



New Hampshire Medicaid Care Management Quality Performance Report

NH MCM Quality Improvement Priority Update – SFY 2021

A Report Prepared by the Medicaid Quality Program
Division of Medicaid Services
New Hampshire Department of Health and Human Services

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*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence*

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Overview

Introduction

Beginning September 1, 2019, NH Medicaid transitioned to using the National Medicaid 75th percentile¹ as the benchmark for evaluating the performance of Managed Care program. The benchmark is now being used to evaluate performance for industry standard health outcome measures including HEDIS^{®2} and CMS Core Set Measures.

The New Hampshire Medicaid Care Management (MCM) Quality Strategy has provided an initial roadmap to achieving this higher level of performance by selecting ten (10) quality measures with a goal of reaching or exceeding the 75th percentile by June 30, 2022.

The measures were selected by Department of Health and Human Services leadership with input from internal stakeholders representing expertise in Clinical Health, Behavioral Health, Quality, and Public Health. The measure set is intended to focus priorities and quality improvement resources until a full reassessment occurs after June 30, 2022 with an updated MCM Quality Strategy.

This report is an update on the status of the 10 quality measures New Hampshire selected for improvement. The report includes the following information related to the 10 quality measures:

- Calendar Year 2019 HEDIS audited rates for;
 - MCM Program;
 - New Hampshire Health Families (NHFF); and
 - Well Sense Health Plan (WS).
- Quality assessments and studies; and
- Quality improvement efforts.

NOTE: AmeriHealth Caritas New Hampshire data will be available in the next update that includes Calendar Year 2020 data.

Report Domains & Categories

For ease of organization, the 10 quality measures have been organized into two (2) report domains and six (6) categories as outlined in the table below:

Report Domain	Categories
Prevention	Adolescent Health Women's Health
Treatment	Adult Mental Health Population Children's Mental Health Population Substance Use Disorder Treatment Appropriate Care

¹ National Committee for Quality Assurance (NCQA) Quality Compass, National 75th Percentile of Medicaid HMO plans.

² Healthcare Effectiveness Data and Information Set [HEDIS[®]] is a registered trademark of the National Committee for Quality Assurance (NCQA)

Results at a Glance

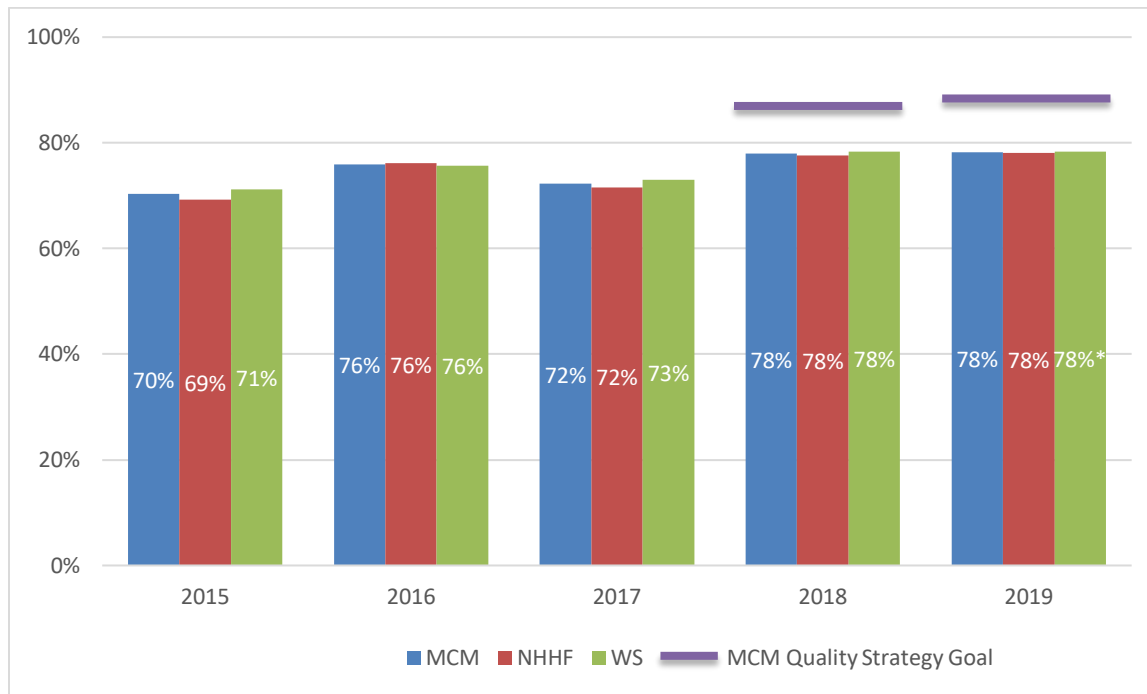
The results below give a quick glance of New Hampshire's progress on the 10 quality measures.

	NH CY 2018	NH CY 2019	
Prevention - Adolescent Health			
Immunizations for Adolescents Combination Without HPV (IMA)	78.0%	78.2%	
Immunizations for Adolescents Combination Including HPV (IMA)	33.1%	33.1%	
Prevention - Women's Health			
Chlamydia Screening in Women (CHL)	46.5%	48.1%	
Timely Postpartum Care (PPC)	61.9%	79.2%	
Treatment - Adult Mental Health Population			
Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (SSD)	80.5%	82.7%	
Adherence to Antipsychotic Medications for Individuals with Mental Illness (SAA)	80.9%	76.6%	
Treatment - Children's Mental Health Population			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	70.4%	75.4%	
Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)	57.3%	52.3%	
Treatment - Substance Use Disorder Treatment			
Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	17.9%	22.0%	
Treatment – Appropriate care			
Appropriate Use of Imaging Studies for Low Back Pain (LBP)	68.8%	75.5%	
Table Legend			
Performance below the 75 th and 50 th Percentile	Performance below the 75 th Percentile but above the 50 th Percentile.	Improved performance from the prior year, but below the 75 th Percentile.	Performance equal to or above the 75 th Percentile.

Immunization for Adolescents (HPV Not Included)

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, and one Tdap vaccine by their 13th birthday. (CMS Child Core Set Measure)

Figure 1-1: Immunization for Adolescents Combination Excluding HPV Vaccine (HEDIS-IMA Combo 1)



* Well Sense rate represents 2018 performance which was an allowable method for calculating measures when the collection of medical records from provider offices was impacted by COVID-19.

Analysis: The MCM Quality Strategy Goal was not achieved. 2019 performance did not change from the prior year and showed no variance between MCOs.

Work to Date

- Member Semi-Structured Interview:** New Hampshire conducted qualitative semi-structured interviews of parents with an adolescent child receiving Medicaid. One focus of the study was to evaluate the parent’s perspectives of vaccinations which could lead to more extensive quality studies. Almost all parents in the study stated their children were up to date on regular vaccinations, which did not provide details for further study. Of the children who were not up to date on regular vaccinations, the parents were following an alternative schedule which could be an opportunity for further study.
- NH DHHS Chief Medical Officer (CMO) Letter:** The DHHS CMO published a letter to providers talking about the importance of Child and Adolescent Well Care Visits irrespective of the Public Health Emer-

gency. The letter was crafted for the MCOs to use in tandem with care gap reports that are sent to providers. Improving the rates of Adolescent Well Visits could have a direct impact on increasing the rate of Adolescent Immunizations.

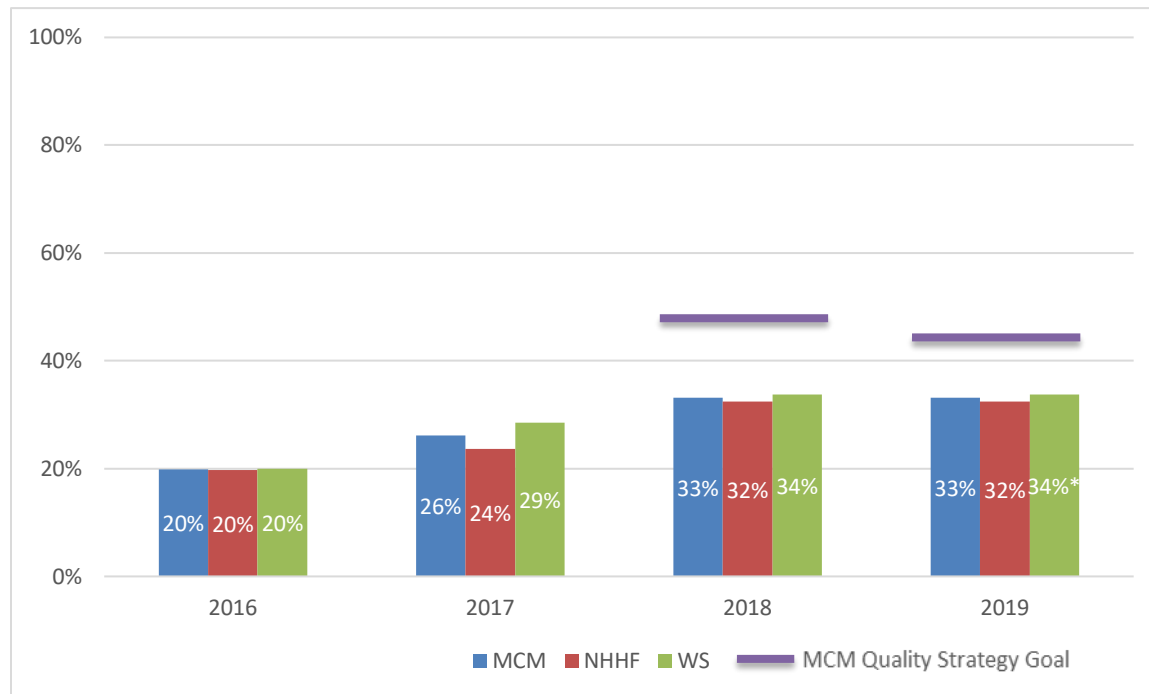
Planned Work

- **SFY 2021 Withhold and Incentive Program:** Starting on January 1, 2021, New Hampshire has included Adolescent Well Visits to the MCO Quality Withhold and Incentive Program. MCOs will be required to reach specific thresholds for the measure or be at financial risk for losing a percentage of their capitation payments. High performing MCOs have the potential to receive incentives. Improving the rates of Adolescent Well Visits could have a direct impact on increasing the rate of Adolescent Immunizations.
- **MCO Provider and Member Incentives:** The MCM contract contains requirements for the MCOs to conduct alternative payment methods and member incentives. The two tools are among the primary methods the MCOs use to enhance quality measures for the Withhold and Incentive Program.

Immunization for Adolescents HPV Included

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday. (Child Core Set Measure)

Figure 1-2: Immunization for Adolescents Combination Including HPV Vaccine (HEDIS-IMA Combo 2)



* Well Sense rate represents 2018 performance which was an allowable method for calculating measures when the collection of medical records from provider offices was impacted by COVID-19.

Analysis: The MCM Quality Strategy Goal was not achieved. While 2019 performance did not change from the prior year, the goal (National 75th percentile) decreased from the prior year which resulted in New Hampshire being closer. There was a variance of 2% between MCOs with Well Sense outperforming New Hampshire Health Families.

Work to Date

- **Member Semi-Structured Interview:** New Hampshire conducted qualitative semi-structured interviews of parents with an adolescent child receiving Medicaid. One focus of the study was to evaluate the parent's perspectives on the HPV vaccination which could lead to more extensive quality studies. Results from the study were almost evenly divided with half the children receiving the vaccination and half the children not receiving the vaccination. The main reasons for not receiving the vaccination included:
 1. Children were not offered the vaccination or the second dose;
 2. Child was not perceived to be sexually active, so parent is delaying vaccination; and
 3. Child was too young to receive the vaccination.

- **NH DHHS CMO Letter:** The DHHS CMO published a letter to providers talking about the importance of Child Well Care Visits irrespective of the Public Health Emergency. The letter was crafted for the MCOs to use in tandem with care gap reports that are sent to providers.

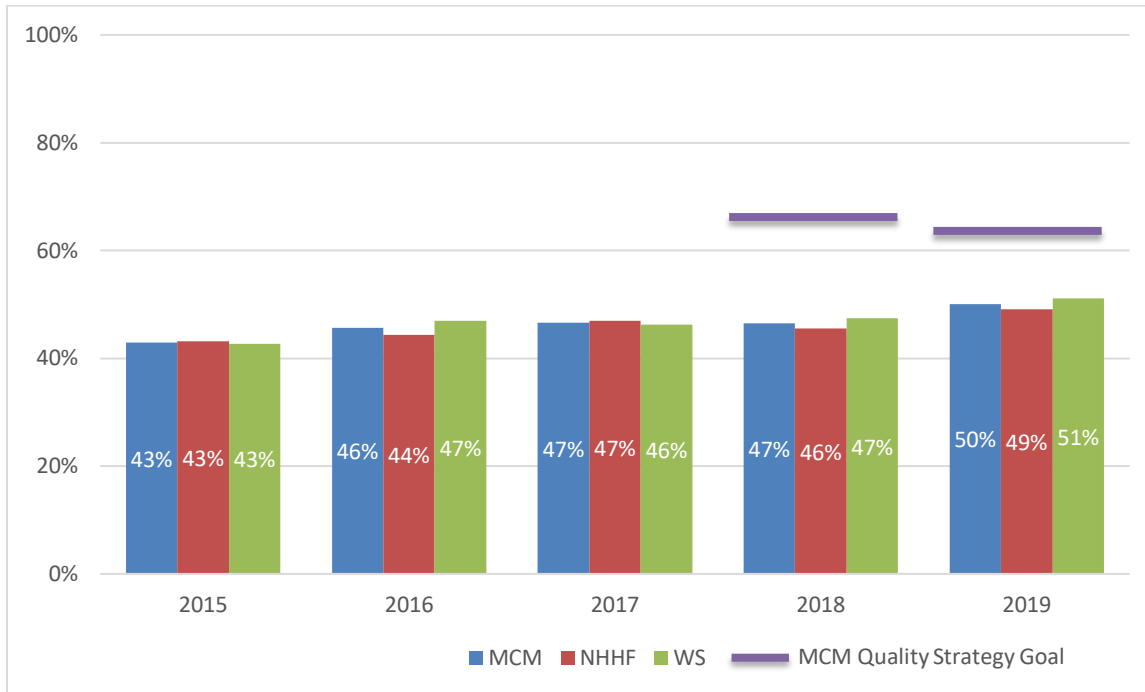
Planned Work

- **SFY 2021 Withhold and Incentive Program:** Starting on January 1, 2021, New Hampshire has included Adolescent Well Visits to the MCO Quality Withhold and Incentive Program. MCOs will be required to reach specific thresholds for the measure or be at financial risk for losing a percentage of their capitation payments. High performing MCOs have the potential to receive incentives. Improving the rates of Adolescent Well Visits could have a direct impact on increasing the rate of Adolescent Immunizations.
- **MCO Provider and Member Incentives:** The MCM contract contains requirements for the MCOs to conduct alternative payment methods and member incentives. The two tools are among the primary methods the MCOs use to enhance quality measures for the Withhold and Incentive Program.
- **Dartmouth Hitchcock Collaboration:** The New Hampshire Medicaid Quality Program is currently working with residents from the Dartmouth Hitchcock Medical Clinic on a project to increase HPV vaccination rates in the Medicaid population.

Chlamydia Screening in Women

The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. (CMS Adult and Child Core Set)

Figure 2-1: Chlamydia Screening in Women (HEDIS-CHL)



Analysis: The MCM Quality Strategy Goal was not achieved; however, the goal (National 75th percentile) decreased from the prior year which resulted in New Hampshire being closer. 2019 performance increased from prior year and showed minimal variance between Managed Care organizations.

Work to Date

- **Commercial All Claims Payer Data NH Analysis** – Using Commercial Payer HEDIS audited rates, the Department has created an aggregate NH Commercial rate for Chlamydia screenings. The NH Commercial rate was not significantly different from the NH Medicaid rate suggesting system wide improvement for this measure.
- **MCO Performance Improvement Project (PIP)** – From 2013-2016 Well Sense Health Plan implemented a performance improvement project focused on increasing the rates of Chlamydia screening. While sustained improvement was not achieved, the PIP did clarify:
 1. Compliance rates were lower in women age 16-20; and
 2. A variety of provider barriers exist related to Chlamydia screening in women age 16-20.

Planned Work

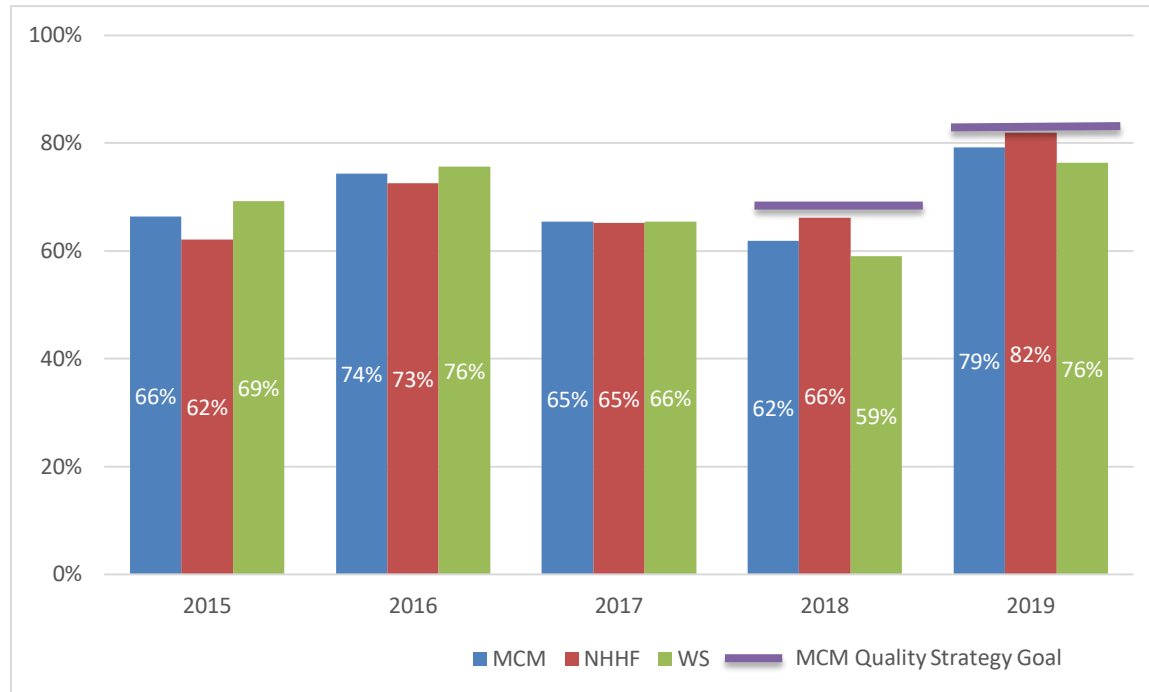
- **Annual Meeting** – The NH Medicaid program and the Division of Public Health Services will gather a provider, health system, payer, and NH DHHS roundtable to:
 1. Discuss and reach consensus on the current barriers to Chlamydia Screening; and
 2. Brainstorm and identify strategies to overcoming these barriers. This would include provider strategies as well as to determining where NH managed care providers and NH DHHS could better provide support to providers in any systems

NOTE: The meeting was originally scheduled in spring of 2020, but was rescheduled for spring of 2021 as a result of the public health emergency due to the COVID-19 pandemic.

Prenatal Care – Postpartum Care

The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. (CMS Adult and Child Core Set Measure)

Figure 2-2: Postpartum Care (HEDIS-PPC)



Analysis:

While New Hampshire rates increased in 2019, the MCM Quality Strategy Goal was not achieved. The increases of 16% or greater in 2019 is likely attributed to the change in the measure that allows for additional appointments to be considered a timely post-partum care visits. A variance of 6% existed between MCOs with New Hampshire Healthy Families outperforming Well Sense and nearly meeting the goal.

Work to Date

- **Member Semi-Structured Interview:** New Hampshire conducted qualitative semi-structured interviews of 30 member who recently gave birth. One focus of the study was to evaluate member's access to post-partum care visits. All parents in the study self-reported attending a post-partum visit within six weeks of giving birth, which did not provide details for further study.

Planned Work

- **SFY 2021 Withhold and Incentive Program:** Starting on January 1, 2021, New Hampshire has included Timely Post-Partum Care to the MCO Quality Withhold and Incentive Program. MCOs will be required to reach specific thresholds for the measure or be at financial risk for losing a percentage of their capitation payments.

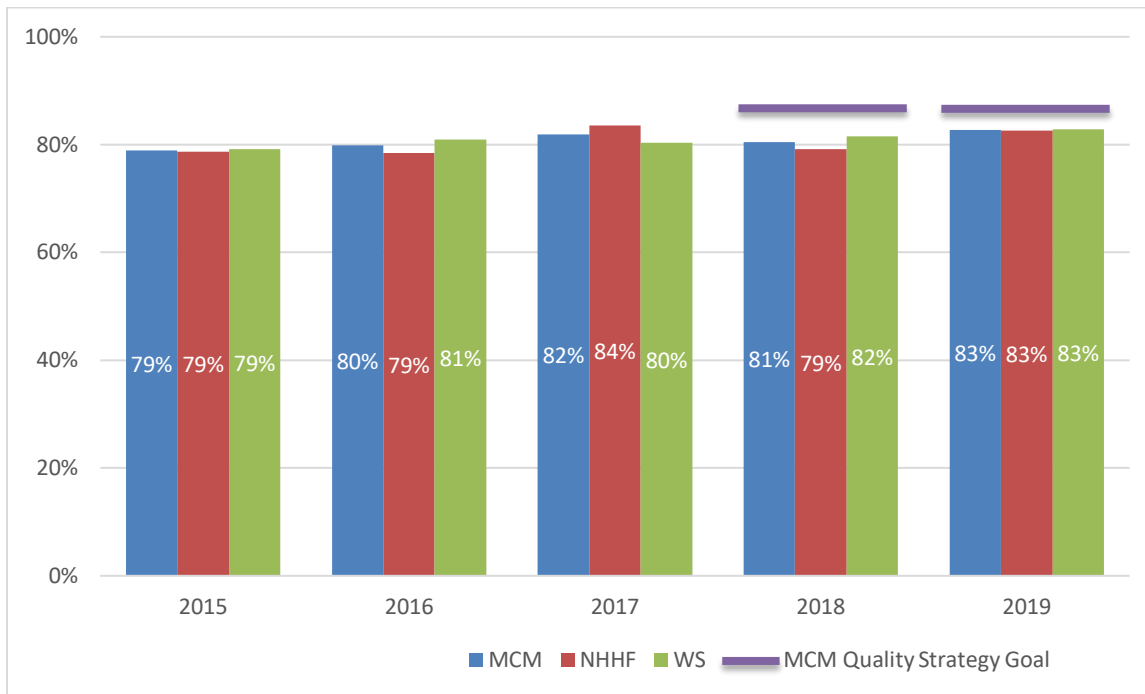
- **MCO Provider and Member Incentives:** The MCM contract contains requirements for the MCOs to conduct alternative payment methods and member incentives. The two tools are among the primary methods the MCOs use to enhance quality measures for the Withhold and Incentive Program.
- **Maternal Opioid Misuse (MOM) Model:** CMS has awarded New Hampshire as one of ten states to receive federal Medicaid funding under the MOM Model. The MOM Model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) in the Greater Manchester area through state-driven transformation of the health care delivery system that serves this vulnerable population.

DOMAIN: Treatment – Adult Mental Health Population

Diabetes Screening for People with Mental Illness Using Antipsychotic Medications

Assesses adults 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (CMS Adult Core Set Measure)

Figure 3-1: Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (HEDIS-SSD)



Note: Changing population mix in the MCM program may have impacted performance. In 2015 Medicaid Expansion members were in the MCM program and later transferred out of the MCM program in 2016. The end of the Premium Assistance Program resulted in Medicaid Expansion members transition back to the MCM program in 2019.

Analysis:

While the MCM Quality Strategy Goal was not achieved, the increased 2019 rates have brought New Hampshire closer to the goal. 2019 performance shows less than a 1% variance between Managed Care organizations.

Work to Date

- **MCO Performance Improvement Projects** – All three MCOs have selected the measure as one of their performance improvement projects. At the time of publication, the MCOs have each designed independent interventions to increase diabetes screening in the measure population.

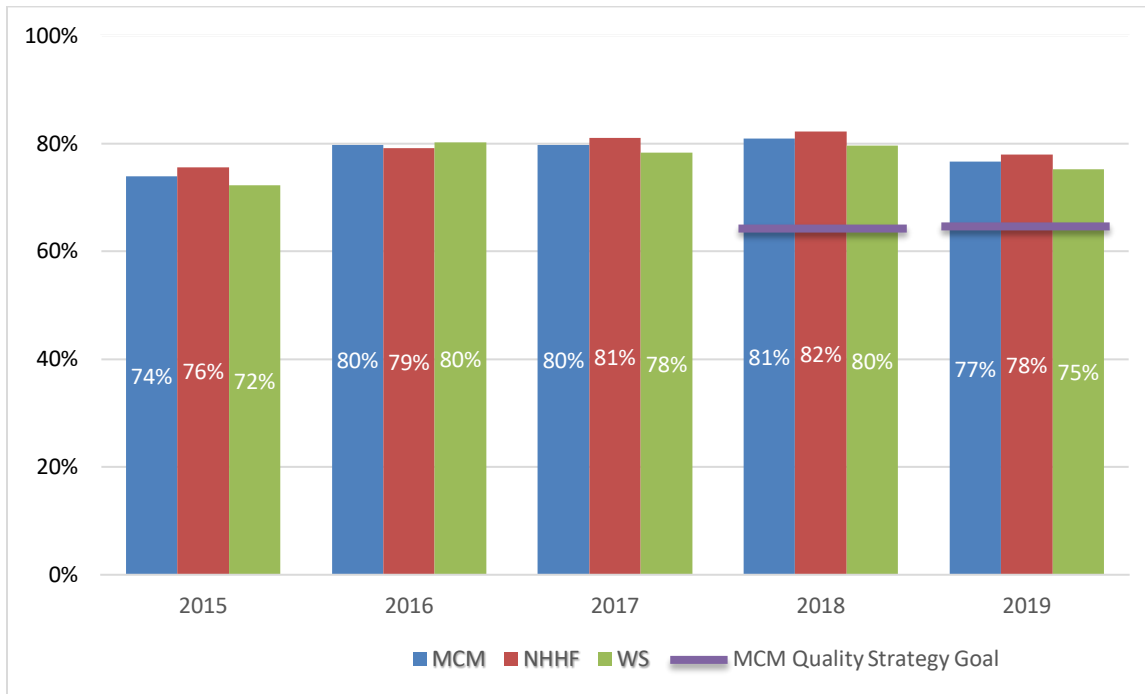
Planned Work

- **NH Bureau of Mental Health Services Medical Director Letter:** The DHHS Medical Director for Mental Health Services is drafting a letter to providers about the importance of diabetes screening in the measure population. The letter is being crafted for the MCOs to use in tandem with care gap reports that are sent to providers.
- **MCO Performance Improvement Projects** – All three MCOs have selected the measure as one of their performance improvement projects. The MCOs will begin implementing their interventions in efforts to improve the performance measure rates. The PIPs require MCOs to begin focusing narrowly on interventions that could impact the aggregate performance rate. MCOs have selected the following narrow focuses:
 1. **AmeriHealth Caritas New Hampshire:** Hillsborough County
 2. **New Hampshire Healthy Families:** Hillsborough County
 3. **Well Sense Health Plan :** Lamprey Healthcare & Foundation Medical Partners Physician-Hospital Organizations

Adherence to Antipsychotic Medications for Individuals with Mental Illness

Assesses adults 19-64 years of age who have schizophrenia and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. (CMS Child Core Set Measure)

Figure 3-2: Adherence to Antipsychotic Medications for Individuals with Mental Illness (HEDIS-SAA)



Note: Changing population mix in the MCM program may have impacted performance. In 2015 Medicaid Expansion members were in the MCM program and later transferred out of the MCM program in 2016. The end of the Premium Assistance Program resulted in Medicaid Expansion members transition back to the MCM program in 2019.

Analysis:

The MCM Quality Strategy Goal was achieved; however, performance decreased in 2019. There was a variance of 3% between MCOs with New Hampshire Healthy Families outperforming Well Sense in 2019.

Planned Work

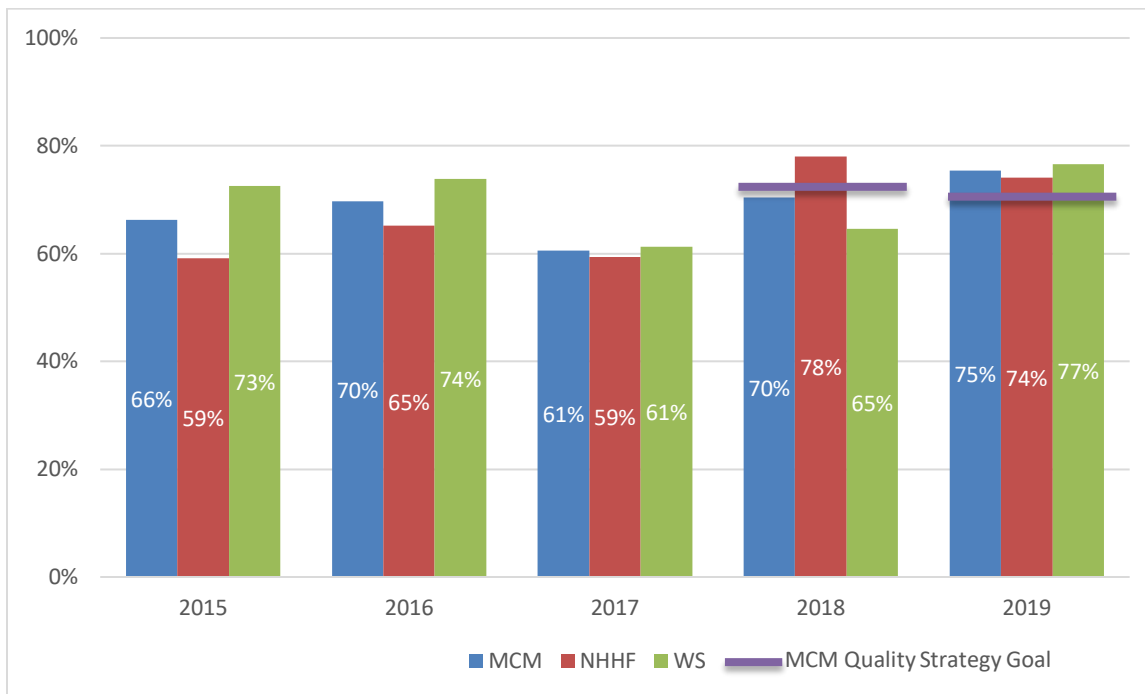
- As the measure has meet the MCM Quality Strategy Goal, DHHS will conduct ongoing monitoring for sustainable performance. An evaluation of calendar year 2020 performance will inform further planned work on the measure.

DOMAIN: Treatment – Children’s Mental Health Population

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Assesses whether children/adolescents without an indication for antipsychotic medication use had documentation of psychosocial case as a first-line treatment before being prescribed an antipsychotic medication. (CMS Child Core Set Measure)

Figure 4-1: Use of First-Line Psychosocial Care for Children and Adolescents taking Antipsychotics (HEDIS-APP)



Analysis:

The MCM Quality Strategy Goal was achieved as overall performance increased in 2019. A variance of 3% existed between MCOs in 2019 with Well Sense outperforming New Hampshire Healthy Families.

Work to Date

- **Subpopulation Analysis** – New Hampshire has evaluated the measure based on several subpopulation breakdowns. The results of this analysis have informed New Hampshire that children associated with a Community Mental Health Center have a higher rate on the measure than children who do not. This variance will be used to further evaluate improvement activities.

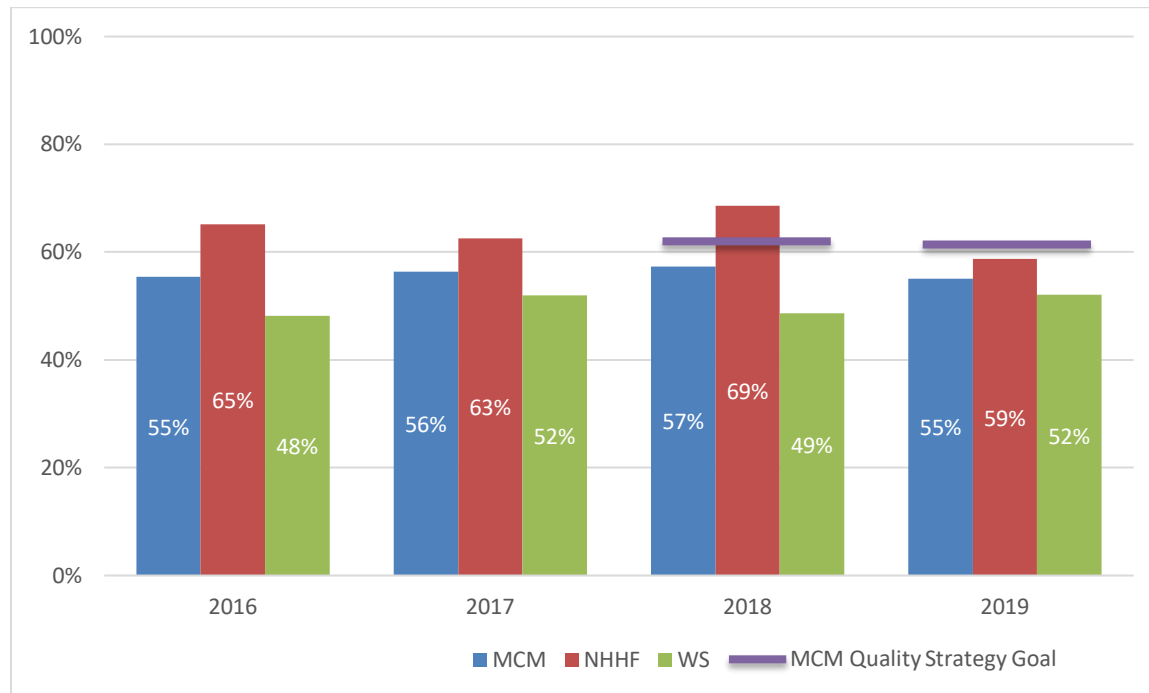
Planned Work

- **SFY 2021 Withhold and Incentive Program:** Starting on January 1, 2021, New Hampshire has included the measure in the MCO Quality Withhold and Incentive Program. MCOs will be required to reach specific thresholds for the measure or be at financial risk for losing a percentage of their capitation payments.
- **MCO Provider and Member Incentives:** The MCM contract contains requirements for the MCOs to conduct alternative payment methods and member incentives. The two tools are among the primary methods the MCOs use to enhance quality measures for the Withhold and Incentive Program.

Follow-up Care for Children Prescribed ADHD Medications During Maintenance Phase

Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the initial phase (i.e. 30 days following first prescription). (CMS Child Core Set Measure)

Figure 4-2: Continuation and Maintenance of Follow-up Care for Children Prescribed ADHD Medications (HEDIS-ADD Continuation)



Analysis:

The MCM Quality Strategy Goal was not achieved as 2019 performance decreased from the prior year. While Well Sense showed increased performance, a variance of 7% in health plan performance in 2019 continues a trend of New Hampshire Healthy Families outperforming Well Sense. While New Hampshire Healthy Families was the highest performer, 2019 performance represents a 10% decrease from the prior year.

Planned Work

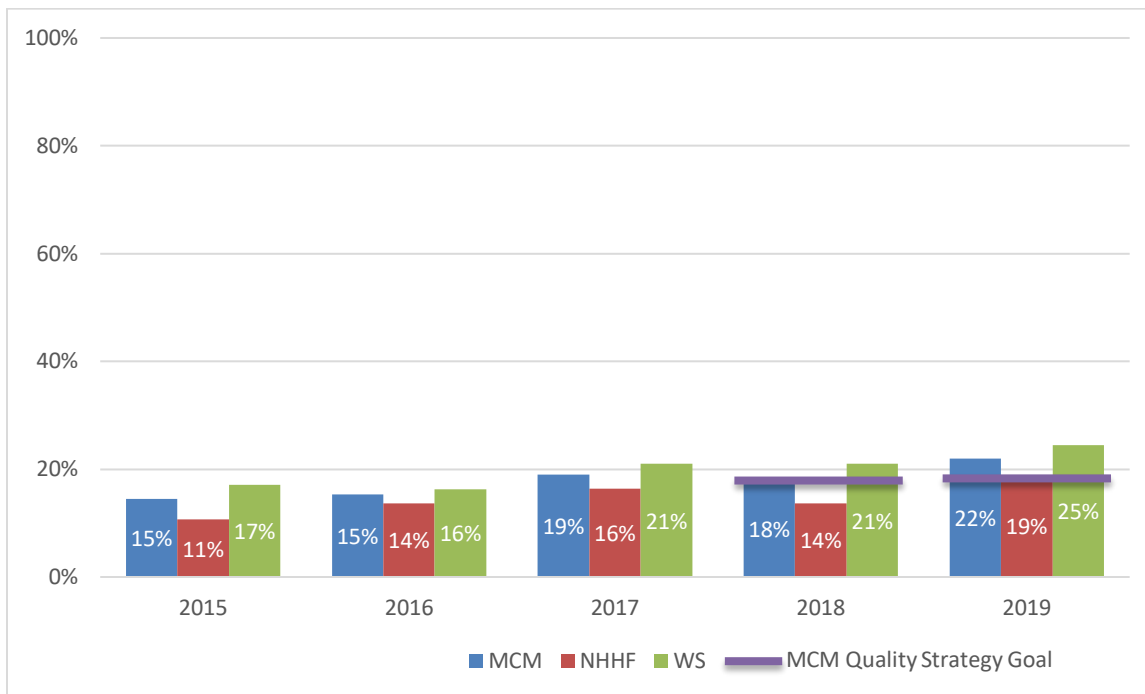
- **SFY 2022 Withhold and Incentive Program:** Starting on January 1, 2022, New Hampshire will include the measure in the MCO Quality Withhold and Incentive Program. MCOs will be required to reach specific thresholds for the measure or be at financial risk for losing a percentage of their capitation payments.
- **MCO Provider and Member Incentives:** The MCM contract contains requirements for the MCOs to conduct alternative payment methods and member incentives. The two tools are among the primary methods the MCOs use to enhance quality measures for the Withhold and Incentive Program.

DOMAIN: Treatment – Substance Use Disorder Treatment

Engagement of Alcohol & Other Drug Abuse or Dependence Treatment

Adolescents and adults who initiated treatment and had two or more additional alcohol and other drug (AOD) services or medication-assisted treatment (MAT) within 34 days of the initiation visit. (CMS Adult Core Set Measure)

Figure 5-1: Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (HEDIS-IET Engagement)



Note: Changing population mix in the MCM program may have impacted performance. In 2015 Medicaid Expansion members were in the MCM program and later transferred out of the MCM program in 2016. The end of the Premium Assistance Program resulted in Medicaid Expansion members transition back to the MCM program in 2019.

Analysis:

The MCM Quality Strategy Goal was achieved in 2019. While performance increased for both MCOs a variance of 6% between health plan rates in 2019 continues a trend of Well Sense outperforming New Hampshire Healthy Families.

Work to Date

- **MCO Performance Improvement Projects** – All three MCOs have selected the measure as one of their performance improvement projects. At the time of publication, the MCOs have each designed independent interventions to increase engagement of treatment in members with alcohol and other drug AOD dependence.

Planned Work

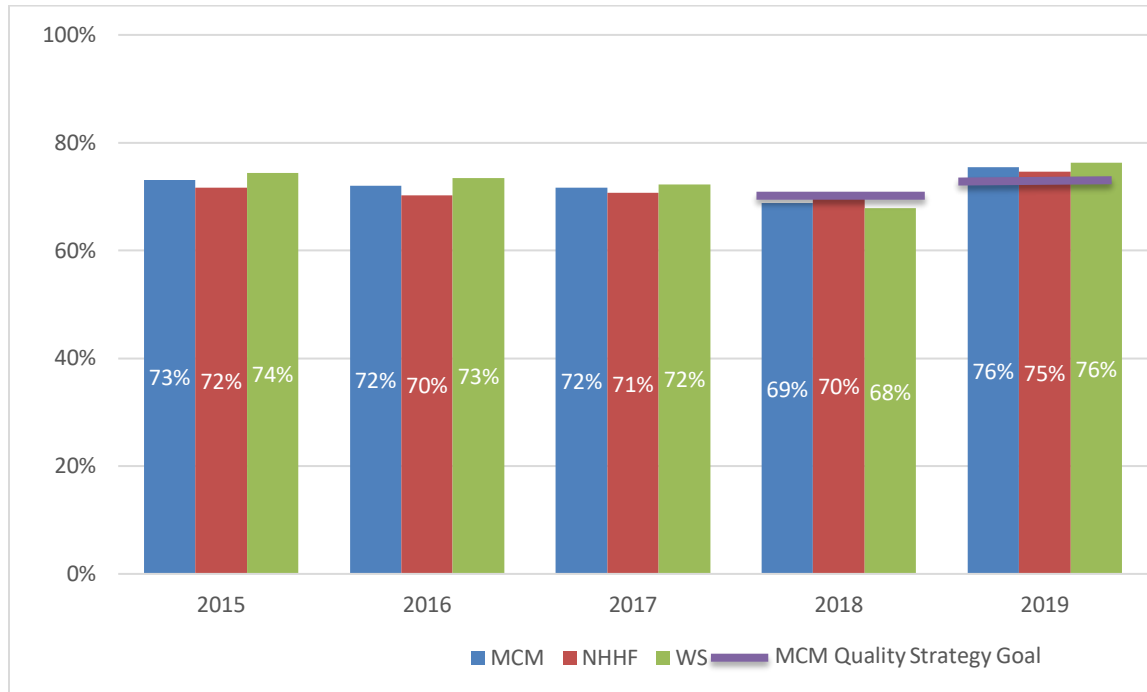
- **MCO Performance Improvement Projects** – All three MCOs have selected the measure as one of their performance improvement projects. The MCOs will begin implementing their interventions in efforts to improve the performance measure rates. The PIPs require MCOs to begin focusing narrowly on interventions that could impact the aggregate performance rate. MCOs have selected the following narrow focuses:
 1. **AmeriHealth Caritas New Hampshire:** Members 18 years of age and older.
 2. **New Hampshire Healthy Families:** Members in Rockingham County.
 3. **Well Sense Health Plan:** Members 18 years of age and older.

DOMAIN: Treatment – Appropriate Care

Appropriate Use of Imaging Studies for Low Back Pain

Assesses adults 18-50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRO, or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).

Figure 6-1: Appropriate Use of Imaging Studies for Low Back Pain (LBP)



Note: Changing population mix in the MCM program may have impacted performance. In 2015 Medicaid Expansion members were in the MCM program and later transferred out of the MCM program in 2016. The end of the Premium Assistance Program resulted in Medicaid Expansion members transition back to the MCM program in 2019.

Analysis: The MCM Quality Strategy Goal was achieved in 2019. While performance increased for both MCOs there was a variance of 1% between health plans with Well Sense outperforming New Hampshire Healthy Families.

Planned Work

- As the measure has met the MCM Quality Strategy Goal, DHHS will conduct ongoing monitoring for sustainable performance. An evaluation of calendar year 2020 performance will inform further planned work on the measure.

CONCLUSION

Since the publishing of the New Hampshire Medicaid Quality Strategy on September 1, 2019, New Hampshire quality improvement efforts have been streamlined and focused on ten (10) quality measures.

Measures were selected based on calendar year 2018 performance, which showed only 1 of the 10 measures meeting the goal of performance that met or exceeded the National Medicaid 75th percentile. The calendar year 2019 results showed 4 of the 10 measures now meeting the goal:

- Adherence to Antipsychotic Medications for Individuals with Mental Illness (SAA);
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP);
- Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET); and
- Appropriate Use of Imaging Studies for Low Back Pain (LBP)

Of the 6 measures that did not meet the goal, 3 showed improved performance from 2018:

- Chlamydia Screening in Women (CHL);
- Timely Postpartum Care (PPC); and
- Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (SSD).

Of the 6 measures that did not meet the goal, 1 showed decreased performance from 2018:

- Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)

Of the 6 measures that did not meet the goal, 2 showed neither an increase or decrease of >1% performance from 2018:

- Immunizations for Adolescents Combination Without HPV (IMA); and
- Immunizations for Adolescents Combination With HPV (IMA).

While calendar year 2019 data are promising, because the selection of the 10 measures was only finalized on September 1, 2019 it is unlikely that quality improvement efforts had impact on performance. In addition, the 2019 data does not represent any impact from the public health emergency resulting from COVID-19 that may be reflected in calendar year 2020.

Finally, as shown in the update, the Department is conducting or has solidified future plans to conduct quality activities associated with 10 of the 10 quality measures. These activities range from risk based intervention such as the Withhold and Incentive Program to ongoing monitoring for measures that have already achieved the goal.

APPENDIX A – MEASURE DETAILS

Measure	NH CY 2018	NH CY 2019	CMS Core Set	PIP	SFY21 Withhold & Incentive	SFY22 Withhold & Incentive
Immunizations for Adolescents Combination Without HPV (IMA)	78.0%	78.2%	X			
Immunizations for Adolescents Combination Including HPV (IMA)	33.1%	33.1%	X			
Chlamydia Screening in Women (CHL)	46.5%	48.1%	X			
Timely Postpartum Care (PPC)	61.9%	79.2%	X		X	
Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (SSD)	80.5%	82.7%	X	X		
Adherence to Antipsychotic Medications for Individuals with Mental Illness (SAA)	80.9%	76.6%	X			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	70.4%	75.4%	X		X	
Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)	57.3%	52.3%	X			X
Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	17.9%	22.0%	X	X		
Appropriate Use of Imaging Studies for Low Back Pain (LBP)	68.8%	75.5%				
Table Legend						
Performance below the 75 th and 50 th Percentile	Performance below the 75 th Percentile but above the 50 th percentile.	Improved performance from the prior year, but below the 75 th Percentile.		Performance equal to or above the 75 th Percentile.		