



# Community HealthChoices External Quality Review Annual Technical Report 2025–2026 Reporting Cycle

**April 2026**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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Per *Title 42 CFR § 438.364(a)(7)*, no managed care organization was exempt from the external quality review activities conducted in CY 2025.

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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 healthcare 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 healthcare services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding healthcare 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 2025 EQR activities for MCOs contracted to furnish Medicaid Community HealthChoices (CHC) services in the state. No MCOs were excluded from EQR review.

## Scope and Timeline of External Quality Review Activities Conducted

This EQR ATR focuses on the four mandatory and one optional EQR activities that were conducted. These activities, defined by the Centers for Medicare and Medicaid Services, along with the data period and timing of the EQR activities are displayed in **Table 1**.

**Table 1: Timeline of IPRO’s Review of Activities**

EQR Activity	Description	Data Period	Timing of Activity
CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)	This activity validates the PIPs conducted by each MCO as part of its QAPI program. IPRO assessed whether a PIP followed sound methodology in its design, implementation and analysis. In addition, IPRO evaluated the effectiveness of PIP interventions.	July 2024-June 2025	Interim report: February-March 2025 Annual report: August-September 2025
CMS Mandatory Protocol 2: Validation of Performance Measures	This activity validates whether the QAPI performance measures calculated by each MCO are accurate and in accordance with the measure specifications and state reporting requirements.	January 2024-December 2024	HEDIS: February-May 2025 AADV PAPM – July-September 2025
CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations	This activity assesses the extent to which each MCO complies with federal standards.	January 2025-December 2025	February 2026-April 2026
CMS Mandatory Protocol 4: Validation of Network Adequacy	This activity validates the accuracy of MCO network adequacy data and assesses whether the network standards, as defined by the state, were met.	January 2025-October 2025	November 2025-December 2025
CMS Optional Protocol 6: Validation of Quality-of-Care Surveys	In 2025, satisfaction surveys were conducted for adult and child members. The member survey measured satisfaction with care received, providers, and health plan operations.	January 2024-December 2024	September 2025-October 2025

EQR: external quality review; CMS: Centers for Medicare and Medicaid Services; QAPI: Quality Assurance and Performance Improvement; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; AADV PAPM: Adult Annual Dental Visit Pennsylvania Performance Measure; MCO: managed care organization; CHIP: children’s health insurance program.

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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 2024-2025 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.

## PA CHC Medicaid Managed Care Program

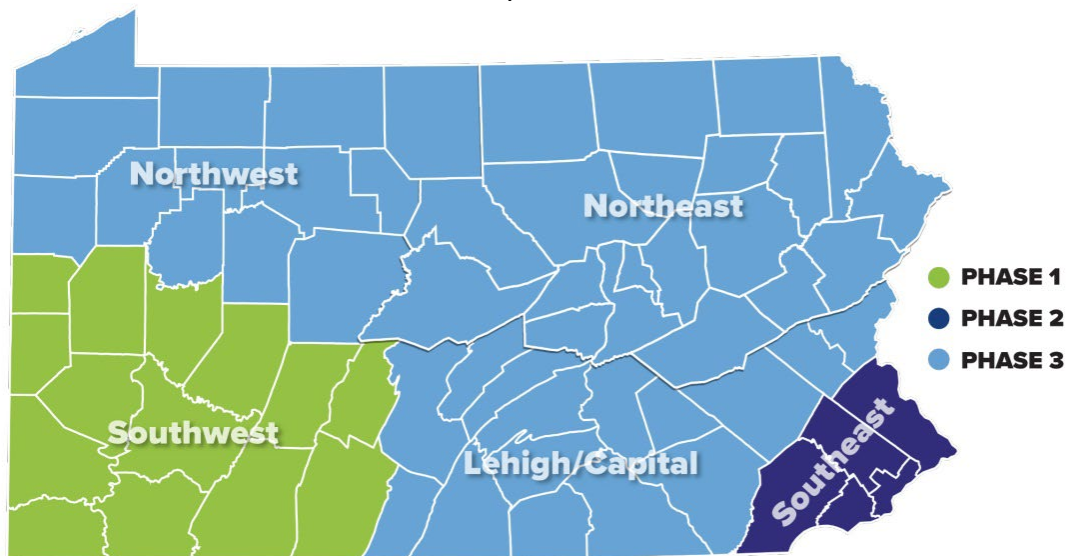
Community HealthChoices (CHC) is the mandatory managed care program in PA for adults dually eligible for Medicare and Medicaid, older adults, and adults with physical disabilities, in need of long-term services and supports (LTSS). DHS OLTL contracts with CHC-MCOs to provide physical healthcare services 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 1** chronicles a timeline of the expansion activities.



**Figure 1: Timeline of CHC HealthChoices Implementation and Expansion** CHC: Community HealthChoices.

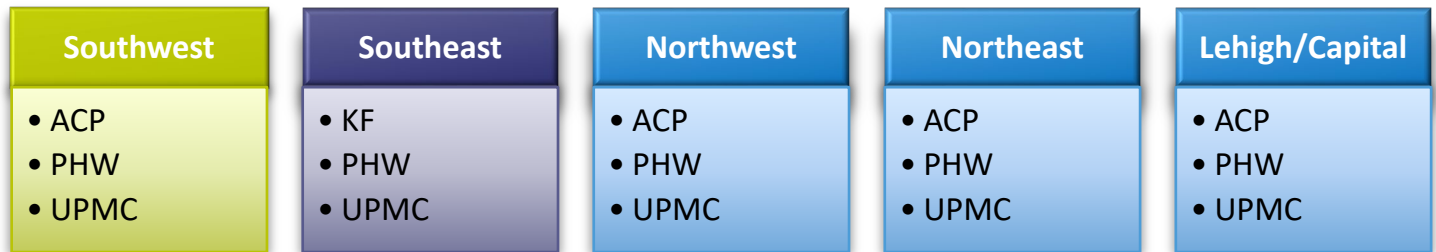
**Figure 2** displays the CHC implementation and expansion zones by county. All PA counties were covered by the CHC Program in 2020, when it became mandatory statewide.



**Figure 2: CHC Implementation and Expansion Zones by County**

During the period under review, January 1, 2025, to December 31, 2025, 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 3 displays the MCOs available to enrollees by zone.



**Figure 3: 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 December 2025, 395,809 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 healthcare 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 2**).

**Table 2: 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	MCOs to assist at least 425 people on an annual basis for transition *Updated in 2025	Protocol 1: Validation of

Objective	Measure/Target	Applicable EQR Protocols
their home or community	to 1,680 people*  Goal that less than 5.0% of people who transitioned to community will be re-institutionalized for less than four of the six months post-discharge *Removed in 2025*	Performance Improvement Projects
Increase the percentage of members being served in their home or community	The MCOs will successfully assist transitioned participants from the NF to the community to successfully remain in the community for at least four of the six months after transition. *Updated in 2025 to 1,600 transitioned participants*	Protocol 1. Validation of Performance Improvement Projects
Maintain or increase access to nursing facility services for medically necessary care. <b>• Directed Payment</b> ○ Nursing facility access	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
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 ○ This includes initiatives supporting improvements such as reducing hospitalizations, reducing pressure ulcers, improving immunization rates, reducing falls, and reducing the use of antipsychotic medications <b>• Directed Payment</b> ○ Lead the healthcare system toward VBP coordinated across payers	Percentage of short-stay residents who were re-hospitalized after a NF admission  Percentage of long-stay residents with pressure ulcers  Percentage of long-stay residents experiencing one or more falls with major injury  Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine  Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine  Percentage of long-stay residents who received an antipsychotic medication	Protocol 1. Validation of Performance Improvement Projects
Increase Annual Adult Dental Visits  Note: NCQA retired the HEDIS measure Annual Dental Visits	Return the PAPM measure to pre-pandemic (MY 2019) levels by MY 2023	Protocol 2. Validation of Performance Measures

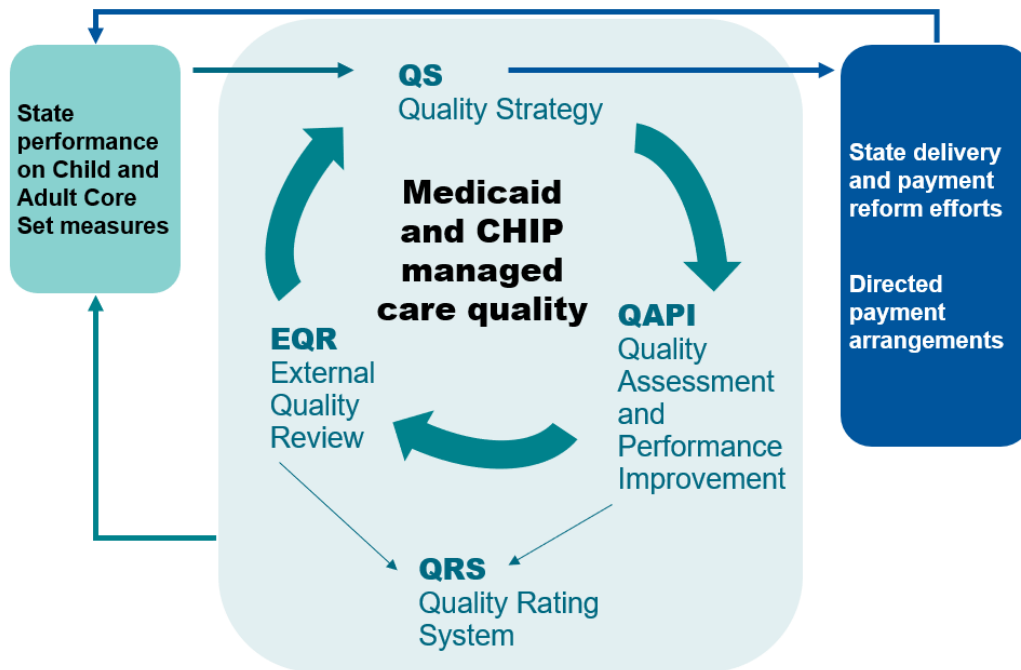
Objective	Measure/Target	Applicable EQR Protocols
(ADV). For MY2023, OLTL will continue to measure the PAPM to continue measuring the adult annual dental visits.		
Decrease ED utilization and inpatient admissions and readmissions	Return HEDIS ED Visits/1,000 MM to pre-pandemic (MY 2019) levels by MY 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 ED 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 payment; MY: measurement year; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MM: member months; ED: emergency department; CAHPS: Consumer Assessment of Healthcare Providers and Systems; BH: behavioral health; PAPM: Pennsylvania Performance Measure.

## 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 Managed Care Quality Strategy Toolkit CHIP: Children’s Health Insurance Program.**

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.

I PRO 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.

There is a section about value-based payments and pay-for-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. 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 projects (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 is currently in the process of updating the Quality Strategy. Goals for the current Quality Strategy are updated on a yearly basis and are reflected in this section.

## 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 healthcare 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 2025.

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**2025 was the first year of implementation for 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

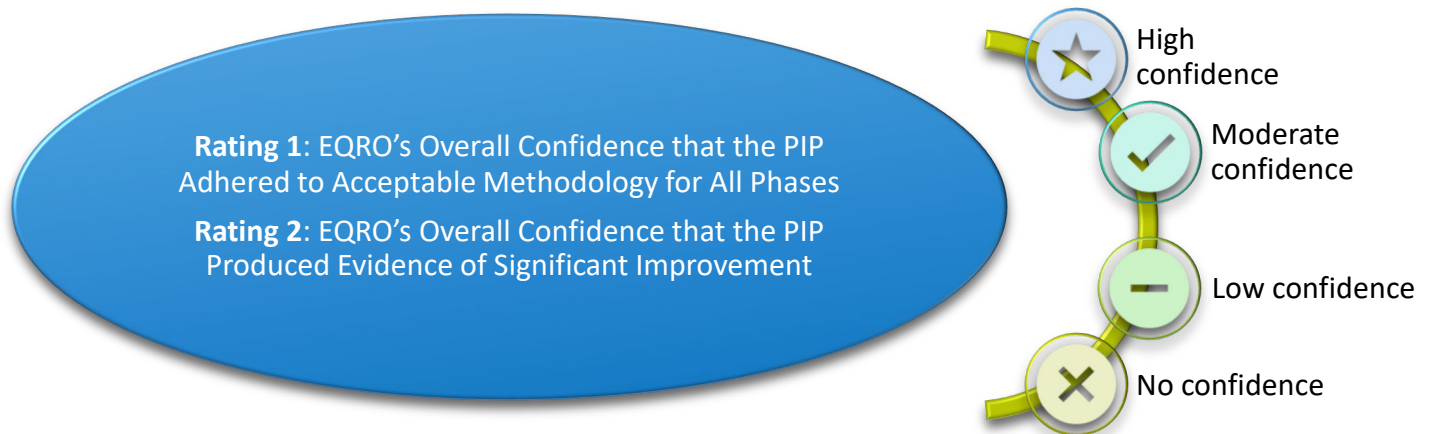
- Step 1: Review the selected PIP topic
- Step 2: Review the PIP aim statement
- Step 3: Review the identified PIP population
- Step 4: Review the sampling method
- Step 5: Review the selected PIP variables and performance measures
- Step 6: Review the data collection procedures
- Step 7: Review data 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.

### **Conclusions and Comparative Findings for 2024 Restructured 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 (VBP) and health equity. DHS-selected topics require that each MCO implements work plans and activities consistent with PIPs, as required by federal and state regulations. All CHC PIPs were state mandated from the OLTL program. **Table 3** details the PIPs underway in 2025. Descriptions of MCO VBP interventions were omitted from this report to protect proprietary information.

**Table 3: 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*

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 4–16** for each MCO.

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

**Table 4: 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 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 5: 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.
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 provider; CPT® II: Current Procedural Terminology Category II; MCO: managed care organization; SC: service coordinator.

**Table 6: ACP 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	38.5%	2025	43.3%	Yes	No
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	36.5%	2025	42.3%	Yes	No
Shared Care Plan with Primary Care Practitioner (SCP)	2024	68.8%	2025	78.4%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2024	65.2%	2025	58.4%	No	Yes
Plan All-Cause Readmission – Ages 21-44 (PCR)	2024	Ratio: 0.89	2025	Ratio: 1.34	No	-
Plan All-Cause Readmission – Ages 45-54 (PCR)	2024	Ratio: 1.04	2025	Ratio: 1.43	No	-
Plan All-Cause Readmission – Ages 55-64 (PCR)	2024	Ratio: 1.00	2025	Ratio: 1.40	No	-
Plan All-Cause Readmission – Total Ages (PCR)	2024	Ratio: 0.98	2025	Ratio: 1.40	No	-

**Table 7: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	38.5%	2025	52.1%	Yes	Yes
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	38.5%	2025	51.1%	Yes	Yes
Shared Care Plan with Primary Care Practitioner (SCP)	2024	56.3%	2025	67.6%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2024	64.0%	2025	71.1%	Yes	Yes
Plan All-Cause Readmission – Ages 21-44 (PCR)	2024	Ratio: 1.28	2025	Ratio: 1.50	No	-
Plan All-Cause Readmission – Ages 45-54 (PCR)	2024	Ratio: 1.24	2025	Ratio: 1.59	No	-
Plan All-Cause Readmission – Ages 55-64 (PCR)	2024	Ratio: 1.00	2025	Ratio: 1.31	No	-
Plan All-Cause Readmission – Total Ages (PCR)	2024	Ratio: 1.11	2025	Ratio: 1.41	No	-

**Table 8: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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

PIP Validation Information	Validation Findings
EQRO's recommendations for improvement	1) Continue to improve performance indicator measures HEDIS LTSS RAC, HEDIS LTSS SCP, and TRC through the developed PIP interventions to reach established goals 2) Improve the Plan All-Cause Readmission performance indicator measure across all age groups by reducing the ratio to values less than 1.0

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

Strengthening Care Coordination: Validation Results for PA Health and Wellness (PHW)

**Table 9: 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 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 10: 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.
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 participant's 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; MCO: managed care organization; NHT: nursing home transitions; SC: service coordinator; NF: nursing facility.

**Table 11: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	67.7%	2025	67.2%	No	No
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	66.7%	2025	65.7%	No	No
Shared Care Plan with Primary Care Practitioner (SCP)	2024	92.7%	2025	93.4%	Yes	No
Medication Reconciliation (Adjusted TRC)	2024	63.3%	2025	68.7%	Yes	Yes
Plan All-Cause Readmission – Ages 21-44 (PCR)	2024	Ratio: 1.10	2025	Ratio: 1.10	No	-
Plan All-Cause Readmission – Ages 45-54 (PCR)	2024	Ratio: 0.98	2025	Ratio: 1.00	No	-
Plan All-Cause Readmission – Ages 55-64 (PCR)	2024	Ratio: 0.95	2025	Ratio: 1.25	No	-
Plan All-Cause Readmission – Total Ages (PCR)	2024	Ratio: 1.06	2025	Ratio: 1.12	No	-

**Table 12: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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) Improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>2) Improve the Plan All-Cause Readmission performance indicator measure across all age groups by reducing the ratio to values less than 1.0</li> </ol>

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

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

**Table 13: 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 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; MCO: managed care organization.

**Table 14: 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 appointments with the RN or the RN offers assistant to schedule follow up appointments for participants during the TOC assessment.

UPMC Intervention Strategies
Service Coordinators create 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.

RN: registered nurse.

**Table 15: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	58.3%	2025	69.8%	Yes	Yes
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	28.1%	2025	37.2%	Yes	No
Shared Care Plan with Primary Care Practitioner (SCP)	2024	71.9%	2025	85.2%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2024	40.1%	2025	51.3%	Yes	Yes
Plan All-Cause Readmission – Ages 21-44 (PCR)	2024	Ratio: 0.71	2025	Ratio: 0.96	No	-
Plan All-Cause Readmission – Ages 45-54 (PCR)	2024	Ratio: 0.71	2025	Ratio: 0.93	No	-
Plan All-Cause Readmission – Ages 55-64 (PCR)	2024	Ratio: 0.69	2025	Ratio: 0.75	No	-
Plan All-Cause Readmission – Total Ages (PCR)	2024	Ratio: 0.70	2025	Ratio: 0.83	No	-

**Table 16: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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) Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals 2) Continue to maintain the ratio to values less than 1.0 for the Plan All-Cause Readmission performance indicator measure across all age groups

PIP: performance improvement project; EQRO: external quality review organization; HEDIS: Healthcare Effectiveness Data and Information Set; 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 17**.

**Table 17: 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

PIP: performance improvement project; MCO: managed care organization.

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

**Table 18** contains the prior year’s PIP recommendations, the MCO’s responses to the recommendations, IPRO’s assessment of the MCO’s responses, and the new recommendations.

**Table 18: Strengthening Care Coordination PIP Previous Recommendations, MCO Responses, IPRO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Response <sup>1</sup>	New Recommendations
ACP/KF	<ul 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> </ul>	<ul style="list-style-type: none"> <li>Robust interventions were developed and implemented that will likely impact project indicators</li> <li>Data collection and analysis followed the previously approved methodology for the PIP proposal</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>Improve the Plan All-Cause Readmission performance indicator measure across all age groups by reducing the ratio to values less than 1.0</li> </ul>
PHW	<ul 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> </ul>	<ul style="list-style-type: none"> <li>PHW has implemented targeted interventions to address previously unaddressed barriers while maintaining effective past interventions</li> <li>Two employees are assigned to each PIP to ensure cross-collaboration and shared ownership</li> <li>Proper and consistent methodology has been followed across iterations of the PIP. Automated systems are used to enhance data collection and ensure accuracy and reliability in the collection and interpretation of data</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>Improve the Plan All-Cause Readmission performance indicator measure across all age groups by reducing the ratio to values less than 1.0</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Response <sup>1</sup>	New Recommendations
UPMC	<ul 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> <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> </ul>	<ul style="list-style-type: none"> <li>UPMC established an internal workgroup for each PIP comprising of stakeholders. Future interventions will be evaluated based on quarterly and annual reviews of the ITMs</li> <li>In preparation for the upcoming transition to ECDS for Hybrid measures in Measurement Year 2029 (MY2029). In collaboration with its internal Analytics team, UPMC is developing reports to identify HEDIS LTSS element data within both the InterRAI assessment and the Person-Centered Service Plan (PCSP).</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>Continue to maintain the ratio to values less than 1.0 for the Plan All-Cause Readmission performance indicator measure across all age groups</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and supports.

**PIP Topic 2: Transitions of Care**

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 19–40** for each MCO.

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

**Table 19: 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 21+

PIP Element	Element Description
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 20: 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-educate 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.
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.

PCP: primary care provider; SC: service coordinator.

**Table 21: ACP 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	39.6%	2025	48.5%	Yes	No
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	40.6%	2025	53.4%	Yes	Yes
Shared Care Plan with Primary Care Practitioner (SCP)	2024	61.5%	2025	68.4%	Yes	No
Medication Reconciliation (Adjusted TRC)	2024	37.3%	2025	44.8%	Yes	No

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)
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Count of readmissions (A)	2024	16	2025	22	-	-
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Total nursing facility transitions (B)	2024	215	2025	266	-	-
Count of safe transitions(B-A)	2024	199	2025	244	Yes	-

**Table 22: ACP Health Equity Performance Measures and Year 1 Results - Race**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
White	14	194	7.22%
Black or African American	2	24	8.33%
Asian	1	2	50.00%
American Indian and Alaska Native	0	1	0.00%
Native Hawaiian and Other Pacific Islander	1	0	0.00%
Some Other Race	1	1	100%
Two or More Races	0	1	0.00%
Asked but No Answer	0	8	0.00%
Unknown (Missing)	3	28	10.71%

**Table 23: ACP Health Equity Performance Measures and Year 1 Results - Gender**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Gender	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Male	9	100	9.00%
Female	10	158	6.33%

**Table 24: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	37.5%	2025	53.3%	Yes	Yes
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	38.5%	2025	51.8%	Yes	Yes
Shared Care Plan with Primary Care Practitioner (SCP)	2024	50.0%	2025	64.6%	Yes	Yes
Medication Reconciliation (Adjusted TRC)	2024	52.3%	2025	58.5%	Yes	No
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Count of readmissions (A)	2024	3	2025	8	-	-
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Total nursing facility transitions (B)	2024	174	2025	195	-	-
Count of safe transitions(B-A)	2024	171	2025	187	Yes	-

**Table 25: KF Health Equity Performance Measures and Year 1 Results - Race**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
White	4	64	6.25%
Black or African American	3	95	3.16%
Asian	0	2	0.00%
American Indian and Alaska Native	0	1	0.00%
Native Hawaiian and Other Pacific Islander	0	0	0.00%
Some Other Race	0	0	0.00%
Two or More Races	0	1	0.00%

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Asked but No Answer	0	4	0.00%
Unknown (Missing)	1	27	3.70%

**Table 26: KF Health Equity Performance Measures and Year 1 Results - Gender**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Gender	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Male	4	103	3.88%
Female	4	88	4.55%

**Table 27: ACP/KF PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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) Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>2) Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ol>

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

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

**Table 28: 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.

PIP Element	Element Description
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 29: 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; PCP: primary care provider; HCBS: home- and community-based services; DME: durable medical equipment; NHT: nursing home transitions.

**Table 30: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	59.8%	2025	59.8%	No	No
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	59.8%	2025	59.8%	No	No
Shared Care Plan with Primary Care Practitioner (SCP)	2024	92.7%	2025	93.4%	Yes	No
Medication Reconciliation (Adjusted TRC)	2024	40.3%	2025	28.1%	No	Yes
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Count of readmissions (A)	2024	21	2025	38	-	-
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Total nursing facility transitions (B)	2024	154	2025	255	-	-
Count of safe transitions(B-A)	2024	133	2025	217	Yes	-

**Table 31: PHW Health Equity Performance Measures and Year 1 Results - Race**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
White	28	172	16.28%
Black or African American	9	46	19.57%
Asian	0	2	0.00%
American Indian and Alaska Native	0	0	0.00%
Native Hawaiian and Other Pacific Islander	0	0	0.00%
Some Other Race	0	0	0.00%
Two or More Races	0	0	0.00%

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Asked but No Answer	0	0	0.00%
Unknown (Missing)	0	0	0.00%

**Table 32: PHW Health Equity Performance Measures and Year 1 Results - Gender**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Gender	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Male	12	125	9.60%
Female	27	130	20.77%

**Table 33: PHW Health Equity Performance Measures and Year 1 Results - Ethnicity**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Ethnicity	Count of Readmissions	Total Nursing facility Transitions	% of Unsuccessful Transitions
Latino	1	4	25.00%
Non-Latino	38	251	15.14%

**Table 34: PHW PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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) Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>2) Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ol>

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

Transitions of Care: Validation Results for UPMC Health Plan (UPMC)

**Table 35: 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 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 36: 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*
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.

PCP: primary care provider.

**Table 37: 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)
Long-Term Services and Supports - Reassessment After Inpatient Discharge (Adjusted RAC)	2024	40.2%	2025	33.9%	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)
Long-Term Services and Supports - Reassessment/Care Plan Update After Inpatient Discharge (Adjusted RAC)	2024	67.2%	2025	71.0%	Yes	No
Shared Care Plan with Primary Care Practitioner (SCP)	2024	71.9%	2025	64.1%	No	No
Medication Reconciliation (Adjusted TRC)	2024	13.8%	2025	17.1%	Yes	No
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Count of readmissions (A)	2024	23	2025	15	-	-
Discharge to Community and Remain in Community for 6 Months or More Post-Discharge – Total nursing facility transitions (B)	2024	471	2025	454	-	-
Count of safe transitions(B-A)	2024	448	2025	439	Yes	-

**Table 38: UPMC Health Equity Performance Measures and Year 1 Results - Race**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Race	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
White	10	340	2.94%
Black or African American	4	104	3.85%
Asian	1	2	50.00%
American Indian and Alaska Native	0	2	0.00%
Native Hawaiian and Other Pacific Islander	0	0	0.00%
Some Other Race	0	0	0.00%
Two or More Races	0	1	0.00%
Asked but No Answer	0	0	0.00%
Unknown (Missing)	0	5	0.00%

**Table 39: UPMC Health Equity Performance Measures and Year 1 Results - Gender**

Discharge to Community and Remain in Community for 6 Months or More Post-Discharge: Health Equity Breakout - Gender	Count of Readmissions	Total Nursing Facility Transitions	% of Unsuccessful Transitions
Male	7	177	3.95%
Female	8	277	2.89%

**Table 40: UPMC PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation Phase	Year 1
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) Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>2) Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ol>

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

Transitions of Care (Non-Clinical PIP) Comparative Findings

A comparison of all MCO validation confidence ratings on Transitions of Care PIP is reported in **Table 41**.

**Table 41: 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 42** contains the prior year’s PIP recommendations, the MCO’s responses to the recommendations, IPRO’s assessment of the MCO’s responses, and the new recommendations.

**Table 42: Strengthening Care Coordination PIP Previous Recommendations, MCO Responses, IPRO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Response <sup>1</sup>	New Recommendations
ACP/KF	<ul style="list-style-type: none"> <li>Focus on systemic barriers to success for the next PIP cycle</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> </ul>	<ul style="list-style-type: none"> <li>Rationale provided by the MCO demonstrates participant-level interventions and why provider-level interventions are not presented due to the nature of the performance indicators.</li> <li>HEDIS LTSS Dashboard is in final stages of development which will help minimize manual collection. Additional work includes transmission of the PCSP electronically which will eliminate the need to send letters out to PCPs for the SCP measure.</li> <li>The MCO notes that data abstraction team goes through training and inter-rater reliability prior to abstraction.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Response <sup>1</sup>	New Recommendations
PHW	<ul 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>• Proactively plan for internal staff transitions to ensure the continued success and progress of the PIP</li> <li>• Focus on systemic barriers to success for the next PIP cycle such as accountability and ownership amongst service coordinators</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> </ul>	<ul style="list-style-type: none"> <li>• Data-driven interventions start with the participant enrolled in the Nursing Home Transitions program where data is collected to help identify the most prevalent and impactful barriers among all participants.</li> <li>• Consistent methodology and data collection methods are applied to each annual iteration of the PIP. Some automated systems are used to help enhance data accuracy and efficiency.</li> <li>• The MCO has established a process to regularly follow-up with participants after a transition which will enable the MCO to incorporate participant perspectives into interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>• Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Response <sup>1</sup>	New Recommendations
UPMC	<ul 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>• Invest in further measure and intervention development to encapsulate the goals for the new PIP</li> <li>• Focus on systemic barriers to success for the next PIP cycle</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> </ul>	<ul style="list-style-type: none"> <li>• Addressed. The MCO partnered with the Nursing Facility Learning Collaborative to educate facilities on the joint care responsibilities of service coordinators and the MCOs, with specific focus on the discharge planning process.</li> <li>• Addressed. The effectiveness of discharge processes is monitored and modifications are implemented as needed to support ongoing improvement.</li> <li>• Addressed. The MCO ensures that transitions are led by the participant through a person-centered discharge plan that reflects the goals, preferences, and readiness of the participant.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to improve performance indicator measures HEDIS LTSS RAC, SCP, and TRC through the developed PIP interventions to reach established goals</li> <li>• Maintain the low readmission success around the Discharge to Community and Remain in Community for 6 Months or More Post-Discharge measure</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

PIP: performance improvement project; MCO: managed care organization; PCP: primary care provider; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and supports.

## 2024 PIP Aggregate Summary

Tables 43 and 44 provide an aggregated summary of strengths and opportunities for improvement as it relates to quality, timeliness, and access of both PIPs across all MCOs.

**Table 43: Summary of MCO PIP Topic 1 Strengths and Opportunities for Improvement by the Domains of Quality, Timeliness, and Access**

MCO	Strengths	Opportunities	Quality	Timeliness	Access
ACP/KF	<ul style="list-style-type: none"> <li>Strong care coordination and VBP interventions.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓
PHW	<ul style="list-style-type: none"> <li>Robust mix of interventions at the member, provider, and MCO-level.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓
UPMC	<ul style="list-style-type: none"> <li>Comprehensive approaches to care coordination are utilized.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓

MCO: managed care organization; PIP: performance improvement project; VBP: value-based payment.

**Table 44: Summary of MCO PIP Topic 2 Strengths and Opportunities for Improvement by the Domains of Quality, Timeliness, and Access**

MCO	Strengths	Opportunities	Quality	Timeliness	Access
ACP/KF	<ul style="list-style-type: none"> <li>Integrated transitions of care team and health equity interventions.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓
PHW	<ul style="list-style-type: none"> <li>Well-developed set of interventions at the member, provider, and MCO-level.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓
UPMC	<ul style="list-style-type: none"> <li>Follow-up benefit during transitions of care for a health equity intervention.</li> <li>High confidence validation rating.</li> </ul>	<ul style="list-style-type: none"> <li>Improve performance indicator measure performance</li> </ul>	✓	✓	✓

MCO: managed care organization; PIP: performance improvement project.

## 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 7** 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

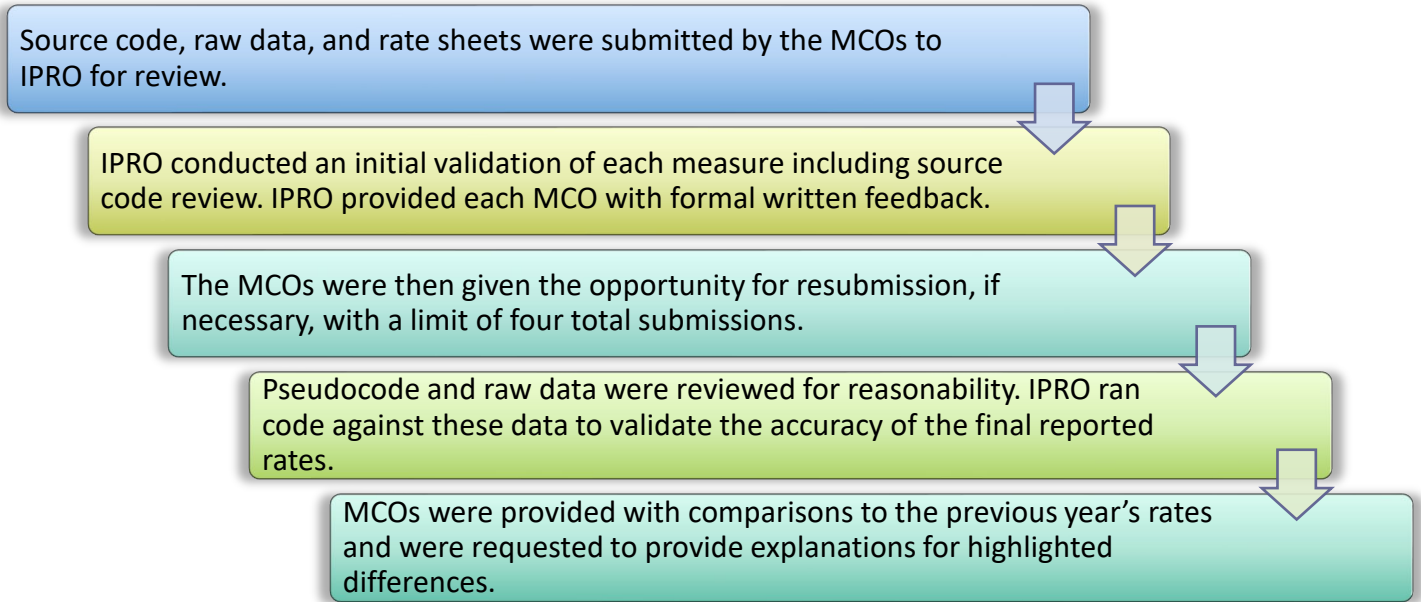
- Step 1: Determine preliminary validation findings for each measure
- Step 2: Assess and document the accuracy of performance measure reports
- Step 3: Submit validation report

**Figure 7: 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 2024 was the measurement period for performance measure validation.

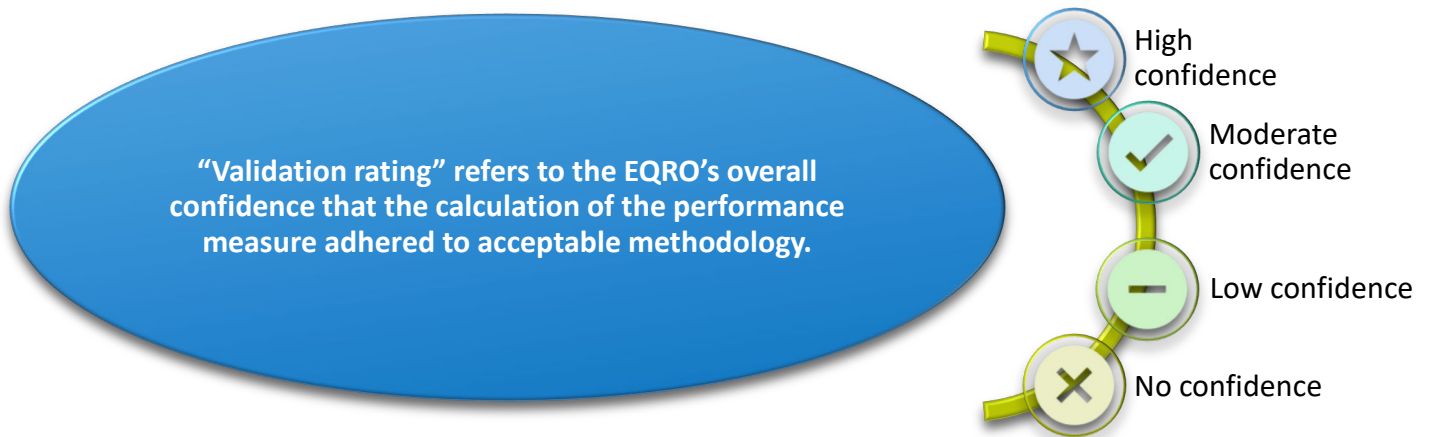
**HEDIS MY 2024 Health Plan measures** were validated through a standard HEDIS Compliance Audit of each CHC-MCO. The audit protocol includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A final audit review (FAR) was submitted to NCQA for each MCO.

**MY 2024 PAPMs** were validated through a series of steps detailed in **Figure 8**.



**Figure 8: PAPM Validation Process** MCO: managed care organization; CMS: Centers for Medicare and Medicaid Services.

In accordance with the EQR PM validation protocol issued by CMS in February 2023, IPRO adopted a qualitative assessment of the PMs, expressed in terms of levels of confidence. **Figure 9** displays the validation determination and corresponding confidence levels.



**Figure 9: Validation Determination and Corresponding Confidence Levels** EQRO: external quality review organization.

## Description of Data Obtained

### *Pennsylvania Performance Measures*

MCOs collect data for a Pennsylvania Performance Measure (PAPM) which was developed to focus on a specific area of importance to the Commonwealth that is not captured through other available data sets. The PAPM 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 2025. The CHC-MCOs are required by DHS to report on measures listed in the *HEDIS MY 2024: Volume 2: Technical Specifications*.

**Table 45** shows the required MY 2024 performance measures, the measure type, and measure steward.

**Table 45: MY 2024 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)

Source	Measures
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	Glycemic Status Assessment for Patients With Diabetes (GSD)
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)
HEDIS	Depression Remission or Response for Adolescents and Adults (DRR-E)
HEDIS	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
HEDIS	Postpartum Depression Screening and Follow-Up (PDS-E)
HEDIS	Prenatal Depression Screening and Follow-Up (PMD-E)
HEDIS	Prenatal Immunization Status (PRS-E)
HEDIS	Social Needs Screening and Intervention (SNS-E)
HEDIS	Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
HEDIS	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
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)
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	Appropriate Testing for Pharyngitis (CWP)
Utilization	
HEDIS	Antibiotic Utilization for Respiratory Conditions (AXR)
HEDIS	Plan All-Cause Readmissions (PCR)

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

### Conclusions and Comparative Findings

Based on a review of the FARs issued by each MCO’s independent auditor, IPRO found that all MCOs were determined to be *fully compliant* with the applicable NCQA Information System (IS) standards (**Table 46**). HEDIS rates produced by the MCOs were reported to the NCQA.

**Table 46: MCO Compliance with Information System Standards**

IS Standard	ACP	KF	PHW	UPMC
HEDIS auditor				
Administrative Data – Claims and Encounters (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant
Administrative Data – Enrollment (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant
Administrative Data – Provider (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant
Administrative Data - Behavioral Health (formerly IS 1.0, IS 2.0, IS 3.0)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Administrative Data – Vision (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant
Administrative Data – Pharmacy (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant
Administrative Data – Dental (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Not Applicable	Compliant
Administrative Data – Lab (formerly IS 1.0, IS 2.0, IS 3.0)	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Medical Record Review Processes (formerly IS 4.0)	Compliant	Compliant	Compliant	Compliant
Clinical and Care Delivery Data (formerly IS 5.0)	Compliant	Compliant	Compliant	Compliant
Data Management and Reporting (formerly IS 6.0, IS 7.0)	Compliant	Compliant	Compliant	Compliant
Cybersecurity Practices	Compliant	Compliant	Compliant	Compliant
M-LTSS Long-Term Services and Supports (formerly IS 8.0)	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization; IS: Information Systems; HEDIS: Healthcare Effectiveness Data and Information Set; M-LTSS: Managed Long-Term Services and Supports.

The MCOs all successfully implemented the PAPM for 2024 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 healthcare services.

MCO PM results are presented in **Tables 47– 114**. Rates for both the MY and the previous year are presented, as available (i.e., MY 2024 and MY 2023). Year-to-year statistical comparison is also provided. In addition to each individual MCO's rate, the CHC weighted average (WA) for MY 2024 is presented. A WA takes into account the proportional relevance of each MCO.

MCO performance is evaluated via statistical comparisons between the MCO MY 2024 rates and CHC MY 2024 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 47** 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 (WA), 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 47: Adults’ Access to Preventive/Ambulatory Health Services**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	20-44	1,442	1,336	92.65%	94.24%	n.s.	91.57%	92.19%	n.s.	∅	High Confidence
ACP	45-64	3,575	3,507	98.10%	98.15%	n.s.	96.23%	96.41%	+	∅	High Confidence
ACP	65+	1,709	1,649	96.49%	96.90%	n.s.	95.33%	96.17%	n.s.	∅	High Confidence
ACP	Total	6,726	6,492	96.52%	97.01%	n.s.	95.07%	95.63%	+	∅	High Confidence
KF	20-44	4,387	3,940	89.81%	91.23%	-	91.57%	92.19%	-	∅	High Confidence
KF	45-64	13,643	12,957	94.97%	95.31%	n.s.	96.23%	96.41%	-	∅	High Confidence
KF	65+	6,774	6,489	95.79%	96.09%	n.s.	95.33%	96.17%	n.s.	∅	High Confidence
KF	Total	24,804	23,386	94.28%	94.88%	-	95.07%	95.63%	-	∅	High Confidence
PHW	20-44	1,474	1,312	89.01%	88.93%	n.s.	91.57%	92.19%	-	Opportunity	High Confidence
PHW	45-64	3,918	3,684	94.03%	93.58%	n.s.	96.23%	96.41%	-	∅	High Confidence
PHW	65+	2,899	2,667	92.00%	92.13%	n.s.	95.33%	96.17%	-	Opportunity	High Confidence
PHW	Total	8,291	7,663	92.43%	92.24%	n.s.	95.07%	95.63%	-	Opportunity	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	20-44	5,583	5,292	94.79%	94.18%	n.s.	91.57%	92.19%	+	∅	High Confidence
UPMC	45-64	16,437	16,077	97.81%	97.74%	n.s.	96.23%	96.41%	+	∅	High Confidence
UPMC	65+	16,384	15,899	97.04%	96.94%	n.s.	95.33%	96.17%	+	∅	High Confidence
UPMC	Total	38,404	37,268	97.04%	96.90%	n.s.	95.07%	95.63%	+	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 48** 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 48: Prenatal and Postpartum Care**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Timeliness of Prenatal Care	All	N/A	N/A	N/A	N/A	NR	78.73%	78.61%	NR	∅	High Confidence
ACP	Postpartum Care	All	N/A	N/A	N/A	N/A	NR	70.37%	69.98%	NR	∅	High Confidence
KF	Timeliness of Prenatal Care	All	61	51	83.61%	88.71%	n.s.	78.73%	78.61%	n.s.	∅	High Confidence
KF	Postpartum Care	All	61	53	86.89%	72.58%	+	70.37%	69.98%	+	Strength	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Timeliness of Prenatal Care	All	N/A	N/A	N/A	N/A	NR	78.73%	78.61%	NR	∅	High Confidence
PHW	Postpartum Care	All	N/A	N/A	N/A	N/A	NR	70.37%	69.98%	NR	∅	High Confidence
UPMC	Timeliness of Prenatal Care	All	65	48	73.85%	70.59%	n.s.	78.73%	78.61%	n.s.	∅	High Confidence
UPMC	Postpartum Care	All	65	35	53.85%	50.98%	n.s.	70.37%	69.98%	-	Opportunity	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies. N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 49** 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 49: Adult Annual Dental Visit**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Ages 21-35	3,455	912	26.40%	26.53%	n.s.	25.73%	27.01%	n.s.	∅	High Confidence
ACP	Ages 36-59	16,512	3,762	22.78%	23.30%	n.s.	23.77%	24.56%	+	∅	High Confidence
ACP	Ages 60-64	7,075	1,510	21.34%	21.79%	n.s.	22.79%	23.43%	-	∅	High Confidence
ACP	Ages 65+	34,181	6,371	18.64%	20.64%	-	19.72%	19.96%	+	∅	High Confidence
ACP	Total Ages	61,223	12,555	20.51%	21.87%	-	21.47%	21.90%	-	∅	High Confidence
KF	Ages 21-35	3,985	1,305	32.75%	32.08%	n.s.	25.73%	27.01%	+	Strength	High Confidence
KF	Ages 36-59	20,481	6,359	31.05%	31.14%	n.s.	23.77%	24.56%	+	Strength	High Confidence
KF	Ages 60-64	9,738	2,890	29.68%	29.62%	n.s.	22.79%	23.43%	+	Strength	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Ages 65+	47,852	10,818	22.61%	23.87%	-	19.72%	19.96%	+	∅	High Confidence
KF	Total Ages	82,056	21,372	26.05%	26.84%	-	21.47%	21.90%	+	Strength	High Confidence
PHW	Ages 21-35	2,490	383	15.38%	14.54%	n.s.	25.73%	27.01%	-	Opportunity	High Confidence
PHW	Ages 36-59	15,831	2,421	15.29%	16.77%	-	23.77%	24.56%	-	Opportunity	High Confidence
PHW	Ages 60-64	7,212	1,179	16.35%	17.32%	n.s.	22.79%	23.43%	-	Opportunity	High Confidence
PHW	Ages 65+	39,668	6,845	17.26%	17.96%	-	19.72%	19.96%	-	∅	High Confidence
PHW	Total Ages	65,201	10,828	16.61%	17.44%	-	21.47%	21.90%	-	Opportunity	High Confidence
UPMC	Ages 21-35	5,852	1,662	28.40%	27.43%	n.s.	25.73%	27.01%	+	∅	High Confidence
UPMC	Ages 36-59	30,857	8,008	25.95%	25.40%	n.s.	23.77%	24.56%	+	∅	High Confidence
UPMC	Ages 60-64	13,644	3,246	23.79%	24.03%	n.s.	22.79%	23.43%	n.s.	∅	High Confidence
UPMC	Ages 65+	63,123	12,853	20.36%	20.91%	-	19.72%	19.96%	+	∅	High Confidence
UPMC	Total Ages	113,476	25,769	22.71%	22.90%	n.s.	21.47%	21.90%	+	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

### Behavioral Health Measures

**Table 50** 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 50: Adherence to Antipsychotic Medications for Individuals with Schizophrenia**

MCO	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	246	203	82.52%	82.91%	n.s.	79.19%	79.08%	n.s.	∅	High Confidence
KF	740	509	68.78%	69.19%	n.s.	79.19%	79.08%	-	Opportunity	High Confidence
PHW	312	258	82.69%	78.48%	n.s.	79.19%	79.08%	n.s.	∅	High Confidence
UPMC	1527	1,264	82.78%	84.56%	n.s.	79.19%	79.08%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 51** 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 51: Antidepressant Medication Management**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Effective Acute Phase Treatment	18+	217	166	76.50%	81.89%	n.s.	77.40%	76.29%	n.s.	∅	High Confidence
ACP	Effective Continuation Phase Treatment	18+	217	138	63.59%	70.08%	n.s.	63.33%	61.34%	n.s.	∅	High Confidence
KF	Effective Acute Phase Treatment	18+	756	536	70.90%	71.17%	n.s.	77.40%	76.29%	-	Opportunity	High Confidence
KF	Effective Continuation Phase Treatment	18+	756	418	55.29%	54.52%	n.s.	63.33%	61.34%	-	Opportunity	High Confidence
PHW	Effective Acute Phase Treatment	18+	297	251	84.51%	75.70%	+	77.40%	76.29%	+	Strength	High Confidence
PHW	Effective Continuation Phase Treatment	18+	297	215	72.39%	64.49%	+	63.33%	61.34%	+	Strength	High Confidence
UPMC	Effective Acute Phase Treatment	18+	1,138	884	77.68%	78.38%	n.s.	77.40%	76.29%	n.s.	∅	High Confidence
UPMC	Effective Continuation Phase Treatment	18+	1,138	706	62.04%	64.45%	n.s.	63.33%	61.34%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Table 52** 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 52: Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	N/A	N/A	N/A	N/A	NR	74.87%	76.60%	NR	Ø	High Confidence
KF	18-64	53	36	67.92%	67.31%	n.s.	74.87%	76.60%	n.s.	Ø	High Confidence
PHW	18-64	N/A	N/A	N/A	N/A	NR	74.87%	76.60%	NR	Ø	High Confidence
UPMC	18-64	88	72	81.82%	78.02%	n.s.	74.87%	76.60%	n.s.	Ø	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 53** 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 53: Diabetes Monitoring for People With Diabetes and Schizophrenia**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	135	92	68.15%	68.33%	n.s.	69.29%	70.99%	n.s.	Ø	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	18-64	386	252	65.28%	68.30%	n.s.	69.29%	70.99%	-	Opportunity	High Confidence
PHW	18-64	154	104	67.53%	59.73%	n.s.	69.29%	70.99%	n.s.	∅	High Confidence
UPMC	18-64	597	455	76.21%	78.77%	n.s.	69.29%	70.99%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 54** 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 54: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	263	235	89.35%	90.19%	n.s.	87.12%	87.16%	n.s.	∅	High Confidence
KF	18-64	743	659	88.69%	87.95%	n.s.	87.12%	87.16%	n.s.	∅	High Confidence
PHW	18-64	306	256	83.66%	82.61%	n.s.	87.12%	87.16%	n.s.	∅	High Confidence
UPMC	18-64	1,749	1,518	86.79%	84.77%	n.s.	87.12%	87.16%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 55** 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 55: Diagnosed Mental Health Disorders**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	CHC-MCO Average	MY 2024 WA	Validation Rating
ACP	18-64	5,057	3,186	63.00%	67.94%	61.72%	62.26%	High Confidence
ACP	65+	1,716	800	46.62%	49.47%	47.51%	50.87%	High Confidence
ACP	Total	6,773	3,986	58.85%	63.40%	57.06%	58.24%	High Confidence
KF	18-64	18,111	9,251	51.08%	59.02%	61.72%	62.26%	High Confidence
KF	65+	6,780	2,785	41.08%	42.25%	47.51%	50.87%	High Confidence
KF	Total	24,891	12,036	48.35%	54.02%	57.06%	58.24%	High Confidence
PHW	18-64	5,480	3,356	61.24%	59.17%	61.72%	62.26%	High Confidence
PHW	65+	2,927	1,347	46.02%	43.77%	47.51%	50.87%	High Confidence
PHW	Total	8,407	4,703	55.94%	53.81%	57.06%	58.24%	High Confidence
UPMC	18-64	21,950	15,709	71.57%	69.76%	61.72%	62.26%	High Confidence
UPMC	65+	16,115	9,076	56.32%	54.16%	47.51%	50.87%	High Confidence
UPMC	Total	38,065	24,785	65.11%	62.82%	57.06%	58.24%	High Confidence

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average.

**Table 56** 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 56: Diagnosed Substance Use Disorders**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	CHC-MCO Average	MY 2024 WA	Validation Rating
ACP	Alcohol	18-64	5,057	167	3.30%	3.83%	5.04%	5.28%	High Confidence
ACP	Alcohol	65+	1,716	37	2.16%	2.73%	3.11%	3.32%	High Confidence
ACP	Alcohol	Total	6,773	204	3.01%	3.56%	4.40%	4.59%	High Confidence
ACP	Opioid	18-64	5,057	255	5.04%	4.86%	6.37%	6.77%	High Confidence
ACP	Opioid	65+	1,716	34	1.98%	1.89%	2.37%	3.08%	High Confidence
ACP	Opioid	Total	6,773	289	4.27%	4.13%	5.05%	5.47%	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	CHC-MCO Average	MY 2024 WA	Validation Rating
ACP	Other	18-64	5,057	183	3.62%	3.95%	6.08%	6.58%	High Confidence
ACP	Other	65+	1,716	18	1.05%	0.98%	1.73%	1.98%	High Confidence
ACP	Other	Total	6,773	201	2.97%	3.22%	4.64%	4.96%	High Confidence
ACP	Any	18-64	5,057	496	9.81%	10.19%	13.68%	14.39%	High Confidence
ACP	Any	65+	1,716	82	4.78%	4.91%	6.24%	7.15%	High Confidence
ACP	Any	Total	6,773	578	8.53%	8.90%	11.23%	11.84%	High Confidence
KF	Alcohol	18-64	18,111	986	5.44%	5.54%	5.04%	5.28%	High Confidence
KF	Alcohol	65+	6,780	225	3.32%	3.64%	3.11%	3.32%	High Confidence
KF	Alcohol	Total	24,891	1,211	4.87%	4.97%	4.40%	4.59%	High Confidence
KF	Opioid	18-64	18,111	1,060	5.85%	5.26%	6.37%	6.77%	High Confidence
KF	Opioid	65+	6,780	128	1.89%	2.40%	2.37%	3.08%	High Confidence
KF	Opioid	Total	24,891	1,188	4.77%	4.40%	5.05%	5.47%	High Confidence
KF	Other	18-64	18,111	1,375	7.59%	7.75%	6.08%	6.58%	High Confidence
KF	Other	65+	6,780	164	2.42%	3.76%	1.73%	1.98%	High Confidence
KF	Other	Total	24,891	1,539	6.18%	6.56%	4.64%	4.96%	High Confidence
KF	Any	18-64	18,111	2,628	14.51%	14.26%	13.68%	14.39%	High Confidence
KF	Any	65+	6,780	436	6.43%	8.33%	6.24%	7.15%	High Confidence
KF	Any	Total	24,891	3,064	12.31%	12.49%	11.23%	11.84%	High Confidence
PHW	Alcohol	18-64	5,480	329	6.00%	5.22%	5.04%	5.28%	High Confidence
PHW	Alcohol	65+	2,927	104	3.55%	3.76%	3.11%	3.32%	High Confidence
PHW	Alcohol	Total	8,407	433	5.15%	4.71%	4.40%	4.59%	High Confidence
PHW	Opioid	18-64	5,480	364	6.64%	5.56%	6.37%	6.77%	High Confidence
PHW	Opioid	65+	2,927	49	1.67%	1.70%	2.37%	3.08%	High Confidence
PHW	Opioid	Total	8,407	413	4.91%	4.21%	5.05%	5.47%	High Confidence
PHW	Other	18-64	5,480	366	6.68%	5.47%	6.08%	6.58%	High Confidence
PHW	Other	65+	2,927	42	1.43%	1.07%	1.73%	1.98%	High Confidence
PHW	Other	Total	8,407	408	4.85%	3.94%	4.64%	4.96%	High Confidence
PHW	Any	18-64	5,480	838	15.29%	13.14%	13.68%	14.39%	High Confidence
PHW	Any	65+	2,927	170	5.81%	5.76%	6.24%	7.15%	High Confidence
PHW	Any	Total	8,407	1,008	11.99%	10.57%	11.23%	11.84%	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	CHC-MCO Average	MY 2024 WA	Validation Rating
UPMC	Alcohol	18-64	21,950	1,191	5.43%	4.99%	5.04%	5.28%	High Confidence
UPMC	Alcohol	65+	16,115	549	3.41%	3.00%	3.11%	3.32%	High Confidence
UPMC	Alcohol	Total	38,065	1,740	4.57%	4.10%	4.40%	4.59%	High Confidence
UPMC	Opioid	18-64	21,950	1,748	7.96%	7.43%	6.37%	6.77%	High Confidence
UPMC	Opioid	65+	16,115	636	3.95%	3.52%	2.37%	3.08%	High Confidence
UPMC	Opioid	Total	38,065	2,384	6.26%	5.69%	5.05%	5.47%	High Confidence
UPMC	Other	18-64	21,950	1,408	6.41%	5.32%	6.08%	6.58%	High Confidence
UPMC	Other	65+	16,115	323	2.00%	1.46%	1.73%	1.98%	High Confidence
UPMC	Other	Total	38,065	1,731	4.55%	3.61%	4.64%	4.96%	High Confidence
UPMC	Any	18-64	21,950	3,318	15.12%	14.11%	13.68%	14.39%	High Confidence
UPMC	Any	65+	16,115	1,281	7.95%	7.02%	6.24%	7.15%	High Confidence
UPMC	Any	Total	38,065	4,599	12.08%	10.96%	11.23%	11.84%	High Confidence

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average.

**Table 57** 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 58** displays the race and ethnicity breakout for this measure.

**Table 57: Pharmacotherapy for Opioid Use Disorder**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	16-64	41	15	36.59%	37.21%	n.s.	28.92%	26.08%	n.s.	∅	High Confidence
ACP	65+	N/A	N/A	N/A	N/A	NR	47.22%	47.22%	NR	∅	High Confidence
ACP	Total	46	17	36.96%	35.56%	n.s.	30.12%	27.76%	n.s.	∅	High Confidence
KF	16-64	291	60	20.62%	21.65%	n.s.	28.92%	26.08%	n.s.	∅	High Confidence
KF	65+	N/A	N/A	N/A	N/A	NR	47.22%	47.22%	NR	∅	High Confidence
KF	Total	301	66	21.93%	21.53%	n.s.	30.12%	27.76%	n.s.	∅	High Confidence
PHW	16-64	65	19	29.23%	27.16%	n.s.	28.92%	26.08%	n.s.	∅	High Confidence
PHW	65+	N/A	N/A	N/A	N/A	NR	47.22%	47.22%	NR	∅	High Confidence
PHW	Total	69	21	30.43%	32.18%	n.s.	30.12%	27.76%	n.s.	∅	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	16-64	301	88	29.24%	34.73%	n.s.	28.92%	26.08%	n.s.	∅	High Confidence
UPMC	65+	36	17	47.22%	49.02%	n.s.	47.22%	47.22%	n.s.	∅	High Confidence
UPMC	Total	337	105	31.16%	37.06%	n.s.	30.12%	27.76%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 58: Race and Ethnicity Breakout for Pharmacotherapy for Opioid Use Disorder**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	N/A	N/A	N/A	N/A	NR	36.58%	NR	∅	High Confidence
ACP	Race: Black or African American (Total)	N/A	N/A	N/A	N/A	NR	15.70%	NR	∅	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	27.78%	NR	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	17.50%	NR	∅	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	33	14	42.42%	N/A	NR	28.17%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: White (Total)	58	17	29.31%	26.09%	n.s.	36.58%	n.s.	∅	High Confidence
KF	Race: Black or African American (Total)	205	39	19.02%	19.28%	n.s.	15.70%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	16.13%	NR	N/A	NR	∅	High Confidence
KF	Race: Unknown (Total)	36	10	27.78%	N/A	NR	27.78%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	40	7	17.50%	19.57%	n.s.	17.50%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	258	57	22.09%	21.72%	n.s.	28.17%	n.s.	∅	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: White (Total)	33	13	39.39%	39.62%	n.s.	36.58%	n.s.	∅	High Confidence
PHW	Race: Black or African American (Total)	32	5	15.63%	N/A	NR	15.70%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	27.78%	NR	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	17.50%	NR	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	61	18	29.51%	29.87%	n.s.	28.17%	n.s.	∅	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: White (Total)	248	94	37.90%	43.30%	n.s.	36.58%	n.s.	∅	High Confidence
UPMC	Race: Black or African American (Total)	75	5	6.67%	20.00%	-	15.70%	-	Opportunity	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	27.78%	NR	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	17.50%	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Ethnicity: Not Hispanic or Latino (Total)	326	102	31.29%	36.70%	n.s.	28.17%	n.s.	∅	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

### Cardiovascular Measures

**Table 59** 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 59: Cardiac Rehabilitation**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Initiation	18-64	33	0	0.00%	2.22%	n.s.	0.67%	1.13%	n.s.	∅	High Confidence
ACP	Initiation	65+	N/A	N/A	N/A	N/A	NR	1.45%	1.87%	NR	∅	High Confidence
ACP	Initiation	Total	40	0	0.00%	2.00%	n.s.	0.69%	1.20%	n.s.	∅	High Confidence
ACP	Engagement1	18-64	33	1	3.03%	6.67%	n.s.	2.09%	2.44%	n.s.	∅	High Confidence
ACP	Engagement1	65+	N/A	N/A	N/A	N/A	NR	6.12%	5.61%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Engagement1	Total	40	1	2.50%	6.00%	n.s.	2.59%	3.01%	n.s.	∅	High Confidence
ACP	Engagement2	18-64	33	0	0.00%	6.67%	n.s.	1.78%	3.01%	n.s.	∅	High Confidence
ACP	Engagement2	65+	N/A	N/A	N/A	N/A	NR	5.27%	3.74%	NR	∅	High Confidence
ACP	Engagement2	Total	40	0	0.00%	6.00%	n.s.	2.16%	3.16%	n.s.	∅	High Confidence
ACP	Achievement	18-64	33	0	0.00%	4.44%	n.s.	0.44%	0.75%	n.s.	∅	High Confidence
ACP	Achievement	65+	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Achievement	Total	40	0	0.00%	4.00%	n.s.	0.34%	0.60%	n.s.	∅	High Confidence
KF	Initiation	18-64	223	1	0.45%	0.52%	n.s.	0.67%	1.13%	n.s.	∅	High Confidence
KF	Initiation	65+	38	0	0.00%	0.00%	NR	1.45%	1.87%	n.s.	∅	High Confidence
KF	Initiation	Total	261	1	0.38%	0.44%	n.s.	0.69%	1.20%	n.s.	∅	High Confidence
KF	Engagement1	18-64	223	3	1.35%	1.57%	n.s.	2.09%	2.44%	n.s.	∅	High Confidence
KF	Engagement1	65+	38	3	7.89%	2.86%	n.s.	6.12%	5.61%	n.s.	∅	High Confidence
KF	Engagement1	Total	261	6	2.30%	1.77%	n.s.	2.59%	3.01%	n.s.	∅	High Confidence
KF	Engagement2	18-64	223	5	2.24%	2.62%	n.s.	1.78%	3.01%	n.s.	∅	High Confidence
KF	Engagement2	65+	38	4	10.53%	5.71%	n.s.	5.27%	3.74%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Engagement2	Total	261	9	3.45%	3.10%	n.s.	2.16%	3.16%	n.s.	∅	High Confidence
KF	Achievement	18-64	223	0	0.00%	1.05%	n.s.	0.44%	0.75%	n.s.	∅	High Confidence
KF	Achievement	65+	38	0	0.00%	2.86%	n.s.	0.00%	0.00%	n.s.	∅	High Confidence
KF	Achievement	Total	261	0	0.00%	1.33%	n.s.	0.34%	0.60%	n.s.	∅	High Confidence
PHW	Initiation	18-64	50	0	0.00%	2.70%	n.s.	0.67%	1.13%	n.s.	∅	High Confidence
PHW	Initiation	65+	N/A	N/A	N/A	N/A	NR	1.45%	1.87%	NR	∅	High Confidence
PHW	Initiation	Total	68	0	0.00%	3.26%	n.s.	0.69%	1.20%	n.s.	∅	High Confidence
PHW	Engagement1	18-64	50	0	0.00%	6.76%	n.s.	2.09%	2.44%	n.s.	∅	High Confidence
PHW	Engagement1	65+	N/A	N/A	N/A	N/A	NR	6.12%	5.61%	NR	∅	High Confidence
PHW	Engagement1	Total	68	1	1.47%	8.70%	-	2.59%	3.01%	n.s.	∅	High Confidence
PHW	Engagement2	18-64	50	0	0.00%	2.70%	n.s.	1.78%	3.01%	n.s.	∅	High Confidence
PHW	Engagement2	65+	N/A	N/A	N/A	N/A	NR	5.27%	3.74%	NR	∅	High Confidence
PHW	Engagement2	Total	68	1	1.47%	4.35%	n.s.	2.16%	3.16%	n.s.	∅	High Confidence
PHW	Achievement	18-64	50	0	0.00%	1.35%	n.s.	0.44%	0.75%	n.s.	∅	High Confidence
PHW	Achievement	65+	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Achievement	Total	68	0	0.00%	1.09%	n.s.	0.34%	0.60%	n.s.	∅	High Confidence
UPMC	Initiation	18-64	226	5	2.21%	2.25%	n.s.	0.67%	1.13%	n.s.	∅	High Confidence
UPMC	Initiation	65+	69	2	2.90%	9.18%	n.s.	1.45%	1.87%	n.s.	∅	High Confidence
UPMC	Initiation	Total	295	7	2.37%	4.11%	n.s.	0.69%	1.20%	n.s.	∅	High Confidence
UPMC	Engagement1	18-64	226	9	3.98%	3.37%	n.s.	2.09%	2.44%	n.s.	∅	High Confidence
UPMC	Engagement1	65+	69	3	4.35%	11.22%	n.s.	6.12%	5.61%	n.s.	∅	High Confidence
UPMC	Engagement1	Total	295	12	4.07%	5.48%	n.s.	2.59%	3.01%	n.s.	∅	High Confidence
UPMC	Engagement2	18-64	226	11	4.87%	3.37%	n.s.	1.78%	3.01%	n.s.	∅	High Confidence
UPMC	Engagement2	65+	69	0	0.00%	10.20%	-	5.27%	3.74%	n.s.	∅	High Confidence
UPMC	Engagement2	Total	295	11	3.73%	5.21%	n.s.	2.16%	3.16%	n.s.	∅	High Confidence
UPMC	Achievement	18-64	226	4	1.77%	1.87%	n.s.	0.44%	0.75%	n.s.	∅	High Confidence
UPMC	Achievement	65+	69	0	0.00%	5.10%	n.s.	0.00%	0.00%	n.s.	∅	High Confidence
UPMC	Achievement	Total	295	4	1.36%	2.74%	n.s.	0.34%	0.60%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was 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 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 61** displays the race and ethnicity breakout for this measure.

**Table 60: Controlling High Blood Pressure**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-85	411	325	79.08%	78.35%	n.s.	74.82%	75.59%	n.s.	Ø	High Confidence
KF	18-85	411	279	67.88%	69.34%	n.s.	74.82%	75.59%	-	Opportunity	High Confidence
PHW	18-85	411	292	71.05%	72.02%	n.s.	74.82%	75.59%	n.s.	Ø	High Confidence
UPMC	18-85	411	334	81.27%	80.29%	n.s.	74.82%	75.59%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Table 61: Race and Ethnicity Breakout for Controlling High Blood Pressure**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	157	127	80.89%	80.14%	n.s.	81.26%	n.s.	Ø	High Confidence
ACP	Race: Black or African American (Total)	59	44	74.58%	76.67%	n.s.	64.65%	n.s.	Ø	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	Ø	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: Asian (Total)	98	80	81.63%	83.16%	n.s.	78.78%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	72.41%	NR	N/A	NR	∅	High Confidence
ACP	Race: Unknown (Total)	95	73	76.84%	N/A	NR	74.54%	n.s.	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	141	111	78.72%	76.42%	n.s.	72.86%	n.s.	∅	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	265	211	79.62%	79.85%	n.s.	75.57%	n.s.	∅	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: White (Total)	68	55	80.88%	73.91%	n.s.	81.26%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Race: Black or African American (Total)	234	141	60.26%	64.26%	n.s.	64.65%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asian (Total)	39	30	76.92%	N/A	NR	78.78%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	85.00%	NR	N/A	NR	∅	High Confidence
KF	Race: Unknown (Total)	66	49	74.24%	N/A	NR	74.54%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	80	56	70.00%	80.65%	n.s.	72.86%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	323	217	67.18%	67.15%	n.s.	75.57%	-	Opportunity	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: White (Total)	175	130	74.29%	75.94%	n.s.	81.26%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	166	108	65.06%	65.22%	n.s.	64.65%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	78.78%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Unknown (Total)	45	32	71.11%	73.17%	n.s.	74.54%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Ethnicity: Hispanic or Latino (Total)	66	48	72.73%	71.74%	n.s.	72.86%	n.s.	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	345	244	70.72%	72.05%	n.s.	75.57%	n.s.	∅	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: White (Total)	280	230	82.14%	82.45%	n.s.	81.26%	n.s.	∅	High Confidence
UPMC	Race: Black or African American (Total)	79	58	73.42%	71.83%	n.s.	64.65%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	78.78%	NR	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	74.54%	NR	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	72.86%	NR	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	395	320	81.01%	80.45%	n.s.	75.57%	+	Strength	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 62** displays this year’s performance measure findings for the Persistence of Beta-Blocker Treatment After a Heart Attack 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 62: Persistence of Beta-Blocker Treatment After a Heart Attack**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	18+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
PHW	18+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	18+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 63** 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 63: Statin Therapy for Patients With Cardiovascular Disease**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Received Statin Therapy	M 21-75	117	106	90.60%	89.62%	n.s.	88.72%	88.83%	n.s.	∅	High Confidence
ACP	Received Statin Therapy	F 40-75	128	110	85.94%	84.96%	n.s.	85.46%	86.01%	n.s.	∅	High Confidence
ACP	Received Statin Therapy	Total	245	216	88.16%	87.21%	n.s.	87.11%	87.40%	n.s.	∅	High Confidence
ACP	Statin Adherence 80%	M 21-75	106	87	82.08%	85.26%	n.s.	82.67%	82.39%	n.s.	∅	High Confidence
ACP	Statin Adherence 80%	F 40-75	110	98	89.09%	76.04%	+	83.36%	81.98%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Statin Adherence 80%	Total	216	185	85.65%	80.63%	n.s.	83.10%	82.19%	n.s.	∅	High Confidence
KF	Received Statin Therapy	M 21-75	567	510	89.95%	88.91%	n.s.	88.72%	88.83%	n.s.	∅	High Confidence
KF	Received Statin Therapy	F 40-75	668	594	88.92%	89.02%	n.s.	85.46%	86.01%	n.s.	∅	High Confidence
KF	Received Statin Therapy	Total	1,235	1,104	89.39%	88.97%	n.s.	87.11%	87.40%	n.s.	∅	High Confidence
KF	Statin Adherence 80%	M 21-75	510	419	82.16%	82.92%	n.s.	82.67%	82.39%	n.s.	∅	High Confidence
KF	Statin Adherence 80%	F 40-75	594	489	82.32%	82.37%	n.s.	83.36%	81.98%	n.s.	∅	High Confidence
KF	Statin Adherence 80%	Total	1,104	908	82.25%	82.62%	n.s.	83.10%	82.19%	n.s.	∅	High Confidence
PHW	Received Statin Therapy	M 21-75	222	190	85.59%	87.80%	n.s.	88.72%	88.83%	n.s.	∅	High Confidence
PHW	Received Statin Therapy	F 40-75	172	141	81.98%	84.58%	n.s.	85.46%	86.01%	n.s.	∅	High Confidence
PHW	Received Statin Therapy	Total	394	331	84.01%	86.37%	n.s.	87.11%	87.40%	n.s.	∅	High Confidence
PHW	Statin Adherence 80%	M 21-75	190	160	84.21%	86.10%	n.s.	82.67%	82.39%	n.s.	∅	High Confidence
PHW	Statin Adherence 80%	F 40-75	141	114	80.85%	80.59%	n.s.	83.36%	81.98%	n.s.	∅	High Confidence
PHW	Statin Adherence 80%	Total	331	274	82.78%	83.72%	n.s.	83.10%	82.19%	n.s.	∅	High Confidence
UPMC	Received Statin Therapy	M 21-75	1,216	1,079	88.73%	88.33%	n.s.	88.72%	88.83%	n.s.	∅	High Confidence
UPMC	Received Statin Therapy	F 40-75	1,226	1,042	84.99%	85.25%	n.s.	85.46%	86.01%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Received Statin Therapy	Total	2,442	2,121	86.86%	86.82%	n.s.	87.11%	87.40%	n.s.	∅	High Confidence
UPMC	Statin Adherence 80%	M 21-75	1,079	887	82.21%	89.01%	-	82.67%	82.39%	n.s.	∅	High Confidence
UPMC	Statin Adherence 80%	F 40-75	1,042	846	81.19%	90.15%	-	83.36%	81.98%	n.s.	∅	High Confidence
UPMC	Statin Adherence 80%	Total	2,121	1,733	81.71%	89.56%	-	83.10%	82.19%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; M: male; F: female.

### Care Coordination

**Table 64** 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 64: Advance Care Planning**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Total	634	164	25.87%	22.44%	n.s.	41.79%	44.27%	-	Opportunity	High Confidence
KF	Total	3,226	1,140	35.34%	27.44%	+	41.79%	44.27%	-	Opportunity	High Confidence
PHW	Total	1,410	845	59.93%	40.68%	+	41.79%	44.27%	+	Strength	High Confidence
UPMC	Total	10,640	4,894	46.00%	28.72%	+	41.79%	44.27%	+	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 65** 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 65: Transitions of Care**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Medication Reconciliation Post-Discharge	18-64	209	115	55.02%	60.45%	n.s.	67.30%	73.01%	-	Opportunity	High Confidence
ACP	Medication Reconciliation Post-Discharge	65+	202	125	61.88%	70.68%	n.s.	74.11%	80.62%	-	Opportunity	High Confidence
ACP	Medication Reconciliation Post-Discharge	Total	411	240	58.39%	65.21%	-	70.93%	77.26%	-	Opportunity	High Confidence
ACP	Notification of Inpatient Admission	18-64	209	67	32.06%	25.45%	n.s.	44.59%	56.07%	-	Opportunity	High Confidence
ACP	Notification of Inpatient Admission	65+	202	67	33.17%	25.13%	n.s.	44.40%	55.65%	-	Opportunity	High Confidence
ACP	Notification of Inpatient Admission	Total	411	134	32.60%	25.30%	+	44.40%	55.83%	-	Opportunity	High Confidence
ACP	Patient Engagement After Inpatient Discharge	18-64	209	165	78.95%	78.18%	n.s.	83.20%	86.76%	-	Opportunity	High Confidence
ACP	Patient Engagement After Inpatient Discharge	65+	202	173	85.64%	83.77%	n.s.	88.77%	91.26%	-	Opportunity	High Confidence
ACP	Patient Engagement After Inpatient Discharge	Total	411	338	82.24%	80.78%	n.s.	86.01%	89.22%	-	Opportunity	High Confidence
ACP	Receipt of Discharge Information	18-64	209	22	10.53%	10.45%	n.s.	29.41%	43.64%	-	Opportunity	High Confidence
ACP	Receipt of Discharge Information	65+	202	24	11.88%	13.61%	n.s.	28.70%	43.07%	-	Opportunity	High Confidence
ACP	Receipt of Discharge Information	Total	411	46	11.19%	11.92%	n.s.	29.01%	43.35%	-	Opportunity	High Confidence
KF	Medication Reconciliation Post-Discharge	18-64	177	118	66.67%	53.14%	+	67.30%	73.01%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Medication Reconciliation Post-Discharge	65+	234	174	74.36%	69.92%	n.s.	74.11%	80.62%	n.s.	∅	High Confidence
KF	Medication Reconciliation Post-Discharge	Total	411	292	71.05%	62.77%	+	70.93%	77.26%	-	Opportunity	High Confidence
KF	Notification of Inpatient Admission	18-64	177	94	53.11%	53.71%	n.s.	44.59%	56.07%	n.s.	∅	High Confidence
KF	Notification of Inpatient Admission	65+	234	117	50.00%	52.12%	n.s.	44.40%	55.65%	n.s.	∅	High Confidence
KF	Notification of Inpatient Admission	Total	411	211	51.34%	52.80%	n.s.	44.40%	55.83%	n.s.	∅	High Confidence
KF	Patient Engagement After Inpatient Discharge	18-64	177	152	85.88%	77.71%	+	83.20%	86.76%	n.s.	∅	High Confidence
KF	Patient Engagement After Inpatient Discharge	65+	234	208	88.89%	87.71%	n.s.	88.77%	91.26%	n.s.	∅	High Confidence
KF	Patient Engagement After Inpatient Discharge	Total	411	360	87.59%	83.45%	n.s.	86.01%	89.22%	n.s.	∅	High Confidence
KF	Receipt of Discharge Information	18-64	177	55	31.07%	33.14%	n.s.	29.41%	43.64%	-	Opportunity	High Confidence
KF	Receipt of Discharge Information	65+	234	67	28.63%	31.78%	n.s.	28.70%	43.07%	-	Opportunity	High Confidence
KF	Receipt of Discharge Information	Total	411	122	29.68%	32.36%	n.s.	29.01%	43.35%	-	Opportunity	High Confidence
PHW	Medication Reconciliation Post-Discharge	18-64	220	152	69.09%	56.57%	+	67.30%	73.01%	n.s.	∅	High Confidence
PHW	Medication Reconciliation Post-Discharge	65+	191	141	73.82%	68.08%	n.s.	74.11%	80.62%	n.s.	∅	High Confidence
PHW	Medication Reconciliation Post-Discharge	Total	411	293	71.29%	62.53%	+	70.93%	77.26%	-	Opportunity	High Confidence
PHW	Notification of Inpatient Admission	18-64	220	60	27.27%	27.27%	n.s.	44.59%	56.07%	-	Opportunity	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Notification of Inpatient Admission	65+	191	56	29.32%	31.46%	n.s.	44.40%	55.65%	-	Opportunity	High Confidence
PHW	Notification of Inpatient Admission	Total	411	116	28.22%	29.44%	n.s.	44.40%	55.83%	-	Opportunity	High Confidence
PHW	Patient Engagement After Inpatient Discharge	18-64	220	172	78.18%	76.26%	n.s.	83.20%	86.76%	-	Opportunity	High Confidence
PHW	Patient Engagement After Inpatient Discharge	65+	191	166	86.91%	80.28%	n.s.	88.77%	91.26%	n.s.	∅	High Confidence
PHW	Patient Engagement After Inpatient Discharge	Total	411	338	82.24%	78.35%	n.s.	86.01%	89.22%	-	Opportunity	High Confidence
PHW	Receipt of Discharge Information	18-64	220	41	18.64%	9.60%	+	29.41%	43.64%	-	Opportunity	High Confidence
PHW	Receipt of Discharge Information	65+	191	33	17.28%	12.21%	n.s.	28.70%	43.07%	-	Opportunity	High Confidence
PHW	Receipt of Discharge Information	Total	411	74	18.00%	10.95%	+	29.01%	43.35%	-	Opportunity	High Confidence
UPMC	Medication Reconciliation Post-Discharge	18-64	176	138	78.41%	71.98%	n.s.	67.30%	73.01%	n.s.	∅	High Confidence
UPMC	Medication Reconciliation Post-Discharge	65+	235	203	86.38%	78.60%	+	74.11%	80.62%	n.s.	∅	High Confidence
UPMC	Medication Reconciliation Post-Discharge	Total	411	341	82.97%	75.67%	+	70.93%	77.26%	+	Strength	High Confidence
UPMC	Notification of Inpatient Admission	18-64	176	116	65.91%	46.15%	+	44.59%	56.07%	+	Strength	High Confidence
UPMC	Notification of Inpatient Admission	65+	235	153	65.11%	56.77%	n.s.	44.40%	55.65%	+	Strength	High Confidence
UPMC	Notification of Inpatient Admission	Total	411	269	65.45%	52.07%	+	44.40%	55.83%	+	Strength	High Confidence
UPMC	Patient Engagement After Inpatient Discharge	18-64	176	158	89.77%	92.31%	n.s.	83.20%	86.76%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Patient Engagement After Inpatient Discharge	65+	235	220	93.62%	90.83%	n.s.	88.77%	91.26%	n.s.	∅	High Confidence
UPMC	Patient Engagement After Inpatient Discharge	Total	411	378	91.97%	91.48%	n.s.	86.01%	89.22%	n.s.	∅	High Confidence
UPMC	Receipt of Discharge Information	18-64	176	101	57.39%	42.31%	+	29.41%	43.64%	+	Strength	High Confidence
UPMC	Receipt of Discharge Information	65+	235	134	57.02%	44.10%	+	28.70%	43.07%	+	Strength	High Confidence
UPMC	Receipt of Discharge Information	Total	411	235	57.18%	43.31%	+	29.01%	43.35%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

### Diabetes

**Table 66** 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 66: Blood Pressure Control for Patients With Diabetes**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-75	411	318	77.37%	70.56%	+	74.03%	73.24%	n.s.	∅	High Confidence
KF	18-75	411	286	69.59%	66.67%	n.s.	74.03%	73.24%	n.s.	∅	High Confidence
PHW	18-75	411	305	74.21%	70.56%	n.s.	74.03%	73.24%	n.s.	∅	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	18-75	411	308	74.94%	78.59%	n.s.	74.03%	73.24%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 67** 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 68** displays the race and ethnicity breakout for the Eye Exam for Patients With Diabetes measure.

**Table 67: Eye Exam for Patients With Diabetes**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-75	411	267	64.96%	63.50%	n.s.	68.07%	69.06%	n.s.	∅	High Confidence
KF	18-75	411	266	64.72%	57.91%	+	68.07%	69.06%	n.s.	∅	High Confidence
PHW	18-75	411	285	69.34%	60.10%	+	68.07%	69.06%	n.s.	∅	High Confidence
UPMC	18-75	411	301	73.24%	70.07%	n.s.	68.07%	69.06%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 68: Race and Ethnicity Breakout for Eye Exam for Patients With Diabetes**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate <sup>1</sup>	Comparison to MY 2023 Rate	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	156	95	60.90%	NA	NR	69.92%	-	Opportunity	High Confidence
ACP	Race: Black or African American (Total)	48	29	60.42%	NA	NR	65.78%	n.s.	∅	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Asian (Total)	102	65	63.73%	NA	NR	70.54%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	82.35%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	98	72	73.47%	NA	NR	69.14%	n.s.	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	131	93	70.99%	NA	NR	70.58%	n.s.	∅	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	271	166	61.25%	NA	NR	68.39%	-	Opportunity	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: White (Total)	49	28	57.14%	NA	NR	69.92%	n.s.	∅	High Confidence
KF	Race: Black or African American (Total)	279	181	64.87%	NA	NR	65.78%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate <sup>1</sup>	Comparison to MY 2023 Rate	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Asian (Total)	30	23	76.67%	NA	NR	70.54%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	82.35%	NR	∅	High Confidence
KF	Race: Unknown (Total)	49	32	65.31%	NA	NR	69.14%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	58	39	67.24%	NA	NR	70.58%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	347	222	63.98%	NA	NR	68.39%	n.s.	∅	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: White (Total)	158	115	72.78%	NA	NR	69.92%	n.s.	∅	High Confidence
PHW	Race: Black or African American (Total)	182	118	64.84%	NA	NR	65.78%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	70.54%	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate <sup>1</sup>	Comparison to MY 2023 Rate	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	33	21	63.64%	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	82.35%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	35	28	80.00%	NA	NR	69.14%	n.s.	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	47	40	85.11%	NA	NR	70.58%	+	Strength	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	364	245	67.31%	NA	NR	68.39%	n.s.	∅	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: White (Total)	268	196	73.13%	NA	NR	69.92%	n.s.	∅	High Confidence
UPMC	Race: Black or African American (Total)	81	56	69.14%	NA	NR	65.78%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	70.54%	NR	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate <sup>1</sup>	Comparison to MY 2023 Rate	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	34	28	82.35%	NA	NR	82.35%	n.s.	∅	High Confidence
UPMC	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	69.14%	NR	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	70.58%	NR	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	388	282	72.68%	NA	NR	68.39%	n.s.	∅	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 69** displays this year’s performance measure findings for the Glycemic Status Assessment 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 70** displays the race and ethnicity breakout for the Glycemic Status Assessment for Patients With Diabetes, Glycemic Status <8.0% rate and Glycemic Status >9.0% rate.

**Table 69: Glycemic Status Assessment for Patients With Diabetes**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Glycemic Status <8.0%	18-75	411	256	62.29%	62.77%	n.s.	63.75%	64.02%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	18-75	411	119	28.95%	29.20%	n.s.	27.37%	27.16%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	18-75	411	251	61.07%	60.34%	n.s.	63.75%	64.02%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	18-75	411	121	29.44%	30.17%	n.s.	27.37%	27.16%	n.s.	∅	High Confidence
PHW	Glycemic Status <8.0%	18-75	411	268	65.21%	59.37%	n.s.	63.75%	64.02%	n.s.	∅	High Confidence
PHW	Glycemic Status >9.0%	18-75	411	106	25.79%	29.93%	n.s.	27.37%	27.16%	n.s.	∅	High Confidence
UPMC	Glycemic Status <8.0%	18-75	411	273	66.42%	66.18%	n.s.	63.75%	64.02%	n.s.	∅	High Confidence
UPMC	Glycemic Status >9.0%	18-75	411	104	25.30%	24.57%	n.s.	27.37%	27.16%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 70: Race and Ethnicity Breakout for Glycemic Status Assessment for Patients With Diabetes – Glycemic Status <8.0 and >9.0%**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Glycemic Status <8.0%	Race: White (Total)	156	89	57.05%	60.92%	n.s.	66.88%	-	Opportunity	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Glycemic Status <8.0%	Race: Black or African American (Total)	48	32	66.67%	43.94%	+	62.44%	n.s.	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Asian (Total)	102	63	61.76%	74.00%	n.s.	62.59%	n.s.	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	69.35%	NR	52.94%	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Race: Unknown (Total)	98	66	67.35%	N/A	NR	60.13%	n.s.	∅	High Confidence
ACP	Glycemic Status <8.0%	Ethnicity: Hispanic or Latino (Total)	131	86	65.65%	69.91%	n.s.	62.75%	n.s.	∅	High Confidence
ACP	Glycemic Status <8.0%	Ethnicity: Not Hispanic or Latino (Total)	271	162	59.78%	59.79%	n.s.	64.45%	n.s.	∅	High Confidence
ACP	Glycemic Status <8.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status <8.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Glycemic Status >9.0%	Race: White (Total)	156	54	34.62%	30.46%	n.s.	25.86%	+	Opportunity	High Confidence
ACP	Glycemic Status >9.0%	Race: Black or African American (Total)	48	13	27.08%	50.00%	-	29.49%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Asian (Total)	102	28	27.45%	17.00%	n.s.	25.28%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	22.58%	NR	32.35%	NR	∅	High Confidence
ACP	Glycemic Status >9.0%	Race: Unknown (Total)	98	23	23.47%	N/A	NR	25.63%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	Ethnicity: Hispanic or Latino (Total)	131	37	28.24%	23.01%	n.s.	26.86%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	Ethnicity: Not Hispanic or Latino (Total)	271	81	29.89%	31.96%	n.s.	26.76%	n.s.	∅	High Confidence
ACP	Glycemic Status >9.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Glycemic Status >9.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: White (Total)	49	16	32.65%	41.67%	n.s.	25.86%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Black or African American (Total)	279	82	29.39%	31.66%	n.s.	29.49%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Asian (Total)	30	7	23.33%	6.67%	n.s.	25.28%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	26.79%	NR	32.35%	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Race: Unknown (Total)	49	13	26.53%	N/A	NR	25.63%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	Ethnicity: Hispanic or Latino (Total)	58	16	27.59%	27.14%	n.s.	26.86%	n.s.	∅	High Confidence
KF	Glycemic Status <8.0%	Ethnicity: Not Hispanic or Latino (Total)	347	105	30.26%	31.44%	n.s.	26.76%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Glycemic Status <8.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status <8.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: White (Total)	49	16	32.65%	41.67%	n.s.	25.86%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Black or African American (Total)	279	82	29.39%	31.66%	n.s.	29.49%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Asian (Total)	30	7	23.33%	6.67%	n.s.	25.28%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	26.79%	NR	32.35%	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Race: Unknown (Total)	49	13	26.53%	N/A	NR	25.63%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	Ethnicity: Hispanic or Latino (Total)	58	16	27.59%	27.14%	n.s.	26.86%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Glycemic Status >9.0%	Ethnicity: Not Hispanic or Latino (Total)	347	105	30.26%	31.44%	n.s.	26.76%	n.s.	∅	High Confidence
KF	Glycemic Status >9.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Glycemic Status >9.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: White (Total)	164	113	68.90%	53.37%	+	66.88%	n.s.	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Black or African American (Total)	187	118	63.10%	63.74%	n.s.	62.44%	n.s.	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	62.59%	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	52.94%	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Race: Unknown (Total)	N/A	N/A	N/A	61.76%	NR	60.13%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Glycemic Status <8.0%	Ethnicity: Hispanic or Latino (Total)	49	33	67.35%	57.78%	n.s.	62.75%	n.s.	∅	High Confidence
PHW	Glycemic Status <8.0%	Ethnicity: Not Hispanic or Latino (Total)	362	235	64.92%	59.56%	n.s.	64.45%	n.s.	∅	High Confidence
PHW	Glycemic Status <8.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status <8.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: White (Total)	164	41	25.00%	35.58%	-	25.86%	n.s.	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Black or African American (Total)	187	52	27.81%	27.47%	n.s.	29.49%	n.s.	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	25.28%	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	32.35%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Glycemic Status >9.0%	Race: Unknown (Total)	N/A	N/A	N/A	26.47%	NR	25.63%	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Ethnicity: Hispanic or Latino (Total)	49	10	20.41%	35.56%	n.s.	26.86%	n.s.	∅	High Confidence
PHW	Glycemic Status >9.0%	Ethnicity: Not Hispanic or Latino (Total)	362	96	26.52%	29.23%	n.s.	26.76%	n.s.	∅	High Confidence
PHW	Glycemic Status >9.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Glycemic Status >9.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: White (Total)	268	183	68.28%	68.52%	n.s.	66.88%	n.s.	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Black or African American (Total)	81	52	64.20%	61.90%	n.s.	62.44%	n.s.	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Asian (Total)	N/A	N/A	N/A	55.88%	NR	62.59%	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Glycemic Status <8.0%	Race: Asked but No Answer (Total)	34	18	52.94%	N/A	NR	52.94%	n.s.	∅	High Confidence
UPMC	Glycemic Status <8.0%	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	60.13%	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	62.75%	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Ethnicity: Not Hispanic or Latino (Total)	388	262	67.53%	66.24%	n.s.	64.45%	n.s.	∅	High Confidence
UPMC	Glycemic Status <8.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status <8.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: White (Total)	268	63	23.51%	23.33%	n.s.	25.86%	n.s.	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Black or African American (Total)	81	25	30.86%	25.00%	n.s.	29.49%	n.s.	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Asian (Total)	N/A	N/A	N/A	38.24%	NR	25.28%	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Glycemic Status >9.0%	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Asked but No Answer (Total)	34	11	32.35%	N/A	NR	32.35%	n.s.	∅	High Confidence
UPMC	Glycemic Status >9.0%	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	25.63%	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	N/A	NR	26.86%	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Ethnicity: Not Hispanic or Latino (Total)	388	93	23.97%	24.55%	n.s.	26.76%	n.s.	∅	High Confidence
UPMC	Glycemic Status >9.0%	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Glycemic Status >9.0%	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 71** 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 72** displays the race and ethnicity breakout for the Kidney Health Evaluation for Patients With Diabetes measure.

**Table 71: Kidney Health Evaluation for Patients With Diabetes**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	1,860	905	48.66%	43.84%	+	48.56%	49.89%	n.s.	∅	High Confidence
ACP	65-75	382	227	59.42%	58.33%	n.s.	58.75%	60.65%	n.s.	∅	High Confidence
ACP	76-85	142	86	60.56%	51.15%	n.s.	58.42%	58.67%	n.s.	∅	High Confidence
ACP	Total	2,384	1,218	51.09%	46.60%	+	51.35%	52.97%	n.s.	∅	High Confidence
KF	18-64	6040	2,916	48.28%	44.16%	+	48.56%	49.89%	-	∅	High Confidence
KF	65-75	1,637	1,017	62.13%	55.99%	+	58.75%	60.65%	n.s.	∅	High Confidence
KF	76-85	496	270	54.44%	60.29%	n.s.	58.42%	58.67%	n.s.	∅	High Confidence
KF	Total	8,173	4,203	51.43%	47.75%	+	51.35%	52.97%	-	∅	High Confidence
PHW	18-64	1,686	748	44.37%	40.93%	+	48.56%	49.89%	-	Opportunity	High Confidence
PHW	65-75	516	268	51.94%	46.05%	n.s.	58.75%	60.65%	-	Opportunity	High Confidence
PHW	76-85	189	108	57.14%	45.08%	+	58.42%	58.67%	n.s.	∅	High Confidence
PHW	Total	2,391	1,124	47.01%	42.43%	+	51.35%	52.97%	-	Opportunity	High Confidence
UPMC	18-64	7,078	3,745	52.91%	50.93%	+	48.56%	49.89%	+	Strength	High Confidence
UPMC	65-75	2,979	1,832	61.50%	60.13%	n.s.	58.75%	60.65%	n.s.	∅	High Confidence
UPMC	76-85	736	453	61.55%	57.71%	n.s.	58.42%	58.67%	n.s.	∅	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Total	10,793	6,030	55.87%	54.09%	+	51.35%	52.97%	+	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 72: Race and Ethnicity Breakout for Kidney Health Evaluation for Patients With Diabetes**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	991	498	50.25%	NA	NR	54.44%	-	Opportunity	High Confidence
ACP	Race: Black or African American (Total)	310	126	40.65%	NA	NR	48.84%	-	Opportunity	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	48.48%	NR	∅	High Confidence
ACP	Race: Asian (Total)	548	300	54.74%	NA	NR	58.15%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	58.76%	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	55.15%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	508	275	54.13%	NA	NR	55.93%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Ethnicity: Hispanic or Latino (Total)	724	444	61.33%	NA	NR	57.03%	+	Strength	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	1,617	758	46.88%	NA	NR	52.42%	-	Opportunity	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	38	13	34.21%	NA	NR	44.14%	n.s.	∅	High Confidence
KF	Race: White (Total)	1,293	658	50.89%	NA	NR	54.44%	-	Opportunity	High Confidence
KF	Race: Black or African American (Total)	4,936	2,449	49.62%	NA	NR	48.84%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	33	16	48.48%	NA	NR	48.48%	n.s.	∅	High Confidence
KF	Race: Asian (Total)	711	420	59.07%	NA	NR	58.15%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	58.76%	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	55.15%	NR	∅	High Confidence
KF	Race: Unknown (Total)	1,162	632	54.39%	NA	NR	55.93%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	1,415	789	55.76%	NA	NR	57.03%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	6,634	3,353	50.54%	NA	NR	52.42%	-	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	107	51	47.66%	NA	NR	44.14%	n.s.	∅	High Confidence
PHW	Race: White (Total)	963	438	45.48%	NA	NR	54.44%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	1,001	454	45.35%	NA	NR	48.84%	-	Opportunity	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	48.48%	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	58.15%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	177	104	58.76%	NA	NR	58.76%	n.s.	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	55.15%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	230	119	51.74%	NA	NR	55.93%	n.s.	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	328	189	57.62%	NA	NR	57.03%	n.s.	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	2,061	935	45.37%	NA	NR	52.42%	-	Opportunity	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	44.14%	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Race: White (Total)	7,051	4,013	56.91%	NA	NR	54.44%	+	∅	High Confidence
UPMC	Race: Black or African American (Total)	2,111	1,053	49.88%	NA	NR	48.84%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	48.48%	NR	∅	High Confidence
UPMC	Race: Asian (Total)	275	172	62.55%	NA	NR	58.15%	n.s.	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	58.76%	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	787	434	55.15%	NA	NR	55.15%	n.s.	∅	High Confidence
UPMC	Race: Unknown (Total)	521	328	62.96%	NA	NR	55.93%	+	Strength	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	579	315	54.40%	NA	NR	57.03%	n.s.	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	10,214	5,715	55.95%	NA	NR	52.42%	+	Strength	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	44.14%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 73** 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 73: Statin Therapy for Patients With Diabetes**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Received Statin Therapy	40-75	1,131	915	80.90%	79.56%	n.s.	79.76%	79.83%	n.s.	Ø	High Confidence
ACP	Statin Adherence 80%	40-75	915	787	86.01%	83.89%	n.s.	82.41%	80.84%	+	Strength	High Confidence
KF	Received Statin Therapy	40-75	4,617	3,757	81.37%	80.11%	n.s.	79.76%	79.83%	+	Ø	High Confidence
KF	Statin Adherence 80%	40-75	3,757	3,007	80.04%	80.18%	n.s.	82.41%	80.84%	n.s.	Ø	High Confidence
PHW	Received Statin Therapy	40-75	1,322	1,030	77.91%	78.48%	n.s.	79.76%	79.83%	n.s.	Ø	High Confidence
PHW	Statin Adherence 80%	40-75	1,030	863	83.79%	83.49%	n.s.	82.41%	80.84%	+	Ø	High Confidence
UPMC	Received Statin Therapy	40-75	5,818	4,587	78.84%	78.62%	n.s.	79.76%	79.83%	n.s.	Ø	High Confidence
UPMC	Statin Adherence 80%	40-75	4,587	3,661	79.81%	87.73%	-	82.41%	80.84%	n.s.	Ø	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies .

**Electronic Clinical Data Systems**

**Table 74** 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 75** displays the race and ethnicity breakout for the Influenza rate. **Table 76** displays the race and ethnicity breakout for the Td/Tdap rate. **Table 77** displays the race and ethnicity breakout for the Zoster rate. **Table 78** displays the race and ethnicity breakout for the Pneumococcal rate.

**Table 74: Adult Immunization Status**

MCO	Stratification Name	Age Group	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Influenza	19-65	5,229	2,029	38.80%	42.04%	-	34.09%	34.31%	+	Strength	High Confidence
ACP	Influenza	66+	1,497	728	48.63%	53.01%	-	47.83%	49.76%	n.s.	∅	High Confidence
ACP	Influenza	Total	6,726	2,757	40.99%	44.38%	-	37.93%	39.01%	+	∅	High Confidence
ACP	Td/Tdap	19-65	5,229	2,621	50.12%	48.53%	n.s.	46.76%	46.21%	+	Strength	High Confidence
ACP	Td/Tdap	66+	1,497	633	42.28%	41.30%	n.s.	37.74%	39.26%	+	Strength	High Confidence
ACP	Td/Tdap	Total	6,726	3,254	48.38%	46.99%	n.s.	44.22%	44.09%	+	Strength	High Confidence
ACP	Zoster	50-65	3,197	598	18.71%	16.86%	n.s.	17.68%	18.15%	n.s.	∅	High Confidence
ACP	Zoster	66+	1,497	368	24.58%	20.57%	+	24.75%	28.34%	-	Opportunity	High Confidence
ACP	Zoster	Total	4,694	966	20.58%	17.99%	+	20.53%	22.26%	-	∅	High Confidence
ACP	Pneumococcal	66+	1,497	1,054	70.41%	70.41%	n.s.	66.87%	69.40%	n.s.	∅	High Confidence
KF	Influenza	19-65	18,877	5,775	30.59%	33.22%	-	34.09%	34.31%	-	Opportunity	High Confidence
KF	Influenza	66+	5,927	3,021	50.97%	54.21%	-	47.83%	49.76%	n.s.	∅	High Confidence
KF	Influenza	Total	24,804	8,796	35.46%	38.58%	-	37.93%	39.01%	-	Opportunity	High Confidence
KF	Td/Tdap	19-65	18,877	7,766	41.14%	37.15%	+	46.76%	46.21%	-	Opportunity	High Confidence
KF	Td/Tdap	66+	5,927	1,951	32.92%	29.56%	+	37.74%	39.26%	-	Opportunity	High Confidence
KF	Td/Tdap	Total	24,804	9,717	39.18%	35.21%	+	44.22%	44.09%	-	Opportunity	High Confidence

MCO	Stratification Name	Age Group	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Zoster	50-65	12,232	1,914	15.65%	13.99%	+	17.68%	18.15%	-	∅	High Confidence
KF	Zoster	66+	5,927	1,189	20.06%	19.24%	n.s.	24.75%	28.34%	-	Opportunity	High Confidence
KF	Zoster	Total	18,159	3,103	17.09%	15.78%	+	20.53%	22.26%	-	Opportunity	High Confidence
KF	Pneumococcal	66+	5,927	3,694	62.32%	55.43%	+	66.87%	69.40%	-	Opportunity	High Confidence
PHW	Influenza	19-65	5,765	1,708	29.63%	30.84%	n.s.	34.09%	34.31%	-	Opportunity	High Confidence
PHW	Influenza	66+	2,526	1,027	40.66%	44.39%	-	47.83%	49.76%	-	Opportunity	High Confidence
PHW	Influenza	Total	8,291	2,735	32.99%	34.88%	-	37.93%	39.01%	-	Opportunity	High Confidence
PHW	Td/Tdap	19-65	5,765	2,687	46.61%	25.50%	+	46.76%	46.21%	n.s.	∅	High Confidence
PHW	Td/Tdap	66+	2,526	834	33.02%	18.18%	+	37.74%	39.26%	-	Opportunity	High Confidence
PHW	Td/Tdap	Total	8,291	3,521	42.47%	23.32%	+	44.22%	44.09%	-	∅	High Confidence
PHW	Zoster	50-65	3,628	578	15.93%	14.28%	+	17.68%	18.15%	-	∅	High Confidence
PHW	Zoster	66+	2,526	524	20.74%	19.13%	n.s.	24.75%	28.34%	-	Opportunity	High Confidence
PHW	Zoster	Total	6,154	1,102	17.91%	16.23%	+	20.53%	22.26%	-	Opportunity	High Confidence
PHW	Pneumococcal	66+	2,526	1,539	60.93%	59.74%	n.s.	66.87%	69.40%	-	Opportunity	High Confidence
UPMC	Influenza	19-65	24,576	9,174	37.33%	39.60%	-	34.09%	34.31%	+	Strength	High Confidence
UPMC	Influenza	66+	13,828	7,058	51.04%	53.52%	-	47.83%	49.76%	+	∅	High Confidence
UPMC	Influenza	Total	38,404	16,232	42.27%	44.54%	-	37.93%	39.01%	+	Strength	High Confidence
UPMC	Td/Tdap	19-65	24,576	12,080	49.15%	47.62%	+	46.76%	46.21%	+	∅	High Confidence
UPMC	Td/Tdap	66+	13,828	5,912	42.75%	40.53%	+	37.74%	39.26%	+	Strength	High Confidence
UPMC	Td/Tdap	Total	38,404	17,992	46.85%	45.10%	+	44.22%	44.09%	+	∅	High Confidence
UPMC	Zoster	50-65	16,185	3,308	20.44%	19.31%	+	17.68%	18.15%	+	∅	High Confidence
UPMC	Zoster	66+	13,828	4,651	33.63%	30.95%	+	24.75%	28.34%	+	Strength	High Confidence
UPMC	Zoster	Total	30,013	7,959	26.52%	24.53%	+	20.53%	22.26%	+	Strength	High Confidence
UPMC	Pneumococcal	66+	13,828	10,209	73.83%	69.27%	+	66.87%	69.40%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Table 75: Race and Ethnicity Breakout for Adult Immunization Status, Influenza**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Influenza	Race: White (Total)	3,230	1,213	37.55%	40.53%	-	40.58%	-	Opportunity	High Confidence
ACP	Influenza	Race: Black or African American (Total)	907	295	32.52%	36.94%	n.s.	33.19%	n.s.	Ø	High Confidence
ACP	Influenza	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	33.58%	NR	Ø	High Confidence
ACP	Influenza	Race: Asian (Total)	1,201	684	56.95%	57.22%	n.s.	59.29%	n.s.	Ø	High Confidence
ACP	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	Ø	High Confidence
ACP	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	52.79%	NR	Ø	High Confidence
ACP	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	55.81%	NR	Ø	High Confidence
ACP	Influenza	Race: Asked but No Answer (Total)	56	17	30.36%	44.86%	-	40.53%	n.s.	Ø	High Confidence
ACP	Influenza	Race: Unknown (Total)	1,298	529	40.76%	46.12%	n.s.	40.05%	n.s.	Ø	High Confidence
ACP	Influenza	Ethnicity: Hispanic or Latino (Total)	1,916	803	41.91%	47.53%	-	37.92%	+	Strength	High Confidence
ACP	Influenza	Ethnicity: Not Hispanic or Latino (Total)	4,662	1,898	40.71%	43.33%	-	39.18%	+	Ø	High Confidence
ACP	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	37.93%	NR	Ø	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Influenza	Ethnicity: Unknown (Total)	119	45	37.82%	41.73%	n.s.	34.32%	n.s.	∅	High Confidence
KF	Influenza	Race: White (Total)	4,439	1,649	37.15%	41.32%	-	40.58%	-	Opportunity	High Confidence
KF	Influenza	Race: Black or African American (Total)	15,187	4,909	32.32%	35.02%	-	33.19%	n.s.	∅	High Confidence
KF	Influenza	Race: American Indian or Alaska Native (Total)	117	35	29.91%	37.01%	n.s.	33.58%	n.s.	∅	High Confidence
KF	Influenza	Race: Asian (Total)	1,693	995	58.77%	62.83%	-	59.29%	n.s.	∅	High Confidence
KF	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Some Other Race (Total)	42	N/A	50.00%	52.73%	n.s.	52.79%	n.s.	∅	High Confidence
KF	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	55.81%	NR	∅	High Confidence
KF	Influenza	Race: Asked but No Answer (Total)	64	20	31.25%	37.20%	n.s.	40.53%	n.s.	∅	High Confidence
KF	Influenza	Race: Unknown (Total)	3,251	1,162	35.74%	41.38%	-	40.05%	-	Opportunity	High Confidence
KF	Influenza	Ethnicity: Hispanic or Latino (Total)	3,715	1,396	37.58%	38.99%	n.s.	37.92%	n.s.	∅	High Confidence
KF	Influenza	Ethnicity: Not Hispanic or Latino (Total)	20,541	7,214	35.12%	38.48%	-	39.18%	-	Opportunity	High Confidence
KF	Influenza	Ethnicity: Asked but No Answer (Total)	58	22	37.93%	37.65%	n.s.	37.93%	n.s.	∅	High Confidence
KF	Influenza	Ethnicity: Unknown (Total)	490	164	33.47%	39.56%	-	34.32%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Influenza	Race: White (Total)	3,878	1,256	32.39%	34.83%	-	40.58%	-	Opportunity	High Confidence
PHW	Influenza	Race: Black or African American (Total)	3,232	1,009	31.22%	32.36%	n.s.	33.19%	-	∅	High Confidence
PHW	Influenza	Race: American Indian or Alaska Native (Total)	35	11	31.43%	38.24%	n.s.	33.58%	n.s.	∅	High Confidence
PHW	Influenza	Race: Asian (Total)	N/A	N/A	N/A	54.74%	NR	59.29%	NR	∅	High Confidence
PHW	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	33.33%	NR	52.79%	NR	∅	High Confidence
PHW	Influenza	Race: Two or More Races (Total)	430	240	55.81%	N/A	NR	55.81%	n.s.	∅	High Confidence
PHW	Influenza	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	40.53%	NR	∅	High Confidence
PHW	Influenza	Race: Unknown (Total)	700	210	30.00%	35.69%	-	40.05%	-	Opportunity	High Confidence
PHW	Influenza	Ethnicity: Hispanic or Latino (Total)	908	311	34.25%	37.74%	n.s.	37.92%	-	Opportunity	High Confidence
PHW	Influenza	Ethnicity: Not Hispanic or Latino (Total)	7,361	2,416	32.82%	34.55%	-	39.18%	-	Opportunity	High Confidence
PHW	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	37.93%	NR	∅	High Confidence
PHW	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	34.32%	NR	∅	High Confidence
UPMC	Influenza	Race: White (Total)	27,081	11,564	42.70%	45.03%	-	40.58%	+	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Influenza	Race: Black or African American (Total)	6,854	2,477	36.14%	38.44%	-	33.19%	+	∅	High Confidence
UPMC	Influenza	Race: American Indian or Alaska Native (Total)	92	36	39.13%	50.00%	n.s.	33.58%	n.s.	∅	High Confidence
UPMC	Influenza	Race: Asian (Total)	658	427	64.89%	58.81%	+	59.29%	+	Strength	High Confidence
UPMC	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Some Other Race (Total)	30	17	56.67%	N/A	NR	52.79%	n.s.	∅	High Confidence
UPMC	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	55.81%		∅	High Confidence
UPMC	Influenza	Race: Asked but No Answer (Total)	2,380	976	41.01%	42.74%	n.s.	40.53%	n.s.	∅	High Confidence
UPMC	Influenza	Race: Unknown (Total)	1,288	720	55.90%	N/A	NR	40.05%	+	Strength	High Confidence
UPMC	Influenza	Ethnicity: Hispanic or Latino (Total)	1,528	550	35.99%	37.21%	n.s.	37.92%	n.s.	∅	High Confidence
UPMC	Influenza	Ethnicity: Not Hispanic or Latino (Total)	36,876	15,682	42.53%	44.77%	-	39.18%	+	Strength	High Confidence
UPMC	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	37.93%	NR	∅	High Confidence
UPMC	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	34.32%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 76: Race and Ethnicity Breakout for Adult Immunization Status, Td/Tdap**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Td/Tdap	Race: White (Total)	3,230	1,564	48.42%	46.98%	n.s.	44.62%	+	Strength	High Confidence
ACP	Td/Tdap	Race: Black or African American (Total)	907	427	47.08%	47.36%	n.s.	43.90%	n.s.	∅	High Confidence
ACP	Td/Tdap	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	41.71%	NR	∅	High Confidence
ACP	Td/Tdap	Race: Asian (Total)	1,201	594	49.46%	47.50%	n.s.	41.96%	+	Strength	High Confidence
ACP	Td/Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Td/Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	41.69%	NR	∅	High Confidence
ACP	Td/Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	44.19%	NR	∅	High Confidence
ACP	Td/Tdap	Race: Asked but No Answer (Total)	56	24	42.86%	45.39%	n.s.	43.80%	n.s.	∅	High Confidence
ACP	Td/Tdap	Race: Unknown (Total)	1,298	623	48.00%	47.49%	n.s.	42.87%	+	Strength	High Confidence
ACP	Td/Tdap	Ethnicity: Hispanic or Latino (Total)	1,916	971	50.68%	49.57%	n.s.	46.00%	+	Strength	High Confidence
ACP	Td/Tdap	Ethnicity: Not Hispanic or Latino (Total)	4,662	2,203	47.25%	45.97%	n.s.	43.94%	+	Strength	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Td/Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	36.21%	NR	∅	High Confidence
ACP	Td/Tdap	Ethnicity: Unknown (Total)	119	64	53.78%	48.82%	n.s.	35.45%	+	Strength	High Confidence
KF	Td/Tdap	Race: White (Total)	4,439	1,624	36.58%	34.38%	+	44.62%	-	Opportunity	High Confidence
KF	Td/Tdap	Race: Black or African American (Total)	15,187	6,166	40.60%	36.74%	+	43.90%	-	Opportunity	High Confidence
KF	Td/Tdap	Race: American Indian or Alaska Native (Total)	117	45	38.46%	37.80%	n.s.	41.71%	n.s.	∅	High Confidence
KF	Td/Tdap	Race: Asian (Total)	1,693	528	31.19%	25.38%	+	41.96%	-	Opportunity	High Confidence
KF	Td/Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Td/Tdap	Race: Some Other Race (Total)	42	16	38.10%	30.91%	n.s.	41.69%	n.s.	∅	High Confidence
KF	Td/Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	44.19%	NR	∅	High Confidence
KF	Td/Tdap	Race: Asked but No Answer (Total)	64	19	29.69%	34.58%	n.s.	43.80%	-	Opportunity	High Confidence
KF	Td/Tdap	Race: Unknown (Total)	3,251	1,316	40.48%	34.77%	+	42.87%	-	∅	High Confidence
KF	Td/Tdap	Ethnicity: Hispanic or Latino (Total)	3,715	1,638	44.09%	37.10%	+	46.00%	n.s.	∅	High Confidence
KF	Td/Tdap	Ethnicity: Not Hispanic or Latino (Total)	20,541	7,906	38.49%	34.96%	+	43.94%	-	Opportunity	High Confidence
KF	Td/Tdap	Ethnicity: Asked but No Answer (Total)	58	21	36.21%	32.94%	n.s.	36.21%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Td/Tdap	Ethnicity: Unknown (Total)	490	152	31.02%	32.71%	n.s.	35.45%	n.s.	∅	High Confidence
PHW	Td/Tdap	Race: White (Total)	3,878	1,492	38.47%	20.48%	+	44.62%	-	Opportunity	High Confidence
PHW	Td/Tdap	Race: Black or African American (Total)	3,232	1,542	47.71%	26.96%	+	43.90%	+	Strength	High Confidence
PHW	Td/Tdap	Race: American Indian or Alaska Native (Total)	35	8	22.86%	14.71%	n.s.	41.71%	-	Opportunity	High Confidence
PHW	Td/Tdap	Race: Asian (Total)	N/A	N/A	N/A	26.05%	NR	41.96%	NR	∅	High Confidence
PHW	Td/Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Td/Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	52.08%	NR	41.69%	NR	∅	High Confidence
PHW	Td/Tdap	Race: Two or More Races (Total)	430	190	44.19%	N/A	NR	44.19%	n.s.	∅	High Confidence
PHW	Td/Tdap	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	43.80%	NR	∅	High Confidence
PHW	Td/Tdap	Race: Unknown (Total)	700	284	40.57%	19.86%	+	42.87%	n.s.	∅	High Confidence
PHW	Td/Tdap	Ethnicity: Hispanic or Latino (Total)	908	421	46.37%	28.16%	+	46.00%	n.s.	∅	High Confidence
PHW	Td/Tdap	Ethnicity: Not Hispanic or Latino (Total)	7,361	3,089	41.96%	22.76%	+	43.94%	-	∅	High Confidence
PHW	Td/Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	36.21%	NR	∅	High Confidence
PHW	Td/Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	35.45%	NR	∅	High Confidence
UPMC	Td/Tdap	Race: White (Total)	27,081	12,564	46.39%	44.51%	+	44.62%	+	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Td/Tdap	Race: Black or African American (Total)	6,854	3,352	48.91%	47.22%	n.s.	43.90%	+	Strength	High Confidence
UPMC	Td/Tdap	Race: American Indian or Alaska Native (Total)	92	49	53.26%	52.27%	n.s.	41.71%	n.s.	∅	High Confidence
UPMC	Td/Tdap	Race: Asian (Total)	658	369	56.08%	47.48%	+	41.96%	+	Strength	High Confidence
UPMC	Td/Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Td/Tdap	Race: Some Other Race (Total)	30	14	46.67%	N/A	NR	41.69%	n.s.	∅	High Confidence
UPMC	Td/Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	44.19%	NR	∅	High Confidence
UPMC	Td/Tdap	Race: Asked but No Answer (Total)	2,380	1,052	44.20%	43.77%	n.s.	43.80%	n.s.	∅	High Confidence
UPMC	Td/Tdap	Race: Unknown (Total)	1,288	580	45.03%	N/A	NR	42.87%	n.s.	∅	High Confidence
UPMC	Td/Tdap	Ethnicity: Hispanic or Latino (Total)	1,528	681	44.57%	41.95%	n.s.	46.00%	n.s.	∅	High Confidence
UPMC	Td/Tdap	Ethnicity: Not Hispanic or Latino (Total)	36,876	17,311	46.94%	45.20%	+	43.94%	+	Strength	High Confidence
UPMC	Td/Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	36.21%	NR	∅	High Confidence
UPMC	Td/Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	35.45%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 77: Race and Ethnicity – Adult Immunization Status, Zoster**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Zoster	Race: White (Total)	2,154	494	22.93%	21.44%	n.s.	25.44%	-	∅	High Confidence
ACP	Zoster	Race: Black or African American (Total)	600	103	17.17%	16.22%	n.s.	18.97%	n.s.	∅	High Confidence
ACP	Zoster	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	19.98%	NR	∅	High Confidence
ACP	Zoster	Race: Asian (Total)	941	133	14.13%	9.93%	+	19.09%	-	Opportunity	High Confidence
ACP	Zoster	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Zoster	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	28.21%	NR	∅	High Confidence
ACP	Zoster	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	18.56%	NR	∅	High Confidence
ACP	Zoster	Race: Asked but No Answer (Total)	38	6	15.79%	19.28%	n.s.	20.10%	n.s.	∅	High Confidence
ACP	Zoster	Race: Unknown (Total)	932	223	23.93%	23.02%	n.s.	18.55%	+	Strength	High Confidence
ACP	Zoster	Ethnicity: Hispanic or Latino (Total)	1,376	373	27.11%	23.21%	+	22.24%	+	Strength	High Confidence
ACP	Zoster	Ethnicity: Not Hispanic or Latino (Total)	3,220	571	17.73%	15.98%	n.s.	22.32%	-	Opportunity	High Confidence
ACP	Zoster	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	16.00%	NR	∅	High Confidence
ACP	Zoster	Ethnicity: Unknown (Total)	76	17	22.37%	19.28%	n.s.	15.27%	n.s.	∅	High Confidence
KF	Zoster	Race: White (Total)	3,297	562	17.05%	16.45%	n.s.	25.44%	-	Opportunity	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Zoster	Race: Black or African American (Total)	10,905	1,784	16.36%	14.86%	+	18.97%	-	∅	High Confidence
KF	Zoster	Race: American Indian or Alaska Native (Total)	86	15	17.44%	18.48%	n.s.	19.98%	n.s.	∅	High Confidence
KF	Zoster	Race: Asian (Total)	1,503	314	20.89%	20.07%	n.s.	19.09%	n.s.	∅	High Confidence
KF	Zoster	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Zoster	Race: Some Other Race (Total)	39	11	28.21%	11.76%	+	28.21%	n.s.	∅	High Confidence
KF	Zoster	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	18.56%	NR	∅	High Confidence
KF	Zoster	Race: Asked but No Answer (Total)	53	8	15.09%	15.66%	n.s.	20.10%	n.s.	∅	High Confidence
KF	Zoster	Race: Unknown (Total)	2,269	407	17.94%	17.86%	n.s.	18.55%	n.s.	∅	High Confidence
KF	Zoster	Ethnicity: Hispanic or Latino (Total)	2,521	522	20.71%	17.99%	+	22.24%	n.s.	∅	High Confidence
KF	Zoster	Ethnicity: Not Hispanic or Latino (Total)	15,193	2,518	16.57%	15.36%	+	22.32%	-	Opportunity	High Confidence
KF	Zoster	Ethnicity: Asked but No Answer (Total)	50	8	16.00%	20.27%	n.s.	16.00%	n.s.	∅	High Confidence
KF	Zoster	Ethnicity: Unknown (Total)	395	55	13.92%	16.73%	n.s.	15.27%	n.s.	∅	High Confidence
PHW	Zoster	Race: White (Total)	2,880	492	17.08%	15.22%	n.s.	25.44%	-	Opportunity	High Confidence
PHW	Zoster	Race: Black or African American (Total)	2,358	446	18.91%	17.35%	n.s.	18.97%	n.s.	∅	High Confidence
PHW	Zoster	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	19.98%	NR	∅	High Confidence
PHW	Zoster	Race: Asian (Total)	N/A	N/A	N/A	19.33%	NR	19.09%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Zoster	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Zoster	Race: Some Other Race (Total)	N/A	N/A	N/A	13.89%	NR	28.21%	NR	∅	High Confidence
PHW	Zoster	Race: Two or More Races (Total)	361	67	18.56%	N/A	NR	18.56%	n.s.	∅	High Confidence
PHW	Zoster	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	20.10%	NR	∅	High Confidence
PHW	Zoster	Race: Unknown (Total)	521	89	17.08%	15.41%	n.s.	18.55%	n.s.	∅	High Confidence
PHW	Zoster	Ethnicity: Hispanic or Latino (Total)	673	135	20.06%	18.08%	n.s.	22.24%	n.s.	∅	High Confidence
PHW	Zoster	Ethnicity: Not Hispanic or Latino (Total)	5,462	964	17.65%	16.02%	+	22.32%	-	Opportunity	High Confidence
PHW	Zoster	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	16.00%	NR	∅	High Confidence
PHW	Zoster	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	15.27%	NR	∅	High Confidence
UPMC	Zoster	Race: White (Total)	21,387	6,015	28.12%	25.79%	+	25.44%	+	∅	High Confidence
UPMC	Zoster	Race: Black or African American (Total)	5,152	1,272	24.69%	23.13%	n.s.	18.97%	+	Strength	High Confidence
UPMC	Zoster	Race: American Indian or Alaska Native (Total)	64	15	23.44%	23.33%	n.s.	19.98%	n.s.	∅	High Confidence
UPMC	Zoster	Race: Asian (Total)	532	121	22.74%	15.01%	+	19.09%	n.s.	∅	High Confidence
UPMC	Zoster	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Zoster	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	28.21%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Zoster	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	18.56%	NR	∅	High Confidence
UPMC	Zoster	Race: Asked but No Answer (Total)	1,815	369	20.33%	20.45%	n.s.	20.10%	n.s.	∅	High Confidence
UPMC	Zoster	Race: Unknown (Total)	1,026	162	15.79%	N/A	NR	18.55%	-	∅	High Confidence
UPMC	Zoster	Ethnicity: Hispanic or Latino (Total)	1,076	226	21.00%	19.34%	n.s.	22.24%	n.s.	∅	High Confidence
UPMC	Zoster	Ethnicity: Not Hispanic or Latino (Total)	28,937	7,733	26.72%	24.67%	+	22.32%	+	Strength	High Confidence
UPMC	Zoster	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	16.00%	NR	∅	High Confidence
UPMC	Zoster	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	15.27%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 78: Race and Ethnicity – Adult Immunization Status, Pneumococcal**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Pneumococcal	Race: White (Total)	755	503	66.62%	68.58%	n.s.	70.59%	-	Opportunity	High Confidence
ACP	Pneumococcal	Race: Black or African American (Total)	157	122	77.71%	73.02%	n.s.	67.67%	+	Strength	High Confidence
ACP	Pneumococcal	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	78.13%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Pneumococcal	Race: Asian (Total)	146	111	76.03%	75.29%	n.s.	70.24%	n.s.	∅	High Confidence
ACP	Pneumococcal	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Pneumococcal	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	81.25%	NR	∅	High Confidence
ACP	Pneumococcal	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	70.76%	NR	∅	High Confidence
ACP	Pneumococcal	Race: Asked but No Answer (Total)	N/A	N/A	N/A	68.98%	NR	68.48%	NR	∅	High Confidence
ACP	Pneumococcal	Race: Unknown (Total)	406	292	71.92%	70.18%	n.s.	64.48%	+	Strength	High Confidence
ACP	Pneumococcal	Ethnicity: Hispanic or Latino (Total)	591	441	74.62%	72.92%	n.s.	69.62%	+	Strength	High Confidence
ACP	Pneumococcal	Ethnicity: Not Hispanic or Latino (Total)	858	579	67.48%	68.47%	n.s.	69.50%	n.s.	∅	High Confidence
ACP	Pneumococcal	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	68.57%	NR	∅	High Confidence
ACP	Pneumococcal	Ethnicity: Unknown (Total)	36	26	72.22%	75.00%	n.s.	60.33%	n.s.	∅	High Confidence
KF	Pneumococcal	Race: White (Total)	1,339	788	58.85%	54.52%	+	70.59%	-	Opportunity	High Confidence
KF	Pneumococcal	Race: Black or African American (Total)	2,770	1,741	62.85%	58.39%	+	67.67%	-	Opportunity	High Confidence
KF	Pneumococcal	Race: American Indian or Alaska Native (Total)	32	25	78.13%	68.29%	n.s.	78.13%	n.s.	∅	High Confidence
KF	Pneumococcal	Race: Asian (Total)	952	634	66.60%	52.40%	+	70.24%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Pneumococcal	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Pneumococcal	Race: Some Other Race (Total)	32	26	81.25%	63.41%	n.s.	81.25%	n.s.	∅	High Confidence
KF	Pneumococcal	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	70.76%	NR	∅	High Confidence
KF	Pneumococcal	Race: Asked but No Answer (Total)	33	14	42.42%	47.31%	n.s.	68.48%	-	Opportunity	High Confidence
KF	Pneumococcal	Race: Unknown (Total)	766	464	60.57%	51.79%	+	64.48%	n.s.	∅	High Confidence
KF	Pneumococcal	Ethnicity: Hispanic or Latino (Total)	715	473	66.15%	54.08%	+	69.62%	n.s.	∅	High Confidence
KF	Pneumococcal	Ethnicity: Not Hispanic or Latino (Total)	4,928	3,051	61.91%	55.60%	+	69.50%	-	Opportunity	High Confidence
KF	Pneumococcal	Ethnicity: Asked but No Answer (Total)	35	24	68.57%	66.67%	n.s.	68.57%	n.s.	∅	High Confidence
KF	Pneumococcal	Ethnicity: Unknown (Total)	249	146	58.63%	54.44%	n.s.	60.33%	n.s.	∅	High Confidence
PHW	Pneumococcal	Race: White (Total)	1,335	761	57.00%	55.61%	n.s.	70.59%	-	Opportunity	High Confidence
PHW	Pneumococcal	Race: Black or African American (Total)	741	486	65.59%	64.49%	n.s.	67.67%	n.s.	∅	High Confidence
PHW	Pneumococcal	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	78.13%	NR	∅	High Confidence
PHW	Pneumococcal	Race: Asian (Total)	N/A	N/A	N/A	75.00%	NR	70.24%	NR	∅	High Confidence
PHW	Pneumococcal	Race: Native Hawaiian or Other	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
		Pacific Islander (Total)									
PHW	Pneumococcal	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	81.25%	NR	∅	High Confidence
PHW	Pneumococcal	Race: Two or More Races (Total)	171	121	70.76%	N/A	NR	70.76%	n.s.	∅	High Confidence
PHW	Pneumococcal	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	68.48%	NR	∅	High Confidence
PHW	Pneumococcal	Race: Unknown (Total)	261	157	60.15%	55.23%	n.s.	64.48%	n.s.	∅	High Confidence
PHW	Pneumococcal	Ethnicity: Hispanic or Latino (Total)	352	231	65.63%	63.58%	n.s.	69.62%	n.s.	∅	High Confidence
PHW	Pneumococcal	Ethnicity: Not Hispanic or Latino (Total)	2,166	1,302	60.11%	59.20%	n.s.	69.50%	-	Opportunity	High Confidence
PHW	Pneumococcal	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	68.57%	NR	∅	High Confidence
PHW	Pneumococcal	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	60.33%	NR	∅	High Confidence
UPMC	Pneumococcal	Race: White (Total)	10,617	7,860	74.03%	68.80%	+	70.59%	+	Strength	High Confidence
UPMC	Pneumococcal	Race: Black or African American (Total)	1,834	1,372	74.81%	71.64%	+	67.67%	+	Strength	High Confidence
UPMC	Pneumococcal	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	78.13%	NR	∅	High Confidence
UPMC	Pneumococcal	Race: Asian (Total)	182	154	84.62%	73.23%	+	70.24%	+	Strength	High Confidence
UPMC	Pneumococcal	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Pneumococcal	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	81.25%	NR	∅	High Confidence
UPMC	Pneumococcal	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	70.76%	NR	∅	High Confidence
UPMC	Pneumococcal	Race: Asked but No Answer (Total)	839	583	69.49%	67.65%	n.s.	68.48%	n.s.	∅	High Confidence
UPMC	Pneumococcal	Race: Unknown (Total)	322	219	68.01%	N/A	NR	64.48%	n.s.	∅	High Confidence
UPMC	Pneumococcal	Ethnicity: Hispanic or Latino (Total)	413	297	71.91%	67.43%	n.s.	69.62%	n.s.	∅	High Confidence
UPMC	Pneumococcal	Ethnicity: Not Hispanic or Latino (Total)	13,415	9,912	73.89%	69.30%	+	69.50%	+	Strength	High Confidence
UPMC	Pneumococcal	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	68.57%	NR	∅	High Confidence
UPMC	Pneumococcal	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	60.33%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 79** 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 80** displays the race and ethnicity breakout for this measure.

**Table 79: Breast Cancer Screening**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	50-74	1,357	862	63.52%	60.03%	n.s.	60.97%	62.05%	n.s.	∅	High Confidence
KF	50-74	6,297	3,885	61.70%	63.64%	-	60.97%	62.05%	n.s.	∅	High Confidence
PHW	50-74	1,894	1,048	55.33%	52.51%	n.s.	60.97%	62.05%	-	Opportunity	High Confidence
UPMC	50-74	10,091	6,392	63.34%	64.34%	n.s.	60.97%	62.05%	+	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 80: Race and Ethnicity Breakout for Breast Cancer Screening**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	576	322	55.90%	53.37%	n.s.	60.44%	-	Opportunity	High Confidence
ACP	Race: Black or African American (Total)	171	94	54.97%	56.94%	n.s.	61.89%	n.s.	∅	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	69.44%	NR	∅	High Confidence
ACP	Race: Asian (Total)	359	263	73.26%	65.91%	+	68.12%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	52.50%	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	70.45%	NR	67.43%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	245	178	72.65%	76.32%	n.s.	68.22%	n.s.	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	357	274	76.75%	74.74%	n.s.	69.62%	+	Strength	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	986	579	58.72%	54.99%	n.s.	61.36%	n.s.	∅	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	50.00%	NR	∅	High Confidence
KF	Race: White (Total)	1054	609	57.78%	61.32%	n.s.	60.44%	n.s.	∅	High Confidence
KF	Race: Black or African American (Total)	4,118	2,536	61.58%	62.68%	n.s.	61.89%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	36	25	69.44%	65.79%	n.s.	69.44%	n.s.	∅	High Confidence
KF	Race: Asian (Total)	342	217	63.45%	68.09%	n.s.	68.12%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	52.50%	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	69.28%	NR	67.43%	NR	∅	High Confidence
KF	Race: Unknown (Total)	729	482	66.12%	70.87%	n.s.	68.22%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	938	629	67.06%	70.85%	n.s.	69.62%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	5,265	3,209	60.95%	62.31%	n.s.	61.36%	n.s.	∅	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	84	42	50.00%	62.83%	n.s.	50.00%	n.s.	∅	High Confidence
PHW	Race: White (Total)	855	421	49.24%	47.69%	n.s.	60.44%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	805	486	60.37%	56.34%	n.s.	61.89%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	69.44%	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	53.26%	NR	68.12%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	80	42	52.50%	N/A	NR	52.50%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	67.43%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	142	89	62.68%	60.27%	n.s.	68.22%	n.s.	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	215	143	66.51%	66.98%	n.s.	69.62%	n.s.	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	1,676	904	53.94%	50.84%	n.s.	61.36%	-	Opportunity	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	50.00%	NR	∅	High Confidence
UPMC	Race: White (Total)	7,293	4,556	62.47%	63.84%	n.s.	60.44%	+	∅	High Confidence
UPMC	Race: Black or African American (Total)	1,768	1,130	63.91%	64.62%	n.s.	61.89%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	69.44%	NR	∅	High Confidence
UPMC	Race: Asian (Total)	209	141	67.46%	65.45%	n.s.	68.12%	n.s.	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	52.50%	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	482	325	67.43%	71.30%	n.s.	67.43%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Race: Unknown (Total)	299	217	72.58%	N/A	NR	68.22%	n.s.	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	312	222	71.15%	71.94%	n.s.	69.62%	n.s.	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	9,779	6,170	63.09%	64.13%	n.s.	61.36%	+	∅	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	50.00%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 81** 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 82** displays the race and ethnicity breakout for this measure.

**Table 81: Colorectal Cancer Screening**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	46-50	341	150	43.99%	33.22%	+	40.69%	42.16%	n.s.	∅	High Confidence
ACP	51-75	2,485	1,271	51.15%	43.86%	+	52.38%	56.39%	-	Opportunity	High Confidence
ACP	Total	2,826	1,421	50.28%	42.58%	+	51.15%	54.94%	-	Opportunity	High Confidence
KF	46-50	1,415	503	35.55%	33.46%	n.s.	40.69%	42.16%	-	Opportunity	High Confidence
KF	51-75	11,615	5,819	50.10%	47.08%	+	52.38%	56.39%	-	Opportunity	High Confidence

KF	Total	13,030	6,322	48.52%	45.66%	+	51.15%	54.94%	-	Opportunity	High Confidence
PHW	46-50	448	156	34.82%	28.83%	+	40.69%	42.16%	-	Opportunity	High Confidence
PHW	51-75	3,859	1,739	45.06%	40.45%	+	52.38%	56.39%	-	Opportunity	High Confidence
PHW	Total	4,307	1,895	44.00%	39.23%	+	51.15%	54.94%	-	Opportunity	High Confidence
UPMC	46-50	1,926	932	48.39%	43.97%	+	40.69%	42.16%	+	Strength	High Confidence
UPMC	51-75	18,180	11,493	63.22%	64.19%	n.s.	52.38%	56.39%	+	Strength	High Confidence
UPMC	Total	20,106	12,425	61.80%	62.37%	n.s.	51.15%	54.94%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 82: Race and Ethnicity Breakout for Colorectal Cancer Screening**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	1,204	569	47.26%	40.00%	+	59.02%	-	Opportunity	High Confidence
ACP	Race: Black or African American (Total)	394	189	47.97%	39.02%	+	50.08%	n.s.	∅	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	54.46%	NR	∅	High Confidence
ACP	Race: Asian (Total)	703	353	50.21%	40.77%	+	53.20%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	42.50%	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	50.28%	NR	57.32%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	511	299	58.51%	59.55%	n.s.	50.78%	+	Strength	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Ethnicity: Hispanic or Latino (Total)	685	426	62.19%	54.28%	+	53.65%	+	Strength	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	2,088	967	46.31%	38.68%	+	55.14%	-	Opportunity	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	51	26	50.98%	50.00%	n.s.	44.63%	n.s.	∅	High Confidence
KF	Race: White (Total)	2,182	1,068	48.95%	45.27%	+	59.02%	-	Opportunity	High Confidence
KF	Race: Black or African American (Total)	8,461	4,101	48.47%	44.89%	+	50.08%	-	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	70	36	51.43%	53.62%	n.s.	54.46%	n.s.	∅	High Confidence
KF	Race: Asian (Total)	655	327	49.92%	52.90%	n.s.	53.20%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	42.50%	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	45.44%	NR	57.32%	NR	∅	High Confidence
KF	Race: Unknown (Total)	1,631	765	46.90%	51.01%	n.s.	50.78%	-	Opportunity	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	1,895	946	49.92%	48.04%	n.s.	53.65%	-	Opportunity	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	10,877	5,260	48.36%	45.08%	+	55.14%	-	Opportunity	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	57.14%	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Ethnicity: Unknown (Total)	238	103	43.28%	50.18%	n.s.	44.63%	n.s.	∅	High Confidence
PHW	Race: White (Total)	1,991	856	42.99%	38.37%	+	59.02%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	1,816	803	44.22%	39.05%	+	50.08%	-	Opportunity	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	54.46%	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	41.94%	NR	53.20%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	160	68	42.50%	N/A	NR	42.50%	n.s.	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	57.32%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	318	156	49.06%	42.06%	n.s.	50.78%	n.s.	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	443	234	52.82%	45.13%	+	53.65%	n.s.	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	3,858	1,659	43.00%	38.60%	+	55.14%	-	Opportunity	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	44.63%	NR	∅	High Confidence
UPMC	Race: White (Total)	14,363	9,140	63.64%	64.40%	n.s.	59.02%	+	Strength	High Confidence
UPMC	Race: Black or African American (Total)	3,584	2,038	56.86%	56.32%	n.s.	50.08%	+	Strength	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Race: American Indian or Alaska Native (Total)	53	31	58.49%	60.71%	n.s.	54.46%	n.s.	∅	High Confidence
UPMC	Race: Asian (Total)	411	262	63.75%	56.06%	+	53.20%	+	Strength	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	42.50%	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	1,045	599	57.32%	59.87%	n.s.	57.32%	n.s.	∅	High Confidence
UPMC	Race: Unknown (Total)	620	345	55.65%	N/A	NR	50.78%	+	Strength	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	650	363	55.85%	56.85%	n.s.	53.65%	n.s.	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	19,456	12,062	62.00%	62.52%	n.s.	55.14%	+	Strength	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	44.63%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 83** 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 84** displays the race and ethnicity breakout for this measure.

**Table 83: Cervical Cancer Screening**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	21-64	2,508	1,012	40.35%	37.44%	+	44.48%	46.58%	-	Opportunity	High Confidence
KF	21-64	8,895	4,355	48.96%	48.95%	n.s.	44.48%	46.58%	+	∅	High Confidence
PHW	21-64	2,408	994	41.28%	36.61%	+	44.48%	46.58%	-	Opportunity	High Confidence
UPMC	21-64	9,880	4,677	47.34%	47.25%	n.s.	44.48%	46.58%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30.

**Table 84: Race and Ethnicity Breakout for Cervical Cancer Screening**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	1,121	407	36.31%	NA	NR	43.01%	-	Opportunity	High Confidence
ACP	Race: Black or African American (Total)	322	141	43.79%	NA	NR	50.66%	-	Opportunity	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	53.49%	NR	∅	High Confidence
ACP	Race: Asian (Total)	651	279	42.86%	NA	NR	43.84%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	42.31%	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	46.21%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	390	175	44.87%	NA	NR	48.07%	n.s.	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	601	293	48.75%	NA	NR	51.07%	n.s.	∅	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	1,874	703	37.51%	NA	NR	46.08%	-	Opportunity	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	0.00%	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	31.08%	NR	∅	High Confidence
KF	Race: White (Total)	1,495	613	41.00%	NA	NR	43.01%	n.s.	∅	High Confidence
KF	Race: Black or African American (Total)	5,795	2,981	51.44%	NA	NR	50.66%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	43	23	53.49%	NA	NR	53.49%	n.s.	∅	High Confidence
KF	Race: Asian (Total)	408	153	37.50%	NA	NR	43.84%	-	Opportunity	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	42.31%	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	46.21%	NR	∅	High Confidence
KF	Race: Unknown (Total)	1,130	571	50.53%	NA	NR	48.07%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	1,475	798	54.10%	NA	NR	51.07%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	7,334	3,531	48.15%	NA	NR	46.08%	+	∅	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	74	23	31.08%	NA	NR	31.08%	n.s.	∅	High Confidence
PHW	Race: White (Total)	997	323	32.40%	NA	NR	43.01%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	1,077	523	48.56%	NA	NR	50.66%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	53.49%	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	43.84%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	130	55	42.31%	NA	NR	42.31%	n.s.	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	46.21%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	186	85	45.70%	NA	NR	48.07%	n.s.	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	260	127	48.85%	NA	NR	51.07%	n.s.	∅	High Confidence
PHW	Ethnicity: Not Hispanic or Latino (Total)	2,141	866	40.45%	NA	NR	46.08%	-	Opportunity	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	31.08%	NR	∅	High Confidence
UPMC	Race: White (Total)	6,211	2,864	46.11%	NA	NR	43.01%	+	Strength	High Confidence
UPMC	Race: Black or African American (Total)	2,081	1,056	50.74%	NA	NR	50.66%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	53.49%	NR	∅	High Confidence
UPMC	Race: Asian (Total)	285	157	55.09%	NA	NR	43.84%	+	Strength	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	42.31%	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	673	311	46.21%	NA	NR	46.21%	n.s.	∅	High Confidence
UPMC	Race: Unknown (Total)	575	265	46.09%	NA	NR	48.07%	n.s.	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	508	237	46.65%	NA	NR	51.07%	n.s.	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	9,372	4,440	47.38%	NA	NR	46.08%	+	∅	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	31.08%	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 85** displays this year’s performance measure findings for the Depression Remission or Response for Adolescents and 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 85: Depression Remission or Response for Adolescents and Adults**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Depression Follow-Up	18-44	N/A	N/A	N/A	N/A	NR	14.29%	14.29%	NR	∅	High Confidence
ACP	Depression Follow-Up	45-64	N/A	N/A	N/A	N/A	NR	15.79%	15.79%	NR	∅	High Confidence
ACP	Depression Follow-Up	65+	N/A	N/A	N/A	N/A	NR	20.24%	20.24%	NR	∅	High Confidence
ACP	Depression Follow-Up	Total	N/A	N/A	N/A	N/A	NR	17.17%	17.17%	NR	∅	High Confidence
ACP	Depression Remission	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Depression Remission	45-64	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Depression Remission	65+	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Depression Remission	Total	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Depression Response	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
ACP	Depression Response	45-64	N/A	N/A	N/A	N/A	NR	2.63%	2.63%	NR	∅	High Confidence
ACP	Depression Response	65+	N/A	N/A	N/A	N/A	NR	2.38%	2.38%	NR	∅	High Confidence
ACP	Depression Response	Total	N/A	N/A	N/A	N/A	NR	2.15%	2.15%	NR	∅	High Confidence
KF	Depression Follow-Up	18-44	N/A	N/A	N/A	N/A	NR	14.29%	14.29%	NR	∅	High Confidence
KF	Depression Follow-Up	45-64	N/A	N/A	N/A	N/A	NR	15.79%	15.79%	NR	∅	High Confidence
KF	Depression Follow-Up	65+	N/A	N/A	N/A	N/A	NR	20.24%	20.24%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Depression Follow-Up	Total	N/A	N/A	N/A	15.22%	NR	17.17%	17.17%	NR	∅	High Confidence
KF	Depression Remission	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
KF	Depression Remission	45-64	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
KF	Depression Remission	65+	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
KF	Depression Remission	Total	N/A	N/A	N/A	0.00%	NR	0.00%	0.00%	NR	∅	High Confidence
KF	Depression Response	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
KF	Depression Response	45-64	N/A	N/A	N/A	N/A	NR	2.63%	2.63%	NR	∅	High Confidence
KF	Depression Response	65+	N/A	N/A	N/A	N/A	NR	2.38%	2.38%	NR	∅	High Confidence
KF	Depression Response	Total	N/A	N/A	N/A	2.17%	NR	2.15%	2.15%	NR	∅	High Confidence
PHW	Depression Follow-Up	18-44	N/A	N/A	N/A	N/A	NR	14.29%	14.29%	NR	∅	High Confidence
PHW	Depression Follow-Up	45-64	N/A	N/A	N/A	N/A	NR	15.79%	15.79%	NR	∅	High Confidence
PHW	Depression Follow-Up	65+	N/A	N/A	N/A	N/A	NR	20.24%	20.24%	NR	∅	High Confidence
PHW	Depression Follow-Up	Total	N/A	N/A	N/A	N/A	NR	17.17%	17.17%	NR	∅	High Confidence
PHW	Depression Remission	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
PHW	Depression Remission	45-64	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Depression Remission	65+	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
PHW	Depression Remission	Total	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
PHW	Depression Response	18-44	N/A	N/A	N/A	N/A	NR	0.00%	0.00%	NR	∅	High Confidence
PHW	Depression Response	45-64	N/A	N/A	N/A	N/A	NR	2.63%	2.63%	NR	∅	High Confidence
PHW	Depression Response	65+	N/A	N/A	N/A	N/A	NR	2.38%	2.38%	NR	∅	High Confidence
PHW	Depression Response	Total	N/A	N/A	N/A	N/A	NR	2.15%	2.15%	NR	∅	High Confidence
UPMC	Depression Follow-Up	18-44	35	5	14.29%	N/A	NR	14.29%	14.29%	n.s.	∅	High Confidence
UPMC	Depression Follow-Up	45-64	114	18	15.79%	16.19%	n.s.	15.79%	15.79%	n.s.	∅	High Confidence
UPMC	Depression Follow-Up	65+	84	17	20.24%	18.29%	n.s.	20.24%	20.24%	n.s.	∅	High Confidence
UPMC	Depression Follow-Up	Total	233	40	17.17%	16.75%	n.s.	17.17%	17.17%	n.s.	∅	High Confidence
UPMC	Depression Remission	18-44	35	0	0.00%	N/A	NR	0.00%	0.00%	n.s.	∅	High Confidence
UPMC	Depression Remission	45-64	114	0	0.00%	0.95%	n.s.	0.00%	0.00%	n.s.	∅	High Confidence
UPMC	Depression Remission	65+	84	0	0.00%	1.22%	n.s.	0.00%	0.00%	n.s.	∅	High Confidence
UPMC	Depression Remission	Total	233	0	0.00%	1.44%	n.s.	0.00%	0.00%	n.s.	∅	High Confidence
UPMC	Depression Response	18-44	35	0	0.00%	N/A	NR	0.00%	0.00%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Depression Response	45-64	114	3	2.63%	2.86%	n.s.	2.63%	2.63%	n.s.	∅	High Confidence
UPMC	Depression Response	65+	84	2	2.38%	1.22%	n.s.	2.38%	2.38%	n.s.	∅	High Confidence
UPMC	Depression Response	Total	233	5	2.15%	2.39%	n.s.	2.15%	2.15%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; 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 Depression Screening and Follow-Up for Adolescents and 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 86: Depression Screening and Follow-Up for Adolescents and Adults**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Depression Screening	18-64	2,595	295	11.37%	8.11%	+	8.31%	7.01%	+	Strength	High Confidence
ACP	Depression Screening	65+	1,184	366	30.91%	23.60%	+	21.20%	13.91%	+	Strength	High Confidence
ACP	Depression Screening	Total	3,779	661	17.49%	12.96%	+	12.50%	9.94%	+	Strength	High Confidence
ACP	Follow-Up on Positive Screen	18-64	N/A	N/A	N/A	N/A	NR	58.56%	62.38%	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	65+	N/A	N/A	N/A	N/A	NR	44.56%	55.39%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Follow-Up on Positive Screen	Total	34	17	50.00%	N/A	NR	51.71%	58.77%	n.s.	∅	High Confidence
KF	Depression Screening	18-64	10,310	1,069	10.37%	10.79%	n.s.	8.31%	7.01%	+	Strength	High Confidence
KF	Depression Screening	65+	4,779	1,736	36.33%	34.67%	n.s.	21.20%	13.91%	+	Strength	High Confidence
KF	Depression Screening	Total	15,089	2,805	18.59%	19.23%	n.s.	12.50%	9.94%	+	Strength	High Confidence
KF	Follow-Up on Positive Screen	18-64	78	38	48.72%	49.47%	n.s.	58.56%	62.38%	-	Opportunity	High Confidence
KF	Follow-Up on Positive Screen	65+	74	38	51.35%	51.43%	n.s.	44.56%	55.39%	n.s.	∅	High Confidence
KF	Follow-Up on Positive Screen	Total	152	76	50.00%	50.30%	n.s.	51.71%	58.77%	n.s.	∅	High Confidence
PHW	Depression Screening	18-64	2,927	246	8.40%	0.23%	+	8.31%	7.01%	+	∅	High Confidence
PHW	Depression Screening	65+	1,990	298	14.97%	0.10%	+	21.20%	13.91%	n.s.	∅	High Confidence
PHW	Depression Screening	Total	4,917	544	11.06%	0.17%	+	12.50%	9.94%	+	∅	High Confidence
PHW	Follow-Up on Positive Screen	18-64	49	25	51.02%	N/A	NR	58.56%	62.38%	n.s.	∅	High Confidence
PHW	Follow-Up on Positive Screen	65+	43	8	18.60%	N/A	NR	44.56%	55.39%	-	Opportunity	High Confidence
PHW	Follow-Up on Positive Screen	Total	92	33	35.87%	N/A	NR	51.71%	58.77%	-	Opportunity	High Confidence
UPMC	Depression Screening	18-64	10,468	322	3.08%	2.96%	n.s.	8.31%	7.01%	-	Opportunity	High Confidence
UPMC	Depression Screening	65+	9,140	236	2.58%	2.59%	n.s.	21.20%	13.91%	-	Opportunity	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Depression Screening	Total	19,608	558	2.85%	2.79%	n.s.	12.50%	9.94%	-	Opportunity	High Confidence
UPMC	Follow-Up on Positive Screen	18-64	133	101	75.94%	64.86%	+	58.56%	62.38%	+	Strength	High Confidence
UPMC	Follow-Up on Positive Screen	65+	91	58	63.74%	64.44%	n.s.	44.56%	55.39%	n.s.	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Total	224	159	70.98%	64.71%	n.s.	51.71%	58.77%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 87** displays this year’s performance measure findings for the Postpartum Depression Screening and Follow-Up 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** contains the race and ethnicity breakouts for this measure.

**Table 87: Postpartum Depression Screening and Follow-Up**

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Depression Screening	N/A	N/A	N/A	N/A	NR	23.31%	23.13%	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	Depression Screening	69	12	17.39%	21.21%	n.s.	23.31%	23.13%	n.s.	∅	High Confidence
KF	Follow-Up on Positive Screen	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Depression Screening	N/A	N/A	N/A	N/A	NR	23.31%	23.13%	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	Depression Screening	65	19	29.23%	38.46%	n.s.	23.31%	23.13%	n.s.	∅	High Confidence
UPMC	Follow-Up on Positive Screen	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 88: Race and Ethnicity - Postpartum Depression Screening and Follow-Up**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Depression Screening	Race: White (Total)	N/A	N/A	N/A	NA	NR	28.89%	NR	∅	High Confidence
ACP	Depression Screening	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	19.61%	NR	∅	High Confidence
ACP	Depression Screening	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Race: Native Hawaiian or Other	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
		Pacific Islander (Total)									
ACP	Depression Screening	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	23.53%	NR	∅	High Confidence
ACP	Depression Screening	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Depression Screening	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: White (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Follow-Up on Positive Screen	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Follow-Up on Positive Screen	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: White (Total)	N/A	N/A	N/A	NA	NR	28.89%	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Depression Screening	Race: Black or African American (Total)	51	10	19.61%	NA	NR	19.61%	n.s.	∅	High Confidence
KF	Depression Screening	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Ethnicity: Not Hispanic or Latino (Total)	56	9	16.07%	NA	NR	23.53%	n.s.	∅	High Confidence
KF	Depression Screening	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Depression Screening	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Follow-Up on Positive Screen	Race: White (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Follow-Up on Positive Screen	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Follow-Up on Positive Screen	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: White (Total)	N/A	N/A	N/A	NA	NR	28.89%	NR	∅	High Confidence
PHW	Depression Screening	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	19.61%	NR	∅	High Confidence
PHW	Depression Screening	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Depression Screening	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	23.53%	NR	∅	High Confidence
PHW	Depression Screening	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Depression Screening	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: White (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Follow-Up on Positive Screen	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Follow-Up on Positive Screen	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: White (Total)	45	13	28.89%	NA	NR	28.89%	n.s.	∅	High Confidence
UPMC	Depression Screening	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	19.61%	NR	∅	High Confidence
UPMC	Depression Screening	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: Native Hawaiian or Other	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
		Pacific Islander (Total)									
UPMC	Depression Screening	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Ethnicity: Not Hispanic or Latino (Total)	63	19	30.16%	NA	NR	23.53%	n.s.	∅	High Confidence
UPMC	Depression Screening	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Depression Screening	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: White (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Follow-Up on Positive Screen	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Follow-Up on Positive Screen	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 89** displays this year’s performance measure findings for the Prenatal Depression Screening and Follow-Up 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: Prenatal Depression Screening and Follow-Up**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Depression Screening	Total	N/A	N/A	N/A	N/A	NR	20.89%	21.12%	NR	Ø	High Confidence
ACP	Follow-Up on Positive Screen	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
KF	Depression Screening	Total	52	3	5.77%	12.50%	n.s.	20.89%	21.12%	-	Opportunity	High Confidence
KF	Follow-Up on Positive Screen	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
PHW	Depression Screening	Total	N/A	N/A	N/A	N/A	NR	20.89%	21.12%	NR	Ø	High Confidence
PHW	Follow-Up on Positive Screen	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
UPMC	Depression Screening	Total	50	18	36.00%	30.95%	n.s.	20.89%	21.12%	+	Strength	High Confidence
UPMC	Follow-Up on Positive Screen	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 90** displays this year’s performance measure findings for the Prenatal 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 91** displays the race and ethnicity breakout for the Influenza rate. **Table 92** displays the race and ethnicity breakout for the Tdap rate. **Table 93** displays the race and ethnicity breakout for the Combination rate.

**Table 90: Prenatal Immunization Status**

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Influenza	N/A	N/A	N/A	N/A	NR	33.31%	33.29%	NR	∅	High Confidence
ACP	Tdap	N/A	N/A	N/A	N/A	NR	68.66%	68.68%	NR	∅	High Confidence
ACP	Combination	N/A	N/A	N/A	N/A	NR	27.39%	27.33%	NR	∅	High Confidence
KF	Influenza	52	18	34.62%	22.50%	n.s.	33.31%	33.29%	n.s.	∅	High Confidence
KF	Tdap	52	35	67.31%	65.00%	n.s.	68.66%	68.68%	n.s.	∅	High Confidence
KF	Combination	52	16	30.77%	22.50%	n.s.	27.39%	27.33%	n.s.	∅	High Confidence
PHW	Influenza	N/A	N/A	N/A	N/A	NR	33.31%	33.29%	NR	∅	High Confidence
PHW	Tdap	N/A	N/A	N/A	N/A	NR	68.66%	68.68%	NR	∅	High Confidence
PHW	Combination	N/A	N/A	N/A	N/A	NR	27.39%	27.33%	NR	∅	High Confidence
UPMC	Influenza	50	16	32.00%	19.05%	n.s.	33.31%	33.29%	n.s.	∅	High Confidence
UPMC	Tdap	50	35	70.00%	64.29%	n.s.	68.66%	68.68%	n.s.	∅	High Confidence
UPMC	Combination	50	12	24.00%	16.67%	n.s.	27.39%	27.33%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 91: Race and Ethnicity - Prenatal Immunization Status - Influenza**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Influenza	Race: White (Total)	N/A	N/A	N/A	NA	NR	29.03%	NR	∅	High Confidence
ACP	Influenza	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	30.56%	NR	∅	High Confidence
ACP	Influenza	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	31.55%	NR	∅	High Confidence
ACP	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: White (Total)	N/A	N/A	N/A	NA	NR	29.03%	NR	∅	High Confidence
KF	Influenza	Race: Black or African American (Total)	36	11	30.56%	NA	NR	30.56%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Influenza	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Ethnicity: Not Hispanic or Latino (Total)	43	13	30.23%	NA	NR	31.55%	n.s.	∅	High Confidence
KF	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: White (Total)	N/A	N/A	N/A	NA	NR	29.03%	NR	∅	High Confidence
PHW	Influenza	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	30.56%	NR	∅	High Confidence
PHW	Influenza	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	31.55%	NR	∅	High Confidence
PHW	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: White (Total)	31	9	29.03%	NA	NR	29.03%	n.s.	∅	High Confidence
UPMC	Influenza	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	30.56%	NR	∅	High Confidence
UPMC	Influenza	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Influenza	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Ethnicity: Not Hispanic or Latino (Total)	49	16	32.65%	NA	NR	31.55%	n.s.	∅	High Confidence
UPMC	Influenza	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Influenza	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 92: Race and Ethnicity - Prenatal Immunization Status – Tdap**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Tdap	Race: White (Total)	N/A	N/A	N/A	NA	NR	61.29%	NR	∅	High Confidence
ACP	Tdap	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	66.67%	NR	∅	High Confidence
ACP	Tdap	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Tdap	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	70.68%	NR	∅	High Confidence
ACP	Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: White (Total)	N/A	N/A	N/A	NA	NR	61.29%	NR	∅	High Confidence
KF	Tdap	Race: Black or African American (Total)	36	24	66.67%	NA	NR	66.67%	n.s.	∅	High Confidence
KF	Tdap	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Ethnicity: Not Hispanic or Latino (Total)	43	30	69.77%	NA	NR	70.68%	n.s.	∅	High Confidence
KF	Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: White (Total)	N/A	N/A	N/A	NA	NR	61.29%	NR	∅	High Confidence
PHW	Tdap	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	66.67%	NR	∅	High Confidence
PHW	Tdap	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Tdap	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	70.68%	NR	∅	High Confidence
PHW	Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: White (Total)	31	19	61.29%	NA	NR	61.29%	n.s.	∅	High Confidence
UPMC	Tdap	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	66.67%	NR	∅	High Confidence
UPMC	Tdap	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Tdap	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Ethnicity: Not Hispanic or Latino (Total)	49	35	71.43%	NA	NR	70.68%	n.s.	∅	High Confidence
UPMC	Tdap	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Tdap	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for MY 2024; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 93: Race and Ethnicity - Prenatal Immunization Status - Combination**

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Combination	Race: White (Total)	N/A	N/A	N/A	NA	NR	16.13%	NR	∅	High Confidence
ACP	Combination	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	27.78%	NR	∅	High Confidence
ACP	Combination	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Combination	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	26.04%	NR	∅	High Confidence
ACP	Combination	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
ACP	Combination	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: White (Total)	N/A	N/A	N/A	NA	NR	16.13%	NR	∅	High Confidence
KF	Combination	Race: Black or African American (Total)	36	10	27.78%	NA	NR	27.78%	n.s.	∅	High Confidence
KF	Combination	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Combination	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Ethnicity: Not Hispanic or Latino (Total)	43	12	27.91%	NA	NR	26.04%	n.s.	∅	High Confidence
KF	Combination	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
KF	Combination	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: White (Total)	N/A	N/A	N/A	NA	NR	16.13%	NR	∅	High Confidence
PHW	Combination	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	27.78%	NR	∅	High Confidence
PHW	Combination	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Combination	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Ethnicity: Not Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	26.04%	NR	∅	High Confidence
PHW	Combination	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
PHW	Combination	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: White (Total)	31	5	16.13%	NA	NR	16.13%	n.s.	∅	High Confidence
UPMC	Combination	Race: Black or African American (Total)	N/A	N/A	N/A	NA	NR	27.78%	NR	∅	High Confidence
UPMC	Combination	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Asian (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Some Other Race (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Two or More Races (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Race: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Ethnicity: Hispanic or Latino (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Ethnicity: Not Hispanic or Latino (Total)	49	12	24.49%	NA	NR	26.04%	n.s.	∅	High Confidence

MCO	Stratification Name	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Combination	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence
UPMC	Combination	Ethnicity: Unknown (Total)	N/A	N/A	N/A	NA	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NA: not available, the measure is new for My 2024; 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 Social Needs Screening and Intervention 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: Social Needs Screening and Intervention**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Food Screening	18-64	5,120	721	14.08%	0.00%	+	7.06%	6.39%	+	Strength	High Confidence
ACP	Food Screening	65+	1,606	565	35.18%	0.00%	+	19.44%	12.72%	+	Strength	High Confidence
ACP	Food Screening	Total	6,726	1,286	19.12%	0.00%	+	10.13%	8.48%	+	Strength	High Confidence
ACP	Food Intervention	18-64	57	0	0.00%	N/A	NR	13.53%	20.19%	-	Opportunity	High Confidence
ACP	Food Intervention	65+	N/A	N/A	N/A	N/A	NR	26.06%	36.29%	NR	∅	High Confidence
ACP	Food Intervention	Total	75	0	0.00%	N/A	NR	14.38%	23.65%	-	Opportunity	High Confidence
ACP	Housing Screening	18-64	5,120	60	1.17%	0.00%	+	1.41%	1.23%	n.s.	∅	High Confidence
ACP	Housing Screening	65+	1,606	11	0.68%	0.00%	+	1.90%	1.25%	-	∅	High Confidence
ACP	Housing Screening	Total	6,726	71	1.06%	0.00%	+	1.57%	1.24%	n.s.	∅	High Confidence
ACP	Housing Intervention	18-64	60	0	0.00%	N/A	NR	7.86%	11.76%	-	Opportunity	High Confidence
ACP	Housing Intervention	65+	N/A	N/A	N/A	N/A	NR	11.27%	15.91%	NR	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Housing Intervention	Total	71	0	0.00%	N/A	NR	7.77%	12.86%	-	Opportunity	High Confidence
ACP	Transportation Screening	18-64	5,120	46	0.90%	0.00%	+	1.30%	1.06%	n.s.	∅	High Confidence
ACP	Transportation Screening	65+	1,606	23	1.43%	0.00%	+	2.28%	1.34%	n.s.	∅	High Confidence
ACP	Transportation Screening	Total	6,726	69	1.03%	0.00%	+	1.59%	1.16%	n.s.	∅	High Confidence
ACP	Transportation Intervention	18-64	46	0	0.00%	N/A	NR	10.41%	15.57%	-	Opportunity	High Confidence
ACP	Transportation Intervention	65+	N/A	N/A	N/A	N/A	NR	12.70%	17.93%	NR	∅	High Confidence
ACP	Transportation Intervention	Total	69	0	0.00%	N/A	NR	9.92%	16.41%	-	Opportunity	High Confidence
KF	Food Screening	18-64	18,431	2,453	13.31%	0.00%	+	7.06%	6.39%	+	Strength	High Confidence
KF	Food Screening	65+	6,373	2,689	42.19%	0.00%	+	19.44%	12.72%	+	Strength	High Confidence
KF	Food Screening	Total	24,804	5,142	20.73%	0.00%	+	10.13%	8.48%	+	Strength	High Confidence
KF	Food Intervention	18-64	206	1	0.49%	N/A	NR	13.53%	20.19%	-	Opportunity	High Confidence
KF	Food Intervention	65+	83	1	1.20%	N/A	NR	26.06%	36.29%	-	Opportunity	High Confidence
KF	Food Intervention	Total	289	2	0.69%	N/A	NR	14.38%	23.65%	-	Opportunity	High Confidence
KF	Housing Screening	18-64	18,431	249	1.35%	0.00%	+	1.41%	1.23%	n.s.	∅	High Confidence
KF	Housing Screening	65+	6,373	113	1.77%	0.00%	+	1.90%	1.25%	+	∅	High Confidence
KF	Housing Screening	Total	24,804	362	1.46%	0.00%	+	1.57%	1.24%	+	∅	High Confidence
KF	Housing Intervention	18-64	249	0	0.00%	N/A	NR	7.86%	11.76%	-	Opportunity	High Confidence
KF	Housing Intervention	65+	113	0	0.00%	N/A	NR	11.27%	15.91%	-	Opportunity	High Confidence
KF	Housing Intervention	Total	362	0	0.00%	N/A	NR	7.77%	12.86%	-	Opportunity	High Confidence
KF	Transportation Screening	18-64	18,431	179	0.97%	0.00%	+	1.30%	1.06%	n.s.	∅	High Confidence
KF	Transportation Screening	65+	6,373	109	1.71%	0.00%	+	2.28%	1.34%	+	∅	High Confidence
KF	Transportation Screening	Total	24,804	288	1.16%	0.00%	+	1.59%	1.16%	n.s.	∅	High Confidence
KF	Transportation Intervention	18-64	179	0	0.00%	N/A	NR	10.41%	15.57%	-	Opportunity	High Confidence
KF	Transportation Intervention	65+	109	0	0.00%	N/A	NR	12.70%	17.93%	-	Opportunity	High Confidence
KF	Transportation Intervention	Total	288	0	0.00%	N/A	NR	9.92%	16.41%	-	Opportunity	High Confidence
PHW	Food Screening	18-64	5,565	0	0.00%	0.00%	n.s.	7.06%	6.39%	-	Opportunity	High Confidence
PHW	Food Screening	65+	2,726	0	0.00%	0.00%	n.s.	19.44%	12.72%	-	Opportunity	High Confidence
PHW	Food Screening	Total	8,291	0	0.00%	0.00%	n.s.	10.13%	8.48%	-	Opportunity	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Food Intervention	18-64	N/A	N/A	N/A	N/A	NR	13.53%	20.19%	NR	∅	High Confidence
PHW	Food Intervention	65+	N/A	N/A	N/A	N/A	NR	26.06%	36.29%	NR	∅	High Confidence
PHW	Food Intervention	Total	N/A	N/A	N/A	N/A	NR	14.38%	23.65%	NR	∅	High Confidence
PHW	Housing Screening	18-64	5,565	123	2.21%	0.00%	+	1.41%	1.23%	+	∅	High Confidence
PHW	Housing Screening	65+	2,726	127	4.66%	0.00%	+	1.90%	1.25%	+	Strength	High Confidence
PHW	Housing Screening	Total	8,291	250	3.02%	0.00%	+	1.57%	1.24%	+	∅	High Confidence
PHW	Housing Intervention	18-64	N/A	N/A	N/A	N/A	NR	7.86%	11.76%	NR	∅	High Confidence
PHW	Housing Intervention	65+	N/A	N/A	N/A	N/A	NR	11.27%	15.91%	NR	∅	High Confidence
PHW	Housing Intervention	Total	N/A	N/A	N/A	N/A	NR	7.77%	12.86%	NR	∅	High Confidence
PHW	Transportation Screening	18-64	5,565	141	2.53%	0.00%	+	1.30%	1.06%	+	∅	High Confidence
PHW	Transportation Screening	65+	2,726	151	5.54%	0.00%	+	2.28%	1.34%	+	Strength	High Confidence
PHW	Transportation Screening	Total	8,291	292	3.52%	0.00%	+	1.59%	1.16%	+	∅	High Confidence
PHW	Transportation Intervention	18-64	N/A	N/A	N/A	N/A	NR	10.41%	15.57%	NR	∅	High Confidence
PHW	Transportation Intervention	65+	N/A	N/A	N/A	N/A	NR	12.70%	17.93%	NR	∅	High Confidence
PHW	Transportation Intervention	Total	N/A	N/A	N/A	N/A	NR	9.92%	16.41%	NR	∅	High Confidence
UPMC	Food Screening	18-64	23,336	197	0.84%	0.95%	n.s.	7.06%	6.39%	-	Opportunity	High Confidence
UPMC	Food Screening	65+	15,068	55	0.37%	0.52%	-	19.44%	12.72%	-	Opportunity	High Confidence
UPMC	Food Screening	Total	38,404	252	0.66%	0.78%	-	10.13%	8.48%	-	Opportunity	High Confidence
UPMC	Food Intervention	18-64	197	79	40.10%	23.60%	+	13.53%	20.19%	+	Strength	High Confidence
UPMC	Food Intervention	65+	55	28	50.91%	26.03%	+	26.06%	36.29%	+	Strength	High Confidence
UPMC	Food Intervention	Total	252	107	42.46%	24.30%	+	14.38%	23.65%	+	Strength	High Confidence
UPMC	Housing Screening	18-64	23,336	212	0.91%	1.02%	n.s.	1.41%	1.23%	-	∅	High Confidence
UPMC	Housing Screening	65+	15,068	71	0.47%	0.77%	-	1.90%	1.25%	-	∅	High Confidence
UPMC	Housing Screening	Total	38,404	283	0.74%	0.92%	-	1.57%	1.24%	-	∅	High Confidence
UPMC	Housing Intervention	18-64	212	50	23.58%	17.45%	n.s.	7.86%	11.76%	+	Strength	High Confidence
UPMC	Housing Intervention	65+	71	16	22.54%	10.17%	+	11.27%	15.91%	n.s.	∅	High Confidence
UPMC	Housing Intervention	Total	283	66	23.32%	15.01%	+	7.77%	12.86%	+	Strength	High Confidence
UPMC	Transportation Screening	18-64	23,336	189	0.81%	0.89%	n.s.	1.30%	1.06%	-	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Transportation Screening	65+	15,068	63	0.42%	0.57%	n.s.	2.28%	1.34%	-	∅	High Confidence
UPMC	Transportation Screening	Total	38,404	252	0.66%	0.76%	n.s.	1.59%	1.16%	-	∅	High Confidence
UPMC	Transportation Intervention	18-64	189	59	31.22%	28.29%	n.s.	10.41%	15.57%	+	Strength	High Confidence
UPMC	Transportation Intervention	65+	63	16	25.40%	10.34%	+	12.70%	17.93%	n.s.	∅	High Confidence
UPMC	Transportation Intervention	Total	252	75	29.76%	22.95%	n.s.	9.92%	16.41%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 95** displays this year’s performance measure findings for the Unhealthy Alcohol Use Screening and Follow-Up 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: Unhealthy Alcohol Use Screening and Follow-Up**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Unhealthy Alcohol Use Screening	18-44	1,437	0	0.00%	0.00%	n.s.	0.50%	0.35%	-	∅	High Confidence
ACP	Unhealthy Alcohol Use Screening	45-64	3,004	0	0.00%	0.00%	n.s.	0.50%	0.32%	-	∅	High Confidence
ACP	Unhealthy Alcohol Use Screening	65+	1,190	0	0.00%	0.00%	n.s.	1.02%	0.67%	-	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Unhealthy Alcohol Use Screening	Total	5,631	0	0.00%	0.00%	n.s	0.66%	0.44%	-	∅	High Confidence
ACP	Alcohol Counseling or Other Follow-Up Care	18-44	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
ACP	Alcohol Counseling or Other Follow-Up Care	45-64	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
ACP	Alcohol Counseling or Other Follow-Up Care	65+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
ACP	Alcohol Counseling or Other Follow-Up Care	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	Unhealthy Alcohol Use Screening	18-44	4,460	0	0.00%	0.00%	n.s	0.50%	0.35%	-	∅	High Confidence
KF	Unhealthy Alcohol Use Screening	45-64	12,176	0	0.00%	0.00%	n.s	0.50%	0.32%	-	∅	High Confidence
KF	Unhealthy Alcohol Use Screening	65+	5,145	0	0.00%	0.00%	n.s	1.02%	0.67%	-	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Unhealthy Alcohol Use Screening	Total	21,781	0	0.00%	0.00%	n.s	0.66%	0.44%	-	∅	High Confidence
KF	Alcohol Counseling or Other Follow-Up Care	18-44	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	Alcohol Counseling or Other Follow-Up Care	45-64	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	Alcohol Counseling or Other Follow-Up Care	65+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
KF	Alcohol Counseling or Other Follow-Up Care	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
PHW	Unhealthy Alcohol Use Screening	18-44	1,490	24	1.61%	1.36%	n.s.	0.50%	0.35%	+	∅	High Confidence
PHW	Unhealthy Alcohol Use Screening	45-64	3,346	56	1.67%	1.35%	n.s.	0.50%	0.32%	+	∅	High Confidence
PHW	Unhealthy Alcohol Use Screening	65+	2,135	77	3.61%	1.89%	+	1.02%	0.67%	+	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Unhealthy Alcohol Use Screening	Total	6,971	157	2.25%	1.52%	+	0.66%	0.44%	+	∅	High Confidence
PHW	Alcohol Counseling or Other Follow-Up Care	18-44	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
PHW	Alcohol Counseling or Other Follow-Up Care	45-64	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
PHW	Alcohol Counseling or Other Follow-Up Care	65+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
PHW	Alcohol Counseling or Other Follow-Up Care	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	Unhealthy Alcohol Use Screening	18-44	5,612	21	0.37%	0.88%	-	0.50%	0.35%	n.s.	∅	High Confidence
UPMC	Unhealthy Alcohol Use Screening	45-64	15,113	48	0.32%	0.76%	-	0.50%	0.32%	n.s.	∅	High Confidence
UPMC	Unhealthy Alcohol Use Screening	65+	12,305	59	0.48%	0.82%	-	1.02%	0.67%	-	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Unhealthy Alcohol Use Screening	Total	33,030	128	0.39%	0.80%	-	0.66%	0.44%	n.s.	∅	High Confidence
UPMC	Alcohol Counseling or Other Follow-Up Care	18-44	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	Alcohol Counseling or Other Follow-Up Care	45-64	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	Alcohol Counseling or Other Follow-Up Care	65+	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence
UPMC	Alcohol Counseling or Other Follow-Up Care	Total	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 96** displays this year’s performance measure findings for the Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and 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 96: Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Assessment Period 1	18-44	77	1	1.30%	0.81%	n.s.	2.74%	3.61%	n.s.	∅	High Confidence
ACP	Assessment Period 1	45-64	326	4	1.23%	0.42%	n.s.	2.75%	3.23%	-	∅	High Confidence
ACP	Assessment Period 1	65+	104	1	0.96%	1.04%	n.s.	3.22%	4.22%	n.s.	∅	High Confidence
ACP	Assessment Period 1	Total	507	6	1.18%	0.57%	n.s.	2.91%	3.61%	-	∅	High Confidence
ACP	Assessment Period 2	18-44	76	2	2.63%	0.00%	n.s.	3.55%	3.50%	n.s.	∅	High Confidence
ACP	Assessment Period 2	45-64	303	2	0.66%	0.26%	n.s.	2.96%	3.16%	-	∅	High Confidence
ACP	Assessment Period 2	65+	89	0	0.00%	2.15%	n.s.	4.00%	4.28%	-	Opportunity	High Confidence
ACP	Assessment Period 2	Total	468	4	0.85%	0.52%	n.s.	3.37%	3.60%	-	∅	High Confidence
ACP	Assessment Period 3	18-44	77	1	1.30%	1.49%	n.s.	4.47%	4.10%	n.s.	∅	High Confidence
ACP	Assessment Period 3	45-64	275	3	1.09%	0.39%	n.s.	3.61%	3.55%	-	∅	High Confidence
ACP	Assessment Period 3	65+	89	1	1.12%	0.00%	n.s.	5.85%	4.47%	n.s.	∅	High Confidence
ACP	Assessment Period 3	Total	441	5	1.13%	0.50%	n.s.	4.39%	3.96%	-	∅	High Confidence
ACP	Assessment Period Total	18-44	230	4	1.74%	0.70%	n.s.	3.55%	3.73%	n.s.	∅	High Confidence
ACP	Assessment Period Total	45-64	904	9	1.00%	0.36%	n.s.	3.09%	3.31%	-	∅	High Confidence
ACP	Assessment Period Total	65+	282	2	0.71%	1.11%	n.s.	4.33%	4.32%	-	Opportunity	High Confidence
ACP	Assessment Period Total	Total	1,416	15	1.06%	0.54%	n.s.	3.53%	3.71%	-	∅	High Confidence
KF	Assessment Period 1	18-44	164	1	0.61%	1.20%	n.s.	2.74%	3.61%	-	Opportunity	High Confidence
KF	Assessment Period 1	45-64	780	13	1.67%	1.30%	n.s.	2.75%	3.23%	-	∅	High Confidence
KF	Assessment Period 1	65+	429	10	2.33%	2.94%	n.s.	3.22%	4.22%	n.s.	∅	High Confidence
KF	Assessment Period 1	Total	1,373	24	1.75%	1.70%	n.s.	2.91%	3.61%	-	∅	High Confidence
KF	Assessment Period 2	18-44	180	4	2.22%	1.32%	n.s.	3.55%	3.50%	n.s.	∅	High Confidence
KF	Assessment Period 2	45-64	632	13	2.06%	1.84%	n.s.	2.96%	3.16%	n.s.	∅	High Confidence
KF	Assessment Period 2	65+	354	11	3.11%	2.80%	n.s.	4.00%	4.28%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Assessment Period 2	Total	1,166	28	2.40%	2.02%	n.s.	3.37%	3.60%	-	∅	High Confidence
KF	Assessment Period 3	18-44	157	4	2.55%	0.78%	n.s.	4.47%	4.10%	n.s.	∅	High Confidence
KF	Assessment Period 3	45-64	656	15	2.29%	1.43%	n.s.	3.61%	3.55%	n.s.	∅	High Confidence
KF	Assessment Period 3	65+	364	15	4.12%	2.48%	n.s.	5.85%	4.47%	n.s.	∅	High Confidence
KF	Assessment Period 3	Total	1,177	34	2.89%	1.61%	+	4.39%	3.96%	n.s.	∅	High Confidence
KF	Assessment Period Total	18-44	501	9	1.80%	1.12%	n.s.	3.55%	3.73%	-	∅	High Confidence
KF	Assessment Period Total	45-64	2,068	41	1.98%	1.52%	n.s.	3.09%	3.31%	-	∅	High Confidence
KF	Assessment Period Total	65+	1,147	36	3.14%	2.76%	n.s.	4.33%	4.32%	n.s.	∅	High Confidence
KF	Assessment Period Total	Total	3,716	86	2.31%	1.78%	n.s.	3.53%	3.71%	-	∅	High Confidence
PHW	Assessment Period 1	18-44	108	5	4.63%	0.00%	+	2.74%	3.61%	n.s.	∅	High Confidence
PHW	Assessment Period 1	45-64	352	15	4.26%	0.54%	+	2.75%	3.23%	n.s.	∅	High Confidence
PHW	Assessment Period 1	65+	169	8	4.73%	0.68%	+	3.22%	4.22%	n.s.	∅	High Confidence
PHW	Assessment Period 1	Total	629	28	4.45%	0.48%	+	2.91%	3.61%	n.s.	∅	High Confidence
PHW	Assessment Period 2	18-44	119	7	5.88%	0.00%	+	3.55%	3.50%	n.s.	∅	High Confidence
PHW	Assessment Period 2	45-64	342	20	5.85%	0.00%	+	2.96%	3.16%	+	∅	High Confidence
PHW	Assessment Period 2	65+	152	13	8.55%	0.63%	+	4.00%	4.28%	+	Strength	High Confidence
PHW	Assessment Period 2	Total	613	40	6.53%	0.15%	+	3.37%	3.60%	+	∅	High Confidence
PHW	Assessment Period 3	18-44	97	10	10.31%	0.88%	+	4.47%	4.10%	+	Strength	High Confidence
PHW	Assessment Period 3	45-64	319	24	7.52%	0.52%	+	3.61%	3.55%	+	Strength	High Confidence
PHW	Assessment Period 3	65+	160	23	14.38%	1.33%	+	5.85%	4.47%	+	Strength	High Confidence
PHW	Assessment Period 3	Total	576	57	9.90%	0.77%	+	4.39%	3.96%	+	Strength	High Confidence
PHW	Assessment Period Total	18-44	324	22	6.79%	0.31%	+	3.55%	3.73%	+	Strength	High Confidence
PHW	Assessment Period Total	45-64	1,013	59	5.82%	0.35%	+	3.09%	3.31%	+	∅	High Confidence
PHW	Assessment Period Total	65+	481	44	9.15%	0.88%	+	4.33%	4.32%	+	Strength	High Confidence
PHW	Assessment Period Total	Total	1,818	125	6.88%	0.47%	+	3.53%	3.71%	+	Strength	High Confidence
UPMC	Assessment Period 1	18-44	543	24	4.42%	3.57%	n.s.	2.74%	3.61%	n.s.	∅	High Confidence
UPMC	Assessment Period 1	45-64	2,253	86	3.82%	4.12%	n.s.	2.75%	3.23%	n.s.	∅	High Confidence
UPMC	Assessment Period 1	65+	1,587	77	4.85%	4.76%	n.s.	3.22%	4.22%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Assessment Period 1	Total	4,383	187	4.27%	4.31%	n.s.	2.91%	3.61%	n.s.	∅	High Confidence
UPMC	Assessment Period 2	18-44	549	19	3.46%	5.86%	n.s.	3.55%	3.50%	n.s.	∅	High Confidence
UPMC	Assessment Period 2	45-64	2,286	75	3.28%	3.89%	n.s.	2.96%	3.16%	n.s.	∅	High Confidence
UPMC	Assessment Period 2	65+	1,779	77	4.33%	4.23%	n.s.	4.00%	4.28%	n.s.	∅	High Confidence
UPMC	Assessment Period 2	Total	4,614	171	3.71%	4.24%	n.s.	3.37%	3.60%	n.s.	∅	High Confidence
UPMC	Assessment Period 3	18-44	541	20	3.70%	6.44%	-	4.47%	4.10%	n.s.	∅	High Confidence
UPMC	Assessment Period 3	45-64	2,245	79	3.52%	5.32%	-	3.61%	3.55%	n.s.	∅	High Confidence
UPMC	Assessment Period 3	65+	1,647	62	3.76%	4.02%	n.s.	5.85%	4.47%	n.s.	∅	High Confidence
UPMC	Assessment Period 3	Total	4,433	161	3.63%	4.89%	-	4.39%	3.96%	n.s.	∅	High Confidence
UPMC	Assessment Period Total	18-44	1,633	63	3.86%	5.28%	n.s.	3.55%	3.73%	n.s.	∅	High Confidence
UPMC	Assessment Period Total	45-64	6,784	240	3.54%	4.44%	-	3.09%	3.31%	n.s.	∅	High Confidence
UPMC	Assessment Period Total	65+	5,013	216	4.31%	4.32%	n.s.	4.33%	4.32%	n.s.	∅	High Confidence
UPMC	Assessment Period Total	Total	13,430	519	3.86%	4.48%	-	3.53%	3.71%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

### Long-Term Services and Supports

**Table 97** 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 97: Long-Term Services and Supports Comprehensive Assessment and Update**

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Assessment of Core Elements	411	389	94.65%	95.83%	n.s.	96.66%	96.69%	n.s.	∅	High Confidence

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Assessment of Supplemental Elements	411	384	93.43%	95.83%	n.s.	96.29%	96.42%	-	∅	High Confidence
KF	Assessment of Core Elements	411	392	95.38%	93.75%	n.s.	96.66%	96.69%	n.s.	∅	High Confidence
KF	Assessment of Supplemental Elements	411	391	95.13%	91.67%	n.s.	96.29%	96.42%	n.s.	∅	High Confidence
PHW	Assessment of Core Elements	411	405	98.54%	97.92%	n.s.	96.66%	96.69%	+	∅	High Confidence
PHW	Assessment of Supplemental Elements	411	405	98.54%	97.92%	n.s.	96.29%	96.42%	+	∅	High Confidence
UPMC	Assessment of Core Elements	411	403	98.05%	97.92%	n.s.	96.66%	96.69%	n.s.	∅	High Confidence
UPMC	Assessment of Supplemental Elements	411	403	98.05%	97.92%	n.s.	96.29%	96.42%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 98** 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 98: Long-Term Services and Supports Comprehensive Care Plan and Update**

MCO	Stratification Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Care Plan with Core Elements Documented	411	376	91.48%	97.92%	-	94.53%	94.71%	-	Opportunity	High Confidence
ACP	Assessment of Supplemental Elements	411	376	91.48%	97.92%	-	94.53%	94.71%	-	Opportunity	High Confidence
KF	Care Plan with Core Elements Documented	411	390	94.89%	94.79%	n.s.	94.53%	94.71%	n.s.	∅	High Confidence
KF	Assessment of Supplemental Elements	411	390	94.89%	94.79%	n.s.	94.53%	94.71%	n.s.	∅	High Confidence
PHW	Care Plan with Core Elements Documented	411	399	97.08%	95.83%	n.s.	94.53%	94.71%	+	∅	High Confidence
PHW	Assessment of Supplemental Elements	411	399	97.08%	95.83%	n.s.	94.53%	94.71%	+	∅	High Confidence
UPMC	Care Plan with Core Elements Documented	411	389	94.65%	94.79%	n.s.	94.53%	94.71%	n.s.	∅	High Confidence
UPMC	Assessment of Supplemental Elements	411	389	94.65%	94.79%	n.s.	94.53%	94.71%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 99** 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 99: Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Reassessment After Inpatient Discharge	Total	411	178	43.31%	38.54%	n.s.	58.09%	63.10%	-	Opportunity	High Confidence
ACP	Reassessment and Care Plan Update After Inpatient Discharge	Total	411	174	42.34%	36.46%	n.s.	49.09%	43.02%	n.s.	∅	High Confidence
KF	Reassessment After Inpatient Discharge	Total	411	214	52.07%	38.54%	+	58.09%	63.10%	-	Opportunity	High Confidence
KF	Reassessment and Care Plan Update After Inpatient Discharge	Total	411	210	51.09%	38.54%	+	49.09%	43.02%	+	Strength	High Confidence
PHW	Reassessment After Inpatient Discharge	Total	411	276	67.15%	67.71%	n.s.	58.09%	63.10%	n.s.	∅	High Confidence
PHW	Reassessment and Care Plan Update After Inpatient Discharge	Total	411	270	65.69%	66.67%	n.s.	49.09%	43.02%	+	Strength	High Confidence
UPMC	Reassessment After Inpatient Discharge	Total	411	287	69.83%	58.33%	+	58.09%	63.10%	+	Strength	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Reassessment and Care Plan Update After Inpatient Discharge	Total	411	153	37.23%	28.13%	n.s.	49.09%	43.02%	-	Opportunity	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Table 100** 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 100: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Total	411	322	78.35%	68.75%	+	81.15%	79.61%	n.s.	Ø	High Confidence
KF	Total	411	278	67.64%	56.25%	+	81.15%	79.61%	-	Opportunity	High Confidence
PHW	Total	411	384	93.43%	92.71%	n.s.	81.15%	79.61%	+	Strength	High Confidence
UPMC	Total	411	350	85.16%	71.88%	+	81.15%	79.61%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Overuse/Appropriateness**

**Table 101** 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 101: Use of Imaging Studies for Low Back Pain**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	167	54	67.66%	71.34%	n.s.	73.82%	74.72%	-	Opportunity	High Confidence
ACP	65-75	N/A	N/A	N/A	N/A	NR	73.96%	74.61%	NR	∅	High Confidence
ACP	Total	192	60	68.75%	70.83%	n.s.	73.92%	74.72%	n.s.	∅	High Confidence
KF	18-64	573	105	81.68%	80.70%	n.s.	73.82%	74.72%	+	Strength	High Confidence
KF	65-75	97	22	77.32%	78.57%	n.s.	73.96%	74.61%	n.s.	∅	High Confidence
KF	Total	670	127	81.04%	80.33%	n.s.	73.92%	74.72%	+	Strength	High Confidence
PHW	18-64	150	36	76.00%	68.75%	n.s.	73.82%	74.72%	n.s.	∅	High Confidence
PHW	65-75	34	10	70.59%	71.43%	n.s.	73.96%	74.61%	n.s.	∅	High Confidence
PHW	Total	184	46	75.00%	69.23%	n.s.	73.92%	74.72%	n.s.	∅	High Confidence
UPMC	18-64	629	189	69.95%	71.30%	n.s.	73.82%	74.72%	-	Opportunity	High Confidence
UPMC	65-75	192	50	73.96%	76.32%	n.s.	73.96%	74.61%	n.s.	∅	High Confidence
UPMC	Total	821	239	70.89%	72.42%	n.s.	73.92%	74.72%	-	Opportunity	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; NR: not relevant, the year-to-year and weighted average comparisons do not apply; ∅: neither a strength nor opportunity applies.

**Table 102** 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 102: Use of Opioids at High Dosage**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18+	523	35	6.69%	6.27%	n.s.	9.46%	8.96%	n.s.	∅	High Confidence
KF	18+	2,195	320	14.58%	13.27%	n.s.	9.46%	8.96%	+	Opportunity	High Confidence
PHW	18+	704	69	9.80%	11.41%	n.s.	9.46%	8.96%	n.s.	∅	High Confidence
UPMC	18+	5,385	365	6.78%	7.50%	n.s.	9.46%	8.96%	-	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 103** 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 103: Use of Opioids From Multiple Providers**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Multiple Prescribers	18+	699	111	15.88%	16.16%	n.s.	16.56%	16.37%	n.s.	∅	High Confidence
ACP	Multiple Pharmacies	18+	699	10	1.43%	1.80%	n.s.	2.02%	2.60%	n.s.	∅	High Confidence
ACP	Multiple Prescribers and Multiple Pharmacies	18+	699	6	0.86%	1.08%	n.s.	1.23%	1.53%	n.s.	∅	High Confidence
KF	Multiple Prescribers	18+	2,945	431	14.63%	15.33%	n.s.	16.56%	16.37%	-	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Multiple Pharmacies	18+	2,945	53	1.80%	1.81%	n.s.	2.02%	2.60%	-	∅	High Confidence
KF	Multiple Prescribers and Multiple Pharmacies	18+	2,945	27	0.92%	0.79%	n.s.	1.23%	1.53%	-	∅	High Confidence
PHW	Multiple Prescribers	18+	952	180	18.91%	17.30%	n.s.	16.56%	16.37%	+	∅	High Confidence
PHW	Multiple Pharmacies	18+	952	16	1.68%	1.54%	n.s.	2.02%	2.60%	n.s.	∅	High Confidence
PHW	Multiple Prescribers and Multiple Pharmacies	18+	952	12	1.26%	0.82%	n.s.	1.23%	1.53%	n.s.	∅	High Confidence
UPMC	Multiple Prescribers	18+	7,042	1,184	16.81%	18.56%	-	16.56%	16.37%	n.s.	∅	High Confidence
UPMC	Multiple Pharmacies	18+	7,042	224	3.18%	4.30%	-	2.02%	2.60%	+	∅	High Confidence
UPMC	Multiple Prescribers and Multiple Pharmacies	18+	7042	133	1.89%	2.47%	-	1.23%	1.53%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 104** 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 104: Risk of Continued Opioid Use**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	>=15 Days	18-64	648	122	18.83%	9.45%	+	16.64%	14.68%	+	Opportunity	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	>=15 Days	65+	110	12	10.91%	11.43%	n.s.	15.47%	16.61%	n.s.	∅	High Confidence
ACP	>=15 Days	Total	758	134	17.68%	9.74%	+	16.64%	15.18%	n.s.	∅	High Confidence
ACP	>=31 Days	18-64	648	86	13.27%	6.84%	+	12.28%	10.60%	+	∅	High Confidence
ACP	>=31 Days	65+	110	10	9.09%	7.62%	n.s.	10.59%	10.32%	n.s.	∅	High Confidence
ACP	>=31 Days	Total	758	96	12.66%	6.95%	+	12.05%	10.53%	n.s.	∅	High Confidence
KF	>=15 Days	18-64	2,274	265	11.65%	11.81%	n.s.	16.64%	14.68%	-	Strength	High Confidence
KF	>=15 Days	65+	424	47	11.08%	15.93%	-	15.47%	16.61%	-	Strength	High Confidence
KF	>=15 Days	Total	2,698	312	11.56%	12.56%	n.s.	16.64%	15.18%	-	Strength	High Confidence
KF	>=31 Days	18-64	2,274	218	9.59%	9.70%	n.s.	12.28%	10.60%	n.s.	∅	High Confidence
KF	>=31 Days	65+	424	30	7.08%	10.28%	n.s.	10.59%	10.32%	-	Strength	High Confidence
KF	>=31 Days	Total	2,698	248	9.19%	9.81%	n.s.	12.05%	10.53%	-	∅	High Confidence
PHW	>=15 Days	18-64	656	141	21.49%	23.92%	n.s.	16.64%	14.68%	+	Opportunity	High Confidence
PHW	>=15 Days	65+	199	44	22.11%	20.22%	n.s.	15.47%	16.61%	+	Opportunity	High Confidence
PHW	>=15 Days	Total	855	185	21.64%	22.94%	n.s.	16.64%	15.18%	+	Opportunity	High Confidence
PHW	>=31 Days	18-64	656	110	16.77%	18.51%	n.s.	12.28%	10.60%	+	Opportunity	High Confidence
PHW	>=31 Days	65+	199	31	15.58%	13.11%	n.s.	10.59%	10.32%	+	Opportunity	High Confidence
PHW	>=31 Days	Total	855	141	16.49%	17.08%	n.s.	12.05%	10.53%	+	Opportunity	High Confidence
UPMC	>=15 Days	18-64	3,062	447	14.60%	15.10%	n.s.	16.64%	14.68%	n.s.	∅	High Confidence
UPMC	>=15 Days	65+	1,603	285	17.78%	19.93%	n.s.	15.47%	16.61%	n.s.	∅	High Confidence
UPMC	>=15 Days	Total	4,665	732	15.69%	16.78%	n.s.	16.64%	15.18%	n.s.	∅	High Confidence
UPMC	>=31 Days	18-64	3,062	290	9.47%	9.72%	n.s.	12.28%	10.60%	n.s.	∅	High Confidence
UPMC	>=31 Days	65+	1,603	170	10.61%	10.70%	n.s.	10.59%	10.32%	n.s.	∅	High Confidence
UPMC	>=31 Days	Total	4,665	460	9.86%	10.06%	n.s.	12.05%	10.53%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 105** 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 105: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	57	29	49.12%	53.33%	n.s.	52.18%	52.23%	n.s.	∅	High Confidence
ACP	65+	N/A	N/A	N/A	N/A	NR	38.30%	37.66%	NR	∅	High Confidence
ACP	Total	78	45	42.31%	50.88%	n.s.	46.77%	47.11%	n.s.	∅	High Confidence
KF	18-64	215	89	58.60%	50.60%	n.s.	52.18%	52.23%	n.s.	∅	High Confidence
KF	65+	104	59	43.27%	46.15%	n.s.	38.30%	37.66%	n.s.	∅	High Confidence
KF	Total	319	148	53.61%	49.03%	n.s.	46.77%	47.11%	+	Strength	High Confidence
PHW	18-64	54	25	53.70%	50.94%	n.s.	52.18%	52.23%	n.s.	∅	High Confidence
PHW	65+	N/A	N/A	N/A	N/A	NR	38.30%	37.66%	NR	∅	High Confidence
PHW	Total	74	38	48.65%	46.58%	n.s.	46.77%	47.11%	n.s.	∅	High Confidence
UPMC	18-64	258	136	47.29%	44.32%	n.s.	52.18%	52.23%	n.s.	∅	High Confidence
UPMC	65+	135	90	33.33%	28.47%	n.s.	38.30%	37.66%	n.s.	∅	High Confidence
UPMC	Total	393	226	42.49%	38.90%	n.s.	46.77%	47.11%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 106** 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 106: Appropriate Treatment for Upper Respiratory Infection**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	238	46	80.67%	83.16%	n.s.	76.15%	75.26%	n.s.	Ø	High Confidence
ACP	65+	50	16	68.00%	78.05%	n.s.	65.96%	66.58%	n.s.	Ø	High Confidence
ACP	Total	288	62	78.47%	82.25%	n.s.	73.74%	72.91%	+	Strength	High Confidence
KF	18-64	699	163	76.68%	75.83%	n.s.	76.15%	75.26%	n.s.	Ø	High Confidence
KF	65+	283	82	71.02%	70.00%	n.s.	65.96%	66.58%	n.s.	Ø	High Confidence
KF	Total	982	245	75.05%	74.22%	n.s.	73.74%	72.91%	n.s.	Ø	High Confidence
PHW	18-64	187	48	74.33%	73.96%	n.s.	76.15%	75.26%	n.s.	Ø	High Confidence
PHW	65+	59	23	61.02%	72.55%	n.s.	65.96%	66.58%	n.s.	Ø	High Confidence
PHW	Total	246	71	71.14%	73.64%	n.s.	73.74%	72.91%	n.s.	Ø	High Confidence
UPMC	18-64	897	243	72.91%	71.20%	n.s.	76.15%	75.26%	n.s.	Ø	High Confidence
UPMC	65+	359	130	63.79%	67.19%	n.s.	65.96%	66.58%	n.s.	Ø	High Confidence
UPMC	Total	1,256	373	70.30%	69.92%	n.s.	73.74%	72.91%	n.s.	Ø	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies.

**Prevention and Screening**

**Table 107** 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 107: Chlamydia Screening in Women**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	16-20	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
ACP	21-24	N/A	N/A	N/A	N/A	NR	48.99%	47.29%	NR	Ø	High Confidence
ACP	Total	N/A	N/A	N/A	N/A	NR	48.99%	47.29%	NR	Ø	High Confidence
KF	16-20	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
KF	21-24	41	22	53.66%	47.06%	n.s.	48.99%	47.29%	n.s.	Ø	High Confidence
KF	Total	41	22	53.66%	47.06%	n.s.	48.99%	47.29%	n.s.	Ø	High Confidence
PHW	16-20	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
PHW	21-24	N/A	N/A	N/A	N/A	NR	48.99%	47.29%	NR	Ø	High Confidence
PHW	Total	N/A	N/A	N/A	N/A	NR	48.99%	47.29%	NR	Ø	High Confidence
UPMC	16-20	N/A	N/A	N/A	N/A	NR	N/A	N/A	NR	Ø	High Confidence
UPMC	21-24	88	39	44.32%	44.74%	n.s.	48.99%	47.29%	n.s.	Ø	High Confidence
UPMC	Total	88	39	44.32%	44.74%	n.s.	48.99%	47.29%	n.s.	Ø	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 108** 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 108: Care for Older Adults**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Functional Status Assessment	Total	411	314	76.40%	68.86%	+	74.70%	75.58%	n.s.	∅	High Confidence
ACP	Medication Review	Total	411	411	100.00%	100.00%	NR	93.61%	93.20%	+	Strength	High Confidence
ACP	Pain Assessment	Total	411	398	96.84%	89.05%	+	91.43%	89.64%	+	Strength	High Confidence
KF	Functional Status Assessment	Total	411	306	74.45%	81.75%	-	74.70%	75.58%	n.s.	∅	High Confidence
KF	Medication Review	Total	411	410	99.76%	100.00%	n.s.	93.61%	93.20%	+	Strength	High Confidence
KF	Pain Assessment	Total	411	386	93.92%	93.67%	n.s.	91.43%	89.64%	+	Strength	High Confidence
PHW	Functional Status Assessment	Total	411	293	71.29%	65.69%	n.s.	74.70%	75.58%	n.s.	∅	High Confidence
PHW	Medication Review	Total	411	339	82.48%	92.46%	-	93.61%	93.20%	-	Opportunity	High Confidence
PHW	Pain Assessment	Total	411	357	86.86%	85.89%	n.s.	91.43%	89.64%	n.s.	∅	High Confidence
UPMC	Functional Status Assessment	Total	411	315	76.64%	68.37%	+	74.70%	75.58%	n.s.	∅	High Confidence
UPMC	Medication Review	Total	411	379	92.21%	89.54%	n.s.	93.61%	93.20%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Pain Assessment	Total	411	362	88.08%	87.10%	n.s.	91.43%	89.64%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; NR: not relevant, the year-to-year comparisons do not apply.

### Respiratory Conditions

**Table 109** 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 110** displays the race and ethnicity breakout for this measure.

**Table 109: Asthma Medication Ratio**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	19-50	76	53	69.74%	64.29%	n.s.	66.91%	68.46%	n.s.	∅	High Confidence
ACP	51-64	119	85	71.43%	60.58%	n.s.	66.19%	66.25%	n.s.	∅	High Confidence
ACP	Total	195	138	70.77%	62.07%	n.s.	66.33%	67.14%	n.s.	∅	High Confidence
KF	19-50	326	219	67.18%	64.54%	n.s.	66.91%	68.46%	n.s.	∅	High Confidence
KF	51-64	593	366	61.72%	54.48%	+	66.19%	66.25%	n.s.	∅	High Confidence
KF	Total	919	585	63.66%	57.97%	+	66.33%	67.14%	n.s.	∅	High Confidence
PHW	19-50	61	36	59.02%	67.09%	n.s.	66.91%	68.46%	n.s.	∅	High Confidence

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	51-64	94	52	55.32%	58.77%	n.s.	66.19%	66.25%	-	Opportunity	High Confidence
PHW	Total	155	88	56.77%	62.18%	n.s.	66.33%	67.14%	-	Opportunity	High Confidence
UPMC	19-50	279	200	71.68%	75.46%	n.s.	66.91%	68.46%	n.s.	∅	High Confidence
UPMC	51-64	308	235	76.30%	72.50%	n.s.	66.19%	66.25%	+	Strength	High Confidence
UPMC	Total	587	435	74.11%	73.85%	n.s.	66.33%	67.14%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 110: Race and Ethnicity – Asthma Medication Ratio**

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: White (Total)	86	66	76.74%	59.42%	+	74.05%	n.s.	∅	High Confidence
ACP	Race: Black or African American (Total)	N/A	N/A	N/A	N/A	NR	61.43%	NR	∅	High Confidence
ACP	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Asian (Total)	41	24	58.54%	59.38%	n.s.	65.28%	n.s.	∅	High Confidence
ACP	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Race: Asked but No Answer (Total)	N/A	N/A	N/A	60.87%	NR	63.64%	NR	∅	High Confidence
ACP	Race: Unknown (Total)	47	33	70.21%	N/A	NR	69.38%	n.s.	∅	High Confidence
ACP	Ethnicity: Hispanic or Latino (Total)	89	66	74.16%	58.33%	+	67.35%	n.s.	∅	High Confidence
ACP	Ethnicity: Not Hispanic or Latino (Total)	104	70	67.31%	63.64%	n.s.	67.10%	n.s.	∅	High Confidence
ACP	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
ACP	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: White (Total)	140	100	71.43%	64.42%	n.s.	74.05%	n.s.	∅	High Confidence
KF	Race: Black or African American (Total)	559	338	60.47%	56.24%	n.s.	61.43%	n.s.	∅	High Confidence
KF	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asian (Total)	31	23	74.19%	N/A	NR	65.28%	n.s.	∅	High Confidence
KF	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Race: Asked but No Answer (Total)	N/A	N/A	N/A	59.20%	NR	63.64%	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
KF	Race: Unknown (Total)	179	119	66.48%	N/A	NR	69.38%	n.s.	∅	High Confidence
KF	Ethnicity: Hispanic or Latino (Total)	262	172	65.65%	61.24%	n.s.	67.35%	n.s.	∅	High Confidence
KF	Ethnicity: Not Hispanic or Latino (Total)	652	411	63.04%	57.02%	+	67.10%	n.s.	∅	High Confidence
KF	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
KF	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: White (Total)	48	27	56.25%	60.32%	n.s.	74.05%	-	Opportunity	High Confidence
PHW	Race: Black or African American (Total)	77	42	54.55%	59.34%	n.s.	61.43%	n.s.	∅	High Confidence
PHW	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asian (Total)	N/A	N/A	N/A	N/A	NR	65.28%	NR	∅	High Confidence
PHW	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Race: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	63.64%	NR	∅	High Confidence
PHW	Race: Unknown (Total)	N/A	N/A	N/A	N/A	NR	69.38%	NR	∅	High Confidence
PHW	Ethnicity: Hispanic or Latino (Total)	33	19	57.58%	61.36%	n.s.	67.35%	n.s.	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
PHW	Ethnicity: Not Hispanic or Latino (Total)	121	68	56.20%	62.42%	n.s.	67.10%	-	Opportunity	High Confidence
PHW	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
PHW	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: White (Total)	331	255	77.04%	79.18%	n.s.	74.05%	n.s.	∅	High Confidence
UPMC	Race: Black or African American (Total)	134	93	69.40%	67.86%	n.s.	61.43%	n.s.	∅	High Confidence
UPMC	Race: American Indian or Alaska Native (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asian (Total)	N/A	N/A	N/A	64.81%	NR	65.28%	NR	∅	High Confidence
UPMC	Race: Native Hawaiian or Other Pacific Islander (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Some Other Race (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Two or More Races (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence
UPMC	Race: Asked but No Answer (Total)	66	42	63.64%	64.71%	n.s.	63.64%	n.s.	∅	High Confidence
UPMC	Race: Unknown (Total)	32	27	84.38%	N/A	NR	69.38%	n.s.	∅	High Confidence
UPMC	Ethnicity: Hispanic or Latino (Total)	57	40	70.18%	70.21%	n.s.	67.35%	n.s.	∅	High Confidence
UPMC	Ethnicity: Not Hispanic or Latino (Total)	530	395	74.53%	74.17%	n.s.	67.10%	+	Strength	High Confidence
UPMC	Ethnicity: Asked but No Answer (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

MCO	Race and Ethnicity Breakout	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	MY 2024 CHC WA	Comparison to MY 2024 CHC WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Ethnicity: Unknown (Total)	N/A	N/A	N/A	N/A	NR	N/A	NR	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Table 111** 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 111: Pharmacotherapy Management of COPD Exacerbation**

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	Bronchodilator	40+	264	224	84.85%	88.57%	n.s.	89.34%	90.77%	-	Opportunity	High Confidence
ACP	Systemic Corticosteroid	40+	264	209	79.17%	81.90%	n.s.	77.86%	77.23%	n.s.	∅	High Confidence
KF	Bronchodilator	40+	1018	946	92.93%	92.89%	n.s.	89.34%	90.77%	+	∅	High Confidence
KF	Systemic Corticosteroid	40+	1018	749	73.58%	77.08%	n.s.	77.86%	77.23%	-	Opportunity	High Confidence
PHW	Bronchodilator	40+	252	224	88.89%	92.73%	n.s.	89.34%	90.77%	n.s.	∅	High Confidence
PHW	Systemic Corticosteroid	40+	252	201	79.76%	74.09%	n.s.	77.86%	77.23%	n.s.	∅	High Confidence
UPMC	Bronchodilator	40+	1522	1380	90.67%	89.30%	n.s.	89.34%	90.77%	n.s.	∅	High Confidence

MCO	Stratification Name	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Systemic Corticosteroid	40+	1522	1201	78.91%	80.04%	n.s.	77.86%	77.23%	n.s.	∅	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; ∅: neither a strength nor opportunity applies.

**Table 112** 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 112: Appropriate Testing for Pharyngitis**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	74	49	66.22%	58.51%	n.s.	59.00%	61.66%	n.s.	∅	High Confidence
ACP	65+	N/A	N/A	N/A	N/A	NR	34.55%	34.45%	NR	∅	High Confidence
ACP	Total	78	51	65.38%	55.66%	n.s.	55.20%	56.72%	n.s.	∅	High Confidence
KF	18-64	153	74	48.37%	31.34%	+	59.00%	61.66%	-	Opportunity	High Confidence
KF	65+	60	14	23.33%	16.39%	n.s.	34.55%	34.45%	n.s.	∅	High Confidence
KF	Total	213	88	41.31%	26.67%	+	55.20%	56.72%	-	Opportunity	High Confidence
PHW	18-64	53	28	52.83%	57.35%	n.s.	59.00%	61.66%	n.s.	∅	High Confidence
PHW	65+	N/A	N/A	N/A	N/A	NR	34.55%	34.45%	NR	∅	High Confidence
PHW	Total	59	29	49.15%	57.50%	n.s.	55.20%	56.72%	n.s.	∅	High Confidence
UPMC	18-64	312	214	68.59%	58.65%	+	59.00%	61.66%	+	Strength	High Confidence
UPMC	65+	59	27	45.76%	40.98%	n.s.	34.55%	34.45%	n.s.	∅	High Confidence
UPMC	Total	371	241	64.96%	55.76%	+	55.20%	56.72%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30; NR: not relevant, the year-to-year and weighted average comparisons do not apply.

**Utilization**

**Table 113** 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 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 113: Antibiotic Utilization for Respiratory Conditions**

MCO	Age Group Name	Denominator	Numerator	MY 2024 Rate	MY 2023 Rate	Comparison to MY 2023 Rate <sup>1</sup>	CHC-MCO Average	MY 2024 WA	Comparison to MY 2024 WA <sup>2</sup>	MCO Performance	Validation Rating
ACP	18-64	3,292	530	16.10%	14.34%	n.s.	15.75%	16.20%	n.s.	Ø	High Confidence
ACP	65+	781	111	14.21%	13.23%	n.s.	15.15%	16.75%	n.s.	Ø	High Confidence
ACP	Total	4,073	641	15.74%	14.12%	+	15.62%	16.35%	n.s.	Ø	High Confidence
KF	18-64	10,507	1,140	10.85%	10.54%	n.s.	15.75%	16.20%	-	Opportunity	High Confidence
KF	65+	3,528	447	12.67%	10.62%	+	15.15%	16.75%	-	Opportunity	High Confidence
KF	Total	14,035	1,587	11.31%	10.56%	+	15.62%	16.35%	-	Opportunity	High Confidence
PHW	18-64	2,685	410	15.27%	15.06%	n.s.	15.75%	16.20%	n.s.	Ø	High Confidence
PHW	65+	895	123	13.74%	14.03%	n.s.	15.15%	16.75%	-	Opportunity	High Confidence
PHW	Total	3,580	533	14.89%	14.80%	n.s.	15.62%	16.35%	-	Ø	High Confidence
UPMC	18-64	12,922	2,683	20.76%	20.81%	n.s.	15.75%	16.20%	+	Strength	High Confidence
UPMC	65+	5,898	1,179	19.99%	18.60%	n.s.	15.15%	16.75%	+	Strength	High Confidence
UPMC	Total	18,820	3,862	20.52%	20.10%	n.s.	15.62%	16.35%	+	Strength	High Confidence

<sup>1</sup> For comparison of MY 2024 rates to MY 2023 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2024 rates to the weighted average, the “+” denotes that the plan rate exceeds the HC WA rate, the “-” denotes that the HC WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHC: Community HealthChoices; WA: weighted average; Ø: neither a strength nor opportunity applies; N/A: not applicable, the denominator was less than 30.

**Table 114** 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 114: Plan All-Cause Readmissions**

MCO	Age Group Name	Observed/Expected Odds Ratio MY 2024	Observed/Expected Odds Ratio MY 2023	Validation Rating
ACP	18-44	1.34	0.89	High Confidence
ACP	45-54	1.43	1.04	High Confidence
ACP	55-64	1.40	1.00	High Confidence
ACP	Total	1.40	1.00	High Confidence
KF	18-44	1.50	1.28	High Confidence
KF	45-54	1.59	1.24	High Confidence
KF	55-64	1.31	1.00	High Confidence
KF	Total	1.41	1.10	High Confidence
PHW	18-44	1.13	1.01	High Confidence
PHW	45-54	1.17	1.14	High Confidence
PHW	55-64	1.33	0.80	High Confidence
PHW	Total	1.26	0.90	High Confidence
UPMC	18-44	1.14	0.73	High Confidence
UPMC	45-54	1.36	0.82	High Confidence
UPMC	55-64	0.97	0.78	High Confidence
UPMC	Total	1.10	0.80	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 2024 weighted averages and MCQS targets.

**Table 115** presents the objectives, aims, measures, baseline rates, and target rates as outlined in the MCQS. Additionally, **Table 115** shows the MY 2024 CHC weighted average to illustrate progress toward achieving the target rates.

**Table 115: CHC Managed Care Quality Objectives and Metrics**

Objective	Aim	Measure	Baseline	Target	MY 2024 CHC WA
Increase annual adult dental visits	Return to pre-pandemic levels by MY 2023	PAPM AADV	20.44% (MY 2021)	22.10%	21.90%
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>	NA
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>	NA
Decrease 30-day readmissions	Return to pre-pandemic levels by MY 2024	HEDIS PCR	1.55 (MY 2019)	0.89 <sup>2</sup>	1.29 <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 115 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 1,000 member years).

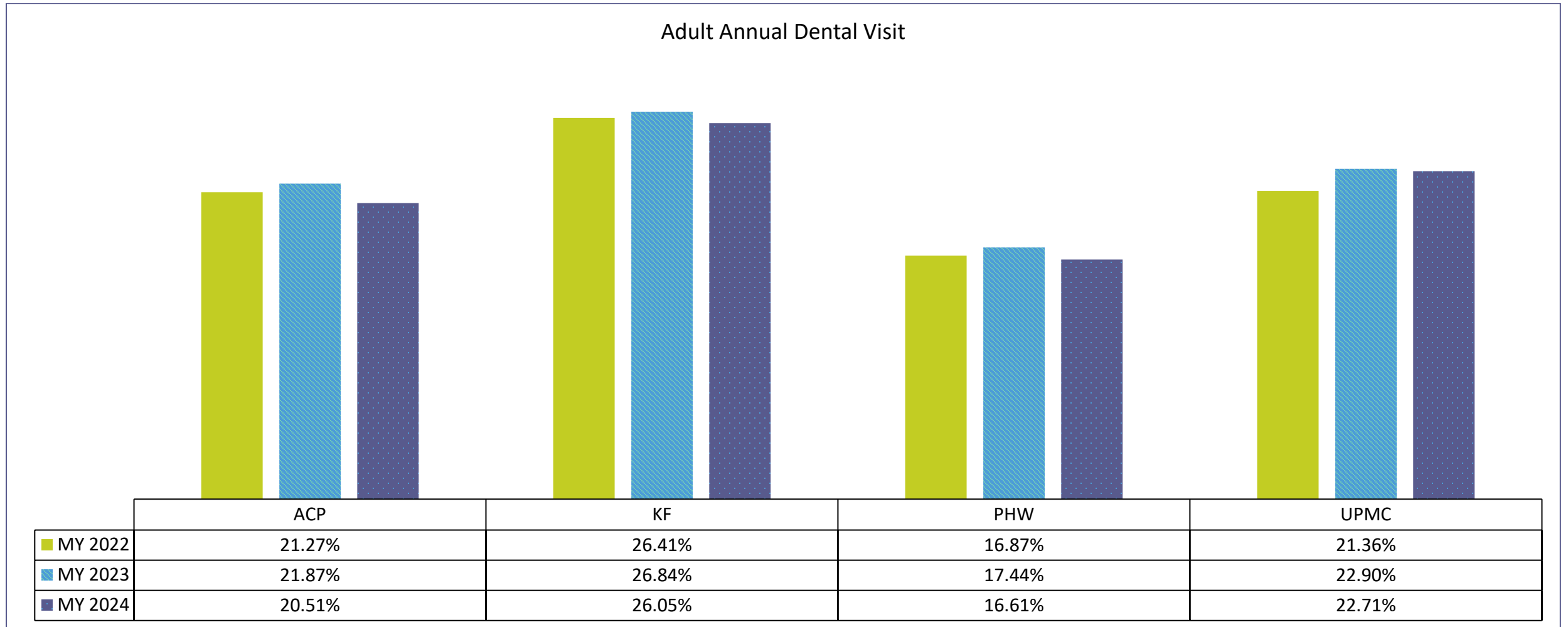
<sup>4</sup> The rate displayed represents the observed-to-expected ratio and is not weighted based on MCO population size.

MY: measurement year; CHC: Community HealthChoices; WA: weighted average; PAPM: Pennsylvania-specific performance measure; AADV: Adult Annual Dental Visit; ED: emergency department; NA: not available, measure was retired for MY 2024; 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 2022 to MY 2024. The MY 2024 CHC weighted average reached 21.90%, indicating that OLTL did not successfully meet its target rate of 22.10% for MY 2024.



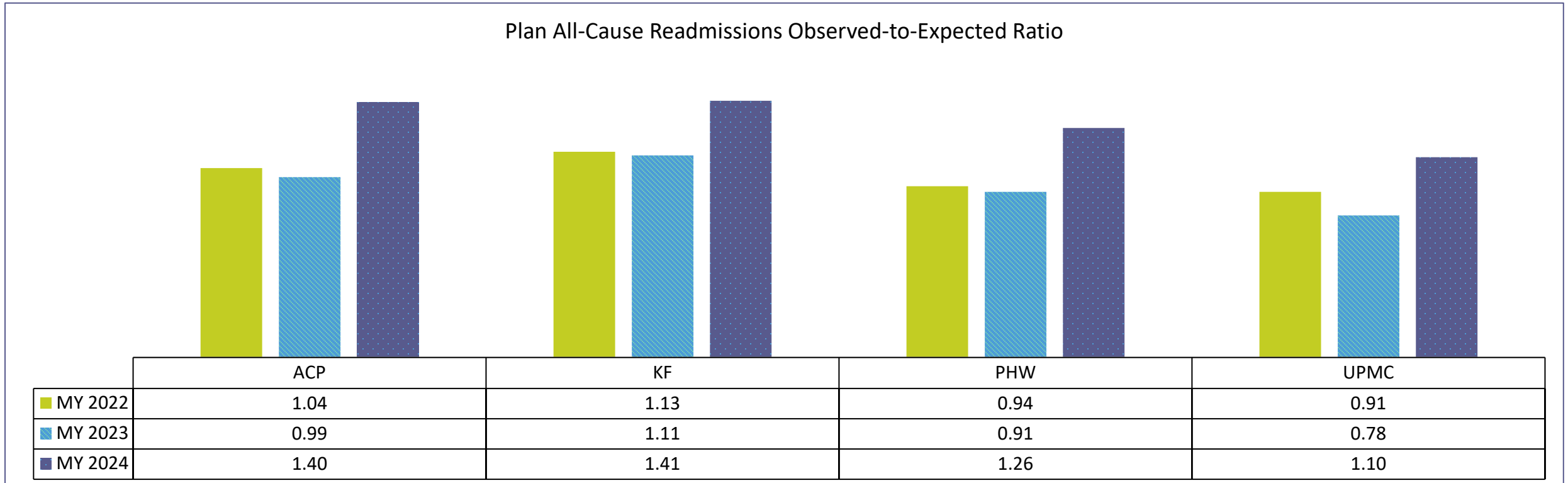
**Figure 10: Three-Year Trend of Adult Annual Dental Visits from MY 2022 to MY 2024** Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.

Plan All-Cause Readmissions

**Figure 11** 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 but in MY 2024, all four CHC-MCOs reported higher ratios compared to MY 2023 and MY 2022. None of the CHC-MCOs achieved the OLTL PCR target of 0.89 in MY 2024.



**Figure 11: Three-Year Trend of Plan All-Cause Readmission Observed to Expected Ratio from MY 2022 to MY 2024** Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.

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

**Table 116** 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 116: Performance Measure Previous Recommendations, MCO Responses and Actions, IPRO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
ACP	<ul style="list-style-type: none"> <li>The MCO should improve their rates for CCS, COU, and SPC.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO plans to set up interventions during the 2026 year, adequate action steps were not taken during the review period.</li> <li>The MCO reviewed opioid utilization trends and plans to review a random sample of opioid prior authorizations to ensure that key DHS criteria are met.</li> <li>The MCO looked to identify care gaps at the provider level to engage participants and initiate statin therapy when appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>CCS: Not addressed.</li> <li>COU: Addressed.</li> <li>SPC: Addressed.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO should improve their rates for PCR, ACP, TRC, COL-E, CCS-E, and CPU measures.</li> <li>The MCO should work to improve the screening and intervention rates as it corresponds to the SNS-E measure.</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
KF	<ul style="list-style-type: none"> <li>The MCO should improve their rates for AAB, POD, SMC, and SMD.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO monitors the measure via a monthly dashboard and is currently exploring intervention opportunities. Adequate action steps were not taken during the review period.</li> <li>The MCO adheres to DHS guidelines around broad coverage of tablets, films, and long-acting products without prior authorization or co-pay.</li> <li>The MCO identified care gaps at the provider level and were used to empower providers to engage with participants. Practice guidelines were also provided through the MCO's website around LDL-C testing.</li> <li>The MCO identified care gaps at the provider level and were used to empower providers to engage with participants. Practice guidelines were also provided through the MCO's website around A1c and LDL testing.</li> </ul>	<ul style="list-style-type: none"> <li>AAB: Not addressed.</li> <li>POD: Addressed.</li> <li>SMC: Addressed.</li> <li>SMD: Addressed.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO should improve their CBP, PCR, ACP, TRC, AIS-E, COL-E, and SCP measures.</li> <li>The MCO should work to improve the screening and intervention rates as it corresponds to the SNS-E measure.</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
PHW	<ul style="list-style-type: none"> <li>The MCO should improve their rates for AADV, HBD, PCE, SMD, and SPC.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO had extensive efforts including a dental benefit awareness campaign, enhancements to the “Find a Provider” tool, and incentives for the Personal Assistance Services (PAS) Agency for arranging a dental appointment. The MCO has additional plans slated through Q1 2026.</li> <li>The MCO has PAS agency workers encourage participants to call PHW’s Care Engagement Specialist team for assistance closing the HBD gaps including PCP scheduling and in-home testing that began in August 2025.</li> <li>The MCO started the development of an intervention for follow-up for high-risk participants with COPD specifically built to reach those within the PCE measure.</li> <li>The MCO did not provide adequate action steps taken to address the recommendation.</li> <li>The MCO implemented increased outreach to members and providers as well as gap list logic review and renewal of provider outreach materials.</li> </ul>	<ul style="list-style-type: none"> <li>AADV: Addressed.</li> <li>HBD: Addressed.</li> <li>PCE: Partially addressed.</li> <li>SMD: Not addressed.</li> <li>SPC: Addressed.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO should improve their PA AADV, PCR, TRC, KED, AIS-E, BCS-E, COL-E, and CCS-E measures.</li> <li>The MCO should work to improve the screening and intervention rates as it corresponds to the SNS-E measure.</li> </ul>

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
UPMC	<ul style="list-style-type: none"> <li>The MCO had issues identifying the correct eligible population in calculating the RAC measure.</li> <li>The MCO should improve their rates for AAB, EED, and POD.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO completes a focused, manual review of each file in the RAC sample to remove valid data error files and all exclusions prior to abstracting the measure rate.</li> <li>The MCO works with an Antibiotic Stewardship Workgroup to engage in monitoring provider performance. An updated Antibiotic Tip sheet is available for all lines of business to help support clinical best practice. Other interventions include tailored Annual Provider Performance letters which share individual rates and highlight best practices and additionally the Pay for Performance Primary Care Provider program.</li> <li>The MCO notes that the EED measure is incentivized by the Premier Partners program for Medicaid and Special Needs Plans, this provider group received additional support from various UPMC staff.</li> <li>The MCO did not provide adequate action steps taken to address the recommendation.</li> </ul>	<ul style="list-style-type: none"> <li>Identify the correct RAC population: Addressed.</li> <li>AAB: Addressed.</li> <li>EED: Addressed.</li> <li>POD: Not addressed.</li> </ul>	<ul style="list-style-type: none"> <li>The MCO should improve their PCR, LBP, and RAC-Care Plan Update.</li> <li>The MCO should work to improve the screening and intervention rates as it corresponds to the SNS-E measure.</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization; DHS: Department of Human Services; TRC: Transitions of Care; PCR: Plan All-Cause Readmissions; CPU: Long-Term Services and Supports Comprehensive Care Plan and Update; SCP: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner; RAC: Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge; SNS-E: Social Needs Screening and Intervention (Electronic Clinical Data Systems version); AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis; AADV: Adult Annual Dental Visit; AIS-E: Adult Immunization Status (Electronic Clinical Data Systems version); BCS-E: Breast Cancer Screening (Electronic Clinical Data Systems); CCS: Cervical Cancer Screening; CCS-E Cervical Cancer Screening (Electronic Clinical Data Systems); COL-E: Colorectal Cancer Screening (Electronic Clinical Data Systems); EED: Eye Exam for Patients With Diabetes; KED: Kidney Health Evaluation for Patients With Diabetes; LBP: Use of Imaging Studies for Low Back Pain; COU: Risk of Continued Opioid Use; POD: Pharmacotherapy for Opioid Use Disorder;

PCE: Pharmacotherapy Management of COPD Exacerbation; SMC: Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia; SMD: Diabetes Monitoring for People With Diabetes and Schizophrenia; SPC: Statin Therapy for Patients With Cardiovascular Disease; CBP: Controlling High Blood Pressure; HBD: Blood Pressure Control for Patients With Diabetes; PCP: primary care practitioner; COPD: chronic obstructive pulmonary disease.

**Performance Measure Validation Aggregate Summary**

**Table 117** displays MCO performance measure strengths, organized by the domains of quality, timeliness, and access to care.

**Table 117: MCO Performance Measure Strengths – Quality, Timeliness, and Access to Care**

MCO	Strength	Quality	Timeliness	Access to Care
ACP	Strong performance in diabetes monitoring for people with diabetes and schizophrenia	✓	✓	✓
ACP	Strength in adult immunizations	✓	-	-
ACP	Strong performance in depression screening measure	✓	-	-
ACP	Strong performance in social needs screening, specific to food screening	✓	✓	✓
ACP	Strength in care for older adult measure	✓	-	-
KF	Strong performance in the adult annual dental visit measure	✓	-	-
KF	Strong performance in depression screening measure	✓	-	-
KF	Strong performance in social needs screening, specific to food screening	✓	✓	✓
KF	Strength in the reassessment/care plan after inpatient discharge measure	✓	✓	✓
KF	Strong performance in the use of imaging studies for lower back pain measure	✓	-	-
KF	Strength in the risk of continued opioid use measure	✓	-	-
PHW	Strength in antidepressant medication management	✓	-	-
PHW	Strength in advanced care planning	✓	-	✓
PHW	Strong performance in the utilization of the PHQ-9 for depression screening	✓	-	✓
PHW	Strength in the reassessment/care plan after inpatient discharge measure	✓	✓	✓
PHW	Strong performance in the Shared Care Plan with Primary Care Physician measure	✓	-	-
UPMC	Strength in diabetes monitoring for individuals with schizophrenia	✓	-	-
UPMC	Strong performance in management of high blood pressure	✓	-	-
UPMC	Strength in transition of care measure	✓	✓	-
UPMC	Strengths in several ECDS measures (AIS-E and COL-E)	✓	-	✓
UPMC	Strong performance in depression screening	✓	✓	-
UPMC	Strong performance in social needs screening, specific to food screening	✓	✓	✓
UPMC	Strengths in several LTSS measures	✓	✓	✓
UPMC	Strengths in respiratory condition management	✓	-	-
UPMC	Strengths in appropriate testing for pharyngitis	✓	-	-

MCO: managed care organization: managed care organization; ECDS: electronic clinical data system; LTSS: long-term services and supports; PHQ-9: Patient Health Questionnaire-9; AIS-E: Adult Immunization Status (Electronic Clinical Data Systems measure); COL-E: Colorectal Cancer Screening (Electronic Clinical Data Systems measure).

**Table 118** displays MCO performance measure opportunities, organized by the domains of quality, timeliness, and access to care.

**Table 118: MCO Performance Measure Opportunities – Quality, Timeliness, and Access to Care**

MCO	Opportunity	Quality	Timeliness	Access to Care
ACP	Plan-All Cause Readmissions ratio increased (lower is better for the measure)	✓	-	✓
ACP	Lower performance in several ECDS measures (COL-E and CCS-E)	✓	✓	✓
ACP	Lower performance in the care coordination measures such as Transitions of Care measure across all measure elements and Advance Care Planning	✓	✓	✓
ACP	Lower performance in the LTSS Comprehensive Care Plan and Update for both measure elements	✓	✓	-
ACP	Improve the screening and intervention rates for the Social Needs Screening and Intervention measure	✓	-	✓
KF	Plan-All Cause Readmissions ratio increased (lower is better for the measure)	✓	-	✓
KF	Improve the Controlling High Blood Pressure measure	✓	-	✓
KF	Lower performance in several ECDS measures (AIS-E and COL-E)	✓	✓	✓
KF	Lower performance in the care coordination measures such as Transitions of Care measure across all measure elements and Advance Care Planning	✓	✓	✓
KF	Lower performance in the LTSS Shared Care Plan with Primary Care Physician	✓	✓	-
KF	Improve the screening and intervention rates for the Social Needs Screening and Intervention measure	✓	-	✓
PHW	Improve adult dental visit performance	✓	✓	✓
PHW	Plan-All Cause Readmissions ratio increased (lower is better for the measure)	✓	-	✓
PHW	Lower performance in the care coordination measure specifically Transitions of Care	✓	✓	✓
PHW	Improve performance on the diabetes measure Kidney Health Evaluation	✓	✓	✓
PHW	Lower performance in several ECDS measures (AIS-E, BCS-E, COL-E, CCS-E)	✓	✓	✓
PHW	Improve the screening and intervention rates for the Social Needs Screening and Intervention measure	✓	-	✓
UPMC	Plan-All Cause Readmissions ratio increased (lower is better for the measure)	✓	-	✓
UPMC	Improve performance for the Use of Imaging Studies for Lower Back Pain measure	✓	-	✓
UPMC	Lower performance in the LTSS Reassessment/Care Plan Update After Inpatient Discharge measure	✓	✓	✓
UPMC	Improve the screening and intervention rates for the Social Needs Screening and Intervention measure	✓	-	✓

MCO: managed care organization: managed care organization; ECDS: electronic clinical data system; LTSS: long-term services and supports; AIS-E: Adult Immunization Status (Electronic Clinical Data Systems measure); COL-E: Colorectal Cancer Screening (Electronic Clinical Data Systems measure); CCS-E: Cervical Cancer Screening (Electronic Clinical Data Systems); BCS-E: Breast Cancer Screening (Electronic Clinical Data Systems).

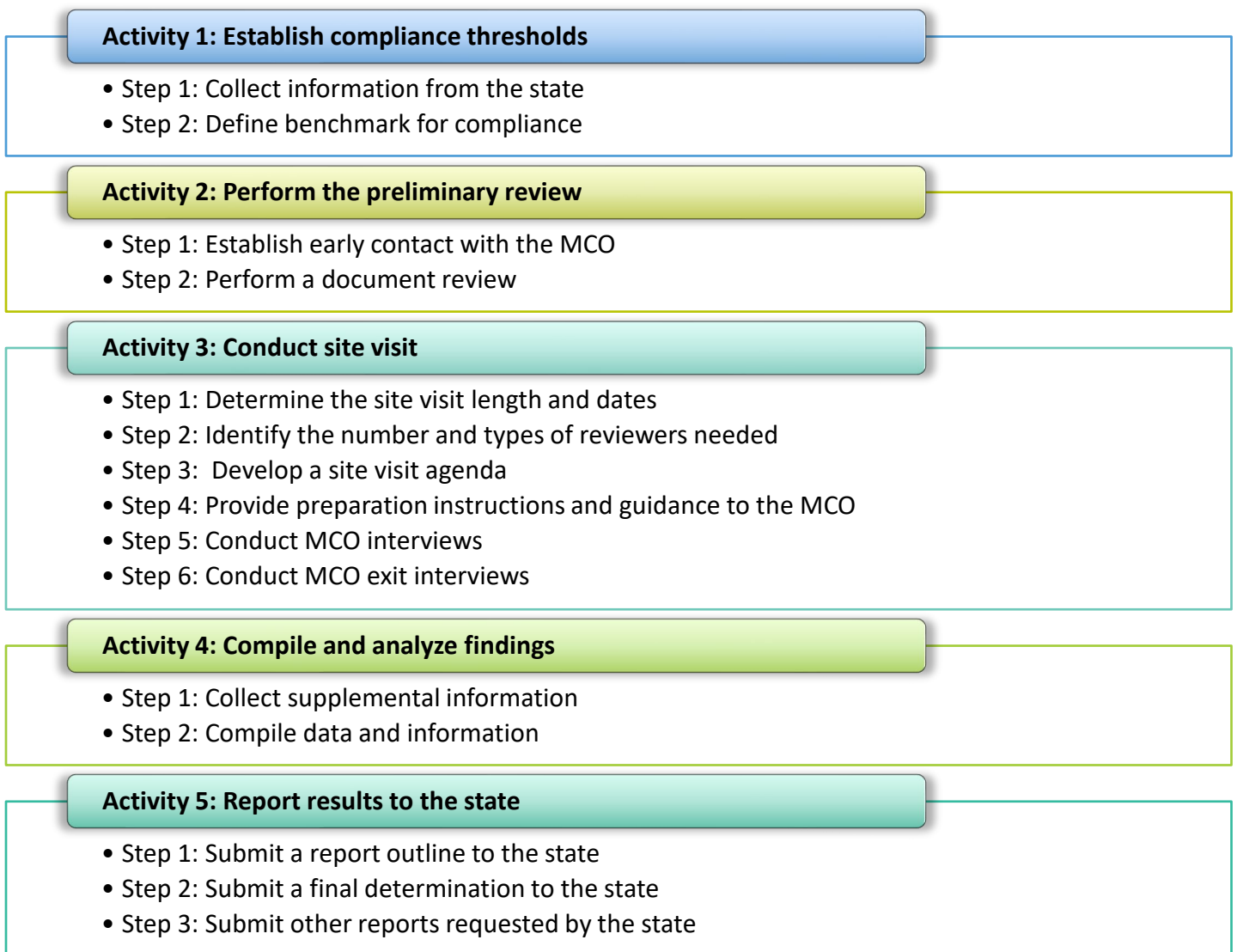
# Review of Compliance with Medicaid and CHIP Managed Care Regulations

## 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 12** details the mandatory EQR Protocol 3 activities.



**Figure 12: 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 5, 2026, 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 2025 SMART item list and created a crosswalk to pertinent BBA regulations. A total of 220 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 119** provides a count of items linked to each category.

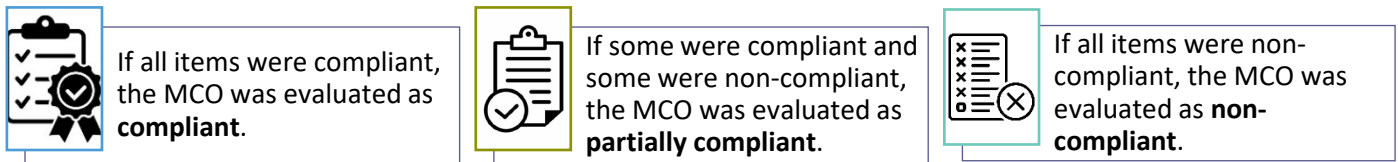
**Table 119: SMART Items Count Per Regulation**

Federal Regulation	SMART Items
<b>Subpart B: State Responsibilities</b>	
Disenrollment requirements and limitations 438.56	2
<b>Subpart C: Enrollee Rights and Protections</b>	
Enrollee rights requirements 438.100	18
Emergency and post-stabilization services 438.114	7
<b>Subpart D: MCO, PIHP, and PAHP Standards</b>	
Availability of services 438.206	10
Assurances of adequate capacity and services 438.207	42
Coordination and continuity of care 438.208	42
Coverage and authorization of services 438.210	34
Provider selection 438.214	5
Confidentiality 438.224	3
Grievance and appeal systems 438.228	4
Subcontractual relationships and delegation 438.230	4
Practice guidelines 438.236	2
Health information systems 438.242	24
<b>Subpart E. Quality Measurement and Improvement; External Quality Review</b>	
Quality assessment and performance improvement program 438.330	23

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 2025 SMART items upon which the review was conducted contained 113 standards. 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. **Tables 120-123** display the CHC-MCO compliance results.



**Figure 13: Standard Compliance Determination Criteria MCO: managed care organization.**

### 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 120** presents the findings by categories consistent with the regulations.

**Table 120: 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 121** presents the findings by categories consistent with the regulations.

**Table 121: 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 122** presents the findings by categories consistent with the regulations.

**Table 122: 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	Partially 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	Partially Compliant
Subcontractual Relationships and Delegations	Compliant	Compliant	Compliant	Compliant
Practice Guidelines	Compliant	Compliant	Compliant	Compliant
Health Information Systems	Compliant	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 123** presents the findings by categories consistent with the regulation.

**Table 123: MCO Compliance with Quality Measurement and Improvement; EQR Regulations**

Subpart E Categories	ACP Compliance	KF Compliance	PHW Compliance	UPMC Compliance
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 124** 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 124: Review of Compliance with Regulations Previous Recommendations, MCO Responses and Actions, IRPO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses and Actions	IPRO’s Assessment of MCO Response <sup>1</sup>	New Recommendations
ACP	<ul style="list-style-type: none"> <li>• ACP should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.</li> <li>• ACP should meet all time frames for submission of transactions within 30 days following adjudication.</li> </ul>	<ul style="list-style-type: none"> <li>• ACP is working to address the partially compliant areas noted here through the use of continued monitoring of encounter submissions through claims and encounter rejection monitoring report.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• No recommendations. ACP was compliant in all categories.</li> </ul>
KF	<ul style="list-style-type: none"> <li>• KF should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.</li> <li>• KF should meet all time frames for submission of transactions within 30 days following adjudication.</li> </ul>	<ul style="list-style-type: none"> <li>• KF is working to address the partially compliant areas noted here through the use of continued monitoring of encounter submissions through claims and encounter rejection monitoring report.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• No recommendations. KF was compliant in all categories.</li> </ul>

MCO	Previous Recommendations	MCO Responses and Actions	IPRO's Assessment of MCO Response <sup>1</sup>	New Recommendations
PHW	<ul style="list-style-type: none"> <li>PHW should ensure that all supplemental data is accurately reflected in all pharmacy encounters and reported to the state as required.</li> </ul>	<ul style="list-style-type: none"> <li>PHW is working to address the partially compliant area noted through continuous quality improvement plans and a new pharmacy benefits manager for pharmacy claims processing.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended that PHW work to address their partial compliance for the Health Information Systems category.</li> </ul>
UPMC	<ul style="list-style-type: none"> <li>No recommendations. UPMC was compliant in all categories.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>It is recommended that UPMC work to address their partial compliance for the Availability of Services and Grievance and Appeal categories.</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined. MCO: managed care organization. N/A: not applicable.

*Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Summary*

**Table 125** summarizes MCO strengths and areas for improvement in compliance with Medicaid and CHIP managed care regulations, categorized by quality, timeliness, and access.

**Table 125: Strengths and Opportunities – Quality, Timeliness, and Access**

MCO	Strengths	Opportunities	Quality	Timeliness	Access
ACP	Compliant in most categories, including operational and quality standards.	None identified.	✓	-	-
KF	Broad compliance across various standards including quality improvement and operational areas.	None identified.	✓	-	-
PHW	Strong compliance across core operational and quality areas.	Partial compliance in Health Information Systems.	✓	-	-
UPMC	Strong compliance including quality improvement and operational standards.	Partial compliance in Availability of Services and Grievance and Appeals Systems.	✓	-	-

## Validation of Network Adequacy

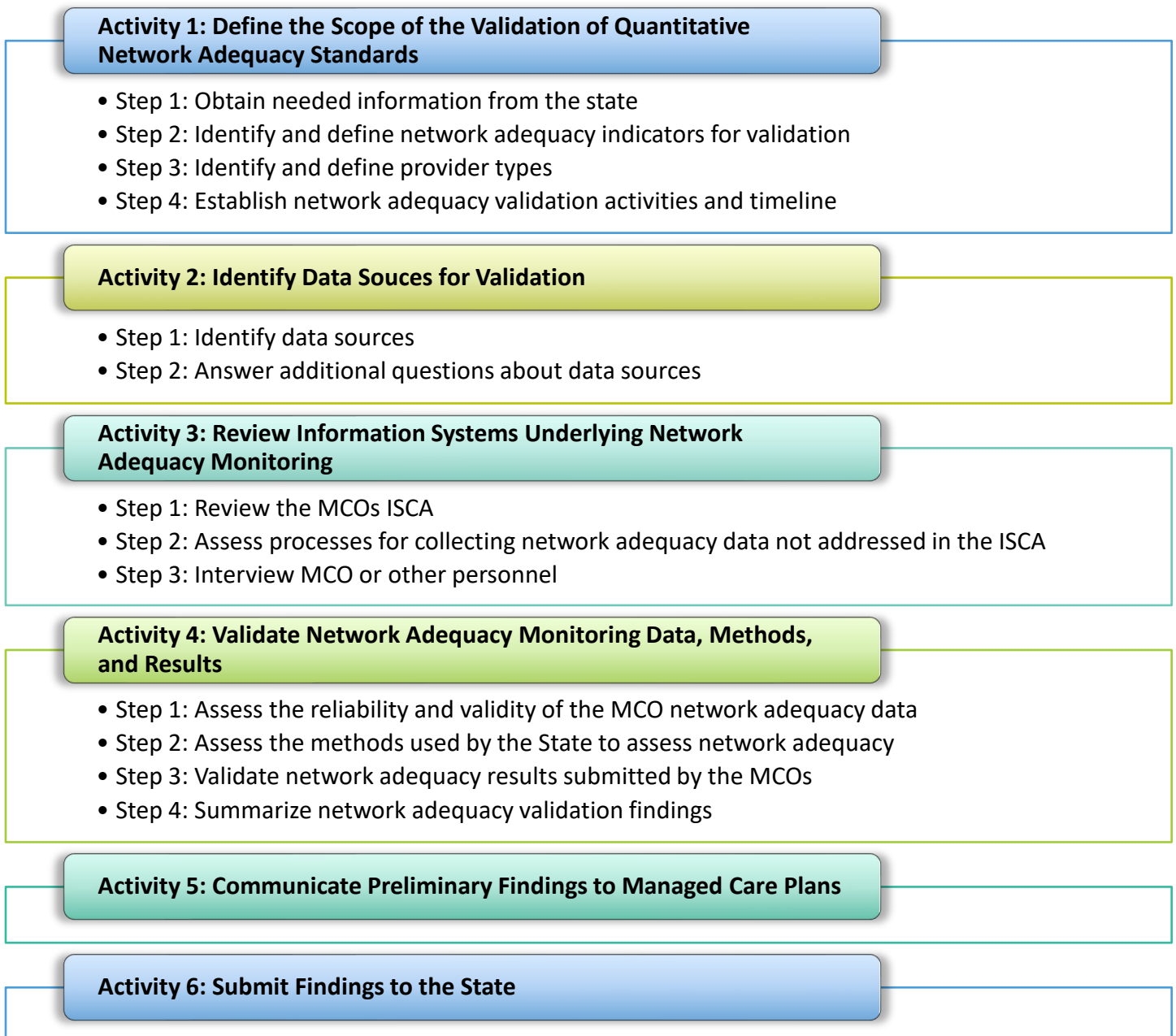
### Objectives

*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 14** details the mandatory EQR Protocol 4 activities.



**Figure 14: 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 126** displays the CHC provider network standards that were applicable in MY 2024.

**Table 126: 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 (including Licensed Practical Nurse, Personal Assistance Services, Registered Nurse, and Respite).	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.

**Table 127** displays the CHC LTSS provider network standards that were applicable in MY 2024.

**Table 127: Community HealthChoices Long-Term Supports and Services Network Adequacy Standards**

Network Adequacy Standard	Applicable Provider Type	Location
At least two appropriate providers within a travel time no greater than 30 minutes.	Adult Day - Basic	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Adult Day - Basic	Rural

<b>Network Adequacy Standard</b>	<b>Applicable Provider Type</b>	<b>Location</b>
At least two appropriate providers within a travel time no greater than 30 minutes.	Adult Day - Enhanced	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Adult Day - Enhanced	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Behavior Therapy	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Behavior Therapy	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Benefits Counseling	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Benefits Counseling	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Career Assessment	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Career Assessment	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Community Integration	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Community Integration	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Community Transition Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Community Transition Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Counseling Services (In Person and Telecare)	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Counseling Services (In Person and Telecare)	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Employment Skills Development	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Employment Skills Development	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Home Health Aide Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Home Health Aide Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Job Coaching	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Job Coaching	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Job Finding	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Job Finding	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Nutritional Consultation (In Person and Telecare)	Urban

Network Adequacy Standard	Applicable Provider Type	Location
At least two appropriate providers within a travel time no greater than 60 minutes.	Nutritional Consultation (In Person and Telecare)	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Physical Therapy Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Physical Therapy Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Residential Habilitation	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Residential Habilitation	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Chore Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Chore Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Structured Day Habilitation Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Structured Day Habilitation Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Cognitive Rehabilitation Therapy Services (In Person and Telecare)	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Cognitive Rehabilitation Therapy Services (In Person and Telecare)	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Occupational Therapy Services	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Occupational Therapy Services	Rural
At least two appropriate providers within a travel time no greater than 30 minutes.	Specialized Medical Equipment and Supplies	Urban
At least two appropriate providers within a travel time no greater than 60 minutes.	Specialized Medical Equipment and Supplies	Rural
At least one appropriate provider within a travel time no greater than 30 minutes and one additional provider within the CHC zone	Speech and Language Therapy Services	Urban
At least one appropriate provider within a travel time no greater than 60 minutes and one additional provider within the CHC zone	Speech and Language Therapy Services	Rural
At least two appropriate providers in the county	Assistive Technology	County-Level
At least two appropriate providers in the county	Home Adaptations	County-Level
At least two appropriate providers in the county	Home Delivered Meals	County-Level
At least two appropriate providers in the county	Pest Eradication	County-Level
At least two appropriate providers in the county	Telecare	County-Level
At least two appropriate providers in the county	Vehicle Modifications	County-Level
At least two appropriate providers in the county	Personal Emergency Response Services (PERS)	County-Level

Network Adequacy Standard	Applicable Provider Type	Location
At least two appropriate providers in the county	Non-Medical Transportation (utilizes a Broker-model)	County-Level
At least one appropriate provider in each zone in which the MCO is approved to offer ILOS	In Lieu of Services (ILOS)	Zone-Level

### Network Adequacy Validation Findings

**Box 5** describes IPRO’s network adequacy assessment process and outputs.

#### Box 5: Network Adequacy Validation Assessment Conclusions and Definitions

- After assessing the reliability and validity of the state’s network adequacy data, processes, and methods used to assess network adequacy and calculate each network adequacy indicator, IPRO generated a network adequacy **validation finding** and **rating** for each standard:
  - The **finding** answers the question, “Did the state address this standard’s indicator in its network adequacy monitoring activities?”
  - The **rating** reflects IPRO’s overall confidence that the state used an acceptable methodology in the design, data collection, analysis, and interpretation of each network adequacy indicator. The rating is based on the following scale: **high, moderate, low, and no confidence.**

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 OLTLs 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.

IPRO 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. IPRO 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.
- Individual Corrective Action Plans for each of the MCOs
- List of exceptions for the review year

IPRO 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, IPRO 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 (88.2%) 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 adequately defined through a combination of provider type and primary specialty; therefore, rehabilitation facilities are more accurately identified compared to previous years.
- 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.
- Provider criteria have been evaluated to better align specialties and subspecialties especially with the addition of the LTSS services.
- CHC-MCOs rely on the weekly snapshot from OLTL which has helped to reduce data misalignment compared to when an outside vendor has been used.
- OLTL relies less on compliant-based analysis (moving away from CAHPS survey results as a method of determining compliance). Discussions continue on ways to improve assessment of network adequacy.
- OLTL has not set a standard reporting structure for appointment standards. Although the depth of analysis and feedback has increased including additional clarity in the draft 2026 CHC Agreement.
- Each CHC-MCO was allowed to apply for the exemption process for any provider deserts indicated during the network adequacy review. Overall, OLTL found that there were no CHC-MCOs that were noncompliant with network adequacy.
- The exemption process resulted in over 1,700 provider gaps reviewed for exemption approval.
- Any gaps in access to care identified are related to provider deserts in which the MCO is unable to contract with additional providers due to the lack of providers in the service area. Therefore, the MCOs were found to be compliant despite those gaps.

**Table 128** details a summary of the network adequacy findings. The finding answers the question, “Was this indicator addressed in network adequacy monitoring activities?”

**Table 128: Summary of Network Adequacy Validation Findings**

Network Adequacy Standards	Validation Finding	Validation Rating
Network Time and Distance Standards		
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	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, Pharmacy).	Addressed	High 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	High 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	High 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	High 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.	Addressed	High 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).	Addressed	High confidence

Network Adequacy Standards	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).	Addressed	High confidence
Appointment Wait Times		
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 2025-2026 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 129** shows the number of Rural/Urban counties served by each MCO.

**Table 129: 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 130–Table 133** 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. Any MCO that did not reach the total number of urban or rural counties are indicated by *italicized* numbers.

**Table 130: Community HealthChoices Network Adequacy Results**

Specialty	ACP Rural	ACP Urban	Validation Finding	Validation Rating	KF Urban	Validation Finding	Validation Rating
Acute Care Hospital	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Allergy & Immunology	43	14	Addressed	High Confidence	4	Addressed	High Confidence
Anesthesia for dental care	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Cardiology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Dermatology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Endocrinology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Gastroenterology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
General surgery	48	14	Addressed	High Confidence	5	Addressed	High Confidence
LTSS adult day living	34	6	Addressed	High Confidence	5	Addressed	High Confidence
LTSS adult day living (enhanced)	22	3	Addressed	High Confidence	5	Addressed	High Confidence
LTSS structured day program	13	6	Addressed	High Confidence	5	Addressed	High Confidence
Nephrology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Neurology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Neurosurgery	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Obstetrics & Gynecology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Oncology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Ophthalmology	48	14	Addressed	High Confidence	5	Addressed	High Confidence

Specialty	ACP Rural	ACP Urban	Validation Finding	Validation Rating	KF Urban	Validation Finding	Validation Rating
Optometry	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Oral surgery	43	14	Addressed	High Confidence	5	Addressed	High Confidence
Orthopedic surgery	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Otolaryngology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Physical medicine and rehabilitation	47	14	Addressed	High Confidence	5	Addressed	High Confidence
Primary Care	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Podiatry	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Rehabilitation facilities	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Rheumatology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Speech therapy	47	14	Addressed	High Confidence	5	Addressed	High Confidence
Urology	48	14	Addressed	High Confidence	5	Addressed	High Confidence

LTSS: long-term services and supports.

**Table 131: Community HealthChoices Network Adequacy Results (Continued)**

Specialty	PHW Rural	PHW Urban	Validation Finding	Validation Rating	UPMC Rural	UPMC Urban	Validation Finding	Validation Rating
Acute Care Hospital	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Allergy & Immunology	38	16	Addressed	High Confidence	40	12	Addressed	High Confidence
Anesthesia for dental care	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Cardiology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Dermatology	46	19	Addressed	High Confidence	46	18	Addressed	High Confidence
Endocrinology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Gastroenterology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
General surgery	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
LTSS adult day living	37	9	Addressed	High Confidence	39	11	Addressed	High Confidence
LTSS adult day living (enhanced)	23	9	Addressed	High Confidence	23	8	Addressed	High Confidence
LTSS structured day program	16	10	Addressed	High Confidence	13	7	Addressed	High Confidence
Nephrology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Neurology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Neurosurgery	45	19	Addressed	High Confidence	45	19	Addressed	High Confidence
Obstetrics & Gynecology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Oncology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Ophthalmology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence

Specialty	PHW Rural	PHW Urban	Validation Finding	Validation Rating	UPMC Rural	UPMC Urban	Validation Finding	Validation Rating
Optometry	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Oral surgery	34	16	Addressed	High Confidence	36	12	Addressed	High Confidence
Orthopedic surgery	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Otolaryngology	48	18	Addressed	High Confidence	48	19	Addressed	High Confidence
Physical medicine and rehabilitation	48	19	Addressed	High Confidence	43	19	Addressed	High Confidence
Primary Care	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Podiatry	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Rehabilitation facilities	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Rheumatology	45	19	Addressed	High Confidence	45	19	Addressed	High Confidence
Speech therapy	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Urology	48	18	Addressed	High Confidence	48	19	Addressed	High Confidence

LTSS: long-term services and supports.

**Table 132: Community HealthChoices Network Adequacy – Long-Term Services and Supports Results**

Specialty	ACP Rural	ACP Urban	Validation Finding	Validation Rating	KF Urban	Validation Finding	Validation Rating
Behavior Therapy	10	2	Addressed	High Confidence	4	Addressed	High Confidence
Benefits Counseling	9	2	Addressed	High Confidence	2	Addressed	High Confidence
Career Assessment	19	2	Addressed	High Confidence	2	Addressed	High Confidence
Community Integration	32	6	Addressed	High Confidence	5	Addressed	High Confidence
Community Transition Services	17	0	Addressed	High Confidence	3	Addressed	High Confidence
Counseling Services (In Person and Telecare)	10	3	Addressed	High Confidence	4	Addressed	High Confidence
Employment Skills Development	23	5	Addressed	High Confidence	3	Addressed	High Confidence
Home Health Aide Services	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Job Coaching	28	3	Addressed	High Confidence	4	Addressed	High Confidence
Job Finding	22	2	Addressed	High Confidence	4	Addressed	High Confidence
Nutritional Consultation (In Person and Telecare)	0	0	Addressed	High Confidence	2	Addressed	High Confidence
Physical Therapy Services	39	10	Addressed	High Confidence	5	Addressed	High Confidence
Residential Habilitation	15	4	Addressed	High Confidence	5	Addressed	High Confidence
Chore Services	0	0	Addressed	High Confidence	0	Addressed	High Confidence
Cognitive Rehabilitation Therapy Services (In Person and Telecare)	12	3	Addressed	High Confidence	4	Addressed	High Confidence

Specialty	ACP Rural	ACP Urban	Validation Finding	Validation Rating	KF Urban	Validation Finding	Validation Rating
Occupational Therapy Services	36	7	Addressed	High Confidence	5	Addressed	High Confidence
Specialized Medical Equipment and Supplies	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Speech and Language Therapy Services	40	13	Addressed	High Confidence	5	Addressed	High Confidence
Assistive Technology	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Home Adaptations	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Home Delivered Meals	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Pest Eradication	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Telecare	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Vehicle Modifications	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Personal Emergency Response Services (PERS)	48	14	Addressed	High Confidence	5	Addressed	High Confidence
Non-Medical Transportation	0	14	Addressed	High Confidence	5	Addressed	High Confidence
In Lieu of Services (ILOS)	0	0	Addressed	High Confidence	0	Addressed	High Confidence

**Table 133: Community HealthChoices Network Adequacy – Long-Term Services and Supports Results (Continued)**

Specialty	PHW Rural	PHW Urban	Validation Finding	Validation Rating	UPMC Rural	UPMC Urban	Validation Finding	Validation Rating
Behavior Therapy	13	9	Addressed	High Confidence	11	8	Addressed	High Confidence
Benefits Counseling	14	6	Addressed	High Confidence	8	2	Addressed	High Confidence
Career Assessment	29	9	Addressed	High Confidence	16	8	Addressed	High Confidence
Community Integration	44	18	Addressed	High Confidence	41	17	Addressed	High Confidence
Community Transition Services	27	12	Addressed	High Confidence	4	2	Addressed	High Confidence
Counseling Services (In Person and Telecare)	11	8	Addressed	High Confidence	10	7	Addressed	High Confidence
Employment Skills Development	32	14	Addressed	High Confidence	26	11	Addressed	High Confidence

Specialty	PHW Rural	PHW Urban	Validation Finding	Validation Rating	UPMC Rural	UPMC Urban	Validation Finding	Validation Rating
Home Health Aide Services	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Job Coaching	37	13	Addressed	High Confidence	28	9	Addressed	High Confidence
Job Finding	17	12	Addressed	High Confidence	24	10	Addressed	High Confidence
Nutritional Consultation (In Person and Telecare)	12	7	Addressed	High Confidence	10	4	Addressed	High Confidence
Physical Therapy Services	48	19	Addressed	High Confidence	42	17	Addressed	High Confidence
Residential Habilitation	31	11	Addressed	High Confidence	14	9	Addressed	High Confidence
Chore Services	27	15	Addressed	High Confidence	0	0	Addressed	High Confidence
Cognitive Rehabilitation Therapy Services (In Person and Telecare)	13	9	Addressed	High Confidence	12	7	Addressed	High Confidence
Occupational Therapy Services	48	18	Addressed	High Confidence	40	17	Addressed	High Confidence
Specialized Medical Equipment and Supplies	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Speech and Language Therapy Services	46	19	Addressed	High Confidence	41	17	Addressed	High Confidence
Assistive Technology	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Home Adaptations	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Home Delivered Meals	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Pest Eradication	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Telecare	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Vehicle Modifications	48	19	Addressed	High Confidence	47	19	Addressed	High Confidence

Specialty	PHW Rural	PHW Urban	Validation Finding	Validation Rating	UPMC Rural	UPMC Urban	Validation Finding	Validation Rating
Personal Emergency Response Services (PERS)	48	19	Addressed	High Confidence	48	19	Addressed	High Confidence
Non-Medical Transportation	48	19	Addressed	High Confidence	0	0	Addressed	High Confidence
In Lieu of Services (ILOS)	43	11	Addressed	High Confidence	0	0	Addressed	High Confidence

**Appointment Availability Analysis**

MCO appointment availability results are compiled and self-reported. **Table 134** details each CHC-MCO’s appointment availability monitoring and results.

**Table 134: 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 94% of the time or greater</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.</p> <p>The following specialties fell below the target of 90% for routine appointments: Ophthalmology, Neurology.</p> <p>Members’ complaints related to appointment availability were 0.0 per 1,000 members.</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>PCP appointments of all types ranging from emergent and urgent to preventive, routine and sick visits were all made in the required time frames 94% of the time or greater</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, Hematology &amp; Oncology, Neurology, Pulmonology.</p>	Moderate Confidence

MCO	Appointment Availability Method	MCO Reported Results	EQRO Validation
		<p>The following specialties fell below the target of 90% for routine appointments: Ophthalmology.</p> <p>Members' complaints related to appointment availability were 0.02 per 1,000 members or less</p>	
PHW	<p>PHW uses Everise 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>Only 33.3% of providers passed the audit on all standards including urgent care, sick care, routine care, physical exam, emergency care, and wait time.</p> <p>Emergency Care immediately or referred to an ER fell to 42.2% of providers who passed the audit.</p> <p>Since the last audit, PCP routine care increased by almost 15%, while specialist routine care increased by almost 11% of providers who passed the audit.</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 2024. 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, complaints related to the time to appointment in Q1 was at 0.06/1,000 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 89.5%, which met the goal.</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 87.0%. This met the goal.</p> <p>UPMC identified several opportunities for improvement including increased adoption of telehealth services by practitioners and improved member awareness of telehealth resources through education. Additionally, transportation-related resources help support members struggling with mobility challenges that limit their access to care.</p>	Moderate Confidence

### *Information Systems & Network Adequacy Analysis*

In 2025, IPRO administered a network adequacy ISCA to each CHC-MCO in accordance with CMS protocols. Following completion of the ISCA, IPRO reviewed each MCO’s statement of findings to evaluate the organization’s IT system architecture, file structure, data flow, and processing procedures as they relate to provider network data. The analysis focused on the completeness and accuracy of provider directories, including how provider data is maintained and updated, how providers are tracked across locations and network participation changes, and how exclusions from are identified. IPRO also assessed whether MCOs require monthly updates from their provider networks. Findings from this analysis are summarized in **Table 135**.

**Table 135: Summary of Information Systems Capabilities Assessment Findings**

MCO	Data Source	Data Capture Assessment	Data Processing Assessment	Data Integration Assessment	Data Storage Assessment	Data Reporting Assessment
ACP	TriZetto Facets	Met	Met	Met	Met	Met
KF	TriZetto Facets	Met	Met	Met	Met	Met
PHW	PHW Data Warehouse, Portico	Met	Met	Met	Met	Met
UPMC	Individual providers or direct files from provider groups	Met	Met	Met	Met	Met

## Conclusions and Comparative Findings

**Table 136** details a summary of the network adequacy findings for each MCO noted as a Strength or Opportunity for Improvement based on performance.

**Table 136: Summary of Network Adequacy Findings by MCO**

MCO	Findings	Strength or Opportunity for Improvement	Quality, Access, or Timeliness Domain?
ACP	98.8% of members in urban areas have access to provider groups of: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Hematology & Oncology, Hospital, Laboratory, Nephrology, Neurological Surgery, Neurology.	Strength	Access
ACP	98.2% of members in urban areas have access to provider groups of: Optometry, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Pharmacy, Podiatry, Primary Care, Rehabilitation, Rheumatology, Speech Therapy, and Urology.	Strength	Access
ACP	98.7% of members in rural areas have access to provider groups of: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Hematology & Oncology, Hospital, Laboratory, Nephrology, Neurological Surgery, Neurology.	Strength	Access
ACP	98.5% of members in urban areas have access to provider groups of: Optometry, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Pharmacy, Podiatry, Primary Care, Rehabilitation, Rheumatology, Speech Therapy, and Urology.	Strength	Access
ACP	Oral and Maxillofacial Surgery standard of 2 in 30 minutes in urban areas left more than 36% of members without access.	Opportunity for improvement	Access
ACP	There are widespread adequacy gaps in LTSS services including Cognitive Therapy, Behavior Therapy, Registered Nutritionist, Non-Medical Counseling, Adult Day Living, Adult Day Living – Enhanced, Chore Services, Employment Benefits Counseling, Career Assessment, Job Coaching, Employment Skills Development, Home and Community Habilitation, Community Integration, Structured Day Program, Job Finding, and Community Transition.	Opportunity for improvement	Access
KF	99.8% of members in urban areas have access to provider groups of: Allergy & Immunology, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Hematology & Oncology, Hospital, Laboratory, Nephrology, Neurological Surgery, Neurology.	Strength	Access

MCO	Findings	Strength or Opportunity for Improvement	Quality, Access, or Timeliness Domain?
KF	99.9% of members in urban areas have access to provider groups of: Optometry, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Pharmacy, Podiatry, Primary Care, Rehabilitation, Rheumatology, Speech Therapy, and Urology.	Strength	Access
KF	There are widespread adequacy gaps in the LTSS services including Cognitive Therapy, Behavior Therapy, Registered Nutritionist, Chore Services, Employment Benefits Counseling, Career Assessment, Employment Skills Development, Structured Day Program, Job Finding, and Community Transition.	Opportunity for improvement	Access
PHW	Five different county gaps were closed in the following areas: Adult Day Living, Adult Day Living– Enhanced, Neurology, and Physical Medicine.	Strength	Access
PHW	Laboratory Services is meeting network adequacy.	Strength	Access
PHW	Anesthesia for Dental Care has a 100% adequate network in both urban and rural counties.	Strength	Access
PHW	Rehabilitation Facilities have a 100% adequate network in both urban and rural counties.	Strength	Access
PHW	There are widespread adequacy gaps in LTSS services including Adult Day Living, Adult Day Living – Enhanced, Behavior Therapy, Benefits Counseling, Career Assessment, Chore Services, Cognitive Rehabilitation Therapy, Community Integration, Community Transition Services, Counseling Services, Employment Skills Development, Job Coaching, Job Finding, Non-Medical Transportation, Nutritional Consultation, Residential Habilitation, Structured Day Habilitation.	Opportunity for improvement	Access
PHW	Allergy and Immunology and Oral Surgery continue to have significant access gaps.	Opportunity for improvement	Access
UPMC	All rural and urban counties meet access standards for the following specialties: General Surgery, Optometry, Obstetrics & Gynecology, Laboratory Services, Pharmacy, Orthopedic Surgery, Otolaryngology, Cardiology, Gastroenterology, Podiatry, Endocrinology, Hematology & Oncology, Nephrology, and Urology.	Strength	Access
UPMC	All rural and urban counties meet access standards for the following LTSS standards: Home Health Aid Services, Specialized Medical Equipment and Supplies, Assistive Technology, Home Adaptations, Home Delivered Meals, Non-Medical Transportation, Pest Eradication, Telecare, and PERS.	Strength	Access
UPMC	12 rural counties are not meeting network adequacy for Oral Surgery.	Opportunity for improvement	Access

MCO	Findings	Strength or Opportunity for Improvement	Quality, Access, or Timeliness Domain?
UPMC	There are widespread adequacy gaps amongst the LTSS services including Adult Day Living, Adult Day Living – Enhanced, Behavior Therapy, Benefits Counseling, Career Assessment, Chore Services, Cognitive Rehabilitation Therapy Services, Community Integration, Community Transition, Counseling Services, Employment Skills Development, Job Coaching, Job Finding, Nutritional Consultation, Occupational Therapy Services, Physical Therapy Services, Residential Rehabilitation, Structured Day Habilitation.	Opportunity for improvement	Access

MCO: managed care organization; LTSS: long-term services and supports.

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

**Table 137** displays the prior year’s recommendations, MCO responses and/or actions, IPRO’s assessment of the MCO’s responses, and current year recommendations for quality improvement.

**Table 137: MCO-Level Network Adequacy Recommendations**

MCO	Previous Recommendations	MCO Response	IPRO Assessment of MCO Response <sup>1</sup>	Current Recommendations
ACP	<ul style="list-style-type: none"> <li>Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>Develop appointment availability reporting to address member experience per OLTL instructions.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly snapshots are sent to OLTL to monitor the provider directory. The MCO moved to monthly monitoring to better address network adequacy.</li> <li>An enterprise-level survey is administered to monitor and ensure the network meets access standards including after-hour standards. Additionally, post-appointment surveys are implemented.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and improve access to Oral and Maxillofacial Surgery in the service area as providers are available.</li> <li>While the MCO was deemed compliant, there were counties that remained uncovered. The MCO should continue to evaluate network adequacy gaps in the identified LTSS services listed in Table 136.</li> </ul>

MCO	Previous Recommendations	MCO Response	IPRO Assessment of MCO Response <sup>1</sup>	Current Recommendations
KF	<ul style="list-style-type: none"> <li>• Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>• Develop appointment availability reporting to address member experience per OLTL instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly snapshots are sent to OLTL to monitor the provider directory. The MCO moved to monthly monitoring to better address network adequacy.</li> <li>• An enterprise-level survey is administered to monitor and ensure the network meets access standards including after-hour standards. Additionally, post-appointment surveys are implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• While the MCO was deemed compliant, there were counties that remained uncovered. The MCO should continue to evaluate network adequacy gaps in the identified LTSS services listed in Table 136.</li> </ul>
PHW	<ul style="list-style-type: none"> <li>• Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>• Contract with additional providers, and/or explain the steps taken, to remediate gaps in Dermatology Oral Surgery and Urology panels.</li> <li>• 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> </ul>	<ul style="list-style-type: none"> <li>• Targeted phone campaigns are utilized to verify if the provider director and “Find a Provider” tool are available.</li> <li>• The MCO implemented an audit process that divides specialist practitioner data based on Exhibit T for quarterly audit.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor and improve access to Allergy &amp; Immunology and Oral and Maxillofacial Surgery in the service area as providers are available.</li> <li>• While the MCO was deemed compliant, there were counties that remained uncovered. The MCO should continue to evaluate network adequacy gaps in the identified LTSS services listed in Table 136.</li> </ul>

MCO	Previous Recommendations	MCO Response	IPRO Assessment of MCO Response <sup>1</sup>	Current Recommendations
UPMC	<ul style="list-style-type: none"> <li>• Ensure that accurate data on Allergist and Immunologists is reported in the weekly snapshot and in the provider directory.</li> <li>• Contract with additional providers, and/or explain the steps taken, to remediate gaps in the Dermatology panel.</li> <li>• 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> </ul>	<ul style="list-style-type: none"> <li>• The MCO reviews weekly OLTL reporting utilizing OPS-5 data.</li> <li>• A technology error was identified that suppressed addresses. A quality monthly monitoring group helped to correct the identified errors and remediate the gaps in the Dermatology panel.</li> <li>• The MCO monitors and reports on the capacity of its network panels. Service Coordinators are used to help evaluate any barriers to participants' attendance at appointments and help improve participant compliance.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor and improve network adequacy for Oral and Maxillofacial Surgery in the service area as providers are available.</li> <li>• While the MCO was deemed compliant, there were counties that remained uncovered. The MCO should continue to evaluate network adequacy gaps in the identified LTSS services listed in Table 136.</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization; LTSS: long-term services and supports.

# 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.

The Pennsylvania 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 healthcare services they receive. DHS uses results from the survey to determine variation in member satisfaction among the MCOs. Further, Exhibit CC(1) of the Community HealthChoices Agreement requires that the CAHPS survey tools be administered.

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*The overall objective of the CAHPS-HP study is to capture accurate and complete information about consumer-reported experiences with healthcare. 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 2024.

## 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 15** 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 2024.

### 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 15: EQR Protocol 6 Activities** EQR: external quality review.

The standardized survey instruments selected for Pennsylvania’s Community HealthChoices 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, 2024, who were continuously enrolled for at least five of the last six months of 2024, 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 138** displays these categories and the measures by which these response categories are used.

**Table 138: CAHPS Categories and Response Options**

Category/Measure	Response Options
Composite measures	
1. Getting Needed Care 2. Getting Care Quickly 3. How Well Doctors Communicate 4. Customer Service	1-4) Never, sometimes, usually, always, top-level performance is considered responses of “usually” or “always.”)
Global rating measures	
1. Rating of Personal Doctor 2. Rating of Health Plan 3. Doctor Informed/Up to Date on Care	1-2) 0–10 scale, top-level performance is considered scores of “8” or “9” or “10.” 3) Never, sometimes, usually, always

CAHPS: Consumer Assessment of Healthcare Providers and Systems.

### Description of Data Obtained

For each MCO, IPRO received a copy of the final MY 2024 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 139–142** 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 139: ACP CAHPS MY 2024 Adult Survey Results**

Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
Your health plan						
Satisfaction with Adult’s Health Plan (Rating of 8–10)	85.52%	85.47%	0.47%▲	2.46%▲	85.05%	83.01%
Customer Service (Usually or Always)	91.30%	92.89%	0.07%▼	1.73%▲	91.37%	91.16%
Your health care in the last 6 months						
Getting Needed Care Composite (Usually or Always)	82.95%	86.83%	5.12%▼	1.15%▲	88.07%	85.68%
Getting Care Quickly Composite (Usually or Always)	87.50%	87.82%	0.75%▼	0.40%▼	88.25%	88.22%
Your Personal Doctor						
Satisfaction with Personal Doctor (Rating of 8-10)	88.30%	88.93%	1.84%▼	0.16%▼	90.14%	89.09%
Doctor Informed/Up to Date on Care (Usually or Always)	92.02%	94.12%	2.98%▼	5.30%▲	95.00%	88.82%
How Well Doctors Communicate Composite (Usually or Always)	96.13%	95.21%	0.54%▼	0.17%▼	96.67%	95.38%

▲▼ = Performance increased (▲) or decreased (▼) compared to prior year’s rate.  
 CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

**Table 140: KF CAHPS MY 2024 Adult Survey Results**

Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
Your health plan						
Satisfaction with Adult’s Health Plan (Rating of 8–10)	83.78%	81.31%	4.97%▲	2.02%▼	78.81%	83.33%
Customer Service (Usually or Always)	91.16%	89.20%	0.37%▲	2.84%▼	90.79%	92.04%
Your health care in the last 6 months						

Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
Getting Needed Care Composite (Usually or Always)	80.82%	83.37%	2.78% ▼	3.78% ▼	83.60%	87.15%
Getting Care Quickly Composite (Usually or Always)	81.44%	84.05%	0.55% ▼	2.61% ▲	81.99%	81.44%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	87.78%	89.45%	5.41% ▲	1.65% ▲	82.37%	87.80%
Doctor Informed/Up to Date on Care (Usually or Always)	90.40%	92.22%	3.63% ▲	5.29% ▲	86.77%	86.93%
How Well Doctors Communicate Composite (Usually or Always)	93.69%	94.39%	1.38% ▲	1.20% ▲	92.31%	93.19%

▲ ▼ = Performance increased (▲) or decreased (▼) compared to prior year's rate.  
CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

**Table 141: PHW CAHPS MY 2024 Adult Survey Results**

Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult's Health Plan (Rating of 8–10)	77.78%	84.03%	0.06% ▲	5.97% ▼	77.72%	90.00%
Customer Service (Usually or Always)	87.87%	92.36%	4.42% ▼	0.76% ▲	92.29%	91.60%
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	85.27%	86.34%	0.03% ▲	0.29% ▼	85.24%	86.63%
Getting Care Quickly Composite (Usually or Always)	88.40%	88.26%	1.39% ▲	0.83% ▲	87.01%	87.43%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	88.08%	87.40%	0.03% ▼	0.92% ▼	88.11%	88.32%
Doctor Informed/Up to Date on Care (Usually or Always)	88.78%	86.57%	4.38% ▼	3.48% ▼	93.16%	90.05%

Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
How Well Doctors Communicate Composite (Usually or Always)	93.39%	94.88%	1.54% ▼	0.11% ▼	94.93%	94.99%

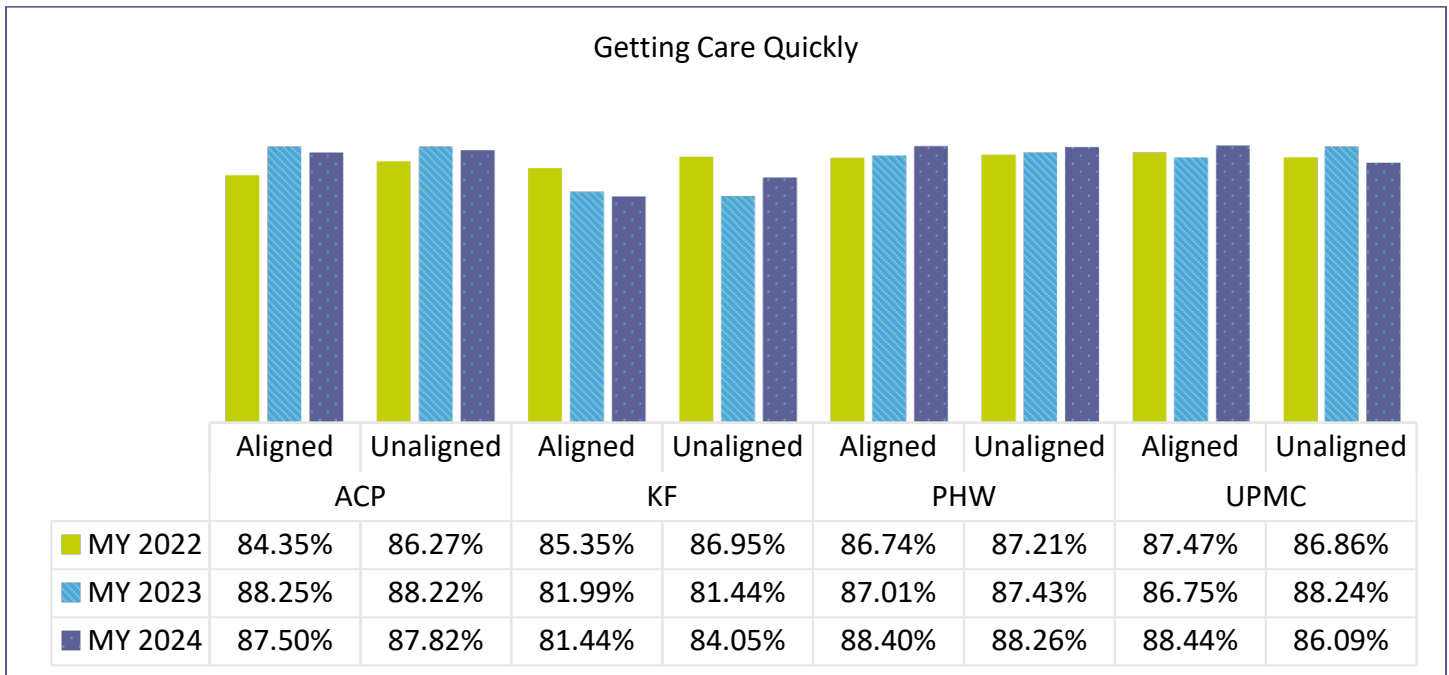
▲ ▼ = Performance increased (▲) or decreased (▼) compared to prior year’s rate.  
CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

**Table 142: UPMC CAHPS MY 2024 Adult Survey Results**

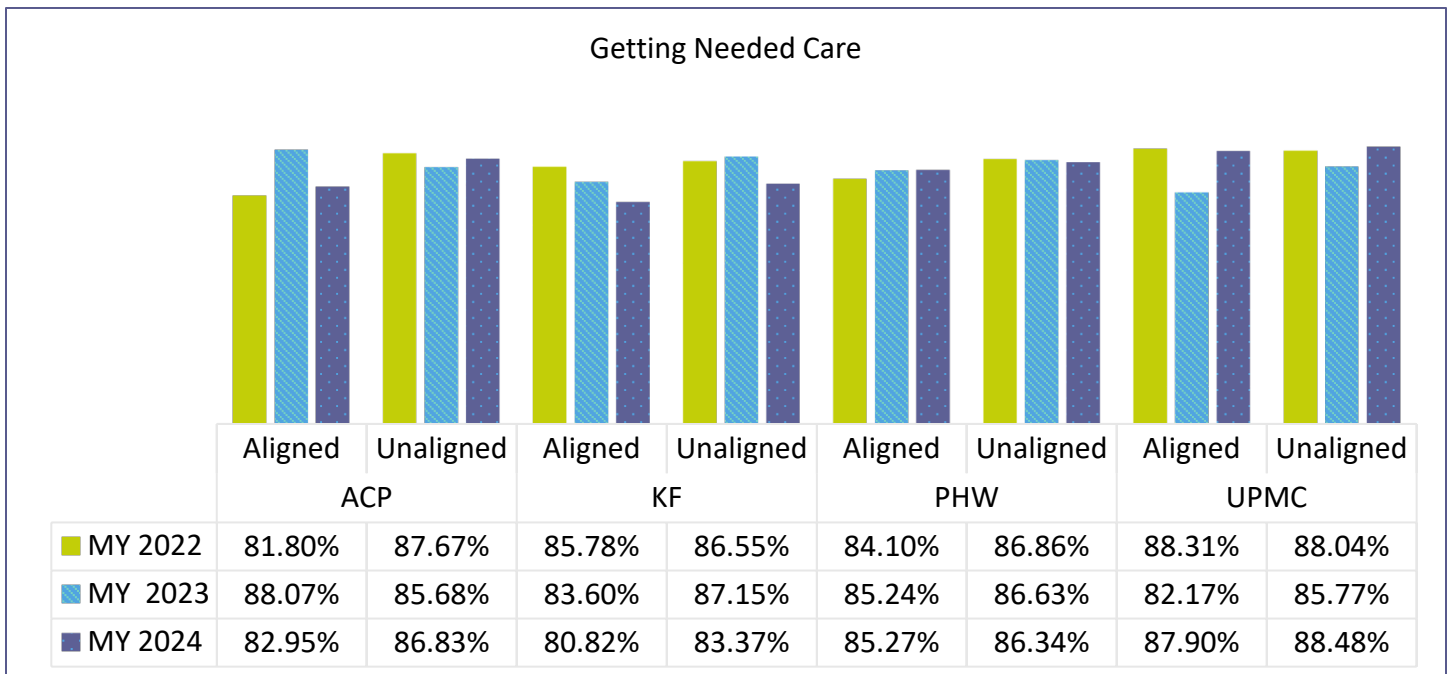
Survey Section/Measure	MY 2024 (Aligned)	MY 2024 (Unaligned)	MY 2024 Rate Compared to MY 2023 (Aligned)	MY 2024 Rate Compared to MY 2023 (Unaligned)	MY 2023 (Aligned)	MY 2023 (Unaligned)
<b>Your health plan</b>						
Satisfaction with Adult’s Health Plan (Rating of 8–10)	89.51%	84.21%	0.69% ▼	0.66% ▲	90.20%	83.55%
Customer Service (Usually or Always)	94.19%	91.05%	0.46% ▲	2.19% ▼	93.73%	93.24%
<b>Your health care in the last 6 months</b>						
Getting Needed Care Composite (Usually or Always)	87.90%	88.48%	5.73% ▲	2.71% ▲	82.17%	85.77%
Getting Care Quickly Composite (Usually or Always)	88.44%	86.09%	1.69% ▲	2.15% ▼	86.75%	88.24%
<b>Your Personal Doctor</b>						
Satisfaction with Personal Doctor (Rating of 8-10)	91.10%	87.17%	4.95% ▲	1.17% ▼	86.15%	88.34%
Doctor Informed/Up to Date on Care (Usually or Always)	91.19%	90.51%	1.01% ▲	1.11% ▼	90.18%	91.62%
How Well Doctors Communicate Composite (Usually or Always)	95.98%	95.05%	2.76% ▲	0.58% ▲	93.22%	94.47%

▲ ▼ = Performance increased (▲) or decreased (▼) compared to prior year’s rate.  
CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

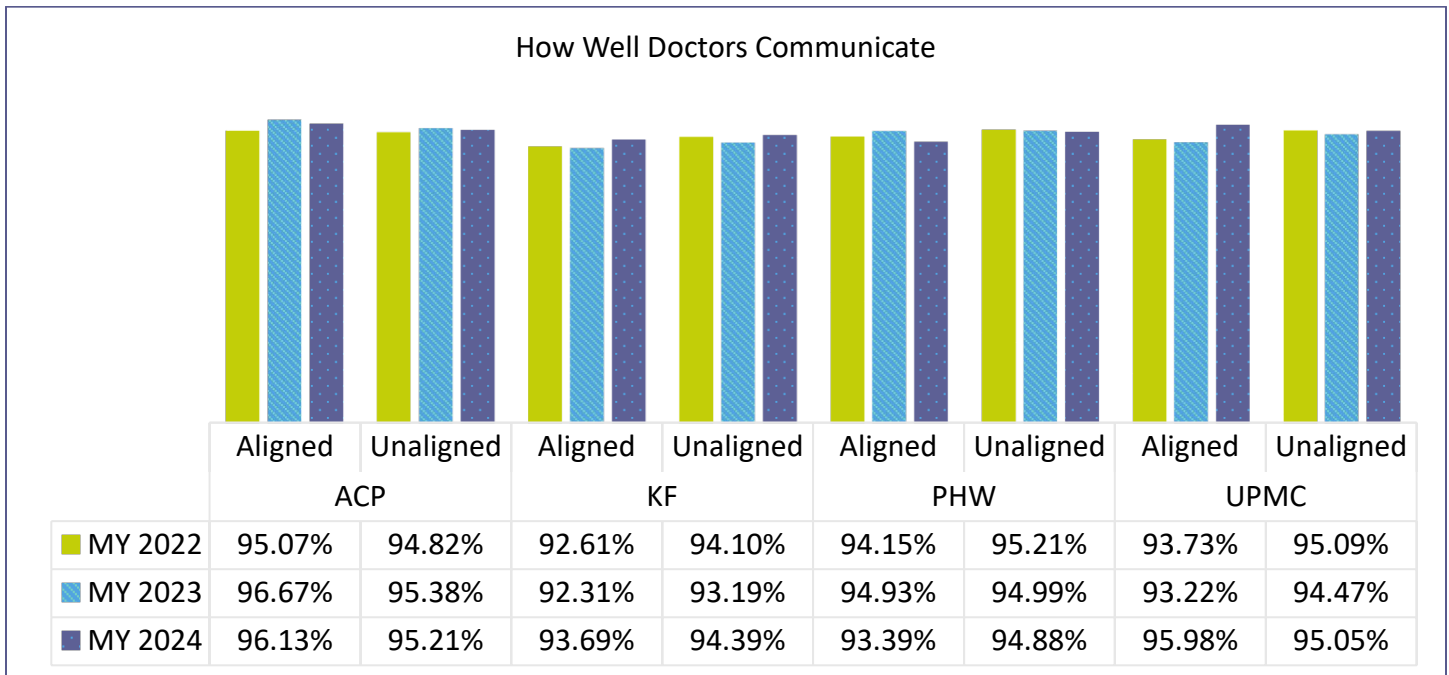
Figures 16–22 provide the adult survey graph results by two specific categories (aligned vs unaligned) for each MCO across the last three MYs, as available. The composite questions target the MCO’s performance strengths as well as opportunities for improvement.



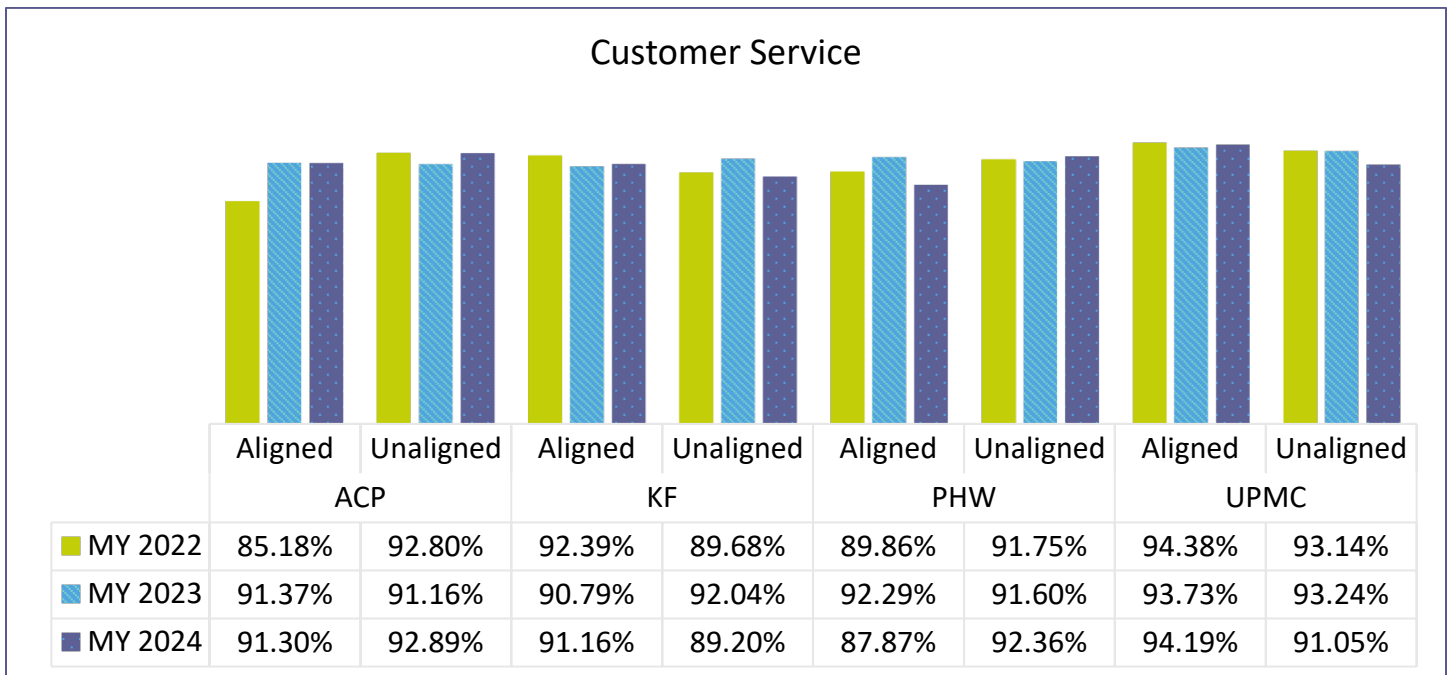
**Figure 16: MY 2022-MY 2024 CAHPS Composite Rates - Getting Care Quickly** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Getting Care Quickly by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.



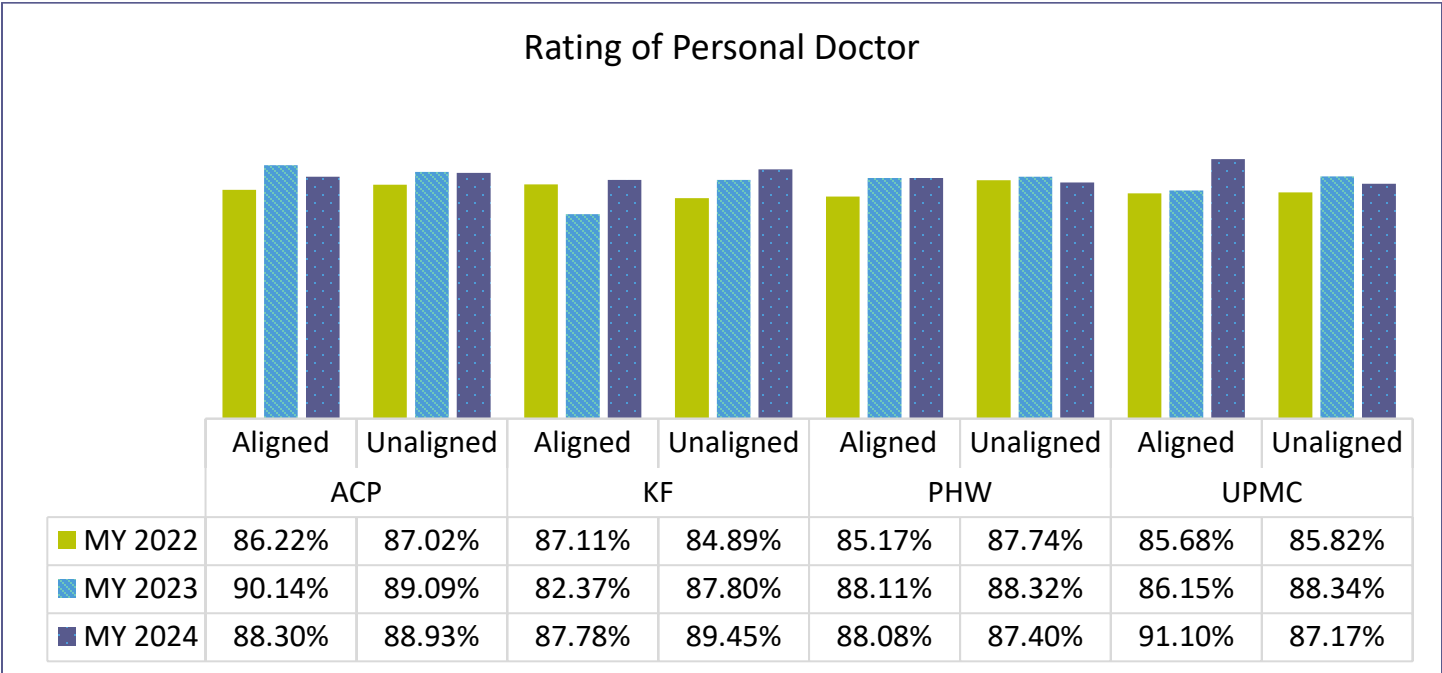
**Figure 17: MY 2022-MY 2024 CAHPS Composite Rates - Getting Needed Care** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Getting Needed Care by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.



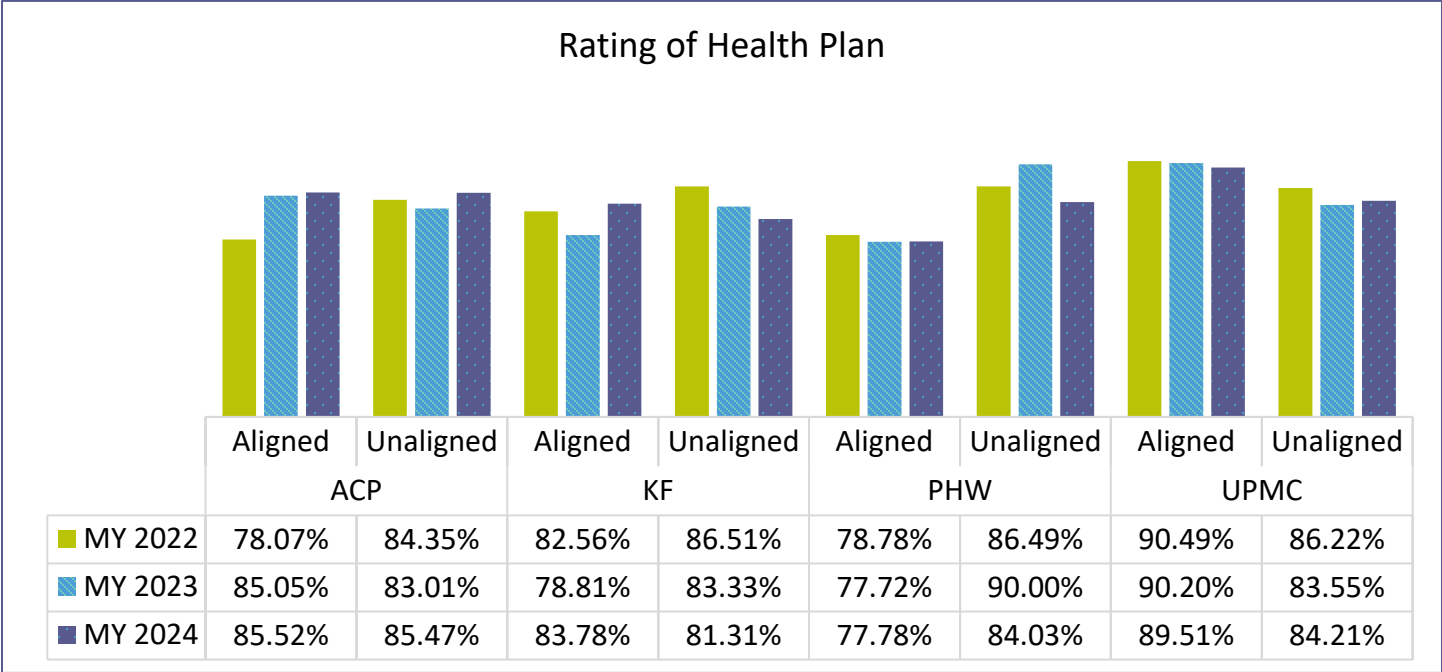
**Figure 18: MY 2022-MY 2024 CAHPS Composite Rates – How Well Doctors Communicate** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for How Well Doctors Communicate by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.



**Figure 19: MY 2022-MY 2024 CAHPS Composite Rates – Customer Service** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Customer Service by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.

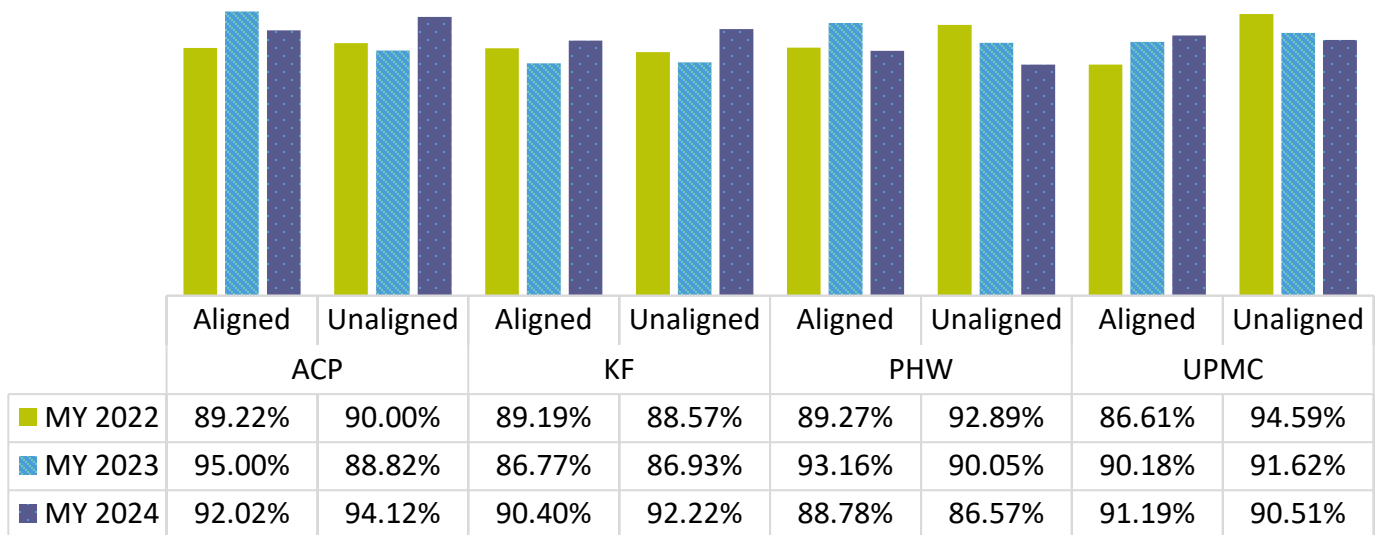


**Figure 20: MY 2022-MY 2024 CAHPS Global Rating Score – Rating of Personal Doctor** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Rating of Personal Doctor by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.



**Figure 21: MY 2022-MY 2024 CAHPS Global Rating Score – Rating of Health Plan** Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Rating of Health Plan by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.

### Personal Doctor - Informed/Up to Date on Care (Usually or Always)



**Figure 22: MY 2022-MY 2024 CAHPS Global Rating Score – Personal Doctor Informed/Up to Date on Care**  
 Measurement year (MY) 2022-2024 longitudinal comparison of the CAHPS composite rates for Personal Doctor Informed/Up to Date on Care by population type and managed care organization (MCO). Purple bars represent MY 2024 rates, blue bars represent MY 2023 rates, and green bars represent MY 2022 rates.

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

**Table 143** 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 143: CAHPS Survey Recommendations, MCO Responses, IPRO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
ACP	<ul style="list-style-type: none"> <li>Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures</li> </ul>	<ul style="list-style-type: none"> <li>Minor fluctuations were shown from MY 2023 to MY 2024 across the measures</li> <li>Minor improvements were shown from MY 2023 to MY 2024 for the Satisfaction with Health Plan measure</li> <li>The unaligned population rate for the Doctor Informed/Up to Date on Care composite measure improved from MY 2023</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the aligned population rate for the Getting Needed Care composite measure</li> <li>Continue to maintain and improve all CAHPS measures</li> </ul>
KF	<ul style="list-style-type: none"> <li>Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures</li> </ul>	<ul style="list-style-type: none"> <li>The aligned population rate for the Satisfaction with Health Plan measure improved</li> <li>Improvements for both the aligned and unaligned population for measures related to “Your Personal Doctor” including Satisfaction with Personal Doctor</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the Getting Needed Care composite measure for both the aligned and unaligned populations</li> <li>Improve the Customer Service measure for the unaligned population</li> <li>Continue to maintain and improve all CAHPS measures</li> </ul>

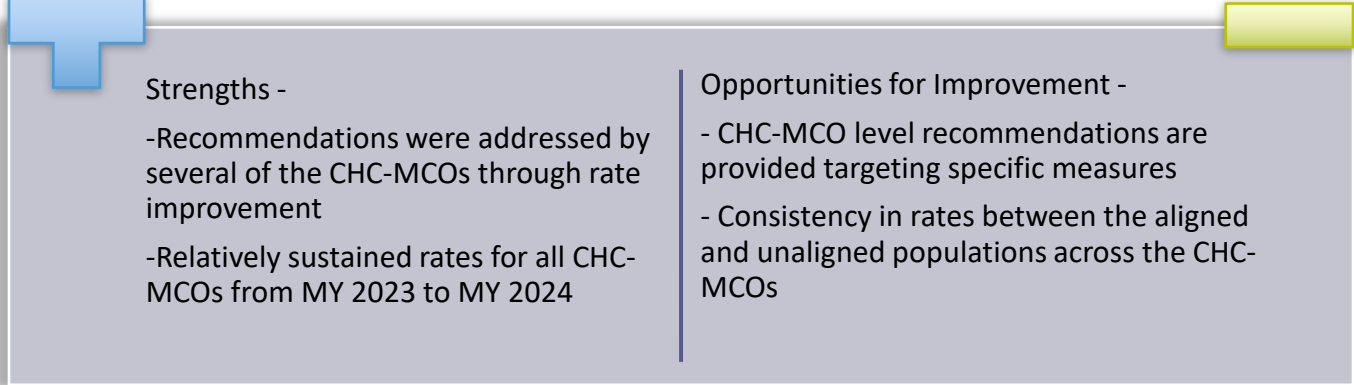
MCO	Previous Recommendations	MCO Responses	IPRO Assessment of MCO Responses <sup>1</sup>	New Recommendations
PHW	<ul style="list-style-type: none"> <li>Ensure that CAHPS-HP data is submitted via the Agency for Healthcare Research and Quality database per the HEDIS/CAHPS instruction memo</li> <li>Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures</li> </ul>	<ul style="list-style-type: none"> <li>Addressed. CAHPS-HP data was submitted to Agency for Healthcare Research and Quality database per the instruction memo</li> <li>Minor fluctuations were shown from MY 2023 to MY 2024 across the measures</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the unaligned population rate for the Satisfaction with Health Plan measure</li> <li>Improve the aligned population rate for the Customer Service measure</li> <li>Improve Doctor Informed/Up to Date on Care measure rate for the aligned and unaligned populations</li> <li>Continue to maintain and improve all CAHPS measures</li> </ul>
UPMC	<ul style="list-style-type: none"> <li>Maintain sustained improvement for all CAHPS measures and focus on new methods to continue to improve across all CAHPS measures</li> </ul>	<ul style="list-style-type: none"> <li>Improvement for the aligned populations rate for the Satisfaction with Personal Doctor measure from MY 2023 to MY 2024</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the unaligned rate for the Getting Care Quickly Composite measure</li> <li>Continue to maintain and improve all CAHPS measures</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization

*CAHPS Survey Member Experience Survey Aggregate Summary*

**Figure 23** provides an aggregated summary of CAHPS survey validation across all MCOs.



**Figure 23: CAHPS Survey Member Experience Aggregate Findings**

**Table 144** displays the CAHPS survey findings as it relates to strengths and opportunities for improvement in the domains of quality, timeliness, and access.

**Table 144: Summary of MCO CAHPS-HP Strengths and Opportunities for Improvement by the Domains of Quality, Timeliness, and Access**

MCO	Strengths	Opportunities	Quality	Timeliness	Access
ACP	<ul style="list-style-type: none"> <li>Strong performance in the Doctor Informed/Up to Date on Care (Usually or Always) in the Unaligned population</li> </ul>	<ul style="list-style-type: none"> <li>Improve the aligned population rate for the Getting Needed Care composite measure</li> </ul>	✓	✓	-
KF	<ul style="list-style-type: none"> <li>Strong performance in the Satisfaction with Adult’s Health Plan (Rating of 8–10) in the Aligned population</li> <li>Positive performance in the Satisfaction with Personal Doctor (Rating of 8-10) in the Aligned population</li> <li>Successful performance in the Doctor Informed/Up to Date on Care (Usually or Always) among the Aligned population</li> <li>Positive performance in the Doctor Informed/Up to Date on Care (Usually or Always) in the Unaligned population</li> </ul>	<ul style="list-style-type: none"> <li>Improve the Getting Needed Care composite measure for both the aligned and unaligned populations</li> <li>Improve the Customer Service measure for the unaligned population</li> </ul>	✓	✓	-
PHW	<ul style="list-style-type: none"> <li>Steady performance in the measures presented in the CAHPS survey</li> </ul>	<ul style="list-style-type: none"> <li>Improve the unaligned population rate for the Satisfaction with Health Plan measure</li> <li>Improve the aligned population rate for the Customer Service measure</li> <li>Improve Doctor Informed/Up to Date on Care measure rate for the aligned and unaligned populations</li> </ul>	✓	-	-

MCO	Strengths	Opportunities	Quality	Timeliness	Access
UPMC	<ul style="list-style-type: none"> <li>Strong performance in the Getting Needed Care Composite (Usually or Always) amongst the Aligned population</li> <li>Positive performance in the Satisfaction with Personal Doctor (Rating of 8-10) among the Aligned population</li> </ul>	<ul style="list-style-type: none"> <li>Improve the unaligned rate for the Getting Care Quickly Composite measure</li> </ul>	✓	-	✓

# 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 2024 and MY 2023; and
- compares the MCO’s MY 2024 P4P measure rates to the MY 2024 benchmark goal.

## Technical Methods of Data Collection and Analysis

Figure 24 details the data collection and analysis activities.

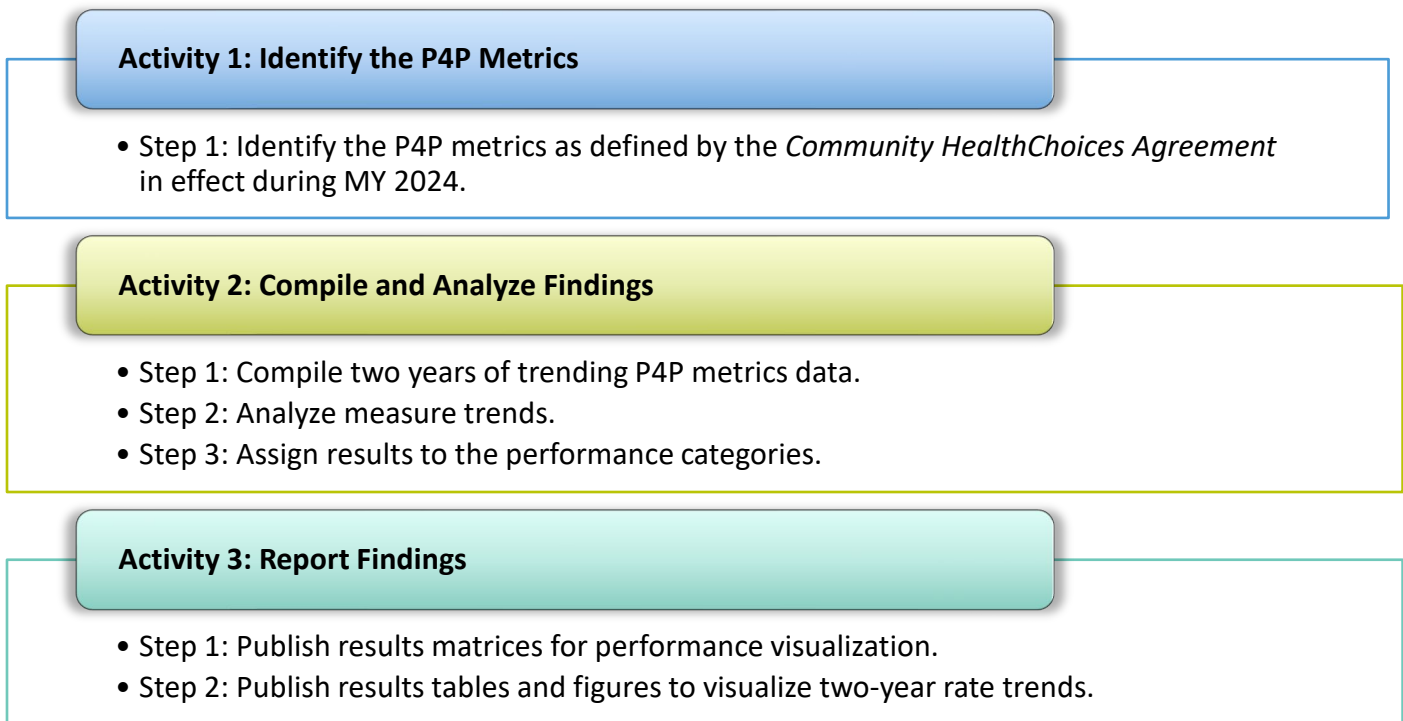


Figure 24: Pay-for-Performance Data Collection and Analysis Activities P4P: pay-for-performance.

## Description of Data Obtained

DHS selected four HEDIS measures, two CAHPS scores, and three PA-defined performance indicators. 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 healthcare for a broad base of the CHC population. The nine 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
- Employed Competitive Integrated Employment (CIE)
- Participant Directed Services

### **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 25** 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 2024 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 2024 performance indicator(s) are above/better than the MY 2023 performance benchmark and are above/better than MY 2023 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 2024 performance indicator(s) are above/better than the MY 2024 performance benchmark or are above/better than MY 2023 by greater than or equal to 0.5 percentage points but less than 3 percentage points; or</li> <li>• the MCO's MY 2024 performance indicator(s) are below/worse than the MY 2024 performance benchmark but improved in MY 2024 compared to MY 2023 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 2024 rate is below/worse than the MY 2024 performance benchmark or is above/better than the MY 2023 rate, or</li> <li>• that the MCO's MY 2024 rate does not differ from the MY 2024 performance benchmark and there is no change from MY 2023, or</li> <li>• that the MCO's MY 2024 rate is above/better than the MY 2024 performance benchmark but is lower/worse than the MCO's MY 2023 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 2024 performance indicator(s) are below/worse than the MY 2024 performance benchmark and <ul style="list-style-type: none"> <li>• improved in MY 2024 compared to MY 2023 by less than 0.5 percentage points or</li> <li>• declined in MY 2024 compared to MY 2023 by no greater than 3 percentage points; or</li> </ul> </li> <li>• the MCO's MY 2024 performance indicator(s) are above/better than the MY 2023 performance benchmark, but the MY 2024 performance indicator(s) declined by greater than 3 percentage points compared to MY 2023.</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 2024 performance indicator(s) are below/worse than the MY 2024 performance benchmark and are below/worse in MY 2024 compared to MY 2023 by greater than 3 percentage points.</li> </ul>

**Figure 25: P4P Matrix Color Codes and Definitions** MCO: managed care organization; MY: measurement year; P4P: pay-for-performance.

Table 145 displays the category assignments for the MY 2024 P4P performance measures.

**Table 145: MY 2024 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, SCP <u>KF</u> : RAC, SCP, Overall Satisfaction with Health Plan <u>PHW</u> : Number of participants successfully transitioned <u>UPMC</u> : RAC, PCSP including all things important	<b>A</b> <u>ACP</u> : Number of participants successfully transitioned <u>KF</u> : Number of participants successfully transitioned <u>UPMC</u> : 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 including all things important <u>KF</u> : PCSP including all things important <u>PHW</u> : Employed CIE	<b>B</b> <u>KF</u> : CAU <u>PHW</u> : CAU, CPU, SCP <u>UPMC</u> : Employed CIE
	Improvement was less than 0.5 percentage points or decline was no more than 3 percentage points	<b>D</b> <u>ACP</u> : CAU, Overall Satisfaction with Health Plan, Employed CIE <u>KF</u> : Employed CIE <u>PHW</u> : Overall Satisfaction with Health Plan, PCSP including all things important <u>UPMC</u> : Overall Satisfaction with Health Plan	<b>C</b> <u>KF</u> : CPU <u>PHW</u> : RAC <u>UPMC</u> : CAU, CPU
	Decline was greater than 3 percentage points	<b>F</b> <u>ACP</u> : CPU	<b>D</b>

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 2024 compared to MY 2023 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 146–149** display each CHC MCO’s MY 2024 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 146: ACP Pay-for-Performance Program Results for MY 2024**

Indicator Description	MY 2024 Benchmark Goal	MY 2024 Performance Results	Benchmark Goal Met (Yes or No)	MY 2023 Performance Results	MY 2024 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	95.0%	94.7%	N	95.8%	94.7%	N	1.1 ↓
Comprehensive Care Plan Update (CPU)	93.0%	91.5%	N	97.9%	91.5%	N	6.4 ↓
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	61.0%	42.3%	N	36.5%	42.3%	Y	5.8 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	84.0%	78.4%	N	68.8%	78.4%	Y	9.6 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	90.0%	85.5%	N	85.1%	85.5%	Y	0.4 (-)
Person-Centered Services Plan (PCSP) Included All Things Important to You	72.0%	69.0%	N	67.0%	69.0%	Y	2.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	512	656	Y	562	656	Y	16.7 ↑
Employed CIE	2.5%	1.3%	N	1.1	1.3	Y	0.2 (-)
Participant Directed Services	3,241	2,958	N	-	-	-	-

<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 147: KF Pay-for-Performance Program Results for MY 2024**

Indicator Description	MY 2024 Benchmark Goal	MY 2024 Performance Results	Benchmark Goal Met (Yes or No)	MY 2023 Performance Results	MY 2024 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	95.0%	95.4%	Y	93.8%	95.4%	Y	1.6 ↑
Comprehensive Care Plan Update (CPU)	93.0%	94.9%	Y	94.8%	94.9%	Y	0.1 (-)
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	61.0%	51.1%	N	38.5%	51.1%	Y	12.6 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	84.0%	67.6%	N	56.3%	67.6%	Y	11.3 ↑

Indicator Description	MY 2024 Benchmark Goal	MY 2024 Performance Results	Benchmark Goal Met (Yes or No)	MY 2023 Performance Results	MY 2024 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	90.0%	83.8%	N	78.8%	83.8%	Y	5.0 ↑
Person-Centered Services Plan Included All Things Important to You	72.0%	69.0%	N	67.0%	69.0%	Y	2.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	512	656	Y	562	656	Y	16.7 ↑
Employed CIE	2.5%	1.3	N	1.1	1.3	Y	0.2 (-)
Participant Directed Services	3,241	2,958	N	-	-	-	-

<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 148: PHW Pay-for-Performance Program Results for MY 2024**

Indicator Description	MY 2024 Benchmark Goal	MY 2024 Performance Results	Benchmark Goal Met (Yes or No)	MY 2023 Performance Results	MY 2024 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	95.0%	98.5%	Y	97.9%	98.5%	Y	0.6 ↑
Comprehensive Care Plan Update (CPU)	93.0%	97.1%	Y	95.8%	97.1%	Y	1.3 ↑
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	61.0%	65.7%	Y	67.7%	65.7%	N	1.0 ↓
Shared Care Plan with Primary Care Practitioner (SCP)	84.0%	93.4%	Y	92.7%	93.4%	Y	0.7 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	90.0%	77.8%	N	77.7%	77.8%	Y	0.1 (-)
Person-Centered Services Plan Included All Things Important to You	72.0%	64.0%	N	65.0%	64.0%	N	1.0 ↓
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	528	438	N	400	438	Y	9.5 ↑
Employed CIE	2.5%	1.4%	N	0.9	1.4	Y	0.5 ↑
Participant Directed Services	1,560	1,403	N	-	-	-	-

<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 149: UPMC Pay-for-Performance Program Results for MY 2024**

Indicator Description	MY 2024 Benchmark Goal	MY 2024 Performance Results	Benchmark Goal Met (Yes or No)	MY 2023 Performance Results	MY 2024 Performance Results	Goal Met (Yes or No)	Percentage Point Change <sup>1</sup>
Comprehensive Assessment and Update (CAU)	95.0%	98.1%	Y	97.9%	98.1%	Y	0.2 (-)
Comprehensive Care Plan Update	93.0%	94.7%	Y	94.8%	94.7%	N	0.1 (-)
Reassessment and Care Plan Update After Inpatient Discharge (RAC)	61.0%	37.2%	N	28.1%	37.2%	Y	9.1 ↑
Shared Care Plan with Primary Care Practitioner (SCP)	84.0%	85.2%	Y	71.9%	85.2%	Y	13.3 ↑
Overall Satisfaction with Health Plan (aligned SNP/Medicaid only population)	90.0%	89.5%	N	90.2%	89.5%	N	-0.7 ↓
Person-Centered Services Plan Included All Things Important to You	72.0%	71.0%	N	67.0%	71.0%	Y	4.0 ↑
Number of participants successfully transitioned from the NF to the community and remained there for at least six months	560	707	Y	532	707	Y	32.9 ↑
Employed CIE	2.5%	2.5	Y	2.0	2.5	Y	0.5 ↑
Participant Directed Services	2,936	2,999	-	-	-	-	-

<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.

**Tables 150–151** display each CHC MCO’s MY 2024 P4P results based on the benchmark performance and the incremental improvement performance for the Participant Directed Services.

**Table 150: Participant Directed Services – Baseline Goal Met - Pay-for-Performance Program Results for MY 2024**

Met Baseline Goal							
MCO	Lehigh-Capital	Northeast	Northwest	Southeast	Southwest	Grand Total	Points Earned
ACP/KF	No	No	No	No	No	0	0
PHW	No	No	No	No	No	0	0
UPMC	Yes	Yes	No	Yes	Yes	4	80

**Table 151: Participant Directed Services – Incremental Improvement - Pay-for-Performance Program Results for MY 2024**

Incremental Improvement from Baseline Year						
MCO	Lehigh-Capital	Northeast	Northwest	Southeast	Southwest	Points Earned
ACP/KF	0	0	0	0	0	0
PHW	0	0	0	0	0	0
UPMC	17	20	0	0	20	57

***P4P Recommendations, Plan Responses and Actions, and New Recommendations***

**Table 152** 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 152: P4P Recommendations, MCO Responses and Actions, IPRO’s Assessment of MCO Responses, and New Recommendations**

MCO	Previous Recommendations	MCO Responses and Actions	IPRO’s Assessment of MCO Responses <sup>1</sup>	New Recommendations
ACP	<ul style="list-style-type: none"> <li>Improve the rate for the LTSS SCP measure</li> <li>Improve the “number of participants who successfully transitioned from the nursing facility to the community” measure</li> </ul>	<ul style="list-style-type: none"> <li>Service Coordinators (SC) were educated on the timeframes required for the submission of the letter to the primary care provider (PCP) and identification of a PCP when no PCP is recorded so the care plan can be shared.</li> <li>A workgroup was created to meet and discuss any issues and barriers to successful transitions. Opportunities for SCs to learn about nursing home transition process were also provided.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the rate for the LTSS CPU measure</li> <li>Improve the rate for the LTSS CAU measure</li> <li>Improve the rate for the “Employed CIE” measure</li> <li>Improve the Participant Directed Services measure</li> </ul>

MCO	Previous Recommendations	MCO Responses and Actions	IPRO's Assessment of MCO Responses <sup>1</sup>	New Recommendations
KF	<ul style="list-style-type: none"> <li>• Improve the rate for the LTSS RAC measure</li> <li>• “Improve the overall satisfaction with the health plan” measure as part of the CAHPS-HP survey</li> <li>• Improve the “number of participants who successfully transitioned from the nursing facility to the community” measure</li> </ul>	<ul style="list-style-type: none"> <li>• SCs were educated on the requirements for documenting exclusions. Additional education was provided on the core and supplemental elements for the measure and the required timeframes for completion of the documents to ensure measure compliance.</li> <li>• All interventions impact the Overall Satisfaction with the Health Plan measure. Various work groups have been implemented including one to review Grievance and Appeals data. Appointment availability is monitored via an enterprise-level survey. Any participants seeking out -of-network providers are referred to a specialized Rapid Response Outreach Team for assistance with locating an in-network provider and assistance with appointment scheduling.</li> <li>• A workgroup was created to meet and discuss any issues and barriers to successful transitions. Opportunities for SCs to learn about nursing home transition process were also provided.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the rate for the “Employed CIE” measure</li> <li>• Improve the rate for the PCSP including all things important measure</li> <li>• Improve the rate for the LTSS CPU measure</li> <li>• Improve the Participant Directed Services measure</li> </ul>
PHW	<ul style="list-style-type: none"> <li>• Improve overall satisfaction with the health plan” measure as part of the CAHPS-HP survey</li> </ul>	<ul style="list-style-type: none"> <li>• All customer service calls close with confirming customer satisfaction. A Medicaid “Get Well Card” initiative is underway for participants who discharge from inpatient stays.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the rate for the PCSP including all things important</li> <li>• Improve the rate for the LTSS RAC measure</li> <li>• Improve the rate for the “Employed CIE” measure</li> <li>• Improve the Participant Directed Services measure</li> </ul>

MCO	Previous Recommendations	MCO Responses and Actions	IPRO's Assessment of MCO Responses <sup>1</sup>	New Recommendations
UPMC	<ul style="list-style-type: none"> <li>Improve the rate for the LTSS RAC measure</li> </ul>	<ul style="list-style-type: none"> <li>A post-audit review of non-compliant RAC files was completed to identify process improvement opportunities including earlier exclusion identification and increasing the oversample to 100%. An internal workgroup was developed to discuss possible solutions to increase notifications and more efficient after discharge follow-up.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	<ul style="list-style-type: none"> <li>Improve the rate for the LTSS CAU measure</li> <li>Improve the rate for the LTSS CPU measure</li> <li>Continue to improve the rate for the LTSS RAC measure</li> </ul>

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

MCO: managed care organization.

*Pay-for-Performance Aggregate Summary*

Figure 26 provides an aggregated summary of the responses to previous recommendations across all MCOs.

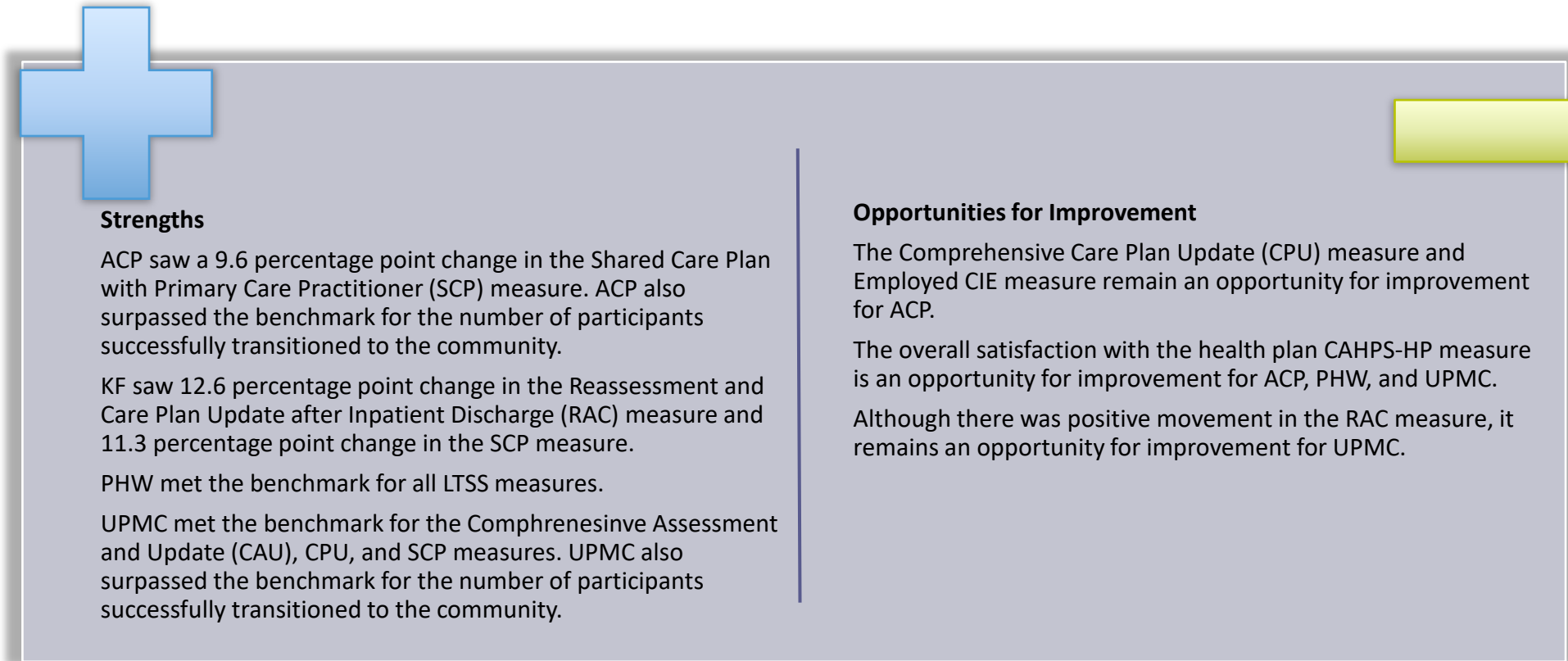


Figure 26: Pay-for-Performance Aggregate Findings

## 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 \(ncqa.org\)](#)