.

The purpose of this section is to present the results of the HEDIS measures with comparative information that outlines the MCOs' strengths and weaknesses and the extent to which the MCO is furnishing high quality, timely, and appropriate access to health care services.

MCO PM results are presented in **Tables X – X**. Rates for both the MY and the previous year are presented, as available (i.e., MY 2023 and MY 2022). Furthermore, each table presents the difference between the MCO's MY 2023 and MY 2022 rates. In addition to each individual MCO's rate, the CHC weighted average (WA) for MY 2023 is presented. A WA takes into account the proportional relevance of each MCO. Each table also presents the difference between the MCO's MY 2023 rate and the CHC MY 2023 WA.

MCO performance is evaluated via statistical comparisons between the MCO MY 2023 rates and CHC MY 2023 WAs. For these year-to-year comparisons, the significance of the difference between two independent proportions was determined by calculating the Z ratio. A Z ratio is a statistical measure that quantifies the difference between two percentages when they come from two separate populations.

Note that the large denominator sizes for many of the analyses led to increased statistical power and thus contributed to detecting statistical differences that are not clinically meaningful. For example, even a 1-percentage-point difference between two rates was statistically significant in many cases, although not meaningful. Hence, measures that are both statistically significant and display at least a 3-percentage-point difference in observed rates are identified as either a **strength** when the MCO rate exceeded the CHC WA rate or **opportunity** for improvement when the MCO rate was worse than the CHC WA rate. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates might not yield statistical significance due to reduced power; if statistical significance is not achieved, results are not highlighted in the report.

If the denominator was less than 30 for a particular rate, "N/A" (Not Applicable) appears in the corresponding cells. **Box 3** explains the logic for excluding rates when the denominator was less than 30.

### **Box 3: The Impact of Small Denominators**

HEDIS and PAPM rates are indicators of performance in the domains of quality, access, and timeliness of care. However, rates are listed as "N/A" for two primary reasons:

- There is low confidence in the accuracy of a rate when only a small number of members or qualifying events make up the denominator.
- When there is a small number of members affected by the measure, there is a risk that member is identified by people in their community.

To ensure each measure is an accurate indicator of performance and to protect the health information of PA CHC members, only measures with denominators greater than 30 are reported.

**Access and Availability of Services Measures**

**Table 54** displays this year’s performance measure findings for the Adults’ Access to Preventive/Ambulatory Health Services measure, broken out by age stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 54: Adults’ Access to Preventive/Ambulatory Health Services**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 20-44 years	ACP	1,232	1,161	94.24%	94.32%	-0.08	92.15%	1.70	92.54%	-	High Confidence
Ages 20-44 years	KF	4,049	3,694	91.23%	89.94%	1.29	92.15%	-1.31	92.54%	-	High Confidence
Ages 20-44 years	PHW	1,526	1,357	88.93%	88.78%	0.15	92.15%	-3.61	92.54%	Opportunity	High Confidence
Ages 20-44 years	UPMC	5,295	4,987	94.18%	94.18%	0.00	92.15%	1.64	92.54%	-	High Confidence
Ages 45-64 years	ACP	3,128	3,070	98.15%	98.24%	-0.09	96.20%	1.71	96.44%	-	High Confidence
Ages 45-64 years	KF	13,323	12,698	95.31%	95.81%	-0.50	96.20%	-1.13	96.44%	-	High Confidence
Ages 45-64 years	PHW	4,020	3,762	93.58%	93.40%	0.18	96.20%	-2.86	96.44%	-	High Confidence
Ages 45-64 years	UPMC	16,409	16,038	97.74%	97.64%	0.10	96.20%	1.30	96.44%	-	High Confidence
Ages 65+ years	ACP	1,420	1,376	96.90%	96.94%	-0.04	95.52%	0.68	96.22%	-	High Confidence
Ages 65+ years	KF	7,398	7,109	96.09%	95.64%	0.45	95.52%	-0.13	96.22%	-	High Confidence
Ages 65+ years	PHW	2,962	2,729	92.13%	92.05%	0.08	95.52%	-4.09	96.22%	Opportunity	High Confidence
Ages 65+ years	UPMC	16,759	16,246	96.94%	96.92%	0.02	95.52%	0.72	96.22%	-	High Confidence
Total (All Ages)	ACP	5,780	5,607	97.01%	97.15%	-0.14	95.26%	1.26	95.75%	-	High Confidence
Total (All Ages)	KF	24,770	23,501	94.88%	94.83%	0.05	95.26%	-0.87	95.75%	-	High Confidence
Total (All Ages)	PHW	8,508	7,848	92.24%	92.13%	0.11	95.26%	-3.51	95.75%	Opportunity	High Confidence
Total (All Ages)	UPMC	38,463	37,271	96.90%	96.86%	0.04	95.26%	1.15	95.75%	-	High Confidence

**Table 55** displays this year’s performance measure findings for the Prenatal and Postpartum Care measure, broken out by stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 55: Prenatal and Postpartum Care**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Timeliness of Prenatal Care	ACP	N/A	N/A	N/A	40.00%	NR	79.65%	NR	80.67%	-	High Confidence
Timeliness of Prenatal Care	KF	62	55	88.71%	71.15%	17.56	79.65%	8.04	80.67%	Strength	High Confidence
Timeliness of Prenatal Care	PHW	N/A	N/A	N/A	N/A	NR	79.65%	NR	80.67%	-	High Confidence
Timeliness of Prenatal Care	UPMC	51	36	70.59%	N/A	NR	79.65%	-10.08	80.67%	-	High Confidence
Postpartum Care	ACP	N/A	N/A	N/A	60.00%	NR	61.78%	NR	63.00%	-	High Confidence
Postpartum Care	KF	62	45	72.58%	67.31%	5.27	61.78%	9.58	63.00%	Strength	High Confidence
Postpartum Care	PHW	N/A	N/A	N/A	N/A	NR	61.78%	NR	63.00%	-	High Confidence
Postpartum Care	UPMC	51	26	50.98%	N/A	NR	61.78%	-12.02	63.00%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 56** displays this year’s performance measure findings for the Adult Annual Dental Visit measure, broken out by stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 56: Adult Annual Dental Visit**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 21-35 years	ACP	3,946	1,047	26.53%	24.87%	1.66	25.15%	0.38	26.15%	-	High Confidence
Ages 21-35 years	KF	4,171	1,338	32.08%	29.76%	2.32	25.15%	5.93	26.15%	Strength	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 21-35 years	PHW	2,943	428	14.54%	15.52%	-0.98	25.15%	-11.61	26.15%	Opportunity	High Confidence
Ages 21-35 years	UPMC	6,139	1,684	27.43%	25.42%	2.01	25.15%	1.28	26.15%	-	High Confidence
Ages 36-59 years	ACP	19,311	4,499	23.30%	23.18%	0.12	24.15%	-1.31	24.61%	-	High Confidence
Ages 36-59 years	KF	21,635	6,738	31.14%	30.67%	0.47	24.15%	6.53	24.61%	Strength	High Confidence
Ages 36-59 years	PHW	18,171	3,048	16.77%	15.94%	0.83	24.15%	-7.84	24.61%	Opportunity	High Confidence
Ages 36-59 years	UPMC	33,646	8,547	25.40%	23.93%	1.47	24.15%	0.79	24.61%	-	High Confidence
Ages 60-64 years	ACP	7,943	1,731	21.79%	21.17%	0.62	23.19%	-1.86	23.65%	-	High Confidence
Ages 60-64 years	KF	10,076	2,985	29.62%	28.00%	1.62	23.19%	5.97	23.65%	Strength	High Confidence
Ages 60-64 years	PHW	8,038	1,392	17.32%	16.35%	0.97	23.19%	-6.33	23.65%	Opportunity	High Confidence
Ages 60-64 years	UPMC	14,785	3,553	24.03%	22.65%	1.38	23.19%	0.38	23.65%	-	High Confidence
Ages 65+ years	ACP	36,607	7,555	20.64%	19.74%	0.90	20.85%	-0.32	20.96%	-	High Confidence
Ages 65+ years	KF	48,155	11,496	23.87%	23.69%	0.18	20.85%	2.91	20.96%	-	High Confidence
Ages 65+ years	PHW	41,527	7,459	17.96%	17.54%	0.42	20.85%	-3.00	20.96%	Opportunity	High Confidence
Ages 65+ years	UPMC	64,792	13,546	20.91%	19.19%	1.72	20.85%	-0.05	20.96%	-	High Confidence
Total (All Ages)	ACP	67,807	14,832	21.87%	21.27%	0.60	22.26%	-0.67	22.54%	-	High Confidence
Total (All Ages)	KF	84,037	22,557	26.84%	26.41%	0.43	22.26%	4.30	22.54%	Strength	High Confidence
Total (All Ages)	PHW	70,679	12,327	17.44%	16.87%	0.57	22.26%	-5.10	22.54%	Opportunity	High Confidence
Total (All Ages)	UPMC	119,362	27,330	22.90%	21.36%	1.54	22.26%	0.36	22.54%	-	High Confidence

**Behavioral Health Measures**

**Table 57** displays this year’s performance measure findings for the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure, broken out by stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 57: Adherence to Antipsychotic Medications for Individuals with Schizophrenia**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18+ years	ACP	199	165	82.91%	82.82%	0.09	78.79%	3.17	80.00%	Strength	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18+ years	KF	714	494	69.19%	69.31%	-0.12	78.79%	-10.55	80.00%	Opportunity	High Confidence
Ages 18+ years	PHW	316	248	78.48%	71.58%	6.90	78.79%	-1.26	80.00%	-	High Confidence
Ages 18+ years	UPMC	1,516	1,282	84.56%	83.58%	0.98	78.79%	4.82	80.00%	Strength	High Confidence

**Table 58** displays this year’s performance measure findings for the Antidepressant Medication Management measure, broken out by stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 58: Antidepressant Medication Management**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Effective Acute Phase Treatment, Ages 18+ years	ACP	254	208	81.89%	75.00%	6.89	76.79%	5.75	76.14%	Strength	High Confidence
Effective Acute Phase Treatment, Ages 18+ years	KF	829	590	71.17%	69.61%	1.56	76.79%	-4.97	76.14%	Opportunity	High Confidence
Effective Acute Phase Treatment, Ages 18+ years	PHW	321	243	75.70%	78.20%	-2.50	76.79%	-0.44	76.14%	-	High Confidence
Effective Acute Phase Treatment, Ages 18+ years	UPMC	1,249	979	78.38%	77.12%	1.26	76.79%	2.24	76.14%	-	High Confidence
Effective Continuation Phase Treatment, Ages 18+ years	ACP	254	178	70.08%	62.50%	7.58	63.39%	8.19	61.89%	Strength	High Confidence
Effective Continuation Phase Treatment, Ages 18+ years	KF	829	452	54.52%	52.80%	1.72	63.39%	-7.37	61.89%	Opportunity	High Confidence
Effective Continuation Phase Treatment, Ages 18+ years	PHW	321	207	64.49%	67.64%	-3.15	63.39%	2.60	61.89%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Effective Continuation Phase Treatment, Ages 18+ years	UPMC	1,249	805	64.45%	61.02%	3.43	63.39%	2.56	61.89%	-	High Confidence

**Table 59** displays this year’s performance measure findings for the Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 59: Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	N/A	N/A	N/A	N/A	NR	72.67%	NR	74.13%	-	High Confidence
Ages 18-64 years	KF	52	35	67.31%	70.83%	-3.52	72.67%	-6.82	74.13%	Opportunity	High Confidence
Ages 18-64 years	PHW	N/A	N/A	N/A	N/A	NR	72.67%	NR	74.13%	-	High Confidence
Ages 18-64 years	UPMC	91	71	78.02%	77.91%	0.11	72.67%	3.89	74.13%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 60** displays this year’s performance measure findings for the Diabetes Monitoring for People With Diabetes and Schizophrenia, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 60: Diabetes Monitoring for People With Diabetes and Schizophrenia**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	120	82	68.33%	67.74%	0.59	68.78%	-3.82	72.15%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	KF	347	237	68.30%	69.28%	-0.98	68.78%	-3.85	72.15%	Opportunity	High Confidence
Ages 18-64 years	PHW	149	89	59.73%	60.25%	-0.52	68.78%	-12.42	72.15%	Opportunity	High Confidence
Ages 18-64 years	UPMC	551	434	78.77%	78.41%	0.36	68.78%	6.62	72.15%	Strength	High Confidence

**Table 61** displays this year’s performance measure findings for the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 61: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	214	193	90.19%	89.53%	0.66	86.38%	4.50	85.69%	Strength	High Confidence
Ages 18-64 years	KF	747	657	87.95%	85.33%	2.62	86.38%	2.26	85.69%	-	High Confidence
Ages 18-64 years	PHW	322	266	82.61%	79.02%	3.59	86.38%	-3.08	85.69%	Opportunity	High Confidence
Ages 18-64 years	UPMC	1,799	1,525	84.77%	85.57%	-0.80	86.38%	-0.92	85.69%	-	High Confidence

**Table 62** displays this year’s performance measure findings for the Diagnosed Mental Health Disorders measure, by age stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings and overall validation rating for each measure. This measure provides information on the prevalence of diagnosed mental health disorders therefore neither a higher or lower rate indicates better performance, also removes the column related to strengths or opportunities to improvement.

**Table 62: Diagnosed Mental Health Disorders**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Ages 18-64 years	ACP	4,385	2,979	67.94%	68.66%	63.97%	64.76%	High Confidence
Ages 18-64 years	KF	17,442	10,295	59.02%	57.82%	63.97%	64.76%	High Confidence
Ages 18-64 years	PHW	5,633	3,333	59.17%	N/A	63.97%	64.76%	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Ages 18-64 years	UPMC	23,572	16,443	69.76%	N/A	63.97%	64.76%	High Confidence
Ages 65+ years	ACP	1,427	706	49.47%	49.85%	47.41%	50.05%	High Confidence
Ages 65+ years	KF	7,418	3,134	42.25%	39.77%	47.41%	50.05%	High Confidence
Ages 65+ years	PHW	3,004	1,315	43.77%	N/A	47.41%	50.05%	High Confidence
Ages 65+ years	UPMC	18,855	10,211	54.16%	N/A	47.41%	50.05%	High Confidence
Total (All Ages)	ACP	5,812	3,685	63.40%	63.90%	58.51%	59.23%	High Confidence
Total (All Ages)	KF	24,860	13,429	54.02%	52.15%	58.51%	59.23%	High Confidence
Total (All Ages)	PHW	8,637	4,648	53.81%	N/A	58.51%	59.23%	High Confidence
Total (All Ages)	UPMC	42,427	26,654	62.82%	N/A	58.51%	59.23%	High Confidence

N/A: not applicable due to denominator less than 30.

**Table 63** displays this year’s performance measure findings for the Diagnosed Substance Use Disorders measure, by age stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings and overall validation rating for each measure. This measure provides information on the prevalence of diagnosed substance use disorders therefore neither a higher or lower rate indicates better performance, also removes the column related to strengths or opportunities to improvement.

**Table 63: Diagnosed Substance Use Disorders**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Alcohol, Ages 18-64 years	ACP	4,385	168	3.83%	3.91%	4.90%	5.10%	High Confidence
Alcohol, Ages 18-64 years	KF	17,442	966	5.54%	5.27%	4.90%	5.10%	High Confidence
Alcohol, Ages 18-64 years	PHW	5,633	294	5.22%	N/A	4.90%	5.10%	High Confidence
Alcohol, Ages 18-64 years	UPMC	23,572	1176	4.99%	N/A	4.90%	5.10%	High Confidence
Alcohol, Ages 65+ years	ACP	1,427	39	2.73%	2.52%	3.28%	3.22%	High Confidence
Alcohol, Ages 65+ years	KF	7,418	270	3.64%	3.49%	3.28%	3.22%	High Confidence
Alcohol, Ages 65+ years	PHW	3,004	113	3.76%	N/A	3.28%	3.22%	High Confidence
Alcohol, Ages 65+ years	UPMC	18,855	565	3.00%	N/A	3.28%	3.22%	High Confidence
Alcohol, Total	ACP	5,812	207	3.56%	3.56%	4.34%	4.39%	High Confidence
Alcohol, Total	KF	24,860	1,236	4.97%	4.71%	4.34%	4.39%	High Confidence
Alcohol, Total	PHW	8,637	407	4.71%	N/A	4.34%	4.39%	High Confidence
Alcohol, Total	UPMC	42,427	1,741	4.10%	N/A	4.34%	4.39%	High Confidence
Any, Ages 18-64 years	ACP	4,385	447	10.19%	10.02%	12.93%	13.72%	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Any, Ages 18-64 years	KF	17,442	2,487	14.26%	13.30%	12.93%	13.72%	High Confidence
Any, Ages 18-64 years	PHW	5,633	740	13.14%	N/A	12.93%	13.72%	High Confidence
Any, Ages 18-64 years	UPMC	23,572	3,326	14.11%	N/A	12.93%	13.72%	High Confidence
Any, Ages 65+ years	ACP	1,427	70	4.91%	5.11%	6.51%	7.12%	High Confidence
Any, Ages 65+ years	KF	7,418	618	8.33%	8.46%	6.51%	7.12%	High Confidence
Any, Ages 65+ years	PHW	3,004	173	5.76%	0.00%	6.51%	7.12%	High Confidence
Any, Ages 65+ years	UPMC	18,855	1,323	7.02%	0.00%	6.51%	7.12%	High Confidence
Any, Total	ACP	5,812	517	8.90%	8.78%	10.73%	11.24%	High Confidence
Any, Total	KF	24,860	3,105	12.49%	11.78%	10.73%	11.24%	High Confidence
Any, Total	PHW	8,637	913	10.57%	N/A	10.73%	11.24%	High Confidence
Any, Total	UPMC	42,427	4,649	10.96%	N/A	10.73%	11.24%	High Confidence
Opioid, Ages 18-64 years	ACP	4,385	213	4.86%	4.35%	5.78%	6.26%	High Confidence
Opioid, Ages 18-64 years	KF	17,442	917	5.26%	4.81%	5.78%	6.26%	High Confidence
Opioid, Ages 18-64 years	PHW	5,633	313	5.56%	N/A	5.78%	6.26%	High Confidence
Opioid, Ages 18-64 years	UPMC	23,572	1,752	7.43%	N/A	5.78%	6.26%	High Confidence
Opioid, Ages 65+ years	ACP	1,427	27	1.89%	2.37%	2.38%	3.00%	High Confidence
Opioid, Ages 65+ years	KF	7,418	178	2.40%	2.43%	2.38%	3.00%	High Confidence
Opioid, Ages 65+ years	PHW	3,004	51	1.70%	N/A	2.38%	3.00%	High Confidence
Opioid, Ages 65+ years	UPMC	18,855	664	3.52%	N/A	2.38%	3.00%	High Confidence
Opioid, Total	ACP	5,812	240	4.13%	3.85%	4.61%	5.03%	High Confidence
Opioid, Total	KF	24,860	1,095	4.40%	4.06%	4.61%	5.03%	High Confidence
Opioid, Total	PHW	8,637	364	4.21%	N/A	4.61%	5.03%	High Confidence
Opioid, Total	UPMC	42,427	2,416	5.69%	N/A	4.61%	5.03%	High Confidence
Other, Ages 18-64 years	ACP	4,385	173	3.95%	3.76%	5.62%	6.05%	High Confidence
Other, Ages 18-64 years	KF	17,442	1,351	7.75%	7.06%	5.62%	6.05%	High Confidence
Other, Ages 18-64 years	PHW	5,633	308	5.47%	N/A	5.62%	6.05%	High Confidence
Other, Ages 18-64 years	UPMC	23,572	1,254	5.32%	N/A	5.62%	6.05%	High Confidence
Other, Ages 65+ years	ACP	1,427	14	0.98%	1.07%	1.82%	1.96%	High Confidence
Other, Ages 65+ years	KF	7,418	279	3.76%	3.92%	1.82%	1.96%	High Confidence
Other, Ages 65+ years	PHW	3,004	32	1.07%	N/A	1.82%	1.96%	High Confidence
Other, Ages 65+ years	UPMC	18,855	276	1.46%	N/A	1.82%	1.96%	High Confidence
Other, Total	ACP	5,812	187	3.22%	3.07%	4.33%	4.51%	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Other, Total	KF	24,860	1,630	6.56%	6.08%	4.33%	4.51%	High Confidence
Other, Total	PHW	8,637	340	3.94%	N/A	4.33%	4.51%	High Confidence
Other, Total	UPMC	42,427	1530	3.61%	N/A	4.33%	4.51%	High Confidence

N/A: not applicable due to denominator less than 30.

**Table 64** displays this year’s performance measure findings for the Pharmacotherapy for Opioid Use Disorder measure, by age stratification, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure. **Table 65** displays the race and ethnicity breakout for this measure.

**Table 64: Pharmacotherapy for Opioid Use Disorder**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 16-64 years	ACP	43	16	37.21%	25.00%	12.21	30.19%	8.46	28.75%	Strength	High Confidence
Ages 16-64 years	KF	254	55	21.65%	21.53%	0.12	30.19%	-7.10	28.75%	Opportunity	High Confidence
Ages 16-64 years	PHW	81	22	27.16%	39.29%	-12.13	30.19%	-1.59	28.75%	-	High Confidence
Ages 16-64 years	UPMC	262	91	34.73%	38.21%	-3.48	30.19%	5.98	28.75%	Strength	High Confidence
Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	49.02%	NR	49.02%	N/A	High Confidence
Ages 65+ years	KF	N/A	N/A	N/A	N/A	NR	49.02%	NR	49.02%	N/A	High Confidence
Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	49.02%	NR	49.02%	N/A	High Confidence
Ages 65+ years	UPMC	51	25	49.02%	42.11%	6.91	49.02%	0.00	49.02%	-	High Confidence
Total (All Ages)	ACP	45	16	35.56%	22.22%	N/A	31.58%	5.10	30.46%	Strength	High Confidence
Total (All Ages)	KF	274	59	21.53%	23.81%	-2.28	31.58%	-8.93	30.46%	Opportunity	High Confidence
Total (All Ages)	PHW	87	28	32.18%	40.34%	-8.16	31.58%	1.72	30.46%	-	High Confidence
Total (All Ages)	UPMC	313	116	37.06%	38.87%	-1.81	31.58%	6.60	30.46%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 65 Race and Ethnicity Breakout for Pharmacotherapy for Opioid Use Disorder**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Mean	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	N/A	N/A	N/A	NA	NR	19.57%	NR	19.57%	-	High Confidence
Ethnicity: Hispanic or Latino	KF	46	9	19.57%	NA	NR	19.57%	0.00	19.57%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	N/A	N/A	N/A	NA	NR	19.57%	NR	19.57%	-	High Confidence
Ethnicity: Hispanic or Latino	UPMC	N/A	N/A	N/A	NA	NR	19.57%	NR	19.57%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	N/A	N/A	N/A	NA	NR	29.43%	NR	30.25%	-	High Confidence
Ethnicity: Not Hispanic or Latino	KF	221	48	21.72%	NA	NR	29.43%	-8.53	30.25%	-	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	77	23	29.87%	NA	NR	29.43%	-0.38	30.25%	-	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	297	109	36.70%	NA	NR	29.43%	6.45	30.25%	-	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Mean	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: American Indian or Alaska Native	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	16.13%	NR	16.13%	-	High Confidence
Race: Asked but No Answer	KF	31	5	16.13%	NA	NR	16.13%	0.00	16.13%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	16.13%	NR	16.13%	-	High Confidence
Race: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	16.13%	NR	16.13%	-	High Confidence
Race: Black or African American	ACP	N/A	N/A	N/A	NA	NR	19.64%	NR	19.50%	-	High Confidence
Race: Black or African American	KF	166	32	19.28%	NA	NR	19.64%	-0.22	19.50%	-	High Confidence
Race: Black or African American	PHW	N/A	N/A	N/A	NA	NR	19.64%	NR	19.50%	-	High Confidence
Race: Black or African American	UPMC	75	15	20.00%	NA	NR	19.64%	0.50	19.50%	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Mean	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: White	ACP	N/A	N/A	N/A	NA	NR	36.34%	NR	39.30%	-	High Confidence
Race: White	KF	69	18	26.09%	NA	NR	36.34%	-13.21	39.30%	-	High Confidence
Race: White	PHW	53	21	39.62%	NA	NR	36.34%	0.32	39.30%	-	High Confidence
Race: White	UPMC	224	97	43.30%	NA	NR	36.34%	4.00	39.30%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the weighted average and year-to-year comparisons do not apply.

**Cardiovascular Measures**

**Table 66** displays this year’s performance measure findings for the Cardiac Rehabilitation measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 66: Cardiac Rehabilitation**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Initiation, Ages 18-64 years	ACP	45	1	2.22%	4.65%	-2.43	1.92%	0.49	1.73%	-	High Confidence
Initiation, Ages 18-64 years	KF	191	1	0.52%	0.97%	-0.45	1.92%	-1.21	1.73%	-	High Confidence
Initiation, Ages 18-64 years	PHW	74	2	2.70%	1.35%	1.35	1.92%	0.97	1.73%	-	High Confidence
Initiation, Ages 18-64 years	UPMC	267	6	2.25%	3.95%	-1.70	1.92%	0.52	1.73%	-	High Confidence
Initiation, Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	4.59%	NR	6.76%	-	High Confidence
Initiation, Ages 65+ years	KF	35	0	0.00%	0.00%	0.00	4.59%	-6.76	6.76%	Opportunity	High Confidence
Initiation, Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	4.59%	NR	6.76%	-	High Confidence
Initiation, Ages 65+ years	UPMC	98	9	9.18%	6.25%	2.93	4.59%	2.42	6.76%	-	High Confidence
Initiation, Total	ACP	50	1	2.00%	4.35%	-2.35	2.45%	-0.73	2.73%	-	High Confidence
Initiation, Total	KF	226	1	0.44%	0.85%	-0.41	2.45%	-2.29	2.73%	-	High Confidence
Initiation, Total	PHW	92	3	3.26%	1.23%	2.03	2.45%	0.53	2.73%	-	High Confidence
Initiation, Total	UPMC	365	15	4.11%	4.42%	-0.31	2.45%	1.38	2.73%	-	High Confidence
Engagement 1, Ages 18-64 years	ACP	45	3	6.67%	4.65%	2.02	4.59%	3.20	3.47%	Strength	High Confidence
Engagement 1, Ages 18-64 years	KF	191	3	1.57%	2.43%	-0.86	4.59%	-1.90	3.47%	-	High Confidence
Engagement 1, Ages 18-64 years	PHW	74	5	6.76%	1.35%	5.41	4.59%	3.29	3.47%	Strength	High Confidence
Engagement 1, Ages 18-64 years	UPMC	267	9	3.37%	5.93%	-2.56	4.59%	-0.10	3.47%	-	High Confidence
Engagement 1, Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	7.04%	NR	9.02%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Engagement 1, Ages 65+ years	KF	35	1	2.86%	3.33%	-0.47	7.04%	-6.16	9.02%	Opportunity	High Confidence
Engagement 1, Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	7.04%	NR	9.02%	-	High Confidence
Engagement 1, Ages 65+ years	UPMC	98	11	11.22%	12.50%	-1.28	7.04%	2.20	9.02%	-	High Confidence
Engagement 1, Total	ACP	50	3	6.00%	6.52%	-0.52	5.49%	1.22	4.78%	-	High Confidence
Engagement 1, Total	KF	226	4	1.77%	2.54%	-0.77	5.49%	-3.01	4.78%	Opportunity	High Confidence
Engagement 1, Total	PHW	92	8	8.70%	2.47%	6.23	5.49%	3.92	4.78%	Strength	High Confidence
Engagement 1, Total	UPMC	365	20	5.48%	7.26%	-1.78	5.49%	0.70	4.78%	-	High Confidence
Engagement 2, Ages 18-64 years	ACP	45	3	6.67%	4.65%	2.02	3.84%	3.38	3.29%	Strength	High Confidence
Engagement 2, Ages 18-64 years	KF	191	5	2.62%	1.94%	0.68	3.84%	-0.67	3.29%	-	High Confidence
Engagement 2, Ages 18-64 years	PHW	74	2	2.70%	4.05%	-1.35	3.84%	-0.59	3.29%	-	High Confidence
Engagement 2, Ages 18-64 years	UPMC	267	9	3.37%	5.93%	-2.56	3.84%	0.08	3.29%	-	High Confidence
Engagement 2, Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	7.96%	NR	9.02%	-	High Confidence
Engagement 2, Ages 65+ years	KF	35	2	5.71%	10.00%	-4.29	7.96%	-3.31	9.02%	Opportunity	High Confidence
Engagement 2, Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	7.96%	NR	9.02%	-	High Confidence
Engagement 2, Ages 65+ years	UPMC	98	10	10.20%	15.63%	-5.43	7.96%	1.18	9.02%	-	High Confidence
Engagement 2, Total	ACP	50	3	6.00%	4.35%	1.65	4.67%	1.49	4.51%	-	High Confidence
Engagement 2, Total	KF	226	7	3.10%	2.97%	0.13	4.67%	-1.41	4.51%	-	High Confidence
Engagement 2, Total	PHW	92	4	4.35%	4.94%	-0.59	4.67%	-0.16	4.51%	-	High Confidence
Engagement 2, Total	UPMC	365	19	5.21%	7.89%	-2.68	4.67%	0.70	4.51%	-	High Confidence
Achievement, Ages 18-64 years	ACP	45	2	4.44%	0.00%	4.44	2.18%	2.71	1.73%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Achievement, Ages 18-64 years	KF	191	2	1.05%	0.49%	0.56	2.18%	-0.68	1.73%	-	High Confidence
Achievement, Ages 18-64 years	PHW	74	1	1.35%	2.70%	-1.35	2.18%	-0.38	1.73%	-	High Confidence
Achievement, Ages 18-64 years	UPMC	267	5	1.87%	3.56%	-1.69	2.18%	0.14	1.73%	-	High Confidence
Achievement, Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	3.98%	NR	4.51%	-	High Confidence
Achievement, Ages 65+ years	KF	35	1	2.86%	0.00%	2.86	3.98%	-1.65	4.51%	-	High Confidence
Achievement, Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	3.98%	NR	4.51%	-	High Confidence
Achievement, Ages 65+ years	UPMC	98	5	5.10%	9.38%	-4.28	3.98%	0.59	4.51%	-	High Confidence
Achievement, Total	ACP	50	2	4.00%	0.00%	4	2.29%	1.82	2.18%	-	High Confidence
Achievement, Total	KF	226	3	1.33%	0.42%	0.91	2.29%	-0.85	2.18%	-	High Confidence
Achievement, Total	PHW	92	1	1.09%	2.47%	-1.38	2.29%	-1.09	2.18%	-	High Confidence
Achievement, Total	UPMC	365	10	2.74%	4.73%	-1.99	2.29%	0.56	2.18%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 67** displays this year’s performance measure findings for the Controlling High Blood Pressure measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure. **Table 68** displays the race and ethnicity breakout for this measure.

**Table 67: Controlling High Blood Pressure**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-85 years	ACP	411	322	78.35%	77.13%	1.22	75.00%	2.77	75.58%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-85 years	KF	411	285	69.34%	67.15%	2.19	75.00%	-6.24	75.58%	Opportunity	High Confidence
Ages 18-85 years	PHW	411	296	72.02%	67.15%	4.87	75.00%	-3.56	75.58%	Opportunity	High Confidence
Ages 18-85 years	UPMC	411	330	80.29%	73.72%	6.57	75.00%	4.71	75.58%	Strength	High Confidence

**Table 68: Race and Ethnicity Breakout for Controlling High Blood Pressure**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	123	94	76.42%	76.60%	-0.18	76.27%	-2.08	78.50%	-	High Confidence
Ethnicity: Hispanic or Latino	KF	62	50	80.65%	73.75%	6.9	76.27%	2.15	78.50%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	46	33	71.74%	62.00%	9.74	76.27%	-6.76	78.50%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	UPMC	N/A	N/A	N/A	71.43%	NR	76.27%	NR	78.50%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	273	218	79.85%	77.36%	2.49	74.88%	4.46	75.39%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	KF	344	231	67.15%	65.43%	1.72	74.88%	-8.24	75.39%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Not Hispanic or Latino	PHW	365	263	72.05%	67.87%	4.18	74.88%	-3.34	75.39%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	399	321	80.45%	73.80%	6.65	74.88%	5.06	75.39%	Strength	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	80.00%	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	KF	N/A	N/A	N/A	66.67%	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	100.00%	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	KF	N/A	N/A	N/A	75.00%	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	ACP	95	79	83.16%	75.76%	7.4	83.16%	0.00	83.16%	-	High Confidence
Race: Asian	KF	N/A	N/A	N/A	71.43%	NR	83.16%	NR	83.16%	-	High Confidence
Race: Asian	PHW	N/A	N/A	N/A	73.33%	NR	83.16%	NR	83.16%	-	High Confidence
Race: Asian	UPMC	N/A	N/A	N/A	N/A	NR	83.16%	NR	83.16%	-	High Confidence
Race: Asked but No Answer	ACP	87	63	72.41%	77.78%	-5.37	78.71%	-9.53	81.94%	Opportunity	High Confidence
Race: Asked but No Answer	KF	40	34	85.00%	73.17%	11.83	78.71%	3.06	81.94%	Strength	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	64.44%	NR	78.71%	NR	81.94%	-	High Confidence
Race: Asked but No Answer	UPMC	N/A	N/A	N/A	88.89%	NR	78.71%	NR	81.94%	-	High Confidence
Race: Black or African American	ACP	60	46	76.67%	75.00%	1.67	69.50%	10.10	66.57%	Strength	High Confidence
Race: Black or African American	KF	263	169	64.26%	64.39%	-0.13	69.50%	-2.31	66.57%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Black or African American	PHW	161	105	65.22%	63.33%	1.89	69.50%	-1.35	66.57%	-	High Confidence
Race: Black or African American	UPMC	71	51	71.83%	60.00%	11.83	69.50%	5.26	66.57%	Strength	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	100.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	100.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	65.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	N/A	N/A	N/A	81.82%	NR	73.17%	NR	73.17%	-	High Confidence
Race: Unknown	KF	N/A	N/A	N/A	81.82%	NR	73.17%	NR	73.17%	-	High Confidence
Race: Unknown	PHW	41	30	73.17%	N/A	NR	73.17%	0.00	73.17%	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	73.17%	NR	73.17%	-	High Confidence
Race: White	ACP	146	117	80.14%	77.25%	NR	78.11%	NR	80.81%	-	High Confidence
Race: White	KF	69	51	73.91%	69.09%	4.82	78.11%	-6.90	80.81%	Opportunity	High Confidence
Race: White	PHW	187	142	75.94%	71.35%	4.59	78.11%	-4.87	80.81%	Opportunity	High Confidence
Race: White	UPMC	302	249	82.45%	76.92%	5.53	78.11%	1.64	80.81%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

The Persistence of Beta-Blocker Treatment After a Health Attack measure will not be displayed due to low denominators across all four CHC-MCOs.

**Table 69** displays this year’s performance measure findings for the Statin Therapy for Patients With Cardiovascular Disease measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 69: Statin Therapy for Patients With Cardiovascular Disease**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Received Statin Therapy, Female, Ages 40-75 years	ACP	113	96	84.96%	88.42%	-3.46	85.95%	-1.39	86.35%	-	High Confidence
Received Statin Therapy, Female, Ages 40-75 years	KF	701	624	89.02%	88.68%	0.34	85.95%	2.67	86.35%	-	High Confidence
Received Statin Therapy, Female, Ages 40-75 years	PHW	201	170	84.58%	84.38%	0.20	85.95%	-1.77	86.35%	-	High Confidence
Received Statin Therapy, Female, Ages 40-75 years	UPMC	1227	1046	85.25%	84.20%	1.05	85.95%	-1.10	86.35%	-	High Confidence
Received Statin Therapy, Male, Ages 21-75 years	ACP	106	95	89.62%	92.54%	-2.92	88.67%	1.14	88.48%	-	High Confidence
Received Statin Therapy, Male, Ages 21-75 years	KF	586	521	88.91%	89.48%	-0.57	88.67%	0.43	88.48%	-	High Confidence
Received Statin Therapy, Male, Ages 21-75 years	PHW	254	223	87.80%	83.59%	4.21	88.67%	-0.68	88.48%	-	High Confidence
Received Statin Therapy, Male, Ages 21-75 years	UPMC	1277	1128	88.33%	88.80%	-0.47	88.67%	-0.15	88.48%	-	High Confidence
Received Statin Therapy, Total	ACP	219	191	87.21%	90.12%	-2.91	87.34%	-0.20	87.41%	-	High Confidence
Received Statin Therapy, Total	KF	1287	1145	88.97%	89.03%	-0.06	87.34%	1.56	87.41%	-	High Confidence
Received Statin Therapy, Total	PHW	455	393	86.37%	83.96%	2.41	87.34%	-1.04	87.41%	-	High Confidence
Received Statin Therapy, Total	UPMC	2504	2174	86.82%	86.51%	0.31	87.34%	-0.59	87.41%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Statin Adherence 80%, Female, Ages 40-75 years	ACP	96	73	76.04%	82.14%	-6.10	82.29%	-10.06	86.10%	Opportunity	High Confidence
Statin Adherence 80%, Female, Ages 40-75 years	KF	624	514	82.37%	82.26%	0.11	82.29%	-3.73	86.10%	Opportunity	High Confidence
Statin Adherence 80%, Female, Ages 40-75 years	PHW	170	137	80.59%	88.89%	-8.30	82.29%	-5.51	86.10%	Opportunity	High Confidence
Statin Adherence 80%, Female, Ages 40-75 years	UPMC	1046	943	90.15%	86.00%	4.15	82.29%	4.05	86.10%	Strength	High Confidence
Statin Adherence 80%, Male, Ages 21-75 years	ACP	95	81	85.26%	79.03%	6.23	85.82%	-1.63	86.89%	-	High Confidence
Statin Adherence 80%, Male, Ages 21-75 years	KF	521	432	82.92%	82.89%	0.03	85.82%	-3.97	86.89%	Opportunity	High Confidence
Statin Adherence 80%, Male, Ages 21-75 years	PHW	223	192	86.10%	85.51%	0.59	85.82%	-0.79	86.89%	-	High Confidence
Statin Adherence 80%, Male, Ages 21-75 years	UPMC	1128	1004	89.01%	88.33%	0.68	85.82%	2.12	86.89%	-	High Confidence
Statin Adherence 80%, Total	ACP	191	154	80.63%	80.82%	-0.19	84.13%	-5.87	86.50%	Opportunity	High Confidence
Statin Adherence 80%, Total	KF	1145	946	82.62%	82.54%	0.08	84.13%	-3.88	86.50%	Opportunity	High Confidence
Statin Adherence 80%, Total	PHW	393	329	83.72%	87.10%	-3.38	84.13%	-2.78	86.50%	-	High Confidence
Statin Adherence 80%, Total	UPMC	2174	1947	89.56%	87.21%	2.35	84.13%	3.06	86.50%	Strength	High Confidence

**Care Coordination**

**Table 70** displays this year’s performance measure findings for the Advance Care Planning measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 70: Advance Care Planning**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Transitions of Care - Medication Reconciliation Post-Discharge – Advance Care Planning	ACP	105	468	22.44%	21.65%	0.79	29.82%	-8.17	29.32%	Opportunity	High Confidence
Transitions of Care - Medication Reconciliation Post-Discharge – Advance Care Planning	KF	989	3,604	27.44%	25.22%	2.22	29.82%	-4.60	29.32%	-	High Confidence
Transitions of Care - Medication Reconciliation Post-Discharge – Advance Care Planning	PHW	583	1,433	40.68%	41.27%	-0.59	29.82%	11.45	29.32%	Strength	High Confidence
Transitions of Care - Medication Reconciliation Post-Discharge – Advance Care Planning	UPMC	2,977	10,366	28.72%	31.33%	-2.61	29.82%	1.51	29.32%	-	High Confidence

**Table 71** displays this year’s performance measure findings for the Transitions of Care measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 71: Transitions of Care**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Medication Reconciliation Post-Discharge, Ages 18-64 years	ACP	220	133	60.45%	64.12%	-3.67	60.54%	-4.80	65.25%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Ages 18-64 years	KF	175	93	53.14%	61.39%	-8.25	60.54%	-12.11	65.25%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Ages 18-64 years	PHW	198	112	56.57%	44.81%	11.76	60.54%	-8.68	65.25%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Ages 18-64 years	UPMC	182	131	71.98%	72.64%	-0.66	60.54%	6.73	65.25%	Strength	High Confidence
Medication Reconciliation Post-Discharge, Ages 65+ years	ACP	191	135	70.68%	71.36%	-0.68	71.82%	-3.96	74.64%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Ages 65+ years	KF	236	165	69.92%	72.73%	-2.81	71.82%	-4.72	74.64%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Medication Reconciliation Post-Discharge, Ages 65+ years	PHW	213	145	68.08%	45.23%	22.85	71.82%	-6.56	74.64%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Ages 65+ years	UPMC	229	180	78.60%	80.00%	-1.40	71.82%	3.96	74.64%	Strength	High Confidence
Medication Reconciliation Post-Discharge, Total	ACP	411	268	65.21%	68.21%	-3.00	66.55%	-5.14	70.35%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Total	KF	411	258	62.77%	68.37%	-5.60	66.55%	-7.58	70.35%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Total	PHW	411	257	62.53%	45.01%	17.52	66.55%	-7.82	70.35%	Opportunity	High Confidence
Medication Reconciliation Post-Discharge, Total	UPMC	411	311	75.67%	76.40%	-0.73	66.55%	5.32	70.35%	Strength	High Confidence
Notification of Inpatient Admission, Ages 18-64 years	ACP	220	56	25.45%	15.88%	9.57	38.15%	-19.08	44.53%	Opportunity	High Confidence
Notification of Inpatient Admission, Ages 18-64 years	KF	175	94	53.71%	33.54%	20.17	38.15%	9.18	44.53%	Strength	High Confidence
Notification of Inpatient Admission, Ages 18-64 years	PHW	198	54	27.27%	20.28%	6.99	38.15%	-17.26	44.53%	Opportunity	High Confidence
Notification of Inpatient Admission, Ages 18-64 years	UPMC	182	84	46.15%	44.28%	1.87	38.15%	1.62	44.53%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Notification of Inpatient Admission, Ages 65+ years	ACP	191	48	25.13%	14.55%	10.58	41.37%	-25.97	51.10%	Opportunity	High Confidence
Notification of Inpatient Admission, Ages 65+ years	KF	236	123	52.12%	33.20%	18.92	41.37%	1.02	51.10%	-	High Confidence
Notification of Inpatient Admission, Ages 65+ years	PHW	213	67	31.46%	21.11%	10.35	41.37%	-19.64	51.10%	Opportunity	High Confidence
Notification of Inpatient Admission, Ages 65+ years	UPMC	229	130	56.77%	46.67%	10.1	41.37%	5.67	51.10%	Strength	High Confidence
Notification of Inpatient Admission, Total	ACP	411	104	25.30%	15.13%	10.17	39.90%	-22.97	48.27%	Opportunity	High Confidence
Notification of Inpatient Admission, Total	KF	411	217	52.80%	33.33%	19.47	39.90%	4.53	48.27%	Strength	High Confidence
Notification of Inpatient Admission, Total	PHW	411	121	29.44%	20.68%	8.76	39.90%	-18.83	48.27%	Opportunity	High Confidence
Notification of Inpatient Admission, Total	UPMC	411	214	52.07%	45.50%	6.57	39.90%	3.80	48.27%	Strength	High Confidence
Patient Engagement After Inpatient Discharge, Ages 18-64 years	ACP	220	172	78.18%	82.35%	-4.17	81.12%	-8.14	86.32%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Ages 18-64 years	KF	175	136	77.71%	77.85%	-0.14	81.12%	-8.61	86.32%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Ages 18-64 years	PHW	198	151	76.26%	79.72%	-3.46	81.12%	-10.06	86.32%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Patient Engagement After Inpatient Discharge, Ages 18-64 years	UPMC	182	168	92.31%	88.06%	4.25	81.12%	5.99	86.32%	Strength	High Confidence
Patient Engagement After Inpatient Discharge, Ages 65+ years	ACP	191	160	83.77%	83.18%	0.59	85.65%	-4.65	88.42%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Ages 65+ years	KF	236	207	87.71%	87.35%	0.36	85.65%	-0.71	88.42%	-	High Confidence
Patient Engagement After Inpatient Discharge, Ages 65+ years	PHW	213	171	80.28%	78.39%	1.89	85.65%	-8.14	88.42%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Ages 65+ years	UPMC	229	208	90.83%	90.95%	-0.12	85.65%	2.41	88.42%	-	High Confidence
Patient Engagement After Inpatient Discharge, Total	ACP	411	332	80.78%	82.82%	-2.04	83.52%	-6.60	87.38%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Total	KF	411	343	83.45%	83.70%	-0.25	83.52%	-3.93	87.38%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Total	PHW	411	322	78.35%	79.08%	-0.73	83.52%	-9.03	87.38%	Opportunity	High Confidence
Patient Engagement After Inpatient Discharge, Total	UPMC	411	376	91.48%	89.54%	1.94	83.52%	4.10	87.38%	Strength	High Confidence

**Diabetes**

**Table 72** displays this year’s performance measure findings for the Blood Pressure Control for Patients With Diabetes measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 72: Blood Pressure Control for Patients With Diabetes**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-75 years	ACP	411	290	70.56%	69.34%	1.22	71.60%	-2.27	72.83%	-	High Confidence
Ages 18-75 years	KF	411	274	66.67%	61.07%	5.60	71.60%	-6.16	72.83%	Opportunity	High Confidence
Ages 18-75 years	PHW	411	290	70.56%	68.13%	2.43	71.60%	-2.27	72.83%	-	High Confidence
Ages 18-75 years	UPMC	411	323	78.59%	73.72%	4.87	71.60%	5.76	72.83%	Strength	High Confidence

**Table 73** displays this year’s performance measure findings for the Eye Exam for Patients With Diabetes measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 73: Eye Exam for Patients With Diabetes**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-75 years	ACP	411	261	63.50%	60.58%	2.92	62.90%	-0.66	64.16%	-	High Confidence
Ages 18-75 years	KF	411	238	57.91%	60.58%	-2.67	62.90%	-6.25	64.16%	Opportunity	High Confidence
Ages 18-75 years	PHW	411	247	60.10%	59.85%	0.25	62.90%	-4.06	64.16%	Opportunity	High Confidence
Ages 18-75 years	UPMC	411	288	70.07%	71.53%	-1.46	62.90%	5.91	64.16%	Strength	High Confidence

**Table 74** displays this year’s performance measure findings for the Hemoglobin A1c Control for Patients With Diabetes measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

overall validation rating for each measure. **Table 75** displays the race and ethnicity breakout for the Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%) rate. **Table 76** displays the race and ethnicity breakout for the Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control rate.

**Table 74: Hemoglobin A1c Control for Patients With Diabetes**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%), Ages 18-75 years	ACP	411	258	62.77%	57.91%	4.86	62.17%	-0.34	63.11%	-	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%), Ages 18-75 years	KF	411	248	60.34%	64.23%	-3.89	62.17%	-2.77	63.11%	Opportunity	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%), Ages 18-75 years	PHW	411	244	59.37%	60.34%	-0.97	62.17%	-3.74	63.11%	Opportunity	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%), Ages 18-75 years	UPMC	411	272	66.18%	63.26%	2.92	62.17%	3.07	63.11%	Strength	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control, Ages 18-75 years	ACP	411	120	29.20%	31.14%	-1.94	28.47%	1.69	27.51%	-	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control, Ages 18-75 years	KF	411	124	30.17%	26.76%	3.41	28.47%	2.66	27.51%	Opportunity	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control, Ages 18-75 years	PHW	411	123	29.93%	32.85%	-2.92	28.47%	2.42	27.51%	Opportunity	High Confidence
Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control, Ages 18-75 years	UPMC	411	101	24.57%	25.30%	-0.73	28.47%	-2.94	27.51%	Strength	High Confidence

**Table 75: Race and Ethnicity Breakout for Hemoglobin A1c Control for Patients With Diabetes, HbA1c Control (<8%)**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	113	79	69.91%	58.14%	11.77	62.56%	7.88	62.03%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	70	42	60.00%	57.45%	2.55	62.56%	-2.03	62.03%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	45	26	57.78%	59.62%	-1.84	62.56%	-4.25	62.03%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	UPMC	N/A	N/A	N/A	N/A	NR	62.56%	NR	62.03%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	291	174	59.79%	57.14%	2.65	61.29%	-3.13	62.92%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	KF	334	199	59.58%	66.56%	-6.98	61.29%	-3.34	62.92%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	366	218	59.56%	60.45%	-0.89	61.29%	-3.36	62.92%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	391	259	66.24%	64.05%	2.19	61.29%	3.32	62.92%	Strength	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	ACP	100	74	74.00%	60.22%	13.78	68.85%	6.57	67.43%	Strength	High Confidence
Race: Asian	KF	N/A	N/A	N/A	N/A	NR	68.85%	NR	67.43%	Strength	High Confidence
Race: Asian	PHW	N/A	N/A	N/A	N/A	NR	68.85%	NR	67.43%	-	High Confidence
Race: Asian	UPMC	34	19	55.88%	N/A	NR	68.85%	-11.55	67.43%	Opportunity	High Confidence
Race: Asked but No Answer	ACP	62	43	69.35%	58.06%	11.29	65.03%	6.60	62.75%	Strength	High Confidence
Race: Asked but No Answer	KF	56	34	60.71%	56.52%	4.19	65.03%	-2.04	62.75%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	58.54%	NR	65.03%	NR	62.75%	-	High Confidence
Race: Asked but No Answer	UPMC	N/A	N/A	N/A	N/A	NR	65.03%	NR	62.75%	-	High Confidence
Race: Black or African American	ACP	66	29	43.94%	51.72%	-7.78	57.36%	-16.33	60.27%	Opportunity	High Confidence
Race: Black or African American	KF	259	155	59.85%	62.69%	-2.84	57.36%	-0.42	60.27%	-	High Confidence
Race: Black or African American	PHW	182	116	63.74%	64.84%	-1.10	57.36%	3.47	60.27%	Strength	High Confidence
Race: Black or African American	UPMC	84	52	61.90%	53.42%	8.48	57.36%	1.63	60.27%	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	N/A	N/A	N/A	61.54%	NR	61.76%	NR	61.76%	-	High Confidence
Race: Unknown	KF	N/A	N/A	N/A	63.64%	NR	61.76%	NR	61.76%	-	High Confidence
Race: Unknown	PHW	34	21	61.76%	N/A	NR	61.76%	0.00	61.76%	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	61.76%	NR	61.76%	-	High Confidence
Race: White	ACP	174	106	60.92%	57.78%	3.14	58.20%	-3.27	64.19%	Opportunity	High Confidence
Race: White	KF	60	30	50.00%	69.44%	-19.44	58.20%	-14.19	64.19%	Opportunity	High Confidence
Race: White	PHW	163	87	53.37%	52.69%	0.68	58.20%	-10.82	64.19%	Opportunity	High Confidence
Race: White	UPMC	270	185	68.52%	65.31%	3.21	58.20%	4.33	64.19%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 76: Race and Ethnicity Breakout for Hemoglobin A1c Control for Patients With Diabetes, Poor HbA1c Control**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	113	26	23.01%	31.01%	-8	28.57%	-4.21	27.22%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	KF	70	19	27.14%	27.66%	-0.52	28.57%	-0.08	27.22%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	45	16	35.56%	28.85%	6.71	28.57%	8.34	27.22%	Strength	High Confidence
Ethnicity: Hispanic or Latino	UPMC	N/A	N/A	N/A	33.33%	NR	28.57%	NR	27.22%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	291	93	31.96%	31.50%	0.46	29.30%	4.15	27.81%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	KF	334	105	31.44%	25.97%	5.47	29.30%	3.63	27.81%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	366	107	29.23%	33.43%	-4.20	29.30%	1.42	27.81%	-	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	391	96	24.55%	25.06%	-0.51	29.30%	-3.26	27.81%	Opportunity	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: American Indian or Alaska Native	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	ACP	100	17	17.00%	27.96%	-10.96	20.64%	-5.39	22.39%	Opportunity	High Confidence
Race: Asian	KF	N/A	N/A	N/A	N/A	NR	20.64%	NR	22.39%		High Confidence
Race: Asian	PHW	N/A	N/A	N/A	N/A	NR	20.64%	NR	22.39%	-	High Confidence
Race: Asian	UPMC	34	13	38.24%	N/A	NR	20.64%	15.85	22.39%	Strength	High Confidence
Race: Asked but No Answer	ACP	62	14	22.58%	29.03%	-6.45	24.69%	-3.22	25.80%	Opportunity	High Confidence
Race: Asked but No Answer	KF	56	15	26.79%	26.09%	0.70	24.69%	0.99	25.80%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	26.83%	NR	24.69%	NR	25.80%	-	High Confidence
Race: Asked but No Answer	UPMC	N/A	N/A	N/A	22.22%	NR	24.69%	NR	25.80%	-	High Confidence
Race: Black or African American	ACP	66	33	50.00%	37.93%	12.07	33.53%	19.84	30.16%	Strength	High Confidence
Race: Black or African American	KF	259	82	31.66%	29.62%	2.04	33.53%	1.50	30.16%	-	High Confidence
Race: Black or African American	PHW	182	50	27.47%	31.87%	-4.40	33.53%	-2.69	30.16%	-	High Confidence
Race: Black or African American	UPMC	84	21	25.00%	38.36%	-13.36	33.53%	-5.16	30.16%	Opportunity	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	N/A	N/A	N/A	N/A	NR	26.47%	NR	26.47%	-	High Confidence
Race: Unknown	KF	N/A	N/A	N/A	N/A	NR	26.47%	NR	26.47%	-	High Confidence
Race: Unknown	PHW	34	9	26.47%	N/A	NR	26.47%	0.00	26.47%	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	26.47%	NR	26.47%	-	High Confidence
Race: White	ACP	174	53	30.46%	31.67%	-1.21	32.76%	3.13	27.33%	Strength	High Confidence
Race: White	KF	60	25	41.67%	23.61%	18.06	32.76%	14.34	27.33%	Strength	High Confidence
Race: White	PHW	163	58	35.58%	37.72%	-2.14	32.76%	8.25	27.33%	Strength	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: White	UPMC	270	63	23.33%	22.79%	0.54	32.76%	-4.00	27.33%	Opportunity	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 77** displays this year’s performance measure findings for the Kidney Health Evaluation for Patients With Diabetes measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 77: Kidney Health Evaluation for Patients With Diabetes**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	1,542	676	43.84%	39.80%	4.04	44.97%	-2.84	46.68%	-	High Confidence
Ages 18-64 years	KF	5,854	2,585	44.16%	41.31%	2.85	44.97%	-2.52	46.68%	-	High Confidence
Ages 18-64 years	PHW	1,627	666	40.93%	33.51%	7.42	44.97%	-5.75	46.68%	Opportunity	High Confidence
Ages 18-64 years	UPMC	6,709	3,417	50.93%	45.51%	5.42	44.97%	4.25	46.68%	Strength	High Confidence
Ages 65-74 years	ACP	312	182	58.33%	48.68%	9.65	55.13%	0.92	57.41%	-	High Confidence
Ages 65-74 years	KF	1,620	907	55.99%	54.52%	1.47	55.13%	-1.42	57.41%	-	High Confidence
Ages 65-74 years	PHW	532	245	46.05%	40.98%	5.07	55.13%	-11.36	57.41%	Opportunity	High Confidence
Ages 65-74 years	UPMC	2,972	1,787	60.13%	53.00%	7.13	55.13%	2.72	57.41%	-	High Confidence
Ages 75-85 years	ACP	131	67	51.15%	45.54%	5.61	53.56%	-5.62	56.77%	Opportunity	High Confidence
Ages 75-85 years	KF	612	369	60.29%	55.60%	4.69	53.56%	3.52	56.77%	Strength	High Confidence
Ages 75-85 years	PHW	193	87	45.08%	51.81%	-6.73	53.56%	-11.69	56.77%	Opportunity	High Confidence
Ages 75-85 years	UPMC	889	513	57.71%	49.06%	8.65	53.56%	0.94	56.77%	-	High Confidence
Total (All Ages)	ACP	1,985	925	46.60%	41.49%	5.11	47.72%	-3.42	50.02%	Opportunity	High Confidence
Total (All Ages)	KF	8,086	3,861	47.75%	45.08%	2.67	47.72%	-2.27	50.02%	-	High Confidence
Total (All Ages)	PHW	2,352	998	42.43%	36.33%	6.10	47.72%	-7.59	50.02%	Opportunity	High Confidence
Total (All Ages)	UPMC	10,570	5,717	54.09%	47.85%	6.24	47.72%	4.07	50.02%	Strength	High Confidence

**Table 78** displays this year’s performance measure findings for the Statin Therapy for Patients With Diabetes measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 78: Statin Therapy for Patients With Diabetes**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Received Statin Therapy, Ages 40-75 years	ACP	944	751	79.56%	78.25%	1.31	79.19%	0.35	79.21%	-	High Confidence
Received Statin Therapy, Ages 40-75 years	KF	4,460	3,573	80.11%	80.41%	-0.30	79.19%	0.90	79.21%	-	High Confidence
Received Statin Therapy, Ages 40-75 years	PHW	1,366	1,072	78.48%	77.34%	1.14	79.19%	-0.73	79.21%	-	High Confidence
Received Statin Therapy, Ages 40-75 years	UPMC	5,762	4,530	78.62%	77.94%	0.68	79.19%	-0.59	79.21%	-	High Confidence
Statin Adherence 80%, Ages 40-75 years	ACP	751	630	83.89%	82.76%	1.13	83.82%	-0.37	84.26%	-	High Confidence
Statin Adherence 80%, Ages 40-75 years	KF	3,573	2,865	80.18%	79.17%	1.01	83.82%	-4.08	84.26%	Opportunity	High Confidence
Statin Adherence 80%, Ages 40-75 years	PHW	1,072	895	83.49%	84.64%	-1.15	83.82%	-0.77	84.26%	-	High Confidence
Statin Adherence 80%, Ages 40-75 years	UPMC	4,530	3,974	87.73%	87.30%	0.43	83.82%	3.47	84.26%	Strength	High Confidence

**Electronic Clinical Data Systems**

**Table 79** displays this year’s performance measure findings for the Adult Immunization Status measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure. **Table 80** displays the race and ethnicity breakout for the Td/Tdap rate. **Table 81** displays the race and ethnicity breakout for the Influenza rate. **Table 82** displays the race and ethnicity breakout for the Pneumococcal rate. **Table 83** displays the race and ethnicity breakout for the Zoster rate.

**Table 79: Adult Immunization Status**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Td/Tdap, Ages 19-65 years	ACP	4,550	2,208	48.53%	42.91%	5.62	39.70%	6.94	41.59%	Strength	High Confidence
Td/Tdap, Ages 19-65 years	KF	18,450	6,854	37.15%	30.73%	6.42	39.70%	-4.44	41.59%	Opportunity	High Confidence
Td/Tdap, Ages 19-65 years	PHW	5,989	1,527	25.50%	13.60%	11.90	39.70%	-16.09	41.59%	Opportunity	High Confidence
Td/Tdap, Ages 19-65 years	UPMC	24,802	11,810	47.62%	45.45%	2.17	39.70%	6.03	41.59%	Strength	High Confidence
Td/Tdap, Ages 66+ years	ACP	1,230	508	41.30%	NA	NR	32.39%	5.99	35.31%	Strength	High Confidence
Td/Tdap, Ages 66+ years	KF	6,320	1,868	29.56%	NA	NR	32.39%	-5.75	35.31%	Opportunity	High Confidence
Td/Tdap, Ages 66+ years	PHW	2,541	462	18.18%	NA	NR	32.39%	-17.13	35.31%	Opportunity	High Confidence
Td/Tdap, Ages 66+ years	UPMC	13,661	5,537	40.53%	NA	NR	32.39%	5.22	35.31%	Strength	High Confidence
Td/Tdap, Total	ACP	5,780	2,716	46.99%	NA	NR	37.66%	7.33	39.66%	Strength	High Confidence
Td/Tdap, Total	KF	24,770	8,722	35.21%	NA	NR	37.66%	-4.45	39.66%	Opportunity	High Confidence
Td/Tdap, Total	PHW	8,530	1,989	23.32%	NA	NR	37.66%	-16.34	39.66%	Opportunity	High Confidence
Td/Tdap, Total	UPMC	38,463	17,347	45.10%	NA	NR	37.66%	5.44	39.66%	Strength	High Confidence
Influenza, Ages 19-65 years	ACP	4,550	1,913	42.04%	42.88%	-0.84	36.43%	5.41	36.63%	Strength	High Confidence
Influenza, Ages 19-65 years	KF	18,450	6,130	33.22%	32.31%	0.91	36.43%	-3.41	36.63%	Opportunity	High Confidence
Influenza, Ages 19-65 years	PHW	5,989	1,847	30.84%	16.32%	14.52	36.43%	-5.79	36.63%	Opportunity	High Confidence
Influenza, Ages 19-65 years	UPMC	24,802	9,821	39.60%	39.61%	-0.01	36.43%	2.97	36.63%	-	High Confidence
Influenza, Ages 66+ years	ACP	1,230	652	53.01%	NA	NR	51.28%	0.31	52.70%	-	High Confidence
Influenza, Ages 66+ years	KF	6,320	3,426	54.21%	NA	NR	51.28%	1.51	52.70%	-	High Confidence
Influenza, Ages 66+ years	PHW	2,541	1,128	44.39%	NA	NR	51.28%	-8.31	52.70%	Opportunity	High Confidence
Influenza, Ages 66+ years	UPMC	13,661	7,311	53.52%	NA	NR	51.28%	0.82	52.70%	-	High Confidence
Influenza, Total	ACP	5,780	2,565	44.38%	NA	NR	40.60%	2.82	41.56%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Influenza, Total	KF	24,770	9,556	38.58%	NA	NR	40.60%	-2.98	41.56%	-	High Confidence
Influenza, Total	PHW	8,530	2,975	34.88%	NA	NR	40.60%	-6.68	41.56%	Opportunity	High Confidence
Influenza, Total	UPMC	38,463	17,132	44.54%	NA	NR	40.60%	2.98	41.56%	-	High Confidence
Pneumococcal, Ages 66+ years	ACP	1,230	866	70.41%	NA	NR	63.71%	5.73	64.68%	Strength	High Confidence
Pneumococcal, Ages 66+ years	KF	6,320	3,503	55.43%	NA	NR	63.71%	-9.25	64.68%	Opportunity	High Confidence
Pneumococcal, Ages 66+ years	PHW	2,541	1,518	59.74%	NA	NR	63.71%	-4.94	64.68%	Opportunity	High Confidence
Pneumococcal, Ages 66+ years	UPMC	13,661	9,463	69.27%	NA	NR	63.71%	4.59	64.68%	Strength	High Confidence
Zoster, Ages 50-65 years	ACP	2,805	473	16.86%	12.40%	4.46	16.11%	0.11	16.75%	-	High Confidence
Zoster, Ages 50-65 years	KF	12,266	1,716	13.99%	11.85%	2.14	16.11%	-2.76	16.75%	-	High Confidence
Zoster, Ages 50-65 years	PHW	3,768	538	14.28%	2.74%	11.54	16.11%	-2.47	16.75%	-	High Confidence
Zoster, Ages 50-65 years	UPMC	16,811	3,247	19.31%	17.73%	1.58	16.11%	2.56	16.75%	-	High Confidence
Zoster, Ages 66+ years	ACP	1,230	253	20.57%	NA	NR	22.47%	-5.51	26.08%	Opportunity	High Confidence
Zoster, Ages 66+ years	KF	6,320	1,216	19.24%	NA	NR	22.47%	-6.84	26.08%	Opportunity	High Confidence
Zoster, Ages 66+ years	PHW	2,541	486	19.13%	NA	NR	22.47%	-6.95	26.08%	Opportunity	High Confidence
Zoster, Ages 66+ years	UPMC	13,661	4,228	30.95%	NA	NR	22.47%	4.87	26.08%	Strength	High Confidence
Zoster, Total	ACP	4,035	726	17.99%	NA	NR	18.63%	-2.49	20.48%	-	High Confidence
Zoster, Total	KF	18,586	2,932	15.78%	NA	NR	18.63%	-4.70	20.48%	Opportunity	High Confidence
Zoster, Total	PHW	6,309	1,024	16.23%	NA	NR	18.63%	-4.25	20.48%	Opportunity	High Confidence
Zoster, Total	UPMC	30,472	7,475	24.53%	NA	NR	18.63%	4.05	20.48%	Strength	High Confidence

NA: not available; the measure is new for measurement year (MY) 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 80: Race and Ethnicity Breakout for Adult Immunization Status, Td/Tdap**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	32.94%	NR	32.94%	-	High Confidence
Ethnicity: Asked but No Answer	KF	85	28	32.94%	NA	NR	32.94%	0.00	32.94%	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	32.94%	NR	32.94%	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	32.94%	NR	32.94%	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	1,517	752	49.57%	NA	NR	39.20%	10.19	39.38%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	3,668	1,361	37.10%	NA	NR	39.20%	-2.28	39.38%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	877	247	28.16%	NA	NR	39.20%	-11.22	39.38%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	UPMC	1,161	487	41.95%	NA	NR	39.20%	2.57	39.38%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	4,124	1,896	45.97%	NA	NR	37.22%	6.23	39.74%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	KF	20,375	7,123	34.96%	NA	NR	37.22%	-4.78	39.74%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	7,653	1,742	22.76%	NA	NR	37.22%	-16.98	39.74%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	37,295	16,858	45.20%	NA	NR	37.22%	5.46	39.74%	Strength	High Confidence
Ethnicity: Unknown	ACP	127	62	48.82%	NA	NR	40.77%	13.45	35.37%	Strength	High Confidence
Ethnicity: Unknown	KF	642	210	32.71%	NA	NR	40.77%	-2.66	35.37%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	40.77%	NR	35.37%	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	40.77%	NR	35.37%	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: American Indian or Alaska Native	KF	127	48	37.80%	NA	NR	34.93%	-1.95	39.75%	-	High Confidence
Race: American Indian or Alaska Native	PHW	34	5	14.71%	NA	NR	34.93%	-25.04	39.75%	Opportunity	High Confidence
Race: American Indian or Alaska Native	UPMC	88	46	52.27%	NA	NR	34.93%	12.52	39.75%	Strength	High Confidence
Race: Asian	ACP	1,122	533	47.50%	NA	NR	36.60%	9.06	38.44%	Strength	High Confidence
Race: Asian	KF	1,789	454	25.38%	NA	NR	36.60%	-13.06	38.44%	Opportunity	High Confidence
Race: Asian	PHW	380	99	26.05%	NA	NR	36.60%	-12.39	38.44%	Opportunity	High Confidence
Race: Asian	UPMC	2,003	951	47.48%	NA	NR	36.60%	9.04	38.44%	Strength	High Confidence
Race: Asked but No Answer	ACP	954	433	45.39%	NA	NR	41.25%	5.71	39.68%	Strength	High Confidence
Race: Asked but No Answer	KF	2,629	909	34.58%	NA	NR	41.25%	-5.10	39.68%	Opportunity	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	41.25%	NR	39.68%	-	High Confidence
Race: Asked but No Answer	UPMC	1,935	847	43.77%	NA	NR	41.25%	4.09	39.68%	Strength	High Confidence
Race: Black or African American	ACP	777	368	47.36%	NA	NR	39.57%	8.92	38.44%	Strength	High Confidence
Race: Black or African American	KF	15,170	5,574	36.74%	NA	NR	39.57%	-1.70	38.44%	-	High Confidence
Race: Black or African American	PHW	3,245	875	26.96%	NA	NR	39.57%	-11.48	38.44%	Opportunity	High Confidence
Race: Black or African American	UPMC	6,436	3,039	47.22%	NA	NR	39.57%	8.78	38.44%	Strength	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	41.50%	NR	40.99%	-	High Confidence
Race: Some Other Race	KF	55	17	30.91%	NA	NR	41.50%	-10.08	40.99%	Opportunity	High Confidence
Race: Some Other Race	PHW	48	25	52.08%	NA	NR	41.50%	11.09	40.99%	Strength	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	41.50%	NR	40.99%	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	219	104	47.49%	NA	NR	34.04%	17.83	29.66%	Strength	High Confidence
Race: Unknown	KF	650	226	34.77%	NA	NR	34.04%	5.11	29.66%	Strength	High Confidence
Race: Unknown	PHW	720	143	19.86%	NA	NR	34.04%	-9.80	29.66%	Opportunity	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	34.04%	NR	29.66%	-	High Confidence
Race: White	ACP	2,667	1,253	46.98%	NA	NR	36.59%	5.98	41.00%	Strength	High Confidence
Race: White	KF	4,337	1,491	34.38%	NA	NR	36.59%	-6.62	41.00%	Opportunity	High Confidence
Race: White	PHW	4,086	837	20.48%	NA	NR	36.59%	-20.52	41.00%	Opportunity	High Confidence
Race: White	UPMC	28,001	12,464	44.51%	NA	NR	36.59%	3.51	41.00%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 81: Race and Ethnicity Breakout for Adult Immunization Status, Influenza**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	37.65%	NR	37.65%	-	High Confidence
Ethnicity: Asked but No Answer	KF	85	32	37.65%	NA	NR	37.65%	0.00	37.65%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	37.65%	NR	37.65%	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	37.65%	NR	37.65%	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	1,517	721	47.53%	NA	NR	40.37%	7.19	40.34%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	3,668	1,430	38.99%	NA	NR	40.37%	-1.35	40.34%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	877	331	37.74%	NA	NR	40.37%	-2.60	40.34%	-	High Confidence
Ethnicity: Hispanic or Latino	UPMC	1,161	432	37.21%	NA	NR	40.37%	-3.13	40.34%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	4,124	1,787	43.33%	NA	NR	40.28%	1.62	41.71%	-	High Confidence
Ethnicity: Not Hispanic or Latino	KF	20,375	7,840	38.48%	NA	NR	40.28%	-3.23	41.71%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	7,653	2,644	34.55%	NA	NR	40.28%	-7.16	41.71%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	37,295	16,697	44.77%	NA	NR	40.28%	3.06	41.71%	Strength	High Confidence
Ethnicity: Unknown	ACP	127	53	41.73%	NA	NR	40.65%	1.81	39.92%	-	High Confidence
Ethnicity: Unknown	KF	642	254	39.56%	NA	NR	40.65%	-0.36	39.92%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	40.65%	NR	39.92%	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	40.65%	NR	39.92%	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	41.75%	NR	41.73%	-	High Confidence
Race: American Indian or Alaska Native	KF	127	47	37.01%	NA	NR	41.75%	-4.72	41.73%	Opportunity	High Confidence
Race: American Indian or Alaska Native	PHW	34	13	38.24%	NA	NR	41.75%	-3.49	41.73%	Opportunity	High Confidence
Race: American Indian or Alaska Native	UPMC	88	44	50.00%	NA	NR	41.75%	8.27	41.73%	Strength	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Asian	ACP	1,122	642	57.22%	NA	NR	58.40%	-2.31	59.53%	-	High Confidence
Race: Asian	KF	1,789	1,124	62.83%	NA	NR	58.40%	3.30	59.53%	Strength	High Confidence
Race: Asian	PHW	380	208	54.74%	NA	NR	58.40%	-4.79	59.53%	Opportunity	High Confidence
Race: Asian	UPMC	2,003	1,178	58.81%	NA	NR	58.40%	-0.72	59.53%	-	High Confidence
Race: Asked but No Answer	ACP	954	428	44.86%	NA	NR	41.60%	4.39	40.47%	Strength	High Confidence
Race: Asked but No Answer	KF	2,629	978	37.20%	NA	NR	41.60%	-3.27	40.47%	Opportunity	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	41.60%	NR	40.47%	-	High Confidence
Race: Asked but No Answer	UPMC	1,935	827	42.74%	NA	NR	41.60%	2.27	40.47%	-	High Confidence
Race: Black or African American	ACP	777	287	36.94%	NA	NR	35.69%	1.34	35.60%	-	High Confidence
Race: Black or African American	KF	15,170	5,312	35.02%	NA	NR	35.69%	-0.58	35.60%	-	High Confidence
Race: Black or African American	PHW	3,245	1,050	32.36%	NA	NR	35.69%	-3.24	35.60%	Opportunity	High Confidence
Race: Black or African American	UPMC	6,436	2,474	38.44%	NA	NR	35.69%	2.84	35.60%	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	43.03%	NR	43.49%	-	High Confidence
Race: Some Other Race	KF	55	29	52.73%	NA	NR	43.03%	9.24	43.49%	Strength	High Confidence
Race: Some Other Race	PHW	48	16	33.33%	NA	NR	43.03%	-10.16	43.49%	Opportunity	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	43.03%	NR	43.49%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	219	101	46.12%	NA	NR	41.06%	6.70	39.42%	Strength	High Confidence
Race: Unknown	KF	650	269	41.38%	NA	NR	41.06%	1.96	39.42%	-	High Confidence
Race: Unknown	PHW	720	257	35.69%	NA	NR	41.06%	-3.73	39.42%	Opportunity	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	41.06%	NR	39.42%	-	High Confidence
Race: White	ACP	2,667	1,081	40.53%	NA	NR	40.43%	-2.70	43.23%	-	High Confidence
Race: White	KF	4,337	1,792	41.32%	NA	NR	40.43%	-1.91	43.23%	-	High Confidence
Race: White	PHW	4,086	1,423	34.83%	NA	NR	40.43%	-8.40	43.23%	Opportunity	High Confidence
Race: White	UPMC	28,001	12,609	45.03%	NA	NR	40.43%	1.80	43.23%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 82: Race and Ethnicity – Adult Immunization Status, Pneumococcal**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	66.67%	NR	66.67%	-	High Confidence
Ethnicity: Asked but No Answer	KF	39	26	66.67%	NA	NR	66.67%	0.00	66.67%	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	66.67%	NR	66.67%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	66.67%	NR	66.67%	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	469	342	72.92%	NA	NR	64.50%	10.05	62.87%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	723	391	54.08%	NA	NR	64.50%	-8.79	62.87%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	PHW	313	199	63.58%	NA	NR	64.50%	0.71	62.87%	-	High Confidence
Ethnicity: Hispanic or Latino	UPMC	307	207	67.43%	NA	NR	64.50%	4.56	62.87%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	720	493	68.47%	NA	NR	63.14%	3.50	64.97%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	KF	5,198	2,890	55.60%	NA	NR	63.14%	-9.37	64.97%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	2,228	1,319	59.20%	NA	NR	63.14%	-5.77	64.97%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	13,349	9,251	69.30%	NA	NR	63.14%	4.33	64.97%	Strength	High Confidence
Ethnicity: Unknown	ACP	40	30	75.00%	NA	NR	64.72%	18.50	56.50%	Strength	High Confidence
Ethnicity: Unknown	KF	360	196	54.44%	NA	NR	64.72%	-2.06	56.50%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	68.29%	NR	68.29%	-	High Confidence
Race: American Indian or Alaska Native	KF	41	28	68.29%	NA	NR	68.29%	0.00	68.29%	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	NA	NR	68.29%	NR	68.29%	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	NA	NR	68.29%	NR	68.29%	-	High Confidence
Race: Asian	ACP	170	128	75.29%	NA	NR	68.98%	13.52	61.77%	Strength	High Confidence
Race: Asian	KF	1,168	612	52.40%	NA	NR	68.98%	-9.37	61.77%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Asian	PHW	184	138	75.00%	NA	NR	68.98%	13.23	61.77%	Strength	High Confidence
Race: Asian	UPMC	538	394	73.23%	NA	NR	68.98%	11.46	61.77%	Strength	High Confidence
Race: Asked but No Answer	ACP	303	209	68.98%	NA	NR	61.31%	7.70	61.28%	Strength	High Confidence
Race: Asked but No Answer	KF	484	229	47.31%	NA	NR	61.31%	-13.97	61.28%	Opportunity	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	61.31%	NR	61.28%	-	High Confidence
Race: Asked but No Answer	UPMC	677	458	67.65%	NA	NR	61.31%	6.37	61.28%	Strength	High Confidence
Race: Black or African American	ACP	126	92	73.02%	NA	NR	66.89%	9.30	63.72%	Strength	High Confidence
Race: Black or African American	KF	2,975	1,737	58.39%	NA	NR	66.89%	-5.33	63.72%	Opportunity	High Confidence
Race: Black or African American	PHW	735	474	64.49%	NA	NR	66.89%	0.77	63.72%	-	High Confidence
Race: Black or African American	UPMC	1,749	1,253	71.64%	NA	NR	66.89%	7.92	63.72%	Strength	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	63.41%	NR	63.41%	-	High Confidence
Race: Some Other Race	KF	41	26	63.41%	NA	NR	63.41%	0.00	63.41%	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	NA	NR	63.41%	NR	63.41%	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	63.41%	NR	63.41%	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	57	40	70.18%	NA	NR	59.07%	15.13	55.05%	Strength	High Confidence
Race: Unknown	KF	280	145	51.79%	NA	NR	59.07%	-3.26	55.05%	Opportunity	High Confidence
Race: Unknown	PHW	277	153	55.23%	NA	NR	59.07%	0.18	55.05%	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	59.07%	NR	55.05%	-	High Confidence
Race: White	ACP	557	382	68.58%	NA	NR	61.88%	2.37	66.21%	-	High Confidence
Race: White	KF	1,328	724	54.52%	NA	NR	61.88%	-11.69	66.21%	Opportunity	High Confidence
Race: White	PHW	1,309	728	55.61%	NA	NR	61.88%	-10.60	66.21%	Opportunity	High Confidence
Race: White	UPMC	10,675	7,344	68.80%	NA	NR	61.88%	2.59	66.21%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 83: Race and Ethnicity – Adult Immunization Status, Zoster**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	20.27%	NR	20.27%	-	High Confidence
Ethnicity: Asked but No Answer	KF	74	15	20.27%	NA	NR	20.27%	0.00	20.27%	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	20.27%	NR	20.27%	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	20.27%	NR	20.27%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Hispanic or Latino	ACP	1,073	249	23.21%	NA	NR	19.66%	3.89	19.32%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	2,540	457	17.99%	NA	NR	19.66%	-1.33	19.32%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	647	117	18.08%	NA	NR	19.66%	-1.24	19.32%	-	High Confidence
Ethnicity: Hispanic or Latino	UPMC	817	158	19.34%	NA	NR	19.66%	0.02	19.32%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	2,872	459	15.98%	NA	NR	18.01%	-4.64	20.62%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	KF	15,446	2,372	15.36%	NA	NR	18.01%	-5.26	20.62%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	5,662	907	16.02%	NA	NR	18.01%	-4.60	20.62%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	29,648	7,315	24.67%	NA	NR	18.01%	4.05	20.62%	Strength	High Confidence
Ethnicity: Unknown	ACP	83	16	19.28%	NA	NR	18.01%	2.20	17.08%	-	High Confidence
Ethnicity: Unknown	KF	526	88	16.73%	NA	NR	18.01%	-0.35	17.08%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	20.91%	NR	20.37%	-	High Confidence
Race: American Indian or Alaska Native	KF	92	17	18.48%	NA	NR	20.91%	-1.89	20.37%	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	NA	NR	20.91%	NR	20.37%	-	High Confidence
Race: American Indian or Alaska Native	UPMC	60	14	23.33%	NA	NR	20.91%	2.96	20.37%	-	High Confidence
Race: Asian	ACP	876	87	9.93%	NA	NR	16.09%	-6.28	16.21%	Opportunity	High Confidence
Race: Asian	KF	1,644	330	20.07%	NA	NR	16.09%	3.86	16.21%	Strength	High Confidence
Race: Asian	PHW	326	63	19.33%	NA	NR	16.09%	3.12	16.21%	Strength	High Confidence
Race: Asian	UPMC	1,592	239	15.01%	NA	NR	16.09%	-1.20	16.21%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Asked but No Answer	ACP	690	133	19.28%	NA	NR	18.46%	1.20	18.08%	-	High Confidence
Race: Asked but No Answer	KF	1,826	286	15.66%	NA	NR	18.46%	-2.42	18.08%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	18.46%	NR	18.08%	-	High Confidence
Race: Asked but No Answer	UPMC	1,506	308	20.45%	NA	NR	18.46%	2.37	18.08%	-	High Confidence
Race: Black or African American	ACP	518	84	16.22%	NA	NR	17.89%	-1.14	17.36%	-	High Confidence
Race: Black or African American	KF	11,201	1,664	14.86%	NA	NR	17.89%	-2.50	17.36%	-	High Confidence
Race: Black or African American	PHW	2,374	412	17.35%	NA	NR	17.89%	-0.01	17.36%	-	High Confidence
Race: Black or African American	UPMC	4,899	1,133	23.13%	NA	NR	17.89%	5.77	17.36%	Strength	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	12.83%	NR	12.66%	-	High Confidence
Race: Some Other Race	KF	51	6	11.76%	NA	NR	12.83%	-0.90	12.66%	-	High Confidence
Race: Some Other Race	PHW	36	5	13.89%	NA	NR	12.83%	1.23	12.66%	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	12.83%	NR	12.66%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	139	32	23.02%	NA	NR	18.76%	5.71	17.31%	Strength	High Confidence
Race: Unknown	KF	487	87	17.86%	NA	NR	18.76%	0.55	17.31%	-	High Confidence
Race: Unknown	PHW	545	84	15.41%	NA	NR	18.76%	-1.90	17.31%	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	N/A	N/A	-	High Confidence
Race: White	ACP	1,777	381	21.44%	NA	NR	19.73%	-2.05	23.49%	-	High Confidence
Race: White	KF	3,277	539	16.45%	NA	NR	19.73%	-7.04	23.49%	Opportunity	High Confidence
Race: White	PHW	2,997	456	15.22%	NA	NR	19.73%	-8.27	23.49%	Opportunity	High Confidence
Race: White	UPMC	22,415	5,781	25.79%	NA	NR	19.73%	2.30	23.49%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 84** displays this year’s performance measure findings for the Breast Cancer Screening measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure. **Table 85** displays the race and ethnicity breakout for this measure.

**Table 84: Breast Cancer Screening**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 50-74 years	ACP	1,151	691	60.03%	NA	NR	60.13%	-2.63	62.66%	-	High Confidence
Ages 50-74 years	KF	6,425	4,089	63.64%	NA	NR	60.13%	0.98	62.66%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 50-74 years	PHW	2,053	1,078	52.51%	NA	NR	60.13%	-10.15	62.66%	Opportunity	High Confidence
Ages 50-74 years	UPMC	10,610	6,827	64.34%	NA	NR	60.13%	1.68	62.66%	-	High Confidence

NA: not available; the measure is new for measurement year (MY) 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 85: Race and Ethnicity Breakout for Breast Cancer Screening**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	285	213	74.74%	NA	NR	71.13%	3.55	71.19%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	995	705	70.85%	NA	NR	71.13%	-0.34	71.19%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	212	142	66.98%	NA	NR	71.13%	-4.21	71.19%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	UPMC	278	200	71.94%	NA	NR	71.13%	0.75	71.19%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	851	468	54.99%	NA	NR	58.07%	-6.86	61.85%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	KF	5,299	3,302	62.31%	NA	NR	58.07%	0.46	61.85%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Not Hispanic or Latino	PHW	1,841	936	50.84%	NA	NR	58.07%	-11.01	61.85%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	10,330	6,625	64.13%	NA	NR	58.07%	2.28	61.85%	-	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	NA	NR	62.83%	NR	62.83%	-	High Confidence
Ethnicity: Unknown	KF	113	71	62.83%	NA	NR	62.83%	0.00	62.83%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	62.83%	NR	62.83%	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	62.83%	NR	62.83%	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	65.79%	NR	65.79%	-	High Confidence
Race: American Indian or Alaska Native	KF	38	25	65.79%	NA	NR	65.79%	0.00	65.79%	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	NA	NR	65.79%	NR	65.79%	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	NA	NR	65.79%	NR	65.79%	-	High Confidence
Race: Asian	ACP	264	174	65.91%	NA	NR	63.18%	0.59	65.32%	-	High Confidence
Race: Asian	KF	329	224	68.09%	NA	NR	63.18%	2.77	65.32%	-	High Confidence
Race: Asian	PHW	92	49	53.26%	NA	NR	63.18%	-12.06	65.32%	Opportunity	High Confidence
Race: Asian	UPMC	495	324	65.45%	NA	NR	63.18%	0.13	65.32%	-	High Confidence
Race: Asked but No Answer	ACP	176	124	70.45%	NA	NR	70.34%	0.28	70.17%	-	High Confidence
Race: Asked but No Answer	KF	651	451	69.28%	NA	NR	70.34%	-0.89	70.17%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	70.34%	NR	70.17%	-	High Confidence
Race: Asked but No Answer	UPMC	439	313	71.30%	NA	NR	70.34%	1.13	70.17%	-	High Confidence
Race: Black or African American	ACP	144	82	56.94%	NA	NR	60.15%	-5.34	62.28%	Opportunity	High Confidence
Race: Black or African American	KF	4,212	2,640	62.68%	NA	NR	60.15%	0.40	62.28%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Black or African American	PHW	859	484	56.34%	NA	NR	60.15%	-5.94	62.28%	Opportunity	High Confidence
Race: Black or African American	UPMC	1,812	1,171	64.62%	NA	NR	60.15%	2.34	62.28%	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Unknown	ACP	38	29	76.32%	NA	NR	69.15%	10.15	66.17%	Strength	High Confidence
Race: Unknown	KF	103	73	70.87%	NA	NR	69.15%	4.70	66.17%	Strength	High Confidence
Race: Unknown	PHW	146	88	60.27%	NA	NR	69.15%	-5.90	66.17%	Opportunity	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	69.15%	NR	66.17%	-	High Confidence
Race: White	ACP	519	277	53.37%	NA	NR	56.56%	-8.24	61.61%	Opportunity	High Confidence
Race: White	KF	1,073	658	61.32%	NA	NR	56.56%	-0.29	61.61%	-	High Confidence
Race: White	PHW	929	443	47.69%	NA	NR	56.56%	-13.92	61.61%	Opportunity	High Confidence
Race: White	UPMC	7,841	5,006	63.84%	NA	NR	56.56%	2.23	61.61%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 86** displays this year’s performance measure findings for the Colorectal Cancer Screening measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure. **Table 87** displays the race and ethnicity breakout for this measure.

**Table 86: Colorectal Cancer Screening**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 46-50 years	ACP	292	97	33.22%	22.62%	10.60	34.87%	-4.56	37.78%	Opportunity	High Confidence
Ages 46-50 years	KF	1,345	450	33.46%	23.52%	9.94	34.87%	-4.32	37.78%	Opportunity	High Confidence
Ages 46-50 years	PHW	489	141	28.83%	NA	NR	34.87%	-8.95	37.78%	Opportunity	High Confidence
Ages 46-50 years	UPMC	1,867	821	43.97%	NA	NR	34.87%	6.19	37.78%	Strength	High Confidence
Ages 51-75 years	ACP	2,141	939	43.86%	35.48%	8.38	48.90%	-11.23	55.09%	Opportunity	High Confidence
Ages 51-75 years	KF	11,628	5,474	47.08%	41.98%	5.10	48.90%	-8.01	55.09%	Opportunity	High Confidence
Ages 51-75 years	PHW	4,178	1,690	40.45%	NA	NR	48.90%	-14.64	55.09%	Opportunity	High Confidence
Ages 51-75 years	UPMC	18,891	12,126	64.19%	NA	NR	48.90%	9.10	55.09%	Strength	High Confidence
Total (All Ages)	ACP	2,433	1,036	42.58%	34.20%	8.38	47.46%	-10.82	53.40%	Opportunity	High Confidence
Total (All Ages)	KF	12,973	5,924	45.66%	40.52%	5.14	47.46%	-7.74	53.40%	Opportunity	High Confidence
Total (All Ages)	PHW	4,667	1,831	39.23%	NA	NR	47.46%	-14.17	53.40%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Total (All Ages)	UPMC	20,758	12,947	62.37%	NA	NR	47.46%	8.97	53.40%	Strength	High Confidence

NA: not available; the measure is new for measurement year (MY) 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 87: Race and Ethnicity Breakout for Colorectal Cancer Screening**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	50.00%	NR	57.14%	NR	57.14%	-	High Confidence
Ethnicity: Asked but No Answer	KF	49	28	57.14%	50.98%	4.31	57.14%	0.00	57.14%	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	N/A	NR	57.14%	NR	57.14%	-	High Confidence
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	N/A	NR	57.14%	NR	57.14%	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	584	317	54.28%	42.11%	11.59	51.08%	4.16	50.09%	Strength	High Confidence
Ethnicity: Hispanic or Latino	KF	1,888	907	48.04%	39.65%	7.40	51.08%	-2.08	50.09%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	452	204	45.13%	N/A	NR	51.08%	-4.99	50.09%	Opportunity	High Confidence
Ethnicity: Hispanic or Latino	UPMC	540	307	56.85%	N/A	NR	51.08%	6.73	50.09%	Strength	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	1,797	695	38.65%	31.13%	7.09	46.22%	-15.06	53.56%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	KF	10,757	4,849	45.07%	40.52%	3.75	46.22%	-8.66	53.56%	Opportunity	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	4,212	1,627	38.60%	N/A	NR	46.22%	-15.14	53.56%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Not Hispanic or Latino	UPMC	20,215	12,638	62.52%	N/A	NR	46.22%	8.78	53.56%	Strength	High Confidence
Ethnicity: Unknown	ACP	46	23	50.00%	37.14%	12.86	50.09%	-0.15	50.15%	-	High Confidence
Ethnicity: Unknown	KF	279	140	50.18%	45.45%	4.36	50.09%	0.03	50.15%	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	N/A	NR	50.09%	NR	50.15%	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	50.09%	NR	50.15%	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	27.27%	NR	57.17%	NR	56.74%	-	High Confidence
Race: American Indian or Alaska Native	KF	69	37	53.62%	37.88%	13.91	57.17%	-3.18	56.74%	Opportunity	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	N/A	NR	57.17%	NR	56.74%	-	High Confidence
Race: American Indian or Alaska Native	UPMC	56	34	60.71%	N/A	NR	57.17%	3.91	56.74%	Strength	High Confidence
Race: Asian	ACP	547	223	40.77%	31.90%	8.74	47.92%	-10.04	50.77%	Opportunity	High Confidence
Race: Asian	KF	656	347	52.90%	51.16%	1.00	47.92%	2.09	50.77%	-	High Confidence
Race: Asian	PHW	186	78	41.94%	N/A	NR	47.92%	-8.87	50.77%	Opportunity	High Confidence
Race: Asian	UPMC	1,081	606	56.06%	N/A	NR	47.92%	5.25	50.77%	Strength	High Confidence
Race: Asked but No Answer	ACP	360	181	50.28%	36.73%	12.91	51.86%	-1.09	51.25%	-	High Confidence
Race: Asked but No Answer	KF	1,294	588	45.44%	40.07%	4.37	51.86%	-5.93	51.25%	Opportunity	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	N/A	NR	51.86%	NR	51.25%	-	High Confidence
Race: Asked but No Answer	UPMC	912	546	59.87%	N/A	NR	51.86%	8.50	51.25%	Strength	High Confidence
Race: Black or African American	ACP	346	135	39.02%	36.78%	2.05	44.82%	-7.86	46.82%	Opportunity	High Confidence
Race: Black or African American	KF	8,419	3,779	44.89%	39.73%	4.31	44.82%	-1.99	46.82%	-	High Confidence
Race: Black or African American	PHW	1,906	744	39.03%	N/A	NR	44.82%	-7.83	46.82%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Black or African American	UPMC	3,551	2,000	56.32%	N/A	NR	44.82%	9.44	46.82%	Strength	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	50.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	25.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	75.00%	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	68.75%	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	PHW	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	N/A	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	89	53	59.55%	48.44%	11.11	50.87%	11.67	47.87%	Strength	High Confidence
Race: Unknown	KF	298	152	51.01%	48.09%	2.70	50.87%	3.13	47.87%	Strength	High Confidence
Race: Unknown	PHW	340	143	42.06%	N/A	NR	50.87%	-5.82	47.87%	Opportunity	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	N/A	NR	50.87%	NR	47.87%	-	High Confidence
Race: White	ACP	1,070	428	39.96%	32.43%	6.86	47.01%	-18.44	58.33%	Opportunity	High Confidence
Race: White	KF	2,207	999	45.24%	39.34%	5.14	47.01%	-13.17	58.33%	Opportunity	High Confidence
Race: White	PHW	2,188	840	38.37%	N/A	NR	47.01%	-20.07	58.33%	Opportunity	High Confidence
Race: White	UPMC	15,158	9,761	64.40%	N/A	NR	47.01%	5.96	58.33%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 88** displays this year’s performance measure findings for the Cervical Cancer Screening measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 88: Cervical Cancer Screening**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 21-64 years	ACP	2,230	835	37.44%	NA	NR	42.56%	-8.37	45.81%	Opportunity	High Confidence
Ages 21-64 years	KF	8,756	4,286	48.95%	NA	NR	42.56%	3.14	45.81%	Strength	High Confidence
Ages 21-64 years	PHW	2,573	942	36.61%	NA	NR	42.56%	-9.20	45.81%	Opportunity	High Confidence
Ages 21-64 years	UPMC	9,791	4,626	47.25%	NA	NR	42.56%	1.44	45.81%	-	High Confidence

NA: not available; the measure is new for measurement year (MY) 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

***Long-Term Services and Supports***

**Table 89** displays this year’s performance measure findings for the Long-Term Services and Supports Comprehensive Assessment and Update measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 89: Long-Term Services and Supports Comprehensive Assessment and Update**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Assessment of Supplemental Elements	ACP	96	92	95.83%	94.79%	1.04	95.84%	0.40	95.43%	-	High Confidence
Assessment of Supplemental Elements	KF	96	88	91.67%	89.58%	2.09	95.84%	-3.76	95.43%	Opportunity	High Confidence
Assessment of Supplemental Elements	PHW	96	94	97.92%	86.46%	11.46	95.84%	2.49	95.43%	-	High Confidence
Assessment of Supplemental Elements	UPMC	96	94	97.92%	96.88%	1.04	95.84%	2.49	95.43%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Care Plan with Core Elements Documented	ACP	96	92	95.83%	95.83%	0.00	96.36%	-0.32	96.15%	-	High Confidence
Care Plan with Core Elements Documented	KF	96	90	93.75%	89.58%	4.17	96.36%	-2.40	96.15%	-	High Confidence
Care Plan with Core Elements Documented	PHW	96	94	97.92%	86.46%	11.46	96.36%	1.77	96.15%	-	High Confidence
Care Plan with Core Elements Documented	UPMC	96	94	97.92%	96.88%	1.04	96.36%	1.77	96.15%	-	High Confidence

**Table 90** displays this year’s performance measure findings for the Long-Term Services and Supports Comprehensive Care Plan and Update measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 90: Long-Term Services and Supports Comprehensive Care Plan and Update**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Assessment of Supplemental Elements	ACP	96	94	97.92%	94.79%	3.13	95.83%	2.43	95.49%	-	High Confidence
Assessment of Supplemental Elements	KF	96	91	94.79%	89.58%	5.21	95.83%	-0.70	95.49%	-	High Confidence
Assessment of Supplemental Elements	PHW	96	92	95.83%	80.21%	15.62	95.83%	0.34	95.49%	-	High Confidence
Assessment of Supplemental Elements	UPMC	96	91	94.79%	76.04%	18.75	95.83%	-0.70	95.49%	-	High Confidence
Care Plan with Core Elements Documented	ACP	96	94	97.92%	94.79%	3.13	95.83%	2.43	95.49%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Care Plan with Core Elements Documented	KF	96	91	94.79%	89.58%	5.21	95.83%	-0.70	95.49%	-	High Confidence
Care Plan with Core Elements Documented	PHW	96	92	95.83%	80.21%	15.62	95.83%	0.34	95.49%	-	High Confidence
Care Plan with Core Elements Documented	UPMC	96	91	94.79%	76.04%	18.75	95.83%	-0.70	95.49%	-	High Confidence

**Table 91** displays this year’s performance measure findings for the Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 91: Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Reassessment After Inpatient Discharge	ACP	96	37	38.54%	30.21%	8.33	50.78%	-12.96	51.50%	Opportunity	High Confidence
Reassessment After Inpatient Discharge	KF	96	37	38.54%	40.63%	-2.09	50.78%	-12.96	51.50%	Opportunity	High Confidence
Reassessment After Inpatient Discharge	PHW	96	65	67.71%	61.46%	6.25	50.78%	16.21	51.50%	Strength	High Confidence
Reassessment After Inpatient Discharge	UPMC	96	56	58.33%	55.21%	3.12	50.78%	6.83	51.50%	Strength	Moderate Confidence
Reassessment and Care Plan Update After Inpatient Discharge	ACP	96	35	36.46%	30.21%	6.25	42.45%	2.47	33.99%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Reassessment and Care Plan Update After Inpatient Discharge	KF	96	37	38.54%	39.58%	-1.04	42.45%	4.55	33.99%	Strength	High Confidence
Reassessment and Care Plan Update After Inpatient Discharge	PHW	96	64	66.67%	57.29%	9.38	42.45%	32.68	33.99%	Strength	High Confidence
Reassessment and Care Plan Update After Inpatient Discharge	UPMC	96	27	28.13%	37.50%	-9.37	42.45%	-5.86	33.99%	Opportunity	Moderate Confidence

**Table 92** displays this year’s performance measure findings for the Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 92: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Shared Care Plan with Primary Care Practitioner	ACP	96	66	68.75%	81.25%	-12.50	72.40%	-1.44	70.19%	-	High Confidence
Shared Care Plan with Primary Care Practitioner	KF	96	54	56.25%	53.13%	3.12	72.40%	-13.94	70.19%	Opportunity	High Confidence
Shared Care Plan with Primary Care Practitioner	PHW	96	89	92.71%	69.79%	22.92	72.40%	22.52	70.19%	Strength	High Confidence
Shared Care Plan with Primary Care Practitioner	UPMC	96	69	71.88%	64.58%	7.30	72.40%	1.69	70.19%	-	High Confidence

**Overuse/Appropriateness**

**Table 93** displays this year’s performance measure findings for the Use of Imaging Studies for Low Back Pain measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 93: Use of Imaging Studies for Low Back Pain**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	164	47	71.34%	75.83%	-4.49	73.02%	-3.25	74.59%	Opportunity	High Confidence
Ages 18-64 years	KF	596	115	80.70%	81.17%	-0.47	73.02%	6.11	74.59%	Strength	High Confidence
Ages 18-64 years	PHW	160	50	68.75%	77.60%	-8.85	73.02%	-5.84	74.59%	Opportunity	High Confidence
Ages 18-64 years	UPMC	662	190	71.30%	73.76%	-2.46	73.02%	-3.29	74.59%	Opportunity	High Confidence
Ages 65-75 years	ACP	N/A	N/A	N/A	N/A	NR	75.44%	NR	76.64%	-	High Confidence
Ages 65-75 years	KF	126	27	78.57%	82.20%	-3.63	75.44%	1.93	76.64%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 65-75 years	PHW	35	10	71.43%	82.35%	-10.92	75.44%	-5.21	76.64%	Opportunity	High Confidence
Ages 65-75 years	UPMC	190	45	76.32%	72.68%	3.64	75.44%	-0.32	76.64%	-	High Confidence
Total (All Ages)	ACP	192	56	70.83%	75.71%	-4.88	73.20%	-4.03	74.86%	Opportunity	High Confidence
Total (All Ages)	KF	722	142	80.33%	81.35%	-1.02	73.20%	5.47	74.86%	Strength	High Confidence
Total (All Ages)	PHW	195	60	69.23%	78.34%	-9.11	73.20%	-5.63	74.86%	Opportunity	High Confidence
Total (All Ages)	UPMC	852	235	72.42%	73.49%	-1.07	73.20%	-2.44	74.86%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 94** displays this year’s performance measure findings for the Use of Opioids at High Dosage measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 94: Use of Opioids at High Dosage**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Age 18+ years	ACP	415	26	6.27%	11.49%	-5.22	9.61%	-2.97	9.24%	-	High Confidence
Age 18+ years	KF	2,329	309	13.27%	13.77%	-0.50	9.61%	4.03	9.24%	Opportunity	High Confidence
Age 18+ years	PHW	736	84	11.41%	12.81%	-1.40	9.61%	2.17	9.24%	-	High Confidence
Age 18+ years	UPMC	5,613	421	7.50%	7.97%	-0.47	9.61%	-1.74	9.24%	-	High Confidence

**Table 95** displays this year’s performance measure findings for the Use of Opioids From Multiple Providers measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 95: Use of Opioids From Multiple Providers**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Multiple Pharmacies, Age 18+ years	ACP	557	10	1.80%	0.75%	1.05	2.36%	-1.51	3.31%	-	High Confidence
Multiple Pharmacies, Age 18+ years	KF	3,039	55	1.81%	1.51%	0.30	2.36%	-1.50	3.31%	-	High Confidence
Multiple Pharmacies, Age 18+ years	PHW	971	15	1.54%	0.96%	0.58	2.36%	-1.77	3.31%	-	High Confidence
Multiple Pharmacies, Age 18+ years	UPMC	7,215	310	4.30%	2.30%	2.00	2.36%	0.99	3.31%	-	High Confidence
Multiple Prescribers, Age 18+ years	ACP	557	90	16.16%	14.93%	1.23	16.84%	-1.35	17.51%	-	High Confidence
Multiple Prescribers, Age 18+ years	KF	3,039	466	15.33%	13.76%	1.57	16.84%	-2.18	17.51%	-	High Confidence
Multiple Prescribers, Age 18+ years	PHW	971	168	17.30%	16.14%	1.16	16.84%	-0.21	17.51%	-	High Confidence
Multiple Prescribers, Age 18+ years	UPMC	7,215	1,339	18.56%	18.58%	-0.02	16.84%	1.05	17.51%	-	High Confidence
Multiple Prescribers and Multiple Pharmacies, Age 18+ years	ACP	557	6	1.08%	0.00%	1.08	1.29%	-0.75	1.83%	-	High Confidence
Multiple Prescribers and Multiple Pharmacies, Age 18+ years	KF	3,039	24	0.79%	0.70%	0.09	1.29%	-1.04	1.83%	-	High Confidence
Multiple Prescribers and Multiple Pharmacies, Age 18+ years	PHW	971	8	0.82%	0.48%	0.34	1.29%	-1.01	1.83%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Multiple Prescribers and Multiple Pharmacies, Age 18+ years	UPMC	7,215	178	2.47%	1.34%	1.13	1.29%	0.64	1.83%	-	High Confidence

**Table 96** displays this year’s performance measure findings for the Risk of Continued Opioid Use measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 96: Risk of Continued Opioid Use**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
≥ 15 Days, Ages 18-64 years	ACP	614	58	9.45%	6.65%	2.80	15.07%	-5.00	14.45%	Strength	High Confidence
≥ 15 Days, Ages 18-64 years	KF	2,227	263	11.81%	9.57%	2.24	15.07%	-2.64	14.45%	-	High Confidence
≥ 15 Days, Ages 18-64 years	PHW	740	177	23.92%	22.08%	1.84	15.07%	9.47	14.45%	Opportunity	High Confidence
≥ 15 Days, Ages 18-64 years	UPMC	3,034	458	15.10%	14.91%	0.19	15.07%	0.65	14.45%	-	High Confidence
≥ 15 Days, Ages 65+ years	ACP	105	12	11.43%	14.29%	-2.86	16.88%	-7.38	18.81%	Strength	High Confidence
≥ 15 Days, Ages 65+ years	KF	496	79	15.93%	12.36%	3.57	16.88%	-2.88	18.81%	-	High Confidence
≥ 15 Days, Ages 65+ years	PHW	267	54	20.22%	34.89%	-14.67	16.88%	1.41	18.81%	-	High Confidence
≥ 15 Days, Ages 65+ years	UPMC	1,626	324	19.93%	16.95%	2.98	16.88%	1.12	18.81%	-	High Confidence
≥ 15 Days, Total	ACP	719	70	9.74%	7.73%	2.01	15.51%	-5.90	15.64%	Strength	High Confidence
≥ 15 Days, Total	KF	2,723	342	12.56%	10.07%	2.49	15.51%	-3.08	15.64%	Strength	High Confidence
≥ 15 Days, Total	PHW	1,007	231	22.94%	24.84%	-1.90	15.51%	7.30	15.64%	Opportunity	High Confidence
≥ 15 Days, Total	UPMC	4,660	782	16.78%	15.59%	1.19	15.51%	1.14	15.64%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
≥ 31 Days, Ages 18-64 years	ACP	614	42	6.84%	5.48%	1.36	11.19%	-3.59	10.43%	Strength	High Confidence
≥ 31 Days, Ages 18-64 years	KF	2,227	216	9.70%	7.96%	1.74	11.19%	-0.73	10.43%	-	High Confidence
≥ 31 Days, Ages 18-64 years	PHW	740	137	18.51%	17.64%	0.87	11.19%	8.08	10.43%	Opportunity	High Confidence
≥ 31 Days, Ages 18-64 years	UPMC	3,034	295	9.72%	9.79%	-0.07	11.19%	-0.71	10.43%	-	High Confidence
≥ 31 Days, Ages 65+ years	ACP	105	8	7.62%	7.14%	0.48	10.43%	-3.12	10.74%	Strength	High Confidence
≥ 31 Days, Ages 65+ years	KF	496	51	10.28%	10.34%	-0.06	10.43%	-0.46	10.74%	-	High Confidence
≥ 31 Days, Ages 65+ years	PHW	267	35	13.11%	24.68%	-11.57	10.43%	2.37	10.74%	-	High Confidence
≥ 31 Days, Ages 65+ years	UPMC	1,626	174	10.70%	8.90%	1.80	10.43%	-0.04	10.74%	-	High Confidence
≥ 31 Days, Total	ACP	719	50	6.95%	5.71%	1.24	10.98%	-3.57	10.52%	Strength	High Confidence
≥ 31 Days, Total	KF	2,723	267	9.81%	8.38%	1.43	10.98%	-0.71	10.52%	-	High Confidence
≥ 31 Days, Total	PHW	1,007	172	17.08%	19.16%	-2.08	10.98%	6.56	10.52%	Opportunity	High Confidence
≥ 31 Days, Total	UPMC	4,660	469	10.06%	9.49%	0.57	10.98%	-0.46	10.52%	-	High Confidence

**Table 97** displays this year’s performance measure findings for the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 97: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	45	21	53.33%	44.44%	0.00	49.80%	5.60	47.73%	Strength	High Confidence
Ages 18-64 years	KF	166	82	50.60%	63.57%	-12.97	49.80%	2.87	47.73%	-	High Confidence
Ages 18-64 years	PHW	53	26	50.94%	34.69%	16.25	49.80%	3.21	47.73%	Strength	High Confidence
Ages 18-64 years	UPMC	264	147	44.32%	46.79%	-2.47	49.80%	-3.41	47.73%	Opportunity	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	37.31%	NR	35.53%	-	High Confidence
Ages 65+ years	KF	91	49	46.15%	40.00%	6.15	37.31%	10.62	35.53%	Strength	High Confidence
Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	37.31%	NR	35.53%	-	High Confidence
Ages 65+ years	UPMC	137	98	28.47%	36.36%	-7.89	37.31%	-7.06	35.53%	Opportunity	High Confidence
Total (All Ages)	ACP	57	28	50.88%	41.67%	9.21	46.35%	7.10	43.78%	Strength	High Confidence
Total (All Ages)	KF	257	131	49.03%	57.99%	-8.96	46.35%	5.25	43.78%	Strength	High Confidence
Total (All Ages)	PHW	73	39	46.58%	32.84%	13.74	46.35%	2.80	43.78%	-	High Confidence
Total (All Ages)	UPMC	401	245	38.90%	43.53%	-4.63	46.35%	-4.88	43.78%	Opportunity	High Confidence

N/A: not applicable due to denominator less than 30.

**Table 98** displays this year’s performance measure findings for the Appropriate Treatment for Upper Respiratory Infection measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 98: Appropriate Treatment for Upper Respiratory Infection**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	190	32	83.16%	76.39%	6.77	76.04%	8.85	74.31%	Strength	High Confidence
Ages 18-64 years	KF	600	145	75.83%	74.89%	0.94	76.04%	1.52	74.31%	-	High Confidence
Ages 18-64 years	PHW	169	44	73.96%	N/A	NR	76.04%	-0.35	74.31%	-	High Confidence
Ages 18-64 years	UPMC	816	235	71.20%	N/A	NR	76.04%	-3.11	74.31%	Opportunity	High Confidence
Ages 65+ years	ACP	41	9	78.05%	76.67%	1.38	71.95%	8.93	69.12%	Strength	High Confidence
Ages 65+ years	KF	230	69	70.00%	72.09%	-2.09	71.95%	0.88	69.12%	-	High Confidence
Ages 65+ years	PHW	51	14	72.55%	N/A	NR	71.95%	3.43	69.12%	Strength	High Confidence
Ages 65+ years	UPMC	384	126	67.19%	N/A	NR	71.95%	-1.93	69.12%	-	High Confidence
Total (All Ages)	ACP	231	41	82.25%	76.44%	5.81	75.01%	9.41	72.84%	Strength	High Confidence
Total (All Ages)	KF	830	214	74.22%	74.12%	0.10	75.01%	1.38	72.84%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Total (All Ages)	PHW	220	58	73.64%	N/A	NR	75.01%	0.80	72.84%	-	High Confidence
Total (All Ages)	UPMC	1,200	361	69.92%	N/A	NR	75.01%	-2.92	72.84%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

### Prevention and Screening

**Table 99** displays this year’s performance measure findings for the Chlamydia Screening in Women measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 99: Chlamydia Screening in Women**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Total (Ages 21-24 years)	ACP	N/A	N/A	N/A	N/A	NR	45.90%	NR	45.67%	-	High Confidence
Total (Ages 21-24 years)	KF	51	24	47.06%	45.65%	1.41	45.90%	1.39	45.67%	-	High Confidence
Total (Ages 21-24 years)	PHW	N/A	N/A	N/A	N/A	NR	45.90%	NR	45.67%	-	High Confidence
Total (Ages 21-24 years)	UPMC	76	34	44.74%	43.84%	0.90	45.90%	-0.93	45.67%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 100** displays this year’s performance measure findings for the Care for Older Adults measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 100: Care for Older Adults**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Functional Status Assessment - Total	ACP	411	283	68.86%	55.47%	13.39	71.17%	-2.48	71.34%	-	High Confidence
Functional Status Assessment - Total	KF	411	336	81.75%	60.83%	20.92	71.17%	10.41	71.34%	Strength	High Confidence
Functional Status Assessment - Total	PHW	411	270	65.69%	60.83%	4.86	71.17%	-5.65	71.34%	Opportunity	High Confidence
Functional Status Assessment - Total	UPMC	411	281	68.37%	71.53%	-3.16	71.17%	-2.97	71.34%	-	High Confidence
Medication Review – Total	ACP	411	411	100.00%	99.27%	0.73	95.50%	7.25	92.75%	Strength	High Confidence
Medication Review – Total	KF	411	411	100.00%	100.00%	0.00	95.50%	7.25	92.75%	Strength	High Confidence
Medication Review – Total	PHW	411	380	92.46%	94.65%	-2.19	95.50%	-0.29	92.75%	-	High Confidence
Medication Review – Total	UPMC	411	368	89.54%	89.54%	0.00	95.50%	-3.21	92.75%	Opportunity	High Confidence
Pain Assessment – Total	ACP	411	366	89.05%	89.29%	-0.24	88.93%	0.42	88.63%	-	High Confidence
Pain Assessment – Total	KF	411	385	93.67%	93.67%	0.00	88.93%	5.04	88.63%	Strength	High Confidence
Pain Assessment – Total	PHW	411	353	85.89%	86.62%	-0.73	88.93%	-2.74	88.63%	-	High Confidence
Pain Assessment – Total	UPMC	411	358	87.10%	84.91%	2.19	88.93%	-1.53	88.63%	-	High Confidence

**Respiratory Conditions**

**Table 101** displays this year’s performance measure findings for the Asthma Medication Ratio measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 101: Asthma Medication Ratio**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 19-50 years	ACP	70	45	64.29%	70.18%	-5.89	67.85%	-4.26	68.55%	Opportunity	High Confidence
Ages 19-50 years	KF	361	233	64.54%	60.50%	4.04	67.85%	-4.01	68.55%	-	High Confidence
Ages 19-50 years	PHW	79	53	67.09%	62.39%	4.70	67.85%	-1.46	68.55%	-	High Confidence
Ages 19-50 years	UPMC	269	203	75.46%	71.73%	3.73	67.85%	6.91	68.55%	Strength	High Confidence
Ages 51-64 years	ACP	104	63	60.58%	63.39%	-2.81	61.58%	0.45	60.13%	-	High Confidence
Ages 51-64 years	KF	681	371	54.48%	49.50%	4.98	61.58%	-5.65	60.13%	Opportunity	High Confidence
Ages 51-64 years	PHW	114	67	58.77%	52.90%	5.87	61.58%	-1.36	60.13%	-	High Confidence
Ages 51-64 years	UPMC	320	232	72.50%	68.88%	3.62	61.58%	12.37	60.13%	Strength	High Confidence
Total (All Ages)	ACP	174	108	62.07%	65.68%	-3.61	64.02%	-1.35	63.42%	-	High Confidence
Total (All Ages)	KF	1,042	604	57.97%	53.23%	4.74	64.02%	-5.45	63.42%	Opportunity	High Confidence
Total (All Ages)	PHW	193	120	62.18%	57.25%	4.93	64.02%	-1.24	63.42%	-	High Confidence
Total (All Ages)	UPMC	589	435	73.85%	70.20%	3.65	64.02%	10.43	63.42%	Strength	High Confidence

**Table 102: Race and Ethnicity – Asthma Medication Ratio**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ethnicity: Asked but No Answer	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Hispanic or Latino	ACP	72	42	58.33%	NA	NR	62.79%	-3.37	61.70%	-	High Confidence
Ethnicity: Hispanic or Latino	KF	307	188	61.24%	NA	NR	62.79%	-0.46	61.70%	-	High Confidence
Ethnicity: Hispanic or Latino	PHW	44	27	61.36%	NA	NR	62.79%	-0.34	61.70%	-	High Confidence
Ethnicity: Hispanic or Latino	UPMC	47	33	70.21%	NA	NR	62.79%	8.51	61.70%	-	High Confidence
Ethnicity: Not Hispanic or Latino	ACP	99	63	63.64%	NA	NR	64.31%	-0.47	64.11%	-	High Confidence
Ethnicity: Not Hispanic or Latino	KF	726	414	57.02%	NA	NR	64.31%	-7.09	64.11%	-	High Confidence
Ethnicity: Not Hispanic or Latino	PHW	149	93	62.42%	NA	NR	64.31%	-1.69	64.11%	-	High Confidence
Ethnicity: Not Hispanic or Latino	UPMC	542	402	74.17%	NA	NR	64.31%	10.06	64.11%	-	High Confidence
Ethnicity: Unknown	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Ethnicity: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: American Indian or Alaska Native	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Asian	ACP	32	32	59.38%	NA	NR	62.10%	-3.41	62.79%	-	High Confidence
Race: Asian	KF	N/A	N/A	N/A	NA	NR	62.10%	NR	62.79%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Asian	PHW	N/A	N/A	N/A	NA	NR	62.10%	NR	62.79%	-	High Confidence
Race: Asian	UPMC	54	54	64.81%	NA	NR	62.10%	2.02	62.79%	-	High Confidence
Race: Asked but No Answer	ACP	46	28	60.87%	NA	NR	61.59%	0.47	60.40%	-	High Confidence
Race: Asked but No Answer	KF	201	119	59.20%	NA	NR	61.59%	-1.20	60.40%	-	High Confidence
Race: Asked but No Answer	PHW	N/A	N/A	N/A	NA	NR	61.59%	NR	60.40%	-	High Confidence
Race: Asked but No Answer	UPMC	51	33	64.71%	NA	NR	61.59%	4.31	60.40%	-	High Confidence
Race: Black or African American	ACP	N/A	N/A	N/A	NA	NR	61.15%	N/A	58.45%	-	High Confidence
Race: Black or African American	KF	633	356	56.24%	NA	NR	61.15%	-2.21	58.45%	-	High Confidence
Race: Black or African American	PHW	91	54	59.34%	NA	NR	61.15%	0.89	58.45%	-	High Confidence
Race: Black or African American	UPMC	140	95	67.86%	NA	NR	61.15%	9.41	58.45%	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Native Hawaiian or Other Pacific Islander	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Some Other Race	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Race: Two or More Races	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Two or More Races	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	ACP	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	KF	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	PHW	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: Unknown	UPMC	N/A	N/A	N/A	NA	NR	N/A	NR	N/A	-	High Confidence
Race: White	ACP	69	41	59.42%	NA	NR	65.84%	-11.97	71.39%	-	High Confidence
Race: White	KF	163	105	64.42%	NA	NR	65.84%	-6.97	71.39%	-	High Confidence
Race: White	PHW	63	38	60.32%	NA	NR	65.84%	-11.07	71.39%	-	High Confidence
Race: White	UPMC	341	270	79.18%	NA	NR	65.84%	7.79	71.39%	-	High Confidence

N/A: not applicable due to denominator less than 30.

NA: not available, the measure is new for MY 2023.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 103** displays this year’s performance measure findings for the Pharmacotherapy Management of COPD Exacerbation measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 103: Pharmacotherapy Management of COPD Exacerbation**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Bronchodilator, Ages 40+ years	ACP	210	186	88.57%	90.48%	-1.91	90.87%	-2.16	90.73%	-	High Confidence
Bronchodilator, Ages 40+ years	KF	1,012	940	92.89%	94.43%	-1.54	90.87%	2.16	90.73%	-	High Confidence
Bronchodilator, Ages 40+ years	PHW	220	204	92.73%	89.55%	3.18	90.87%	2.00	90.73%	-	High Confidence
Bronchodilator, Ages 40+ years	UPMC	1,523	1,360	89.30%	89.12%	0.18	90.87%	-1.43	90.73%	-	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Systemic Corticosteroid, Ages 40+ years	ACP	210	172	81.90%	75.00%	6.90	78.28%	3.18	78.72%	Strength	High Confidence
Systemic Corticosteroid, Ages 40+ years	KF	1,012	780	77.08%	79.44%	-2.36	78.28%	-1.64	78.72%	-	High Confidence
Systemic Corticosteroid, Ages 40+ years	PHW	220	163	74.09%	77.70%	-3.61	78.28%	-4.63	78.72%	Opportunity	High Confidence
Systemic Corticosteroid, Ages 40+ years	UPMC	1,523	1,219	80.04%	79.01%	1.03	78.28%	1.32	78.72%	-	High Confidence

**Table 104** displays this year’s performance measure findings for the Use of Spirometry Testing in the Assessment and Diagnosis of COPD measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 104: Use of Spirometry Testing in the Assessment and Diagnosis of COPD**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 40+ years	ACP	83	23	27.71%	26.83%	0.88	22.33%	6.86	20.85%	Strength	High Confidence
Ages 40+ years	KF	599	126	21.04%	19.23%	1.81	22.33%	0.19	20.85%	-	High Confidence
Ages 40+ years	PHW	178	36	20.22%	20.24%	-0.02	22.33%	-0.63	20.85%	-	High Confidence
Ages 40+ years	UPMC	1,111	226	20.34%	19.09%	1.25	22.33%	-0.51	20.85%	-	High Confidence

**Table 105** displays this year’s performance measure findings for the Appropriate Testing for Pharyngitis measure, including CHC-MCO mean and weighted average, prior year performance measure findings with comparison to current year findings, whether the measure change is substantial enough to be considered a strength or opportunity for improvement, and overall validation rating for each measure.

**Table 105: Appropriate Testing for Pharyngitis**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022	MY 2023 CHC-MCO Average	Comparison to MY 2023 Weighted Average	MY 2023 Weighted Average	MCO Performance	Validation Rating
Ages 18-64 years	ACP	94	55	58.51%	42.50%	16.01	51.46%	6.05	52.46%	Strength	High Confidence
Ages 18-64 years	KF	134	42	31.34%	32.38%	-1.04	51.46%	-21.12	52.46%	Opportunity	High Confidence
Ages 18-64 years	PHW	68	39	57.35%	N/A	NR	51.46%	4.89	52.46%	Strength	High Confidence
Ages 18-64 years	UPMC	312	183	58.65%	N/A	NR	51.46%	6.19	52.46%	Strength	High Confidence
Ages 65+ years	ACP	N/A	N/A	N/A	N/A	NR	28.69%	NR	28.69%	-	High Confidence
Ages 65+ years	KF	61	10	16.39%	5.17%	11.22	28.69%	-12.30	28.69%	Opportunity	High Confidence
Ages 65+ years	PHW	N/A	N/A	N/A	N/A	NR	28.69%	NR	28.69%	-	High Confidence
Ages 65+ years	UPMC	61	25	40.98%	N/A	NR	28.69%	12.29	28.69%	Strength	High Confidence
Total (All Ages)	ACP	106	59	55.66%	41.30%	14.36	48.90%	7.25	48.41%	Strength	High Confidence
Total (All Ages)	KF	195	52	26.67%	22.70%	3.97	48.90%	-21.74	48.41%	Opportunity	High Confidence
Total (All Ages)	PHW	80	46	57.50%	N/A	NR	48.90%	9.09	48.41%	Strength	High Confidence
Total (All Ages)	UPMC	373	208	55.76%	N/A	NR	48.90%	7.35	48.41%	Strength	High Confidence

N/A: not applicable due to denominator less than 30.

NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Utilization**

**Table 106** displays this year’s performance measure findings for the Ambulatory Care measure, including CHC-MCO mean and weighted average, prior year performance measure findings, and overall validation rating for each measure.

**Table 106: Ambulatory Care**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Emergency Dept Visits/1,000 MY, Total (All Ages)	ACP	94,072	8,921	1,137.98	1,073.46	1,041.52	1,032.38	High Confidence
Emergency Dept Visits/1,000 MY, Total (All Ages)	KF	361,220	31,980	1,062.40	998.55	1,041.52	1,032.38	High Confidence

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Emergency Dept Visits/1,000 MY, Total (All Ages)	PHW	120,023	9,551	954.92	955.05	1,041.52	1,032.38	High Confidence
Emergency Dept Visits/1,000 MY, Total (All Ages)	UPMC	531,532	44,772	1,010.78	967.35	1,041.52	1,032.38	High Confidence
Outpatient Visits/1,000 MY, Total (All Ages)	ACP	94,072	89,128	11,369.33	11,980.52	12,393.83	12,374.71	High Confidence
Outpatient Visits/1,000 MY, Total (All Ages)	KF	361,220	309,763	10,290.56	10,108.00	12,393.83	12,374.71	High Confidence
Outpatient Visits/1,000 MY, Total (All Ages)	PHW	120,023	144,076	14,404.84	14,007.32	12,393.83	12,374.71	High Confidence
Outpatient Visits/1,000 MY, Total (All Ages)	UPMC	531,532	598,442	13,510.58	13,492.09	12,393.83	12,374.71	High Confidence

MY: member years.

**Table 107** displays this year’s performance measure findings for the Inpatient Utilization measure, including CHC-MCO mean and weighted average, prior year performance measure findings, and overall validation rating for each measure.

**Table 107: Inpatient Utilization**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Total Inpatient Discharges/1,000 MY, Total (All Ages)	ACP	94,072	2,719	346.84	363.39	358.72	356.77	High Confidence
Total Inpatient Discharges/1,000 MY, Total (All Ages)	KF	361,220	1,321	439.05	443.79	358.72	356.77	High Confidence
Total Inpatient Discharges/1,000 MY, Total (All Ages)	PHW	120,023	3,434	343.33	363.81	358.72	356.77	High Confidence
Total Inpatient Discharges/1,000 MY, Total (All Ages)	UPMC	531,532	1,353	305.64	295.05	358.72	356.77	High Confidence

MY: member years.

**Table 108** displays this year’s performance measure findings for the Antibiotic Utilization for Respiratory Conditions measure, including CHC-MCO mean and weighted average, prior year performance measure findings, and overall validation rating for each measure.

**Table 108: Antibiotic Utilization for Respiratory Conditions**

Measure/Rate	MCO	MY 2023 Denominator	MY 2023 Numerator	MY 2023 Rate	MY 2022 Rate	MY 2023 CHC-MCO Average	MY 2023 Weighted Average	Validation Rating
Total (All Ages)	ACP	3,640	514	14.12%	12.54%	14.90%	15.71%	High Confidence
Total (All Ages)	KF	14,049	1,484	10.56%	9.34%	14.90%	15.71%	High Confidence
Total (All Ages)	PHW	3,979	589	14.80%	12.29%	14.90%	15.71%	High Confidence
Total (All Ages)	UPMC	18,670	3,753	20.10%	17.87%	14.90%	15.71%	High Confidence

**Table 109** displays this year’s performance measure findings for the Plan All-Cause Readmissions measure, including the observed/expected ratio for prior and current years and the overall validation rating for each measure.

**Table 109: Plan All-Cause Readmissions**

Measure/Rate	MCO	Observed/Expected Ratio MY 2023	Observed/Expected Ratio MY 2022	Validation Rating
Total (All Ages)	ACP	1.0	1.0	High Confidence
Total (All Ages)	KF	1.1	1.1	High Confidence
Total (All Ages)	PHW	0.9	0.9	High Confidence
Total (All Ages)	UPMC	0.8	0.9	High Confidence

**Managed Care Quality Strategy Metrics**

The PA MCQS outlines specific goals and objectives for the CHC program aimed at enhancing, evaluating, and monitoring member access to high-quality, timely care. This section highlights validated performance measures that act as metrics for MCQS goals. Data are presented to enable three-year trending and comparisons to the MY 2023 weighted averages and MCQS targets. **Table 110** presents the objectives, aims, measures, baseline rates, and target rates as outlined in the MCQS. Additionally, **Table 110** shows the MY 2023 CHC weighted average to illustrate progress toward achieving the target rates.

**Table 110: CHC Managed Care Quality Objectives and Metrics**

Objective	Aim	Measure	Baseline	Target	MY 2023 CHC WA
Increase annual adult dental visits	Return to pre-pandemic levels by MY 2023	PAPM AADV	20.44% (MY 2021)	22.10%	22.54%
Decrease ED utilization	Return to pre-pandemic levels by MY 2024	HEDIS AMB – ED visits	840.64 (MY 2019) <sup>1</sup>	645.51 <sup>2</sup>	1,032.38
Decrease inpatient admissions	Return to pre-pandemic levels by MY 2024	HEDIS IPU	338.12 (MY 2019) <sup>3</sup>	70.55 <sup>2</sup>	356.77
Decrease 30-day readmissions	Return to pre-pandemic levels by MY 2024	HEDIS PCR	1.55 (MY 2019)	0.89 <sup>2</sup>	0.96 <sup>4</sup>

<sup>1</sup> The rate represents emergency department visits per 1,000 member years for total age groups. The rate displayed is the member years equivalent to 70.05 emergency department visits per 1,000 member months.

<sup>2</sup> The rate displayed represents the MY 2023 HEDIS Medicaid 75th percentile benchmark.

<sup>3</sup> The rate represents total inpatient discharges per 1,000 member years for total age groups. The MMQS published December 2023 and updated September 2024 displayed the baseline rate in member months. Table 110 displays the baseline rate in member years in compliance with changes to the HEDIS specification per NCQA (28.18 discharges per 1,000 member months = 338.12 discharges per 1000 member years).

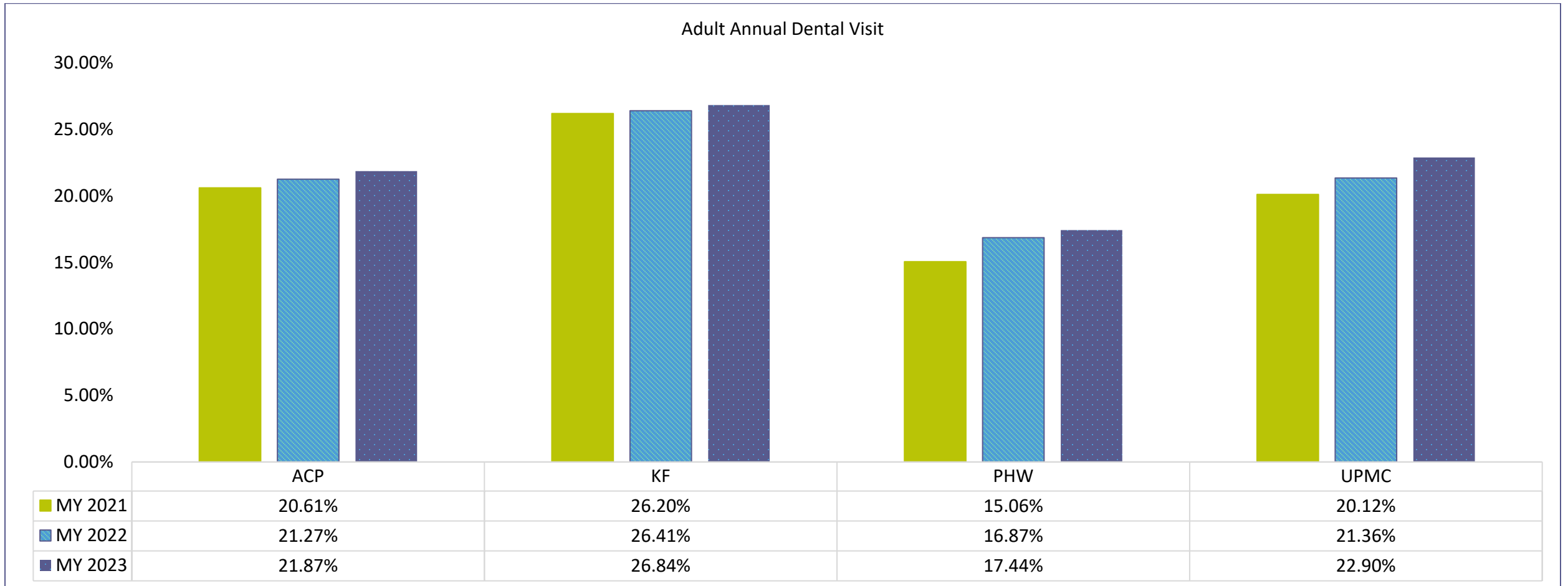
<sup>4</sup> The rate displayed represents the observed-to-expected ratio and is not weighted based on MCO population size.

MY: measurement year; CHC: Community HealthChoices; WA: weighted average; PAPM: Pennsylvania-specific performance measure; AADV: Adult Annual Dental Visit; ED: emergency department; HEDIS: Healthcare Effectiveness Data and Information Set; AMB: Ambulatory Care; IPU: Inpatient Utilization; PCR: Plan All-Cause Readmission.

Four additional metrics are targeted for improvement in the MCQS: Comprehensive Assessment and Update (CAU), Comprehensive Care Plan and Update (CPU), Reassessment and Care Plan Update after Inpatient Discharge (RAC), and Shared Care Plan with a Primary Care Provider (SCP). These four metrics comprise the CHC pay-for-performance program detailed in the **Pay-for-Performance Program Report Card** chapter of this report.

Adult Annual Dental Visits

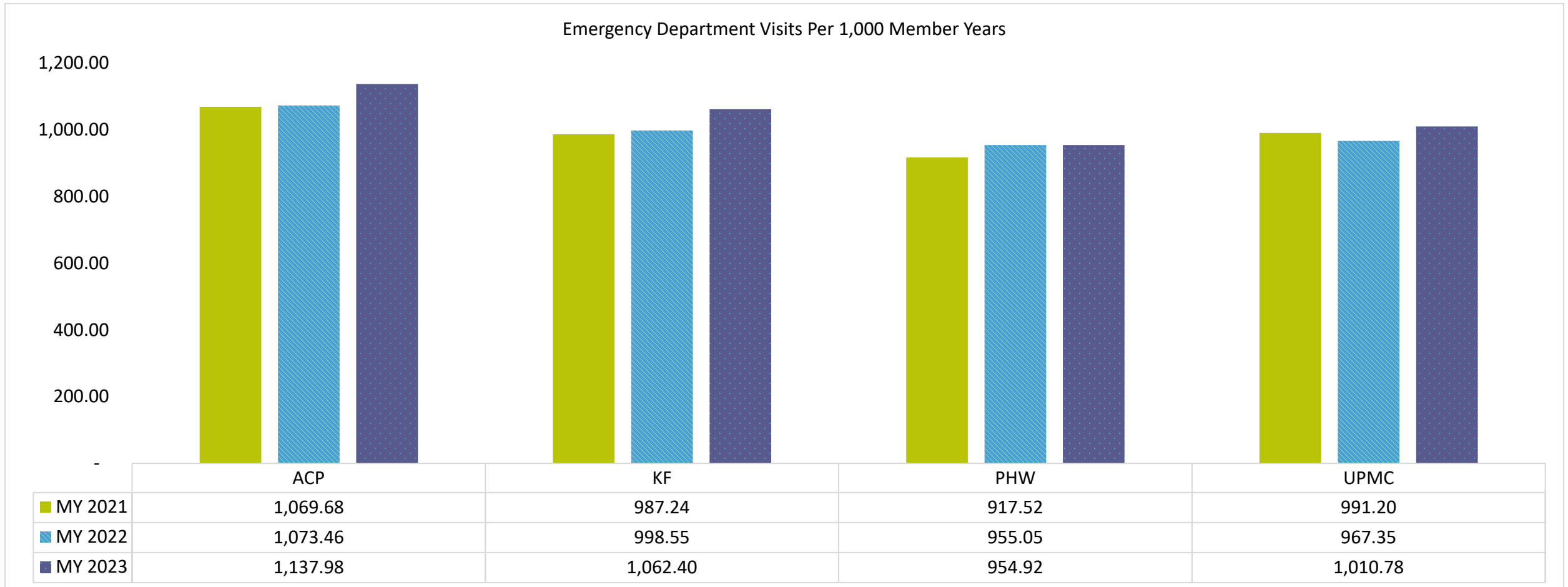
**Figure 10** illustrates a three-year trend in adult annual dental visits (AADV) among CHC members. The AADV rates for all four CHC-MCOs showed improvement from MY 2021 to MY 2023. The MY 2023 CHC weighted average reached 22.54%, indicating that OLTL successfully met its target rate of 22.10% for MY 2023.



**Figure 10: Three-Year Trend of Adult Annual Dental Visits from MY 2021 to MY 2023**

Ambulatory Care – Emergency Department Visits

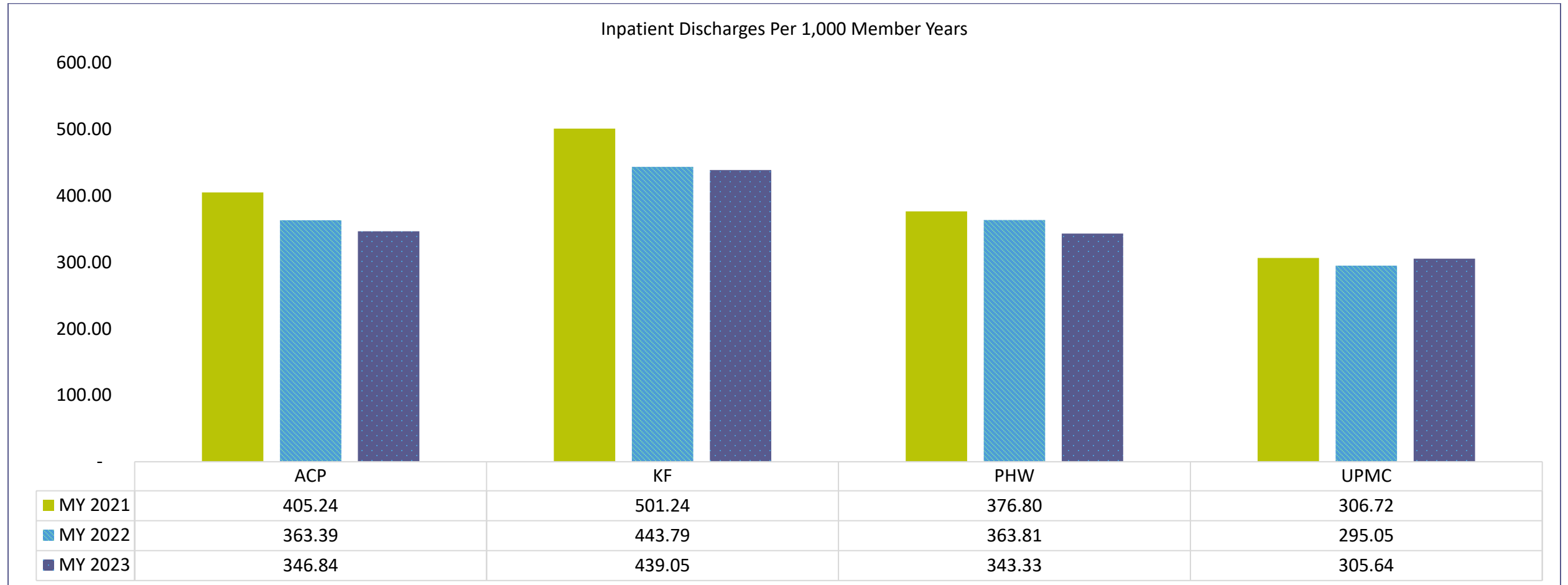
**Figure 11** illustrates a three-year trend in emergency department utilization among CHC members. The HEDIS Ambulatory Care (AMB) rates for emergency department visits have shown an upward trend since MY 2021. In MY 2023, three out of four CHC-MCOs reported increased rates compared to MY 2022. The MY 2023 weighted average for AMB was 1,032.28 emergency department visits per 1,000 member years for total ages. The CHC-MCO AMB emergency department visit rates are moving away from the OLTL target rate of 645.51. Note that HEDIS utilization measures are designed to capture the frequency of certain services provided by the MCO. NCQA does not view higher or lower emergency department visits as indicating better or worse MCO performance.



**Figure 11: Three-Year Trend of Emergency Department Visits from MY 2021 to MY 2023**

Inpatient Discharges

**Figure 12** illustrates a three-year trend in total inpatient discharges among CHC members. The HEDIS Inpatient Utilization (IPU) rates have shown a downward trend since MY 2021. In MY 2023, three out of four CHC-MCOs reported lower rates compared to MY 2022. The MY 2023 weighted average for IPU was 356.77 total inpatient discharges per 1,000 member years for all age groups. No CHC-MCO met or exceeded the OLTL target rate of 70.5; however, the MCOs are making progress toward that target. Note that HEDIS utilization measures are designed to capture the frequency of certain services provided by the MCO. NCQA does not view higher or lower inpatient discharges as indicating better or worse MCO performance.



**Figure 12: Three-Year Trend of Inpatient Discharges from MY 2021 to MY 2023**

### Plan All-Cause Readmissions

**Figure 13** illustrates a three-year trend in the 30-day readmission observed-to-expected ratio among CHC members. The HEDIS Plan All-Cause Readmission (PCR) measure is a risk-adjusted measure. Per NCQA, “Health outcomes can be influenced by underlying patient-related risk factors. As a result, certain patients may be more or less likely to experience a specific outcome, regardless of the care provided. This presents a barrier to making fair, “apples to apples”, comparisons between entities such as health plans, where differences in the distribution of members’ health status (i.e. case mix) may unfairly skew performance results. Risk adjustment exists to account for this. Specifically, risk adjustment is designed to answer the question, ‘How would the performance of various units compare if hypothetically they had the same mix of patients?’”<sup>5</sup>

The observed-to-expected ratio reflects risk-adjusted performance, and shows whether a plan performed better, or worse, than expected accounting for their unique case mix. Values less than 1 indicate the MCO performed better than expected. Values greater than 1 indicate the MCO performed worse than expected. A value of 1 indicates the MCO performed as expected.

PCR observed-to-expected ratios for total age groups have shown a downward trend since MY 2021. In MY 2023, all four CHC-MCOs reported lower ratios compared to MY 2022. Additionally, three of four CHC-MCOs performed better than expected. The MY 2023 CHC PCR observed to expected ratio was 0.96. UPMC was the only MCO to meet or exceed the OLTL PCR target of 0.89, achieving a MY 2023 ratio of 0.78; however, the MCOs are making progress toward that target.

Plan All-Cause Readmissions Observed-to-Expected Ratio

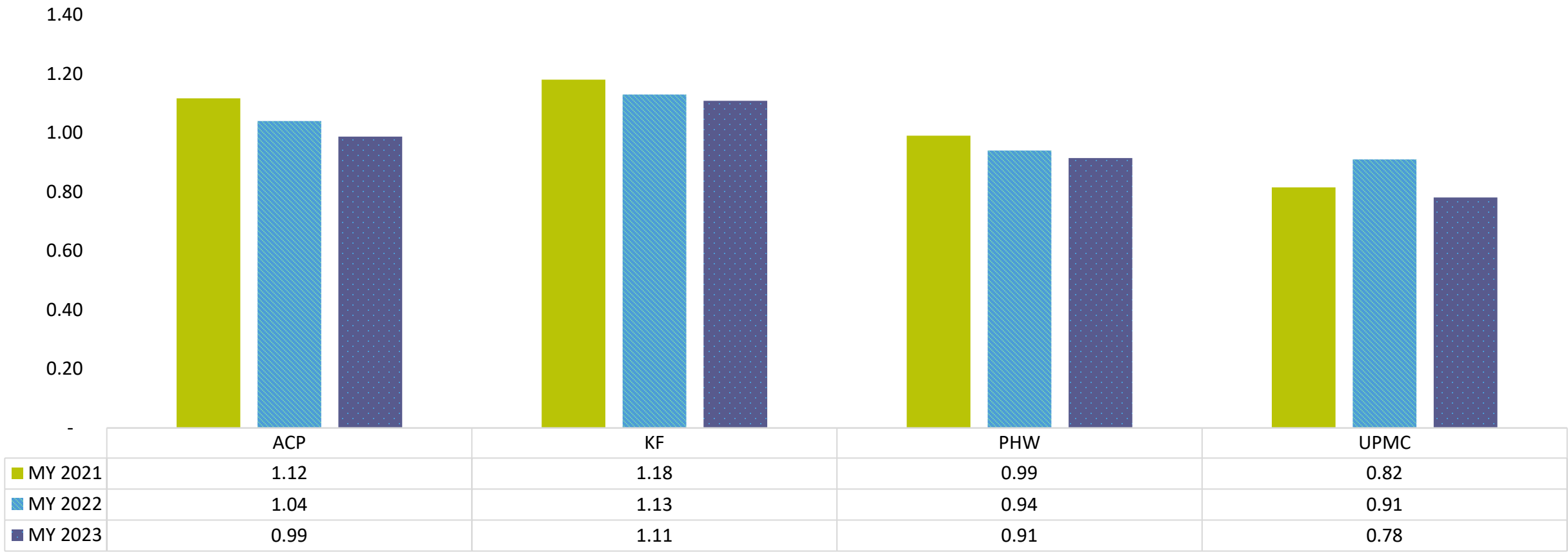


Figure 13: Three-Year Trend of Plan All-Cause Readmission Observed to Expected Ratio

***Performance Measure Previous Recommendations, Plan Responses and Actions, and New Recommendations***

**Table 111** displays the prior year performance measure findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 111: Performance Measure Previous Recommendations, Plan Responses and Actions, and New Recommendations**

<b>MCO</b>	<b>Previous Recommendations</b>	<b>EQRO Observations</b>	<b>New Recommendations</b>
ACP	The MCO should improve their rates across several HEDIS performance measures domains and continue to improve their CAHPS rates.	The MCO did have notable improvements in multiple measures including AMM, COA, COL, CWP, KED, PCE, and URI.	The MCO should improve their rates for CCS, COU and SPC.
KF	The MCO should improve their rates across several HEDIS performance measures domains and continue to improve their CAHPS rates.	The MCO did have notable improvements in multiple measures including AADV, AMM, AXR, BPD, COA, COL, COU, and KED.	The MCO should improve their rates for AAB, POD, SMC and SMD.
PHW	The MCO should improve their rates across several HEDIS performance measures domains.	The MCO did have notable improvements in multiple measures including, AAP, CBP, CCS, COA, and CRE.	The MCO should improve their rates for AADV HBD, PCE, SMD and SPC.
UPMC	The MCO should improve their rates across several HEDIS performance measures domains and continue to improve their CAHPS rates.	The MCO did have notable improvements in multiple measures including, AMR, AXR, CBP, HBD, KED, SAA, SPC, and SPD.	The MCO had issues identifying the correct eligible population in calculating the RAC measure. The MCO should improve their rates for AAB, EED, and POD.

MCO: managed care organization; EQRO: external quality review organization.

*Performance Measure Validation Aggregate Summary*

Figure 14 provides an aggregated summary of performance measure validation across all MCOs.

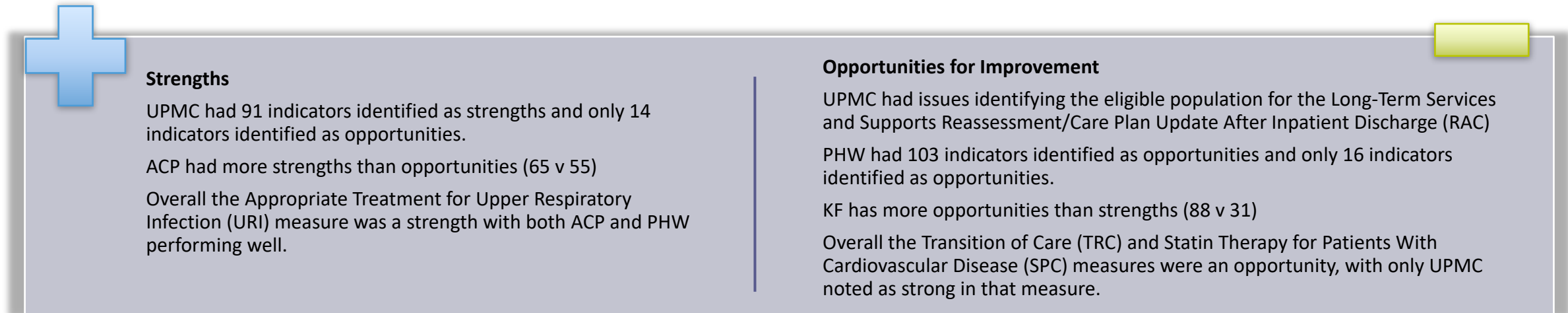


Figure 14: Performance Measure Aggregate Findings

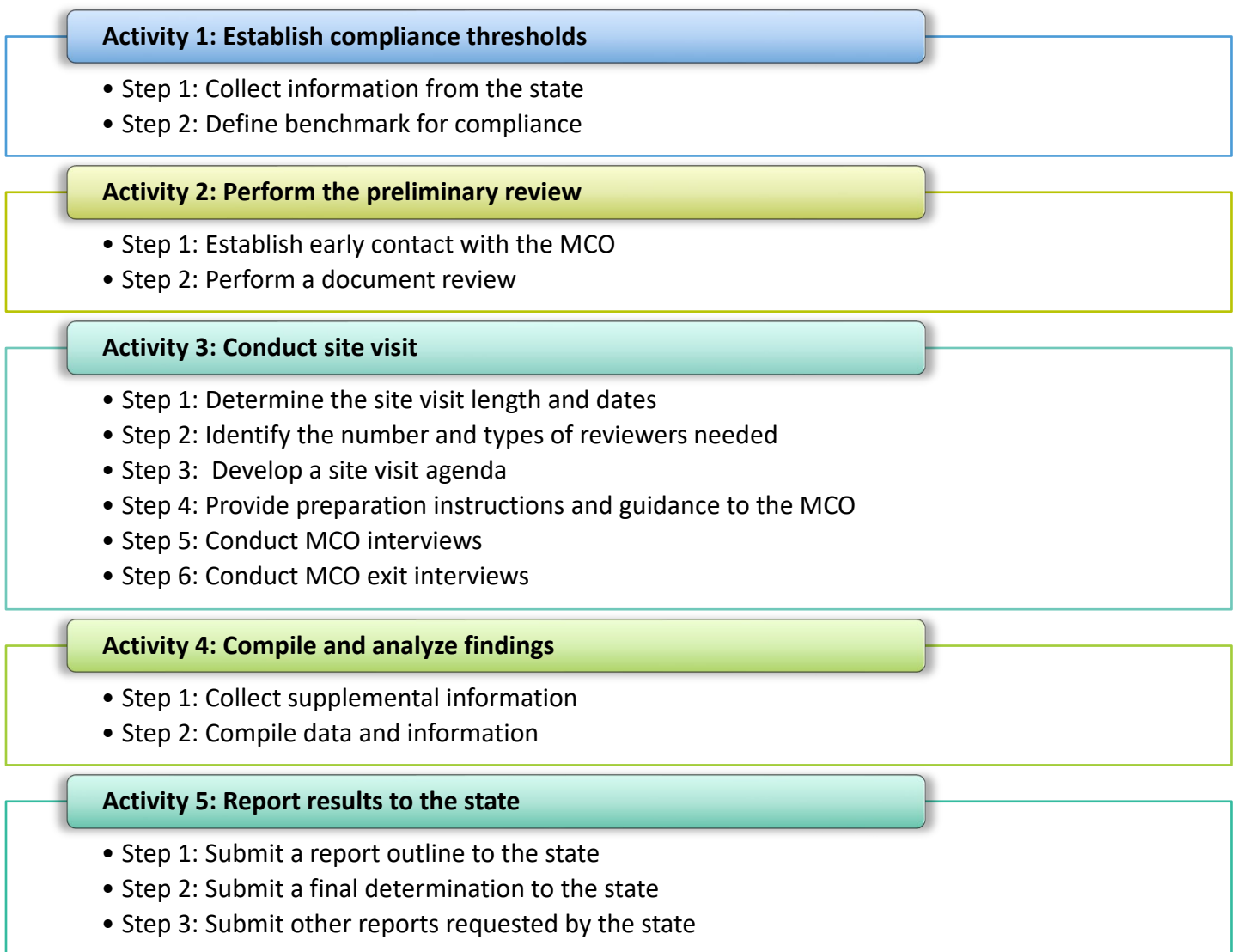
# Review of Compliance with Medicaid and CHIP Managed Care Regulations

## Objectives

This section of the EQR report presents a review by IPRO of MCO compliance with state and federal regulations. The review is based on information derived from reviews of the MCO that were conducted by PA DHS within the past three years, most typically within the immediately preceding year.

## Technical Methods of Data Collection and Analysis

CMS's *Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations* was used as the framework to determine the extent to which Medicaid and CHIP managed care plans comply with federal standards. **Figure 15** details the mandatory EQR Protocol 3 activities.



**Figure 15: EQR Protocol 3 Activities** MCO: managed care organization; EQR: external quality review.

The Systematic Monitoring, Access, and Retrieval Technology (SMART) items are a comprehensive set of monitoring items that have been developed by PA DHS from the managed care regulations. PA DHS staff review SMART items on an ongoing basis for each Medicaid MCO. These items vary in review periodicity as determined by DHS, and reviews typically occur annually or as needed. Additionally, reviewers have the option

to review individual zones covered by an MCO separately and to provide multiple findings within a year (e.g., quarterly). Within the SMART system, there is a mechanism to include review details where comments can be added to explain the MCO's compliance, partial compliance, or non-compliance. There is a year allotted to complete all of the SMART standards; if an MCO is non-compliant or partially compliant, this time is built into the system to prevent a standard from being "finalized." If an MCO does not address a compliance issue, DHS would discuss as a next step the option to issue a work plan, a performance improvement plan, or a corrective action plan (CAP). Any of these next steps would be communicated via formal email communications with the MCO. Per DHS, MCOs usually address the issues in SMART without the necessity for any of these actions, based on the SMART timeline.

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO's compliance status with regard to the SMART items. For example, all provisions relating to availability of services are summarized under *Title 42 CFR § 438.206 Availability of services*. This grouping process was done by referring to CMS's "Regulations Subject to Compliance Review," where specific Medicaid regulations are noted as required for review and corresponding sections are identified and described for each Subpart, particularly D and E. Each item was assigned a value of "Compliant" or "Non-compliant" in the item log submitted by DHS. If an item was not evaluated for a particular MCO, it was assigned a value of "Not Determined." Compliance with the provision's requirements was then determined based on the aggregate results of the SMART items linked to each provision within a requirement or category. If all items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were Non-compliant, the MCO was evaluated as Partially Compliant. If all items were Non-compliant, the MCO was evaluated as Non-compliant. If no items were evaluated for a given category and no other source of information was available to determine compliance, a value of Not Determined was assigned for that category.

Categories determined to be Partially Compliant or Non-compliant are indicated where applicable in the tables below, and the SMART items that were assigned a value of Non-compliant by DHS within those categories are noted.

### **Description of Data Obtained**

The format for this section of the report was developed to be consistent with the subparts prescribed by BBA regulations. This document groups the regulatory requirements under subject headings that are consistent with the subparts set out in the BBA regulations and described in CMS's *Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations*. Under each subpart heading falls the individual regulatory categories appropriate to those headings. Findings will be further discussed relative to applicable subparts as indicated in the updated protocol (i.e., Subpart D – MCO, PIHP, and PAHP Standards and Subpart E – Quality Measurement and Improvement). This format reflects the goal of the review, which is to gather sufficient foundation for IPRO's required assessment of the MCO's compliance with BBA regulations as an element of the analysis of the MCO's strengths and weaknesses.

The documents used by IPRO for the current review include the Community Health Choices Agreement, the SMART database completed by PA DHS staff as of February 6, 2025, additional monitoring activities outlined by DHS staff, and the most recent NCQA Accreditation Surveys for each MCO effective in the review year.

The SMART items provided much of the information necessary for this review. The SMART items and their associated review findings for each year are maintained in a database. The SMART database has been maintained internally at DHS since review year 2013. Beginning in 2018 (review year 2017), there were changes implemented to the review process that impacted the data that are received annually. First, the only available review conclusions are Compliant and Non-compliant. All other options previously available were re-

designated from review conclusion elements to review status elements and are therefore not included in the findings. Additionally, as noted, reviewers were given the option to review zones covered by an MCO separately and to provide multiple findings within a year (e.g., quarterly). For use in the current review, IPRO reviewed the elements in the 2024 SMART item list and created a crosswalk to pertinent BBA regulations. A total of 95 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations.

The crosswalk linked SMART items to specific provisions of the regulations, where possible. The most recently revised CMS protocols included updates to the structure and compliance standards, including which standards are required for compliance review. Under these protocols, there are 14 standards that CMS has designated as required to be subject to compliance review. Several previously required standards have been deemed by CMS as incorporated into the compliance review through interaction with the new required standards and appear to assess items that are related to the required standards. The compliance evaluation was conducted on the crosswalked regulations for all 14 required standards and remaining related standards that were previously required and continue to be reviewed.

**Table 112** provides a count of items linked to each category.

**Table 112: SMART Items Count Per Regulation**

Federal Regulation	SMART Items
<b>Subpart B: State Responsibilities</b>	
Disenrollment requirements and limitations 438.56	3
<b>Subpart C: Enrollee Rights and Protections</b>	
Enrollee rights requirements 438.100	9
Emergency and post-stabilization services 438.114	3
<b>Subpart D: MCO, PIHP, and PAHP Standards</b>	
Availability of services 438.206	6
Assurances of adequate capacity and services 438.207	5
Coordination and continuity of care 438.208	25
Coverage and authorization of services 438.210	14
Provider selection 438.214	3
Confidentiality 438.224	3
Grievance and appeal systems 438.228	2
Subcontractual relationships and delegation 438.230	2
Practice guidelines 438.236	2
Health information systems 438.242	9
<b>Subpart E. Quality Measurement and Improvement; External Quality Review</b>	
Quality assessment and performance improvement program 438.330	6

SMART: Systematic Monitoring, Access, and Retrieval Technology; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; QAPI: Quality Assessment and Performance Improvement.

## Conclusions and Comparative Findings

The 2024 SMART items upon which the review was conducted contained 100 standards. Of the SMART 100 items, 95 items were evaluated and 5 were not evaluated for the MCOs. As part of IPRO’s validation of MCO compliance with Medicaid and CHIP managed care regulations, the following sections compare MCO findings by C.F.R subpart.

### *Subpart B: State Responsibilities*

The general purpose of the regulations included in this category is to ensure that each MCO specifies the reason for an enrollee’s disenrollment, and that there is no other reason for disenrollment other than what is permitted under contract (*Title 42 CFR § 438.56 [b]*). The SMART database and DHS’s audit document information include an assessment of the MCO’s compliance with regulations found in Subpart B. **Table 113** presents the findings by categories consistent with the regulations.

**Table 113: MCO Compliance with State Responsibilities**

Subpart B Categories	ACP Compliance	KF Compliance	PHW Compliance	UPMC Compliance
Disenrollment Requirements	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization.

### *Subpart C: Enrollee Rights and Protections*

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable federal and state laws that pertain to enrollee rights, and that the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to Members (*Title 42 CFR § 438.100 [a]–[b]*). The SMART database and DHS’s audit document information include assessment of the MCO’s compliance with regulations found in Subpart C. **Table 114** presents the findings by categories consistent with the regulations.

**Table 114: MCO Compliance with Enrollee Rights and Protections Regulations**

Subpart C Categories	ACP Compliance	KF Compliance	PHW Compliance	UPMC Compliance
Enrollee Rights	Compliant	Compliant	Compliant	Compliant
Emergency and Post-Stabilization Services	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization.

### *Subpart D: MCO, PIHP, and PAHP Standards*

The general purpose of the regulations included under this heading is to ensure that all services available under the commonwealth’s Medicaid managed care program are available and accessible to members, delivered as required, monitored and reported per regulation and contractual guidelines. The SMART database includes an assessment of the MCO’s compliance with regulations found in Subpart D. **Table 115** presents the findings by categories consistent with the regulations.

**Table 115: MCO Compliance with MCO, PIHP, and PAHP Standards Regulations**

Subpart D Categories	ACP Compliance	KF Compliance	PHW Compliance	UPMC Compliance
Availability of Services	Compliant	Compliant	Compliant	Compliant
Assurances of Adequate Capacity and Services	Compliant	Compliant	Compliant	Compliant
Coordination and Continuity of Care	Compliant	Compliant	Compliant	Compliant
Coverage and Authorization of Services	Compliant	Compliant	Compliant	Compliant
Provider Selection	Compliant	Compliant	Compliant	Compliant
Confidentiality	Compliant	Compliant	Compliant	Compliant
Grievance and Appeal System	Compliant	Compliant	Compliant	Compliant
Subcontractual Relationships and Delegations	Compliant	Compliant	Compliant	Compliant
Practice Guidelines	Compliant	Compliant	Compliant	Compliant
Health Information Systems	Partially Compliant	Partially Compliant	Partially Compliant	Compliant

MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

***Subpart E: Quality Measurement and Improvement; External Quality Review***

The general purpose of the regulations included under this heading is to ensure that managed care entities establish and implement an ongoing comprehensive Quality Assessment and Performance Improvement Program for the services it furnishes to its Medicaid Members (*Title 42 CFR § 438.330*). The MCO’s compliance with the regulation found in Subpart E was evaluated as noted above against additional SMART items and DHS monitoring activities. **Table 116** presents the findings by categories consistent with the regulation.

**Table 116: MCO Compliance with Quality Measurement and Improvement; EQR Regulations**

Subpart E Categories	ACP Compliance	KF Compliance	PHW Compliance	UPMCCompliance
Quality Assessment and Performance Improvement Program	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization; EQR: external quality review.

***Review of Compliance with Regulations Previous Recommendations, Plan Responses and Actions, and New Recommendations***

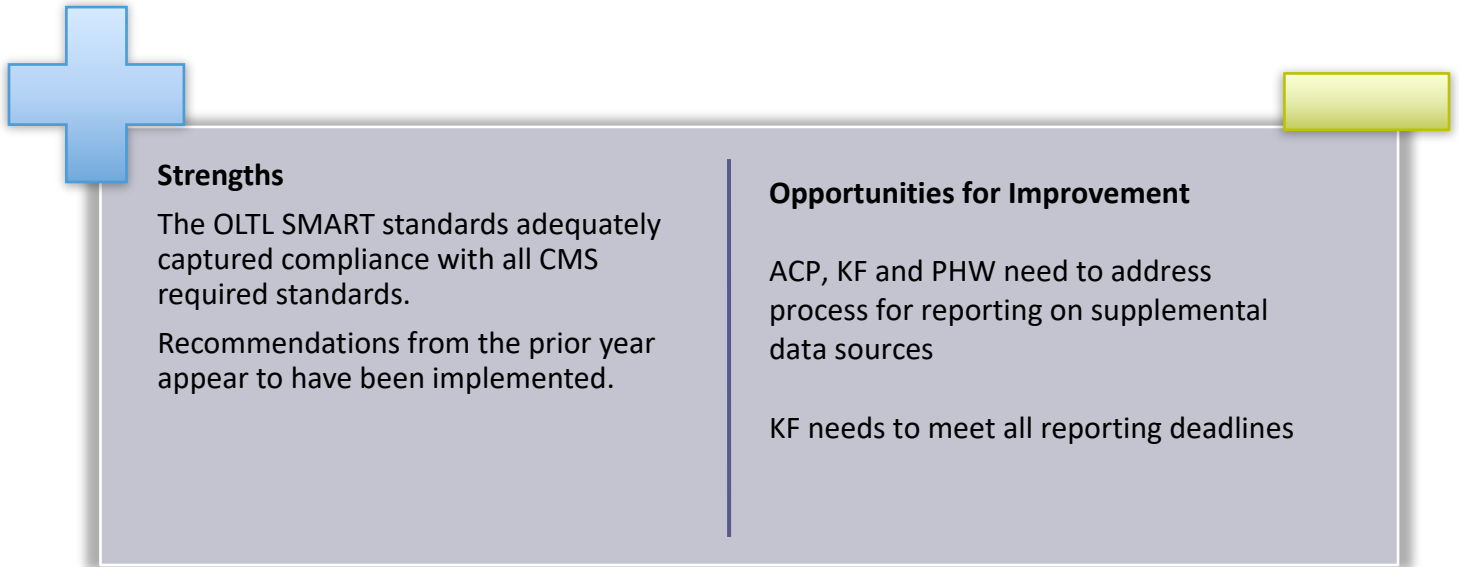
**Table 117** displays the prior year review of compliance with regulations findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 117: Review of Compliance with Regulations Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ACP	Facilitate a seamless transition between CHC-MCOs by improving transfer of information and records.	Based on this year’s attainment of a finding of Compliant for the Care Coordination Domain, it appears that the recommendation was implemented	ACP should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.  ACP should meet all time frames for submission of transactions within 30 days following adjudication.
KF	Facilitate a seamless transition between CHC-MCOs by improving transfer of information and records.	Based on this year’s attainment of a finding of Compliant for the Care Coordination Domain, it appears that the recommendation was implemented	Keystone should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.  Keystone should meet all time frames for submission of transactions within 30 days following adjudication.
PHW	Facilitate a seamless transition between CHC-MCOs by improving transfer of information and records.	Based on this year’s attainment of a finding of Compliant for the Care Coordination Domain, it appears that the recommendation was implemented	PHW should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.
UPMC	None		None

MCO: managed care organization.

*Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Summary*  
**Figure 16** provides an aggregated summary of the review of compliance with Medicaid and CHIP regulations across all MCOs.



**Figure 16: Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Findings**

## Validation of Network Adequacy

### Objectives

Title 42 CFR § 438.356(a)(1) and Title 42 CFR § 438.358(b)(1)(iv) establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. To meet these federal regulations, PA contracted with IPRO to perform the validation of network adequacy for PA MCOs.

### Technical Methods of Data Collection and Analysis

CMS's Protocol 4. Validation of Network Adequacy was used as the framework to validate each CHC-MCO.

Figure 17 details the mandatory EQR Protocol 4 activities.

#### Activity 1: Define the Scope of the Validation of Quantitative Network Adequacy Standards

- Step 1: Obtain needed information from the state
- Step 2: Identify and define network adequacy indicators for validation
- Step 3: Identify and define provider types
- Step 4: Establish network adequacy validation activities and timeline

#### Activity 2: Identify Data Sources for Validation

- Step 1: Identify data sources
- Step 2: Answer additional questions about data sources

#### Activity 3: Review Information Systems Underlying Network Adequacy Monitoring

- Step 1: Review the MCOs ISCA
- Step 2: Assess processes for collecting network adequacy data not addressed in the ISCA
- Step 3: Interview MCO or other personnel

#### Activity 4: Validate Network Adequacy Monitoring Data, Methods, and Results

- Step 1: Assess the reliability and validity of the MCO network adequacy data
- Step 2: Assess the methods used by the State to assess network adequacy
- Step 3: Validate network adequacy results submitted by the MCOs
- Step 4: Summarize network adequacy validation findings

#### Activity 5: Communicate Preliminary Findings to Managed Care Plans

#### Activity 6: Submit Findings to the State

**Figure 17: EQR Protocol 4 Activities** MCO: managed care organization; ISCA: Information Systems Capabilities Assessment; EQR: external quality review.

## Description of Data Obtained

**Box 4** details the data obtained from PA that was used to conduct the validation activities and their definitions.

### Box 4: Network Adequacy Data and Definitions

- **Network adequacy standard:** A quantitative parameter that states establish to set expectations for contracted managed care plans' provider networks.
- **Network adequacy indicator:** The metric(s) used to assess adherence to the quantitative network adequacy standard
- **Applicable provider types:** All provider types to which the network adequacy standard applies.
- **Applicable regions:** All regions to which the network adequacy standard applies.
- **Data and documentation submitted by MCPs:** Data source, format, software, variables, and state standards for data accuracy, timeliness, and completion.

MCP: managed care plan.

**Table 118** displays the CHC provider network standards that were applicable in MY 2024.

**Table 118: Community HealthChoices Provider Network Adequacy Standards**

Network Adequacy Standard	Applicable Provider Type	Location
At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 30 minutes.	Adult primary care	Urban
At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 60 minutes.	Adult primary care	Rural
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes).	Adult specialist	Urban
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes).	Adult specialist	Rural
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes).	OB/GYN	Urban
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes).	OB/GYN	Rural
At least one hospital within the travel time limits (30 minutes) and a second choice within the CHC zone.	Hospital	Urban
At least one hospital within the travel time limits (60 minutes) and a second choice within the CHC zone.	Hospital	Rural
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes).	Pharmacy	Urban
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes).	Pharmacy	Rural

Network Adequacy Standard	Applicable Provider Type	Location
A choice of at least two dentists within the Provider Network with privileges or certificates to perform specialized dental procedures under general anesthesia or pay Out-of-Network.	Anesthesia for Dental Care	Statewide
A choice of at least two rehabilitation facilities within the Provider Network, at least one of which must be located within the CHC zone.	Rehabilitation Facility	Statewide
The CHC-MCO must demonstrate its attempts to contract in good faith with a sufficient number of CNMs, CRNPs and other Providers and maintain payment policies that reimburse CNMs, CRNPs and other Providers for all services provided within the scope of their practice and allow them to practice to the fullest extent of their education, training and licensing.	Certified Nurse Midwives, Certified Registered Nurse Practitioners, and Other Providers	Statewide
The CHC-MCO must contract with a sufficient number of FQHCs and RHCs to ensure access to FQHC and RHC services, provided FQHC and RHC services are available, within a travel time of 30 minutes.	Federally Qualified Health Centers and Rural Health Clinics	Urban
The CHC-MCO must contract with a sufficient number of FQHCs and RHCs to ensure access to FQHC and RHC services, provided FQHC and RHC services are available, within a travel time of 60 minutes.	Federally Qualified Health Centers and Rural Health Clinics	Rural
LTSS network adequacy requirements are based on the full-time equivalent (FTE) calculations developed by the Department for services where the Provider is traveling to the Participant.	LTSS	Statewide
For services where the Participant is traveling to the Provider, the CHC-MCO must ensure a choice of two (2) Providers who are accepting new clients within the travel time limits (30 minutes). This travel time is measured via public transportation, where available.	LTSS	Urban
For services where the Participant is traveling to the Provider, the CHC-MCO must ensure a choice of two (2) Providers who are accepting new clients within the travel time limits (60 minutes). This travel time is measured via public transportation, where available.	LTSS	Rural

LTSS: long-term services and supports; CHC: Community HealthChoices; MCO: managed care organization; PCP: primary care provider.

### ***Network Adequacy Validation Findings***

OLTL opts to conduct network adequacy analysis using data submitted by the MCOs and other data sources. Per PA DHS MCQS, “Each managed care program agreement entered into with DHS identifies network adequacy standards for those programs that ensure covered standards are available and accessible to members. These standards are consistent with state regulations and must comply with CMS network adequacy standards as outlined in 42 CFR §§ 438.68 and 438.206.”<sup>6</sup>

OLTL assesses initial compliance with network adequacy during implementation. CHC-MCOs provide weekly provider network files to the CHC contractor, and the monitoring system is updated to show the status of member travel times for certain providers, with follow-up for identified issues. This follow-up includes

outreach by OLTL monitoring team to the MCOs requesting explanations for any identified gaps in their networks and if necessary, updates to the data provided. GeoAccess maps are provided at least annually and upon request. Oversight and monitoring of provider networks include review of geographic access maps using member level data detailing the number, location, and specialties of the provider networks.

Each of the counties served by an MCO is reviewed based on the established network adequacy standard for each provider type using the MCO's geographic access maps, internal analysis, and the weekly "snapshot" report to determine whether the access standard is being met and identify any barriers to meeting the access standard. If the "snapshot" indicates an access standard is not being met, the reason generally fits into one of the following three categories: 1) there are no providers physically located within the drive time requirement; 2) there is an insufficient number of providers to meet the access standard; or 3) providers have been identified but are unwilling to enroll in Medicaid or contract with the MCO.

Using a Quality Improvement Plan submitted by the CHC-MCO, OLTL validates the identified barrier and, if verified, finds the CHC-MCO in compliance.

OLTL uses various Operations (OPS) Reports to assess performance and compliance with federal requirements. OLTL analyzes the data collected in these OPS reports to assess MCO efforts to contract with new providers to aid in their evaluation of compliance with OLTL's network standards and access requirements. One of these reports captures the number of grievances (termed complaints in PA) received that are related to access to services, per 10,000 participants.

OLTL uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to gather data demonstrating the availability of service, specifically, question #9, which asks "In the last six months, how often was it easy to get the care, test or treatment you needed?" This rate, per MCO, factors into OLTL's assessment of network adequacy.

In addition, OLTL uses the Healthcare Effectiveness Data and Information Set (HEDIS) measure, "Number and Percent of Participants who had an Ambulatory or Preventive Care Visit During the Measurement Year", to evaluate that participants are receiving services covered by the CHC agreement. OLTL considers HEDIS rates above 95% indicative of compliant levels of participants who received an ambulatory or preventive care visit during this period.

I PRO conducted meetings and held conversations with OLTL and the CHC contractor to discuss the network adequacy analysis process, the process strengths, and opportunities for improvement. I PRO collected information from PA OLTL for the network adequacy validation activities, including:

- a detailed list of the state's quantitative network adequacy standards,
- a description of network adequacy data and documentation,
- a description of the information from the CHC-MCOs to PA, and
- CHC contractor-generated MCO network adequacy rates.
- OLTL's final Network Adequacy and Access Assurance Report (NAAAR) for 2024
- Individual Corrective Action Plans for each of the MCOs

I PRO used the information collected from OLTL to assess the network adequacy data sources and determined a validation finding and rating for each network adequacy indicator. Additionally, I PRO used the OLTL contractor-generated network adequacy rates to assess if OLTL met its goal to "ensure that its provider network is adequate to provide its members with access to quality care through participating professionals, in a timely manner, and without the need to travel excessive distances", as stated in the MCQS. Error! Bookmark not defined.

While conducting network adequacy validation activities, IPRO identified the following:

- The CHC contractor conducts the network adequacy analysis and meets with OLTL monthly to review results for monitoring and oversight.
- The network adequacy data source includes annual MCO provider network analysis reports and weekly MCO provider network updates.
- The CHC network adequacy analysis begins with a three-step validation hierarchy applied to MCO-submitted provider files, including a validation against external datasets.
- The network adequacy calculation has components such as, MCO provider file submissions, provider criteria mapping, and monthly recipient file.
- The validated data are entered into Medicaid Enterprise Monitoring Module (MEMM), a real-time software system that provides network adequacy, network geography, and network compliance determinations.
- Errors that may occur in the process of collecting and analyzing the data include:
  - Providers may be reported as being available in multiple locations. Some locations may have multiple providers listed and all do not physically practice out of that location.
  - The use of provider billing locations vs. service locations.
  - Provider information does not match National Provider Identifier (NPI).
- Solutions implemented to address the data concerns include:
  - There are “warnings” within the MEMM system that alert the monitors to data issues.
  - The contract management team provides a weekly reconciliation file that outlines all reporting errors and failures that were submitted on the MCO weekly file.
  - Data issues are addressed with the MCOs weekly and on a case-by-case basis, dependent upon severity and frequency.
- As necessary, MCOs must implement quality improvement plans/corrective action plans to address ongoing reporting errors.
- The CHC contractor generates a network adequacy rate for each standard’s indicator that describes the percentage of OLTL members covered by time and distance, per the standard’s definition.

General findings regarding network adequacy monitoring are:

- The majority (88.4%) of the OLTL population are dual eligibles where Medicare is the primary payer. This impacts the CHC-MCO’s ability to provide a timely assessment of network adequacy.
- CHC-MCOs update their provider directory every 30 days to maintain compliance.
- Travel time, for the time and distance standards, is measured by public transportation, when available.
- The Center for Rural Pennsylvania defines urban versus rural based on population density.
- Rehabilitation facilities are not adequately defined therefore, some providers and facilities may be inaccurately identified.
- Federally Qualified Health Centers and Rural Health Centers adequacy standards are determined by stakeholder meetings or based on complaints. In the last four years, there have been no complaints.

**Table 119** details a summary of the network adequacy findings for each MCO. The finding answers the question, “Did the MCO address this indicator in its network adequacy monitoring activities?”

**Table 119: Summary of Network Adequacy Validation Findings**

Network Adequacy Indicator	Validation Finding	Validation Rating
At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 30 minutes (Adult Primary Care).	Addressed	High confidence
At least two appropriate PCPs with open panels whose offices are located within a travel time no greater than 60 minutes (Adult Primary Care)	Addressed	High confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes Urban, Adult Specialist)	Addressed	High confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes Rural, Adult Specialist).	Addressed	High confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes Urban, OB/GYN).	Addressed	High confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes Rural, OB/GYN).	Addressed	High confidence
At least one hospital within the travel time limits (30 minutes Urban) and a second choice within the CHC zone.	Addressed	High confidence
At least one hospital within the travel time limits (60 minutes Rural) and a second choice within the CHC zone.	Addressed	High confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (30 minutes Urban, Pharmacy).	Addressed	Moderate confidence
For all specialty Provider types, the CHC-MCO must ensure a choice of two Providers who are accepting new patients within the travel time limits (60 minutes Rural, Pharmacy).	Addressed	Moderate confidence
A choice of at least two dentists within the Provider Network with privileges or certificates to perform specialized dental procedures under general anesthesia or pay Out-of-Network.	Addressed	High confidence
A choice of at least two rehabilitation facilities within the Provider Network, at least one of which must be located within the CHC zone.	Addressed	High confidence
The CHC-MCO must demonstrate its attempts to contract in good faith with a sufficient number of CNMs, CRNPs and other Providers and maintain payment policies that reimburse CNMs, CRNPs and other Providers for all services provided within the scope of their practice and allow them to practice to the fullest extent of their education, training and licensing (Certified Nurse Midwives, Certified Registered Nurse Practitioners, and Other Providers)	Addressed	Moderate confidence
The CHC-MCO must contract with a sufficient number of FQHCs and RHCs to ensure access to FQHC and RHC services, provided FQHC and RHC services are available, within a travel time of 30 minutes.	Addressed	Moderate confidence
The CHC-MCO must contract with a sufficient number of FQHCs and RHCs to ensure access to FQHC and RHC services, provided FQHC and RHC services are available, within a travel time of 60 minutes.	Addressed	Moderate confidence
LTSS network adequacy requirements are based on the full-time equivalent (FTE) calculations developed by the Department for services where the Provider is traveling to the Participant.	Partially Addressed	Moderate confidence
For services where the Participant is traveling to the Provider, the CHC-MCO must ensure a choice of two (2) Providers who are accepting new clients within the travel time limits (30 minutes Urban). This travel time is measured via public transportation, where available (LTSS)	Partially Addressed	Moderate confidence

Network Adequacy Indicator	Validation Finding	Validation Rating
For services where the Participant is traveling to the Provider, the CHC-MCO must ensure a choice of two (2) Providers who are accepting new clients within the travel time limits (60 minutes Rural). This travel time is measured via public transportation, where available (LTSS).	Partially Addressed	Moderate confidence
PCP scheduling procedures must ensure that emergency Medical Condition cases must be immediately seen or referred to an emergency facility.	Partially Addressed	Moderate confidence
PCP scheduling procedures must ensure that urgent medical condition cases must be scheduled within twenty-four (24) hours.	Partially Addressed	Moderate confidence
PCP scheduling procedures must ensure that routine appointments must be scheduled within ten (10) Business Days.	Partially Addressed	Moderate confidence
PCP scheduling procedures must ensure that health assessment/general physical examinations and first examinations must be scheduled within three (3) weeks of enrollment.	Partially Addressed	Moderate confidence
The CHC-MCO must provide the Department with its protocol for ensuring that a Member's average office waiting time for an appointment for Routine Care is no more than thirty (30) minutes or at any time no more than up to one (1) hour when the physician encounters an unanticipated Urgent Medical Condition visit or is treating a Member with a difficult medical need. The Member must be informed of scheduling time frames through educational outreach efforts.	Partially Addressed	Moderate confidence
The CHC-MCO must monitor the adequacy of its appointment processes and reduce the unnecessary use of emergency room visits.	Partially Addressed	Moderate confidence
The CHC-MCO must have adequate PCP scheduling procedures in place to ensure that an appointment with a PCP or specialist must be scheduled within seven (7) days from the effective date of Enrollment for any person known to the PH-MCO to be HIV positive or diagnosed with AIDS (e.g. self-identification), unless the Member is already in active care with a PCP or specialist.	Partially Addressed	Moderate confidence
The CHC-MCO must make a reasonable effort to schedule an appointment with a PCP or specialist within forty-five (45) days of Enrollment for any Member who is an SSI or SSI-related consumer unless the Member is already in active care with a PCP or specialist.	Partially Addressed	Moderate confidence
For specialty referrals, the CHC-MCO must be able to provide for Emergency Medical Condition appointments immediately upon referral.	Partially Addressed	Moderate confidence
For specialty referrals, the CHC-MCO must be able to provide for Urgent Medical Condition care appointments within twenty-four (24) hours of referral.	Partially Addressed	Moderate confidence
For specialty referrals, the CHC-MCO must be able to provide for scheduling of appointments for routine care within fifteen (15) business days.	Partially Addressed	Moderate confidence
The MCO schedules appointments for routine care within ten (10) business days of referral for all other specialty provider types not listed above.	Partially Addressed	Moderate confidence

CHC: Community HealthChoices; MCO: managed care organization; PCP: primary care provider.

### Network Adequacy Indicator Travel Time and Distance Analysis

In addition to validating OLTL’s network adequacy data, processes, and methods, IPRO EQR activities include evaluating the network adequacy information on quality, timeliness, and access to the health services that the MCOs furnish to OLTL members. During the 2024-2025 review cycle, IPRO’s analysis of the MCO network adequacy indicator rates was limited as relates to appointment availability and wait time indicators due to inconsistency in available data from the MCOs. Rural results are not presented for Keystone First due to the geographic region covered by the MCO. OLTL evaluates MCO network adequacy at a county level. The standard, per provider type is deemed compliant if 90% of the CHC members in a county are covered. Pennsylvania is comprised of 67 counties – 19 which are urban counties and 48 which are rural. **Table 120** shows the number of Rural/Urban counties served by each MCO.

**Table 120: Number of Urban and Rural Counties Served by MCOs**

ACP Rural	ACP Urban	KF Urban	PHW Rural	PHW Urban	UPMC Rural	UPMC Urban
48	14	5	48	19	48	19

MCO: managed care organization.

**Table 121** details each CHC-MCO’s network adequacy rates by a count of counties with 90% of participants covered based on provider specialty, LTSS services, other related services, for both urban and rural areas.

**Table 121: Community HealthChoices Network Adequacy Results**

Specialty	ACP Rural	ACP Urban	KF Urban	PHW Rural	PHW Urban	UPMC Rural	UPMC Urban
Acute Care Hospital	48	14	5	48	19	48	19
Allergy	UTD	UTD	UTD	UTD	UTD	UTD	UTD
Anesthesia for dental care	48	14	5	48	19	48	19
Cardiology	48	14	5	48	19	48	19
Dermatology	48	14	5	48	18	48	17
Endocrinology	48	14	5	48	19	48	19
Gastroenterology	48	14	5	48	19	48	19
General surgery	48	14	5	48	19	48	19
LTSS adult day living	48	14	5	48	19	48	19
LTSS adult day living (enhanced)	48	14	5	48	19	48	19
LTSS structured day program	48	14	5	48	19	48	19
Nephrology	48	14	5	48	19	48	19
Neurology	48	14	5	48	19	48	19
Neurosurgery	48	14	5	48	19	48	19
Obstetrics	48	14	5	48	19	48	19
Oncology	48	14	5	48	19	48	19
Ophthalmology	48	14	5	48	19	48	19
Optometry	48	14	5	48	19	48	19
Oral surgery	48	14	5	48	18	48	19
Orthopedic surgery	48	14	5	48	19	48	19
Otolaryngology	48	14	5	48	19	48	19
Physical medicine and rehabilitation	48	14	5	48	19	48	19
Physician	48	14	5	48	19	48	19
Podiatry	48	14	5	48	19	48	19

Specialty	ACP Rural	ACP Urban	KF Urban	PHW Rural	PHW Urban	UPMC Rural	UPMC Urban
Rehabilitation facilities	48	14	5	48	19	48	19
Rheumatology	48	14	5	48	19	48	19
Speech therapy	48	14	5	48	19	48	19
Urology	48	14	5	48	18	48	19

UTD: Unable to determine due to incomplete or inaccurate data provided to OLTL by the MCO as of report deadline:LTSS: long-term services and supports.

**Appointment Availability Analysis**

MCO appointment availability results are compiled and self-reported.

**Table 122** details each CHC-MCO’s appointment availability monitoring and results.

**Table 122: Community Health Choices compliance with appointment availability requirements**

MCO	Appointment Availability Method	MCO reported results	EQRO Validation
ACP	<p>ACP uses a combination of methods to evaluate appointment availability including member complaints, and surveys conducted by Press-Ganey for appointment access and after-hours care.</p> <p>Phone surveys identified the caller as ACP. This method is not as effect as secret shopper calls, as the provider is more likely to comply when they know it is the health plan placing the call to schedule.</p>	<p>PCP appointments of all types ranging from emergent and urgent to preventive, routine and sick visits were all made in the required time frames 96% of the time or greater</p> <p>Specialty care appointment rates were 98% for urgent and 96% for routine care.</p> <p>While overall specialty rates met the target of 90%, the following specialties fell below the target for urgent appointments: Gastroenterology, General Surgery, Cardiology, Neurology. Pulmonology, Nephrology The following specialties fell below the target of 90% for routine appointments: Ophthalmology, Neurology.</p> <p>Members’ complaints related to appointment availability were 0.03 per 1000 members or less</p>	Moderate Confidence
KF	<p>KF uses a combination of methods to evaluate appointment availability including member complaints, and surveys conducted by Press-Ganey for appointment access and after-hours care.</p> <p>Phone surveys identified the caller as KF. This method is not as effect as secret shopper calls, as the provider is more likely to comply when they know it is the health plan placing the call to schedule.</p> <p>KF PCP appointment access results only address routine and urgent care. They do not address emergent, preventive or sick visits.</p>	<p>PCP appointments for urgent and routine care were all made in the required time frames 96% of the time.</p> <p>Specialty care appointment rates were presented for high volume and high impact specialists separately with a goal of making appointments within the set timeframes 90% of the time. High volume specialist appointments were made 89% of the time, high impact specialist appointments were made 78% of the time.</p> <p>In the high-volume group Ophthalmology, Gastroenterology, and General Surgery were all below 90%.</p>	Moderate Confidence

		<p>In the high intensity group all specialties fell below the 90% goal.</p> <p>Members' complaints related to appointment availability were 0.03 per 1000 members or less</p>	
PHW	<p>PHW uses a Faneuil to conduct outgoing calls to assess Medicaid appointment availability and after-hours care.</p> <p>PHW provided a table, by quarter, for appointment availability for urgent, routine, and emergency care.</p>	<p>For MY 2023, only the routine care for Q1 reached the threshold of 90% of appointments scheduled within 30 days.</p> <p>Urgent care appointments within 24 hours and Emergency Care immediately or referred to an ER were below 65% in both Q3 and Q4.</p> <p>All 2023 rates were lower than 2022.</p>	Moderate Confidence
UPMC	<p>UPMC uses a combination of methods to evaluate appointment availability including member complaints, CAHPS surveys, and a Press-Ganey survey for after-hours care.</p> <p>UPMC's most recent report covers MY 2023. Complaints are reported at the line of business level.</p> <p>PCP Secret Shopper and Press-Ganey survey data was not broken out by line of business so CHC rates of compliance with appointment availability cannot be assessed.</p>	<p>For CHC members, there were no complaints related to appointment access for three out of four quarters and in Q3 the rate per 1,000 members was only 0.03/1,000 members.</p> <p>CAHPS results were reported at the line of business level. For the question "How often did you get an appointment for a check-up or regular care at a doctor's office or clinic as soon as you needed?" CHC members responded positively at a rate of 90.6%</p> <p>For PCP/Urgent Care and 86.7% for high-volume and high-impact specialty care practitioners. Both were above MCO targets.</p> <p>For the question "When you needed care right away, how often did you get care as soon as you needed? (Urgent Care)" CHC members responded positively at a rate of 83.2%. This was below the plan goal of 88.7%.</p> <p>UPMC believes that the pandemic had an impact on the rates as CHC members, over the age of 65, were less likely to take advantage of tele-health options.</p>	Moderate Confidence

## Conclusions and Comparative Findings

The fiscal year 2023 CHC HC Managed Care Program Annual Report (MCPAR) submitted to CMS discussed gaps and challenges with regards to network adequacy. Important challenges to note are:

- Lack of available specialties, especially in rural counties where the travel time standards cannot be met.
- CHC-MCOs’ lack of awareness of available providers in the network.
- OLTL identified data errors within the weekly network updates that the CHC-MCOs provide.

OLTL’s response to addressing the above gaps in network adequacy is to provide technical assistance through data sharing and further assist in the identification of available providers for the CHC-MCOs to contract with.

State-level gaps and challenges identified by IPRO are provided below:

1. Network adequacy analysis of FQHCs and RHCs does not include the evaluation of data to substantiate claims of adequacy.
2. Provider hierarchy and network adequacy criteria do not support the proper identification of rehabilitation facilities.

**Table 123** details a summary of the network adequacy findings for each MCO noted as a Strength or Opportunity for Improvement based on performance.

**Table 123: Summary of Network Adequacy Findings by MCO**

MCO	Findings	Strength or Opportunity for Improvement
ACP	99% of members in urban areas have access to provider groups of: Allergy & Immunology, Anesthesiology, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Hematology & Oncology, Hospital, Laboratory, Midwife-Certified, Nephrology, Neurological Surgery, Neurology.	Strength
ACP	97.5% of members in urban areas have access to provider groups of: Ophthalmology, Opioid Use Disorder Center of Excellence, Optometry, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Physical Medicaid & Rehabilitation, Podiatry, Primary Care, Radiology, Rheumatology, Speech Therapy, and Urology.	Strength
ACP	Obstetrics/Gynecology standard of 2 within 30 minutes was 100% of participants with access, totaling over 2,000 providers and over 900 unique provider locations.	Strength
ACP	OLTL’s monitor process identified inconsistencies in the data reported for Allergists and Immunologists on the MCO weekly provider file and what was published in the online provider directory. MCO was unable to provide explanations for the gaps and was unable to provide updated data in a timely fashion.	Opportunity for improvement.
ACP	Appointment Availability surveys are conducted in a manner that identifies the caller as the MCO rather than conducted in a secret shopper format.	Opportunity for improvement.
KF	99.8% of members in urban areas have access to provider groups of: Allergy & Immunology, Anesthesiology, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Hematology & Oncology, Hospital,	Strength

MCO	Findings	Strength or Opportunity for Improvement
	Laboratory, Midwife-Certified, Nephrology, Neurological Surgery, Neurology.	
KF	99.8% of members in urban areas have access to provider groups of: Ophthalmology, Opioid Use Disorder Center of Excellence, Optometry, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Physical Medicaid & Rehabilitation, Podiatry, Primary Care, Radiology, Rheumatology, Speech Therapy, and Urology.	Strength
KF	Obstetrics/Gynecology standard of 2 within 30 minutes stood at 100% with access, totaling over 2,000 providers and over 900 unique provider locations.	Strength
KF	97.7% of participants in urban areas have access to provider groups of Adult Day Care, Adult Day Care Enhanced, Behavior Therapy, Cognitive Therapy, Community Integration, Non-Medical Counseling, and Structured Day Program. The access requirement was met as the average time to a provider was less than 20 minutes.	Strength
KF	OLTL's monitor process identified inconsistencies in the data reported for Allergists and Immunologists on the MCO weekly provider file and what was published in the online provider directory. MCO was unable to provide explanations for the gaps and was unable to provide updated data in a timely fashion.	Opportunity for improvement.
KF	Appointment Availability surveys are conducted in a manner that identifies the caller as the MCO rather than conducted in a secret shopper format.	Opportunity for improvement.
KF	Appointment rates for specialists did not meet the goals	Opportunity for improvement.
PHW	97% of all eligible providers have been successfully contracted for Opioid Centers of Excellence.	Strength
PHW	There are 346 locations of FQHC/RHCs that are contracted, the network across the state is sufficient and PHW is open to any applications requesting to join.	Strength
PHW	Anesthesia for Dental Care has a 100% adequate network in both urban and rural counties.	Strength
PHW	Rehabilitation Facilities have a 100% adequate network in both urban and rural counties.	Strength
PHW	The access standards were not met for Dermatology in one urban county, Oral Surgery in one urban county, and Urology in one urban county	Opportunity for Improvement
PHW	OLTL's monitor process identified inconsistencies in the data reported for Allergists and Immunologists on the MCO weekly provider file and what was published in the online provider directory. MCO was unable to provide explanations for the gaps and was unable to provide updated data in a timely fashion.	Opportunity for improvement
PHW	Appointment Availability data provided was presented in a highly abstracted form with no breakouts at the level of specialty or discussion of or analysis of the results.	Opportunity for improvement
UPMC	Anesthesia for Dental Care had a 100% adequate network in both urban and rural counties.	Strength

MCO	Findings	Strength or Opportunity for Improvement
UPMC	Rehabilitation Facilities and Nursing Facilities had 100% adequate networks in both urban and rural counties.	Strength
UPMC	Robust Appointment Availability reporting including utilizing secret shopper surveys, breakouts by provider type and detailed analysis of results.	Strength
UPMC	The access standards was not met for Dermatology in two urban counties.	Opportunity for Improvement
UPMC	OLTL’s monitor process identified inconsistencies in the data reported for Allergists and Immunologists on the MCO weekly provider file and what was published in the online provider directory. MCO was unable to provide explanations for the gaps and was unable to provide updated data in a timely fashion.	Opportunity for improvement
UPMC	For Appointment Availability reporting, increasing the types of specialists including all exhibit T provider types and disaggregating survey data to report specifically on CHC.	Opportunity for improvement
State	OLTL’s monitoring team employs an active procedure to monitor network access for members on a monthly basis.	Strength
State	OLTL monitoring utilizes a process of QIPs and CAPs to promote MCO interventions to improve both network coverage by county and specialty and to improve data reporting where gaps are identified.	Strength
State	OLTL identified inconsistencies in the data reported for Allergists and Immunologists on all MCO weekly provider files and what was published in their online provider directory. As a result, OLTL initiated a “Secret Shopper” protocol to monitor network participation and appointment access and availability for these providers.	Strength
State	Utilizing CAHPs surveys as a data point in evaluating network adequacy does not provide information at the level of the provider type	Opportunity for improvement

MCO: managed care organization.

QIP: Quality Improvement Project

CAP: Corrective Action Plan

***Network Adequacy Previous Recommendations, Plan Responses and Actions, and New Recommendations***

**Table 124** displays the current year recommendations for quality improvement. Due to the nature of the network adequacy validation review in last year’s EQR report, no previous recommendations are provided nor are any responses and actions from the CHC-MCOs warranted.

**Table 124: MCO-Level Network Adequacy Recommendations**

MCO	New Recommendations
ACP	<ol style="list-style-type: none"> <li>1. Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>2. Develop appointment availability reporting to address member experience per OLTL instructions.</li> </ol>
KF	<ol style="list-style-type: none"> <li>1. Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> </ol>

MCO	New Recommendations
	2. Develop appointment availability reporting to address member experience per OLTL instructions.
PHW	<ol style="list-style-type: none"> <li>1. Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>2. Contract with additional providers, and/or explain the steps taken, to remediate gaps in Dermatology Oral Surgery and Urology panels.</li> <li>3. Enhance appointment availability reporting with a breakdown of rates at the level of Exhibit T provider types. Add analysis of results and discussion of steps to take to improve results.</li> </ol>
UPMC	<ol style="list-style-type: none"> <li>1. Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>2. Contract with additional providers, and/or explain the steps taken, to remediate gaps in the Dermatology panel.</li> <li>3. Enhance appointment availability reports by including all provider types identified in Exhibit T and provide all secret shopper and survey data for the CHC members separately.</li> </ol>

MCO: managed care organization.

**Table 125** displays the current recommendations for the state regarding network adequacy quality improvement.

**Table 125: State-Level Network Adequacy Recommendations**

State-Level Recommendations
<ol style="list-style-type: none"> <li>1. Continue to evaluate provider criteria to align specialties and subspecialties, as appropriate.</li> <li>2. Implement a monitoring process to assess compliance accuracy of MCO provider directories.</li> <li>3. Consider alternatives to CAHPs surveys for monitoring access standards as they do not assess access at the level of particular provider types or rural v urban zones.</li> <li>4. Consider a standard operating procedure to be employed by the MCOs to collect and report their appointment availability compliance to ensure monitoring is comprehensive and consistent.</li> </ol>

MCO: managed care organization;

CHC: Community HealthChoices.

## Validation of Quality-of-Care Surveys – CAHPS Member Experience Survey

### Objectives

*Title 42 CFR § 438.358(c)(2)* establishes that for each MCO, the administration or validation of consumer or provider surveys of quality of care may be performed by using information derived during the preceding 12 months. Further, *Title 42 CFR § 438.358(a)(2)* requires that the data obtained from the quality-of-care survey(s) be used for the annual EQR.

PA DHS requires MCOs to sponsor a member experience survey annually. The goal of the survey is to get feedback from these members about how they view the health care services they receive. DHS uses results from the survey to determine variation in member satisfaction among the MCOs. Further, Exhibit CC(1) of the CHC Agreement requires that the CAHPS survey tools be administered.

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*The overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of care provided.*

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Each MCO independently contracted with a certified CAHPS vendor to administer the adult survey for MY 2023.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 6. Validation of Quality-of-Care Surveys* was used as the framework to validate the CAHPS surveys. **Figure 18** details the EQR Protocol 6 activities.

#### Activity 1: Pre-Survey Activities

- Step 1: Communicate Survey instructions to MCOs
- Step 2: Assign HEDIS auditor to validate the survey sample frame.

#### Activity 2: Validate the Survey Sample Frame

- Step 1: Ascertain, from the MCO, the date for delivery of the validated sample frame to the survey vendor, and arrange for validation to be completed by that date.
- Step 2: Verify that the MCO can produce an unbiased sample frame that includes all required data elements.
- Step 3: Provide the MCO with written documentation of the sample frame validation.

#### Activity 3: Implement the Survey

- Step 1: Each MCO independently contracted with a certified CAHPS vendor to administer the adult and child surveys for MY 2023.

#### Activity 4: Review the Survey Data Analysis and Final Report

- Step 1: Obtain the final survey data from the state.
- Step 2: Publish the findings with three years of trending data.

**Figure 18: EQR Protocol 6 Activities** EQR: external quality review.

The standardized survey instruments selected for PA’s CHC Program were the CAHPS 5.1H Adult Medicaid Health Plan Survey.

HEDIS specifications require that the MCOs provide a list of all eligible members for the sampling frame. Following HEDIS requirements, the MCOs included members in the sample frame who were 18 years of age or older for adult members as of December 31, 2023, who were continuously enrolled for at least five of the last six months of 2023, and who are currently enrolled in the MCO.

Results were calculated in accordance with HEDIS specifications for survey measures. According to HEDIS specifications, results for the adult populations were reported separately, and no weighting or case-mix adjustment was performed on the results.

For the global ratings, composite measures, composite items, and individual item measures, the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 126** displays these categories and the measures by which these response categories are used.

**Table 126: CAHPS Categories and Response Options**

Category/Measure	Response Options
<b>Composite measures</b>	
<ol style="list-style-type: none"> <li>1. Getting Needed Care</li> <li>2. Getting Care Quickly</li> <li>3. How Well Doctors Communicate</li> <li>4. Customer Service</li> </ol>	1-4) Never, sometimes, usually, always, top-level performance is considered responses of “usually” or “always.”)
<b>Global rating measures</b>	
<ol style="list-style-type: none"> <li>1. Rating of Personal Doctor</li> <li>2. Rating of Health Plan</li> <li>3. Doctor Informed/Up to Date on Care</li> </ol>	<ol style="list-style-type: none"> <li>1-2) 0–10 scale, top-level performance is considered scores of “8” or “9” or “10.”</li> <li>3) Never, sometimes, usually, always</li> </ol>

CAHPS: Consumer Assessment of Healthcare Providers and Systems.

### Description of Data Obtained

For each MCO, IPRO received a copy of the final MY 2023 study reports produced by the certified CAHPS vendor. These reports included comprehensive descriptions of the project objectives and methodology, as well as MCO-level results and analyses.

### Conclusions and Comparative Findings

**Tables 127–130** provide the adult survey results by two specific categories (aligned vs unaligned) for each MCO across the last two MYs, as available. The aligned population includes Medicaid-CHC only or CHC and an aligned D-SNP. The unaligned population includes CHC and fee-for-service Medicare or other Medicare Advantage products than an aligned D-SNP. The composite questions target the MCO’s performance strengths as well as opportunities for improvement.

**Table 127: ACP CAHPS MY 2023 Adult Survey Results**

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult’s Health Plan (Rating of 8–10)	85.05%	83.01%	6.98%▲	1.34%▼	78.07%	84.35%
Customer Service (Usually or Always)	91.37%	91.16%	6.19%▲	1.64%▼	85.18%	92.80%
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	88.07%	85.68%	6.27%▲	1.99%▼	81.80%	87.67%
Getting Care Quickly Composite (Usually or Always)	88.25%	88.22%	3.90%▲	1.95%▲	84.35%	86.27%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	90.14%	89.09%	3.92%▲	2.07%▲	86.22%	87.02%
Doctor Informed/Up to Date on Care (Usually or Always)	95.00%	88.82%	5.78%▲	1.18%▼	89.22%	90.00%
How Well Doctors Communicate Composite (Usually or Always)	96.67%	95.38%	1.60%▲	0.56%▲	95.07%	94.82%

▲ ▼ = Performance increased (▲) or decreased (▼) compared to prior year’s rate.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; MMC: Medicaid managed care.

**Table 128: KF CAHPS MY 2023 Adult Survey Results**

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult’s Health Plan (Rating of 8–10)	78.81%	83.33%	4.75%▼	3.18%▼	83.56%	86.51%
Customer Service (Usually or Always)	90.79%	92.04%	1.60%▼	2.36%▲	92.39%	89.68%

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	83.60%	87.15%	2.18% ▼	0.60% ▲	85.78%	86.55%
Getting Care Quickly Composite (Usually or Always)	81.99%	81.44%	3.36% ▼	5.51% ▼	85.35%	86.95%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	82.37%	87.80%	4.74% ▼	2.91% ▲	87.11%	84.89%
Doctor Informed/Up to Date on Care (Usually or Always)	86.77%	86.93%	2.42% ▼	1.64% ▼	89.19%	88.57%
How Well Doctors Communicate Composite (Usually or Always)	92.31%	93.19%	0.30% ▼	0.91% ▼	92.61%	94.10%

▲ ▼ = Performance increased (▲) or decreased (▼) compared to prior year's rate.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; MMC: Medicaid managed care.

**Table 129: PHW CAHPS MY 2023 Adult Survey Results**

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult's Health Plan (Rating of 8-10)	77.72%	90.00%	1.06% ▼	3.51% ▲	78.78%	86.49%
Customer Service (Usually or Always)	92.29%	91.60%	2.43% ▲	0.15% ▼	89.86%	91.75%
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	85.24%	86.63%	1.14% ▲	0.23% ▼	84.10%	86.86%
Getting Care Quickly Composite (Usually or Always)	87.01%	87.43%	0.27% ▲	0.22% ▲	86.74%	87.21%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	88.11%	88.32%	2.94% ▲	0.58% ▲	85.17%	87.74%

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
Doctor Informed/Up to Date on Care (Usually or Always)	93.16%	90.05%	3.89%▲	2.84%▼	89.27%	92.89%
How Well Doctors Communicate Composite (Usually or Always)	94.93%	94.99%	0.78%▲	0.22%▼	94.15%	95.21%

▲▼ = Performance increased (▲) or decreased (▼) compared to prior year's rate.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; MMC: Medicaid managed care.

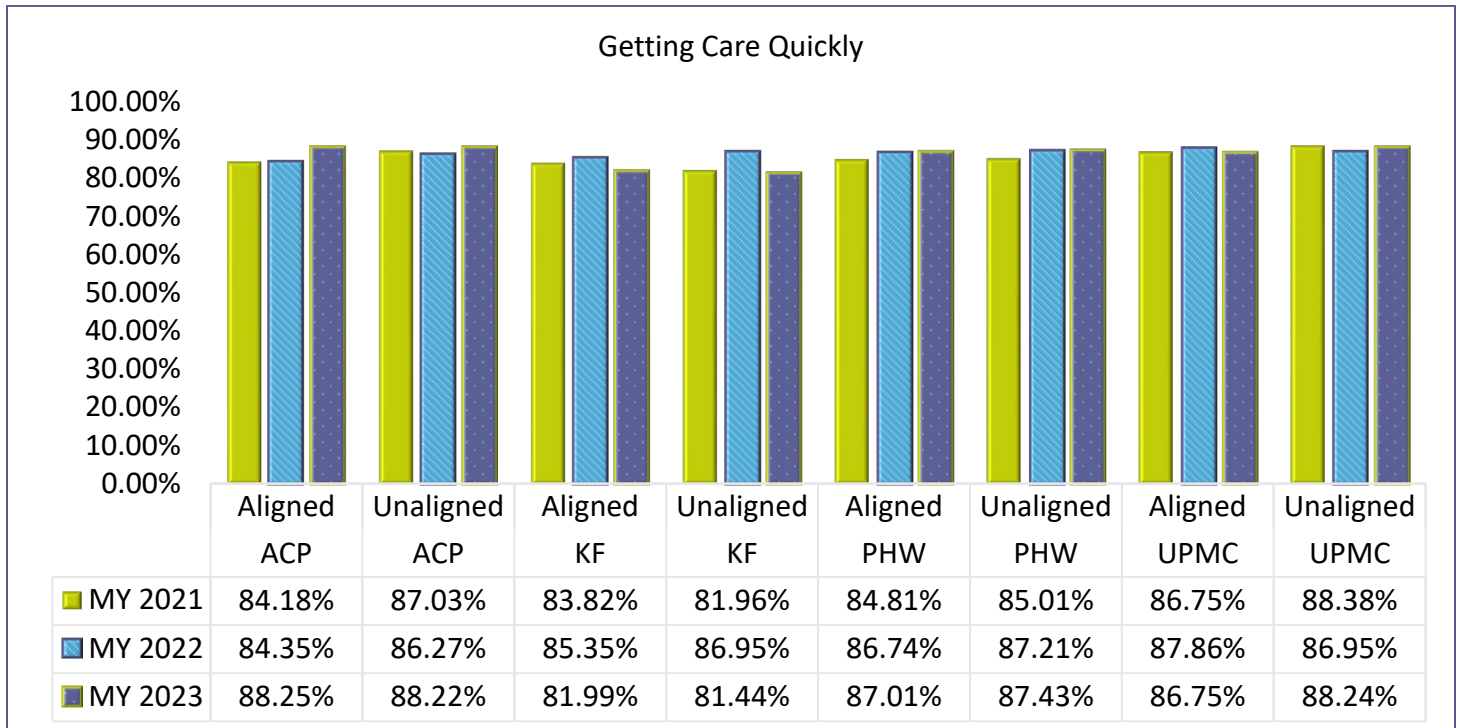
**Table 130: UPMC CAHPS MY 2023 Adult Survey Results**

Survey Section/Measure	MY 2023 (Aligned)	MY 2023 (Unaligned)	MY 2023 Rate Compared to MY 2022 (Aligned)	MY 2023 Rate Compared to MY 2022 (Unaligned)	MY 2022 (Aligned)	MY 2022 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult's Health Plan (Rating of 8–10)	90.20%	83.55%	0.29%▼	2.67%▼	90.49%	86.22%
Customer Service (Usually or Always)	93.73%	93.24%	0.65%▼	0.10%▲	94.38%	93.14%
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	82.17%	85.77%	6.14%▼	2.27%▼	88.31%	88.04%
Getting Care Quickly Composite (Usually or Always)	86.75%	88.24%	0.72%▼	1.38%▲	87.47%	86.86%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	86.15%	88.34%	0.47%▲	2.52%▲	85.68%	85.82%
Doctor Informed/Up to Date on Care (Usually or Always)	90.18%	91.62%	3.57%▲	2.97%▼	86.61%	94.59%
How Well Doctors Communicate Composite (Usually or Always)	93.22%	94.47%	0.51%▼	0.62%▼	93.73%	95.09%

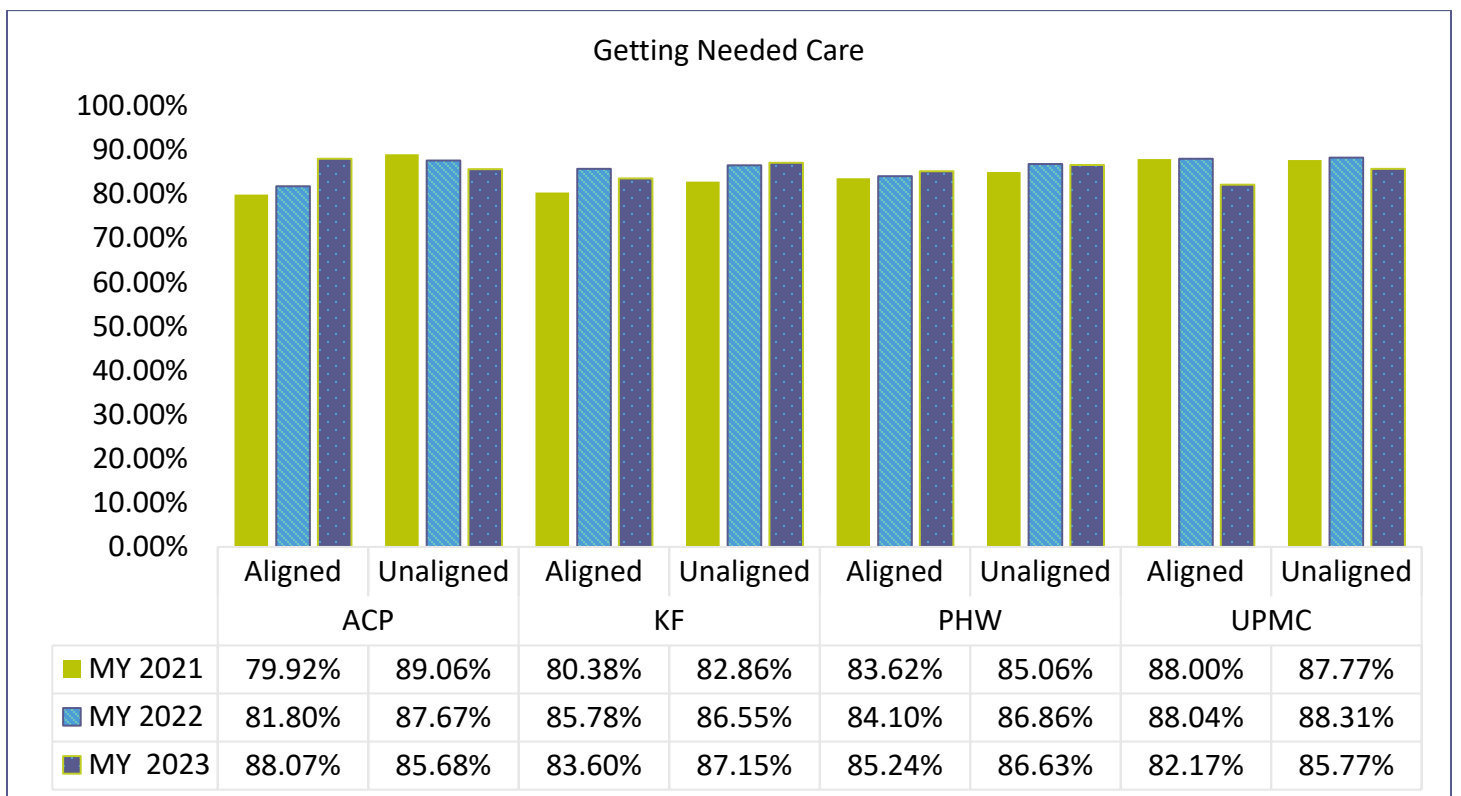
▲▼ = Performance increased (▲) or decreased (▼) compared to prior year's rate.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; MMC: Medicaid managed care.

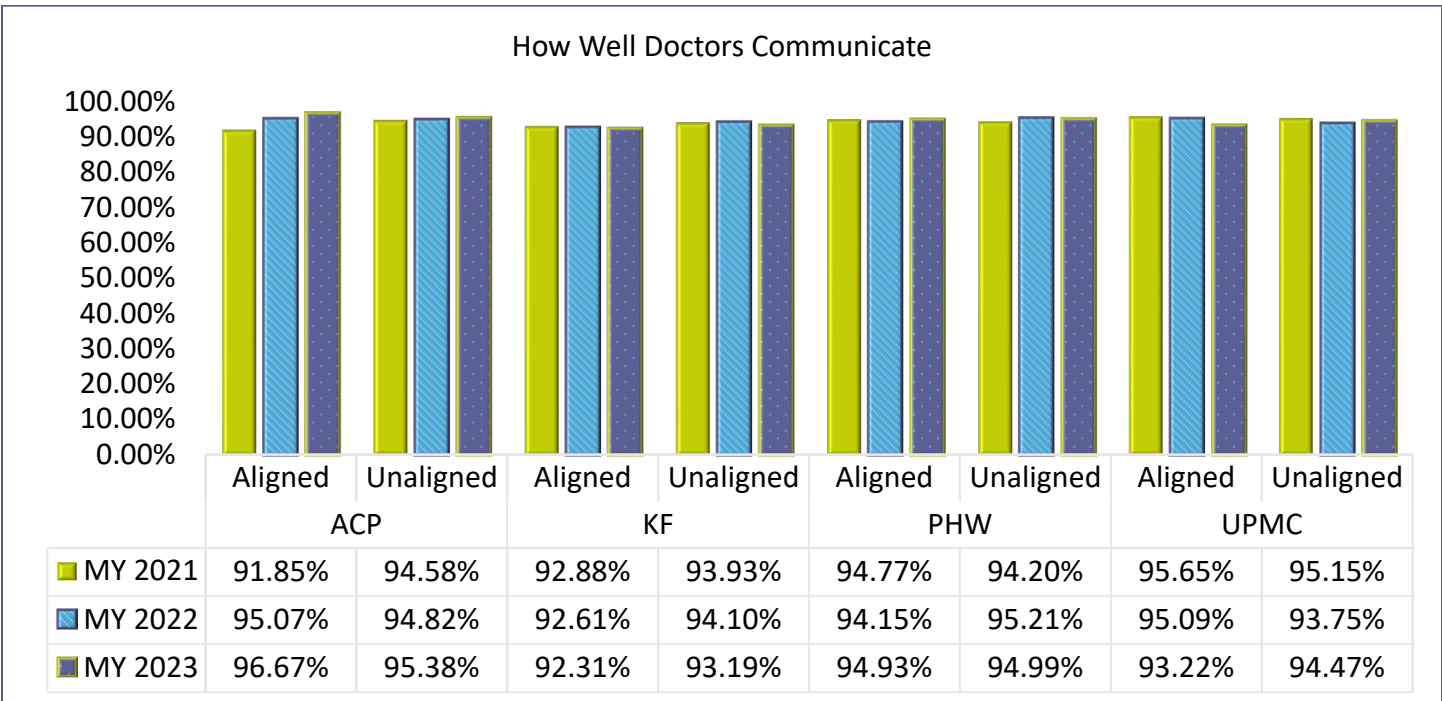
Figures 19–21 provide the adult survey composite score graph results by two specific categories (aligned vs unaligned) for each MCO across the last three MYs, as available. The composite questions target the MCO’s performance strengths as well as opportunities for improvement.



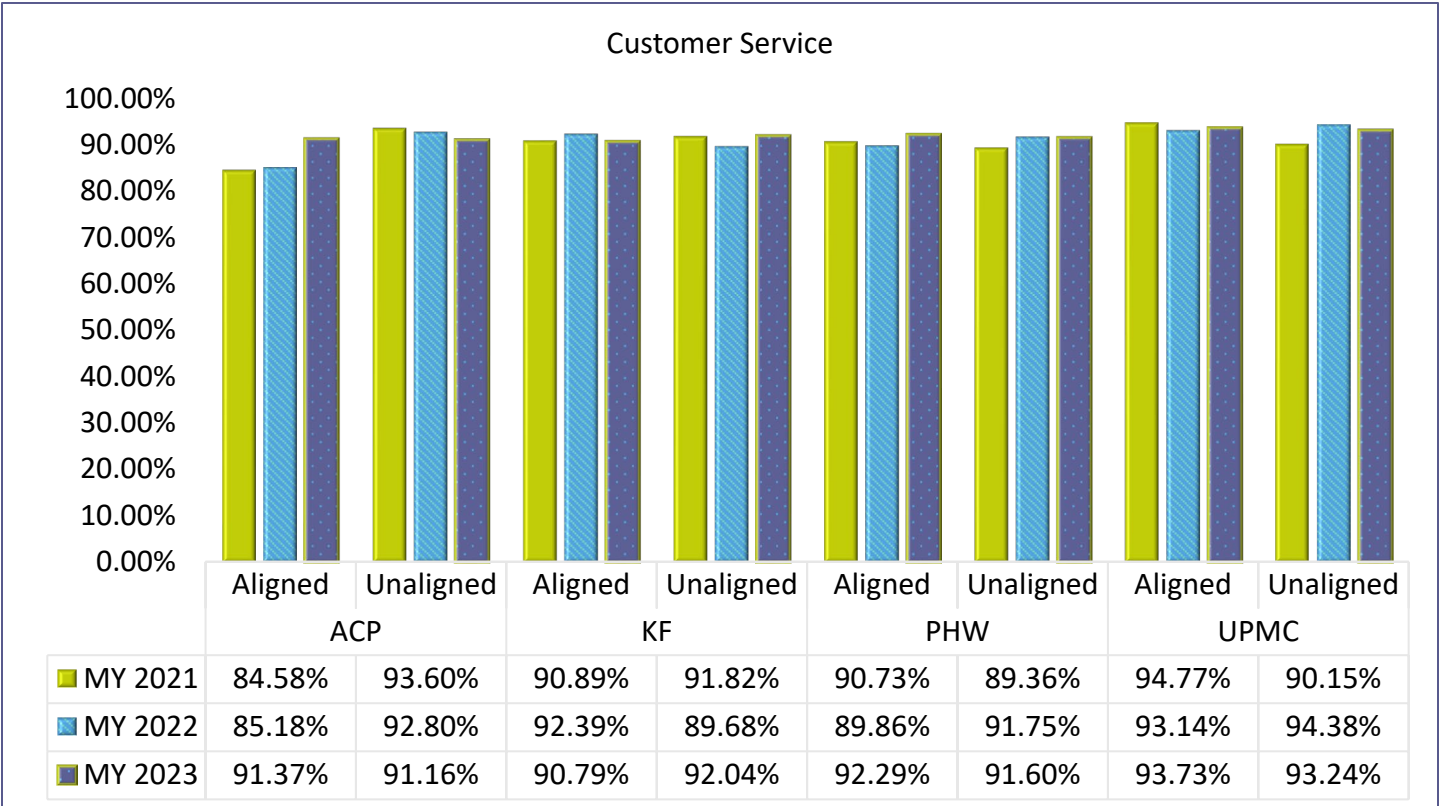
**Figure 19: MY 2021–2023 CAHPS Composite Rates – Getting Care Quickly** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS composite rates for Getting Care Quickly by population type and managed care organization (MCO). MY 2023: purple bar; MY 2022: blue bar; MY 2021: green bar.



**Figure 20: MY 2021–2023 CAHPS Composite Rates – Getting Needed Care** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS composite rates for Getting Needed Care by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

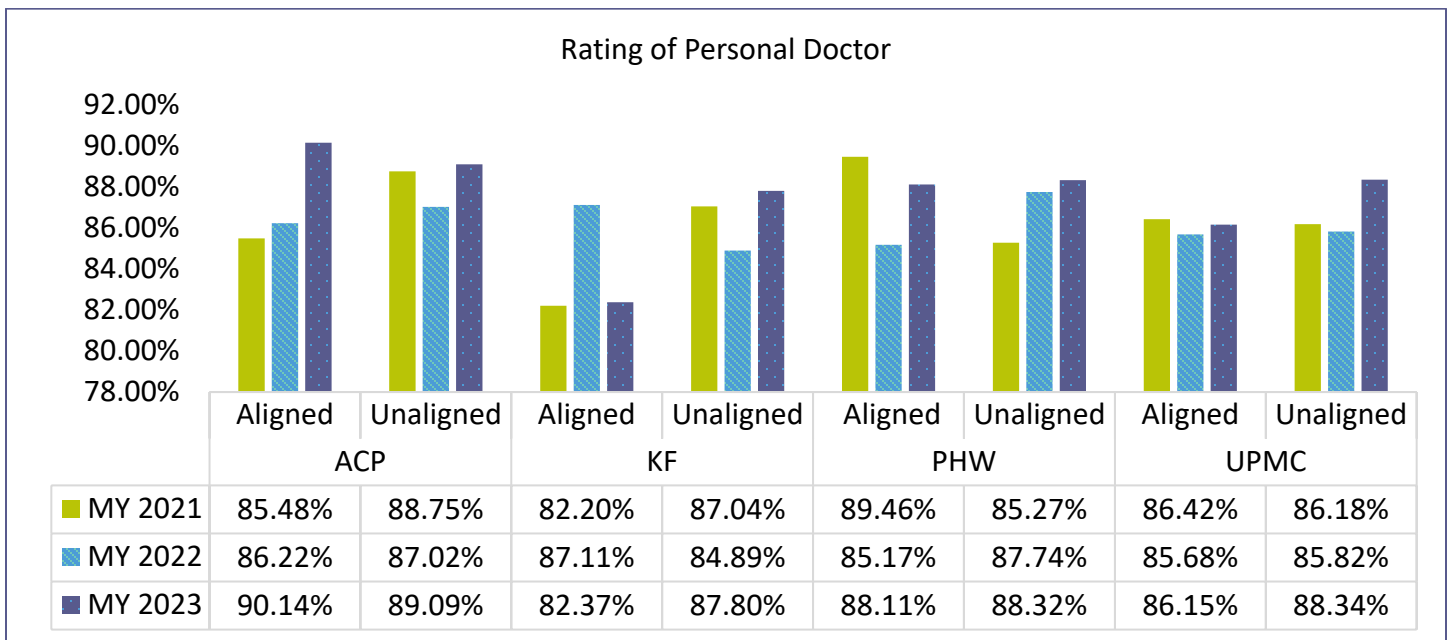


**Figure 21: MY 2021–2023 CAHPS Composite Rates – How Well Doctors Communicate** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS composite rates for How Well Doctors Communicate by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

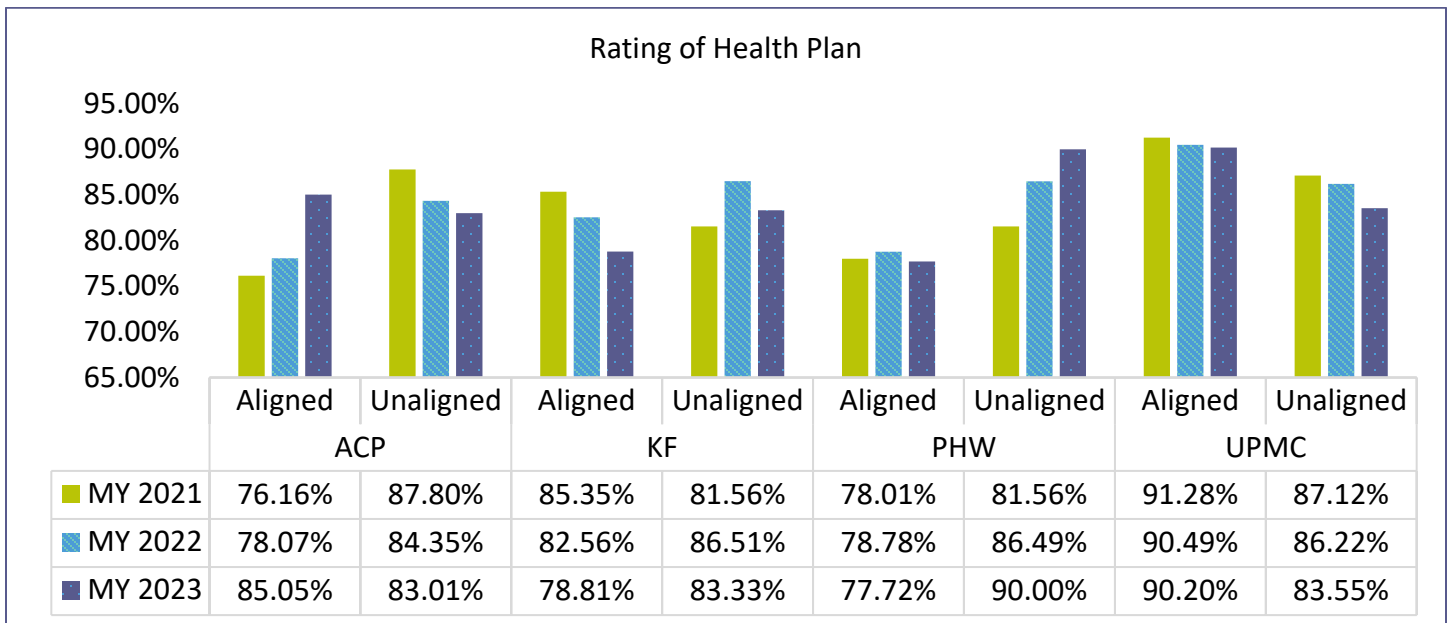


**Figure 22: MY 2021–2023 CAHPS Composite Rates – Customer Service** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS composite rates for Customer Service by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

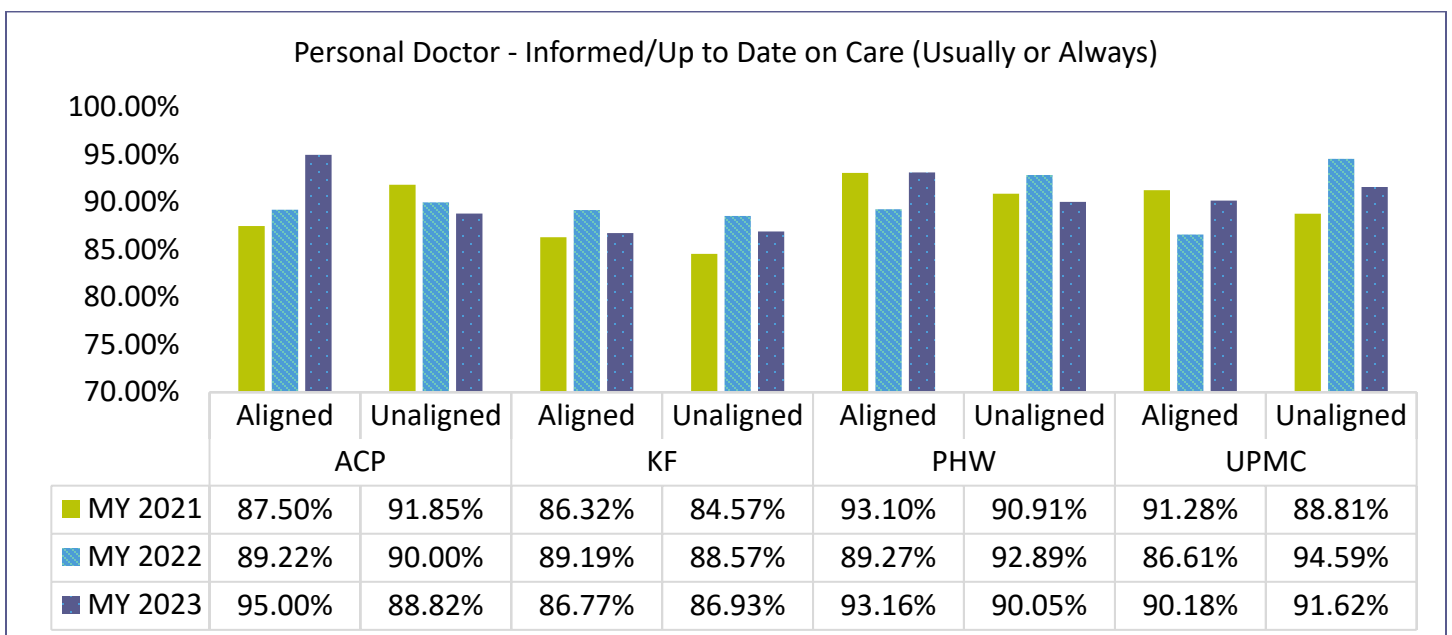
**Figures 23–25** provide the adult survey global rating score graph results by two specific categories (aligned vs unaligned) for each MCO across the last three MYs, as available.



**Figure 23: MY 2021–2023 CAHPS Global Rating Score – Rating of Personal Doctor** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating scores for Personal Doctor by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

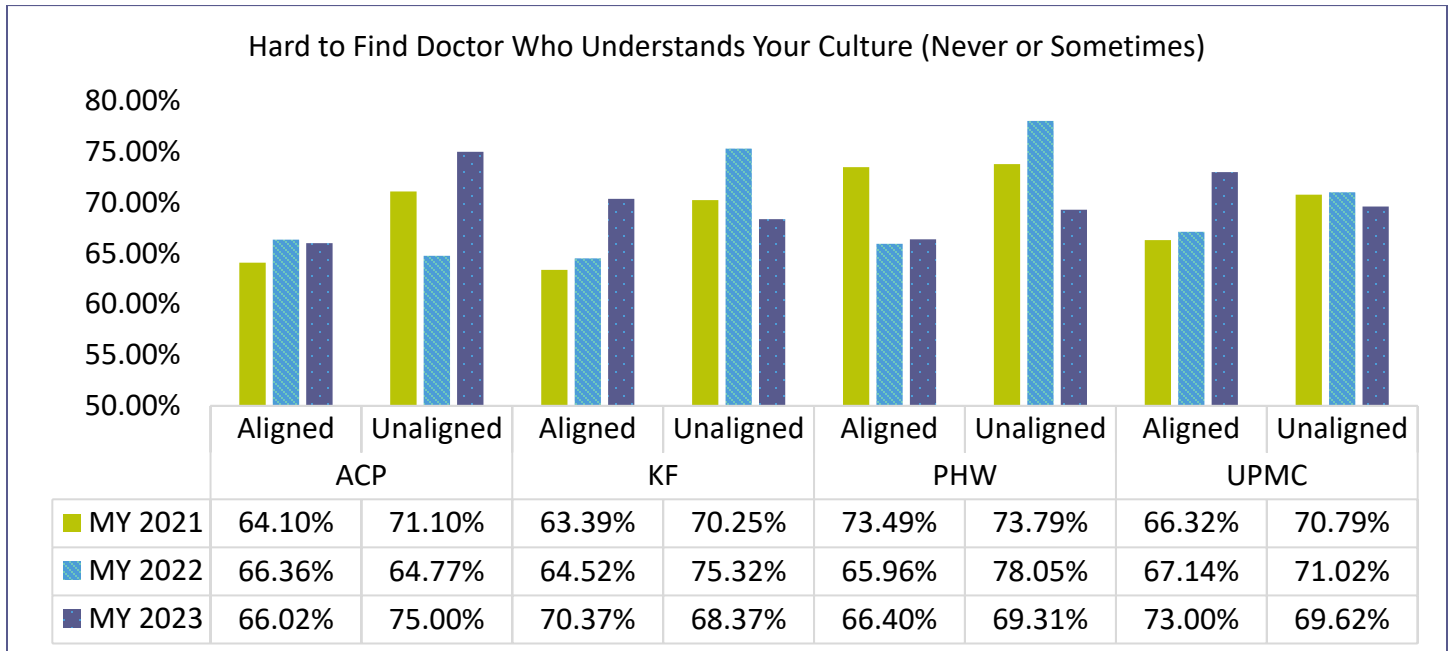


**Figure 24: MY 2021–2023 CAHPS Global Rating Score – Rating of Health Plan** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating score for Health Plan by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

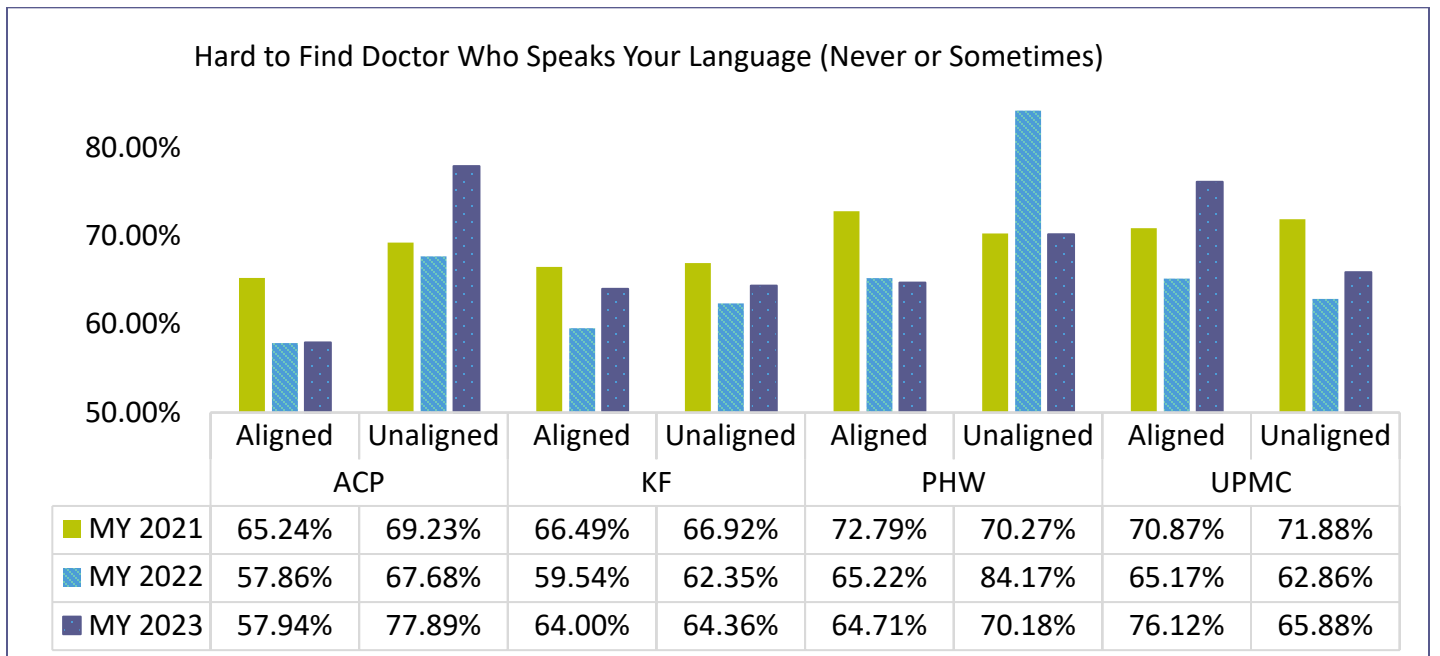


**Figure 25: MY 2021–2023 CAHPS Global Rating Score – Personal Doctor Informed/ Up to Date on Care** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS global rating score for Personal Doctor – Informed/Up to Date on Care by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

Per the 2023 MCQS, OLTL set an objective to increase organizational cultural and linguistic capacity to reduce health disparities. The objective’s metrics include the Adult CAHPS questions, “In the last six months, how often was it hard to find a personal doctor who speaks your language?” and “In the last six months, how often was it hard to find a personal doctor who knows your culture?” **Figures 26–27** provide the adult survey health organizational cultural and linguistic capacity results by two specific categories (aligned vs unaligned) for each MCO across the last three MYs, as available.



**Figure 26: MY 2021–2023 CAHPS Organizational Cultural Capacity Score** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS organizational cultural capacity score by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.



**Figure 27: MY 2021–2023 CAHPS Linguistic Capacity Score** Measurement year (MY) 2021–2023 longitudinal comparison of the CAHPS linguistic capacity score by population type and managed care organization (MCO). MY 2021: green bar; MY 2022: blue bar; MY 2023: purple bar.

**CAHPS Survey Previous Recommendations, Plan Responses and Actions, and New Recommendations**

**Table 131** displays the prior year CAHPS survey findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 131: CAHPS Survey Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ACP	1) Improve CAHPS rates	1) Minor improvements were shown from MY 2022 to MY 2023 2) The aligned population rate for the Getting Needed Care	1) Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
		composite measure improved from MY 2022	
KF	1) Improve CAHPS rates	1) Minor improvements were shown from MY 2022 to MY 2023	1) Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures
PHW	No previous recommendations were provided.	1) Minor improvements were shown from MY 2022 to MY 2023	1) Ensure that CAHPS-HP data is submitted via the Agency for Healthcare Research and Quality database per the HEDIS/CAHPS instruction memo 2) Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures
UPMC	1) Improve CAHPS rates	1) Most CAHPS measures sustained rates from MY 2022 to MY 2023. The aligned population rate for the Getting Needed Care composite measure decreased from MY 2022	1) Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures

CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; MY: measurement year.

*CAHPS Survey Member Experience Survey Aggregate Summary*

Figure 28 provides an aggregated summary of CAHPS survey validation across all MCOs.

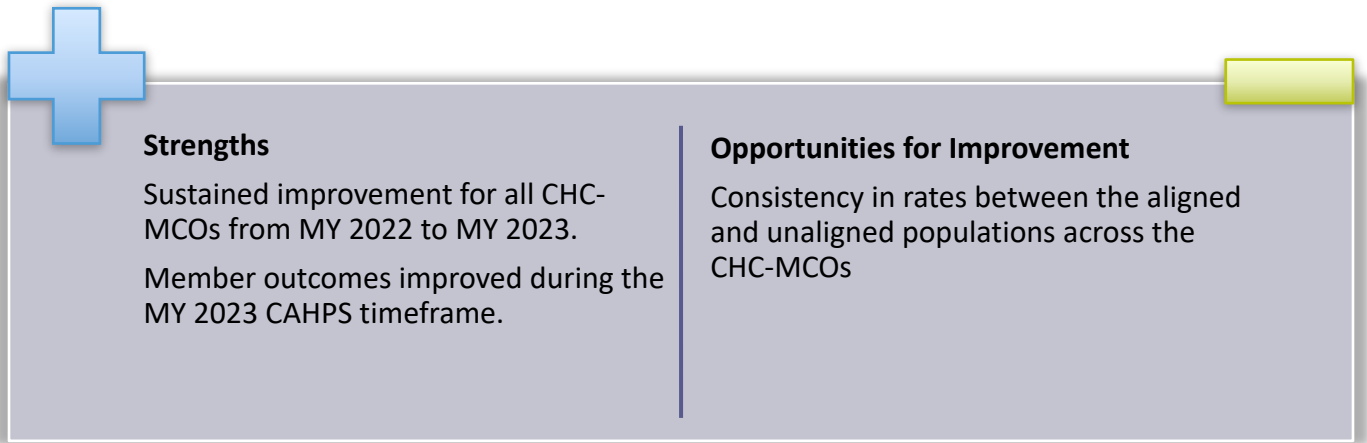


Figure 28: CAHPS Survey Member Experience Aggregate Findings

## Pay-for-Performance Program Report Card

### Objectives

PA DHS conducts a Pay-for-Performance (P4P) Program that provides financial incentives for CHC-MCOs that meet or exceed quality goals. The P4P Matrix Report Card provides a comparative look at all measures in the Quality Performance Measures component of the “Community HealthChoices MCO Pay for Performance Program.” The matrix does the following:

- compares the MCO’s own P4P measure performance over the most recent reporting year, MY 2023 and MY 2022; and
- compares the MCO’s MY 2023 P4P measure rates to the MY 2023 benchmark goal.

### Technical Methods of Data Collection and Analysis

Figure 29 details the data collection and analysis activities.

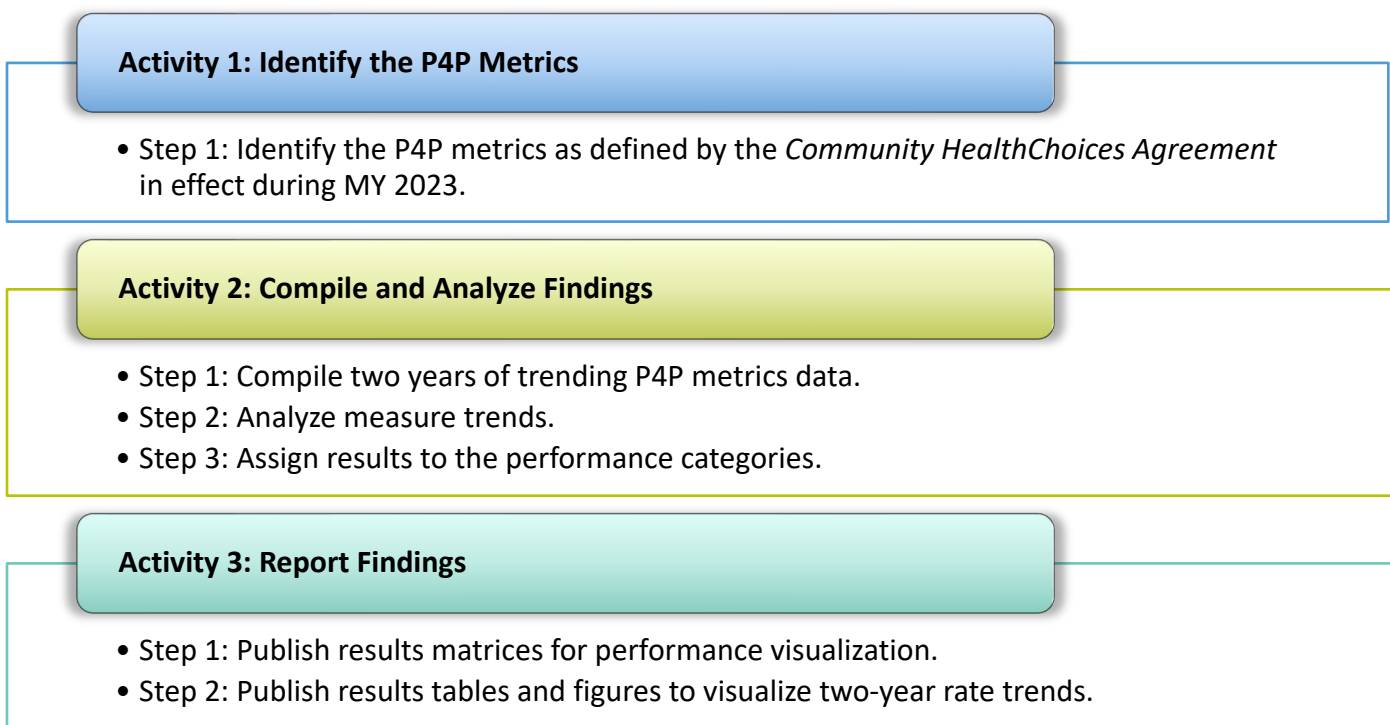


Figure 29: Pay-for-Performance Data Collection and Analysis Activities P4P: pay-for-performance.

### Description of Data Obtained

DHS selected four HEDIS, two CAHPS scores, and one PA-defined performance indicator. DHS chose these indicators based on an analysis of past data indicating the need for improvement across the CHC Program as well as the potential to improve health care for a broad base of the CHC population. The seven quality indicators are:

#### HEDIS

- Comprehensive Assessment and Update (CAU)
- Comprehensive Care Plan Update (CPU)
- Reassessment and Care Plan Update After Inpatient Discharge (RAC)
- Shared Care Plan with Primary Care Practitioner (SCP)

### *CAHPS – Health Plan Survey*

- Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)

### *CAHPS – Home and Community-Based Services Survey*

- Person-Centered Services Plan (PCSP) Included All Things Important to You

### *PA-Defined Performance Indicator*

- Number of participants successfully transitioned from the NF to the community and remained there for at least six months

## **Conclusions and Comparative Findings**

The results are presented in comparison matrices. Each matrix is color-coded to indicate when an MCO's performance for these P4P measures are notable or whether there is cause for action. **Figure 30** displays the color codes and their definitions. In the comparison matrices, the vertical comparison represents the MCO's current performance as compared to the MY 2023 benchmark goal and the horizontal comparison represents the MCO's performance for each measure in relation to its prior year's rates for the same measure.

<b>A – Performance is optimal. Both P4P goals were met.</b>
<ul style="list-style-type: none"> <li>▪ The green box (A) indicates that performance is optimal. Both P4P goals were met. The MCO's MY 2023 performance indicator(s) are above/better than the MY 2022 performance benchmark and are above/better than MY 2022 by greater than or equal to 3 percentage points.</li> </ul>
<b>B – Performance is notable. MCOs may identify continued opportunities for improvement.</b>
<ul style="list-style-type: none"> <li>• Either the MCO's MY 2023 performance indicator(s) are above/better than the MY 2023 performance benchmark or are above/better than MY 2022 by greater than or equal to 0.5 percentage points but less than 3 percentage points; or</li> <li>• the MCO's MY 2023 performance indicator(s) are below/worse than the MY 2023 performance benchmark but improved in MY 2023 compared to MY 2022 by greater than 3 percentage points.</li> </ul>
<b>C – Performance demonstrates opportunities for improvement.</b>
<ul style="list-style-type: none"> <li>• The yellow boxes (C) indicate that the MCO's MY 2023 rate is below/worse than the MY 2023 performance benchmark or is above/better than the MY 2022 rate, or</li> <li>• that the MCO's MY 2023 rate does not differ from the MY 2023 performance benchmark and there is no change from MY 2022, or</li> <li>• that the MCO's MY 2023 rate is above/better than the MY 2023 performance benchmark but is lower/worse than the MCO's MY 2022 rate.</li> <li>• No action is required, although MCOs should identify continued opportunities for improvement.</li> </ul>
<b>D – Performance does not meet the standards or trending is in the wrong direction.</b>
<ul style="list-style-type: none"> <li>• Either the MCO's MY 2023 performance indicator(s) are below/worse than the MY 2023 performance benchmark and <ul style="list-style-type: none"> <li>• improved in MY 2023 compared to MY 2022 by less than 0.5 percentage points or</li> <li>• declined in MY 2023 compared to MY 2022 by no greater than 3 percentage points; or</li> </ul> </li> <li>• the MCO's MY 2023 performance indicator(s) are above/better than the MY 2022 performance benchmark, but the MY 2023 performance indicator(s) declined by greater than 3 percentage points compared to MY 2022.</li> </ul>
<b>F – Performance does not meet standards and declined considerably.</b>
<ul style="list-style-type: none"> <li>• Neither P4P goals were met. The MCO's MY 2023 performance indicator(s) are below/worse than the MY 2023 performance benchmark and are below/worse in MY 2023 compared to MY 2022 by greater than 3 percentage points.</li> </ul>

**Figure 30: P4P Matrix Color Codes and Definitions** MCO: managed care organization; MY: measurement year; P4P: pay-for-performance.

Table 132 displays the category assignments for the MY 2023 P4P performance measures.

**Table 132: MY 2023 Aggregate P4P Performance Results**

		CHC Benchmark Comparison	
		Trend	
			Below the Benchmark
			Above the Benchmark
Year over Year Comparison	Improvement equaled or exceeded 3 percentage points	<b>B</b> <u>ACP</u> : RAC, Overall Satisfaction with HP <u>KF</u> : SCP	<b>A</b> <u>ACP</u> : CPU <u>KF</u> : CPU <u>PHW</u> : CAU, CPU, RAC, SCP <u>UPMC</u> : CPU, RAC, SCP, Number of participants successfully transitioned
	Improvement was greater than or equal to 0.5 percentage points but less than 3 percentage points	<b>C</b> <u>ACP</u> : PCSP included all things important <u>KF</u> : PCSP included all things important <u>PHW</u> : PCSP included all things important and Number of participants successfully transitioned <u>UPMC</u> : PCSP included all things important	<b>B</b> <u>ACP</u> : CAU <u>KF</u> : CAU <u>UPMC</u> : CAU
	Improvement was less than 0.5 percentage points or decline was no more than 3 percentage points	<b>D</b> <u>KF</u> : RAC <u>PHW</u> : Overall Satisfaction with HP, <u>UPMC</u> : Overall Satisfaction with HP	<b>C</b>
	Decline was greater than 3 percentage points	<b>F</b> <u>ACP</u> : SCP <u>KF</u> : Overall Satisfaction with HP	<b>D</b> <u>ACP</u> : Number of participants successfully transitioned <u>KF</u> : Number of participants successfully transitioned

MCO: managed care organization; P4P: pay-for-performance.

The color codes in the matrix represent degrees of goal attainment. Incentive payments were split between the two program goals: 50% of the funds allocated to the benchmark performance and 50% to incremental improvement. Performance indicator improvements for MY 2023 compared to MY 2022 earned the MCO an incentive payment based on the following sliding scale:

- ≥ 3 percentage point improvement: 100% of the measure value;
- ≥ 2 and < 3 percentage point improvement: 85% of the measure value;
- ≥ 1 and < 2 percentage point improvement: 75% of the measure value;
- ≥ 0.5 and < 1 percentage point improvement: 50 percent of the measure value; and
- < 0.5 percentage point improvement: no payout.

**Tables 133–136** display each CHC MCO’s MY 2023 P4P results based on the benchmark performance and the incremental improvement performance. The MCO’s rate can trend up (↑), have no change, meaning less than 0.5 percentage point change (-), or trend down (↓), indicated by the red highlight.

**Table 133: ACP Pay-for-Performance Program Results for MY 2023**

Indicator Description	MY 2023 Benchmark Goal	MY 2023 Performance Results	Benchmark Goal Met (Yes or No)	MY 2022 Performance Results	MY 2023 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	93.0%	95.8%	Y	94.79%	95.8%	N	1.04 ↑
Comprehensive Care Plan Update (CPU)	93.0%	97.9%	Y	94.8%	97.9%	Y	3.1 ↑
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	40.0%	38.5%	N	30.2%	36.5%	Y	8.3 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	70.0%	68.8%	N	81.3%	68.8%	N	12.5 ↓
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	95.0%	85.1%	N	78.1%	85.1%	Y	7.0 ↑
Person-Centered Services Plan (PCSP) Included All Things Important to You	72.0%	67.0%	N	66.0%	67.0%	Y	1.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	404	562	Y	657	562	N	14.5 ↓

<sup>1</sup> Up arrow (↑): rate trended up; hyphen (-): no change or less than 0.5 percentage point change; down arrow (↓): trended down, which is also indicated by the red highlight. MY: measurement year; Y: yes; N: no.

**Table 134: KF Pay-for-Performance Program Results for MY 2023**

Indicator Description	MY 2023 Benchmark Goal	MY 2023 Performance Results	Benchmark Goal Met (Yes or No)	MY 2022 Performance Results	MY 2023 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	93.0%	91.67%	Y	89.6%	91.67%	Y	2.1 ↑
Comprehensive Care Plan Update (CPU)	93.0%	94.8%	Y	89.6%	94.8%	Y	5.2 ↑
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	40.0%	38.5%	N	40.6%	38.5%	N	2.1 ↓
Shared Care Plan with Primary Care Practitioner (SCP)	70.0%	56.3%	N	53.1%	56.3%	Y	3.2 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	95.0%	78.8%	N	82.6%	78.8%	N	3.8 ↓

Indicator Description	MY 2023 Benchmark Goal	MY 2023 Performance Results	Benchmark Goal Met (Yes or No)	MY 2022 Performance Results	MY 2023 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Person-Centered Services Plan Included All Things Important to You	72.0%	67.0%	N	66.0%	67.0%	Y	1.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	404	562	Y	657	562	N	14.5 ↓

<sup>1</sup> Up arrow (↑): rate trended up; hyphen (-): no change or less than 0.5 percentage point change; down arrow (↓): trend down, which is also indicated by the red highlight.

MY: measurement year; Y: yes; N: no.

**Table 135: PHW Pay-for-Performance Program Results for MY 2023**

Indicator Description	MY 2023 Benchmark Goal	MY 2023 Performance Results	Benchmark Goal Met (Yes or No)	MY 2022 Performance Results	MY 2023 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	93.0%	97.9%	Y	86.5%	97.9%	Y	11.4 ↑
Comprehensive Care Plan Update (CPU)	93.0%	95.8%	Y	80.2%	95.8%	Y	15.6 ↑
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	40.0%	67.7%	Y	61.5%	67.7%	Y	6.2 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	70.0%	92.7%	Y	69.8%	92.7%	Y	22.9 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	95.0%	77.7%	N	78.8%	77.7%	N	1.1 ↓
Person-Centered Services Plan Included All Things Important to You	72.0%	65.0%	N	63.0%	65.0%	Y	2.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	404	400	N	63	65	Y	2.8 ↑

<sup>1</sup> Up arrow (↑): rate trended up; hyphen (-): no change or less than 0.5 percentage point change; down arrow (↓): trend down, which is also indicated by the red highlight.

MY: measurement year; Y: yes; N: no.

**Table 136: UPMC Pay-for-Performance Program Results for MY 2023**

Indicator Description	MY 2023 Benchmark Goal	MY 2023 Performance Results	Benchmark Goal Met (Yes or No)	MY 2022 Performance Results	MY 2023 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	93.0%	97.9%	Y	96.9%	97.9%	Y	1.0 ↑
Comprehensive Care Plan Update	93.0%	94.8%	Y	76.0%	94.8%	Y	18.8 ↑
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	40.0%	58.3%	Y	55.2%	58.3%	Y	3.1 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	70.0%	71.9%	Y	64.6%	71.9%	Y	7.3 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	95.0%	90.2%	N	90.5%	90.2%	N	0.3 (-)
Person-Centered Services Plan Included All Things Important to You	72.0%	67.0%	N	66.0%	67.0%	Y	1.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	404	532	Y	409	532	Y	30.1 ↑

<sup>1</sup> Up arrow (↑): rate trended up; hyphen (-): no change or less than 0.5 percentage point change; down arrow (↓): trend down, which is also indicated by the red highlight. MY: measurement year; Y: yes; N: no.

***P4P Recommendations, Plan Responses and Actions, and New Recommendations***

**Table 137** displays the prior year P4P findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 137: P4P Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ACP	No previous recommendations provided	No action request.	1) Improve the rate for the LTSS SCP measure 2) Improve the “number of participants who successfully transitioned from the nursing facility to the community” measure
KF	No previous recommendations provided	No action request.	1) Improve the rate for the LTSS RAC measure 2) “Improve the overall satisfaction with the health plan” measure as part of the CAHPS survey 3) Improve the “number of participants who successfully transitioned from the nursing facility to the community” measure
PHW	No previous recommendations provided	No action request.	1) Improve overall satisfaction with the health plan” measure as part of the CAHPS survey
UPMC	No previous recommendations provided	No action request.	1) Improve the rate for the LTSS RAC measure

MCO: managed care organization

*Pay-for-Performance Aggregate Summary*

Figure 31 provides an aggregated summary of the responses to previous recommendations across all MCOs.

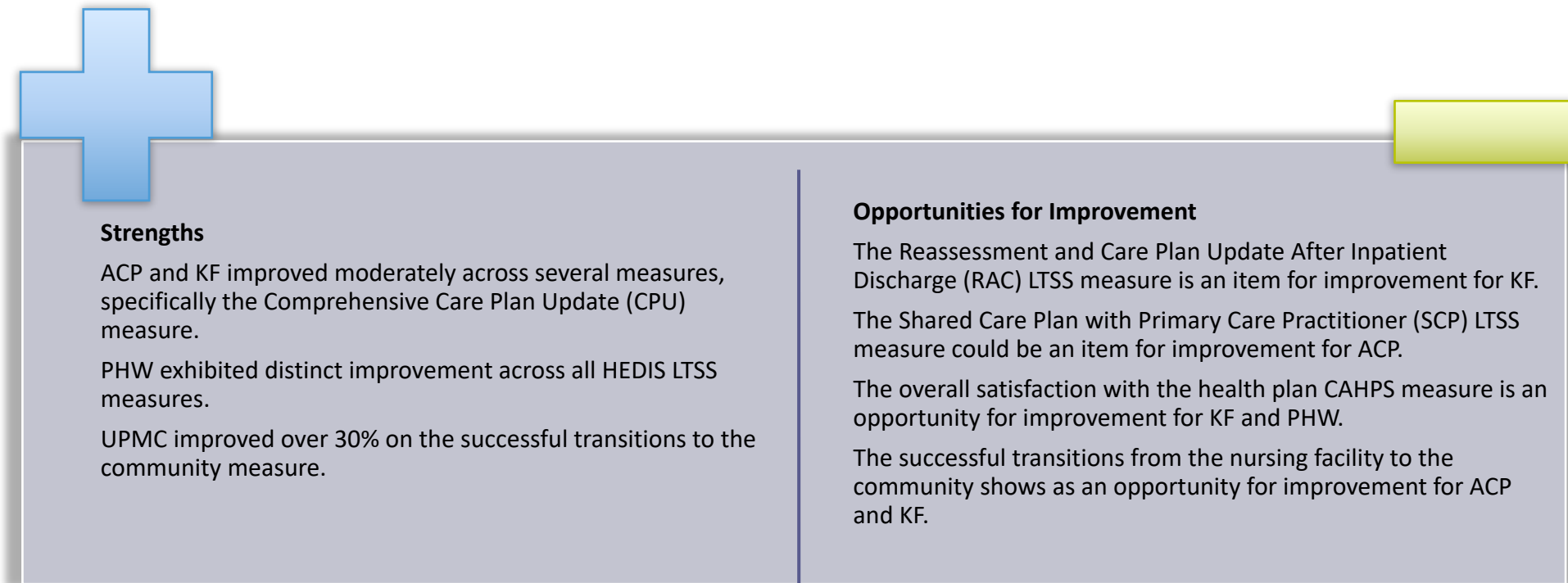


Figure 31: Pay-for-Performance Aggregate Findings

## References and Notes

<sup>1</sup> [Title 42 CFR Section 438.320](#)

<sup>2</sup> [https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/2023%20CHIP%20and%20Medical%20Assistance%20Quality%20Strategy%20for%20Pennsylvania\\_Final.pdf](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/2023%20CHIP%20and%20Medical%20Assistance%20Quality%20Strategy%20for%20Pennsylvania_Final.pdf)

<sup>3</sup> NCQA. HEDIS and performance measurement. [NCQA | HEDIS \(ncqa.org\)](#).

<sup>4</sup> NCQA. HEDIS data submission. [NCQA | HEDIS Data Submission \(ncqa.org\)](#).

<sup>5</sup> NCQA. (2020). Risk Adjustment Utilization Tables: New Format, New Resource. [NCQA | Risk Adjustment Utilization Tables: New Format, New Resource \(ncqa.org\)](#)

<sup>6</sup> PA DHS. (2023). Medical Assistance and Children’s Health Insurance Program managed care quality strategy. 43-44. [2023 Medical Assistance Quality Assistance Strategy for Pennsylvania \(pa.gov\)](#).