

Table 1. Number of Health Home Participants, by Provider

Provider ID	October 2013 - March 2016
	All Enrollees
	#
P10	230
P11	14
P12	9
P23	42
P25	13
P29	51
P31	45
Total	404

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 4. Number and Percentage of Health Home Participants Enrolled by Program Type, by Provider

Provider ID	October 2013 - March 2016	
	PRP	OTP
P10	100.0%	0.0%
P11	0.0%	100.0%
P12	100.0%	0.0%
P23	100.0%	0.0%
P25	0.0%	100.0%
P29	100.0%	0.0%
P31	100.0%	0.0%
Total	93.3%	6.7%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 5. Number and Percentage of Health Home Participants With a Counselor, by Provider

ID	October 2013 - March 2016
	With a Counselor
P10	0.0%
P11	100.0%
P12	100.0%
P23	100.0%
P25	100.0%
P29	0.0%
P31	97.8%
Total	30.2%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 6. Number and Percentage of Health Home Participants With a Primary Care Physician, by Provider

Provider ID	October 2013 - March 2016
	With a PCP
P10	54.8%
P11	57.1%
P12	100.0%
P23	92.9%
P25	76.9%
P29	94.1%
P31	77.8%
Total	68.1%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 7. Number and Percentage of Health Home Participants by Age, by Provider

Provider ID	October 2013 - March 2016			
	Ages 15 to 20	Ages 21 to 39	Ages 40 to 64	Ages 65 and older
P10	0.4%	36.5%	56.1%	7.0%
P11	0.0%	14.3%	85.7%	0.0%
P12	0.0%	0.0%	100.0%	0.0%
P23	0.0%	26.2%	66.7%	7.1%
P25	0.0%	7.7%	92.3%	0.0%
P29	0.0%	23.5%	62.7%	13.7%
P31	0.0%	28.9%	66.7%	4.4%
Total	0.2%	30.4%	62.4%	6.9%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 8. Number and Percentage of Health Home Participants by Race, by Provider

Provider ID	October 2013 - March 2016					
	American Indian/ Alaskan Native	Asian	Black	White	Unknown	Two or more races
P10	0.4%	2.2%	21.3%	70.4%	5.7%	0.0%
P11	0.0%	0.0%	92.9%	7.1%	0.0%	0.0%
P12	0.0%	0.0%	44.4%	55.6%	0.0%	0.0%
P23	0.0%	0.0%	26.2%	71.4%	2.4%	0.0%
P25	7.7%	0.0%	69.2%	23.1%	0.0%	0.0%
P29	0.0%	0.0%	43.1%	52.9%	2.0%	2.0%
P31	0.0%	11.1%	31.1%	44.4%	4.4%	8.9%
Total	0.5%	2.5%	30.2%	61.4%	4.2%	1.2%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 9. Number and Percentage of Health Home Participants by Gender, by Provider

Provider ID	October 2013 - March 2016	
	Female	Male
P10	37.8%	62.2%
P11	50.0%	50.0%
P12	44.4%	55.6%
P23	31.0%	69.0%
P25	76.9%	23.1%
P29	43.1%	56.9%
P31	35.6%	64.4%
Total	39.4%	60.6%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 10. Number and Percentage of Health Home Participants by Ethnicity, by Provider

Provider ID	October 2013 - March 2016
	Hispanic
P10	1.3%
P11	0.0%
P12	0.0%
P23	0.0%
P25	0.0%
P29	2.0%
P31	8.9%
Total	2.0%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 11. Number and Percentage of Health Home Participants by Primary Mental Health Condition, by Provider

Provider ID	October 2013 - March 2016				
	Attention Deficit Disorder	Bipolar I or II	Major Depressive Disorder	Schizophrenia	Other
P10	0.0%	10.9%	12.2%	22.6%	4.3%
P11	0.0%	0.0%	0.0%	0.0%	0.0%
P12	0.0%	0.0%	44.4%	44.4%	0.0%
P23	0.0%	19.0%	4.8%	57.1%	0.0%
P25	0.0%	0.0%	0.0%	0.0%	0.0%
P29	0.0%	9.8%	9.8%	76.5%	2.0%
P31	0.0%	13.3%	4.4%	46.7%	37.8%
Total	0.0%	10.9%	10.1%	34.7%	6.9%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 12. Mean and Median Baseline Body Mass Index (BMI) of Health Home Participants, by Provider

Provider ID	October 2013 - March 2016	
	BMI	
	Mean	Median
P10	32.8	30.7
P11	29.7	27.6
P12	35.0	35.8
P23	30.4	29.9
P25	28.3	26.0
P29	33.5	32.4
P31	30.1	29.1
Total	32.2	30.2

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 13. Mean and Median Baseline Systolic and Diastolic Blood Pressure (mmHg) of Health Home Participants, by Provider

Provider ID	October 2013 - March 2016			
	Diastolic Pressure		Systolic Pressure	
	Mean	Median	Mean	Median
P10	77.6	78.0	120.8	119.0
P11	87.0	86.0	143.0	130.0
P12	75.3	74.0	118.6	118.0
P23	75.9	76.0	120.7	120.0
P25	83.8	83.0	143.0	130.0
P29	80.6	80.0	132.5	128.0
P31	64.0	72.0	101.0	120.0
Total	76.5	78.0	120.9	121.0

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 14. Number and Percentage of Health Home Participants Diagnosed with Chronic Conditions, by Provider

Provider ID	October 2013 - March 2016									
	Mental Health Condition	Substance use disorder	Asthma	COPD	Diabetes	Heart Disease	Hypertension	Obesity	HIV / AIDS	Hepatitis C
P10	100.0%	3.9%	0.4%	0.4%	0.4%	0.4%	19.1%	80.4%	0.0%	0.0%
P11	42.9%	100.0%	7.1%	0.0%	35.7%	7.1%	42.9%	78.6%	14.3%	0.0%
P12	100.0%	0.0%	11.1%	0.0%	11.1%	11.1%	0.0%	88.9%	0.0%	0.0%
P23	100.0%	0.0%	2.4%	4.8%	4.8%	0.0%	33.3%	81.0%	0.0%	0.0%
P25	76.9%	100.0%	38.5%	7.7%	15.4%	15.4%	53.8%	69.2%	23.1%	38.5%
P29	100.0%	45.1%	29.4%	17.6%	19.6%	15.7%	29.4%	82.4%	0.0%	3.9%
P31	100.0%	6.7%	11.1%	2.2%	17.8%	6.7%	24.4%	75.6%	0.0%	0.0%
Total	97.3%	15.3%	7.2%	3.5%	7.2%	4.0%	24.0%	80.0%	1.2%	1.7%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 15. Number and Percentage of Health Home (HH) Participants Completing Services and Average Number of Services Received, by Provider and Quarter

Provider ID	Q1 (October 2013 - December 2013)		Q2 (January 2014 - March 2014)		Q3 (April 2014 - June 2014)		Q4 (July 2014 - September 2014)		Q5 (October 2014 - December 2014)	
	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services
P10	100.0%	5.9	100.0%	8.7	100.0%	7.6	100.0%	7.2	100.0%	7.0
P11	28.6%	2.8	71.4%	3.5	100.0%	7.3	100.0%	6.4	100.0%	9.0
P12	0.0%	N/A	88.9%	3.5	100.0%	8.6	100.0%	9.8	100.0%	7.1
P23	100.0%	6.5	97.6%	6.2	100.0%	5.8	100.0%	4.9	97.6%	5.6
P25	100.0%	7.5	100.0%	9.1	100.0%	7.8	100.0%	10.7	100.0%	9.1
P29	51.0%	3.7	62.7%	3.8	98.0%	9.7	96.1%	7.3	100.0%	11.2
P31	100.0%	3.9	100.0%	6.4	100.0%	6.3	100.0%	8.1	100.0%	6.4
Total	89.1%	5.6	93.8%	7.5	99.8%	7.6	99.5%	7.2	99.8%	7.4

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 15. Number and Percentage of Health Home (HH) Participants Completing Services and Average Number of Services Received, by Provider and Quarter

Provider ID	Q6 (January 2015 - March 2015)		Q7 (April 2015 - June 2015)		Q8 (July 2015 - September 2015)		Q9 (October 2015 - December 2015)		Q10 (January 2016 - March 2016)	
	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services	Percent Receiving a HH Service	Average Number of Services
P10	100.0%	7.2	100.0%	6.8	100.0%	6.2	100.0%	6.2	100.0%	6.4
P11	100.0%	6.6	100.0%	8.9	100.0%	7.7	100.0%	7.5	92.9%	5.8
P12	100.0%	5.6	100.0%	6.2	100.0%	6.4	100.0%	6.7	100.0%	3.7
P23	83.3%	2.9	90.5%	5.0	85.7%	4.9	90.5%	4.4	95.2%	5.7
P25	100.0%	7.8	100.0%	9.5	100.0%	8.2	100.0%	9.1	100.0%	5.3
P29	100.0%	9.8	100.0%	9.8	100.0%	9.9	100.0%	9.7	100.0%	7.1
P31	100.0%	6.1	100.0%	6.0	100.0%	5.0	100.0%	6.9	100.0%	5.3
Total	98.3%	7.0	99.0%	7.1	98.5%	6.6	99.0%	6.7	99.3%	6.2

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the denominator were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 16. Number and Percentage of Health Home Participants by the Number of Services Received, by Provider and Month

Provider ID	Number of Services									Number of Services								
	Quarter 1 (October 2013 - December 2013)									Quarter 2 (January 2014 - March 2014)								
	October 2013			November 2013			December 2013			January 2014			February 2014			March 2014		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
P10	75.9%	13.5%	10.6%	12.2%	2.2%	85.7%	0.4%	4.8%	94.8%	0.0%	10.4%	89.6%	0.0%	13.0%	87.0%	0.0%	7.0%	93.0%
P11				78.6%	7.1%	14.3%	78.6%	0.0%	21.4%	64.3%	0.0%	35.7%	85.7%	0.0%	14.3%	64.3%	0.0%	35.7%
P12				100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	33.3%	0.0%	66.7%	11.1%	11.1%	77.8%
P23				4.8%	21.4%	73.8%	9.5%	4.8%	85.7%	4.8%	0.0%	95.2%	7.1%	2.4%	90.5%	4.8%	0.0%	95.2%
P25				0.0%	0.0%	100.0%	7.7%	0.0%	92.3%	0.0%	7.7%	92.3%	7.7%	7.7%	84.6%	0.0%	0.0%	100.0%
P29	60.0%	0.0%	40.0%	51.0%	0.0%	49.0%	94.1%	0.0%	5.9%	94.1%	3.9%	2.0%	78.4%	3.9%	17.6%	43.1%	5.9%	51.0%
P31				0.0%	0.0%	100.0%	8.9%	15.6%	75.6%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Total	75.3%	13.0%	11.6%	18.8%	3.7%	77.5%	19.3%	5.0%	75.7%	16.8%	6.7%	76.5%	14.6%	8.4%	77.0%	8.4%	5.0%	86.6%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the estimates for the month of October 2013 were enrolled on or before October 7, 2013

All other participants included in the denominators were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 16. Number and Percentage of Health Home Participants by the Number of Services Received, by Provider and Month

Provider ID	Number of Services									Number of Services								
	Quarter 3 (April 2014 - June 2014)									Quarter 4 (July 2014 - September 2014)								
	April 2014			May 2014			June 2014			July 2014			August 2014			September 2014		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
P10	0.0%	3.9%	96.1%	0.0%	4.3%	95.7%	0.0%	2.6%	97.4%	0.0%	0.9%	99.1%	0.0%	3.5%	96.5%	0.0%	2.2%	97.8%
P11	0.0%	0.0%	100.0%	42.9%	0.0%	57.1%	0.0%	0.0%	100.0%	42.9%	0.0%	57.1%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
P12	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
P23	14.3%	0.0%	85.7%	4.8%	0.0%	95.2%	11.9%	0.0%	88.1%	40.5%	2.4%	57.1%	4.8%	33.3%	61.9%	9.5%	0.0%	90.5%
P25	7.7%	0.0%	92.3%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	15.4%	0.0%	84.6%	0.0%	7.7%	92.3%	0.0%	0.0%	100.0%
P29	13.7%	0.0%	86.3%	5.9%	0.0%	94.1%	5.9%	11.8%	82.4%	3.9%	5.9%	90.2%	3.9%	2.0%	94.1%	17.6%	9.8%	72.5%
P31	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	2.2%	97.8%	0.0%	0.0%	100.0%
Total	3.5%	2.2%	94.3%	2.7%	2.5%	94.8%	2.0%	3.0%	95.0%	6.7%	1.5%	91.8%	1.0%	6.2%	92.8%	3.2%	2.5%	94.3%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the estimates for the month of October 2013 were enrolled on or before October 7, 2013

All other participants included in the denominators were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 16. Number and Percentage of Health Home Participants by the Number of Services Received, by Provider and Month

Provider ID	Number of Services									Number of Services								
	Quarter 5 (October 2014 - December 2014)									Quarter 6 (January 2015 - March 2015)								
	October 2014			November 2014			December 2014			January 2015			February 2015			March 2015		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
P10	0.0%	2.2%	97.8%	0.0%	6.1%	93.9%	0.0%	4.3%	95.7%	0.0%	4.3%	95.7%	0.0%	8.3%	91.7%	0.0%	16.1%	83.9%
P11	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	21.4%	21.4%	57.1%	7.1%	28.6%	64.3%
P12	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	11.1%	0.0%	88.9%	22.2%	0.0%	77.8%
P23	2.4%	7.1%	90.5%	50.0%	7.1%	42.9%	66.7%	4.8%	28.6%	83.3%	14.3%	2.4%	59.5%	0.0%	40.5%	33.3%	0.0%	66.7%
P25	0.0%	0.0%	100.0%	7.7%	0.0%	92.3%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	15.4%	0.0%	84.6%	7.7%	0.0%	92.3%
P29	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	7.8%	92.2%	0.0%	0.0%	100.0%	0.0%	5.9%	94.1%	0.0%	3.9%	96.1%
P31	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Total	0.2%	2.0%	97.8%	5.4%	4.2%	90.3%	6.9%	4.0%	89.1%	8.7%	4.0%	87.4%	7.7%	6.2%	86.1%	4.5%	10.6%	84.9%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the estimates for the month of October 2013 were enrolled on or before October 7, 2013

All other participants included in the denominators were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 16. Number and Percentage of Health Home Participants by the Number of Services Received, by Provider and Month

Provider ID	Number of Services									Number of Services								
	Quarter 7 (April 2015 - June 2015)									Quarter 8 (July 2015 - September 2015)								
	April 2015			May 2015			June 2015			July 2015			August 2015			September 2015		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
P10	0.0%	15.7%	84.3%	0.0%	28.7%	71.3%	0.0%	26.1%	73.9%	0.4%	32.2%	67.4%	0.0%	24.8%	75.2%	0.0%	12.6%	87.4%
P11	0.0%	14.3%	85.7%	0.0%	50.0%	50.0%	0.0%	35.7%	64.3%	0.0%	35.7%	64.3%	0.0%	57.1%	42.9%	0.0%	42.9%	57.1%
P12	0.0%	11.1%	88.9%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	22.2%	77.8%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
P23	9.5%	0.0%	90.5%	40.5%	2.4%	57.1%	23.8%	21.4%	54.8%	16.7%	16.7%	66.7%	26.2%	0.0%	73.8%	28.6%	31.0%	40.5%
P25	0.0%	0.0%	100.0%	0.0%	7.7%	92.3%	0.0%	0.0%	100.0%	0.0%	7.7%	92.3%	15.4%	0.0%	84.6%	7.7%	0.0%	92.3%
P29	2.0%	0.0%	98.0%	0.0%	0.0%	100.0%	0.0%	3.9%	96.1%	0.0%	3.9%	96.1%	0.0%	0.0%	100.0%	0.0%	2.0%	98.0%
P31	0.0%	2.2%	97.8%	0.0%	0.0%	100.0%	0.0%	2.2%	97.8%	0.0%	2.2%	97.8%	0.0%	4.4%	95.6%	2.2%	8.9%	88.9%
Total	1.2%	9.9%	88.9%	4.2%	18.6%	77.2%	2.5%	19.1%	78.5%	2.0%	22.8%	75.2%	3.2%	16.6%	80.2%	3.5%	13.1%	83.4%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the estimates for the month of October 2013 were enrolled on or before October 7, 2013

All other participants included in the denominators were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 16. Number and Percentage of Health Home Participants by the Number of Services Received, by Provider and Month

Provider ID	Number of Services									Number of Services								
	Quarter 9 (October 2015 - December 2015)									Quarter 10 (January 2016 - March 2016)								
	October 2015			November 2015			December 2015			January 2016			February 2016			March 2016		
	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+	0	1	2+
P10	0.0%	17.0%	83.0%	0.0%	9.1%	90.9%	0.4%	13.9%	85.7%	0.0%	7.4%	92.6%	0.0%	3.9%	96.1%	0.0%	3.5%	96.5%
P11	0.0%	28.6%	71.4%	14.3%	42.9%	42.9%	7.1%	28.6%	64.3%	7.1%	35.7%	57.1%	7.1%	21.4%	71.4%	7.1%	21.4%	71.4%
P12	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	22.2%	77.8%	11.1%	0.0%	88.9%	0.0%	0.0%	100.0%
P23	76.2%	0.0%	23.8%	28.6%	0.0%	71.4%	21.4%	0.0%	78.6%	11.9%	0.0%	88.1%	61.9%	0.0%	38.1%	7.1%	14.3%	78.6%
P25	7.7%	0.0%	92.3%	0.0%	0.0%	100.0%	0.0%	23.1%	76.9%	7.7%	0.0%	92.3%	0.0%	7.7%	92.3%	7.7%	0.0%	92.3%
P29	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	3.9%	96.1%	0.0%	3.9%	96.1%	0.0%	5.9%	94.1%	0.0%	3.9%	96.1%
P31	0.0%	4.4%	95.6%	0.0%	11.1%	88.9%	0.0%	6.7%	93.3%	0.0%	17.8%	82.2%	0.0%	46.7%	53.3%	0.0%	11.1%	88.9%
Total	8.2%	11.1%	80.7%	3.5%	7.9%	88.6%	2.7%	10.9%	86.4%	1.7%	8.4%	89.9%	6.9%	9.2%	83.9%	1.2%	5.9%	92.8%

Measures are based on eMedicaid data collected by Health Home providers

Data as of March 31, 2016

Participants included in the estimates for the month of October 2013 were enrolled on or before October 7, 2013

All other participants included in the denominators were continuously enrolled for ten quarters

Since providers can enter new data into eMedicaid for any period of time as well as revise data for a limited time period after entering it, use of these updated datafiles may result in estimates for Quarter 1 through Quarter 8 that differ from prior reports.

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their First Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	3.5%	1.0	1	1
P11	7.1%	1.0	1	1
P12	11.1%	1.0	1	1
P23	7.1%	1.0	1	1
P25	7.7%	1.0	1	1
P29	2.0%	1.0	1	1
P31	11.1%	1.0	1	1
Total	5.0%	1.0	1	1

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Second Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	4.3%	1.0	1	1
P11	0.0%			
P12	0.0%			
P23	2.4%	1.0	1	1
P25	15.4%	1.0	1	1
P29	5.9%	1.0	1	1
P31	4.4%	1.0	1	1
Total	4.5%	1.0	1	1

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Third Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	3.9%	1.0	1	1
P11	14.3%	1.0	1	1
P12	0.0%			
P23	7.1%	1.0	1	1
P25	7.7%	1.0	1	1
P29	11.8%	1.0	1	1
P31	8.9%	1.3	1	2
Total	6.2%	1.0	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Fourth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	8.3%	1.0	1	1
P11	0.0%			
P12	11.1%	1.0	1	1
P23	11.9%	1.0	1	1
P25	15.4%	1.0	1	1
P29	2.0%	1.0	1	1
P31	4.4%	1.0	1	1
Total	7.4%	1.0	1	1

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Fifth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	5.7%	1.2	1	2
P11	0.0%			
P12	0.0%			
P23	7.1%	1.0	1	1
P25	7.7%	1.0	1	1
P29	5.9%	1.3	1	2
P31	4.4%	1.0	1	1
Total	5.4%	1.1	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Sixth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	5.2%	1.0	1	1
P11	7.1%	1.0	1	1
P12	11.1%	1.0	1	1
P23	9.5%	1.0	1	1
P25	0.0%			
P29	2.0%	1.0	1	1
P31	17.8%	1.1	1	2
Total	6.7%	1.0	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Seventh Quarter After Enrollment and Summary Statistics, by Provide

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	3.9%	1.1	1	2
P11	0.0%			
P12	0.0%			
P23	7.1%	1.0	1	1
P25	7.7%	1.0	1	1
P29	3.9%	1.0	1	1
P31	8.9%	1.0	1	1
Total	4.7%	1.1	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Eighth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	5.2%	1.0	1	1
P11	7.1%	1.0	1	1
P12	0.0%			
P23	19.0%	1.0	1	1
P25	7.7%	1.0	1	1
P29	3.9%	1.0	1	1
P31	6.7%	1.3	1	2
Total	6.7%	1.0	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Ninth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	6.1%	1.1	1	2
P11	0.0%			
P12	0.0%			
P23	7.1%	1.0	1	1
P25	7.7%	2.0	2	2
P29	5.9%	1.0	1	1
P31	4.4%	1.0	1	1
Total	5.7%	1.1	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 17. Number and Percentage of Health Home Participants with at Least One Inpatient Hospital Admission during their Tenth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Inpatient Admission	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	8.3%	1.0	1	1
P11	0.0%			
P12	11.1%	1.0	1	1
P23	11.9%	1.0	1	1
P25	0.0%			
P29	9.8%	1.0	1	1
P31	2.2%	1.0	1	1
Total	7.7%	1.0	1	1

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their First Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	17.8%	1.7	1	9
P11	35.7%	1.2	1	2
P12	22.2%	1.5	1	2
P23	35.7%	2.1	1	5
P25	23.1%	2.3	1	4
P29	13.7%	1.3	1	2
P31	20.0%	1.1	1	2
Total	20.3%	1.6	1	9

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Second Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	20.9%	1.9	1	16
P11	21.4%	1.7	1	3
P12	11.1%	1.0	1	1
P23	28.6%	1.8	1	4
P25	23.1%	2.0	1	4
P29	17.6%	1.0	1	1
P31	15.6%	1.4	1	3
Total	20.5%	1.7	1	16

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Third Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	18.7%	3.1	1	33
P11	28.6%	1.5	1	2
P12	11.1%	1.0	1	1
P23	28.6%	1.8	1	5
P25	23.1%	1.0	1	1
P29	17.6%	1.2	1	2
P31	24.4%	1.5	1	3
Total	20.5%	2.3	1	33

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Fourth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	21.7%	2.1	1	21
P11	35.7%	2.0	1	3
P12	22.2%	1.0	1	1
P23	33.3%	1.4	1	3
P25	15.4%	1.5	1	2
P29	15.7%	1.3	1	2
P31	11.1%	1.6	1	4
Total	21.3%	1.8	1	21

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Fifth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	20.4%	2.6	1	40
P11	21.4%	1.0	1	1
P12	11.1%	1.0	1	1
P23	19.0%	1.5	1	3
P25	30.8%	1.3	1	2
P29	13.7%	1.6	1	3
P31	17.8%	1.3	1	2
Total	19.3%	2.1	1	40

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Sixth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	20.9%	2.1	1	27
P11	28.6%	2.3	1	4
P12	22.2%	1.0	1	1
P23	23.8%	1.6	1	4
P25	15.4%	1.0	1	1
P29	9.8%	1.4	1	2
P31	15.6%	1.7	1	5
Total	19.3%	1.9	1	27

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Seventh Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	21.7%	2.6	1	30
P11	28.6%	1.0	1	1
P12	11.1%	1.0	1	1
P23	26.2%	1.8	1	4
P25	30.8%	1.0	1	1
P29	19.6%	1.2	1	3
P31	20.0%	1.3	1	3
Total	22.0%	2.0	1	30

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Eighth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	19.6%	2.8	1	26
P11	21.4%	1.7	1	2
P12	0.0%			
P23	28.6%	1.9	1	7
P25	30.8%	1.3	1	2
P29	13.7%	1.0	1	1
P31	24.4%	1.7	1	4
Total	20.3%	2.2	1	26

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Ninth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	21.3%	2.7	1	29
P11	28.6%	1.3	1	2
P12	0.0%			
P23	16.7%	3.0	1	11
P25	46.2%	2.3	1	7
P29	11.8%	1.2	1	2
P31	15.6%	1.4	1	3
Total	19.6%	2.4	1	29

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 18. Number and Percentage of Health Home Participants with at Least One Emergency Department Visit during their Tenth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an ED Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	22.2%	2.0	1	23
P11	21.4%	1.0	1	1
P12	11.1%	1.0	1	1
P23	31.0%	2.9	1	16
P25	23.1%	1.0	1	1
P29	13.7%	1.4	1	2
P31	20.0%	2.0	1	4
Total	21.5%	2.0	1	23

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their First Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	63.0%	2.9	1	18
P11	50.0%	1.4	1	3
P12	77.8%	2.6	1	4
P23	47.6%	1.5	1	3
P25	61.5%	2.8	1	12
P29	76.5%	2.8	1	10
P31	42.2%	2.6	1	16
Total	60.6%	2.7	1	18

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Second Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	66.1%	2.7	1	24
P11	50.0%	2.3	1	4
P12	88.9%	3.8	1	7
P23	31.0%	2.5	1	6
P25	84.6%	3.3	1	8
P29	78.4%	3.2	1	15
P31	42.2%	2.0	1	5
Total	61.9%	2.8	1	24

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Third Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	65.2%	3.0	1	22
P11	57.1%	2.3	1	5
P12	55.6%	4.2	1	9
P23	33.3%	2.1	1	4
P25	61.5%	3.3	1	8
P29	88.2%	3.5	1	16
P31	53.3%	2.0	1	5
Total	62.9%	2.9	1	22

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Fourth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	71.7%	3.0	1	21
P11	50.0%	1.6	1	4
P12	100.0%	4.3	1	10
P23	31.0%	1.9	1	4
P25	53.8%	4.3	2	9
P29	80.4%	3.6	1	19
P31	40.0%	1.9	1	4
Total	64.4%	3.0	1	21

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Fifth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	66.1%	2.9	1	13
P11	57.1%	1.5	1	3
P12	66.7%	3.8	1	9
P23	26.2%	2.2	1	4
P25	46.2%	4.2	1	7
P29	78.4%	2.9	1	14
P31	46.7%	1.7	1	3
Total	60.4%	2.8	1	14

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Sixth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	70.0%	2.8	1	16
P11	50.0%	1.1	1	2
P12	100.0%	2.4	1	5
P23	42.9%	1.6	1	4
P25	53.8%	3.7	1	12
P29	86.3%	3.7	1	19
P31	37.8%	2.2	1	5
Total	65.1%	2.8	1	19

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Seventh Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	66.1%	2.8	1	13
P11	50.0%	3.0	1	6
P12	88.9%	2.9	1	6
P23	28.6%	1.3	1	3
P25	61.5%	2.8	1	6
P29	76.5%	3.8	1	15
P31	51.1%	1.6	1	4
Total	61.6%	2.8	1	15

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Eighth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	60.0%	3.1	1	13
P11	35.7%	2.8	1	4
P12	88.9%	2.9	1	7
P23	35.7%	1.9	1	4
P25	53.8%	3.9	1	8
P29	82.4%	2.9	1	13
P31	42.2%	2.1	1	6
Total	57.9%	2.9	1	13

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Ninth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	58.3%	2.8	1	12
P11	42.9%	1.3	1	2
P12	88.9%	2.9	1	6
P23	26.2%	1.8	1	4
P25	61.5%	2.4	1	9
P29	80.4%	3.9	1	16
P31	44.4%	1.7	1	3
Total	56.4%	2.8	1	16

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 19. Number and Percentage of Health Home Participants with at Least One Ambulatory Care Visit during their Tenth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with an Ambulatory Care Visit	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	55.2%	3.1	1	14
P11	35.7%	1.8	1	3
P12	66.7%	3.5	1	9
P23	31.0%	2.0	1	6
P25	53.8%	3.7	1	11
P29	62.7%	4.3	1	15
P31	48.9%	2.1	1	7
Total	52.5%	3.1	1	15

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

Table 20. Number and Percentage of Health Home Participants with at Least One Avoidable Inpatient Hospital Admission and Summary Statistics, by Quarter

Quarter	Percentage a Potentially Avoidable Hospitalization	Summary Statistics for Those with at Least One Potentially Avoidable		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
Quarter 1	0.2%	2.0	2	2
Quarter 2	0.5%	1.5	1	2
Quarter 3	1.0%	1.3	1	2
Quarter 4	0.5%	1.0	1	1
Quarter 5	0.5%	1.5	1	2
Quarter 6	0.0%			
Quarter 7	0.2%	1.0	1	1
Quarter 8	0.2%	1.0	1	1
Quarter 9	0.0%			
Quarter 10	0.0%			

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission. MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measure will be revised to include complete data in future reports. Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their First Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	7.8%	1.4	1	3
P11	14.3%	1.0	1	1
P12	11.1%	2.0	2	2
P23	14.3%	1.7	1	3
P25	23.1%	1.3	1	2
P29	9.8%	1.0	1	1
P31	4.4%	1.0	1	1
Total	9.2%	1.4	1	3

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Second Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	10.4%	1.5	1	6
P11	14.3%	1.5	1	2
P12	11.1%	1.0	1	1
P23	7.1%	1.3	1	2
P25	7.7%	1.0	1	1
P29	3.9%	1.0	1	1
P31	4.4%	1.0	1	1
Total	8.7%	1.4	1	6

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Third Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	9.6%	2.1	1	10
P11	7.1%	1.0	1	1
P12	0.0%			
P23	14.3%	1.2	1	2
P25	15.4%	1.0	1	1
P29	2.0%	1.0	1	1
P31	6.7%	1.3	1	2
Total	8.7%	1.7	1	10

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Fourth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	6.5%	1.5	1	4
P11	28.6%	1.3	1	2
P12	0.0%			
P23	11.9%	1.0	1	1
P25	0.0%			
P29	3.9%	1.5	1	2
P31	2.2%	2.0	2	2
Total	6.7%	1.4	1	4

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Fifth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	10.0%	2.0	1	16
P11	7.1%	1.0	1	1
P12	0.0%			
P23	7.1%	1.7	1	2
P25	23.1%	1.3	1	2
P29	5.9%	1.0	1	1
P31	0.0%			
Total	8.2%	1.8	1	16

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Sixth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	8.7%	2.0	1	15
P11	28.6%	1.3	1	2
P12	11.1%	1.0	1	1
P23	9.5%	1.0	1	1
P25	0.0%			
P29	2.0%	1.0	1	1
P31	4.4%	1.0	1	1
Total	7.9%	1.6	1	15

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Seventh Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	10.0%	1.9	1	11
P11	7.1%	1.0	1	1
P12	11.1%	1.0	1	1
P23	7.1%	1.0	1	1
P25	7.7%	1.0	1	1
P29	3.9%	1.0	1	1
P31	6.7%	2.0	1	3
Total	8.4%	1.7	1	11

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Eighth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	9.1%	2.0	1	14
P11	7.1%	2.0	2	2
P12	0.0%			
P23	9.5%	1.5	1	2
P25	7.7%	1.0	1	1
P29	3.9%	1.0	1	1
P31	2.2%	1.0	1	1
Total	7.4%	1.8	1	14

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Ninth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	2.2%	1.4	1	2
P11	0.0%			
P12	0.0%			
P23	2.4%	1.0	1	1
P25	7.7%	2.0	2	2
P29	0.0%			
P31	2.2%	1.0	1	1
Total	2.0%	1.4	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 21. Number and Percentage of Health Home Participants with at Least One Non-Emergent Emergency Department Visit during Their Tenth Quarter After Enrollment and Summary Statistics, by Provider

Provider ID	Percentage with Non-Emergent ED visits	Summary Statistics for Those with at Least One Inpatient Admission		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
P10	3.0%	1.3	1	2
P11	0.0%			
P12	0.0%			
P23	2.4%	1.0	1	1
P25	0.0%			
P29	3.9%	1.0	1	1
P31	2.2%	1.0	1	1
Total	2.7%	1.2	1	2

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission.

MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measures will be revised to include complete data in future reports.

Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.

Table 22. Number and Percentage of Health Home Participants with at Least One 30-Day All-Cause-Hospital Readmission and Summary Statistics, by Quarter

Quarter	Percentage with a 30-Day Readmission	Summary Statistics for Those with at Least One 30-Day		
		Average Visits per Person	Minimum Visits per Person	Maximum Visits per Person
Quarter 1	0.5%	1.0	1	1
Quarter 2	0.2%	1.0	1	1
Quarter 3	0.0%			
Quarter 4	0.7%	1.0	1	1
Quarter 5	0.2%	1.0	1	1
Quarter 6	0.0%	0.0	0	0
Quarter 7	0.2%	1.0	1	1
Quarter 8	0.2%	1.0	1	1
Quarter 9	0.0%			
Quarter 10	0.0%			

Measures are based on MMIS2 data

Data as of March 31, 2016

Please consider the utilization data as preliminary because there is insufficient run-out for claims/encounter submission. MCO encounters require at least 6 months of run-out, and FFS claims require at least 12 months of run-out. These measure will be revised to include complete data in future reports. Participants included in the denominator were continuously enrolled for ten quarters

The inclusion criteria for this measure depends on ICD-9 diagnosis codes, therefore estimates of occurrences since 10/1/2015, after which Medicaid providers switched to (or began using) ICD-10 diagnosis codes, are not reliable.