



**Commonwealth Pennsylvania
Department of Human Services
Office of Medical Assistance Programs**

**2015 External Quality Review Report
Gateway Health**

Final Report
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Introduction

Purpose and Background

The final rule of the Balanced Budget Act (BBA) of 1997 requires that State agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid Managed Care Organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that a MCO furnishes to Medicaid Managed Care recipients.

The EQR-related activities that must be included in detailed technical reports are as follows:

- review to determine MCO compliance with structure and operations standards established by the State (42 CFR §438.358),
- validation of performance improvement projects, and
- validation of MCO performance measures.

HealthChoices Physical Health (PH) is the mandatory managed care program that provides Medical Assistance recipients with physical health services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO as its EQRO to conduct the 2015 EQRs for the HealthChoices PH MCOs and to prepare the technical reports. This technical report includes six core sections:

- I. Structure and Operations Standards
- II. Performance Improvement Projects
- III. Performance Measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- IV. 2014 Opportunities for Improvement – MCO Response
- V. 2015 Strengths and Opportunities for Improvement
- VI. Summary of Activities

For the PH Medicaid MCOs, the information for the compliance with Structure and Operations Standards section of the report is derived from the Commonwealth's monitoring of the MCOs against the Systematic Monitoring, Access and Retrieval Technology (SMART) standards, from the HealthChoices Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for each MCO.

Information for Section II of this report is derived from activities conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. Information for Section III of this report is derived from IPRO's validation of each PH MCO's performance measure submissions. Performance measure validation as conducted by IPRO includes both Pennsylvania specific performance measures as well as Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) measures for each Medicaid PH MCO. Within Section III, CAHPS Survey results follow the performance measures.

Section IV, 2014 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2014 EQR Technical Report's opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

Section V has a summary of the MCO's strengths and opportunities for improvement for this review period as determined by IPRO and a "report card" of the MCO's performance as related to selected HEDIS measures. Section VI provides a summary of EQR activities for the PH MCO for this review period.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

I: Structure and Operations Standards

This section of the EQR report presents a review by IPRO of Gateway Health’s (GH) compliance with structure and operations standards. The review is based on information derived from reviews of the MCO that were conducted within the past three years.

Methodology and Format

The documents used by IPRO for the current review include the HealthChoices Agreement, the SMART database completed by PA DHS staff as of December 31, 2014, and the most recent NCQA Accreditation Survey for GH, effective December 2014.

The SMART items provided much of the information necessary for this review. The SMART items are a comprehensive set of monitoring items that PA DHS staff reviews on an ongoing basis for each Medicaid MCO. The SMART items and their associated review findings for each year are maintained in a database. Prior to RY 2013, the SMART database was maintained by an external organization. Beginning with RY 2013, the SMART database has been maintained internally at DHS. Upon discussion with the DHS regarding the data elements from each version of database, IPRO merged the RY 2014, 2013, and 2012 findings for use in the current review. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent BBA regulations. A total of 126 items were identified that were relevant to evaluation of MCO compliance with the BBA regulations. These items vary in review periodicity as determined by DHS.

The crosswalk linked SMART Items to specific provisions of the regulations, where possible. Some items were relevant to more than one provision. It should be noted that one or more provisions apply to each of the categories in **Table 1.1**. Table 1.1 provides a count of items linked to each category.

Table 1.1: SMART Items Count Per Regulation

BBA Regulation	SMART Items
Subpart C: Enrollee Rights and Protections	
Enrollee Rights	7
Provider-Enrollee Communication	1
Marketing Activities	2
Liability for Payment	1
Cost Sharing	0
Emergency and Post-Stabilization Services – Definition	4
Emergency Services: Coverage and Payment	1
Solvency Standards	2
Subpart D: Quality Assessment and Performance Improvement	
Availability of Services	14
Coordination and Continuity of Care	13
Coverage and Authorization of Services	9
Provider Selection	4
Provider Discrimination Prohibited	1
Confidentiality	1
Enrollment and Disenrollment	2
Grievance Systems	1
Subcontractual Relationships and Delegations	3
Practice Guidelines	2
Health Information Systems	18
Subpart F: Federal and State Grievance Systems Standards	
General Requirements	8
Subpart F: Federal and State Grievance Systems Standards	

BBA Regulation	SMART Items
Notice of Action	3
Handling of Grievances and Appeals	9
Resolution and Notification	7
Expedited Resolution	4
Information to Providers and Subcontractors	1
Recordkeeping and Recording	6
Continuation of Benefits Pending Appeal and State Fair Hearings	2
Effectuation of Reversed Resolutions	0

Two categories, Cost Sharing and Effectuation of Reversed Resolutions, were not directly addressed by any of the SMART Items reviewed by DHS. Cost Sharing is addressed in the HealthChoices Agreements. Effectuation of Reversed Resolutions is evaluated as part of the most recent NCQA Accreditation review under Utilization Management (UM) Standard 8: Policies for Appeals and UM 9: Appropriate Handling of Appeals.

Determination of Compliance

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 enrollee rights are summarized under Enrollee Rights 438.100. 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 BBA 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.

Format

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 three subparts set out in the BBA regulations and described in the *MCO Monitoring Protocol*. Under each subpart heading fall the individual regulatory categories appropriate to those headings. IPRO’s findings are presented in a manner consistent with the three subparts in the BBA regulations explained in the Protocol, i.e., Enrollee Rights and Protections; Quality Assessment and Performance Improvement (including access, structure and operation, and measurement and improvement standards); and Federal and State Grievance System Standards.

In addition to this analysis of DHS’s MCO compliance monitoring, IPRO reviewed and evaluated the most recent NCQA accreditation report for each MCO.

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.

Findings

Of the 126 SMART Items, 88 items were evaluated and 41 were not evaluated for the MCO in Review Year (RY) 2014, RY 2013, or RY 2012. For categories where items were not evaluated, under review, or received an approved waiver for RY 2014, results from reviews conducted within the two prior years (RY 2013 and RY 2012) were evaluated to determine compliance, if available.

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 enrollees. [42 C.F.R. §438.100 (a), (b)]

Table 1.2: GH Compliance with Enrollee Rights and Protections Regulations

ENROLLEE RIGHTS AND PROTECTIONS REGULATIONS		
Subpart C: Categories	Compliance	Comments
Enrollee Rights	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 7 items and was compliant on 7 items based on RY 2014.
Provider-Enrollee Communication	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Marketing Activities	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Liability for Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Cost Sharing	Compliant	Per HealthChoices Agreement
Emergency Services: Coverage and Payment	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Emergency and Post Stabilization Services	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 4 items and was compliant on 4 items based on RY 2014.
Solvency Standards	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.

GH was evaluated against 18 of the 18 SMART Items crosswalked to Enrollee Rights and Protections Regulations and was compliant on all 18. GH was found to be compliant in all eight of the categories of Enrollee Rights and Protections Regulations. GH was found to be compliant on the Cost Sharing provision, based on the HealthChoices agreement.

Subpart D: Quality Assessment and Performance Improvement Regulations

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 GH enrollees. [42 C.F.R. §438.206 (a)]

The SMART database includes an assessment of the MCO’s compliance with regulations found in Subpart D. **Table 1.3** presents the findings by categories consistent with the regulations.

Table 1.3: GH Compliance with Quality Assessment and Performance Improvement Regulations

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT REGULATIONS		
Subpart D: Categories	Compliance	Comments
Access Standards		
Availability of Services	Compliant	14 items were crosswalked to this category. The MCO was evaluated against 12 items and was compliant on 12 items based on RY 2014.
Coordination and Continuity of Care	Compliant	13 items were crosswalked to this category. The MCO was evaluated against 13 items and was compliant on 13 items based on RY 2014.
Coverage and Authorization of Services	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 8 items and was compliant on 8 items based on RY 2014.
Structure and Operation Standards		
Provider Selection	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Provider Discrimination Prohibited	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Confidentiality	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Enrollment and Disenrollment	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Grievance Systems	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Subcontractual Relationships and Delegations	Compliant	3 items were crosswalked to this category. The MCO was evaluated against 3 items and was compliant on 3 items based on RY 2014.
Measurement and Improvement Standards		
Practice Guidelines	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Health Information Systems	Compliant	18 items were crosswalked to this category. The MCO was evaluated against 14 items and was compliant on 14 items based on RY 2014.

GH was evaluated against 57 of 68 SMART Items that were crosswalked to Quality Assessment and Performance Improvement Regulations and was compliant on all 57 items. Of the 11 categories in Quality Assessment and Performance Improvement Regulations, GH was found to be compliant in all 11 categories.

Subpart F: Federal and State Grievance System Standards

The general purpose of the regulations included under this heading is to ensure that enrollees have the ability to pursue grievances.

The Commonwealth’s audit document information includes an assessment of the MCO’s compliance with regulations found in Subpart F. **Table 1.4** presents the findings by categories consistent with the regulations.

Table 1.4: GH Compliance with Federal and State Grievance System Standards

FEDERAL AND STATE GRIEVANCE SYSTEM STANDARDS		
Subpart F: Categories	Compliance	Comments
General Requirements	Compliant	8 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Notice of Action	Compliant	3 items was crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Handling of Grievances & Appeals	Compliant	9 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Resolution and Notification	Compliant	7 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Expedited Resolution	Compliant	4 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Information to Providers and Subcontractors	Compliant	1 item was crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Recordkeeping and Recording	Compliant	6 items were crosswalked to this category. The MCO was evaluated against 2 items and was compliant on 2 items based on RY 2014.
Continuation of Benefits Pending Appeal and State Fair Hearings	Compliant	2 items were crosswalked to this category. The MCO was evaluated against 1 item and was compliant on this item based on RY 2014.
Effectuation of Reversed Resolutions	Compliant	Per NCQA Accreditation, 2014

GH was evaluated against 13 of the 40 SMART Items crosswalked to Federal and State Grievance System Standards and was compliant on 13 items. GH was found to be compliant in all nine categories of Federal and State Grievance System Standards.

Accreditation Status

GH underwent an NCQA Accreditation Survey effective through March 16, 2018 and was granted an Accreditation Status of Accredited. The next NCQA review is scheduled for December 12, 2017.

II: Performance Improvement Projects

In accordance with current BBA regulations, IPRO worked with DHS to research and define Performance Improvement Projects (PIPs) to be validated for each Medicaid PH MCO. For the purposes of the EQR, PH MCOs were required to participate in studies selected by OMAP for 2015 activities. Under the applicable HealthChoices Agreement with the DHS in effect during this review period, Medicaid PH MCOs are required to conduct focused studies each year. For all PH MCOs, two new PIPs were initiated as part of this requirement. For all PIPs, PH MCOs are required to implement improvement actions and to conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

As part of the new EQR PIP cycle that was initiated for all PH MCOs in 2015, PH MCOs are required to implement two internal PIPs in priority topic areas chosen by DHS. For this PIP cycle, two topics were selected: “Improving Access to Pediatric Preventive Dental Care” and “Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits”.

“Improving Access to Pediatric Preventive Dental Care” was selected because on a number of dental measures, the aggregate HealthChoices rates have consistently fallen short of established benchmarks, or have not improved across years. For one measure, the HEDIS Annual Dental Visit (ADV) measure, from HEDIS 2006 through HEDIS 2013, the Medicaid Managed Care (MMC) average was below the 50th percentile for three years. Further, CMS reporting of FFY 2011-2013 data from the CMS-416 indicates that while PA met its two-year goal for progress on preventive dental services, the percentage of PA children age 1-20 who received any preventive dental service for FFY 2013 (40.0%), was below the National rate of 46.0%. The Aim Statement for the topic is “Increase access to and utilization of routine dental care for pediatric Pennsylvania HealthChoices members.” Four common objectives for all PH MCOs were selected:

1. Increase dental evaluations for children between the ages of 6 months and 5 years.
2. Increase preventive dental visits for all pediatric HealthChoices members.
3. Increase appropriate topical application of fluoride varnish by non-oral health professionals.
4. Increase the appropriate application of dental sealants for children ages 6-9 (CMS Core Measure) and 12-14 years.

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

- Adapted from CMS form 416, the percentage of children ages 0-1 who received, in the last year:
 - any dental service,
 - a preventive dental service,
 - a dental diagnostic service,
 - any oral health service,
 - any dental or oral health service
- Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider
- Total Eligibles Receiving Preventive Dental Services
- The percentages of children, stratified by age (<1, 1-2, 3-5, 6-9, 10-14, 15-18, and 19-20 years) who received at least one topical application of fluoride.

Additionally, MCOs are encouraged to consider other performance measures such as:

- Percentage of children with ECC who are disease free at one year.
- Percentage of children with dental caries (ages 1-8 years of age).
- Percentage of oral health patients that are caries free.
- Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.

“Reducing Potentially Preventable Hospital Admissions and Readmissions and Emergency Department Visits” was selected as the result of a number of observations. General findings and recommendations from the PA Rethinking Care Program (RCP) – Serious Mental Illness (SMI) Innovation Project (RCP-SMI) and Joint PH/BH Readmission projects, as well as overall Statewide readmission rates and results from several applicable Healthcare Effectiveness Data and Information Set (HEDIS) and PA Performance Measures across multiple years, have highlighted this topic as an area of concern to be addressed for improvement. The Aim Statement for the topic is “To reduce potentially avoidable ED visits

and hospitalizations, including admissions that are avoidable initial admissions and readmissions that are potentially preventable.” Five common objectives for all PH MCOs were selected:

1. Identify key drivers of avoidable hospitalizations, as specific to the MCO’s population (e.g., by specific diagnoses, procedures, comorbid conditions, and demographics that characterize high risk subpopulations for the MCO).
2. Decrease avoidable initial admissions (e.g., admissions related to chronic or worsening conditions, or identified health disparities).
3. Decrease potentially preventable readmissions (e.g., readmissions related to diagnosis, procedure, transition of care, or case management)
4. Decrease avoidable ED visits (e.g., resulting from poor ambulatory management of chronic conditions including BH/SA conditions or use of the ED for non-urgent care).
5. Demonstrate improvement for a number of indicators related to avoidable hospitalizations and preventable readmissions, specifically for Individuals with Serious Persistent Mental Illness (SPMI).

For this PIP, OMAP is requiring all PH MCOs to submit the following core measures on an annual basis:

MCO-developed Performance Measures

MCOS are required to develop their own indicators tailored to their specific PIP (i.e., customized to the key drivers of avoidable hospitalizations identified by each MCO for its specific population).

DHS-defined Performance Measures

- Ambulatory Care (AMB): ED Utilization. The target goal is 72 per 1,000 member months.
- Inpatient Utilization—General Hospital/Acute Care (IPU): Total Discharges. The target goal is 8.2 per 1,000 member months.
- Plan All-Cause Readmissions (PCR): 30-day Inpatient Readmission. The target for the 30-day indicator is 8.5.
- Each of the five (5) BH-PH Integrated Care Plan Program measures:
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
 - Emergency Room Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
 - Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)
 - Combined BH-PH Inpatient 30-Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI).

The PIPs will extend from January 2015 through December 2018; with research beginning in 2015, initial PIP proposals developed and submitted in first quarter 2016, and a final report due in June 2019. The non-intervention baseline period will be January 2015 to December 2015. Following the formal PIP proposal, PH MCOs will additionally be required to submit interim reports in July 2016, June 2017 and June 2018, as well as a final report in June 2019.

The 2015 EQR is the twelfth year to include validation of PIPs. For each PIP, all PH MCOs share the same baseline period and timeline defined for that PIP. To introduce each PIP cycle, DHS provided specific guidelines that addressed the PIP submission schedule, the measurement period, documentation requirements, topic selection, study indicators, study design, baseline measurement, interventions, re-measurement, and sustained improvement. Direction was given with regard to expectations for PIP relevance, quality, completeness, resubmissions and timeliness.

All PH MCOs are required to submit their projects using a standardized PIP template form, which is consistent with the CMS protocol for *Conducting Performance Improvement Projects*. These protocols follow a longitudinal format and capture information relating to:

- Activity Selection and Methodology
- Data/Results
- Analysis Cycle
- Interventions

Validation Methodology

IPRO's protocol for evaluation of PIPs is consistent with the protocol issued by the Centers for Medicare & Medicaid Services (CMS) (*Validating Performance Improvement Projects, Final Protocol, Version 1.0, May 1, 2002*) and meets the requirements of the final rule on EQR of Medicaid MCOs issued on January 24, 2003. IPRO's review evaluates each project against ten review elements:

1. Project Topic And Topic Relevance
2. Study Question (Aim Statement)
3. Study Variables (Performance Indicators)
4. Identified Study Population
5. Sampling Methods
6. Data Collection Procedures
7. Improvement Strategies (Interventions)
8. Interpretation Of Study Results (Demonstrable Improvement)
9. Validity Of Reported Improvement
10. Sustainability Of Documented Improvement

The first nine elements relate to the baseline and demonstrable improvement phases of the project. The last element relates to sustaining improvement from the baseline measurement.

Review Element Designation/Weighting

As 2015 is the baseline year, no scoring for the current PIPs can occur for this review year. This section describes the scoring elements and methodology that will occur during the intervention and sustainability periods.

For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on full, partial and non-compliance. Points are awarded for the two phases of the project noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

Table 2.1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 2.1: Element Designation

Element Designation		
Element Designation	Definition	Weight
Full	Met or exceeded the element requirements	100%
Partial	Met essential requirements but is deficient in some areas	50%
Non-compliant	Has not met the essential requirements of the element	0%

Overall Project Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance score for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for Full Compliance; **Table 2.2**).

PIPs also are reviewed for the achievement of sustained improvement. For the EQR PIPs, this has a weight of 20%, for a possible maximum total of 20 points (**Table 2.2**). The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements where activities have during the review year. At the time of the review, a project can be reviewed for only a subset of elements. It will then be evaluated for other elements at a later date, according to the PIP submission schedule. At the time each element is reviewed, a finding is given of "Met", "Partially Met", or "Not Met".

Elements receiving a “Met” will receive 100% of the points assigned to the element, “Partially Met” elements will receive 50% of the assigned points, and “Not Met” elements will receive 0%.

Table 2.2: Review Element Scoring Weights

Review Element	Standard	Scoring Weight
1	Project Topic and Topic Relevance	5%
2	Study Question (Aim Statement)	5%
3	Study Variables (Performance Indicators)	15%
4/5	Identified Study Population and Sampling Methods	10%
6	Data Collection Procedures	10%
7	Improvement Strategies (Interventions)	15%
8/9	Interpretation of Study Results (Demonstrable Improvement) and Validity of Reported Improvement	20%
Total Demonstrable Improvement Score		80%
10	Sustainability of Documented Improvement	20%
Total Sustained Improvement Score		20%
Overall Project Performance Score		100%

Findings

As noted previously, no scoring for the current PIPs can occur for this review year. However, multiple levels of activity and collaboration occurred between DHS, the PH MCOs, and IPRO throughout, and prior to the review year.

Beginning in 2014, DHS advised of internal discussions regarding the next PIP cycle to begin in 2015, particularly regarding topics in line with its value-based program. At a 2014 MCO Quality Summit, DHS introduced its value-based program and two key performance goals: 1. Reduce Unnecessary Hospitalizations, and 2. Improve Use of Pediatric Preventive Dental Services. DHS asked IPRO to develop PIP topics related to these goals.

Following multiple discussions between DHS and IPRO, the two PIP topics were developed and further refined throughout 2015. Regarding the Dental topic, information related to the CMS Oral Health Initiative was incorporated into the PIP, including examination of data from the CMS preventive dental measure, and inclusion of the measure as a core performance measure for the PIP. Through quarterly calls with MCOs, DHS discussed and solicited information regarding initiatives that were being developed for improving access to and delivery of quality oral healthcare services. Following additional review of the research and the PIP topic, initiatives that appeared to have potential value were included in the PIP proposal as areas in which PH MCOs can seek to focus their efforts and develop specific interventions for their PIP. The PIP topic was introduced at a PH MCO Medical Directors’ meeting in Fall 2015.

Regarding the Readmission topic, initial discussions resulted in a proposal that focused primarily on the research indicating ambulatory care sensitive conditions which, if left unmanaged, could result in admissions and are related to readmissions, focusing on particular conditions. Throughout 2015, DHS continued to refine its focus for this topic. In Fall 2015, DHS introduced two new pay-for-performance programs for the MCOs: the PH MCO and BH MCO Integrated Care Plan (ICP) Program Pay for Performance Program to address the needs of individuals with SPMI, and the Community Based Care Management (CBCM) Program. As a result, DHS requested that the topic be enhanced to incorporate elements of the new programs, including initiatives outlined for both programs that were provided as examples of activities that may be applicable for use in the PIP. MCOs are to consider and collect measures related to these programs; however, they have been instructed that the focus of the PIP remains on each MCO’s entire population, and each MCO is required to analyze and identify indicators relevant to its specific population.

PH MCOs will be asked to participate in multi-plan PIP update calls through the duration of the PIP to report on their progress or barriers to progress. Frequent collaboration between DHS and PH MCOs is also expected to continue.

III: Performance Measures and CAHPS Survey

Methodology

IPRO validated PA specific performance measures and HEDIS data for each of the Medicaid PH MCOs.

The MCOs were provided with final specifications for the PA Performance Measures in February and March 2015. Source code, raw data and rate sheets were submitted by the MCOs to IPRO for review in 2015. A staggered submission was implemented for the performance measures. IPRO conducted an initial validation of each measure, including source code review and provided each MCO with formal written feedback. The MCOs were then given the opportunity for resubmission, if necessary. Source code was reviewed by IPRO. Raw data were also reviewed for reasonability and IPRO ran code against these data to validate that the final reported rates were accurate. Additionally, beginning in 2015, MCOs were provided with comparisons to the previous year’s rates and were requested to provide explanations for highlighted differences. For measures reported as percentages, differences were highlighted for rates that were statistically significant and displayed at least a 3-percentage point difference in observed rates. For the adult admission measures, which are not reported as percentages, differences were highlighted based only on statistical significance, with no minimum threshold.

For three PA performance Birth-related measures: Cesarean Rate for Nulliparous Singleton Vertex (CRS), Live Births Weighing Less Than 2,500 Grams (PLB), and Elective Delivery, rates for each of the measures were produced utilizing MCO Birth files in addition to the 2014 Department of Health Birth File. IPRO requested, from each MCO, information on members with a live birth within the measurement year. Similar to the methodology used in 2014, IPRO then utilized the MCO file in addition to the most recent applicable PA Department of Health Birth File to identify the denominator, numerator and rate for the three measures.

HEDIS 2015 measures were validated through a standard HEDIS compliance audit of each PH MCO. This audit 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 Report was submitted to NCQA for each MCO. Because the PA-specific performance measures rely on the same systems and staff, no separate onsite review was necessary for validation of the PA-specific measures. IPRO conducts a thorough review and validation of source code, data and submitted rates for the PA-specific measures.

Evaluation of MCO performance is based on both PA-specific performance measures and selected HEDIS measures for the EQR. The following is a list of the performance measures included in this year’s EQR report.

Table 3.1: Performance Measure Groupings

Source	Measures
Access/Availability to Care	
HEDIS	Children and Adolescents’ Access to PCPs (Age 12 - 24 months)
HEDIS	Children and Adolescents’ Access to PCPs (Age 25 months - 6 years)
HEDIS	Children and Adolescents’ Access to PCPs (Age 7-11 years)
HEDIS	Children and Adolescents’ Access to PCPs (Age 12-19 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 20-44 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 45-64 years)
HEDIS	Adults’ Access to Preventive/Ambulatory Health Services (Age 65+)
HEDIS	Adult Body Mass Index Assessment
Well Care Visits and Immunizations	
HEDIS	Well-Child Visits in the First 15 Months of Life (6+ Visits)
HEDIS	Well-Child Visits (Age 3 to 6 years)
HEDIS	Childhood Immunizations by Age 2 (Combination 2)
HEDIS	Childhood Immunizations by Age 2 (Combination 3)
HEDIS	Adolescent Well-Care Visits (Age 12 to 21 years)
HEDIS	Immunizations for Adolescents
HEDIS	WCC Body Mass Index: Percentile (Age 3-11 years)

Source	Measures
HEDIS	WCC Body Mass Index: Percentile (Age 12-17 years)
HEDIS	WCC Body Mass Index: Percentile (Total)
HEDIS	WCC Counseling for Nutrition (Age 3-11 years)
HEDIS	WCC Counseling for Nutrition (Age 12-17 years)
HEDIS	WCC Counseling for Nutrition (Total)
HEDIS	WCC Counseling for Physical Activity (Age 3-11 years)
HEDIS	WCC Counseling for Physical Activity (Age 12-17 years)
HEDIS	WCC Counseling for Physical Activity (Total)
EPSDT: Screenings and Follow up	
HEDIS	Lead Screening in Children (Age 2 years)
HEDIS	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication
PA EQR	Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication (BH Enhanced)
PA EQR	EPSDT Screenings: Annual Vision Screen and Hearing Test (Age 4-20 years)
PA EQR	Developmental Screening in the First Three Years of Life
Dental Care for Children and Adults	
HEDIS	Annual Dental Visits (Age 2-21 years)
PA EQR	Total Eligibles Receiving Preventive Dental Services
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2-21 years)
Women s Health	
HEDIS	Breast Cancer Screening (Age 52–74 years)
HEDIS	Cervical Cancer Screening (Age 21-64 years)
HEDIS	Chlamydia Screening in Women (Total Rate)
HEDIS	Chlamydia Screening in Women (Age 16-20 years)
HEDIS	Chlamydia Screening in Women (Age 21-24 years)
HEDIS	Human Papillomavirus Vaccine for Female Adolescents
HEDIS	Non-Recommended Cervical Cancer Screening in Adolescent Females
Obstetric and Neonatal Care	
HEDIS	Frequency of Ongoing Prenatal Care – Greater than or Equal to 61% of Expected Prenatal Care Visits Received
HEDIS	Frequency of Ongoing Prenatal Care – Greater than or Equal to 81% of Expected Prenatal Care Visits Received
HEDIS	Prenatal and Postpartum Care - Timeliness of Prenatal Care
HEDIS	Prenatal and Postpartum Care - Postpartum Care
PA EQR	Prenatal Screening for Smoking
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Counseling for Smoking
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure (ETS)
PA EQR	Prenatal Smoking Cessation
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression
PA EQR	Perinatal Depression Screening: Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
PA EQR	Perinatal Depression Screening: Prenatal Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Prenatal Counseling for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening for Depression
PA EQR	Perinatal Depression Screening: Postpartum Screening Positive for Depression
PA EQR	Perinatal Depression Screening: Postpartum Counseling for Depression
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Alcohol use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Illicit drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Prescribed or over-the-counter drug use
PA EQR	Maternity Risk Factor Assessment: Prenatal Screening for Intimate partner violence
PA EQR	Behavioral Health Risk Assessment
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams
PA EQR	Elective Delivery
Respiratory Conditions	

Source	Measures
HEDIS	Appropriate Testing for Children with Pharyngitis
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
HEDIS	Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroid and Bronchodilator)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5-11 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 12-18 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 19-50 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Age 51-64 years)
HEDIS	Use of Appropriate Medications for People with Asthma (Total Rate)
HEDIS	Medication Management for People with Asthma: 75% Compliance
PA EQR	Annual Percentage of Asthma Patients (Age 2-20 years old) with One or more Asthma Related ER Visits
PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years)
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years)
Comprehensive Diabetes Care	
HEDIS	Hemoglobin A1c (HbA1c) Testing
HEDIS	HbA1c Poor Control (>9.0%)
HEDIS	HbA1c Control (<8.0%)
HEDIS	HbA1c Good Control (<7.0%)
HEDIS	Retinal Eye Exam
HEDIS	Medical Attention for Nephropathy
HEDIS	Blood Pressure Controlled <140/90 mm Hg
PA EQR	Diabetes Short-Term Complications Admission Rate (Age 18-64 years, Age 65+ years, and Total Rate)
Cardiovascular Care	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack
HEDIS	Controlling High Blood Pressure
PA EQR	Heart Failure Admission Rate (Age 18-64 years, Age 65+ years, and Total Rate)
Utilization	
PA EQR	Reducing Potentially Preventable Readmissions
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)

PA-Specific Performance Measure Selection and Descriptions

Several PA-specific performance measures were calculated by each MCO and validated by IPRO. In accordance with DHS direction, IPRO created the indicator specifications to resemble HEDIS specifications. Measures previously developed and added as mandated by CMS for children in accordance with the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and for adults in accordance with the Affordable Care Act (ACA) were continued as applicable to revised CMS specifications. Additionally, new measures were developed and added in 2015 as mandated in accordance with the ACA. For each indicator, the criteria that were specified to identify the eligible population were product line, age, enrollment, anchor date, and event/diagnosis. To identify the administrative numerator positives, date of service and diagnosis/procedure code criteria were outlined, as well as other specifications, as needed. Indicator rates were calculated through one of two methods: (1) administrative, which uses only the MCO’s data systems to identify numerator positives and (2) hybrid, which uses a combination of administrative data and medical record review (MRR) to identify numerator “hits” for rate calculation.

PA Specific Administrative Measures

1) Annual Dental Visits For Enrollees with Developmental Disabilities

This performance measure assesses the percentage of enrollees with a developmental disability age two through 21 years of age, who were continuously enrolled during calendar year 2014 that had at least one dental visit during the measurement year. This indicator utilized the HEDIS 2015 measure Annual Dental Visit (ADV) measure specifications.

2) Total Eligibles Receiving Preventive Dental Services – CHIPRA Core Set

This performance measure assesses the total number of eligible and enrolled children age one to twenty years who received preventive dental services.

3) Annual Percentage of Asthma Patients (Age 2-20 years old) with One or more Asthma Related ER Visits – CHIPRA Core Set

This performance measure assesses the percentage of children and adolescents, two years of ages through 20 years of age, with an asthma diagnosis who have ≥ 1 asthma related emergency department (ED) visit during 2014. This indicator utilizes the 2013 CHIPRA measure “Annual Percentage of Asthma Patients with One of More Asthma-Related Emergency Room Visits.”

4) Cesarean Rate for Nulliparous Singleton Vertex – CHIPRA Core Set

This performance measure assesses Cesarean Rate for low-risk first birth women [aka NTSV CS rate: nulliparous, term, singleton, vertex].

5) Percent of Live Births Weighing Less than 2,500 Grams – CHIPRA Core Set

This performance measure is event-driven and identifies all live births during the measurement year in order to assess the number of live births that weighed less than 2,500 grams as a percent of the number of live births.

6) Elective Delivery – Adult Core Set

This performance measure assesses the percentage of enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.

7) Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication – CHIPRA Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO’s encounter data warehouse. IPRO evaluated this measure using HEDIS 2015 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported:

Initiation Phase: The percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

8) EPSDT Annual Vision Screen and Hearing Test

This performance measure assesses the percentage of enrollees four through 20 years of age with an annual vision screen and hearing test.

9) Reducing Potentially Preventable Readmissions

This performance measure assesses the percentage of inpatient acute care discharges with subsequent readmission to inpatient acute care within 30 days of the initial inpatient acute discharge. This measure utilized the 2015 HEDIS Inpatient Utilization – General Hospital/Acute Care measure methodology to identify inpatient acute care discharges.

For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

10) Asthma in Younger Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for asthma in adults ages 18 to 39 years per 100,000 Medicaid member years.

11) Diabetes Short-Term Complications Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for diabetes short-term complications per 100,000 Medicaid member years. Two age groups will be reported: ages 18-64 years and age 65 years and older.

12) Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for chronic obstructive pulmonary disease (COPD) or asthma in adults aged 40 years and older per 100,000 Medicaid member years.

13) Heart Failure Admission Rate – Adult Core Set

This performance measure assesses the number of discharges for Heart Failure in adults aged 18 and older per 100,000 Medicaid member years. Two age groups will be reported: ages 18-64 years and age 65 years and older.

14) Adherence to Antipsychotic Medications for Individuals with Schizophrenia – Adult Core Set

DHS enhanced this measure using Behavioral Health (BH) encounter data contained in IPRO's encounter data warehouse. IPRO evaluated this measure using HEDIS 2015 Medicaid member level data submitted by the PH MCO.

This performance measure assesses the percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

15) Developmental Screening in the First Three Years of Life (New for 2015) – CHIPRA Core Set

This performance measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday. Four rates, one for each group and a combined rate, are to be calculated and reported for each numerator.

PA Specific Hybrid Measures

16) Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

This performance measure assesses the percentage of pregnant enrollees who were:

1. Screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
2. Screened for smoking during the time frame of one of their first two prenatal visits (CHIPRA indicator).

3. Screened for environmental tobacco smoke exposure during the time from of one of their first two prenatal visits or during the time frame of their first two visits following initiation of eligibility with the MCO.
4. Screened for smoking in one of their first two prenatal visits who smoke (i.e., a smoker during the pregnancy), that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
5. Screened for environmental tobacco smoke exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
6. Screened for smoking in one of their first two prenatal visits and found to be current smokers that stopped smoking during their pregnancy.

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

17) Perinatal Depression Screening

This performance measure assesses the percentage of enrollees who were:

1. Screened for depression during a prenatal care visit.
2. Screened for depression during a prenatal care visits using a validated depression screening tool.
3. Screened for depression during the time frame of the first two prenatal care visits (CHIPRA indicator).
4. Screened positive for depression during a prenatal care visit.
5. Screened positive for depression during a prenatal care visits and had evidence of further evaluation or treatment or referral for further treatment.
6. Screened for depression during a postpartum care visit.
7. Screened for depression during a postpartum care visit using a validated depression screening tool.
8. Screened positive for depression during a postpartum care visit.
9. Screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

18) Maternity Risk Factor Assessment (New for 2015)

This performance measure assesses, for each of the following risk categories, the percentage of pregnant enrollees who were:

1. Screened for alcohol use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
2. Screened for illicit drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
3. Screened for prescribed or over-the-counter drug use during the time frame of one of their first two prenatal visits (CHIPRA indicator).
4. Screened for intimate partner violence during the time frame of one of their first two prenatal visits (CHIPRA indicator).

This performance measure uses components of the HEDIS 2015 Prenatal and Postpartum Care Measure.

19) Behavioral Health Risk Assessment (New for 2015) – CHIPRA Core Set

This performance measure is a combination of the screening assessments for all risk factors identified by each of the CHIPRA indicators in the Perinatal Depression Screening (PDS), Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS), and Maternity Risk Factor Assessment (MRFA) measures.

This performance measure assesses the percentage of enrollees who were screened during the time frame of one of their first two prenatal visits for all of the following risk factors:

1. depression screening,
2. tobacco use screening,
3. alcohol use screening,

4. drug use screening (illicit and prescription, over the counter), and
5. intimate partner violence screening.

HEDIS Performance Measure Selection and Descriptions

Each MCO underwent a full HEDIS compliance audit in 2015. As indicated previously, performance on selected HEDIS measures is included in this year's EQR report. Development of HEDIS measures and the clinical rationale for their inclusion in the HEDIS measurement set can be found in HEDIS 2015, Volume 2 Narrative. The measurement year for HEDIS 2015 measures is 2014, as well as prior years for selected measures. Each year, DHS updates its requirements for the MCOs to be consistent with NCQA's requirement for the reporting year. MCOs are required to report the complete set of Medicaid measures, excluding behavioral health and chemical dependency measures, as specified in the HEDIS Technical Specifications, Volume 2. In addition, DHS does not require the MCOs to produce the Chronic Conditions component of the CAHPS 5.0 – Child Survey.

Children and Adolescents' Access to Primary Care Practitioners

This measure assessed the percentage of members 12 to 24 months and 25 months to six years of age who had a visit with a PCP who were continuously enrolled during the measurement year. For children ages seven to 11 years of age and adolescents 12 to 19 years of age, the measure assessed the percentage of children and adolescents who were continuously enrolled during the measurement year and the year prior to the measurement year who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Adults' Access to Preventive/Ambulatory Health Services

This measure assessed the percentage of enrollees aged 20 to 44 years of age, 45 to 64 years of age, and 65 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Adult Body Mass Index (BMI) Assessment

This measure assessed the percentage of enrollees 18-74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year.

Well-Child Visits in the First 15 Months of Life

This measure assessed the percentage of enrollees who turned 15 months old during the measurement year, who were continuously enrolled from 31 days of age through 15 months of age who received six or more well-child visits with a PCP during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

This measure assessed the percentage of enrollees who were three, four, five, or six years of age during the measurement year, who were continuously enrolled during the measurement year and received one or more well-child visits with a PCP during the measurement year.

Adolescent Well-Care Visits

This measure assessed the percentage of enrollees between 12 and 21 years of age, who were continuously enrolled during the measurement year and who received one or more well-care visits with a PCP or Obstetrician/Gynecologist (OG/GYN) during the measurement year.

Immunizations for Adolescents

This measure assessed the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and

one tetanus, diphtheria toxoids and acellular Pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

Human Papillomavirus Vaccine for Female Adolescents

This measure assessed the percentage of female adolescents 13 years of age who had three doses of human papillomavirus (HPV) vaccine by their 13th birthday.

Childhood Immunization Status

This measure assessed the percentage of children who turned two years of age in the measurement year who were continuously enrolled for the 12 months preceding their second birthday and who received one or both of two immunization combinations on or before their second birthday. Separate rate were calculated for each Combination. Combination 2 and 3 consists of the following immunizations:

- (4) Diphtheria and Tetanus, and Pertussis Vaccine/Diphtheria and Tetanus (DTaP/DT)
- (3) Injectable Polio Vaccine (IPV)
- (1) Measles, Mumps, and Rubella (MMR)
- (3) Haemophilus Influenza Type B (HiB)
- (3) Hepatitis B (HepB)
- (1) Chicken Pox (VZV)
- (4) Pneumococcal Conjugate Vaccine – Combination 3 only

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This measure assessed the percentage of children three to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Lead Screening in Children

This measure assessed the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Annual Dental Visit

This measure assessed the percentage of children and adolescents between the ages of two and 21 years of age who were continuously enrolled in the MCO for the measurement year who had a dental visit during the measurement year.

Breast Cancer Screening

This measure assessed the percentage of women ages 52 to 74 years who were continuously enrolled in the measurement year and the year prior to the measurement year that had a mammogram in either of those years.

Cervical Cancer Screening

This measure assessed the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Chlamydia Screening in Women

This measure assessed the percentage of women 16 to 24 years of age, who were continuously enrolled in the measurement year, who had at least one test for Chlamydia during the measurement year. Two age stratifications (16-20 years and 21-24 years) and a total rate are reported.

Prenatal and Postpartum Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and 56 days after delivery who received timely prenatal care and who had a postpartum visit between 21 and 56 days after their delivery. Timely prenatal care is defined as care initiated in the first trimester or within 42 days of enrollment in the MCO.

Frequency of Ongoing Prenatal Care

This measure assessed the percentage of women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled for at least 43 days prior to delivery and 56 days after delivery who had $\geq 61\%$ or $\geq 81\%$ of the expected prenatal visits during their pregnancy. Expected visits are defined with reference to the month of pregnancy at the time of enrollment and the gestational age at time of delivery. This measure uses the same denominator and deliveries as the Prenatal and Postpartum Care measure.

Appropriate Testing for Children with Pharyngitis

This measure assessed the percentage of children two to 18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Appropriate Treatment for Children with Upper Respiratory Infection

This measure assessed the percentage of children three months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure assessed the percentage of adults 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)

This measure assessed the percentage of members 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation

This measure assessed the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1 through November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1) Dispensed a systemic corticosteroid within 14 days of the event, and 2) dispensed a bronchodilator within 30 days of the event.

Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

This measure assessed the percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: The percentage of children 6 to 12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: The percentage of children 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, that remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner with prescribing authority within 270 days (9 months) after the Initiation Phase ended.

Use of Appropriate Medications for People with Asthma

This measure assessed the percentage of members age five to 64 years during the measurement year continuously enrolled in the measurement year and the year prior to the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Medication Management for People with Asthma

This measure assessed the percentage of members age five to 64 years during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. One rate is reported: the percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Comprehensive Diabetes Care

This measure assessed the percentage of members 18 to 75 years of age who were diagnosed prior to or during the measurement year with diabetes type 1 and type 2, who were continuously enrolled during the measurement year and who had each of the following:

- Hemoglobin A1c (HbA1c) tested
- HbA1c Poor Control (<9.0%)
- HbA1c Control (<8.0%)
- HbA1c Good Control (<7.0%)
- Retinal eye exam performed
- Medical attention for Nephropathy
- Blood pressure control (<140/90 mm Hg)

For the HbA1c Poor Control (>9.0%) measure, lower rates indicate better performance.

Controlling High Blood Pressure

This measure assessed the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18-59 years of age whose BP was <140/90 mm Hg.
- Members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

For this measure, a single rate, the sum of all three groups, is reported.

Persistence of Beta-Blocker Treatment After a Heart Attack

This measure assessed the percentage of enrollees 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment. MCOs report the percentage of enrollees who receive treatment with beta-blockers for six months (180 days) after discharge.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

This measure assessed the percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Non-Recommended Cervical Cancer Screening in Adolescent Females (New for 2015)

This measure assessed the percentage of adolescent females 16-20 years to age who were screened unnecessarily for cervical cancer. For this measure, a lower rate indicates better performance.

CAHPS® Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is overseen by the Agency of Healthcare Research and Quality (AHRQ) and includes many survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS.

Implementation of PA-Specific Performance Measures and HEDIS Audit

The MCO successfully implemented all of the PA-specific measures for 2015 that were reported with MCO-submitted data. The MCO submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCO. All rates submitted by the MCO were reportable. Rate calculations were collected via rate sheets and reviewed for all of the PA-specific measures. As previously indicated, for three PA Birth-related performance measures IPRO utilized the MCO Birth files in addition to the 2014 Department of Health Birth File to identify the denominator, numerator and rate for the Birth-related measures.

IPRO validated the medical record abstraction of the three PA-specific hybrid measures consistent with the protocol used for a HEDIS audit. The validation process includes a MRR process evaluation and review of the MCO's MRR tools and instruction materials. This review ensures that the MCO's MRR process was executed as planned and the abstraction results are accurate. A random sample of 16 records from each selected indicator across the three measures was evaluated. The indicators were selected for validation based on preliminary rates observed upon the MCO's completion of abstraction. The MCO passed MRR Validation for the Prenatal Screening for Smoking and Treatment Discussion during a Prenatal Visit, the Perinatal Depression Screening, and the Maternity Risk Factor Assessment measures.

Due to an issue that occurred with the methodology for collecting records, GH was required by DHS to re-do the medical record collection, abstraction, and validation process for the PA Perinatal MRR measures. Upon review of GH's abstracted data file for the 2015 MRR measures, IPRO advised DHS of lower than expected denominators for the screening indicators and requested further discussion, as it did not appear that the measures were reportable with the available data. GH did not report the PA-Specific Prenatal Screening for Smoking and Treatment Discussion During A Prenatal Visit and Perinatal Depression Screening measures in 2014 due to MRR validation issues. For 2015, GH's HEDIS auditor identified an issue with the methodology used by the MCO's vendor to identify and obtain appropriate perinatal charts, and the MCO did not have sufficient time to obtain remaining medical records. GH reported applicable HEDIS 2015 measures with administrative data. As the PA Perinatal MRR measures require 100% MRR, GH was required to identify, collect, and abstract all applicable records. Once GH passed validation, IPRO examined comparisons of the GH final data to the other MCOs. With the re-review, GH increased its denominator to be more comparable to the other MCOs and to closely compare to GH's 2013 denominator. Additionally, in comparisons of the MMC weighted averages

for each of the indicators across all four measures, both including and excluding GH's data, there was no significant impact for 19 of the 20 indicators. As a result, GH's data were included in the perinatal rates and are presented in the tables.

The MCO successfully completed the HEDIS audit. The MCO received an Audit Designation of Report for all applicable measures.

Findings

MCO results are presented in Tables 3.2 through 3.11. For each measure, the denominator, numerator, and measurement year rates with 95% upper and lower confidence intervals (95% CI) are presented. Confidence intervals are ranges of values that can be used to illustrate the variability associated with a given calculation. For any rate, a 95% confidence interval indicates that there is a 95% probability that the calculated rate, if it were measured repeatedly, would fall within the range of values presented for that rate. All other things being equal, if any given rate were calculated 100 times, the calculated rate would fall within the confidence interval 95 times, or 95% of the time.

Rates for both the measurement year and the previous year are presented, as available [i.e., 2015 (MY 2014) and 2014 (MY 2013)]. In addition, statistical comparisons are made between the 2015 and 2014 rates. 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. For comparison of 2015 rates to 2014 rates, statistically significant increases are indicated by "+", statistically significant decreases by "-" and no statistically significant change by "n.s."

In addition to each individual MCO's rate, the MMC average for 2014 (MY 2013) is presented. The MMC average is a weighted average, which is an average that takes into account the proportional relevance of each MCO. Each table also presents the significance of difference between the plan's measurement year rate and the MMC average for the same year. For comparison of 2014 rates to MMC rates, the "+" symbol denotes that the plan rate exceeds the MMC rate; the "-" symbol denotes that the MMC rate exceeds the plan rate and "n.s." denotes no statistically significant difference between the two rates. Rates for the HEDIS measures were compared to corresponding Medicaid percentiles; comparison results are provided in the tables. The 90th percentile is the benchmark for the HEDIS measures.

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, results corresponding to each table highlight only differences that are both statistically significant, and display at least a 3-percentage point difference in observed rates. It should also be mentioned that when the denominator sizes are small, even relatively large differences in rates may not yield statistical significance due to reduced power; if statistical significance is not achieved, results will not be highlighted in the report. Differences are also not discussed if the denominator was less than 30 for a particular rate, in which case, "NA" (Not Applicable) appears in the corresponding cells. However, "NA" (Not Available) also appears in the cells under the HEDIS 2015 percentile column for PA-specific measures that do not have HEDIS percentiles to compare.

The tables below show rates up to one decimal place. Calculations to determine differences between rates are based upon unrounded rates. Due to rounding, differences in rates that are reported in the narrative may differ slightly from the difference between the rates as presented in the table.

Access to/Availability of Care

One strength was identified for the 2015 (MY 2014) Access/Availability of Care performance measures.

- GH's rate for the Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years) measure was statistically significantly higher than the 2015 MMC weighted average by 4.5 percentage points

There were no opportunities for improvement identified for the 2015 (MY 2014) Access/Availability of Care performance measures.

Table 3.2: Access to Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Children and Adolescents' Access to PCPs (Age 12-24 Months)	8,668	8,346	96.3%	95.9%	96.7%	96.8%	-	97.0%	-	≥ 50th and < 75th percentile	
HEDIS	Children and Adolescents' Access to PCPs (Age 25 Months-6 Years)	37,503	33,176	88.5%	88.1%	88.8%	88.9%	-	88.6%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Children and Adolescents' Access to PCPs (Age 7-11 Years)	31,131	28,603	91.9%	91.6%	92.2%	92.3%	n.s.	91.9%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Children and Adolescents' Access to PCPs (Age 12-19 Years)	41,950	37,909	90.4%	90.1%	90.7%	90.8%	-	90.1%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 20-44 Years)	42,566	35,635	83.7%	83.4%	84.1%	84.1%	n.s.	83.2%	+	≥ 50th and < 75th percentile	
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 45-64 Years)	21,607	19,763	91.5%	91.1%	91.8%	90.9%	+	91.2%	n.s.	≥ 75th and < 90th percentile	
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (Age 65+ Years)	613	562	91.7%	89.4%	93.9%	88.1%	+	87.2%	+	≥ 75th and < 90th percentile	
HEDIS	Adult BMI Assessment (Ages 18-74 Years)	411	342	83.2%	79.5%	86.9%	80.8%	n.s.	83.0%	n.s.	≥ 25th and < 50th percentile	

Well-Care Visits and Immunizations

There were no strengths noted for the 2015 (MY 2014) Well-Care Visits and Immunizations performance measures.

Three opportunities for improvement were identified for the 2015 (MY 2014) Well-Care Visits and Immunizations performance measures.

- GH's rates for the following Well-Care Visits and Immunizations measures were statistically significantly below the 2015 MMC weighted averages:
 - Well-Child Visits in the First 15 Months of Life (≥ 6 Visits) – 5.9 percentage points
 - Body Mass Index: Percentile (Age 3 - 11 years) – 5.8 percentage points
 - Body Mass Index: Percentile (Total) – 5.2 percentage points

Table 3.3: Well-Care Visits and Immunizations

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Well Child Visits in the First 15 Months of Life (≥ 6 Visits)	7,654	4,539	59.3%	58.2%	60.4%	60.3%	n.s.	65.2%	-	≥ 25th and < 50th percentile	
HEDIS	Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Age 3 to 6 Years)	30,699	22,588	73.6%	73.1%	74.1%	74.1%	n.s.	76.4%	-	≥ 50th and < 75th percentile	
HEDIS	Childhood Immunization Status (Combination 2)	411	302	73.5%	69.1%	77.9%	69.1%	n.s.	75.8%	n.s.	≥ 25th and < 50th percentile	
HEDIS	Childhood Immunization Status (Combination 3)	411	291	70.8%	66.3%	75.3%	66.2%	n.s.	72.6%	n.s.	≥ 25th and < 50th percentile	
HEDIS	Adolescent Well Care Visits (Age 12 to 21 Years)	411	239	58.2%	53.3%	63.0%	59.4%	n.s.	58.7%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Body Mass Index: Percentile (Age 3-11 Years)	257	161	62.6%	56.5%	68.8%	53.3%	+	68.5%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Body Mass Index: Percentile (Age 12-17 Years)	154	100	64.9%	57.1%	72.8%	61.8%	n.s.	69.1%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Body Mass Index: Percentile (Total)	411	261	63.5%	58.7%	68.3%	56.4%	+	68.7%	n.s.	≥ 25th and < 50th percentile	
HEDIS	WCC Counseling for Nutrition (Age 3-11 Years)	257	183	71.2%	65.5%	76.9%	66.0%	n.s.	70.2%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Nutrition (Age 12-17 Years)	154	101	65.6%	57.8%	73.4%	61.2%	n.s.	64.6%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Nutrition (Total)	411	284	69.1%	64.5%	73.7%	64.2%	n.s.	68.2%	n.s.	≥ 50th and < 75th percentile	
HEDIS	WCC Counseling for Physical Activity (Age 3-11 Years)	257	166	64.6%	58.5%	70.6%	53.3%	+	61.9%	n.s.	≥ 75th and < 90th percentile	

HEDIS	WCC Counseling for Physical Activity (Age 12-17 Years)	154	102	66.2%	58.4%	74.0%	60.5%	n.s.	62.1%	n.s.	≥ 75th and < 90th percentile
HEDIS	WCC Counseling for Physical Activity (Total)	411	268	65.2%	60.5%	69.9%	56.0%	+	62.0%	n.s.	≥ 75th and < 90th percentile
HEDIS	Immunizations for Adolescents (Combination 1)	411	341	83.0%	79.2%	86.7%	82.0%	n.s.	82.0%	n.s.	≥ 75th and < 90th percentile

EPSDT: Screenings and Follow-up

There were no strengths identified for EPSDT: Screenings and Follow-up performance measures for 2015 (MY 2014).

The following opportunities for improvement were identified for 2015 (MY 2014) for EPSDT: Screenings and Follow-up performance measures:

- GH's rates for the following two EPSDT Screenings and Follow-up measures were statistically significantly below the 2015 MMC weighted averages:
 - Follow-up Care for Children Prescribed ADHD Medication: Continuation Phase – 6.2 percentage points
 - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced): Continuation Phase – 6.2 percentage points

Table 3.4: EPSDT: Screenings and Follow-up

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Lead Screening in Children	411	320	77.9%	73.7%	82.0%	74.0%	n.s.	77.2%	n.s.	≥ 50th and < 75th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Initiation Phase	2,661	633	23.8%	22.2%	25.4%	24.3%	n.s.	25.0%	n.s.	< 10th percentile
HEDIS	Follow up Care for Children Prescribed ADHD Medication Continuation Phase	903	188	20.8%	18.1%	23.5%	23.1%	n.s.	27.1%	-	< 10th percentile
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Initiation Phase	2,661	677	25.4%	23.8%	27.1%	25.6%	n.s.	26.2%	n.s.	NA
PA EQR	Follow up Care for Children Prescribed ADHD Medication (BH Enhanced) Continuation Phase	861	225	26.1%	23.1%	29.1%	28.7%	n.s.	32.3%	-	NA
PA EQR	EPSDT Hearing Test (Age 4-20 Years)	104,786	44,829	42.8%	42.5%	43.1%	42.9%	n.s.	40.4%	+	NA
PA EQR	EPSDT Vision Test (Age 4-20 Years)	104,786	44,914	42.9%	42.6%	43.2%	43.0%	n.s.	40.7%	+	NA
PA EQR	Developmental Screening in the First Three Years of Life Total ¹	17,509	8,273	47.2%	46.5%	48.0%	46.5%	n.s.	47.0%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 1 year ¹	7,087	3,035	42.8%	41.7%	44.0%	39.1%	+	42.6%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 2 years ¹	6,932	3,488	50.3%	49.1%	51.5%	53.5%	-	50.9%	n.s.	NA
PA EQR	Developmental Screening in the First Three Years of Life 3 years ¹	3,490	1,750	50.1%	48.5%	51.8%	48.4%	n.s.	47.7%	+	NA

¹Developmental Screening in the First Three Years of Life was suspended for 2014 (MY 2013). For this measure, the MCO's 2015 (MY 2014) rates were compared against the MCO's 2013 (MY 2012) rates.

Dental Care for Children and Adults

There were no strengths noted for GH's 2015 (MY 2014) Dental Care for Children and Adults performance measures.

One opportunity for improvement was identified for the 2015 (MY 2014) Dental Care for Children and Adults performance measures.

- GH's rate for the Annual Dental Visit (Age 2–21 years) measure was statistically significantly lower than the 2015 MMC weighted average by 4.5 percentage points

Table 3.5: EPSDT: Dental Care for Children and Adults

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Annual Dental Visit	130,200	69,953	53.7%	53.5%	54.0%	52.7%	+	58.2%	-	≥ 25th and < 50th percentile	
PA EQR	Total Eligibles Receiving Preventive Dental Treatment Services	177,727	78,825	44.4%	44.1%	44.6%	42.9%	+	46.8%	-	NA	
PA EQR	Annual Dental Visits for Members with Developmental Disabilities (Age 2-21 Years)	7,964	3,804	47.8%	46.7%	48.9%	47.1%	n.s.	50.6%	-	NA	

Women’s Health

There were no strengths noted for GH’s 2015 (MY 2014) Women’s Health performance measures.

The following opportunities for improvement were identified for the Women’s Health performance measures for 2015 (MY 2014):

- In 2015, GH’s rates were statistically significantly below the 2015 MMC weighted averages for the following three measures:
 - Breast Cancer Screening (Age 52-74 years) – 8.1 percentage points
 - Chlamydia Screening in Women (Total) – 4.6 percentage points
 - Chlamydia Screening in Women (Age 16-20 years) – 5.5 percentage points

Table 3.6: Women’s Health

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Breast Cancer Screening (Age 52-74 Years)	6,501	3,588	55.2%	54.0%	56.4%	57.4%	-	63.3%	-	≥ 25th and < 50th percentile	
HEDIS	Cervical Cancer Screening	411	261	63.5%	58.7%	68.3%	62.5%	n.s.	66.1%	n.s.	≥ 50th and < 75th percentile	
HEDIS	Chlamydia Screening in Women (Total)	11,596	6,344	54.7%	53.8%	55.6%	57.0%	-	59.3%	-	≥ 50th and < 75th percentile	
HEDIS	Chlamydia Screening in Women (Age 16-20 Years)	7,353	3,736	50.8%	49.7%	52.0%	53.8%	-	56.3%	-	≥ 50th and < 75th percentile	
HEDIS	Chlamydia Screening in Women (Age 21-24 Years)	4,243	2,608	61.5%	60.0%	62.9%	61.9%	n.s.	64.2%	-	≥ 50th and < 75th percentile	
HEDIS	Human Papillomavirus Vaccine for Female Adolescents	411	130	31.6%	27.0%	36.2%	32.8%	n.s.	27.9%	n.s.	≥ 90th percentile	
HEDIS	Non Recommended Cervical Cancer Screening in Adolescent Females	12,713	341	2.7%	2.4%	3.0%	4.6%	-	2.6%	n.s.	≥ 50th and < 75th percentile	

Obstetric and Neonatal Care

There were no strengths noted for GH’s 2015 (MY 2014) Obstetric and Neonatal Care performance measures.

The following opportunities for improvement were identified for the 2015 (MY 2014) Obstetric and Neonatal Care performance measures.

- In 2015, GH’s rates were statistically significantly lower than the respective 2015 MMC weighted averages for the following nine measures:
 - ≥ 81% of Expected Prenatal Care Visits Received – 9.1 percentage points
 - Prenatal and Postpartum Care: Timeliness of Prenatal Care – 3.8 percentage points
 - Prenatal and Postpartum Care: Postpartum Care – 9.9 percentage points
 - Prenatal Screening for Environmental Tobacco Smoke Exposure – 14.8 percentage points
 - Prenatal Screening for Depression – 16.9 percentage points
 - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator) – 23.6 percentage points

- Prenatal Screening for Illicit drug use – 5.3 percentage points
- Prenatal Screening for Prescribed or over-the-counter drug use – 7.6 percentage points
- Prenatal Screening for Behavioral Health Risk Assessment – 15.8 percentage points

Table 3.7: Obstetric and Neonatal Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	≥61% of Expected Prenatal Care Visits Received	411	313	76.2%	71.9%	80.4%	83.9%	-	79.6%	n.s.	NA	
HEDIS	≥81% of Expected Prenatal Care Visits Received	411	227	55.2%	50.3%	60.2%	71.3%	-	64.4%	-	≥ 25th and < 50th percentile	
HEDIS	Prenatal and Postpartum Care Timeliness of Prenatal Care	411	329	80.0%	76.1%	84.0%	81.8%	n.s.	83.8%	-	≥ 25th and < 50th percentile	
HEDIS	Prenatal and Postpartum Care Postpartum Care	411	215	52.3%	47.4%	57.3%	61.6%	-	62.2%	-	≥ 10th and < 25th percentile	
PA EQR	Prenatal Screening for Smoking	336	294	87.5%	83.8%	91.2%	NR	NA	84.9%	n.s.	NA	
PA EQR	Prenatal Screening for Smoking during one of the first two visits (CHIPRA indicator)	336	294	87.5%	83.8%	91.2%	NA	NA	84.1%	n.s.	NA	
PA EQR	Prenatal Screening for Environmental Tobacco Smoke Exposure	336	71	21.1%	16.6%	25.6%	NR	NA	35.9%	-	NA	
PA EQR	Prenatal Counseling for Smoking	107	81	75.7%	67.1%	84.3%	NR	NA	74.7%	n.s.	NA	
PA EQR	Prenatal Counseling for Environmental Tobacco Smoke Exposure	27	11	NA	NA	NA	NR	NA	51.3%	NA	NA	
PA EQR	Prenatal Smoking Cessation	98	6	6.1%	0.9%	11.4%	NR	NA	8.8%	n.s.	NA	
PA EQR	Prenatal Screening for Depression	336	176	52.4%	46.9%	57.9%	NR	NA	69.3%	-	NA	
PA EQR	Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)	336	135	40.2%	34.8%	45.6%	NA	NA	63.8%	-	NA	
PA EQR	Prenatal Screening Positive for Depression	176	30	17.0%	11.2%	22.9%	NR	NA	18.6%	n.s.	NA	
PA EQR	Prenatal Counseling for Depression	30	20	66.7%	48.1%	85.2%	NR	NA	72.1%	n.s.	NA	
PA EQR	Postpartum Screening for Depression	160	125	78.1%	71.4%	84.8%	NR	NA	74.4%	n.s.	NA	
PA EQR	Postpartum Screening Positive for Depression	125	19	15.2%	8.5%	21.9%	NR	NA	14.7%	n.s.	NA	
PA EQR	Postpartum Counseling for Depression	19	16	NA	NA	NA	NR	NA	85.8%	NA	NA	
PA EQR	Cesarean Rate for Nulliparous Singleton Vertex	1,738	389	22.4%	20.4%	24.4%	23.2%	n.s.	23.0%	n.s.	NA	
PA EQR	Percent of Live Births Weighing Less than 2,500 Grams (Positive)	7,704	731	9.5%	8.8%	10.1%	8.8%	n.s.	9.5%	n.s.	NA	
PA EQR	Prenatal Screening for Alcohol use	336	260	77.4%	72.8%	82.0%	NA	NA	80.0%	n.s.	NA	
PA EQR	Prenatal Screening for Illicit drug use	336	251	74.7%	69.9%	79.5%	NA	NA	80.0%	-	NA	
PA EQR	Prenatal Screening for Prescribed or over the counter drug use	336	244	72.6%	67.7%	77.5%	NA	NA	80.2%	-	NA	
PA EQR	Prenatal Screening for Intimate partner violence	336	178	53.0%	47.5%	58.5%	NA	NA	54.6%	n.s.	NA	
PA EQR	Prenatal Screening for Behavioral Health Risk Assessment	336	87	25.9%	21.1%	30.7%	NA	NA	41.7%	-	NA	
PA EQR	Elective Delivery ^{1,2}	1,823	214	11.7%	10.2%	13.2%	NA	NA	11.5%	n.s.	NA	

¹ For the Elective Delivery measure, lower rate indicates better performance.

² Rates for this measure were not presented in the 2014 EQR report, as it was the first year of implementation, and was calculated utilizing an alternative data source. Data for this measure are presented for informational purposes, and are not included in the identification of strengths/opportunities for 2015.

Respiratory Conditions

One strength was noted for GH's 2015 (MY 2014) Respiratory Conditions performance measures.

- GH's rate for the Asthma in Younger Adults Admission Rate (Age 18-39 years) measure was statistically significantly below (better than) the 2015 MMC weighted average by 0.37 admissions per 100,000 member years.

The following opportunities for improvement were identified for the 2015 (MY 2014) Respiratory Conditions performance measures:

- GH’s 2015 rates were statistically significantly lower than the MMC weighted averages for the following three measures:
 - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator – 3.1 percentage points
 - Medication Management for People with Asthma: 75% Compliance (Age 19-50 years) – 3.7 percentage points
 - Medication Management for People with Asthma: 75% Compliance (Age 51-64 years) – 5.6 percentage points
- GH’s rate for the Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40+ years) measure was statistically significantly above (worse than) the 2015 MMC weighted average by 1.48 admissions per 100,000 member years.

Table 3.8: Respiratory Conditions

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Appropriate Testing for Children with Pharyngitis	5,170	3,624	70.1%	68.8%	71.4%	69.2%	n.s.	68.4%	+	≥ 25th and < 50th percentile
HEDIS	Appropriate Treatment for Children with Upper Respiratory Infection ¹	11,799	1,288	89.1%	88.5%	89.7%	87.5%	+	88.6%	n.s.	≥ 50th and < 75th percentile
HEDIS	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis ²	2,095	1,542	26.4%	24.5%	28.3%	26.3%	n.s.	27.5%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	780	219	28.1%	24.9%	31.3%	26.9%	n.s.	29.8%	n.s.	≥ 25th and < 50th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid	955	709	74.2%	71.4%	77.1%	74.4%	n.s.	76.3%	n.s.	≥ 50th and < 75th percentile
HEDIS	Pharmacotherapy Management of COPD Exacerbation Bronchodilator	955	807	84.5%	82.2%	86.9%	82.1%	n.s.	87.6%	-	≥ 50th and < 75th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5 11 Years)	1,699	1,550	91.2%	89.9%	92.6%	90.5%	n.s.	91.7%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 12 18 Years)	1,376	1,191	86.6%	84.7%	88.4%	87.6%	n.s.	87.6%	n.s.	≥ 25th and < 50th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 19 50 Years)	1,469	1,138	77.5%	75.3%	79.6%	79.4%	n.s.	77.8%	n.s.	≥ 50th and < 75th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 51 64 Years)	453	357	78.8%	74.9%	82.7%	80.9%	n.s.	75.6%	n.s.	≥ 75th and < 90th percentile
HEDIS	Use of Appropriate Medications for People with Asthma (Age 5 64 Years)	4,997	4,236	84.8%	83.8%	85.8%	85.9%	n.s.	85.3%	n.s.	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 11 Years)	1,550	490	31.6%	29.3%	34.0%	63.5%	-	34.0%	n.s.	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 12 18 Years)	1,191	394	33.1%	30.4%	35.8%	64.2%	-	33.7%	n.s.	≥ 75th and < 90th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 19 50 Years)	1,138	457	40.2%	37.3%	43.1%	68.4%	-	43.8%	-	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 51 64 Years)	357	190	53.2%	47.9%	58.5%	81.0%	-	58.8%	-	≥ 50th and < 75th percentile
HEDIS	Medication Management for People with Asthma 75% Compliance (Age 5 64 Years)	4,236	1,531	36.1%	34.7%	37.6%	66.1%	-	38.6%	-	≥ 75th and < 90th percentile
PA EQR	Annual Percentage of Asthma Patients (Age 2 20 Years) with One or More Asthma Related ER Visit ³	15,861	1,976	12.5%	11.9%	13.0%	12.3%	n.s.	13.1%	-	NA

PA EQR	Asthma in Younger Adults Admission Rate (Age 18-39 years)	816,326	83	0.85	0.67	1.03	1.12	-	1.22	-	NA
PA EQR	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40+ years) ⁴	437,510	575	10.95	10.06	11.85	11.50	n.s.	9.47	+	NA

¹ Per NCQA, a higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

² Per NCQA, a higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

³ For Emergency Department Encounter Rate for Asthma, lower rates indicate better performance.

⁴ For the Adult Admission Rate measures, lower rates indicate better performance.

Comprehensive Diabetes Care

There were no strengths noted for GH's 2015 (MY 2014) Comprehensive Diabetes Care performance measures.

The following 2015 Comprehensive Diabetes Care performance measure opportunities for improvement were identified:

- In 2015, GH's rates were statistically significantly above (worse than) the MMC weighted averages for the following three measures:
 - HbA1c Poor Control (>9.0%) – 4.4 percentage points
 - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) – 0.44 admissions per 100,000 member years
 - Diabetes Short-Term Complications Admission Rate (Total Age 18+ years) – 0.44 admissions per 100,000 member years
- GH's 2015 rate for the HbA1c Control (<8.0%) measure was statistically significantly lower than the 2015 MMC weighted average by 5.6 percentage points.

Table 3.9: Comprehensive Diabetes Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison				
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile
HEDIS	Hemoglobin A1c (HbA1c) Testing	548	469	85.6%	82.6%	88.6%	84.7%	n.s.	85.5%	n.s.	≥ 25th and < 50th percentile
HEDIS	HbA1c Poor Control (>9.0%) ¹	548	233	42.5%	38.3%	46.7%	45.3%	n.s.	38.1%	+	≥ 25th and < 50th percentile
HEDIS	HbA1c Control (<8.0%)	548	250	45.6%	41.4%	49.9%	47.4%	n.s.	51.2%	-	≥ 25th and < 50th percentile
HEDIS	HbA1c Good Control (<7.0%)	411	133	32.4%	28.1%	39.8%	34.3%	+	36.9%	n.s.	≥ 25th and < 50th percentile
HEDIS	Retinal Eye Exam	548	300	54.7%	50.5%	59.0%	57.7%	n.s.	56.2%	n.s.	≥ 50th and < 75th percentile
HEDIS	Medical Attention for Nephropathy	548	450	82.1%	78.8%	85.4%	81.8%	n.s.	82.9%	n.s.	≥ 50th and < 75th percentile
HEDIS	Blood Pressure Controlled <140/90 mm Hg	548	364	66.4%	62.4%	70.5%	53.0%	+	65.0%	n.s.	≥ 50th and < 75th percentile
PA EQR	Diabetes Short Term Complications Admission Rate ² (Age 18-64 Years) per 100,000 member years	1,243,602	358	2.40	2.15	2.65	2.31	n.s.	1.96	+	NA
PA EQR	Diabetes Short Term Complications Admission Rate ² (Age 65+ Years) per 100,000 member years	10,234	0	0.00	0.00	0.00	0.80	n.s.	0.40	n.s.	NA
PA EQR	Diabetes Short Term Complications Admission Rate ² (Total Age 18+ Years) per 100,000 member years	1,253,836	358	2.38	2.13	2.63	2.30	n.s.	1.94	+	NA

¹ For HbA1c Poor Control, lower rates indicate better performance.

² For the Adult Admission Rate measures, lower rates indicate better performance.

Cardiovascular Care

There were no strengths noted for Cardiovascular Care performance measures for 2015 (MY 2014).

Two opportunities for improvement were identified for GH's 2015 (MY 2014) Cardiovascular Care performance measures.

- GH's 2015 rate for the Controlling High Blood Pressure (Total Rate) measure was statistically significantly lower than the 2015 MMC weighted average by 11.5 percentage points.
- GH's 2015 rate for the Heart Failure Admission Rate (Age 65+ years) measure was statistically significantly above (worse than) the 2015 MMC weighted average by 6.79 admissions per 100,000 member years.

Table 3.10: Cardiovascular Care

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
HEDIS	Persistence of Beta Blocker Treatment After Heart Attack	119	107	89.9%	84.1%	95.7%	88.1%	n.s.	89.5%	n.s.	≥ 75th and < 90th percentile	
HEDIS	Controlling High Blood Pressure (Total Rate)	411	206	50.1%	45.2%	55.1%	51.6%	n.s.	61.6%	-	≥ 25th and < 50th percentile	
PA EQR	Heart Failure Admission Rate ¹ (Age 18-64 Years) per 100,000 member years	1,243,602	251	1.68	1.47	1.89	1.57	n.s.	1.74	n.s.	NA	
PA EQR	Heart Failure Admission Rate ¹ (Age 65+ Years) per 100,000 member years	10,234	14	11.40	5.43	17.37	7.98	n.s.	4.61	+	NA	
PA EQR	Heart Failure Admission Rate ¹ (Total Age 18+ Years) per 100,000 member years	1,253,836	265	1.76	1.55	1.97	1.63	n.s.	1.78	n.s.	NA	

¹ For the Adult Admission Rate measures, lower rates indicate better performance

Utilization

One strength was noted for GH's 2015 (MY 2014) Utilization performance measures.

- GH's 2015 rate for the Reducing Potentially Preventable Readmissions measure was statistically significantly below (better than) the 2015 MMC weighted average by 3.3 percentage points.

There were no opportunities for improvement were identified for GH's 2015 (MY 2014) Utilization performance measures.

Table 3.11: Utilization

Indicator Source	Indicator	2015 (MY 2014)					2015 (MY 2014) Rate Comparison					
		Denom	Num	Rate	Lower 95% Confidence Limit	Upper 95% Confidence Limit	2014 (MY2013) Rate	2015 Rate Compared to 2014	MMC	2015 Rate Compared to MMC	HEDIS 2015 Percentile	
PA EQR	Reducing Potentially Preventable Readmissions ¹	20,447	1,706	8.3%	8.0%	8.7%	8.8%	n.s.	11.6%	-	NA	
HEDIS	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	684	465	68.0%	64.4%	71.6%	64.7%	n.s.	71.4%	n.s.	≥ 75th and < 90th percentile	
PA EQR	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (BH Enhanced)	1,253	906	72.3%	69.8%	74.8%	71.4%	n.s.	71.7%	n.s.	NA	

¹ For the Reducing Potentially Preventable Readmissions measure, lower rates indicate better performance.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Satisfaction with the Experience of Care

The following tables provide the survey results of four composite questions by two specific categories for GH across the last three measurement years, as available. The composite questions will target the MCOs performance strengths as well as opportunities for improvement.

Due to differences in the CAHPS submissions from year to year, direct comparisons of results are not always available. Questions that are not included in the most recent survey version are not presented in the tables.

2015 Adult CAHPS 5.0H Survey Results

Table 4.1: CAHPS 2015 Adult Survey Results

Survey Section/Measure	2015 (MY 2014)	2015 Rate Compared to 2014	2014 (MY 2013)	2014 Rate Compared to 2013	2013 (MY 2012)	2015 MMC Weighted Average
Your Health Plan						
Satisfaction with Adult's Health Plan (Rating of 8 to 10)	76.83%	▲	73.91%	▼	76.22%	77.96%
Getting Needed Information (Usually or Always)	80.34%	▼	81.82%	▼	83.54%	83.20%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	73.52%	▲	71.15%	▲	68.26%	73.31%
Appointment for Routine Care When Needed (Usually or Always)	81.45%	▼	81.67%	▲	78.11%	81.58%

▲ ▼ = Performance compared to prior years' rate

Shaded boxes reflect rates above the 2015 MMC Weighted Average.

2015 Child CAHPS 5.0H Survey Results

Table 4.2: CAHPS 2015 Child Survey Results

CAHPS Items	2015 (MY 2014)	2015 Rate Compared to 2014	2014 (MY 2013)	2014 Rate Compared to 2013	2013 (MY 2012)	2015 MMC Weighted Average
Your Child's Health Plan						
Satisfaction with Child's Health Plan (Rating of 8 to 10)	86.32%	▲	83.33%	▼	83.41%	84.38%
Getting Needed Information (Usually or Always)	79.87%	▼	82.09%	▲	81.30%	82.42%
Your Healthcare in the Last Six Months						
Satisfaction with Health Care (Rating of 8-10)	86.64%	▲	84.33%	▼	85.79%	86.13%
Appointment for Routine Care When Needed (Usually or Always)	91.15%	▼	93.64%	▲	92.80%	89.66%

▲ ▼ = Performance compared to prior years' rate

Shaded boxes reflect rates above the 2015 MMC Weighted Average.

IV: 2014 Opportunities for Improvement MCO Response

Current and Proposed Interventions

The general purpose of this section is to assess the degree to which each PH MCO has addressed the opportunities for improvement made by IPRO in the 2014 EQR Technical Reports, which were distributed in April 2015. The 2015 EQR is the seventh to include descriptions of current and proposed interventions from each PH MCO that address the 2014 recommendations.

DHS requested the MCOs to submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that responses are reported consistently across the MCOs. These activities follow a longitudinal format, and are designed to capture information relating to:

- Follow-up actions that the MCO has taken through September 30, 2015 to address each recommendation;
- Future actions that are planned to address each recommendation;
- When and how future actions will be accomplished;
- The expected outcome or goals of the actions that were taken or will be taken; and
- The MCO's process(es) for monitoring the action to determine the effectiveness of the actions taken.

The documents informing the current report include the responses submitted to IPRO as of November 2015, as well as any additional relevant documentation provided by GH.

Table 5.1 presents GH's responses to opportunities for improvement cited by IPRO in the 2014 EQR Technical Report, detailing current and proposed interventions.

Table 5.1: Current and Proposed Interventions

Reference Number: GH 2014.01: The Reducing Obesity for the Pennsylvania Medicaid Managed Care population PIP received no credit for the elements of study evaluated in 2014: Demonstrable Improvement, Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement, and Sustained Improvement.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated improvement in the following measures included in the Reducing Pediatric Obesity PIP:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC) Counseling for Nutrition (Total) increased from 64.23% to 69.10%.
- WCC Counseling for Nutrition (age 3-11) increased from 66.02% to 71.21%.
- WCC Counseling for Nutrition (age 12-17) increased from 61.18% to 65.58%.
- WCC Counseling for Physical Activity (Total) increased from 55.96% to 65.21%.
- WCC Counseling for Physical Activity (age 3-11) increased from 53.28% to 64.59%.
- WCC Counseling for Physical Activity (age 12-17) increased from 60.53% to 66.23%.
- WCC (Total) BMI rates increased from 56.45% to 63.5%.
- WCC (age 3-11) BMI rates increased from 53.28% to 62.65%.
- WCC (age 12-17) BMI rates increased from 61.84% to 64.94%.

Gateway to Practitioner Transformation & Gateway to Practitioner Excellence (GPT/GPE®) Programs (Q1 – Q4 2014). These programs incentivized practices for various transformational activities, including Electronic Health Record (EHR) Meaningful Use. In 2014, a total of 336 PCP practices participated in the programs and received incentives. Of those 336 practices, 310 had pediatric panels. An additional 26 practices joined in 2015. Of the 26, 24 had pediatric panels. The effect of higher EHR utilization on the WCC measure is demonstrated by the increase in administrative hits for all components of WCC. The total BMI administrative rate increased from 3.15% in MY 2013 to 8.71% in MY 2014. The total physical activity administrative rate increased from 0.69% in MY 2013 to 3.94% in MY 2014. The total nutrition counseling administrative rate increased from 1.62% in MY 2013 to 4.86% in MY 2014.

Provider Relations Office Visits (Q4 2014). Representatives from Gateway Health Provider Relations Team visited 28 provider offices with low rates of BMI documentation, as determined by 2013 HEDIS medical record review process, to educate on proper BMI documentation and coding. Analysis of HEDIS measure rates of WCC indicated significant improvement from MY 2013 to MY 2014. Provider education about BMI for children and adolescents is now routinely offered during Provider Relations visits.

BMI Webinar and Online Provider Tools (Q4 2014 – Q3 2015). In Q4 2014, a webinar was created to emphasize the importance of recording BMI and billing the associated codes along with additional tools and resources for providers. The webinar was promoted through both provider onsite visits and on the Gateway Health website under the Provider Education Tools and Resources section.

There have been a total of 127 visits to the BMI provider tool and webinar since its initiation. The webinar was created to target Adult BMI assessment; however, implementation of interventions on adult BMI assessment had synergistic effects with the pediatric population as many practices have both adult and pediatric populations. The effectiveness was demonstrated by improvement year over year for the WCC measure from 2013 to 2014.

BMI Tool Kit (March 2015). A BMI Provider Tool Kit including tools to educate providers on billing/coding and measuring BMI percentile was sent to 1,073 PCP practices. Of those practices, 678 were either Pediatric or Family Practice office serving a large volume of pediatric members.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the WCC measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS WCC scores.

Provider Outreach and Education (July – September 2015). Provider Relations team educated GPE® providers on required documentation for BMI both in the medical record and through administrative codes. The Provider Relations team also included WCC-specific talking points regarding BMI, nutrition and physical activity counseling at their Q3 visits to providers with pediatric populations. Provider Relations representatives made a total of 534 visits that included education about BMI, with 414 of these practices being Pediatric and Family Practice offices.

Member Newsletter Article. Article about childhood obesity was in the July 2015 Medicaid member newsletter. The Pediatric Operational Lead verified that article was published. Each member newsletter also contains a healthy recipe.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for all Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents component measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Adolescent-Focused Healthy Nutrition and Physical Activity Website Content (Q4 2015). Website content relating to healthy weight, nutrition, and physical activity included on the Gateway Health website for adolescents. Success of this activity will be tracked through monitoring the number of visits to this webpage in 2015 and ongoing through 2016.

Provider Education (Q2 – Q3 2016). Provider Relations team will continue to educate GPE® providers on required documentation for BMI both in the medical record and through administrative codes, as well as WCC-specific talking points regarding BMI, nutrition and physical activity.

Member Education (2016). The Pediatric Operational Lead will write at least one article about healthy weight, nutrition and physical activity in the Member Newsletter on an annual basis.

Reference Number: GH 2014.02: The Reducing Potentially Preventable Readmissions for the Pennsylvania Medicaid Managed Care population PIP received no credit for the element of study evaluated in 2014 that reflects activities in 2013: Sustained Improvement.

Follow Up Actions Taken Through 09/30/15:

Gateway Health continues to demonstrate progress on the Reducing Potentially Preventable Readmissions measure as evidenced by having a 2014 of 8.8%, which is 4.4% better than the 2014 MMC weighted average by 4.4 percentage points.

Transition Management Program Redesign (Q3 2014 & Q2 2015). Gateway Health's Transition Management (TM) Program was redesigned in late 2014 from a focus on high-volume hospitals to a focus on particular diagnostic groupings: diabetes, COPD, skin infections, pneumonia, lower respiratory disease, complications of devices, and asthma. These groupings were chosen because they represent the top 80% of Gateway Health's admissions and readmissions. To promote continuity of care with members already active with Care Management who experience a hospitalization, Care Management staff was trained to complete the transition management assessments in 2015. All Care Coordinators receive a daily report of members who have been admitted regardless of diagnosis and for whom there is an open case. If the Member is already engaged in Care Management, the assigned Care

Coordinator will provide the TM services and ongoing support so that the member can continue to have a primary point of contact. The TM Care Coordinator initiates Member outreach during the inpatient stay at the earliest point when the Member is able to engage and maintains contact with the member through a series of interactions. In addition to reviewing readmission rates specific to each diagnostic grouping, success of this action will be monitored via staff chart audits, call audits, and performance standards with internally developed goals. Scores falling below the goal threshold may result in additional staffing training and/or remediation.

Post-Discharge Member Outreach Campaign (Q4 2014 – Ongoing). Gateway Health implemented a two-touch interactive voice recognition (IVR) call campaign to target members with inpatient authorizations for the following diagnostic groupings: fluid/electrolyte imbalance GI bleed, abdominal pain, intestinal obstruction, pancreatitis, and hypertension. These diagnoses were targeted due to comprising a significant proportion of the 20% of admissions not accounted for by the Transition Management Care Coordinators. Members receive the first call within 5 days of the authorization and the second call within 14 days of the authorization. Both calls assess for the presence of risk factors that predict readmissions and, if identified, transfer the member to Care Management for immediate assistance. Risk factors include but are not limited to: understanding discharge instructions, identifying a provider for follow-up care, scheduling and attending a follow-up appointment, and assessing barriers to getting or taking medications as prescribed. Members also have an opportunity to report urgent concerns and fears about ability to remain at home. Those instances also result in an immediate transfer to Care Management. An analysis of results indicates that members referred to IVR calls were readmitted at a rate of 15.2%. The readmission rate for the same set of diagnoses in the previous year was 20.0%.

Toll-Free Nurse Line (October 2014 – Ongoing). A 24 hour toll-free nurse line was launched for members to increase access to nurses with whom they can ask health-related questions, review symptoms, and seek guidance on whether to seek care at their PCP or an urgent care/ED. A daily report is generated to indicate which members were advised to seek care at a PCP office or at an urgent care/ED. Those members are assigned to Care Management staff for live follow-up. Also included on the nurse line is an audio library on multiple health topics. The nurse line features bilingual staff and language interpreters for nearly 200 languages. To date, occurrences of interpretation services include 36 Spanish, 2 Tamil, 1 Arabic, and 1 Mandarin unique requests. Effectiveness of this action will be determined by evaluating utilization per the following reports:

- Daily reports which are generated for any member directed to an ED/PCP for follow-up by CM
- Monthly reports which include utilization records, such as number of calls, time of day, acuity, and disposition
- Quarterly reports detailing quality metrics and service delivery levels

Metrics note that utilization tripled from Q1 2015 to Q2 2015. Inbound calls increased from 6 in Q1 to 23 in Q2 with a 0% abandonment rate. Service level remains consistently above the 80% goal with Q1 at 83% and Q2 at 96%. Caller satisfaction surveys report 92% would call again, if needed.

Provider Tip Sheet (June 2015 – Ongoing). A provider tip sheet focused on the Plan All Cause Readmissions HEDIS measure was developed to share with practices during on-site encounters by the Provider Engagement teams. The tip sheet includes a summary of the measure, and a listing of best practice suggestions to improve measure performance. Also included is the direct number for referrals to Care Management.

Dashboard Reports (Q3 2015 – Ongoing). Providers receive a quarterly dashboard report that summarizes their hospital readmission rates based off of claims data. Practice/provider performance can also be reviewed and compared to peers in “like” practices. Provider Relations and Provider Engagement representatives review these reports with practices during on-site visits and provide technical assistance in resolving practice-specific barriers to minimizing readmissions.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to maintain the downward trend demonstrated in MY 2014 and to have a 2015 year-end rate that meets or falls below the 2105 MMC weighted average for Reducing Potentially Preventable Readmissions.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Embedded Care Coordinator Enhancement (Q4 2015). Gateway Health has utilized on-site Care Coordinators since 2012 to enhance the discharge process and obtain on-site notification of admission and discharge in “real time” by the facility. Future enhancement will result in the embedded Care Coordinators participating in interdisciplinary care conferences for high-risk

patients. They have been given priority clearance in making post-discharge appointments for patients prior to discharge at the onsite clinic. Success will be monitored by:

- Reviewing Care Coordinator performance statistics through analysis of chart audits and interventions performed. Performance specific statistics include: medication reconciliation, scheduling of 7-day follow-up appointments, home health referrals, and procurement of DME/transportation.
- Reviewing claims data for increased usage of post-discharge TM codes.
- Reviewing facility data analysis of readmission rates of plan members on a quarterly basis.

Reference Number: GH 2014.03: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Well-Child Visits in the First 15 Months of Life (≥ 6 Visits) measure.

Follow Up Actions Taken Through 09/30/15:

Birthday Card (2014 – Ongoing). Gateway Health members receive a birthday card during the month they turn one year old. The card includes reminders for the head of household to take their child for well-child visits and receive scheduled immunizations. Sending birthday cards engages Gateway Health members and demonstrates our appreciation for members selecting Gateway as their partner in health. It is difficult to measure any changes in this rate due to this activity because it has been ongoing for many years and may be affected by competing influences that contribute to member behavior, attitude and action. However, the W15 measure will be monitored for year over year improvements.

Member Newsletter Education (July 2014 & July 2015). Childhood Preventive Guidelines published annually in the July member newsletter. The Pediatric Operational Lead verifies that guidelines are published annually and annually sign an attestation that these guidelines were included in the member newsletter.

Text4Baby Program (February 2015 – Ongoing). Gateway Health members who qualify and enroll in the SafeLink Wireless program can opt to receive the Text4Baby SMS messages. These messages include reminders for wellness visits and immunizations. Gateway Health will quantify the number of members who agree to receive Text4Baby messages by data files received from the program. Gateway Health will not measure immunization outcomes specific to this intervention because members auto-enroll in the SafeLink program and not all Gateway Health members are eligible for SafeLink.

Additional Staffing (July 2015). The Care Management department hired two additional Outreach Representatives to conduct calls and increase the capacity for making targeted member calls, such as well-baby visit reminders. Effectiveness of outreach representatives conducting call campaigns for well-baby visits in the first 15 months of life are measured by the following metrics: Head of household reached and not reached. For members reached, a claims analysis will evaluate whether members completed the well-baby visits.

W15 Call Campaign (August – September 2015). Care Management Outreach Representative called heads of household of pediatric members that needed a 6th well-child visit and who would be turning 15 months between September and December 2015 as a reminder to complete the 6th well-child visit prior to the child turning 15 months. A total of 1,090 members were called. Effectiveness of the W15 call campaigns for well-child visits in the first 15 months of life are measured by following metrics: Head of household reached and not reached. For members reached, a claims analysis will evaluate whether members completed the well-baby visits.

Automated Appointment Reminder Call Campaign (July 2015 – Ongoing). Gateway Health completes outbound appointment reminder calls to heads of household with children turning ages two, four, six, nine, twelve, fifteen, and eighteen months. Call remind of the need for infant/child vaccines and to schedule a visit with their pediatrician. Data is captured monthly. The effectiveness of the automated messages will be evaluated by comparing claims for members whose head of household listened to the message and those who did not hear the message.

Automated Appointment Reminder Call Campaign Enhancement (September 2015). Timing of calls (as discussed above) was adjusted to call heads of households with children turning one, three, five, eight, fourteen and seventeen months. This change was made to both better align with the W15 measure and to increase the time available to schedule and complete a visit within its recommended window. Data is captured monthly. The effectiveness of the automated messages will be evaluated by comparing claims for members whose head of household listened to the message and those who did not hear the message.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention

activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future. The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for Well-Child Visits in the First 15 Months of Life (≥ 6 Visits) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Provider Tip Sheet (Q4 – Ongoing). A tip sheet for the W15 measure will be created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet to include measure definition, information of HEDIS coding, and tips to improve HEDIS W15 scores.

Reference Number: GH 2014.04: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Childhood Immunizations Status (Combination 2) and (Combination 3) measures.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated improvement in both Childhood Immunization Status (Combination 2) and (Combination 3) measures:

- Combination 2 increased from 69.10% to 73.48%
- Combination 3 increased from 66.18% to 70.80%

Birthday Card (2014 – Ongoing). Gateway Health members receive a birthday card during the month they turn one year old. The card includes reminders for the head of household to take their child for well-child visits and receive scheduled immunizations. Sending birthday cards engages Gateway Health members and demonstrates our appreciation for members selecting Gateway as their partner in health. It is difficult to measure any changes in this rate due to this activity because it has been ongoing for many years and may be affected by competing influences that contribute to member behavior, attitude and action. However, the CIS measure will be monitored for year over year improvements.

Member Newsletter Education (July 2014 & July 2015). Childhood Preventive Guidelines published annually in the July member newsletter. The Pediatric Operational Lead verifies that guidelines are published annually and annually sign an attestation that these guidelines were included in the member newsletter.

Text4Baby Program (February 2015 – Ongoing). Gateway Health members who qualify and enroll in the SafeLink Wireless program can opt to receive the Text4Baby SMS messages. These messages include reminders for wellness visits and immunizations. Gateway Health will quantify the number of members who agree to receive Text4Baby messages by data files received from the program. Gateway Health will not measure immunization outcomes specific to this intervention because members auto-enroll in the SafeLink program and not all Gateway Health members are eligible for SafeLink.

Provider Tip Sheet (Q4 – Ongoing). A tip sheet for the CIS measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet to include measure definition, information of HEDIS coding, and tips to improve HEDIS CIS scores.

Automated Appointment Reminder Call Campaign (July 2015 – Ongoing). Gateway Health completes outbound appointment reminder calls to heads of household with children turning ages two, four, six, nine, twelve, fifteen, and eighteen months. Call remind of the need for infant/child vaccines and to schedule a visit with their pediatrician. Data is captured monthly. The effectiveness of the automated messages will be evaluated by comparing claims for members whose head of household listened to the message and those who did not hear the message.

Automated Appointment Reminder Call Campaign Enhancement (September 2015). Timing of calls (as discussed above) was adjusted to call heads of households with children turning one, three, five, eight, fourteen and seventeen months. This change was made to both better align with the W15 measure and to increase the time available to schedule and complete a visit within its recommended window. Data is captured monthly. The effectiveness of the automated messages will be evaluated by comparing claims for members whose head of household listened to the message and those who did not hear the message.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for Childhood Immunization Status (Combination 2) and (Combination 3) measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Quarterly Load of Immunization Data (October 2015). A quarterly upload of the Commonwealth's immunization registry into HEDIS software is scheduled for October 2015. For Gateway Health to better identify members who still need immunizations, loading the state registry quarterly versus annually will improve the plan's ability to apply interventions and assist members with closing gaps in care.

Immunization Reminder and Schedule Mailer (Q1 2016). Reminder will be sent to heads of household with children who have turned or will turn two in 2016 and who have not received all recommended vaccines according to Gateway Health. Mailer currently pending DHS approval. Process analysis will quantify how many mailers are sent to members by the Health Services Analytics team and the subsequent gaps closed after the mailing.

Reference Number: GH 2014.05: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Percentile (Age 3 - 11 years) and (Total) measures.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated improvement in the following measures:

- WCC (age 3-11) BMI rates increased from 53.28% to 62.65%.
- WCC (Total) BMI rates increased from 56.45% to 63.5%.

Gateway to Practitioner Transformation & Gateway to Practitioner Excellence (GPT/GPE®) Programs (Q1 – Q4 2014). These programs incentivized practices for various transformational activities, including Electronic Health Record (EHR) Meaningful Use. In 2014, a total of 336 PCP practices participated in the programs and received incentives. Of those 336 practices, 310 had pediatric panels. An additional 26 practices joined in 2015. Of the 26, 24 had pediatric panels. The effect of higher EHR utilization on the WCC measure is demonstrated by the increase in administrative hits for all components of WCC. The total BMI administrative rate increased from 3.15% in MY 2013 to 8.71% in MY 2014. The total physical activity administrative rate increased from 0.69% in MY 2013 to 3.94% in MY 2014. The total nutrition counseling administrative rate increased from 1.62% in MY 2013 to 4.86% in MY 2014.

Provider Relations Office Visits (Q4 2014). Representatives from Gateway Health Provider Relations Team visited 28 provider offices with low rates of BMI documentation, as determined by 2013 HEDIS medical record review process, to educate on proper BMI documentation and coding. Analysis of HEDIS measure rates of WCC indicated significant improvement from MY 2013 to MY 2014. Provider education about BMI for children and adolescents is now routinely offered during Provider Relations visits.

BMI Webinar and Online Provider Tools (Q4 2014 – Q3 2015). In Q4 2014, a webinar was created to emphasize the importance of recording BMI and billing the associated codes along with additional tools and resources for providers. The webinar was promoted through both provider onsite visits and on the Gateway Health website under the Provider Education Tools and Resources section. There have been a total of 127 visits to the BMI provider tool and webinar since its initiation. The webinar was created to target Adult BMI assessment; however, implementation of interventions on adult BMI assessment had synergistic effects with the pediatric population as many practices have both adult and pediatric populations. The effectiveness was demonstrated by improvement year over year for the WCC measure from 2013 to 2014.

BMI Tool Kit (March 2015). A BMI Provider Tool Kit including tools to educate providers on billing/coding and measuring BMI percentile was sent to 1,073 PCP practices. Of those practices, 678 were either Pediatric or Family Practice office serving a large volume of pediatric members.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the WCC measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS WCC scores.

Provider Outreach and Education (July – September 2015). Provider Relations team educated GPE® providers on required documentation for BMI both in the medical record and through administrative codes. The Provider Relations team also included WCC-specific talking points regarding BMI, nutrition and physical activity counseling at their Q3 visits to providers with pediatric populations. Provider Relations representatives made a total of 534 visits that included education about BMI, with 414 of these practices being Pediatric and Family Practice offices.

Member Newsletter Article. Article about childhood obesity was in the July 2015 Medicaid member newsletter. The Pediatric Operational Lead verified that article was published. Each member newsletter also contains a healthy recipe.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for all Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Percentile (Age 3-11 years) and (Total) measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Adolescent-Focused Healthy Nutrition and Physical Activity Website Content (Q4 2015). Website content relating to healthy weight, nutrition, and physical activity included on the Gateway Health website for adolescents. Success of this activity will be tracked through monitoring the number of visits to this webpage in 2015 and ongoing through 2016.

Provider Education (Q2 – Q3 2016). Provider Relations team will continue to educate GPE[®] providers on required documentation for BMI both in the medical record and through administrative codes, as well as WCC-specific talking points regarding BMI, nutrition and physical activity.

Member Education (2016). The Pediatric Operational Lead will write at least one article about healthy weight, nutrition and physical activity in the Member Newsletter on an annual basis.

Reference Number: GH 2014.06: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Annual Dental Visit (Age 2–21 years) measure.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated an increase in Annual Dental Visit measure from 52.71% to 53.73%.

New West New member Outreach (2014 – Ongoing). Gateway Health's Member Services Department completes an outbound welcome call to all new members in the New West Zone. In 2014, talking points were added to inquire about the family's dental care, especially for children. Gateway Health monitors the number of calls made to welcome new members.

Gateway to Practitioner Excellence (GPE[®]) Program (2014 – Ongoing). Dental is a component of Gateway Health's provider pay-for-performance program. The 2015 program structure offers specific payouts to practices who demonstrate sustained improvement as compared to past practice-specific performance, as well as payout for achieving Quality Compass cut-points. Effectiveness will be measured by quarterly provider dashboard reports for GPE[®] program measures. Individual practices will be reviewed quarterly to assess if their performance improved and to compare to those that decreased or stayed the same. Ongoing analysis will determine which practices require further outreach/interventions.

Website Enhancements (2014 – Ongoing). Gateway Health's member-facing website was enhanced with best practice public service announcements in 2014 and is regularly updated and reviewed for accuracy. Dental Operational Lead verifies information is up to date annually, by reviewing best practices on an ongoing basis and updating the public service announcements with the most current information.

Secondary Claims Review (2014 – Ongoing). An ongoing review of opportunities regarding secondary claims for dental services was initiated in 2014, with plans to continue. Operational Lead works with the internal Health Services Analytics team and United Concordia to investigate an appropriate number of secondary claims and create a system to track these claims and pull reports quarterly. To date, approximately 80 additional claims have been pulled from secondary claims in.

School-Based Dental Exam Capture (2014 – Ongoing). Gateway Health encourages DHS to work with DOH to source individual data (compared with population data that is now receives) on any Medicaid child who received dental care in a school-based setting that is not billed to the MCO. Many challenges with this potential opportunity have been identified, but Gateway Health continues in 2015 to encourage DHS to get this data for all of the MCOs. Gateway Health is working with the Allegheny County Health Department (ACHD) on school-based billing for dental services, as well as attending monthly task force meetings to collaborate with both UPMC and ACHD on improving dental rates in Allegheny County.

Telephonic Outreach for Chronic No-Shows (Q4 2014). Outreach to members was conducted based on faxes from dental practices

concerning members who chronically no-show for dental appointments. Gateway Health Care Management staff attempted to educate members about the need for a dental visit by outreaching to chronic no-show members telephonically, or by sending a mailer if telephonic outreach was unsuccessful. Over two thousand (2,086) members were referred to Gateway Health for missed dental visits. Upon review of the data, it was determined that essentially none of the members referred had 3 or more missed appointments, and the vast majority of calls by Care Management revealed that there was only one missed visit and it was already rescheduled. Re-education was done by United Concordia to the 7 large providers and subsequent data revealed no change in providers' referral of only one missed appointment. It was determined that given the persistent misuse of the form by dental providers, the ROI was negative. Hence, the initiative was stopped in late 2014.

Mobile Dental Initiatives (Q4 – Ongoing). To date the following populations have been targeted to receive dental services via mobile units:

- St. Luke's Dental Van (Lehigh/Northampton counties): serves 21 different schools. Provided with list of 674 Gateway Health members for outreach opportunities.
- Accessible Dental Service: Ongoing collaboration with mobile units that serve members with physical or behavioral disability.
- Mobile Dentists Smile Program: 14,685 households/21,507 members mailed a consent form to receive services at schools served by the program.
- Steel City Pediatrics: 28 members scheduled, 13 attended. 2 children required restorative care for cavities.

The process for monitoring the actions to determine the effectiveness of the actions taken involves a claims analysis of members who received outreach letter for mobile services. An annual analysis will also assess whether these members completed dental services.

Public Health Dental Hygienic Practitioners (PHDHPs) (January 2015 – Ongoing). Gateway Health employs three to cover three distinct service areas within the Commonwealth. PHDHPs conduct telephonic outreach and go on-site to Early Head Start, FQHCs, and PCP offices to apply fluoride varnish. The purpose of telephonic outreach is to refer members to a dental home, and to counsel on oral hygiene instruction and nutritional counseling. To date, 3,793 unique encounters with members have been completed. Of those, 1,814 gaps were closed for counseling on oral hygiene and 578 members [were found] to have had a dental visit within 90 days of the call. Effectiveness will be measured by ongoing monitoring of calls and outcomes.

PHDHP Outreach to Low-Performing Practices (Q2 – Q3 2015). As a specific expansion to their primary functions, PHDHPs outreach to 10 low-performing PCP practices in the second and third quarters of 2015. PHDHPs met with office staff to review lists of members on practice panels who had open dental care gaps, assess barriers in referring to dental homes, and to supply contact information about participating dental practices within 10 miles of the PCP office. PHDHPs also provided member-facing educational materials, such as posters and brochures. Outcomes are measured through claims to see if members completed annual dental visits.

IVR Call Campaigns (April 2015 & June 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In April 2015, Gateway Health outreached to 24,924 members who were in need of their annual dental visit. This group included members ages 18 – 21 years and heads of household with children ages 16 – 17 years. The April campaign successfully engaged 8,898 members or heads of household in listening to a message about an open dental gap and education on good oral care. Of those reached, 419 transferred to a live agent for assistance in scheduling a dental appointment. Of pediatric members, 23.5% of members reached closed gaps within 90 days. Members who were not reached closed gaps at a rate of 21.24% within 90 days. Of adult members, 20.42% of members reached closed gaps within 90 days. Members who were not reached closed gaps at a rate of 15.49% within 90 days. Analysis indicated that reach rates were substantially lower for young adult members. As a result, the June 2015 campaign targeted 13,890 heads of household with children ages 14 – 17 years. That call campaign successfully engaged 5,293 heads of household in listening to a message about open dental gap and education on good oral care. Of those reached, 428 transferred to a live agent for assistance in scheduling a dental appointment. Of all members reached, 26.3% closed gaps within 90 days. Members who were not reached closed gaps at a rate of 21.9% within 90 days.

Gateway Health Dental Events (August 2015 – Ongoing). Gateway Health partners with low-performing primary care practices to hold dental days at their offices. These events include Smile Programs, a participating dental practitioner that transports staff and equipment to provider offices. Gateway Health PHDHPs contact members to schedule appointment and counsel members on the importance of good oral hygiene and nutrition on the day of the event. This event allows members to get their teeth cleaned and examined at a location that is familiar to them. For the first event in August 2015, 13 Gateway health members received dental care. This is an ongoing effort. Each event is analyzed separately for success. Since Gateway Health is scheduling the appointments and present for the event, the number of members who get dental care can be measured on the day of the event.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps

needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Annual Dental Visit (Age 2-21 years) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015 – Ongoing). As with earlier campaigns, members/heads of household will receive educational information on good oral hygiene and have an opportunity to receive assistance scheduling a dental appointment. This campaign will include members that span the entire age range of the HEDIS measure. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members who had a dental visit. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

No Contact Postcards (Q4 2015 – Ongoing). PHDHPs will send out “No Contact Postcards” to member households where outreach attempts have been unsuccessful. Outreach attempts are deemed unsuccessful if there is a wrong/disconnected phone number, no answer/busy signal, or voice message left without a returned phone call. The postcards will include information about who attempted the outreach, the reason, and contact information for each PHDHP. The postcards that are mailed will be tracked by a checkbox in the PHDHP dental encounter software. Success will be determined by measuring the number of member households who call regarding the postcard compared to the number sent out. This will be monitored through the dental encounter software by a Health Services analyst. The postcard will be mailed to ~2,500 members throughout the year. This will be an ongoing effort.

Special Needs Dentist Listing (Q1 2016). A list of dentists who report expertise serving members with special needs will be placed on Gateway Health’s Medicaid website and monitored for accuracy. Dental Operational Lead will verify that information is up to date annually, by requesting updates from United Concordia to compare to Gateway Health’s special needs dental practitioner list quarterly to determine accuracy.

Reference Number: GH 2014.07: The MCO’s rate was statistically significantly below the 2014 (MY 2013) MMC average for the Dental Sealants for Children (Age 8 years) measure.

Follow Up Actions Taken Through 09/30/15:

Sealant Mailer (2014). All children turning ages 6-7 and ages 11-12 during 2014 were targeted for this initiative with a post card reminder to the HOH to have their child seen by a dentist and have sealants placed. Mailings were quarterly. By September 2014, 353 children were seen for the sealant during the 3 months after the mailing, and 146 of those members had a sibling see the same provider on the same date of service, for a total of 499 members that had a preventive visit and/or a sealant. The yield for this initiative was less than 1%. The ROI was not sufficient in order to continue this initiative, and it was retired at the end of 2014.

Dentist Outreach Regarding Members with Gaps (2014). Gateway Health’s dental delegate, United Concordia, sent the member’s name and demographics to the last treating dentist in 2014. Faxes sent to the dentists requested that they assist Gateway Health in getting these children back to see the provider. UCD then followed-up with a phone call to the office to reinforce the message. Additionally, Medical Assistance Transportation Program (MATP) fact sheets were also sent to the providers to help address transportation barriers.

Dental Sealant Message in Member Newsletter Notice. The July 2015 postcard notice to members contained a message about dental sealants, including their importance and reminders to schedule a dental visit. This postcard is sent to all Medicaid plan members. The success of the intervention will be determined by year over year improvements for the sealant measure, with the goal of meeting or exceeding the Medicaid weighted average.

Public Health Dental Hygienic Practitioners (PHDHPs) (January 2015 – Ongoing). Gateway Health employs three to cover three distinct service areas within the Commonwealth. PHDHPs conduct telephonic outreach and go on-site to Early Head Start, FQHCs, and PCP offices to apply fluoride varnish. The purpose of telephonic outreach is to refer members to a dental home, and to counsel on oral hygiene instruction and nutritional counseling. To date, 3,793 unique encounters with members have been completed. Of those, 1,814 gaps were closed for counseling on oral hygiene and 578 members were have found to have had a dental visit within 90 days of the call. Effectiveness will be measured by ongoing monitoring of calls and outcomes.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for Dental Sealants for Children (Age 8 years) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Dental Sealant Message in Member Newsletter Notice. The postcard notice to members will contain a message about dental sealants, including their importance and reminders to schedule a dental visit. This postcard is sent to all Medicaid plan members.

Reference Number: GH 2014.08: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Breast Cancer Screening (Age 50-74 years) measure.

Follow Up Actions Taken Through 09/30/15:

Gateway to Practitioner Excellence (GPE®) Program (2014 – Ongoing). Gateway Health included breast cancer screening in the Gateway to Practitioner Excellence (GPE®) incentive program for providers in 2014 and beyond. The participating providers receive a provider dashboard that reviews their rates of screening based off of claims data. The incentive should move more providers to close gaps in the members' care and increase the number of women up to date on breast cancer screening. Effectiveness of this initiative involves reviewing provider performance to compare the profiles of improving practices to practices that decreased or stayed the same in order to develop future interventions.

“Care Gap” button (October 2014 – Ongoing). Gateway Health included breast cancer screening on the “Care Gap” button to be discussed on inbound and outbound calls made by Gateway Health representatives in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, breast cancer screening was discussed as a care gap 3,121 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the BCS measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS BCS scores.

Telephonic Outreach Campaign (July 2015 – August 2015). Gateway Health made phone calls to 1,200 members between July 2015 and August 2015 who did not see their physicians regularly to help schedule them for a mammogram. A report will be generated 90 days after the final phone call has been made that compares the list of members called to a list of claims to determine how many of the members had a mammogram. The number of members who got scheduled for a mammogram will be dependent on how many can be reached. The goal is for 50% of the members who are reached to get a mammogram.

Reminder Postcards (July 2015 – August 2015). Gateway Health mailed mammogram reminder postcards to 1,000 women in July 2015 and August 2015 who previously had a mammogram and have coordinated health care, as determined by Gateway Health's member-centric index. A report will be [generated] 90 days after the cards have been mailed comparing the rate of mammograms for women who have received a postcard to the typical mammogram rate based off of claims data. The postcard is only being sent to women who have had a mammogram in the past and are recently due. It is expected that 50% of these women will receive a mammogram as a result.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of breast cancer screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Barrier Resolution for Members with Intellectual or Physical Disabilities (July 2015 – August 2015). Gateway Health conducted phone interviews with members and caretakers of members who are known to have intellectual or physical disabilities to better understand their barriers to care and develop solutions for this underserved population. Phone interviews were recorded and the text qualitatively analyzed by a Clinical Quality Management Analyst to determine the most common barriers and devise future interventions. These interventions will be geared to help improve the access to care for Gateway Health's disabled population, allowing these members to decrease the number of gaps in their care. Measuring the success of this intervention is difficult due to the varying levels of impact that could result from the information gathered. Future interventions for women with disabilities will have claims data pulled by the Health Services Analytics Team to review the number of gaps that were closed.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention

activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future. The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Breast Cancer Screening (Age 50-74 years) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members who have not yet received their breast cancer screening will receive an outbound call reminding them of the overdue screening and providing an opportunity to receive assistance scheduling a PCP appointment to discuss need for a mammogram. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members who had a mammogram. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Website Updates (October 2015). Updates to the Medical Assistance portion of the Gateway Health website will be made in October 2015 to provide information about the importance of regular mammograms and provide resources for people currently living with breast cancer. The member newsletter will also contain information about breast cancer awareness. Utilization data will be obtained for the links on the website and the link to the member newsletter. Due to the fact that utilization cannot be narrowed down to an individual user, the impact of this information will be difficult to measure. The overall rate for breast cancer screening will be analyzed for 90 days, starting November 1st, by looking for an increase in claims for screening mammography around Breast Cancer Awareness Month. Accessing the information on the website should educate members about the importance of screening and help improve the HEDIS rate for the measure.

Member Newsletter Education (November 2014 & November 2015). Breast cancer awareness articles are published in the member newsletter annually. The Adult Preventive Operational Lead verifies that articles are relevant and remain consistent with clinical practice guidelines.

Reference Number: GH 2014.09: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Cervical Cancer Screening measure.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated improvement in Cervical Cancer Screening rates from 62.53% to 63.50%

"Care Gap" button (October 2014 – Ongoing). Gateway Health included cervical cancer screening on the "Care Gap" button to be discussed on inbound or outbound calls made by Gateway Health representative in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, cervical cancer screening was discussed as a care gap 6,552 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

Member Portal (June 2015 – Ongoing). Gateway Health has been listing gaps in care on the Member Portal since June 2015. Each time a member logs into the portal they are reminded if they need a cervical cancer screening.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CCS measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CCS scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of cervical cancer screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Women's Health Mailer (September 2015 – Ongoing). A Women's Health Mailer was sent to 4,189 female Medicaid members in September 2015 as a reminder of the need for a cervical cancer screening test and the frequency. Members call in on a unique phone line to allow tracking of outcomes specific to this intervention. Data is pending. Plans are underway to continue this mailing in 2015.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps

needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Cervical Cancer Screening measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members who have not yet received their breast cancer screening will receive an outbound call reminding them of the overdue screening. Gap closure rates will be analyzed following the campaign.

Use of OBNAF Forms (Q1 2016 – Q2 2016). During the 2016 HEDIS chart chase, OBNAF forms will be used as medical record documentation of a cervical cancer screening test. This will measure the number of numerator hits via Medical Record in 2015 versus 2014. The goal is to increase the number of CCS hits captured via medical record review by a minimum of 10%.

Reference Number: GH 2014.10: The MCO's rates were statistically significantly below the 2014 (MY 2013) MMC averages for the Chlamydia Screening in Women – All Ages (Age 16-20 years, Age 21-24 years, and Total) measures.

Follow Up Actions Taken Through 09/30/15:

“Care Gap” button (October 2014 – Ongoing). Gateway Health included chlamydia screening on the “Care Gap” button to be discussed on inbound or outbound calls made by Gateway Health representative in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, chlamydia screening was discussed as a care gap 61 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

Website updates (April 2015). Updates to Gateway Health’s member-facing website were completed in April 2015. These updates include information about chlamydia, screening for the disease, and proper coding for a screening test. Effectiveness of the website updates will be monitored through a quarterly report to determine the number of unique visitors to this information on the web page.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CHL measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CHL scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of chlamydia screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Women’s Health Mailer (September 2015 – Ongoing). A Women’s Health Mailer was sent to 4,189 female Medicaid members in September 2015 as a reminder of the need for a chlamydia screening test and the frequency. Members call in on a unique phone line to allow tracking of outcomes specific to this intervention. Data is pending. Plans are underway to continue this mailing in 2015.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Chlamydia Screening in Women – All Ages (Age 16-20 years, Age 21-24 years, and Total) in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Provider Newsletter Article (Q4 2015 or Q1 2016). An article will be published in the Provider newsletter that focuses on the

importance of screening all sexually active females in the appropriate age range for chlamydia. Chlamydia is often asymptomatic, so it is necessary for providers to understand the need for initiating the conversation with their members. The intention is to place the article in one or more Provider newsletters between September 2015 and Q1 2016. Effectiveness will be monitored in Q1 2016 through an analysis of utilization data determining how many external clicks occurred on the provider newsletter.

Reference Number: GH 2014.11: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Prenatal and Postpartum Care – Timeliness of Prenatal Care measure.

Follow Up Actions Taken Through 09/30/15:

CM and Maternity Team Training (September 2014 – Ongoing). Ongoing training is provided to Care Management and the Maternity team to assist in aligning Care Management outreach with prenatal quality indicators. Training includes encouraging a proactive approach to finding barriers that will keep members from seeking care, as well as:

- Timely prenatal care
- Warm transfer to community partners
- Assistance in scheduling prenatal appointments
- Arranging transport to doctor visits
- Referrals to Behavioral Health services
- Promote Text4Baby and a no cost phone through SafeLink

The Maternity Operational Lead and Maternity Care Management Team Manager listen to maternity calls on at least a quarterly basis to monitor adoption of new processes and provide targeted training to specific team members. QI monitors enrollment in TEXT4BABY and Safelink phones through vendor quarterly reports. Team members who have successfully adopted the new process on at least 90% of monitored calls will be recognized at the Maternity team meeting.

Quarterly Provider Newsletters and Fax Blasts (September 2014 – Ongoing). These educational materials have been sent out quarterly since September 2014 and include Prenatal provider incentives, a MOM Matters® Program overview (including member incentive description), tips on completing a depression screening and an overview of MOM Matters® as a part of the Gateway to Lifestyle Management Program.

Care Management Software Enhancements (December 2014 – August 2015). The application used to house maternity member interactions was enhanced between December 2014 and August 2015. An “Estimated Delivery Date” field was added to the assessments to provide a simple means to sort call lists by first trimester deadlines, as well as by risk. Additional enhancement included uploading prenatal frequency talking points to the assessment to support the Maternity team in their efforts to overcome objections to seeking care, and adding a calendar system to allow OB/GYN appointments, tracking and reminder calls.

Improvement of MOM Matters® content (May 2015 – Ongoing). A cross-functional team of QI and Care Management convened in May 2015 to:

- Revise the MOM Matters® prenatal packet to highlight member incentives and the importance of timely prenatal care
- Advertise the new Member Portal where members can research content on health topics, print an ID card, and review gaps in care
- Update MOM Matters® web content on Gateway Health website to include references to the importance of having a first trimester prenatal, member incentives, Text4Baby, and Safelink Wireless
- Add a message promoting the MOM Matters® program and incentive on the hold queue of the Member Services Medicaid line

This group continues to meet regularly to refine materials, identify barriers and opportunities. QI also measures the number of moms who enroll in MOM Matters® Incentive Program, TEXT4BABY on a quarterly basis.

Provider Education (August 2015 – Ongoing). Gateway Health began educating high-volume OB/GYN providers in August 2015 about timely and accurate claims billing, and how they can earn incentive dollars by providing first trimester prenatal visits. Gateway Health is also identifying those providers who are untimely in billing or who are using incorrect codes which are impeding the tracking of prenatal care visits. This ongoing education includes face-to-face visits with high volume offices; discussing coding issues and promotion, leave-behind tip sheet and contact phone for future questions, and blast fax tip sheet to all Providers. QI monitors provider incentive payouts quarterly in order to monitor success as indicated by increased incentive dollars payout over 2014 amounts. QI tracks HEDIS administrative data via monthly ratings report.

Women's Health Mailing (September 2015 – Ongoing). 4,189 members were identified via claims for a prenatal-like service (e.g., hCG lab) and sent a Women's Health mailing in September 2015. This mailing includes information on several preventive services recommended for women, with a heavy focus on the MOM Matters® program. The message encourages members to contact the Maternity Team early in the pregnancy to qualify for the incentives and receive assistance in arranging transportation, scheduling prenatal appointments or identifying community resources. Plans are underway to continue this mailing.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Prenatal and Postpartum Care – Timeliness of Prenatal Care measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Provider Incentive Revision (Q1 2016). Gateway Health currently offers a provider incentive for first trimester prenatal visit and submission of the OBNAF. The current coding does not support administrative HEDIS data collection. Coding rules for this incentive will be realigned in 2016 to mirror the HEDIS specs. Claims analysis has identified trends indicative that providers are not submitting claims with HEDIS-required codes more often than not.

Reference Number: GH 2014.12: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Pharmacotherapy Management of COPD Exacerbation: Bronchodilator measure.

Follow Up Actions Taken Through 09/30/15:

Welcome Letter and Brochure (2014 – Ongoing). Gateway to Lifestyle Management (GTLM) Welcome Letter and Brochure – sent to each newly identified member with COPD diagnosis. Materials discuss GTLM program benefits & medication adherence. This initiative launched in 2014 and is ongoing. Effectiveness is measured by monitoring the number of letters mailed:

- 4/8/14 – 2,760 letters mailed
- 6/18/14 – 1,551 letters mailed
- 9/9/14 – 1,618 letters mailed

Telephonic Care Management (2014 – Ongoing). GTLM telephonic care management for members with COPD and a recent inpatient hospitalization. Members engaged in telephonic care management also receive specialized HealthWise education materials, including education on COPD basics, creating a COPD exacerbation plan, and smoking cessation. Between July 2014 and July 2015, Gateway Health identified 2,846 members with a diagnosis of COPD. Of those members, 1,126 were identified for care management based on risk stratification levels. 727 members (64.6%) were actively engaged in CM.

Excluding Bronchodilators from Prescription Limits (2014 – Ongoing). This intervention has been in place since 2014 and directly addresses any cost barriers that members with COPD may have with regard to this medication, thus improving access and affordability of necessary medications for members with COPD.

Educational Materials (2014 – Ongoing). HealthWise educational material regarding COPD exacerbation and medication management has been available to members per request and at the discretion of CM since 2014. A newsletter article entitled “Do You Have COPD? A Few Tips to Help Your Breathing This Winter!” was published in the November 2014 Member Newsletter.

Pre-queue messaging (September 2014). COPD pre-queue messaging with a reminder about the importance of a flu vaccination for members calling into Gateway Health ran in September 2014. Assessing impact of this intervention is difficult in light of other flu-related activities conducted by the plan and in the community-at-large.

“Care Gap” button (October 2014 – Ongoing). Gateway Health included bronchodilator adherence on the “Care Gap” button to be discussed on inbound or outbound calls made by Gateway Health representative in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, adherence was discussed as a care gap 17 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

IVR Call Campaigns (March 2015 & June 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In March 2015, Gateway Health outreached to 972 members diagnosed with COPD to educate on spirometry and medications, as well as assess for medication compliance knowledge deficits. The March campaign successfully engaged 526 members. Of those reached, 35 transferred to a live agent for assistance in scheduling a provider appointment. The June 2015 campaign targeted 3,192 members. That call campaign successfully engaged 1,751 and transferred 105 members.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Pharmacotherapy Management of COPD Exacerbation – Bronchodilator measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

The future actions planned to affect this measure have already been initiated and are ongoing, as listed above.

Reference Number: GH 2014.13: The MCO's rate was statistically significantly worse than the 2014 (MY 2013) MMC average for the HbA1c Poor Control (>9.0%) measure.

Follow Up Actions Taken Through 09/30/15:

Care4Life Texting Program (2014 – Ongoing). Members receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders. This is an opt-in program. A quarterly analysis of enrolled members and care gap closures produced by the health care data analytics and HEDIS operation teams is used to monitor the effectiveness of the program. As of September 30, 2015, the total Care4Life enrollment is 269 members, with an overall goal of 500 members. Of those 269, 152 members requested a warm transfer to Care Management to hear more about the program, 144 members actively receiving texts, and 54% of enrolled users were actively receiving text messages.

Neighborhood Diabetes (2014 – Ongoing). Neighborhood Diabetes is a DME Vendor who offers members a home visit with a non-clinical staff person. From inception to August 2015, visits include a discussion about glucometer options, use of glucometer, and basic diabetes education. Random blood sugar is drawn and when indicated, an A1c. A1c levels of 9.0% or greater are referred to the Gateway to Lifestyle Management™ (GTLM™) program. Results are provided to Gateway Health members and their doctor. Effective 08/17/15, Neighborhood Diabetes provided DME services only – no A1c's or home assessments were provided. The goal of Neighborhood Diabetes DME program is to achieve controlled diabetes measures, which demonstrates rates are improving. Analysis of random blood glucose and A1c's assessment completed by the DME vendor revealed the following:

- Total Members Outreach to: 19,614
- Total Members Reached: 9,420
- Total Members Enrolled: 5,062
- Total Members Receiving Supplies: 4,649
- Total In-Home Assessments Completed: 2,988 (prior to 8/17/15)
- Total A1c's Completed: 989 (prior to 8/17/15)

Training (July 2014 – Ongoing). Various ongoing training efforts have been conducted since July 2014:

- CCS Medical trained all Care Management staff on insulin pump usage. Determining the impact of staff training on the rate of proper insulin pump usage is difficult to measure as it is dependent on the member's health literacy.
- Cultural Competency training was presented to Care Management staff by Sanofi with the intent that staff will provide more effective evidenced-based information to members about appropriate utilization.
- Diabetes training was presented to Care Management staff by the Diabetes Clinical Specialist. The goal is that staff will be more knowledgeable and able to provide evidence-based and diabetes "best practices". Four sessions will be held between 9/22/15 and 10/7/15.

"Care Gap" button (October 2014 – Ongoing). Gateway Health included HbA1c testing on the "Care Gap" button to be discussed on inbound or outbound calls made by Gateway Health representative in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, HbA1c testing was discussed as a care gap 1,069 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

Diabetes Report Card (October 2014 & May 2015). The report card is a mailing which provides members with their dates and/or results for diabetes-related exams and refill dates for medication. Analysis of the number of diabetic care gap closures for control of

A1c, retinal eye examination, and urine test at 30, 60, and 90 days post-mailing were confirmed by successful submissions of claims. Results shows that:

Gaps	Percentage of members who received the mailer and closed the gap within 90 days
A1C	15.51%
LDL	14.44%
Eye Exam	10.52%
Urine test	19.35%

The May 2015 mailing also included a BMI insert. The May mailer targeted 7,297 members. Claims results analysis is pending. Providers were also made aware of this effort via a fax blast to all PCPs, Family Practices, and Endocrinologists.

IVR Call Campaigns (May 2015 & August 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In May 2015, Gateway Health outreached to 7,199 members with one or more open diabetes care gaps. The May campaign successfully engaged 3,745 members in listening to a message about diabetes self-care and necessary screenings. Of those reached, 306 transferred to a live agent for assistance in scheduling an appointment. Claims analysis indicated that 16.84% of members reached had an A1c claim within 90 days. Members who were not reached closed the A1c gap at a rate of 10.28% within 90 days. Of members reached, 7.28% had a DRE claim within 90 days. Members who were not reached closed the DRE gap at a rate of 3.25% within 90 days. The August campaign targeted 6,877 members. Of those, 3,171 members were reached and 252 transferred to a live agent for assistance in scheduling an appointment. Further claims analysis on the second cycle is pending.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CDC measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CDC scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of chlamydia screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the HbA1c Poor Control (>9.0%) measure in 2016. (This is an inverse measure.)

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members who continue to have an open A1c gap will receive an outbound call reminding them of the overdue screening and providing an opportunity to receive assistance scheduling a PCP appointment. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members with A1c testing. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Staff Education (Q4 2015 – Ongoing). Upcoming trainings will focus on newer classes of diabetes medications. 2016 training plan is under development.

Reference Number: GH 2014.14: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the HbA1c Control (<8.0%) measure.

Follow Up Actions Taken Through 09/30/15:

Care4Life Texting Program (2014 – Ongoing). Members receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders. This is an opt-in program. A quarterly analysis of enrolled members

and care gap closures produced by the health care data analytics and HEDIS operation teams is used to monitor the effectiveness of the program. As of September 30, 2015, the total Care4Life enrollment is 269 members, with an overall goal of 500 members. Of those 269, 152 members requested a warm transfer to Care Management to hear more about the program, 144 members actively receiving texts, and 54% of enrolled users were actively receiving text messages.

Neighborhood Diabetes (2014 – Ongoing). Neighborhood Diabetes is a DME Vendor who offers members a home visit with a non-clinical staff person. From inception to August 2015, visits include a discussion about glucometer options, use of glucometer, and basic diabetes education. Random blood sugar is drawn and when indicated, an A1c. A1c levels of 9.0% or greater are referred to the Gateway to Lifestyle Management™ (GTLM™) program. Results are provided to Gateway Health members and their doctor. Effective 08/17/15, Neighborhood Diabetes provided DME services only – no A1c’s or home assessments were provided. The goal of Neighborhood Diabetes DME program is to achieve controlled diabetes measures, which demonstrates rates are improving. Analysis of random blood glucose and A1c’s assessment completed by the DME vendor revealed the following:

- Total Members Outreach to: 19,614
- Total Members Reached: 9,420
- Total Members Enrolled: 5,062
- Total Members Receiving Supplies: 4,649
- Total In-Home Assessments Completed: 2,988 (prior to 8/17/15)
- Total A1c’s Completed: 989 (prior to 8/17/15)

Training (July 2014 – Ongoing). Various ongoing training efforts have been conducted since July 2014:

- CCS Medical trained all Care Management staff on insulin pump usage. Determining the impact of staff training on the rate of proper insulin pump usage is difficult to measure as it is dependent on the member’s health literacy.
- Cultural Competency training was presented to Care Management staff by Sanofi with the intent that staff will provide more effective evidenced-based information to members about appropriate utilization.
- Diabetes training was presented to Care Management staff by the Diabetes Clinical Specialist. The goal is that staff will be more knowledgeable and able to provide evidence-based and diabetes “best practices”. Four sessions will be held between 9/22/15 and 10/7/15.

“Care Gap” button (October 2014 – Ongoing). Gateway Health included HbA1c testing on the “Care Gap” button to be discussed on inbound or outbound calls made by Gateway Health representative in October 2014 and ongoing. Reports are requested semiannually on the number of care gaps that were discussed during inbound or outbound calls with members. From October 2014 – May 2015, HbA1c testing was discussed as a care gap 1,069 times. Members who do not realize that they have this gap in their care will benefit by having a brief reminder that they should speak with their physician about getting screened. Success of this intervention is difficult to measure, but monthly HEDIS rating reports are reviewed to determine if increases in the rate are made month over month.

Diabetes Report Card (October 2014 & May 2015). The report card is a mailing which provides members with their dates and/or results for diabetes-related exams and refill dates for medication. Analysis of the number of diabetic care gap closures for control of A1c, retinal eye examination, and urine test at 30, 60, and 90 days post-mailing were confirmed by successful submissions of claims. Results shows that:

Gaps	Percentage of members who received the mailer and closed the gap within 90 days
A1C	15.51%
LDL	14.44%
Eye Exam	10.52%
Urine test	19.35%

The May 2015 mailing also included a BMI insert. The May mailer targeted 7,297 members. Claims results analysis is pending. Providers were also made aware of this effort via a fax blast to all PCPs, Family Practices, and Endocrinologists.

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The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the HbA1c Control (<8.0%) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members who continue to have an open A1c gap will receive an outbound call reminding them of the overdue screening and providing an opportunity to receive assistance scheduling a PCP appointment. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members with A1c testing. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Staff Education (Q4 2015 – Ongoing). Upcoming trainings will focus on newer classes of diabetes medications. 2016 training plan is under development.

Reference Number: GH 2014.15: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the HbA1c Good Control (<7.0%) measure.

Follow Up Actions Taken Through 09/30/15:

Care4Life Texting Program (2014 – Ongoing). Members receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders. This is an opt-in program. A quarterly analysis of enrolled members and care gap closures produced by the health care data analytics and HEDIS operation teams is used to monitor the effectiveness of the program. As of September 30, 2015, the total Care4Life enrollment is 269 members, with an overall goal of 500 members. Of those 269, 152 members requested a warm transfer to Care Management to hear more about the program, 144 members actively receiving texts, and 54% of enrolled users were actively receiving text messages.

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The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the HbA1c Good

Control (<7.0%) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members who continue to have an open A1c gap will receive an outbound call reminding them of the overdue screening and providing an opportunity to receive assistance scheduling a PCP appointment. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members with A1c testing. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Staff Education (Q4 2015 – Ongoing). Upcoming trainings will focus on newer classes of diabetes medications. 2016 training plan is under development.

Reference Number: GH 2014.16: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the LDL-C Level Controlled (<100 mg/dL) measure.

Follow Up Actions Taken Through 09/30/15:

Provider Fax Blasts (October 2014 – December 2014). Faxes were sent to providers to encourage member to f/u on diabetic care gaps, including LDL-C level control, in October and December 2014. The goal of fax marketing is to see an increase in provider's submission rates for diabetes-related care and encourage follow-up for abnormal values.

Trainings (October 2014). Care Management staff were trained on cholesterol/LDL and the need to document LDL-C levels at each telephonic member interaction in October 2014 and ongoing. Ongoing effectiveness of trainings were noted via staff audits with a goal of 90% or better in areas of documentation and f/u with member. A score lower than the 90% benchmark results in education and/or personnel action.

IVR Call Campaigns (May 2015 & August 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In May 2015, Gateway Health outreached to 7,199 members with one or more open diabetes care gaps, including LDL-C. The May campaign successfully engaged 3,745 members in listening to a message about diabetes self-care and necessary screenings. Of those reached, 306 transferred to a live agent for assistance in scheduling an appointment. Claims analysis indicated that 16.84% of members reached had an A1c claim within 90 days. Members who were not reached closed the A1c gap at a rate of 10.28% within 90 days. Of members reached, 7.28% had a DRE claim within 90 days. Members who were not reached closed the DRE gap at a rate of 3.25% within 90 days. The August campaign targeted 6,877 members. Of those, 3,171 members were reached and 252 transferred to a live agent for assistance in scheduling an appointment. Further claims analysis on the second cycle is pending.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the LDL-C Level Controlled (<100 mg/dL) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

None – this measure has been retired.

Reference Number: GH 2014.17: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Blood Pressure Controlled <140/90 mm Hg measure.

Follow Up Actions Taken Through 09/30/15:

In MY 2014, Gateway Health demonstrated improvement on the Blood Pressure Controlled <140/90 mm Hg measure with an increase from 53.04% to 66.42%.

Care4Life Texting Program (2014 – Ongoing). Members receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders. This is an opt-in program. A quarterly analysis of enrolled members and care gap closures produced by the health care data analytics and HEDIS operation teams is used to monitor the effectiveness of the program. As of September 30, 2015, the total Care4Life enrollment is 269 members, with an overall goal of 500 members. Of those 269, 152 members requested a warm transfer to Care Management to hear more about the program, 144 members actively receiving texts, and 54% of enrolled users were actively receiving text messages.

Training (July 2014 – Ongoing). Various ongoing training efforts have been conducted since July 2014:

- Cultural Competency training was presented to Care Management staff by Sanofi with the intent that staff will provide more effective evidenced-based information to members about appropriate utilization.
- Diabetes training was presented to Care Management staff by the Diabetes Clinical Specialist. The goal is that staff will be more knowledgeable and able to provide evidence-based and diabetes "best practices". Four sessions will be held between 9/22/15 and 10/7/15.
- Staff in-service on hypertension and need to document blood pressure level at each follow-up phone call in August 2014. The

goal of training Care Management staff is to ensure accurate documentation of the blood pressure results when interacting with the member, and to fully engage the members to seek treatment for high blood pressure.

Blood Pressure Monitors (September 2014 – Ongoing). Gateway Health promotes the availability of blood pressure monitors via multiple member-facing departments and via external vendors. Members are eligible if their providers ask them to monitor BP and member self-reports a financial burden. The number of invoices is monitored via a “Better Living Now” contract with a DME vendor on a quarterly basis. Invoices are compared to provider data to evaluate those members who need additional follow-up due to uncontrolled blood pressure. The goal is to provide cuffs to all members enrolled in the identified programs. Improvement will be determined through the analysis of the number of enrollments in wither Complex Case Management of the Cardiac GTLM program, and a review of blood pressure results which show an increase in controlled rates less than 140/90 on a quarterly basis.

Diabetes Report Card (October 2014 & May 2015). The report card is a mailing which provides members with their dates and/or results for diabetes-related exams and refill dates for medication. Analysis of the number of diabetic care gap closures for control of A1c, retinal eye examination, and urine test at 30, 60, and 90 days post-mailing were confirmed by successful submissions of claims. Results shows that:

Gaps	Percentage of members who received the mailer and closed the gap within 90 days
A1C	15.51%
LDL	14.44%
Eye Exam	10.52%
Urine test	19.35%

The May 2015 mailing also included a BMI insert. The May mailer targeted 7,297 members. Claims results analysis is pending. Providers were also made aware of this effort via a fax blast to all PCPs, Family Practices, and Endocrinologists.

IVR Call Campaigns (May 2015 & August 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In May 2015, Gateway Health outreached to 7,199 members with one or more open diabetes care gaps. The May campaign successfully engaged 3,745 members in listening to a message about diabetes self-care and necessary screenings. Of those reached, 306 transferred to a live agent for assistance in scheduling an appointment. Claims analysis indicated that 16.84% of members reached had an A1c claim within 90 days. Members who were not reached closed the A1c gap at a rate of 10.28% within 90 days. Of members reached, 7.28% had a DRE claim within 90 days. Members who were not reached closed the DRE gap at a rate of 3.25% within 90 days. The August campaign targeted 6,877 members. Of those, 3,171 members were reached and 252 transferred to a live agent for assistance in scheduling an appointment. Further claims analysis on the second cycle is pending.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CDC measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CDC scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of chlamydia screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Health Awareness Series (August 2015 – Ongoing). Series on Hypertension/Heart Disease with a focus on signs/symptoms, management and prevention. The series began in August 2014 and will be an ongoing effort. To date, there have been 5 presentations with 206 attendees. An analysis of claims will be utilized and medical record review to determine effectiveness.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Blood Pressure Controlled <140/90 mm Hg measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned: The future actions planned to affect this measure have already been initiated and are ongoing, as listed above.

Reference Number: GH 2014.18: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Blood Pressure Controlled <140/80 mm Hg measure.

Follow Up Actions Taken Through 09/30/15:

Care4Life Texting Program (2014 – Ongoing). Members receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders. This is an opt-in program. A quarterly analysis of enrolled members and care gap closures produced by the health care data analytics and HEDIS operation teams is used to monitor the effectiveness of the program. As of September 30, 2015, the total Care4Life enrollment is 269 members, with an overall goal of 500 members. Of those 269, 152 members requested a warm transfer to Care Management to hear more about the program, 144 members actively receiving texts, and 54% of enrolled users were actively receiving text messages.

Training (July 2014 – Ongoing). Various ongoing training efforts have been conducted since July 2014:

- Cultural Competency training was presented to Care Management staff by Sanofi with the intent that staff will provide more effective evidenced-based information to members about appropriate utilization.
- Diabetes training was presented to Care Management staff by the Diabetes Clinical Specialist. The goal is that staff will be more knowledgeable and able to provide evidence-based and diabetes “best practices”. Four sessions will be held between 9/22/15 and 10/7/15.
- Staff in-service on hypertension and need to document blood pressure level at each follow-up phone call in August 2014. The goal of training Care Management staff is to ensure accurate documentation of the blood pressure results when interacting with the member, and to fully engage the members to seek treatment for high blood pressure.

Blood Pressure Monitors (September 2014 – Ongoing). Gateway Health promotes the availability of blood pressure monitors via multiple member-facing departments and via external vendors. Members are eligible if their providers ask them to monitor BP and member self-reports a financial burden. The number of invoices is monitored via a “Better Living Now” contract with a DME vendor on a quarterly basis. Invoices are compared to provider data to evaluate those members who need additional follow-up due to uncontrolled blood pressure. The goal is to provide cuffs to all members enrolled in the identified programs. Improvement will be determined through the analysis of the number of enrollments in wither Complex Case Management of the Cardiac GTLM program, and a review of blood pressure results which show an increase in controlled rates less than 140/90 on a quarterly basis.

Diabetes Report Card (October 2014 & May 2015). The report card is a mailing which provides members with their dates and/or results for diabetes-related exams and refill dates for medication. Analysis of the number of diabetic care gap closures for control of A1c, retinal eye examination, and urine test at 30, 60, and 90 days post-mailing were confirmed by successful submissions of claims. Results shows that:

Gaps	Percentage of members who received the mailer and closed the gap within 90 days
A1C	15.51%
LDL	14.44%
Eye Exam	10.52%
Urine test	19.35%

The May 2015 mailing also included a BMI insert. The May mailer targeted 7,297 members. Claims results analysis is pending. Providers were also made aware of this effort via a fax blast to all PCPs, Family Practices, and Endocrinologists.

IVR Call Campaigns (May 2015 & August 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. In May 2015, Gateway Health outreached to 7,199 members with one or more open diabetes care gaps. The May campaign successfully engaged 3,745 members in listening to a message about diabetes self-care and necessary screenings. Of those reached, 306 transferred to a live agent for assistance in scheduling an appointment. Claims analysis indicated that 16.84% of members reached had an A1c claim within 90 days. Members who were not reached closed the A1c gap at a rate of 10.28% within 90 days. Of members reached, 7.28% had a DRE claim within 90 days. Members who were not reached closed the DRE gap at a rate of 3.25% within 90 days. The August campaign targeted 6,877 members. Of those, 3,171 members were reached and 252 transferred to a live agent for assistance in scheduling an appointment. Further claims analysis on the second cycle is pending.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CDC measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve

HEDIS CDC scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of chlamydia screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Health Awareness Series (August 2015 – Ongoing). Series on Hypertension/Heart Disease with a focus on signs/symptoms, management and prevention. The series began in August 2014 and will be an ongoing effort. To date, there have been 5 presentations with 206 attendees. An analysis of claims will be utilized and medical record review to determine effectiveness.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Blood Pressure Controlled <140/80 mm Hg measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

None – this measure has been retired.

Reference Number: GH 2014.19: The MCO's rates were statistically significantly worse than the 2014 (MY 2013) MMC averages for the Diabetes Short-Term Complications Admission Rate (Age 18-64 years) and (Total Age 18+ years) measures.

Follow Up Actions Taken Through 09/30/15:

Provider Dashboard Report (2014 – Ongoing). The report has been mailed quarterly since 2014 to providers, along with Gateway Health's pay-for-performance program, and includes an ED measure which identifies members seen in the ED but not hospitalized. The goal is to see a decrease in short-term admission rates by 30% by the end of the 3rd quarter and increase PCP appointments. Quarterly analysis of admission rates pre- and post-mailings will be used to determine whether the intervention is working. The 1st quarter mailing of 2014 was sent to 1,325 providers for 75,518 members.

Dashboards sent to Providers:

2014 1st Quarter – 1,325

2014 2nd Quarter – 1,343

2014 3rd Quarter – 1,349

2014 4th Quarter – 1,466

2015 1st Quarter – 1,780

2015 2nd Quarter – 1,880

Preliminary analysis of the correlative 2015 impact per the Q1 mailing is pending.

After hours Reimbursement (2014 – Ongoing). Reimbursement for PCP After-Hours codes to support the PMCH Model of Care concept. This program provides reimbursement to Fee-For-Service and capitated PCP practices for after-hours services, such as evening and/or weekend hours. The effectiveness will be determined by measuring quarterly the number of ED claims compared to the number of After-Hours claims billed monthly. The goal is to have an increase in After-Hours claims vs. ER claims, which demonstrates that members are receiving coordinated care from their providers rather than fragmented care through the ER.

Transition Management Program Redesign (Q3 2014 & Q2 2015). Gateway Health's Transition Management (TM) Program was redesigned in late 2014 from a focus on high-volume hospitals to a focus on particular diagnostic groupings: diabetes, COPD, skin infections, pneumonia, lower respiratory disease, complications of devices, and asthma. These groupings were chosen because they represent the top 80% of Gateway Health's admissions and readmissions. To promote continuity of care with members already active with Care Management who experience a hospitalization, Care Management staff was trained to complete the transition management assessments in 2015. All Care Coordinators receive a daily report of members who have been admitted regardless of diagnosis and for whom there is an open case. If the Member is already engaged in Care Management, the assigned Care Coordinator will provide the TM services and ongoing support so that the member can continue to have a primary point of contact. The TM Care Coordinator initiates Member outreach during the inpatient stay at the earliest point when the Member is able to engage and maintains contact with the member through a series of interactions. In addition to reviewing readmission rates specific

to each diagnostic grouping, success of this action will be monitored via staff chart audits, call audits, and performance standards with internally developed goals. Scores falling below the goal threshold may result in additional staffing training and/or remediation.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for Diabetes Short-Term Complications Admission Rate (Age 18-64 years) and (Total Age 18+ years) measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

Embedded Care Coordinator Enhancement (Q4 2015). Gateway Health has utilized on-site Care Coordinators since 2012 to enhance the discharge process and obtain on-site notification of admission and discharge in “real time” by the facility. Future enhancement will result in the embedded Care Coordinators participating in interdisciplinary care conferences for high-risk patients. They have been given priority clearance in making post-discharge appointments for patients prior to discharge at the onsite clinic. Success will be monitored by:

- Reviewing Care Coordinator performance statistics through analysis of chart audits and interventions performed. Performance specific statistics include: medication reconciliation, scheduling of 7-day follow-up appointments, home health referrals, and procurement of DME/transportation.
- Reviewing claims data for increased usage of post-discharge TM codes.
- Reviewing facility data analysis of readmission rates of plan members on a quarterly basis.

IVR Call Campaign (Q4 2015). Members who continue to have an open A1c gap will receive an outbound call reminding them of the overdue screening and providing an opportunity to receive assistance scheduling a PCP appointment. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate of members with A1c testing. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Staff Education (Q4 2015 – Ongoing). Upcoming trainings will focus on newer classes of diabetes medications. 2016 training plan is under development.

Reference Number: GH 2014.20: The MCO’s rate was statistically significantly below the 2014 (MY 2013) MMC average for the Controlling High Blood Pressure (Total Rate) measure.

Follow Up Actions Taken Through 09/30/15:

Home Visits (July 2014 – December 2014). Gateway contracted with vendor, Leprechaun, to provide home visits which included blood pressure monitoring. Reporting was enhanced to make physicians aware of results. This action was monitored for effectiveness via an analysis of visits completed and screenings which resulted in a documented blood pressure results as compared to HEDIS rates from 2013. As of 12/2014 – 3,783 members visits and had blood pressure reading.

Staff Training (August 2014). Staff in-service on hypertension and need to document blood pressure level at each follow-up phone call in August 2014. The goal of training Care Management staff is to ensure accurate documentation of the blood pressure results when interacting with the member, and to fully engage the members to seek treatment for high blood pressure.

Provider Fax Blasts (September 2014). A fax blast was sent out to 1,870 providers to alert them of the CBP measure and to encourage them to have patient follow-up blood pressure results, medication adherence and care gaps. The goal of the fax marketing was to see an increase in provider submission rates for hypertension-related care and follow-up for abnormal values.

Blood Pressure Monitors (September 2014 – Ongoing). Gateway Health promotes the availability of blood pressure monitors via multiple member-facing departments and via external vendors. Members are eligible if their providers ask them to monitor BP and member self-reports a financial burden. The number of invoices is monitored via a “Better Living Now” contract with a DME vendor on a quarterly basis. Invoices are compared to provider data to evaluate those members who need additional follow-up due to uncontrolled blood pressure. The goal is to provide cuffs to all members enrolled in the identified programs. Improvement will be determined through the analysis of the number of enrollments in wither Complex Case Management of the Cardiac GTLM program, and a review of blood pressure results which show an increase in controlled rates less than 140/90 on a quarterly basis.

IVR Call Campaigns (February 2015 & May 2015). Gateway conducted two rounds of member-specific outreach via IVR technology. The campaign targeted members within this specific denominator in February 2015 to serve as a reminder and/or educate members to have blood pressure taken in the physician’s office, regardless of whether they take it at home or in the community. Gateway Health outreached to 9,005 members with a diagnosis of hypertension. The campaign successfully engaged 2,609 members in listening to a message about hypertension self-care and screenings. Claims analysis indicated that 32.3% of members reached had a PCP or cardiac-related office visit within 90 days of the call. The May 2015 campaign targeted 2,831 members. Of those, 1,695 members were reached and 91 transferred to a live agent for assistance in scheduling an appointment (there was no transfer option

in the first call cycle). Further claims analysis on the second call cycle is pending.

Provider Tip Sheet (June 2015 – Ongoing). A tip sheet for the CBP measure was created and distributed to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CDC scores.

Provider Education (July 2015 – Ongoing). The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. To date, the team has visited 202 different practices for a total of 323 visits. During the visits, the team educates low-performing providers about the importance of chlamydia screening and current recommendations. These providers are also given the tip sheet to remind them of who to screen and how, as well as appropriate billing and coding.

Health Awareness Series (August 2015 – Ongoing). Series on Hypertension/Heart Disease with a focus on signs/symptoms, management and prevention. The series began in August 2014 and will be an ongoing effort. To date, there have been 5 presentations with 206 attendees. An analysis of claims will be utilized and medical record review to determine effectiveness.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Controlling High Blood Pressure Controlled (Total Rate) measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Call Campaign (Q4 2015). Members with open CBP gaps will receive an outbound call reminding them of the need for blood pressure reading by the end of the year and providing an opportunity to receive assistance scheduling a PCP appointment to discuss need for a reading. The members who have an appointment scheduled will be analyzed 90 days after the call campaign to measure success by looking for an increase in the HEDIS rate. IVR technology will be used again in 2016. Planning is currently underway to determine scope and scale.

Postcard Mailings (November 2015). Hypertension quality posting/postcard mailings were sent out to members in September 2015 to encourage awareness of blood pressure readings and the importance of follow-up with a PCP.

Reference Number: GH 2014.21: The MCO's rate was statistically significantly below the 2014 (MY 2013) MMC average for the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure.

Follow Up Actions Taken Through 09/30/15:

Use of DHS Service History File (May 2015 – Ongoing). The DHS Service History file was used in May 2015 to identify members with schizophrenia. That information was then incorporated into the member-centric Index for intervention development, risk stratification, and care management.

Partnership with Value Behavioral Health (September 2015 – Ongoing). Gateway Health's Pharmacy Department collaborated with Value Behavioral Health to develop a letter for shared members who have a diagnosis of schizophrenia and were less than 80% adherent based on the proportion of days covered for their antipsychotic medications. This initial mailing was sent to 115 members. Pharmacy and Value BH have committed to analyze the data at least semi-annually to identify new members who may benefit from outreach. Effectiveness of this action will be monitored through pharmacy claims data.

Monitoring Effectiveness via Monthly HEDIS Surveillance Report (May 2015 – Ongoing). The HEDIS surveillance report monitors monthly administrative data for all HEDIS measures to identify trends. The report utilizes rolling year data and includes a one-year lookback to provide the most accurate picture of current HEDIS measure performance. Report includes the total number of gaps needed to reach 75th and 90th percentile Quality Compass thresholds. This report enables the assigned Gateway Health Operational Lead to monitor monthly rate changes/trends, assess impact of activities released into the market, and to plan future intervention activities. A multi-disciplinary group of Gateway Health staff also meet monthly to review rates and problem solve around barriers and opportunities. This method applies to both actions implemented previously and those planned in the future.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for the Adherence to

Antipsychotic Medications for Individuals with Schizophrenia measure in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned: The future actions planned to affect this measure have already been initiated and are ongoing, as listed above.

Reference Number: GH 2014.22: Decreases were noted in 2014 (MY 2013) as compared to the MCO's 2013 (MY 2012) in two of the four Adult CAHPS composite survey items. The rates for two composite survey items evaluated fell below the 2014 MMC weighted averages.

Follow Up Actions Taken Through 09/30/15:

HealthChoices Consumer Advisory Meeting Attendance (2014 – Ongoing). Gateway Health Plan® staff attend the PA Department of Human Services HealthChoices Consumer Advisory meeting to better understand the questions and concerns of members. Direct feedback from members outside of the CAHPS survey will allow Gateway Health to direct interventions toward specific areas of concern. These interventions will address the specific needs of the members that are reported by the Gateway Health representative who attends the meetings. The CAHPS score will be compared annually to determine if there is improvement in the portion of the survey that has been targeted for an intervention. If the CAHPS scores increases by a statistically significant amount, then the interventions can be considered successful.

Sensitivity Training Modules (December 2014). Employees who interact with members are required to complete special modules that include sensitivity training. Training is specific to interactions with a unique membership that has a wide range of concerns allows Gateway Health employees to act in a professional manner which improve the customer satisfaction CAHPS scores. Success of employee interactions will be determined by annually comparing CAHPS results to current scores and listening to employee-member interactions for appropriate use of training. The training completed in December 2014 was delivered to 532 member-facing employees.

Dedicate Personnel (September 2014 – Ongoing). A Gateway Health employee was assigned in September 2014 to work as an Operational Lead focusing on Member Perception to target efforts on improving member satisfaction by developing interventions which address specific barriers. The impact that individual interventions have is difficult to measure, but success will be determined by comparing CAHPS scores for low performing areas annually to decide if the initiatives were beneficial. If the CAHPS scores increases by a statistically significant amount, then the interventions can be considered successful. The operational lead is still in place and efforts are ongoing.

Member Newsletter Articles (March 2015). In response to an uptick in the number of complaints related to pharmacy benefits, an article was included in the March 2015 member newsletter about access to Gateway Health's formulary, alternatives to non-formulary medications, and how to get a prior authorization. Understanding the direct impact that newsletter articles will have on Getting Care Needed CAHPS scores will be difficult, but results will be compared annually to see if there is an improvement in this area.

Provider Newsletter Articles (June 2015). In response to an uptick in the number of complaints related to pharmacy benefits, an article was included in the June 2015 provider newsletter about access to Gateway Health's formulary, alternatives to non-formulary medications, and how to get a prior authorization. Understanding the direct impact that newsletter articles will have on Getting Care Needed CAHPS scores will be difficult, but results will be compared annually to see if there is an improvement in this area.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for all Adult CAHPS composite measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned:

IVR Off-Cycle Member Satisfaction Survey (Q4 2015). Gateway Health will conduct an off-cycle member satisfaction survey, via IVR, to ascertain patterns and trends in member satisfaction and identify opportunities to intervene in areas where members express dissatisfaction. Data will be returned at the member level, thus allowing for analysis as it may pertain to geographic and/or other demographic influences.

Reference Number: GH 2014.23: Decreases were noted in 2014 (MY 2013) as compared to the MCO's 2013 (MY 2012) in two comparable items from the MCO's Child CAHPS survey. The rates for three composite survey items evaluated fell below the 2014 MMC weighted averages.

Follow Up Actions Taken Through 09/30/15:

HealthChoices Consumer Advisory Meeting Attendance (2014 – Ongoing). Gateway Health Plan® staff attend the PA Department of Human Services HealthChoices Consumer Advisory meeting to better understand the questions and concerns of members. Direct feedback from members outside of the CAHPS survey will allow Gateway Health to direct interventions toward specific areas of concern. These interventions will address the specific needs of the members that are reported by the Gateway Health

representative who attends the meetings. The CAHPS score will be compared annually to determine if there is improvement in the portion of the survey that has been targeted for an intervention. If the CAHPS scores increases by a statistically significant amount, then the interventions can be considered successful.

Sensitivity Training Modules (December 2014). Employees who interact with members are required to complete special modules that include sensitivity training. Training is specific to interactions with a unique membership that has a wide range of concerns allows Gateway Health employees to act in a professional manner which improve the customer satisfaction CAHPS scores. Success of employee interactions will be determined by annually comparing CAHPS results to current scores and listening to employee-member interactions for appropriate use of training. The training completed in December 2014 was delivered to 532 member-facing employees.

Dedicate Personnel (September 2014 – Ongoing). A Gateway Health employee was assigned in September 2014 to work as an Operational Lead focusing on Member Perception to target efforts on improving member satisfaction by developing interventions which address specific barriers. The impact that individual interventions have is difficult to measure, but success will be determined by comparing CAHPS scores for low performing areas annually to decide if the initiatives were beneficial. If the CAHPS scores increases by a statistically significant amount, then the interventions can be considered successful. The operational lead is still in place and efforts are ongoing.

Member Newsletter Articles (March 2015). In response to an uptick in the number of complaints related to pharmacy benefits, an article was included in the March 2015 member newsletter about access to Gateway Health's formulary, alternatives to non-formulary medications, and how to get a prior authorization. Understanding the direct impact that newsletter articles will have on Getting Care Needed CAHPS scores will be difficult, but results will be compared annually to see if there is an improvement in this area.

Provider Newsletter Articles (June 2015). In response to an uptick in the number of complaints related to pharmacy benefits, an article was included in the June 2015 provider newsletter about access to Gateway Health's formulary, alternatives to non-formulary medications, and how to get a prior authorization. Understanding the direct impact that newsletter articles will have on Getting Care Needed CAHPS scores will be difficult, but results will be compared annually to see if there is an improvement in this area.

The expected outcome/goals of these collective actions is to meet or exceed the 2015 MMC weighted average for all Child CAHPS composite measures in 2016.

Future Actions Planned: In addition to ongoing activities listed below, Gateway Health has the following future actions planned: **IVR Off-Cycle Member Satisfaction Survey (Q4 2015).** Gateway Health will conduct an off-cycle member satisfaction survey, via IVR, to ascertain patterns and trends in member satisfaction and identify opportunities to intervene in areas where members express dissatisfaction. Data will be returned at the member level, thus allowing for analysis as it may pertain to geographic and/or other demographic influences.

Root Cause Analysis and Action Plan

The 2015 EQR is the sixth year MCOs were required to prepare a Root Cause Analysis and Action Plan for measure on the HEDIS 2014 P4P Measure Matrix receiving either "D" or "F" ratings. Each P4P measure in categories "D" and "F" required that the MCO submit:

- A goal statement;
- Root cause analysis findings;
- Action plan to address findings;
- Implementation dates; and
- A monitoring plan to assure action is effective and to address what will be measured and how often that measurement will occur.

For the 2015 EQR, GH was required to prepare a Root Cause Analysis and Action Plan for the following performance measures:

1. Comprehensive Diabetes Care – HbA1c Poor Control (Table 5.2)
2. Comprehensive Diabetes Care – LDL-C Level Controlled (Table 5.3)
3. Controlling High Blood Pressure (Table 5.4)
4. Annual Dental Visits (Table 5.5)

GH submitted an initial Root Cause Analysis and Action Plan in October 2015.

Table 5.2: RCA and Action Plan – Comprehensive Diabetes Care – HbA1c Poor Control

Instructions: For each measure in grade categories D and F, complete this form identifying factors contributing to poor performance and your internal goal for improvement. Some or all of the areas below may apply to each measure.

Managed Care Organization (MCO):	Gateway Health
Measure:	Comprehensive Diabetes Care – HbA1c Poor Control²
Response Date:	November 20, 2015
Goal Statement: Please specify goal(s) for measure.	Gateway Health will meet or exceed the MMC weighted average for HEDIS 2016.
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings: Gateway Health demonstrated improvement in the HbA1c Poor Control (>9.0%) measure with a decrease from 45.26% for HEDIS 2014 to 42.52% for HEDIS 2015. Gateway Health achieved the Quality Compass 50 th percentile for HEDIS 2015.
Policies (e.g., data systems, delivery systems, provider facilities)	Deficient success rates in chart retrieval during HEDIS medical record review process capture. Care Management software does not display lab values submitted via claims; Care Management staff rely on member self-report.
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	Providers are not performing HbA1c testing in offices, resulting in additional effort by members to visit a lab. Gateway Health Plan’s external Physician Advisory Workgroup meetings revealed that in-office HbA1c machines have not been utilized due to issues with billing and inability to purchase for office use.
People (e.g., personnel, provider network, patients)	Member knowledge deficit regarding diabetes process, complications that may result from poor disease management and American Diabetes Association (ADA) clinical guidelines. Member knowledge deficit regarding glucometer use and tracking of blood glucose levels. Member knowledge deficit on insulin and antidiabetic medications in managing disease. Member and provider non-compliance with ADA clinical guidelines. Lack of follow-up by either member or provider with regard to abnormal values and medication adherence. Gateway Health care management staff knowledge deficit of regarding diabetes disease process, disease management, and ADA clinical guidelines.
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Specialists (e.g., endocrinologists) prescribe an antidiabetic medication without notifying the primary care provider. Providers may lack educational materials that are consistent with health literacy best practice standards. Providers may lack adequate resources for diabetes support and education. Socio-economic barriers (i.e. financial, transportation, and housing) that impact access to supplies, appointments, and other elements that impact disease management.

² Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

Other (specify)	N/A
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MCO:	Gateway Health
Measure:	Comprehensive Diabetes Care – HbA1c Poor Control³

For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.

<u>Action</u>	<u>Implementation Date</u>	<u>Monitoring Plan</u>
Include those planned as well as already implemented. Add rows if needed.	Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	How will you know if this action is working? What will you measure and how often? Include what measurements will be used, as applicable.
Voxiva Care4Life Texting Program – Members opt-in to receive texts about blood sugar monitoring, weight loss/control, diet and exercise, as well as set appointment and medication reminders.	Prior to July 2014 – ongoing	A quarterly analysis of enrolled members, percentage of enrollees receiving text messages, and member self-report of health outcomes is used to monitor the effectiveness of this program.
Diabetes Report Card – The report card is a mailing which provides members with the dates and/or results of diabetes-related exams and refill dates for medication. It includes education on HbA1c screenings and the most recent lab/test results known to Gateway Health via claims. Providers were also made aware of this effort via a fax blast to all PCPs, family practices, and endocrinologists.	October 2014 & May 2015 Semiannually in 2016	Analysis of the number of diabetic care gap closures, confirmed via claims, for control of HbA1c and other CDC measure components is used to monitor the effectiveness of this action. This analysis occurs after each mailing. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
Neighborhood Diabetes – DME vendor that conducts home visits. From inception to August 2015, visits included a discussion about glucometer options, proper glucometer use, and basic diabetes education. Random blood sugar was drawn and, when indicated, an HbA1c. HbA1c levels of 9.0% or greater were referred to the Gateway to Lifestyle Management™ program. Results were provided to Gateway Health members and their doctor. Effective mid-August 2015, Neighborhood Diabetes provided DME services only.	July 2014 – November 2015	Success rates in engagement versus outreach, as well as completion rates of in-home assessments & lab draws, were used to monitor the effectiveness of this action. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
IVR Call Campaigns – Gateway conducted two rounds of member-specific outreach via IVR technology to members with claims indicating a diagnosis of diabetes. Campaigns included options to transfer for clinical concerns and/or appointment scheduling assistance.	April 2015 & September 2015 Ongoing for 2016 – frequency to be determined	Campaigns are monitored for effectiveness through the analysis of call reach rates and post-call claims analysis to determine gap closure rates. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
Care Management Staff Training. Examples of which are: - Best practices in diabetes disease management. Attendance was required of all Care Management staff	July 2014 – ongoing	Attendance rosters to specific trainings and application of newly acquired knowledge in member interactions, as evidenced by monthly call audits, are used to monitor the effectiveness of this training.

³ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

<ul style="list-style-type: none"> - CCS Medical trained all Care Management staff on insulin pump usage - Sanofi presented a training on cultural competency in diabetes management. - Astra Zeneca presented on antidiabetic medications that are new to market. 		
<p>“Care Gap” Button – Gateway Health included HbA1c testing on the “Care Gap” button, an internal tool available to all member-facing representatives, used to promote discussion about needed screenings during all inbound and outbound calls made by Gateway Health representatives.</p>	October 2014 – ongoing	<p>Quarterly reports on the number of care gaps discussed during inbound or outbound calls with members are used to monitor effectiveness.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month- over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>Focused Provider Education & Tip Sheet – The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach/ education effort. The team educates providers about the importance of HbA1c control and current clinical practice guidelines. Tip sheets for the CDC measure components were created and distribute to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CDC scores</p>	June 2015 – ongoing	<p>Effectiveness is measured by quarterly provider dashboard reports. Individual practices will be reviewed quarterly to assess performance improvements and to identify/resolve barriers to improvement.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>Gateway to Practitioner Excellence (GPE®) Program – The HbA1c control measure is a component of Gateway Health’s provider pay-for-performance program. The 2015 program structure offers specific payouts to practices that demonstrate sustained improvement as compared to past practice-specific performance, as well as a payout for achieving Quality Compass cut-points</p>	Prior to July 2014 – ongoing	<p>Effectiveness is measured by quarterly provider dashboard reports. Individual practices will be reviewed quarterly to assess performance improvements and to identify/resolve barriers to improvement.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>Lab Data Availability – Data feed of lab values has been incorporated into the Care Management software, thus promoting more robust conversations about HbA1c control.</p>	October 2015 – ongoing	<p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>

Table 5.3: RCA and Action Plan – Comprehensive Diabetes Care – LDL-C Level Controlled (<100mg/dL)

Managed Care Organization (MCO):	Gateway Health
Measure:	Comprehensive Diabetes Care – LDL-C Level Controlled (<100mg/dL)
Response Date:	November 20, 2015
Goal Statement: Please specify goal(s) for measure.	This measure was retired for HEDIS 2015. Gateway Health’s goal is to continue to promote holistic diabetes disease management during interactions with both members and providers.
Analysis: What factors contributed to poor performance?	Findings: Gateway Health no longer collects data on this measure due to its retirement from HEDIS. However, Gateway Health continues to promote LDL screenings

Please enter "N/A" if a category of factors does not apply.	and control for members living with diabetes.
<i>Policies</i> (e.g., data systems, delivery systems, provider facilities)	Deficient success rates in chart retrieval during HEDIS medical record review process capture. Care Management software does not display lab values submitted via claims; Care Management staff rely on member self-report.
<i>Procedures</i> (e.g., payment/reimbursement, credentialing/collaboration)	Insufficient rate of CPT II code submission that indicate lab values.
<i>People</i> (e.g., personnel, provider network, patients)	Member knowledge deficit regarding LDL values and cholesterol medication adherence. Member and provider non-compliance with ADA/AHA clinical guidelines. Lack of follow-up by either member or provider with regard to abnormal values and medication adherence. Gateway Health Care Management staff knowledge of deficit regarding diabetes disease process, disease management, ADA clinical guidelines, and cholesterol management.
<i>Provisions</i> (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Specialist (e.g., endocrinologists) may monitor LDL and not notify the primary care provider. Providers may lack diabetes educational materials that are consistent with health literacy best practice standards. Providers may lack adequate resources for diabetes support and education. Socio-economic barriers (i.e. financial, transportation, and housing) that impact access to supplies, appointments, and other elements that impact disease management.
<i>Other (specify)</i>	

MCO:	Gateway Health	
Measure:	Comprehensive Diabetes Care – LDL-C Level Controlled (<100mg/dL)	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
IVR Call Campaigns – Gateway conducted two rounds of member-specific outreach via IVR technology to members with claims indicating a diagnosis of diabetes. Campaigns included options to transfer for clinical concerns and/or appointment scheduling assistance.	April 2015 & September 2015 Ongoing for 2016 – frequency to be determined	Campaigns are monitored for effectiveness through the analysis of call reach rates and post-call claims analysis to determine gap closure rates. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month- over-month comparisons and final HEDIS measure rates year-over-year.

Diabetes Report Card – The report card is a mailing which provides members with the dates and/or results of diabetes-related exams and refill dates for medication. It includes education on HbA1c screenings and the most recent lab/test results known to Gateway Health via claims. Providers were also made aware of this effort via a fax blast to all PCPs, family practices, and endocrinologists.	October 2014 & May 2015 Semiannually in 2016	Analysis of the number of diabetic care gap closures, confirmed via claims, for control of HbA1c and other CDC measure components is used to monitor the effectiveness of this action. This analysis occurs after each mailing. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
Provider Fax Blasts – Providers received reminders to encourage members to follow up on necessary diabetes-related screenings, including LDL screenings and medication refills.	November & December 2014	Effectiveness of this action was monitored via HEDIS interim reporting on a monthly basis.
Lab Data Availability – Data feed of lab values has been incorporated into the Care Management software, thus promoting more robust conversations about HbA1c control.	October 2015 – ongoing	Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.

Table 5.4: RCA and Action Plan – Controlling High Blood Pressure

Managed Care Organization (MCO):	Gateway Health
Measure:	Controlling High Blood Pressure
Response Date:	November 20, 2015
Goal Statement: Please specify goal(s) for measure.	Gateway Health will meet or exceed the MMC weighted average for HEDIS 2016.
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings: Gateway Health did not demonstrate improvement in the Controlling High Blood Pressure measure from HEDIS 2014 to HEDIS 2015. Gateway Health achieved the Quality Compass 25 th percentile for HEDIS 2015.
Policies (e.g., data systems, delivery systems, provider facilities)	Deficient success rates in chart retrieval during HEDIS medical record review process capture. Difficult to track progress over the year as HEDIS specification is hybrid only.
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	Insufficient rate of CPT II code submission that indicate blood pressure readings. Members may receive sample medications from providers making it difficult to assess hypertension medication adherence.
People (e.g., personnel, provider network, patients)	Member knowledge deficit around the importance of routine blood pressure readings and need for follow-up of abnormal results. Member and provider lack awareness that blood pressure cuffs are a covered benefit. Provider may be unaware of recent changes to blood pressure screening recommendations.
Provisions (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Providers may lack hypertension educational materials that are consistent with health literacy best practice standards. Providers may lack adequate resources for member support and education.
Other (specify)	Members seek care in the ED for hypertensive episodes; lack of coordination with PCP from ED results in impediments to ensuring blood pressure control.

MCO:	Gateway Health	
Measure:	Controlling High Blood Pressure	
For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.		
<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
Provision of Blood Pressure Cuffs – Gateway Health makes blood pressure cuffs available to members. Care and Disease Management staff educate eligible members on the availability.	September 2014 – ongoing	Effectiveness of this action is monitored through the number of blood pressure cuffs supplied to members via Gateway Health’s DME vendor. This information will be reviewed quarterly.
IVR Call Campaigns – Gateway conducted three rounds of member-specific outreach via IVR technology. The campaign targeted members with a diagnosis of hypertension to serve as a reminder and/or educate members to have blood pressure monitored. Campaigns included options to transfer for clinical concerns and/or appointment scheduling assistance.	February 2015, May 2015, & September 2015 Ongoing for 2016 – frequency to be determined	Campaigns are monitored for effectiveness through the analysis of call reach rates and post-call claims analysis to determine gap closure rates. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month- over-month comparisons and final HEDIS measure rates year-over-year.
Care Management Staff Training – Staff were in-serviced on hypertension disease process, the need to document members’ self-reported blood pressure readings during each phone call, and engagement strategies to assist members in seeking treatment for high blood pressure.	August 2014 – ongoing	Attendance rosters to specific trainings and application of newly acquired knowledge in member interactions, as evidenced by monthly call audits, are used to monitor the effectiveness of training.
Home Visits – Gateway Health contracted with a vendor to provide home visits which included blood pressure monitoring. Reporting was enhanced to make physician aware of results.	July 2014 – December 2014	Success rates in engagement versus outreach, as well as completion rates of in-home assessments were used to monitor the effectiveness of this action. This action was monitored for effectiveness via an analysis of visits completed and screenings which resulted in a documented blood pressure result as compared to HEDIS rates from 2013.
Focused Provider Education & Tip Sheet – The Gateway Health Provider Engagement Team began visiting participating providers in July 2015 in an ongoing outreach effort. During the visits, the team educates providers about the importance of blood pressure control and current clinical practice guidelines. Tip sheets for the CBP measure components were created and distribute to providers by the Provider Engagement and Provider Relations teams. Tip sheet includes measure definition, information of HEDIS coding, and tips to improve HEDIS CBP	June 2015 – ongoing	Effectiveness is measured by quarterly provider dashboard reports. Individual practices will be reviewed quarterly to assess performance improvements and to identify/resolve barriers to improvement. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.

scores		
Gateway to Practitioner Excellence (GPE®) Program – The blood pressure control measure is a component of Gateway Health’s provider pay-for-performance program. The 2015 program structure offers specific payouts to practices that demonstrate sustained improvement as compared to past practice-specific performance, as well as a payout for achieving Quality Compass cut-points	Prior to July 2014 – ongoing	Effectiveness is measured by quarterly provider dashboard reports. Individual practices will be reviewed quarterly to assess performance improvements and to identify/resolve barriers to improvement. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
Health Awareness Series (HAS) – Gateway Health provides a community-based educational series on hypertension and heart disease. The focus is on prevention, risk factors, signs/symptoms, and self-management.	August 2015 – ongoing	Attendance at HAS events is used to monitor effectiveness.

Table 5.5: RCA and Action Plan – Annual Dental Visits

Managed Care Organization (MCO):	Gateway Health
Measure:	Annual Dental Visits
Response Date:	November 20, 2015
Goal Statement: Please specify goal(s) for measure.	Gateway Health will meet or exceed the MMC weighted average for HEDIS 2016.
Analysis: What factors contributed to poor performance? Please enter "N/A" if a category of factors does not apply.	Findings: Gateway Health demonstrated improvement in the Annual Dental Visits measure with an increase from 52.71% for HEDIS 2014 to 53.73% for HEDIS 2015. Gateway Health achieved the Quality Compass 50 th percentile for HEDIS 2015.
Policies (e.g., data systems, delivery systems, provider facilities)	Fewer dentists in rural areas, particularly the New West service area.
Procedures (e.g., payment/reimbursement, credentialing/collaboration)	Gateway Health’s 2014 pay for performance program did not focus outreach on dentists.
People (e.g., personnel, provider network, patients)	Dentists do not want to participate in Medicaid due to low reimbursements. PCPs/pediatricians lack awareness of dental practices in close proximity to which they can refer members. Dentists reluctant to see younger children, especially children under age five. Dentists lack awareness that Gateway Health reimburses for oral exams on children under age 3 (D0145). Members may cancel or not show for scheduled appointments. Member lack of knowledge about importance of preventive dental care, especially for very young children. Members avoid dental care due to fear or discomfort.

	MATP Transportation limited to person and parent of person with appointment.
<i>Provisions</i> (e.g., screening tools, medical record forms, provider and enrollee educational materials)	Dentists may not include all dental codes on claims. PCPs/pediatricians may lack oral health educational materials that are consistent with health literacy best practice standards.
<i>Other (specify)</i>	N/A

MCO:	Gateway Health
Measure:	Annual Dental Visits

For the analysis findings/barriers identified on the previous page, indicate the actions planned and/or actions taken since July 2014.

<u>Action</u> Include those planned as well as already implemented. Add rows if needed.	<u>Implementation Date</u> Indicate start date (month, year) duration and frequency (e.g., Ongoing, Quarterly)	<u>Monitoring Plan</u> How will you know if this action is working? What will you measure and how often? Include what measures will be used, as applicable.
Mobile Dental Initiatives – to date the following populations have been targeted to receive dental services via mobile units: <ul style="list-style-type: none"> - St. Luke’s Dental Van in Lehigh/ Northampton counties, serving 21 different schools - Accessible Dental Service: Ongoing collaboration with mobile units that serve members with physical or behavioral disabilities - Mobile Dentists Smile Program: members mailed a consent form to receive services at schools served by the program - Steel City Pediatrics (Allegheny County) dental event 	October 2014 – ongoing	The process for monitoring to determine the effectiveness of the actions taken involves a claims analysis of members who received outreach letter for mobile services. An annual analysis will also assess whether these members completed dental services. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.
Gateway to Practitioner Excellence (GPE®) Program – The blood pressure control measure is a component of Gateway Health’s provider pay-for-performance program. The 2015 program structure offers specific payouts to practices that demonstrate sustained improvement as compared to past practice-specific performance, as well as a payout for achieving Quality Compass cut-points. PCPs are eligible for the incentive if their practice’s dental rate is at or above the 2014 Quality Compass 75 th percentile benchmark. Dentists are eligible for the incentive for submission of the prophylactic code.	Prior to July 2014 – ongoing	Effectiveness is measured by quarterly provider dashboard reports. Individual practices will be reviewed quarterly to assess performance improvements and to identify/resolve barriers to improvement. Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.

<p>New West New Member Outreach – Gateway Health’s Member Services Department completes an outbound welcome call to all new members in the New West Zone. In 2014, talking points were added to inquire about the family’s dental care, especially for children. Warm transfers for scheduling appointments are available.</p>	<p>Prior to July 2014 – ongoing</p>	<p>Gateway Health monitors the number of calls made annually to welcome new members to ensure that 100% of new members in this zone reach a call attempt.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>Public Health Dental Hygiene Practitioners (PHDHPs) – Gateway Health employs three PHDHPs to cover three distinct service areas within the Commonwealth. PHDHPs conduct telephonic outreach and go on-site to Early Head Start, FQHCs, and PCP offices to apply fluoride varnish. The purpose of telephonic outreach is to refer members to a dental home, and to counsel on oral hygiene instruction and nutrition. PHDHPs also outreached to 10 low-performing PCP practices in the second and third quarters of 2015. PHDHPs met with office staff to review lists of members on practice panels who had open dental care gaps, assess barriers in referring to dental homes, and to supply contact information about participating dental practices within 10 miles of the PCP office. PHDHPs also provided member-facing educational materials, such as posters and brochures.</p>	<p>January 2015 – ongoing</p>	<p>Effectiveness of this action is monitored monthly through call volume, reach rates, and gap closure rates post-outreach.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>IVR Call Campaigns – Gateway conducted three rounds of member-specific outreach via IVR technology. Calls provided information on dental visits and scheduling assistance for members.</p>	<p>April 2015; June 2015; September 2015</p> <p>Ongoing in 2016 – frequency to be determined</p>	<p>Campaigns are monitored for effectiveness through the analysis of call reach rates and post-call claims analysis to determine gap closure rates.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month-over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>Special Needs Dental Listing – A list of dentists who report expertise serving members with special needs will be placed on Gateway Health’s Medicaid website and monitored for accuracy.</p>	<p>February 2016</p>	<p>Effectiveness will be monitored by the Dental Operational Lead who will verify that information is up to date at least annually by requesting updates from United Concordia to compare to Gateway Health’s special needs dental practitioner list to determine accuracy.</p>
<p>Website Enhancements – Gateway Health’s member-facing website was enhanced with best practice public service announcement and is regularly updated and reviewed for accuracy.</p>	<p>Prior to July 2014 – ongoing</p>	<p>Effectiveness is monitored by the dental Operational Lead who verifies information is up to date at least annually, reviews best practices on an ongoing basis, and updates the public service announcements with the most current information.</p>
<p>Secondary Claims Review – An ongoing review and capture of opportunities regarding secondary claims for dental services.</p>	<p>Prior to July 2014 – ongoing</p>	<p>Action is monitored for effectiveness via the number of secondary claims captured. This information is reviewed quarterly.</p>
<p>Gateway Health Dental Events – Gateway Health partners with low-performing primary care practices to hold dental days at their offices. These events include Simile Programs, a participating dental practitioner</p>	<p>August 2015 – ongoing</p>	<p>Effectiveness is monitored for each event independently primarily through examining process outcomes that results in number of children scheduled versus examined.</p>

<p>that transports staff and equipment to provider offices. Gateway Health PHDHPs contact members to schedule appointments and counsel members on the importance of good oral hygiene and nutrition on the day of the event. This event allows members to get their teeth cleaned and examined at a location that is familiar to them.</p>		<p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month- over-month comparisons and final HEDIS measure rates year-over-year.</p>
<p>No Contact Postcards – PHDPS will send out “No Contact Postcards” to member households where outreach attempts have been unsuccessful.</p>	<p>November 2015 – ongoing</p>	<p>Effectiveness of this action will be monitored by measuring the number of member households who call regarding the postcard compared to the number sent out. Data will be reviewed at least semiannually.</p> <p>Effectiveness is also monitored via review of monthly surveillance reporting of administrative HEDIS data with month- over-month comparisons and final HEDIS measure rates year-over-year.</p>

V: 2015 Strengths and Opportunities for Improvement

The review of MCO's 2015 performance against structure and operations standards, performance improvement projects and performance measures identified strengths and opportunities for improvement in the quality outcomes, timeliness of, and access to services for Medicaid members served by this MCO.

Strengths

- GH was found to be fully compliant on Subparts C, D, and F of the structure and operations standards.
- The MCO's performance was statistically significantly above/better than the MMC weighted average in 2015 (MY 2014) on the following measures:
 - Adults' Access to Preventive/Ambulatory Health Services (Age 65+ years)
 - Reducing Potentially Preventable Readmissions
 - Asthma in Younger Adults Admission Rate (Age 18-39 years)
- The following strengths were noted in 2015 for Adult and Child CAHPS survey items:
 - Of the four Adult CAHPS composite survey items reviewed, GH showed an increase for two items in 2015 (MY 2014) as compared to 2014 (MY 2013). In addition, one item was higher than the 2015 (MY 2014) MMC weighted averages.
 - For GH's Child CAHPS survey, two of the four comparable items evaluated in 2015 (MY 2014) increased from 2014 (MY 2013). In addition, three items were higher than the 2015 (MY 2014) MMC weighted average.

Opportunities for Improvement

- The MCO's performance was statistically significantly below/worse than the MMC rate in 2015 (MY 2014) on the following measures:
 - Well-Child Visits in the First 15 Months of Life (≥ 6 Visits)
 - Body Mass Index: Percentile (Age 3 - 11 years) and (Total)
 - Follow-up Care for Children Prescribed ADHD Medication: Continuation Phase
 - Follow-up Care for Children Prescribed ADHD Medication (BH Enhanced) : Continuation Phase
 - Annual Dental Visit (Age 2–21 years)
 - Breast Cancer Screening (Age 52-74 years)
 - Chlamydia Screening in Women (Age 16-20 years) and (Total)
 - $\geq 81\%$ of Expected Prenatal Care Visits Received
 - Prenatal and Postpartum Care – Timeliness of Prenatal Care
 - Prenatal and Postpartum Care – Postpartum Care
 - Prenatal Screening for Environmental Tobacco Smoke Exposure
 - Prenatal Screening for Depression
 - Prenatal Screening for Depression during one of the first two visits (CHIPRA indicator)
 - Prenatal Screening for Illicit drug use
 - Prenatal Screening for Prescribed or over-the-counter drug use
 - Prenatal Screening for Behavioral Health Risk Assessment
 - Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
 - Medication Management for People with Asthma - 75% Compliance (Age 19-50 years) and (Age 51-64 years)
 - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Age 40+ years)
 - HbA1c Poor Control ($>9.0\%$)
 - HbA1c Control ($<8.0\%$)
 - Diabetes Short-Term Complications Admission Rate (Age 18-64 years) and (Total Age 18+ years)
 - Controlling High Blood Pressure (Total Rate)
 - Heart Failure Admission Rate (Age 65+ years)
- The following opportunities were identified in 2015 for Adult and Child CAHPS survey items:
 - GH showed a decrease in two of the four Adult CAHPS composite survey items between 2015 (MY 2014) and 2014 (MY 2013). In addition, three items were lower than the 2015 (MY 2014) MMC weighted averages.

- For GH's Child CAHPS survey, two of the four comparable items evaluated in 2015 (MY 2014) decreased from 2014 (MY 2013). In addition, one item evaluated in 2015 (MY 2014) was lower than the 2015 (MY 2014) MMC weighted averages.

Additional targeted opportunities for improvement are found in the MCO-specific HEDIS 2015 P4P Measure Matrix that follows.

P4P Measure Matrix Report Card

2015

The Pay-for-Performance (P4P) Matrix Report Card provides a comparative look at 7 of the 8 Healthcare Effectiveness Data Information Set (HEDIS®) measures included in the Quality Performance Measures component of the “HealthChoices MCO Pay for Performance Program.” The matrix:

1. Compares the Managed Care Organization’s (MCO’s) own P4P measure performance over the two most recent reporting years (2015 and 2014); and
2. Compares the MCO’s 2015 P4P measure rates to the 2015 Medicaid Managed Care (MMC) Weighted Average.

The table is a three by three matrix. The horizontal comparison represents the MCO’s current performance as compared to the most recent MMC weighted average. When comparing a MCO’s rate to the MMC weighted average for each respective measure, the MCO rate can be either above average, average or below average. Whether or not a MCO performed above or below average is determined by whether or not that MCO’s 95% confidence interval for the rate included the MMC Weighted Average for the specific indicator. When noted, the MCO comparative differences represent statistically significant differences from the MMC weighted average.

The vertical comparison represents the MCO’s performance for each measure in relation to its prior year’s rates for the same measure. The MCO’s rate can trend up (↑), have no change, or trend down (↓). 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 study populations.

The matrix is color-coded to indicate when a MCO’s performance rates for these P4P measures are notable or whether there is cause for action:

 The green box (A) indicates that performance is notable. The MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average and trends up from 2014.

 The light green boxes (B) indicate either that the MCO’s 2015 rate is not different than the 2015 MC weighted average and trends up from 2014 or that the MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average but there is no change from 2014.

 The yellow boxes (C) indicate that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and trends up from 2014 or that the MCO’s 2015 rate not different than the 2015 MMC weighted average and there is no change from 2014 or that the MCO’s 2015 rate is statistically significantly above the 2015 MMC weighted average but trends down from 2014. No action is required although MCOs should identify continued opportunities for improvement.

 The orange boxes (D) indicate either that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and there is no change from 2014 or that the MCO’s 2015 rate is not different than the 2015 MMC weighted average and trends down from 2014. **A root cause analysis and plan of action is therefore required.**

 The red box (F) indicates that the MCO’s 2015 rate is statistically significantly below the 2015 MMC weighted average and trends down from 2014. **A root cause analysis and plan of action is therefore required.**

Emergency Department utilization comparisons are presented in a separate table. Statistical comparisons are not made for the Emergency Department Utilization measure. Arithmetic comparisons as noted for this measure represent arithmetic differences only.



GH Key Points

A Performance is notable. No action required. MCOs may have internal goals to improve

- No GH P4P measures fell into this comparison category.

B - No action required. MCOs may identify continued opportunities for improvement

Measure that did not statistically significantly change from 2014 to 2015 but was statistically significantly above/better than the 2015 MMC weighted average is:

- Reducing Potentially Preventable Readmissions⁴

C - No action required although MCOs should identify continued opportunities for improvement

Measure that statistically significantly improved from 2014 to 2015 but was statistically significantly below/worse than the 2015 MMC weighted average is:

- Annual Dental Visits

Measures that did not statistically significantly change from 2014 to 2015 and were not statistically significantly different from the 2015 MMC weighted averages are:

- Adolescent Well-Care Visits (Age 12-21 Years)
- Prenatal and Postpartum Care – Timeliness of Prenatal Care

GH's Emergency Department Utilization⁵ decreased from 2014 to 2015 but is higher (worse) than the 2015 MMC average.

D - Root cause analysis and plan of action required

Measures that did not statistically significantly change from 2014 to 2015 but were statistically significantly below/worse than the 2015 MMC weighted average are:

- Controlling High Blood Pressure
- Comprehensive Diabetes Care – HbA1c Poor Control⁶

F Root cause analysis and plan of action required

Measure that statistically significantly decreased/worsened from 2014 to 2015 and was statistically significantly below/worse than the 2015 MMC weighted average is:

- Frequency of Ongoing Prenatal Care: $\geq 81\%$ of Expected Prenatal Care Visits Received

⁴ Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

⁵ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

⁶ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

Figure 1 - P4P Measure Matrix – GH

		Medicaid Managed Care Weighted Average Statistical Significance Comparison			
		Trend	Below Average	Average	Above Average
Year to Year Statistical Significance Comparison	↑	C Annual Dental Visits	B	A	
	No Change	D Controlling High Blood Pressure Comprehensive Diabetes Care – HbA1c Poor Control ⁷	C Adolescent Well-Care Visits (Age 12-21 Years) Prenatal and Postpartum Care – Timeliness of Prenatal Care	B Reducing Potentially Preventable Readmissions ⁸	
	↓	F Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	D	C	

Figure 2 - Emergency Department Utilization Comparison

		Medicaid Managed Care Average Comparison			
		Trend	Below/Poorer than Average	Average	Above/Better than Average
Year to Year	↓	C Emergency Department Utilization ⁹	B	A	

Key to the P4P Measure Matrix and Emergency Department Utilization Comparison

A: Performance is notable. No action required. MCOs may have internal goals to improve.
 B: No action required. MCOs may identify continued opportunities for improvement.
 C: No action required although MCOs should identify continued opportunities for improvement.
 D: Root cause analysis and plan of action required.
 F: Root cause analysis and plan of action required.

⁷ Comprehensive Diabetes Care – HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

⁸ Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

⁹ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

P4P performance measure rates for 2011, 2012, 2013, 2014 and 2015, as applicable are displayed in Figure 3. Whether or not a statistically significant difference was indicated between reporting years is shown using the following symbols:

- ▲ Statistically significantly higher than the prior year,
- ▼ Statistically significantly lower than the prior year or
- = No change from the prior year.

Figure 3 - P4P Measure Rates – GH

Quality Performance Measure	HEDIS 2011 Rate	HEDIS 2012 Rate	HEDIS 2013 Rate	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2015 MMC WA
Adolescent Well Care Visits (Age 12-21 Years)	53.8% ▼	61.3% =	59.6% =	59.4% =	58.2% =	58.7%
Comprehensive Diabetes Care - HbA1c Poor Control ¹⁰	30.0% =	32.7% =	40.8% ▲	45.3% =	42.5% =	38.1%
Controlling High Blood Pressure	65.5% =	63.5% =	55.2% ▼	51.6% =	50.1% =	61.6%
Frequency of Ongoing Prenatal Care: ≥ 81% of Expected Prenatal Care Visits Received	84.4% ▼	85.2% =	69.1% ▼	71.3% =	55.2% ▼	64.4%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	92.0% =	91.7% =	85.4% ▼	81.8% ▲	80.0% =	83.8%
Annual Dental Visits	50.3% ▲	50.4% =	53.3% ▲	52.7% ▼	53.7% ▲	58.2%
Quality Performance Measure	HEDIS 2011 Rate	HEDIS 2012 Rate	HEDIS 2013 Rate	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2015 MMC AVG
Emergency Department Utilization (Visits/1,000 MM) ¹¹	73.8	80.4	84.4	83.2	81.9	74.0
Quality Performance Measure	PA 2011 Rate	PA 2012 Rate	PA 2013 Rate	PA 2014 Rate	PA 2015 Rate	PA 2015 MMC WA
Reducing Potentially Preventable Readmissions ¹²		6.9% NA	6.1% =	8.9% ▲	8.3% =	11.6%

¹⁰ Comprehensive Diabetes Care - HbA1c Poor Control is an inverted measure. Lower rates are preferable, indicating better performance.

¹¹ A lower rate, indicating better performance, is preferable for Emergency Department Utilization.

¹² Reducing Potentially Preventable Readmissions was a first year PA specific performance measure in 2012 (MY 2011). Lower rates are preferable, indicating better performance. This measure was added as a P4P measure in 2013 (MY 2012).

VI: Summary of Activities

Structure and Operations Standards

- GH was found to be fully compliant on Subparts C, D, and F. Compliance review findings for GH from RY 2014, RY 2013 and RY 2012 were used to make the determinations.

Performance Improvement Projects

- As previously noted, activities were conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle. GH received information related to these activities from DHS in 2015.

Performance Measures

- GH reported all HEDIS, PA-Specific and CAHPS Survey performance measures in 2015 for which the MCO had a sufficient denominator.

2014 Opportunities for Improvement MCO Response

- GH provided a response to the opportunities for improvement issued in the 2014 annual technical report and a root cause analysis and action plan for those measures on the HEDIS 2014 P4P Measure Matrix receiving either “D” or “F” ratings

2015 Strengths and Opportunities for Improvement

- Both strengths and opportunities for improvement have been noted for GH in 2015. A response will be required by the MCO for the noted opportunities for improvement in 2016.