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New York State Medicaid Managed Care

2020 External Quality Review Annual Technical Report

April 2022

Prepared on behalf of:
The New York State Department of Health
Office of Quality and Patient Safety

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Abbreviations Used in This Report

AAP: American Academy of Pediatrics

ACPNY: Advantage Care Physicians of New York

ADT: Admission/Discharge/Transfer

ART: Audit Review Table

BBA: Balanced Budget Act

BLL: Blood Lead Level

BMI: Body Mass Index

BRFSS: Behavioral Risk Factor Surveillance System

B2H: Bridges to Health

CAHPS: Consumer Assessment of Healthcare Providers and Systems

CAIPA: Coalition of Asian-American IPA

CAP: Corrective Action Plan

CBO: Community-Based Organization

CCC: Children with Chronic Conditions

CDC: Centers for Disease Control and Prevention

CFR: Code of Federal Regulations

CHP: Child Health Plus (New York State Program)

CHIP: Children's Health Insurance Program (Federal Program)

CHIPRA: Children's Health Insurance Program Reauthorization Act, 2019

CHW: Community Health Worker

CLIA: Clinical Laboratory Improvement Amendments of 1988

CMS: Centers for Medicare and Medicaid Services

CPEP: Comprehensive Psychiatric Emergency Program

CPT: Current Procedural Terminology

COPD: Chronic Obstructive Pulmonary Disease

COVID-19: Coronavirus Disease 2019

CSC: Customer Service Center

DANY: Doctors Across New York

DD: Developmental Disability

DOH: Department of Health, New York State

DOHMH: Department Of Health and Mental Hygiene, New York City

DSRIP: Delivery System Reform Incentive Payment

ED: Emergency Department

EHDI: Early Hearing Detection and Intervention, CDC

EHR: Electronic Health Record

EI: Early Intervention

EIP: Early Intervention Program

EMR: Electronic Medical Record

EPSDT: Early and Periodic Screening, Diagnostic and Treatment

EQR: External Quality Review

EQRO: External Quality Review Organization

FAD: Final Adverse Determination

FAR: Final Audit Report

FFS: Fee-For-Service

FQHC: Federally Qualified Health Center

HARP: Health and Recovery Plan

HCBS: Home and Community Based Services

HEDIS: Healthcare Effectiveness Data and Information Set

HPV: Human Papillomavirus

HRA: Health Risk Assessment

HTN: Hypertension

IAD: Initial Adverse Determination

ICD: International Classification of Diseases

ICUE: Integrated Clinical User Experience

IPA: Independent Physician Association

IPCOS: Integrated Palliative Care Outcomes Scale

IPM-AR: Integrated Pest Management With Allergen Reduction

IPRO: Island Peer Review Organization

IS: Information System

ISCA: Information Systems Capabilities Assessment

IVR: Interactive Voice Response

MAS: Medical Answering Service

MCP: Managed Care Plan

MBC: Midwifery Birth Center

MBCSC: Medicaid Breast Cancer Selective Contracting

MIPS: Merit-based Incentive Payment System

MLTC: Managed Long-Term Care

MMC: Medicaid Managed Care

MRSS: Minimum Required Sample Size

MTM: Medication Therapy Management

MY: Measurement Year

NCQA: National Committee for Quality Assurance

NICU: Neonatal Intensive Care unit

NSDUH: National Survey on Drug Use and Health

NY: New York

NYACP: New York Chapter of American College of Physicians

NYC: New York City

NYC CIR: New York City Citywide Immunization Registry

NYCRR: New York Codes Rules and Regulations

NYEHDI-IS: New York Early Hearing Detection and Intervention Information System

NYS: New York State

NYSIIS: New York State Information Immunization System

OASAS: Office of Addiction Services and Supports

OCFS: Office of Children and Family Services

OHIP: Office of Health Insurance Programs

OPMC: Office of Professional Misconduct

OPWDD: Office for People with Developmental Disabilities

OQPS: Office of Quality and Patient Safety

OUD: Opioid Use Disorder

PAHP: Prepaid Ambulatory Health Plan

PCCM: Primary Care Case Management

PCMH: Patient-Centered Medical Home

PCP: Primary Care Provider/Practitioner

PDSA: Plan-Do-Study-Act

PHL: Public Health Law

PIHP: Prepaid Inpatient Health Plan

PIP: Performance Improvement Project

POC: Plan of Correction

PPO: Preferred Provider Organization

QARR: Quality Assurance Reporting Requirements

QAPI: Quality Assurance and Performance Improvement

RHIO: Regional Health Information Organization

ROS: Rest of State

RY: Reporting Year

SDOH: Social Determinant of Health

SED: Serious Emotional Disturbance

SHIN-NY: Statewide Health Information Network for New York

SMS: Short Message Service

SNP: Special Needs Plan

SOD: Statement of Deficiency

SPF: Strategic Prevention Framework

SUD: Substance Use Disorder

TAT: Turnaround Time

VBP: Value-Based Payment

YRBSS: Youth Risk Behavior Surveillance System

I. About This Report

Purpose of This Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care plans (MCPs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCP. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a)* through *(f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCPs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCP. The states must further ensure that the EQRO has sufficient information to conduct this review, that the information be obtained from EQR-related activities and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services[1] (CMS). Quality, as it pertains to an EQR, is defined in *42 CFR § 438.320 Definitions* as "the degree to which an MCP, PIHP[2], PAHP[3], or PCCM[4] entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement".

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

To comply with *42 CFR Section § 438.364 External quality review results* (*a)* through *(d)* and *42 CFR § 438.358 Activities related to external quality review*, the New York State Department of Health (DOH) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of the MCPs that comprised New York's Medicaid managed care (MMC) program in 2020.

Scope of This Report

This EQR technical report focuses on three federally required activities (performance improvement projects [PIPs], performance measures, and review of compliance with Medicaid standards) and one optional activity (quality-of-care survey) that were conducted in reporting year (RY) 2020. IPRO's EQR methodologies for these activities follow the *CMS External Quality Review (EQR) Protocols*[5] published in October 2019. Further, the updated protocols state that an "Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4." As set forth in *42 CFR § 438.358 Activities related to external quality review (b)(1)*, these activities are:

[1] The Centers for Medicare and Medicaid Services website: https://www.cms.gov/.
[2] Prepaid Inpatient Health Plan.
[3] Prepaid Ambulatory Health Plan.
[4] Primary Care Case Management.
[5] CMS External Quality Review Protocols website: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf.

(i) **Validation[6] of Performance Improvement Projects (Protocol 1) –** IPRO reviewed MCP performance improvement projects (PIPs) to validate that the design, conduct, and reporting aligned with the protocol, allowing real improvements in care and services, and giving confidence in the reported improvements.

(ii) **Validation of Performance Measures (Protocol 2) –** IPRO reviewed the Healthcare Effectiveness Data and Information Set (HEDIS) audit results provided by the MCPs' National Committee for Quality Assurance (NCQA)-certified HEDIS compliance auditors, member-level files, and reported rates to validate that performance measures were calculated according to DOH specifications.

(iii) **Review of Compliance with Medicaid and CHIP Standards (Protocol 3) –** The DOH conducted a review of MCP policies and procedures, provider contracts and member files to determine MCP compliance with federal and state Medicaid requirements. Specifically, this review assessed compliance with *42 CFR Part 438 Subpart D*, *CFR 438.330*, the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State Public Health Law* (PHL)[7] *Article 44* and *Article 49*, and *New York Codes Rules and Regulations* (NYCRR) *Part 98-Managed Care Organizations*.[8]

(iv) **Administration of Quality-of-Care Surveys (Protocol 6) –** IPRO subcontracted with DataStat, an NCQA-certified survey vendor, to administer the 2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to evaluate Medicaid member experience with New York's MMC program.

The validation results of these EQR activities are reported in **Section V**.

While the *CMS External Quality Review (EQR) Protocols* published in October 2019 stated that the ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the NCQA HEDIS® Compliance Audit™ may be substituted for an ISCA. Findings from IPRO's review of each MCP's HEDIS final audit reports (FAR) for MY 2020 are in the **Validation of Performance Measures** subsection in **Section V**.

[6] CMS defines validation at *42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."
[7] New York State Legislature Website: http://public.leginfo.state.ny.us/navigate.cgi?NVMUO.
[8] New York State New York Codes, Rules and Regulations Website: https://regs.health.ny.gov/volume-2-title-10/content/subpart-98-1-managed-care-organizations.

II. Background

History of the New York State Medicaid Managed Care Program

The New York State (NYS) MMC program began in 1997 when NYS received approval from CMS to implement a mandatory Medicaid managed care program through a Section 1115 Demonstration[9] waiver. Section 1115 allow for "demonstration projects" to be implemented in states to effect changes beyond routine medical care and focus on evidence-based interventions to improve the quality of care and health outcomes for members. The NYS Section 1115 Demonstration waiver project began with these goals:

- Increasing access to health care for the Medicaid population.
- Improving the quality of health care services delivered.
- Expanding coverage to additional low-income New Yorkers with resources generated through managed care efficiencies.

NYS's MMC program offers a variety of MCPs to coordinate the provision, quality, and payment of care for its enrolled members. Medicaid members not in need of specialized services are enrolled into Health Maintenance Organizations or Prepaid Health Services Plans (hereafter referred to as "mainstream MMC"). Members with specialized health care needs can opt to join available specialized managed care plans. Current specialized plans include HIV Special Needs Plans (SNPs), Health and Recovery Plans (HARPs), and Managed Long-Term Care (MLTC) plans.

New York State Medicaid Quality Strategy

New York maintains rigorous standards to ensure that approved health plans have networks and quality management programs necessary to serve all enrolled populations. The DOH performs periodic reviews of its Medicaid quality strategy to determine the need for revision and to assure MCPs are compliant with regulatory standards and have committed adequate resources to perform internal monitoring and ongoing quality improvement. The Medicaid quality strategy is updated by the DOH regularly to reflect the maturing of the quality measurement systems for new plan types, as well as new plans and populations that may be developed in the future.

New York State's 2020-2022 Medicaid Quality Strategy[10] focuses on achieving measurable improvement and reducing health disparities through ten high priority goals. Based on the Triple Aim framework, the state organized its goals by these aims: 1) improved population health; 2) improved quality of care; and 3) lower per capital cost. The NYS Medicaid quality strategy aims, and corresponding goals are:

- Triple Aim 1: Improved population health
  Goal 1: Improve maternal health
  Goal 2: Ensure a healthy start
  Goal 3: Promote effective and comprehensive prevention and management of chronic disease
  Goal 4: Promote the integration of suicide prevention in health and behavioral healthcare settings

[9] https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html

[10] The New York State 2020-2022 Medicaid Quality Strategy draft was posted to the DOH website for public comment. At the time of production of this report, CMS's review of the 2020-2022 Medicaid Quality Strategy was pending. Website: https://www.health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-10-05_qual_strat_cy2020-2022.pdf

Goal 5: Prevent and reduce nicotine, alcohol, and substance use disorder

- Triple Aim 2: Improved quality of care
  Goal 6: Improve quality of substance use disorder (SUD) and opioid use disorder (OUD) treatment
  Goal 7: Promote prevention with access to high quality care
  Goal 8: Support members in their communities
  Goal 9: Improve patient safety

- Triple Aim 3: Lower per capital cost
  Goal 10: Pay for High-Value Care

The state has further identified 24 metrics to track progress towards the 10 goals listed above. These metrics were selected from the NYS Quality Assurance Reporting Requirements (QARR) measurement set, the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS), the CDC's Behavioral Risk Factor Surveillance System (BRFSS), the National Survey on Drug Use and Health (NSDUH), 3M's Potentially Preventable Admissions, CMS's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Annual Participation Report and other NYS specific measures. Table 1 presents a summary of the state's Medicaid quality strategy measurement plan, including metric names, Medicaid populations included in the calculation of the metrics, baseline data, and targets. Unless indicated otherwise, baseline measurements are from MY 2019 and year 1 re-measurement rates are from MY 2020.

Table 1: NYS Medicaid Quality Strategy Metrics, Baseline Rates, and Target Rates

Triple Aim	#	Goal	Metric (Population)	Baseline MY 2019	Year 1 Re-Measurement MY 2020	Target	Target Date
Improved Population Health	1	Improve Maternal health	Postpartum care (MMC, Child Health Plus [CHP], HARP, HIV-SNP)	83%	80%	84%	2022
			Maternal mortality rate per 100,000 live births (All NYS)	18.9[1]	18.1[3]	16.0	2022
	2	Ensure a Healthy Start	Lead screening in children (MMC, CHP)	89%	87%	90%	2022
			Members receiving oral health services by a non-dentist provider (MMC)	0.8%	1.25%	1.6%	2022
	3	Promote Effective & Comprehensive Prevention and Management of Chronic Disease	Comprehensive diabetes care – HbA1c testing (MMC, CHP, HARP, HIV-SNP)	93%	86%	94%	2022
			Asthma medication ratio, 5-18 years (MMC, CHP)	66%	68%	67%	2022
			Asthma medication ratio, 19-64 years (MMC, HARP, HIV-SNP)	55%	49%	56%	2022
			Controlling high blood pressure (MMC, CHP, HARP, HIV-SNP)	67%	56%	68%	2022
			Follow-up after emergency department visit for mental illness – 30 days (MMC, HARP, HIV-SNP)	72%	67%	73%	2022
	4	Promote the Integration of Suicide Prevention in Health and Behavioral Healthcare Settings	Depression screening and testing (MMC, HARP, HIV-SNP)	Not Applicable	New Measure	To Be Determined	2022
			Depression screening and follow-up for adolescents and adults (MMC, CHP, HARP, HIV-SNP)	Not Applicable	New Measure	To Be Determined	2022
	5	Prevent and Reduce Nicotine, Alcohol, and Substance Use Disorder	High school students reporting current use of alcohol on at least one day during the past 30 days (Subset of high school students in NYS)	26.4%	Not Available Until 2021	23.6%	2022
			High school students reporting binge drinking on at least one day during the past 30 days (Subset of high school students in NYS)	12.7%	Not Available Until 2021	10.8%	2022

Triple Aim	#	Goal	Metric (Population)	Baseline MY 2019	Year 1 Re-Measurement MY 2020	Target	Target Date
			High school students reporting current use of marijuana on at least one day during the past 30 days (Subset of high school students in NYS)	19.1%	Not Available Until 2021	17.1%	2022
			Adult alcohol binge drinking (All NYS)	25.48%[2]	Data limitations due to COVID-19	24.0%	2022
			Adult use of marijuana (All NYS)	10.05%[2]	Data limitations due to COVID-19	9.14%	2022
			Adult use of cocaine (All NYS)	2.82%[2]	Data limitations due to COVID-19	2.37%	2022
			Adult use of heroin (All NYS)	0.3%[2]	Data limitations due to COVID-19	0.17%	2022
			Adult use of illicit drugs (All NYS)	3.42%[2]	Data limitations due to COVID-19	2.94%	2022
			Medicaid smoking prevalence (MMC, Fee-For-Service [FFS])	23%	22.9%	21.4%	2022
Improved Quality of Care	6	Improve Quality of Substance Use Disorder and Opioid Use Disorder Treatment	Initiation of pharmacotherapy upon new episode of opioid dependence (MMC, HARP, HIV-SNP)	37%	45%	38%	2022
			Initiation of alcohol and other drug dependence treatment (MMC, HARP, HIV-SNP)	50%	50%	51%	2022
			Engagement of alcohol and other drug dependence treatment (MMC, HARP, HIV-SNP)	20%	20%	21%	2022
	7	Promote Prevention with Access to High Quality Care	MMC population impacted by patient-centered medical home (PCMH) sites with NCQA recognition of 2014 Level 3 and up, active sites (MMC)	69%	72%	70%	2022

Triple Aim	#	Goal	Metric (Population)	Baseline MY 2019	Year 1 Re-Measurement MY 2020	Target	Target Date
	8	Support Members in Their Communities	Potentially avoidable hospitalizations for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection (MLTC)	2.76	No data due to COVID-19	2.7	2022
			Members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses such as high blood pressure or diabetes. (MLTC)	86%	No data due to COVID-19	87%	2022
	9	Improve Patient Safety	Appropriate treatment for upper respiratory infections (URI), 3 months-17 years (MMC, CHP)	94%	94%	95%	2022
			Appropriate treatment for URI, 18-64 Years (MMC, HARP, HIV-SNP)	72%	75%	73%	2022
Lower per capital cost	10	Pay for High-Value Care	Potentially preventable admissions per 100,000 members (MMC)	1,153	847	1,124-1,181	2022
			Potentially preventable admission expenditures (MMC)	9.97	8.29	7.47-12.47	2022
			Potentially preventable admissions per 100,000 members (MMC, FFS)	1,097	820	1,069-1,124	2022
			Potentially preventable admission expenditures (MMC, FFS)	10.33	8.95	7.83-12.83	2022

[1] Baseline rate is from MY 2015-MY 2017.

[2] Baseline rate is from MY 2017-MY 2018.

[3] Year 1 Remeasurement rate is from MY 2016-MY 2018.

To achieve the overall objectives of the NYS MMC program and to ensure NY Medicaid recipients have access to the highest quality of health care, the NYS Medicaid quality strategy focuses on measurement and assessment, improvement, redesign, contract compliance and oversight, and enforcement. The State targets improvement efforts through several activities such as focused clinical studies, clinical and non-clinical PIPs, quality incentives, the quality performance matrix, performance reports, quality improvement conferences and trainings, and plan technical assistance. **Table 2** displays interventions planned by the DOH to achieve the goals of its Medicaid quality strategy.

Table 2: NYS Medicaid Quality Strategy Interventions

Triple Aim	#	Goal	Interventions
Improved Population Health	1	Improve Maternal health	▪ Conduct an administrative and medical record analysis of NYS MMC and FFS members who were diagnosed with maternal sepsis to inform strategies to reduce maternal mortality and morbidity. The analysis will evaluate the characteristics, identification, and management of sepsis associated with pregnancy, delivery, postpartum, and post-abortion obstetrical states. Results will be used to identify women at risk for maternal sepsis and modifiable factors associated with maternal sepsis morbidity and mortality. ▪ Launch a NYS birth equity improvement project, aimed at addressing bias, racism, and disparities impacting maternal health through a birthing facility-based learning collaborative. ▪ Lead the NYS Perinatal Quality Collaborative to reduce pregnancy complications, improve maternal and neonatal outcomes, and reduce racial/ethnic and geographic disparities. ▪ Establish a perinatal data module to support access to perinatal outcome data through the State's All Payer Database. ▪ Prioritize the public health focus of the NYS regional perinatal system through adoption of updated regulations that strengthen the role of regional perinatal centers, increase focus on obstetrical care, and incorporate birthing centers and midwifery birth centers (MBCs) into the system. ▪ Increase the number of MBCs statewide as a first level of care for low-risk pregnancies. ▪ Update standards for Medicaid providers who provide maternity care. ▪ Evaluate potential strategies for expanding access to childbirth education classes for pregnant individuals. ▪ Support the expansion of perinatal telehealth access, with a focus on rural hospitals and health care providers. ▪ Implement the recommendations of the NYS Postpartum Workgroup. ▪ Ensure postpartum home visits are available to all individuals on Medicaid who agree to have them.

Triple Aim	#	Goal	Interventions
			▪ Work with maternal/perinatal infant community health collaboratives to expand and enhance community health worker services to address key barriers that impact maternal outcomes. ▪ Support a perinatal mood, anxiety, and depression education campaign.
	2	Ensure a Healthy Start	▪ Continue 2019-2021 Kids Quality Agenda PIP that aims to increase blood lead testing and follow-up, newborn hearing screening and follow-up, and developmental screening. ▪ Continue to promote the use of fluoride varnish in the primary care setting. ▪ Develop tools and resources for fluoride varnish training at the local level through an Oral Health Workforce grant. ▪ Increase fluoride varnish application in the medical setting through public health detailing of pediatric and family medicine practitioners by local health departments.
	3	Promote Effective & Comprehensive Prevention and Management of Chronic Disease	▪ Continue the National Diabetes Prevention Program as a covered benefit for NYS Child Medicaid/CHP members to address the increasing challenges of prediabetes and type 2 diabetes. ▪ Proceed with the integration of primary care and behavioral health services through a variety of mechanisms. ▪ Continue interventions of the NYS Asthma Control Program: ▫ Provide clinical and quality improvement resources and training to clinical sites to support the delivery of guidelines-based medical care, including working with health systems to develop and implement asthma templates into their electronic health record (EHR) systems to increase the meaningful use of health information technology. ▫ Engage home nursing agencies and community-based organization (CBOs) delivering home-based asthma services to provide training and resources to ensure in-home asthma services include multi-component approaches to asthma trigger reduction and self-management education for high-risk patients. ▫ Build cross-sector linkages between health, housing, and energy to advance NY's "health across all policies" approach and integrate related initiatives into NY's value-based payment (VBP) framework, in partnership with MCPs, to ensure sustainability. ▫ Promote evidence-based approaches to delivery of asthma-self management education across providers and settings (clinical, home, school, or community). ▫ Drive collaborations across settings (home, school, community, and clinical) to build bi-directional communication and referral systems structured to support care coordination for people with asthma.

Triple Aim	#	Goal	Interventions
			▫ Partner with stakeholders to facilitate and promote environmental policies designed to support asthma control (e.g., smoke-free school grounds, anti-idling, and clean diesel policies), regionally and statewide. ▪ Continue partnership with NYS Primary Care Association and Community Health Center Association of NYS to: ▫ Support Federally Qualified Health Centers (FQHCs) in monitoring and tracking patient and population-level clinical quality measures for hypertension (HTN) prevalence, HTN control, and undiagnosed HTN. ▫ Support providers in the use of patient-/population-level HTN registries that are stratified by age, gender, race, and ethnicity. ▫ Support practices in implementing team-based approaches to care using patient HTN registries and electronic pre-visit planning tools. ▫ Support FQHCs in referring patients to home blood pressure monitoring with provider follow-up. ▫ Support FQHCs in implementing bi-directional referrals to community-based programs that support patients in their chronic disease self-management.
	4	Promote the Integration of Suicide Prevention in Health and Behavioral Healthcare Settings (Note: Goal #4 is new and therefore baseline data are not available for the selected metrics.)	▪ NYS will be supporting the Zero Suicide model led by the Suicide Prevention Office at the Office of Mental Health. The Zero Suicide model approach calls for: ▫ A fundamental commitment from health system leadership to reduce suicide attempts and deaths among those receiving care. ▫ Systematic screening and assessment for the identification of those at-risk. ▫ Delivery of evidence-based interventions by a competent and caring workforce. ▫ Monitoring of those at risk between care episodes, especially care transitions. ▫ Data-driven quality improvement to track and measure progress. ▪ Major demonstration projects are underway in Article 31 licensed mental health clinics, inpatient psychiatric units, substance use disorder settings, Comprehensive Psychiatric Emergency Programs (CPEPs), medical emergency departments, and primary care.
	5	Prevent and Reduce Nicotine, Alcohol, and Substance Use Disorder	▪ Provide a comprehensive smoking cessation benefit for all Medicaid enrollees without cost sharing, prior authorization requirements, or limits on quit attempts. Enrollees are allowed concurrent use of products (two or more medications at once). Medicaid also pays for over-the-counter nicotine patches, gum, and lozenges (with a prescription from a provider). ▪ Continue providing access to the New York State Smokers' Quitline. The NYS Smokers' Quitline serves as a clinician treatment extender in NYS's

Triple Aim	#	Goal	Interventions
			population-level, evidence-based approach to cessation, which focuses on health system changes to increase the delivery of tobacco dependence treatment, especially for subpopulations with high smoking prevalence, including Medicaid enrollees. The free and confidential Quitline provides resources and technical assistance to assist Medicaid enrollees and other disparate populations in accessing and using cost-effective cessation benefits. ▪ Implementation of evidence-based, strategic, culturally appropriate, and high-impact paid media campaigns targeted at tobacco-related disparate populations to prevent initiation, increase cessation, increase awareness and use of Medicaid tobacco cessation benefits and the Quitline, and prevent tobacco use relapse. ▪ Prevention of alcohol and substance use, misuse, and disorder through the Strategic Prevention Framework (SPF) which includes a five-step, data-driven planning process designed to guide state and local communities in the selection, implementation, and evaluation of effective, culturally responsive, and sustainable prevention activities. Interventions included are: ▫ Environmental change strategies - Policies (e.g., alcohol advertising restrictions, social host liability laws) - Enforcement (e.g., party patrols, compliance checks, sobriety checkpoints) - Media (e.g., social marketing campaign, media advocacy, social norms campaign) ▫ Community-based Substance Use Prevention Coalitions ▫ Family-focused prevention programming (e.g., Strengthening Families, Triple P - Positive Parenting Program) ▫ School-based prevention curricula - Universal (e.g., Too Good for Drugs, PAX Good Behavior Game, Guiding Good Choices, Positive Action, Life Skills Training, Second Step) and - Selective/Indicated (e.g., Teen Intervene, PreVenture). ▪ NYS supports many strategies to address the opioid crisis and reduce opioid use such as: ▫ Creation of policies ▫ Provider and member education ▫ Requirement of a written opioid treatment plan ▫ Encourage the use of non-opioid alternatives ▫ Increased access to drugs used for SUD treatment ▫ Participation in the CDC's Prescription Drug Overdose Prevention initiative

Triple Aim	#	Goal	Interventions
			▫ OUD/SUD screening in primary care practices through the Delivery System Reform Incentive Payment (DSRIP) program, and ▫ Mandatory prescriber education.
Improved Quality of Care	6	Improve Quality of Substance Use Disorder and Opioid Use Disorder Treatment	▪ Initiatives focused on improving treatment access to high-quality evidence-based treatment for OUD and other SUD. These include learning collaboratives for prescribing professionals to encourage increased access to buprenorphine-waivered professionals across the state; regulatory changes that require medication for OUD in all Office of Addiction Services and Supports (OASAS) certified settings; and peers to provide linkage between levels of care and to connect people directly to care from emergency rooms or high intensity care. ▪ Expansion of take-home methadone dosing program. Providing weekly, bi-monthly, or monthly take home to patients who are stable will allow them to receive care in a more person-centered way, which should foster recovery and increase treatment retention.
	7	Promote Prevention with Access to High Quality Care	▪ Use of patient centered medical homes to support the state's goal of improving primary care and promoting the Triple Aim: improving health, lowering costs, and improving patients' experience of care. ▪ Maximize workforce distribution by committing to consistent funding for Doctors Across New York (DANY). This will help to address workforce shortages with an annual cycle and predictable timeline for the application process and increase student exposure to rural and non-hospital settings through support of community rural training sites. ▪ Established the Rural Residency Program to encourage training of primary care physicians in rural areas by supporting the development of accredited, rural-based graduate medical education programs to help alleviate primary care workforce shortages and prepare physicians to deliver quality services in a networked, team-based, value-driven primary care model. ▪ Creation of a Provider Wellness Survey that will seek to both establish baseline levels of burnout among NYS providers and uncover how the COVID-19 pandemic has affected providers' self-reported stress, burnout, and job satisfaction. Additionally, the survey gauges the extent to which meeting regulatory reporting requirements for clinicians increases clinician burdens and stress. Data will be shared between the DOH's Office of Quality and Patient Safety (OQPS), New York Chapter of American College of Physicians (NYACP), and the Center for Health Workforce Studies. ▪ Promoting the use of community health workers (CHWs) to increase knowledge about the enrollee services and improve utilization among health care providers and agencies.

Triple Aim	#	Goal	Interventions
			▪ Network adequacy analyses to ensure that MCPs operating in NYS have an adequate number and variety of health care providers in their networks to provide appropriate access to care for their enrollees, which includes being geographically accessible (meeting time/distance standards based on geographic location), being accessible for the disabled and promoting and ensuring the delivery of services in a culturally competent manner. ▪ Since 2009, NYS Medicaid has offered supplemental payments on claims for after-hours visits in ambulatory settings. When appropriate, providing care in office-based settings rather than the emergency department may reduce costs and improve care coordination. ▪ NYS Medicaid has expanded coverage of telehealth services to include: ▫ Additional originating and distant sites ▫ Additional telehealth applications (store-and-forward telemedicine and remote patient monitoring) ▫ Additional practitioner types ▪ Provide safe, reliable transportation through contracts with two professional transportation managers across 5 geographic regions to administer Medicaid's transportation benefit. ▪ The DOH strongly encourages plans to participate in collaborative studies with a common theme. Examples of common-themed PIPs include Perinatal Care and The Kids Quality Agenda PIP for mainstream Medicaid plans; Inpatient Care Transitions and Care Transitions after Emergency Department (ED) and Inpatient Admissions for HARP plans; and Transitions of Care and ED/Hospitalization Reduction for MLTC plans. ▪ Focused clinical studies, conducted by the EQRO, usually involve medical record review, measure development, surveys, and/or focus groups. MCPs are typically required to participate in one focused clinical study a year. Studies are often population specific (MMC/HIV SNP, MLTC, HARP). Upon completion, the EQRO provides recommendations for improvement, to the DOH, plans, and providers. Past studies have addressed frailty indices, the provision of advanced directives, functional assessment inter-rater reliability, validation of vital statistics reporting, use of developmental screening tools, care transitions, and provision of prenatal care.
	8	Support Members in Their Communities	▪ Increasing access to palliative care programs and hospice for persons with serious illnesses and life-threatening conditions can help ensure care and end-of-life planning needs are understood, addressed, and met prior to decisions to seek further aggressive care. ▪ Use of the Integrated Palliative Care Outcomes Scale (IPCOS) to measure access to palliative care services for patients most in need, not to evaluate the outcomes associated with palliative care interventions.

Triple Aim	#	Goal	Interventions
			▪ Home and Community Based Services (HCBS) are designed to allow enrollees to participate in a vast array of habilitative services. They are based on the idea that state services, programs, and activities should be administered in the most integrated and least restrictive setting appropriate to a person's needs. HCBS services include Managed Long-Term Care Services and Supports, Care Coordination, Skill Building, Family and Caregiver Support Services, Crisis and Planned Respite, Prevocational Services, Supported Employment Services, Community Advocacy and Support, Youth Support and Training, Non-Medical Transportation, Habilitation, Adaptive and Assistive Equipment, Accessibility Modifications, and Palliative Care. ▪ Nursing home transition and diversion waiver includes the following HCBS: Assistive Technology, Community Integration Counseling, Community Transitional Services, Congregate and Home Delivered Meals, Environmental Modifications Services, Home and Community Support Services, Home Visits by Medical Personnel, Independent Living Skills Training, Moving Assistance, Nutritional Counseling/Educational Services, Peer Mentoring, Positive Behavioral Interventions and Supports, Respiratory Therapy, Respite Services, Structured Day Program Services, and Wellness Counseling Service. ▪ Community first choice option waiver program is being phased in and includes the following HCBS: Assistive Technology; Activities of Daily Living and Instrumental Activities of Daily Living skill acquisition, maintenance, and enhancement; Community Transitional Services; Moving Assistance; Environmental Modifications; Vehicle Modifications; and Non-Emergency Transportation. ▪ Children's home and community-based services program consolidates multiple 1915(c) children's waiver programs from different agencies, including: ▫ DOH Care at Home waivers for children with physical disabilities ▫ OMH Waiver for Children and Adolescents with Serious Emotional Disturbance ▫ Office for People with Developmental Disabilities (OPWDD) Care at Home waiver ▫ Office of Children and Family Services (OCFS) Bridges to Health (B2H) Serious Emotional Disturbance (SED) waiver, B2H Developmental Disability (DD) waiver, and B2H Medically Fragile waiver
	9	Improve Patient Safety	▪ Improving appropriate use of antibiotics in outpatient healthcare settings to combat antibiotic resistance. Improvement in outpatient settings is done through targeted outreach to healthcare providers, development of

Triple Aim	#	Goal	Interventions
			clinician resources to support appropriate use of antibiotics, presentation of the data to clinicians to demonstrate the need for improvement, and the development of educational materials for patients. Additionally, collaborative efforts with stakeholders have helped promote the goal to reduce inappropriate antibiotic use. ▪ Ongoing analyses of Medicaid claims and pharmacy data include separate analysis of antibiotic prescribing for acute URI in pediatric and adult populations. Prescribing rates over time for each population by county of healthcare visit, in both tabular and map formats, have been made publicly available on the HealthDataNY website. Data are prepared and presented by county to provide local data for local action. Data is shared through broad public health messaging and direct presentation upon request of stakeholders. ▪ Acute care hospitals in NYS that provide care to patients with sepsis are required to develop and implement evidence-informed sepsis protocols which describe their approach to both early recognition and treatment of sepsis patients. In addition, hospitals were required to report to the DOH sufficient clinical data to calculate each hospital's performance on key measures of early treatment and protocol use. Each hospital submits clinical information on each patient with severe sepsis and/or septic shock to allow the DOH to develop a methodology to evaluate risk- adjusted mortality rates for each hospital. Risk adjustment permits comparison of hospital performance and takes into consideration the different mix of demographic and comorbidity attributes, including sepsis severity, of patients cared for within each hospital. ▪ Medicaid Breast Cancer Selective Contracting (MBCSC) policy was implemented in 2009 and mandates that Medicaid enrollees receive breast cancer surgery, i.e., mastectomy and lumpectomy procedures associated with a primary diagnosis of breast cancer, at high-volume hospital and ambulatory surgery centers. Research conducted by the DOH demonstrated improved five-year survival for patients receiving breast cancer surgery at high-volume facilities.

Triple Aim	#	Goal	Interventions
Lower per capital cost	10	Pay for High-Value Care	▪ Medicaid reform and the move to value-based payments. This transformation promoted community–level collaboration and sought to reduce avoidable hospital use by 25 percent over the five–year demonstration period, while financially stabilizing the State's safety net providers. In just a few years, NYS has significantly moved its Medicaid program from almost exclusively FFS to primarily value-based payment strategies. ▪ NYS was the first state in the nation to require certain VBP arrangements to include Social Determinant of Health (SDOH) interventions and contractual agreements with one or more CBOs. Every VBP risk arrangement (56% of MMC expenditure) has a defined SDOH intervention and includes community-based human and social services organizations. ▪ NYS embarked on a core measure set strategy in 2018 which identifies the highest priorities for quality measurement and improvement and provides alignment with other national measurement sets such as the Merit-based Incentive Payment System (MIPS). ▪ Promote data sharing via the Statewide Health Information Network for New York (SHIN-NY). The SHIN-NY "information highway" allows clinicians and consumers to make timely, fact-based decisions that can reduce medical errors, reduce redundant testing, and improve care coordination and quality. The successful implementation of the SHIN-NY is one of the drivers improving health care quality, reducing costs, and improving outcomes for all New Yorkers. Additionally, the SHIN-NY has been leveraged during the COVID-19 pandemic to support disease surveillance activities and assess hospital capacity. Work in this area continues and the SHIN-NY will become an important component in all DOH emergency preparedness initiatives. ▪ Reduce avoidable hospital use by 25% over five years through NYS's DSRIP program. This program has a formal evaluation plan and state-contract Independent Evaluator. The final Summative Evaluation is currently being completed, with preliminary results not yet published, but demonstrating significant progress was made towards the achievement of targets.

IPRO's Assessment of the New York State Medicaid Quality Strategy

The 2020-2022 NYS Medicaid quality strategy generally meets the requirements of *42 CFR 438.340 Managed Care State Quality Strategy,* and acts as a framework for the MCPs to follow while aiming to achieve improvements in the quality of, timeliness of, and access to care. Goals and aims are clearly stated and supported by well-designed interventions, and methods for measuring and monitoring MCP progress toward improving health outcomes incorporate EQR activities. The strategy includes several activities focused on quality improvement that are

designed to build an innovative, well-coordinated system of care that addresses both medical and non-medical drivers of health such as PIPs, financial incentives, VBP, health information technology, and other department-wide quality initiatives.

Between MY 2019 and MY 2020, statewide performance met or exceeded targets in areas related to asthma medication management, initiation of treatment for substance abuse, treatment for URI, member linkages to PCMH sites, and the reduction of preventable admissions. Further findings from the 2020 EQR activities highlight MCP commitment to achieving the goals of the New York State Medicaid quality strategy.

Opportunities to improve health outcomes exist statewide. As evidenced by MY 2020 performance, increased attention to population health and quality of care, is appropriate.

Recommendations to the New York State Department of Health

Per *42 CFR § 438.364 External quality review results (a)(4)*, this report is required to include recommendations on how the DOH can target the goals and the objectives outlined in the state's quality strategy to better support improvement in the quality of, timeliness of, and access to health care services furnished to New York Medicaid managed care enrollees. As such, IPRO recommends the following to the DOH:

- To fully comply with *42 CFR 438.340(b)(1)*, the DOH should consider updating the 2020-2022 Medicaid quality strategy to include NYS specific network adequacy and availability of services standards for Medicaid MCPs.
- To fully comply with *42 CFR 438.340(b)(8),* the DOH should consider updating the 2020-2022 Medicaid quality strategy to include a description of the mechanism implemented by the DOH to identify persons needing long-term services and supports or persons with special health care needs.
- As data becomes available for newer metrics, the DOH should update the quality strategy to include baseline data and targets where applicable.
- To increase the transparency and overall understanding of state-led compliance review activities, the DOH should consider revising related policies and procedures, and technical methods of data collection and analysis.
- Although quality rating protocols have not yet been issued by CMS, the DOH should include the results of its Consumer Guide Star Rating as a component of the annual EQR.

III. External Quality Review Activities

For MY 2020, IPRO conducted the validation of PIPs, the validation of performance measures, and a quality-of-care survey evaluating member experience while the DOH evaluated the MCPs' compliance with federal Medicaid standards and state structure and operation standards. Each activity was conducted in accordance with the *CMS External Quality Review (EQR) Protocols* published in October 2019.

Section V of this report provides details of how these activities were conducted including objectives of the activity, technical methods of data collection, descriptions of data obtained and data aggregation and analysis.

Findings are reported for all MCPs that participated in the NYS MMC program in 2020. Two MCPs exited the NYS MMC program in 2020: YourCare in June 2020 and WellCare in July 2020. PIP validation was the single activity conducted for both plans during this time.

IV. Corporate Profiles

Table 3 displays an overview of each MCP's corporate profile. For each MCP, the table displays the date the MCP entered the NYS MMC program, product lines carried, the total Medicaid enrollment for calendar year 2020, and the NCQA accreditation rating achieved, where available. The NYS MMC program does not require NCQA accreditation; MCPs voluntarily decide to seek accreditation. The NCQA accreditation survey includes an assessment of MCP systems and processes, and an evaluation of key dimensions of care and services provided by the MCP. NCQA awards health plans a rating based on these survey results.

Table 3: MCP Corporate Profiles

MCP	Name Used in this Report	Medicaid Managed Care Start Date	Product Line (s)	Total Medicaid/CHP Enrollment as of 12/2020[1]	NCQA Accreditation Rating[2] (as of 09/15/2021)
Affinity Health Plan, Inc.	Affinity	10/09/1986	Medicaid, CHP, HARP	252,602	Not Accredited
Capital District Physician's Health Plan Inc.	CDPHP	04/30/1984	Medicaid, CHP, HARP, Commercial	111,938	Commercial and Medicaid—Accredited
Excellus Health Plan Inc.	Excellus	01/01/1998	Medicaid, CHP, HARP, Commercial	235,682	Commercial and Medicaid — Accredited
Healthfirst PHSP, Inc.	Healthfirst	08/30/1994	Medicaid, CHP, HARP	1,175,778	Not Accredited
HealthPlus HP, LLC	Empire BCBS HealthPlus	01/12/1996	Medicaid, CHP, HARP	395,671	Medicaid — Accredited
Health Insurance Plan of Greater New York, Inc,	HIP	Prior to 1991	Medicaid, CHP, HARP, Commercial	159,976	Commercial—Accredited
Highmark Western and Northeastern New York, Inc.	Highmark BCBS WNY	08/01/1985	Medicaid, CHP, Commercial	46,565	Medicaid – Expired Commercial — Accredited
Independent Health Association, Inc.	IHA	07/01/1991	Medicaid, CHP, HARP, Commercial	69,725	Commercial—Accredited
MetroPlus Health Plan, Inc.	MetroPlus	06/15/1985	Medicaid, CHP, HARP	444,961	Not Accredited
Molina Healthcare of New York, Inc.	Molina	10/16/2013	Medicaid, CHP, HARP	71,305	Not Accredited
MVP Health Plan, Inc.	MVP	08/01/1997	Medicaid, CHP, HARP, Commercial	207,133	Commercial—Accredited
New York Quality Healthcare Cooperation	Fidelis Care	11/03/1993	Medicaid, CHP, HARP	1,727,586	Medicaid —Provisional
UnitedHealthcare of New York, Inc.	UHCCP	07/31/1987	Medicaid, CHP, HARP	437,700	Medicaid—Accredited

[1]Data Source: NYS Office of Health Insurance Programs (OHIP) Medicaid DataMart.

[2]For more detail on the MCPs' accreditation ratings, please see the NCQA website: https://reportcards.ncqa.org/health-plans.

CHP: Child Health Plus. MCP: managed care plan. NCQA: National Committee of Quality Assurance. HARP: Health and Recovery Plan.

V. Findings and Conclusions Related to Quality, Timeliness, and Access

Introduction

To assess the impact of the NYS MMC program on **access** to, **timeliness** of, and **quality** of care, IPRO reviewed pertinent information from a variety of sources, including state managed care standards, health plan contract requirements, performance measures, and state monitoring reports.

This section of the report discusses the results, or findings, from three required EQR activities (validation of PIPs, validation of performance measures, and review of compliance with Medicaid standards) and one optional activity (validation of quality-of-care surveys). For each EQR activity, a summary of the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions and findings are presented.

Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted MCPs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCP.

Section 18.15 (a)(xi)(B) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract require each MCP to conduct at least one (1) PIP in a priority topic area of its choosing with the mutual agreement of the DOH and the EQRO, and consistent with *42 CFR § 438.330 Quality assessment and performance improvement program (d)(2).*

Further, MCPs are required to design PIPs to achieve significant, sustained improvement in health outcomes, and that include the following elements:

- Measurement of performance using objective quality indicators
- Implementation of interventions to achieve improvement in access to and quality of care, and
- Evaluation of the effectiveness of interventions based on the performance measures

The DOH developed the Kids Quality Agenda PIP to improve preventative care during early childhood development in the Medicaid population. The Kids Quality Agenda PIP is a three-year PIP with implementation of interventions beginning in 2019 and continuing through 2021. While interventions were MCP-specific, the PIP focus areas were consistent across all MCPs and included: blood lead testing, newborn hearing screening, and developmental screening.

Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(i) mandates that the state or an EQRO must validate the PIPs that were underway during the preceding 12 months. To meet these federal regulations, the DOH contracted with IPRO to validate the PIPs that were underway in 2020.

Technical Methods of Data Collection and Analysis

CMS's *Protocol 1-Validation of Performance Improvement Projects* was used as the framework to assess the quality of each PIP, as well as to score the compliance of each PIP with both federal and state requirements. IPRO's assessment involves the following 10 elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCP's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCP's enrollment and generalizable to the MCP's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the MCP achieved sustained improvement.

Following the review of the listed elements, the review findings were considered to determine whether the PIP outcomes should be accepted as valid and reliable. As MY 2020 PIPs reflect an interim remeasurement period, the MY 2020 PIPs were evaluated based on MCP compliance with elements 1-8 (listed above) only. The element is determined to be "met" or "not met".

A determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There were no validation findings that indicate that the credibility was at risk for the PIP results.
- The validation findings generally indicate that the credibility for the PIP results was not at risk; however, results must be interpreted with some caution. Processes that put the conclusions at risk are enumerated.
- There are one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

IPRO provided PIP report templates to each MCP for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

Description of Data Obtained

For the 2020 EQR, IPRO reviewed MCP PIP reports. These reports included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline and interim), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

Conclusions and Findings

IPRO's assessment of each MCP's PIP methodology found that there were no validation findings that indicated that the credibility of the PIP results was at risk. A summary of the validation assessments is in Table 4 while PIP interim indicator rates for MY 2020 are displayed in Table 5.

Details of each MCP's PIP activities are described in Section VI of this report.

Table 4: MCP PIP Validation Findings, MY 2020

MCP	Selected Topic	Study Question	Indicators	Population	Sampling Methods	Data Collection Procedures	Interpretation of Study Results	Improvement Strategies
Affinity	Met	Met	Met	Met	Not Applicable	Met	Met	Met
CDPHP	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Empire BCBS HealthPlus	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Excellus	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Fidelis	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Healthfirst	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Highmark BCBS WNY	Met	Met	Met	Met	Not Applicable	Met	Met	Met
HIP	Met	Met	Met	Met	Not Applicable	Met	Met	Met
IHA	Met	Met	Met	Met	Not Applicable	Met	Met	Met
MetroPlus	Met	Met	Met	Met	Not Applicable	Met	Met	Met
Molina	Met	Met	Met	Met	Not Applicable	Met	Met	Met
MVP	Met	Met	Met	Met	Not Applicable	Met	Met	Met
UHCCP	Met	Met	Met	Met	Not Applicable	Met	Met	Met
WellCare	Met	Met	Met	Met	Not Applicable	Met	Met	Met
YourCare	Met	Met	Met	Met	Not Applicable	Met	Met	Met

MCP: managed care plan. PIP: performance improvement project.

Table 5: MCP PIP Interim Indicator Rates, MY 2020

Indicator	Affinity	CDPHP	Empire BCBS HealthPlus	Excellus	Fidelis	Healthfirst	Highmark BCBS WNY	HIP	IHA	MetroPlus	Molina	MVP	UHCCP	WellCare	YourCare
Blood Lead Screening															
Blood lead test: Age 1 year	48%	66%	73%	90%	63%	57%	71%	55%	86%	57%	32%	68%	45%	57%	37%
Blood lead test: Age 2 years	71%	65%	79%	74%	64%	72%	77%	67%	91%	61%	47%	72%	60%	58%	44%
Blood lead test: Age 1 and 2 years	41%	50%	66%	79%	42%	57%	62%	45%	82%	52%	42%	53%	48%	39%	33%
Confirmatory venous blood lead test for capillary blood lead level (BLL) ≥ 5 mcg/dl, within 3 months	87%	64%	27%	60%	38%	33%	27%	30%	37%	50%	63%	30%	56%	86%	63%
Confirmed venous BLL of ≥ 5mcg/dl	1%	10%	0%	0%	1%	0%	1%	1%	5%	0%	4%	1%	1%	3%	2%
Confirmed venous BLL of ≥ 5mcg/dl, follow-up test within 3 months	87%	32%	36%	15%	31%	37%	28%	38%	30%	46%	41%	29%	100%	22%	29%
Confirmed venous BLL ≥ 10 mcg/dl	0%	2%	0%	0%	0%	0%	0%	0%	1%	0%	2%	0%	1%	1%	<1%
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	87%	17%	53%	39%	21%	31%	18%	33%	17%	44%	43%	11%	100%	51%	13%
Newborn Hearing Screening															
Completed screening by 1 month of age	79%	88%	84%	90%	30%	86%	89%	86%	94%	86%	90%	90%	88%	86%	97%
Did not pass screening by 1 month of age	2%	3%	2%	1%	3%	3%	2%	2%	1%	12%	3%	1%	3%	2%	2%
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	44%	1%	8%	12%	77%	32%	25%	36%	2%	21%	40%	38%	39%	6%	12%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	14%	0%	40%	33%	24%	14%	67%	38%	100%	11%	6%	24%	16%	0%	0%

Indicator	Affinity	CDPHP	Empire BCBS HealthPlus	Excellus	Fidelis	Healthfirst	Highmark BCBS WNY	HIP	IHA	MetroPlus	Molina	MVP	UHCCP	WellCare	YourCare
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to early intervention (EI) services by 6 months of age	80%	100%	75%	100%	85%	23%	100%	12%	0%	67%	0%	30%	27%	NA	0%
Completed hearing screening before 3 months of age	83%	91%	89%	96%	78%	90%	92%	89%	96%	89%	91%	93%	90%	86%	94%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	31%	9%	13%	34%	84%	37%	43%	87%	16%	22%	79%	53%	46%	12%	22%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	91%	100%	60%	33%	90%	21%	67%	28%	67%	0%	0%	26%	17%	NA	67%
Developmental Screening															
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	63%	12%	20%	22%	20%	20%	20%	18%	23%	10%	14%	16%	27%	10%	7%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	84%	32%	32%	41%	34%	26%	40%	19%	42%	16%	15%	37%	11%	30%	21%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	41%	25%	32%	38%	19%	17%	41%	8%	40%	13%	13%	32%	35%	19%	22%

Indicator	Affinity	CDPHP	Empire BCBS HealthPlus	Excellus	Fidelis	Healthfirst	Highmark BCBS WNY	HIP	IHA	MetroPlus	Molina	MVP	UHCCP	WellCare	YourCare
Standardized global developmental screening for developmental, behavioral, and social delays according to the American Academy of Pediatrics (AAP) well-child visits guidelines	60%	24%	28%	34%	24%	21%	33%	15%	35%	13%	14%	28%	34%	19%	17%
Standardized autism screening by 30 months of age: 1 claim for autism screening	12%	7%	6%	5%	8%	1%	19%	0%	18%	1%	22%	6%	4%	17%	4%
Standardized autism screening by 30 months of age: 2 claims for autism screening	7%	2%	5%	1%	3%	0%	14%	0%	3%	0%	8%	2%	1%	9%	1%

BLL: blood lead level; EI: early intervention. NA: not available.

Validation of Performance Measures

Information Systems Capabilities Assessment

The ISCA data collection tool allows the state or EQRO to evaluate the strength of each MCP's information system (IS) capabilities to meet the regulatory requirements for quality assessment and reporting. *Title 42 CFR § 438.242 Health information systems* and *42 CFR § 457.1233 Structure and operation standards (d) Health information systems* also require the state to ensure that each MCP maintains a health information system that collects, analyzes, integrates, and reports data for purposes including utilization, claims, grievances and appeals, disenrollment for reasons other than loss of Medicaid or CHIP eligibility, rate setting, risk adjustment, quality measurement, value-based purchasing, program integrity, and policy development. While some portions of the ISCA are voluntary, there are some components that are required to support the execution of the mandatory EQR-related activities protocols.

While the *CMS External Quality Review (EQR) Protocols* published in October 2019 stated that an ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the HEDIS audit may be substituted for an ISCA.

Each MCP contracted with an NCQA-certified HEDIS compliance auditor for HEDIS MY 2020. Auditors assessed the MCP's compliance with NCQA standards in the following designated IS categories as part of the NCQA HEDIS MY 2020 Compliance Audit:

- IS 1.0 Medicaid Services Data: Sound Coding Methods and Data Capture, Transfer and Entry
- IS 2.0 Enrollment Data: Data Capture, Transfer and Entry
- IS 3.0 Practitioner Data: Data Capture, Transfer and Entry
- IS 4.0 Medical Record Review Processes: Training, Sampling, Abstraction and Oversight
- IS 5.0 Supplemental Data: Capture, Transfer and Entry
- IS 6.0 Data Preproduction Processing: Transfer, Consolidation, Control Procedures that Support Measure Reporting Integrity
- IS 7.0 Data Integration and Reporting: Accurate Reporting, Control Procedures that Support Measure Reporting Integrity

The term "IS" – Information Systems – included the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The compliance auditor determined the extent to which the MCP had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

An MCP meeting all IS standards required for successful HEDIS reporting and submitting HEDIS data to the DOH according to the requirements in the Agreement were considered strengths during this evaluation. An MCP not meeting an IS standard was considered an opportunity for improvement during this evaluation.

NYS QARR Performance Measures

Objectives

Section 18.15 (a)(v) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract require each MCP to prepare and report QARR to the DOH. The 2020 QARR consisted of measures developed by NCQA and NYS. The major areas of performance included in the 2020 QARR for the MMC plans were:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- NYS-specific measures:
  - Viral Load Suppression
  - Initiation of Pharmacotherapy upon New Episode of Opioid Dependence
  - Use of Pharmacotherapy for Alcohol Abuse or Dependence
  - Perinatal Care measures from the Live Birth file

Each of these domains include HEDIS and CAHPS measures, as well as several NYS-specific QARR measures for areas of importance to the state and for which there were no defined HEDIS or other national measures. Many of these measures were calculated through the MCPs' HEDIS data submissions, while others were based on encounter data, prenatal data, and QARR submissions reported by the MCPs to the DOH.

Title 42 CFR § 438.358 Activities related to external quality review (2)(b)(1)(ii) mandates that the state or an EQRO must validate the performance measures that were calculated during the preceding 12 months. IPRO conducted this activity on behalf of the DOH for MY 2020.

Technical Methods of Data Collection and Analysis

Each MCP contracted with an NCQA-certified HEDIS vendor to collect data and to calculate rates for the performance measures. Each MCP also contracted with an NCQA-certified HEDIS compliance auditor to determine if the MCP has the capabilities for processing medical, member, and provider information as a foundation for accurate and automated performance measurement. The audit addressed the MCP's information practices and control procedures, sampling methods and procedures, compliance with HEDIS specifications, analytic file production, and reporting and documentation.

NCQA-certified HEDIS compliance auditors validated each MCP's reported HEDIS and QARR performance measures. IPRO used the audit reports as a basis for its evaluation. Measure validation included the following steps:

- IPRO reviewed the FAR of the HEDIS results reported by the MCP that was prepared by an NCQA-licensed organization to ensure that appropriate audit standards were followed. The NCQA *HEDIS Compliance Audit: Standards, Policies and Procedures* document outlines the requirements for HEDIS compliance audits and was the basis for determining the accuracy of the findings stated in the FAR.
- IPRO used available national HEDIS benchmarks, trended data, and knowledge of the MCP's quality improvement activities to assess the accuracy of the reported rates.
- The MCP's interventions to improve quality were reviewed to determine whether the interventions were successful in enhancing care, as measured by any change in the performance measure rate from year to year. Based upon this review, IPRO made recommendations as to whether the MCP should retain or modify its improvement activities.

For MY 2020, the MCPs produced performance measure rates in accordance with NCQA's *HEDIS 2021 Volume 2 Technical Specifications for Health Plans* and the *2020 Quality Assurance Reporting Requirements Technical Specifications Manual*[11]. Measures required for MY 2020 are available in Appendix A.

Each MCP submitted final, validated performance measure rates to the DOH as required. The MCPs also submitted member- and provider-level data to IPRO for validation and to the DOH for the calculation of performance measures related to perinatal care. IPRO audited these data for consistency and accuracy and validated the source code.

IPRO reviewed each MCP's FAR and audit review table (ART) to confirm that all the performance measures were reportable, and that calculation of these performance measures aligned with DOH requirements. To assess the accuracy of the reported rates, IPRO recalculated rates using denominator and numerator data, compared MCP rates to NCQA Quality Compass® regional Medicaid benchmarks and analyzed rate-level trends to identify drastic changes in performance.

QARR-specific perinatal care measures were calculated by the DOH using birth data submitted by the MCPs and from the DOH's Vital Statistics Birth File. As some health events, such as low birth weight births and cesarean deliveries, do not occur randomly across all MCPs, risk-adjustment was applied during the analysis of these data to remove or reduce the effects of confounding factors that may have influenced an MCP's rate. Further, the analysis is conducted by regions, New York City (NYC) and rest of state (ROS), in consideration of differences in the birth certificate elements that are used for risk-adjustment. In 2020, Medicaid coverage in the NYC region was covered by seven MCPs while the ROS region was covered by 12 MCPs.

Description of Data Obtained

For the 2020 EQR, IPRO obtained a copy of the HEDIS MY 2020 FAR and a locked copy of the 2020 HEDIS MY 2020 ART for each MCP. The MCP's NCQA-certified HEDIS auditor produced both information sources.

The FAR included key audit dates, product lines audited, audit procedures, vendors, data sources including supplemental, descriptions of system queries used by the auditor to validate the accuracy of the data, results of the medical record reviews, results of the information systems capabilities assessment, and rate status. Rates were determined to be reportable, or not reportable (small denominator, benefit not offered, not reported, not required, biased, or unaudited).

The ART produced by the HEDIS independent auditor displayed performance measure-level detail including data collection methodology (administrative or hybrid), eligible population count, exclusion count, numerator event count by data source (administrative, medical record, supplemental), and reported rate. When applicable, the following information was also displayed in the ART: administrative rate before exclusions; minimum required sample size (MRSS), and MRSS numerator events and rate; oversample rate and oversample record count; exclusions by data source; count of oversample records added; denominator; numerator events by data source (administrative, medical records, supplemental); and reported rate.

[11] NYS DOH QARR Technical Specifications Manual (2020-2021 QARR/HEDIS 2020-2021) website: https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2021/docs/qarr_specifications_manual.pdf

Conclusions and Findings

Validation of Performance Measures

The MCP's independent auditors determined that the HEDIS MY 2020 rates reported by the MCPs were calculated in accordance with NCQA's defined specifications and there were no data collection or reporting issues identified by the MCPs' independent auditors.

Based on a review of the FARs issued by each MCP's independent auditor, IPRO found that the MCPs were determined to be *fully compliant* with all seven of the applicable NCQA IS standards. HEDIS rates produced by the MCPs were reported to NCQA and DOH. **Table 6** displays the results of IS reviews for each MCP, as well as the name of the independent auditor for HEDIS MY 2020.

Table 6: MCP Compliance with NCQA IS Standards

MCP	MCP Contracted Auditor for HEDIS MY 2020	NCQA IS Standard						
		1.0 Medical Services Data	2.0 Enrollment Data	3.0 Practitioner Data	4.0 Medical Record Review Processes	5.0 Supplemental Data	6.0 Data Preproduction Processing	7.0 Data Integration and Reporting
Affinity	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
CDPHP	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
Empire BCBS HealthPlus	DTS Group	Met	Met	Met	Met	Met	Met	Met
Excellus	Advent Advisory Group	Met	Met	Met	Met	Met	Met	Met
Fidelis	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
Healthfirst	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
Highmark BCBS WNY	DTS Group	Met	Met	Met	Met	Met	Met	Met
HIP	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
IHA	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met
MetroPlus	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
Molina	Advent Advisory Group	Met	Met	Met	Met	Met	Met	Met
MVP	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
UHCCP	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met

IS: information system; MCP: managed care plan; MY: measurement year; NCQA: National Committee for Quality Assurance.

QARR Performance Measure Results

This section of the report explores the quality of health care services provided by the MCOs. Statewide performance in the domains of Effectiveness of Care (preventive care and screenings, acute and chronic care, behavioral health), Access to Care, Utilization, and Perinatal Care are examined.

Effectiveness of Care: Preventive Care and Screenings

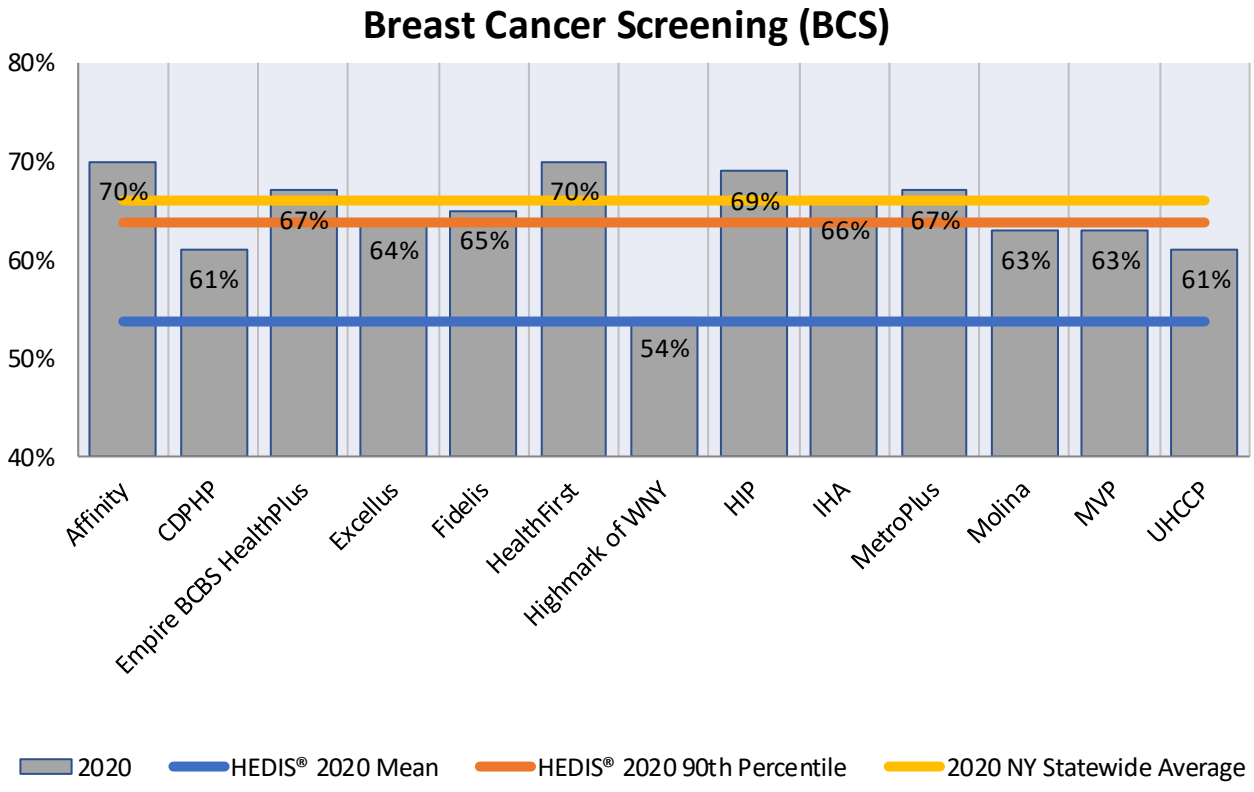
This domain of measures includes various indicators which are used to measure preventive care and screenings for several health issues. These indicators are used to evaluate how well the MCPs provided these services for their enrollees.

- **Breast Cancer Screening –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.
- **Cervical Cancer Screening –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 68% exceeded the national Medicaid average. *(Note: The national Medicaid 90th percentile and the statewide average had the same rate of 68%.)*
- **Childhood Immunization Combination 3 –** Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 72% exceeded the national Medicaid average.
- **Chlamydia Screening –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Ten (10) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 71% exceeded the national Medicaid average.
- **Colorectal Cancer Screening –** Two (2) of 13 MCPs reported a rate that exceeded the statewide average rate. *(Note: National Medicaid benchmarks were not available for this measure.)*
- **Flu Vaccinations for Adults**[12] – All 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 46% exceeded the national Medicaid average.
- **Immunizations for Adolescents Combination 2 –** Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 44% exceeded the national Medicaid average.
- **Lead Screening –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Eleven (11) of the 13 MCPs exceeded the national Medicaid 90th percentile. The statewide average rate of 87% exceeded the national Medicaid average.
- **Non-Recommended Cervical Cancer Screening in Adolescent Females –** Four (4) of the 13 MCPs reported a rate that lower than the national Medicaid average, indicating better MCP performance. No MCP reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 1% was worse than the national Medicaid average. *(Note: A lower rate indicates better performance.)*

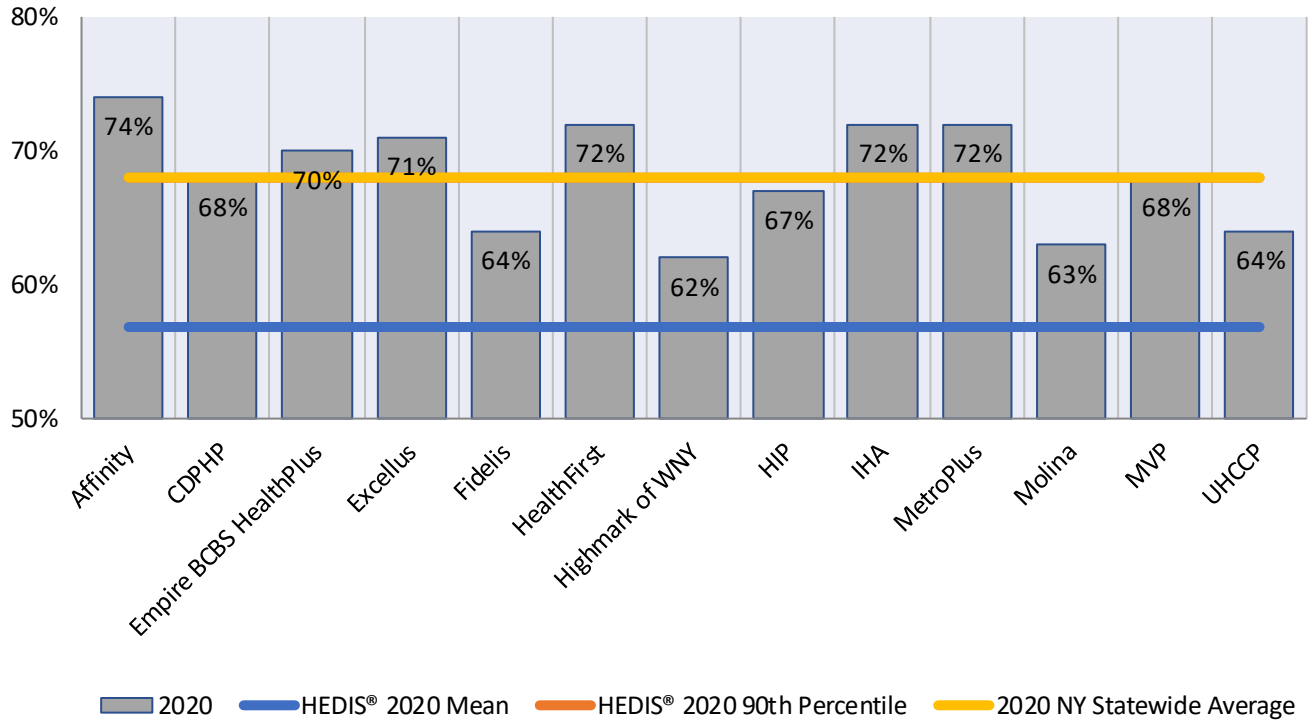
[12] The Flu Vaccinations for Adult rates presented in this section derive from the MY 2019 Adult CAHPS survey.

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Body Mass Index – Eleven (11) of 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.
  - Nutrition – Eleven (11) of 13 MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 77% exceeded the national Medicaid average.
  - Physical Activity – Eleven (11) of 13 MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 72% exceeded the national Medicaid average.

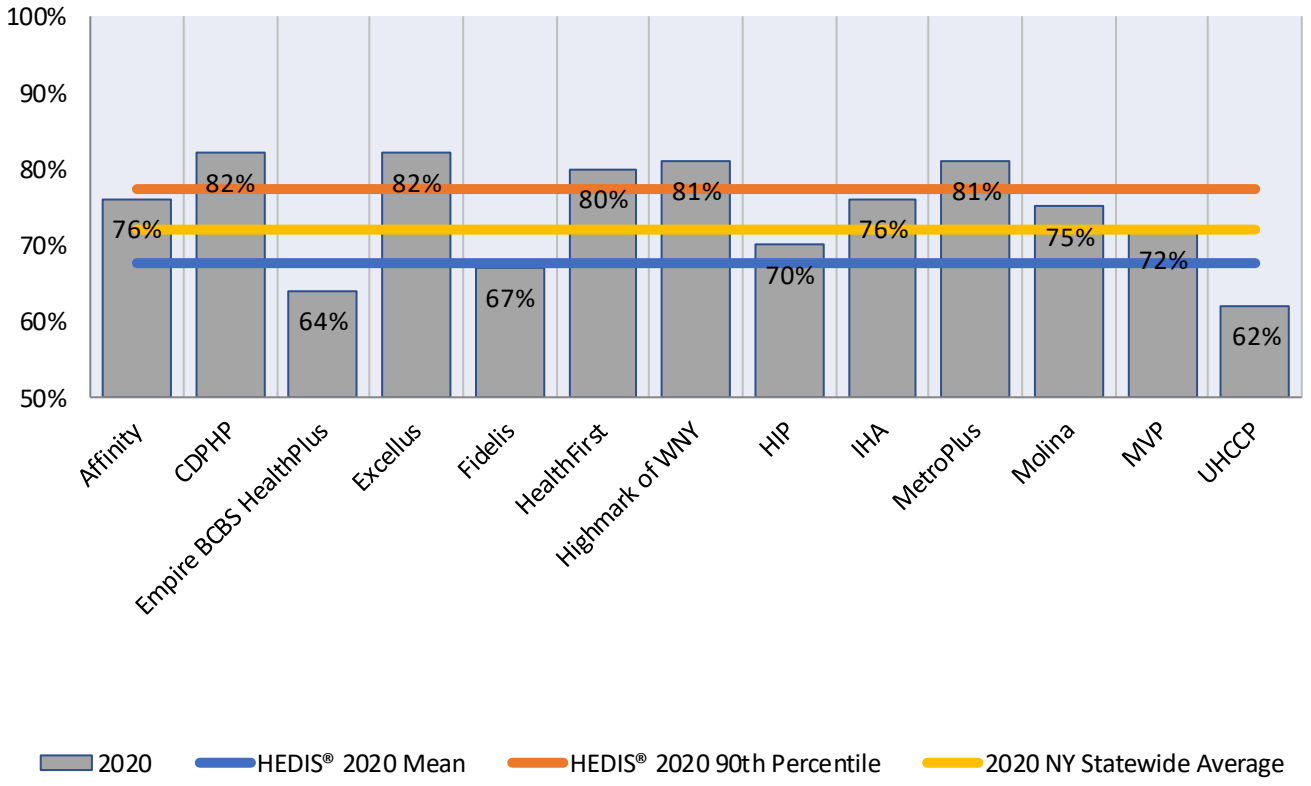
MCP and statewide performance on the effectiveness of care measures reported a bove are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2021 *Quality Compass* for MY 2020 are also displayed.

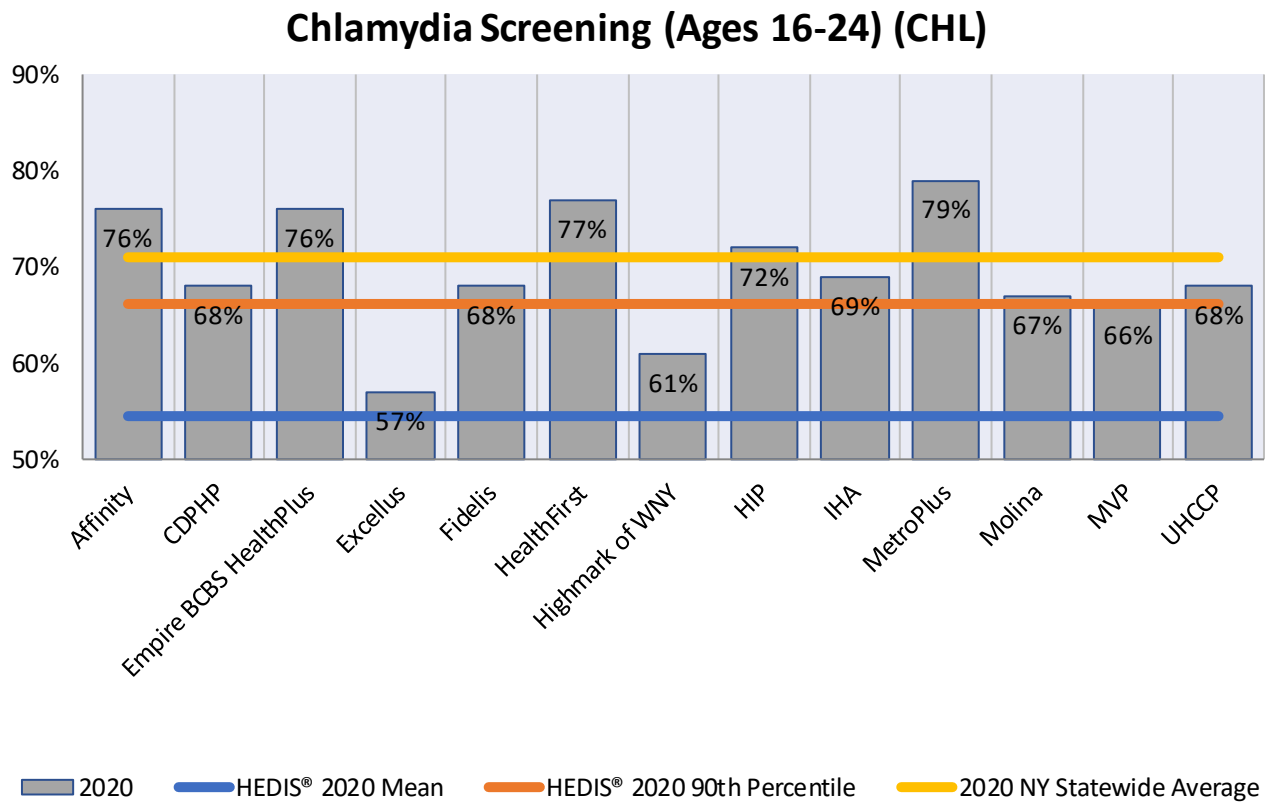


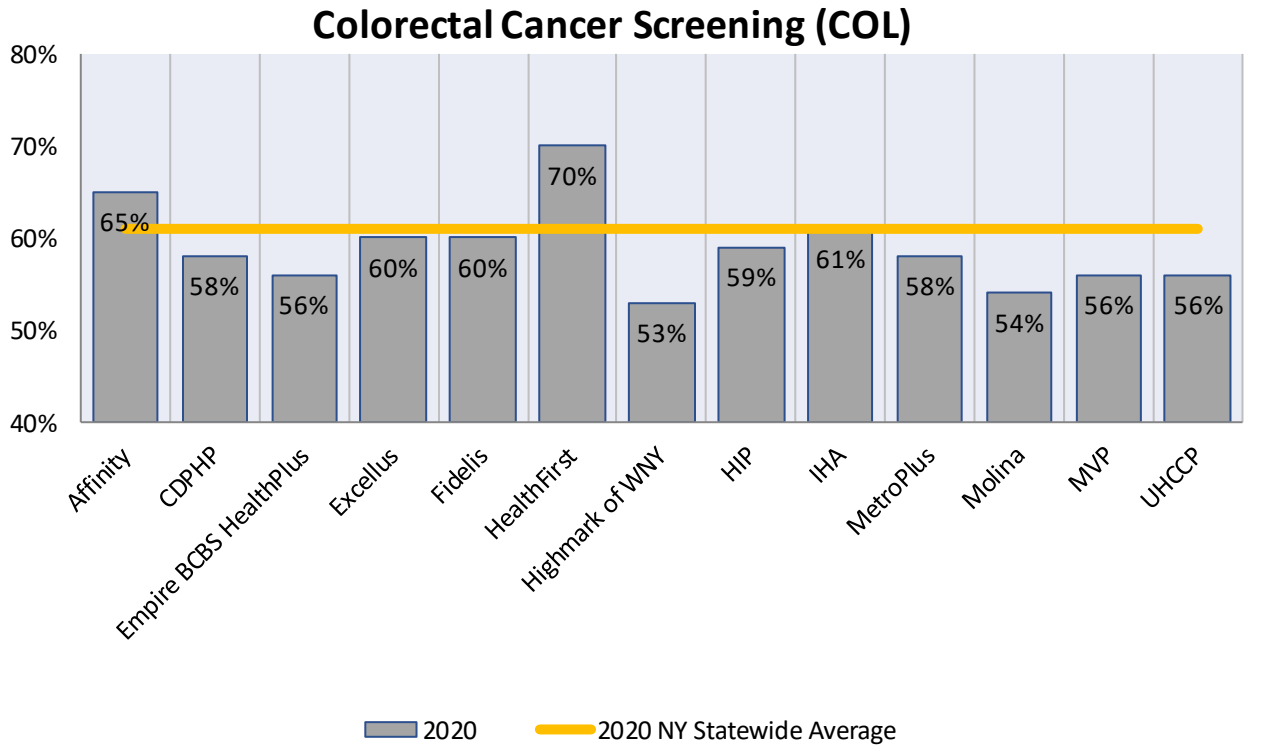
Cervical Cancer Screening (CCS)



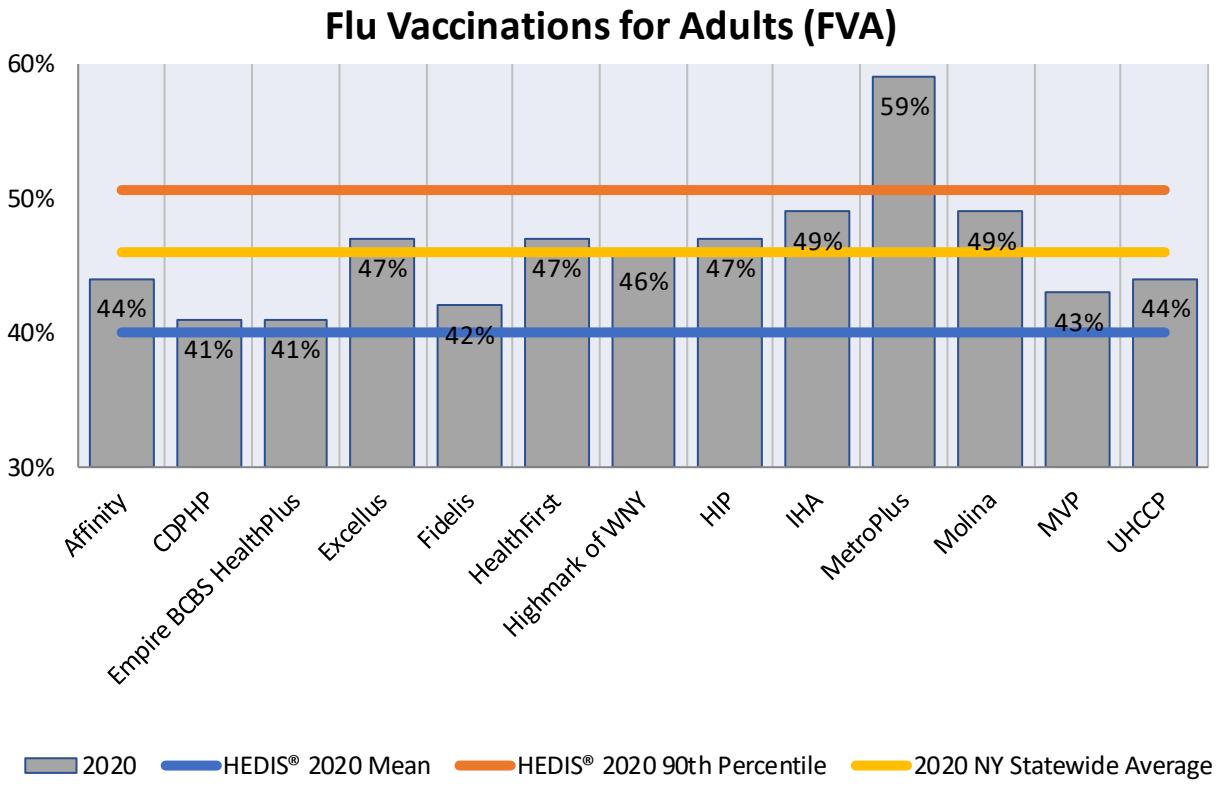
Childhood Immunization Status—Combination 3 (CIS)

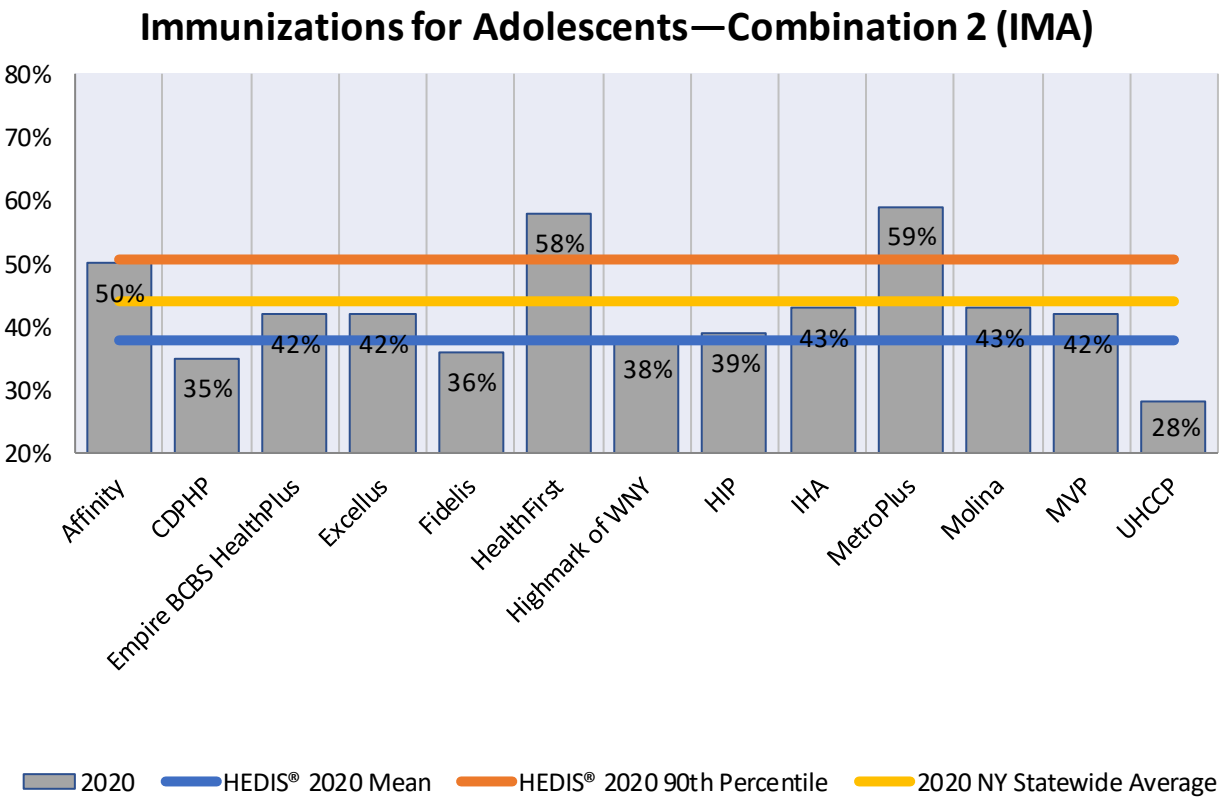


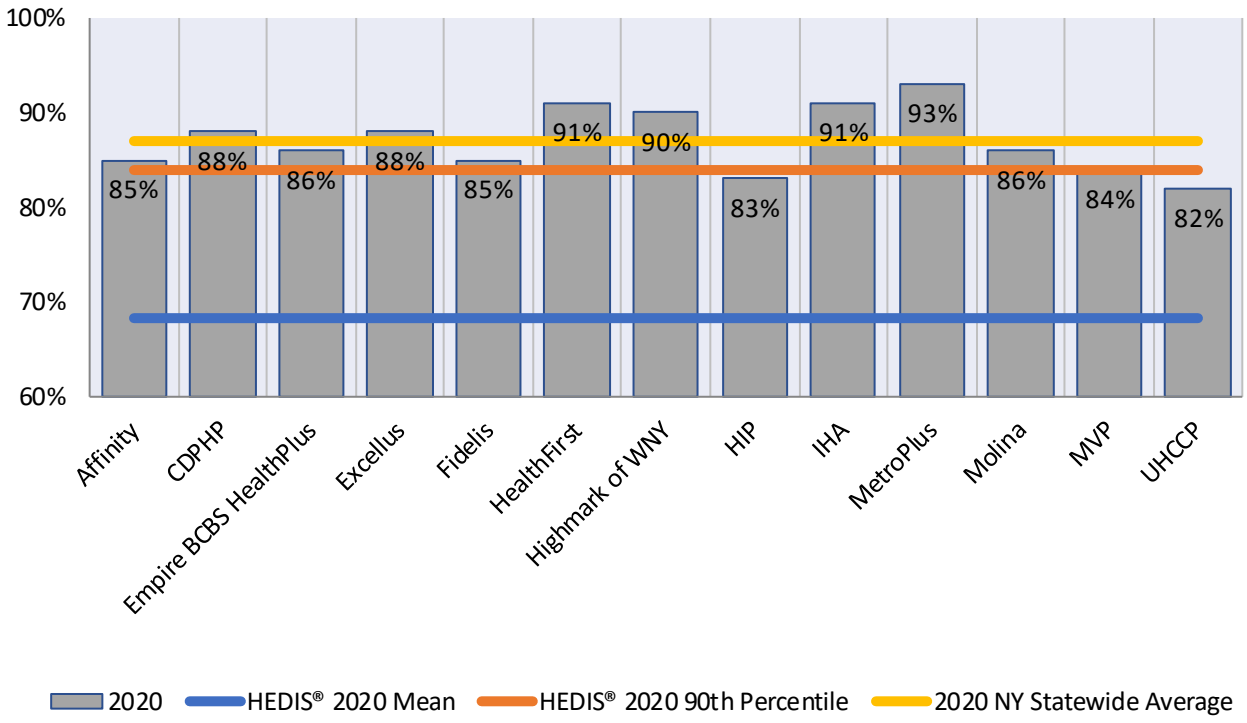


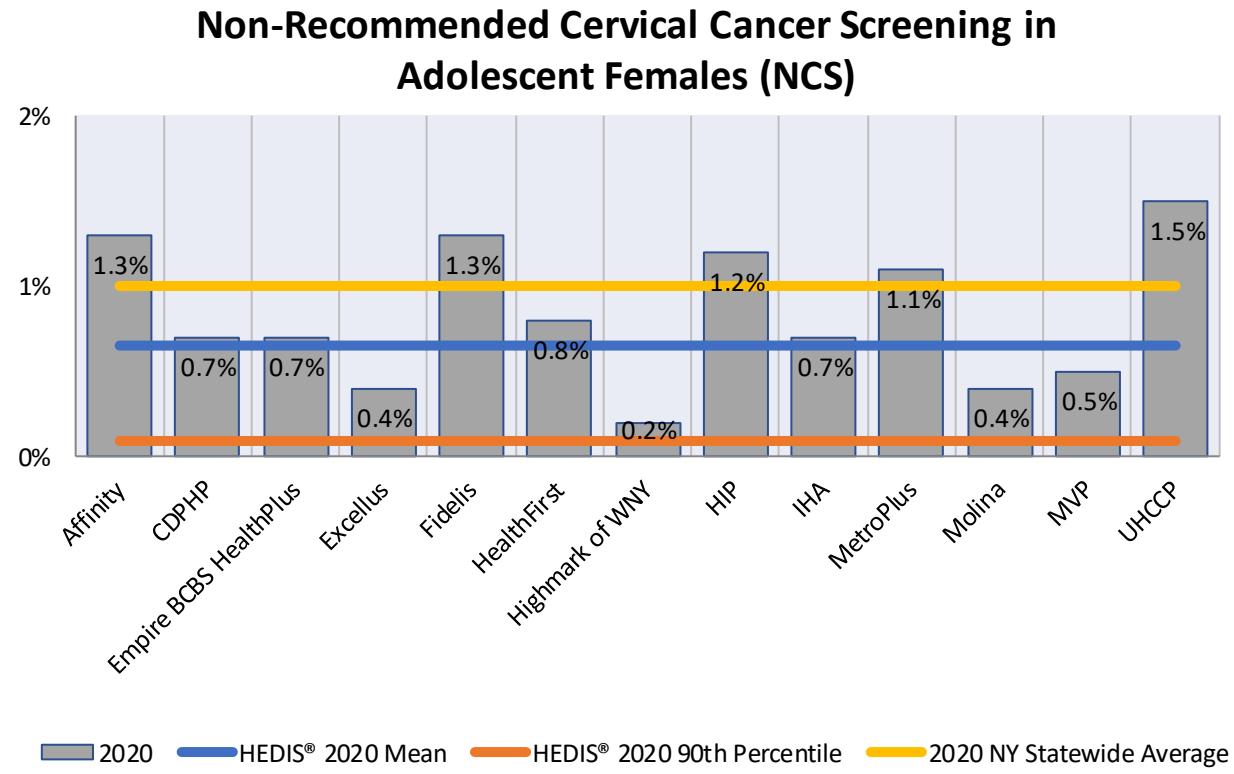


Note: National Medicaid benchmarks were not available for the Colorectal Cancer Screening measure.

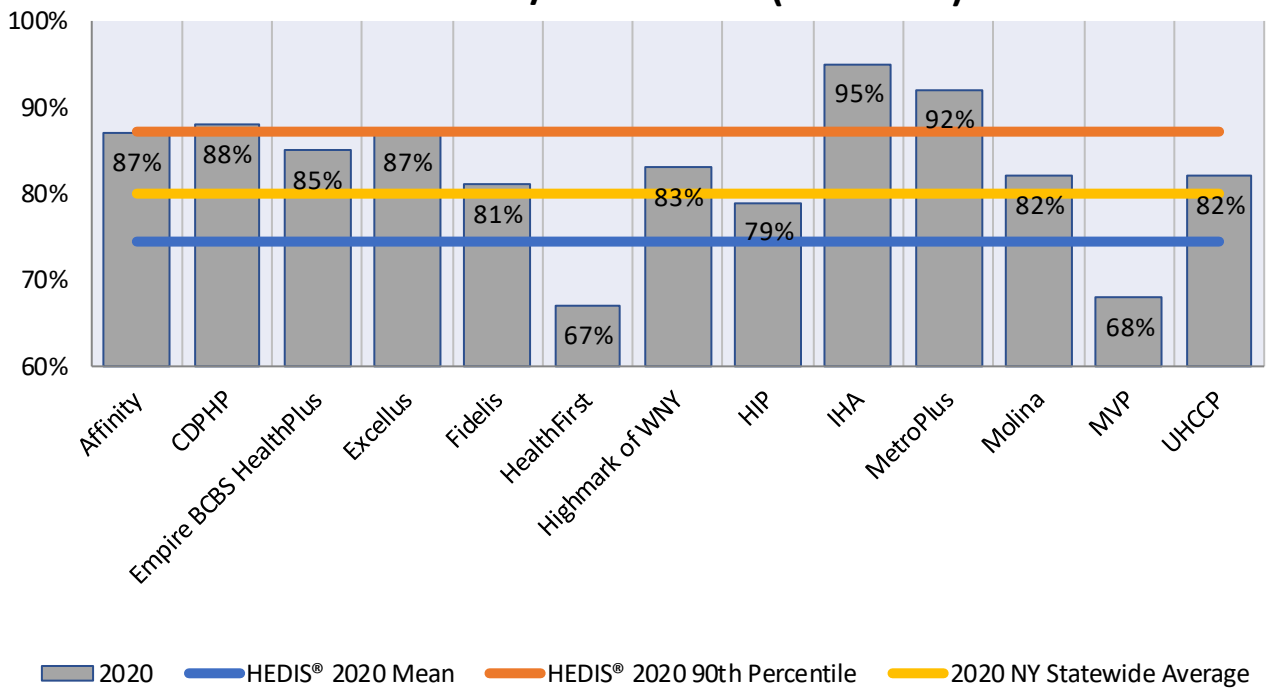

Flu Vaccinations for Adults (FVA)
60%
50%
40%
30%
44%
41%
41%
47%
42%
47%
46%
47%
49%
59%
49%
43%
44%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark of WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Immunizations for Adolescents—Combination 2 (IMA)
80%
70%
60%
50%
40%
30%
20%
50%
35%
42%
42%
36%
58%
38%
39%
43%
59%
43%
42%
28%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark of WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

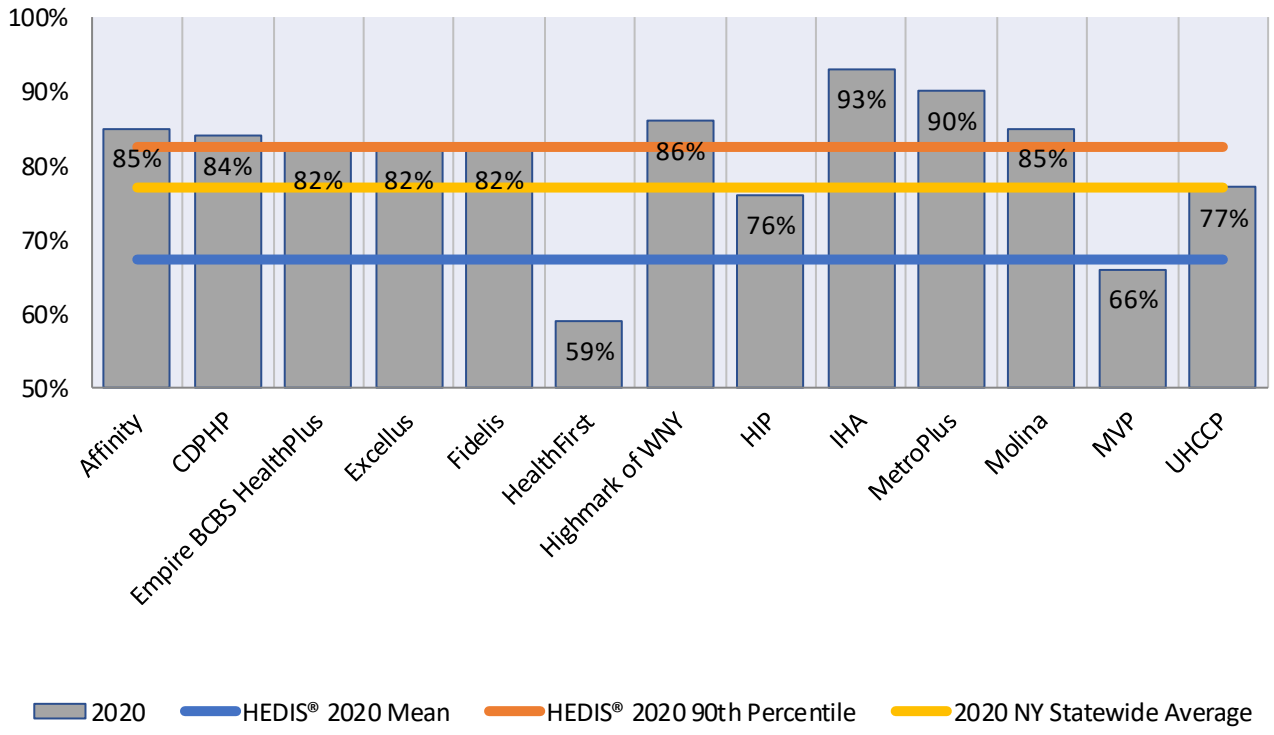

Lead Screening in Children (LSC)
100%
90%
80%
70%
60%
85%
88%
86%
88%
85%
91%
90%
83%
91%
93%
86%
84%
82%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark of WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

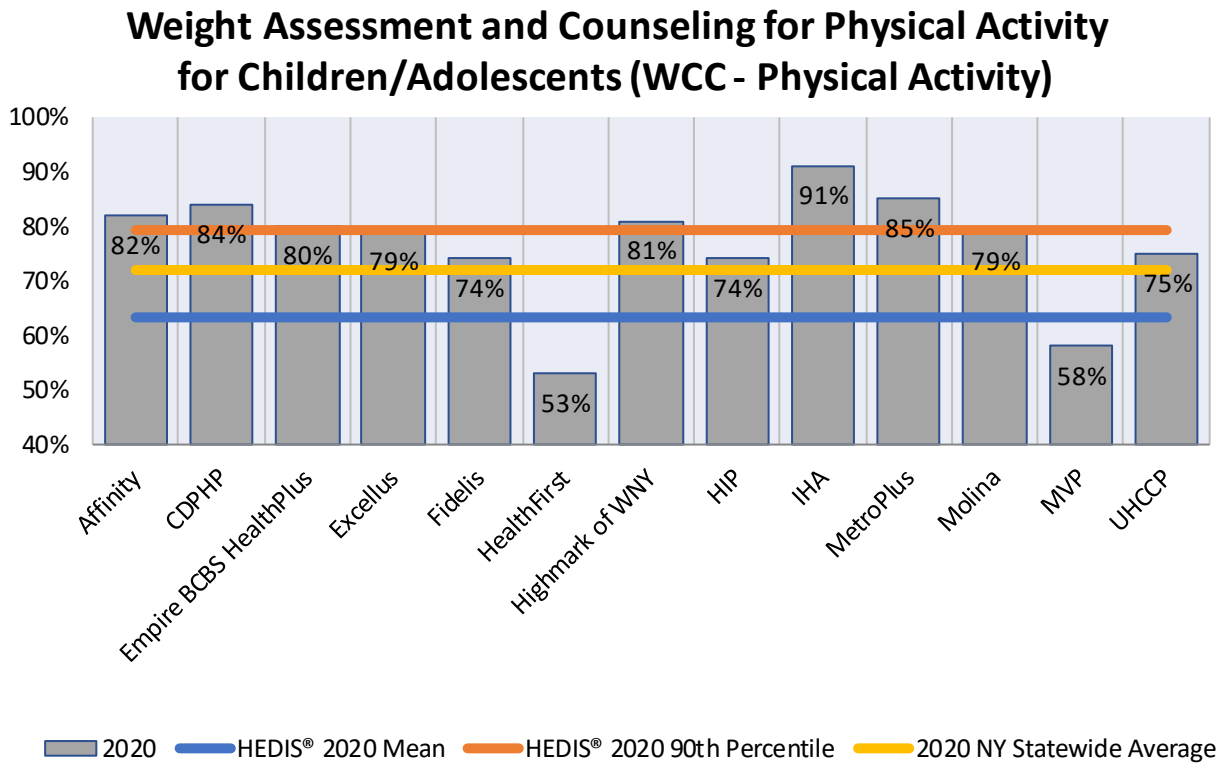

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
2%
1%
0%
1.3%
0.7%
0.7%
0.4%
1.3%
0.8%
0.2%
1.2%
0.7%
1.1%
0.4%
0.5%
1.5%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark of WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

Weight Assessment and Counseling for Body Mass Index for Children/Adolescents (WCC-BMI)



Weight Assessment and Counseling for Nutrition for Children/Adolescents (WCC - Nutrition)





Effectiveness of Care: Acute and Chronic Care

Measures included in this domain evaluate the health care services provided to MCP members who have acute and chronic medical conditions. These include respiratory, cardiovascular, and musculoskeletal diseases, as well as diabetes and HIV.

- Appropriate Treatment for Children with Upper Respiratory Infection – Three (3) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCPs had rates that exceeded the national Medicaid 90th percentile. The statewide average rate of 89% did not exceed the national Medicaid average.
- Asthma Medication Ratio
  - Ages 5-18 – All 13 MCPs reported a rate that exceeded the statewide average rate of 68%. *(Note: National Medicaid benchmarks were not available for this measure.)*
  - Ages 19-64 – All 13 MCPs reported a rate that exceeded the statewide average rate of 51%. *(Note: National Medicaid benchmarks were not available for this measure.)*
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – Five (5) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCPs had rates that exceeded the national Medicaid 90th percentile. The statewide average rate of 40% did not meet the national Medicaid average.
- Comprehensive Diabetes Care
  - Blood Pressure Controlled (<140/90) – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 55% did not meet the national Medicaid average.

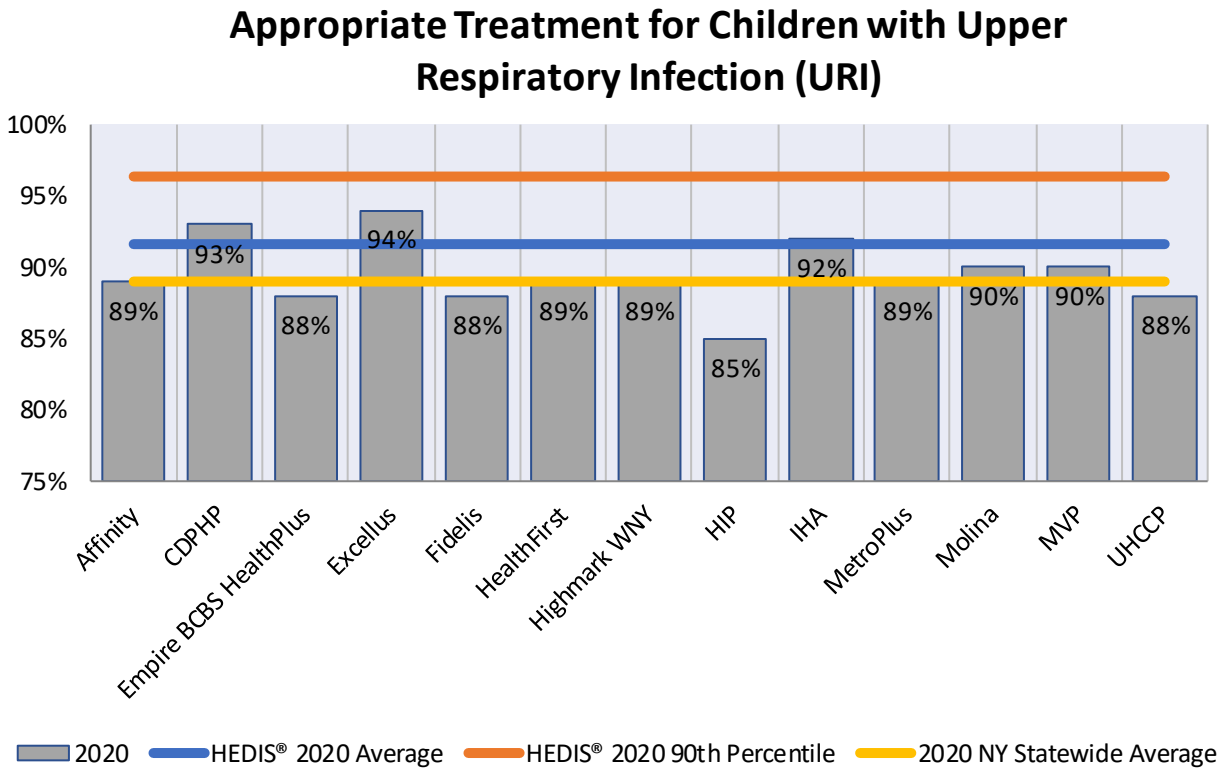
- Eye Exam – All 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 60% exceeded the national Medicaid average.
- HbA1c Testing – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 86% exceeded the national Medicaid average.
- HbA1c Control (<8%) – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 50% exceeded the national Medicaid average.

- Controlling High Blood Pressure – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 56% exceeded the national Medicaid average. *(Note: The national Medicaid average and the statewide average are 56%.)*
- HIV Load Suppression – Seven (7) of the 13 MCPs reported a rate that exceeded the statewide average rate of 74%. %. *(Note: National Medicaid benchmarks were not available for this measure.)*
- Kidney Health Evaluation for Patients with Diabetes – Five (5) of the 13 MCPs reported a rate that exceeded the statewide average rate of 39%. %. *(Note: National Medicaid benchmarks were not available for this measure.)*
- Persistence of Beta-Blocker Treatment After a Heart Attack – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 86% exceeded the national Medicaid average.
- Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease –
  - Bronchodilator – All 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 88% exceeded the national Medicaid average.
  - Corticosteroid – Nine (9) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 74% exceeded the national Medicaid average.
- Smoking Cessation[13]
  - Medications – Eight (8) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 62% exceeded the national Medicaid average. (*Note: Three (3) of the 13 MCPs had sample sizes too small to report [less than 30 members] but are included in the calculation of the statewide average.)*
  - Strategies – Eight (8) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 56% exceeded the national Medicaid average. *(Note: Three (3) of the 13 MCPs had sample sizes too small to report [less than 30 members] but are included in the calculation of the statewide average.)*
- Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Ten (10) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 46% exceeded the national Medicaid average.

[13] The Smoking Cessation rates presented in this section derive from the MY 2019 Adult CAHPS survey.

- Statin Therapy for Patients with Cardiovascular Disease
  - **Received –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 81% exceeded the national Medicaid average.
  - **Adherent –** Eight (8) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 71% exceeded the national Medicaid average.
- Statin Therapy for Patients with Diabetes
  - **Received –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 70% exceeded the national Medicaid average.
  - **Adherent –** Five (5) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 65% exceeded the national Medicaid average.
- Testing for Pharyngitis – All 13 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 87% exceeded the national Medicaid average.
- Use of Imaging Studies for Low Back Pain – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.

MCP and statewide performance on the acute and chronic care measures reported a bove are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2021 *Quality Compass* for MY 2020 are also displayed.



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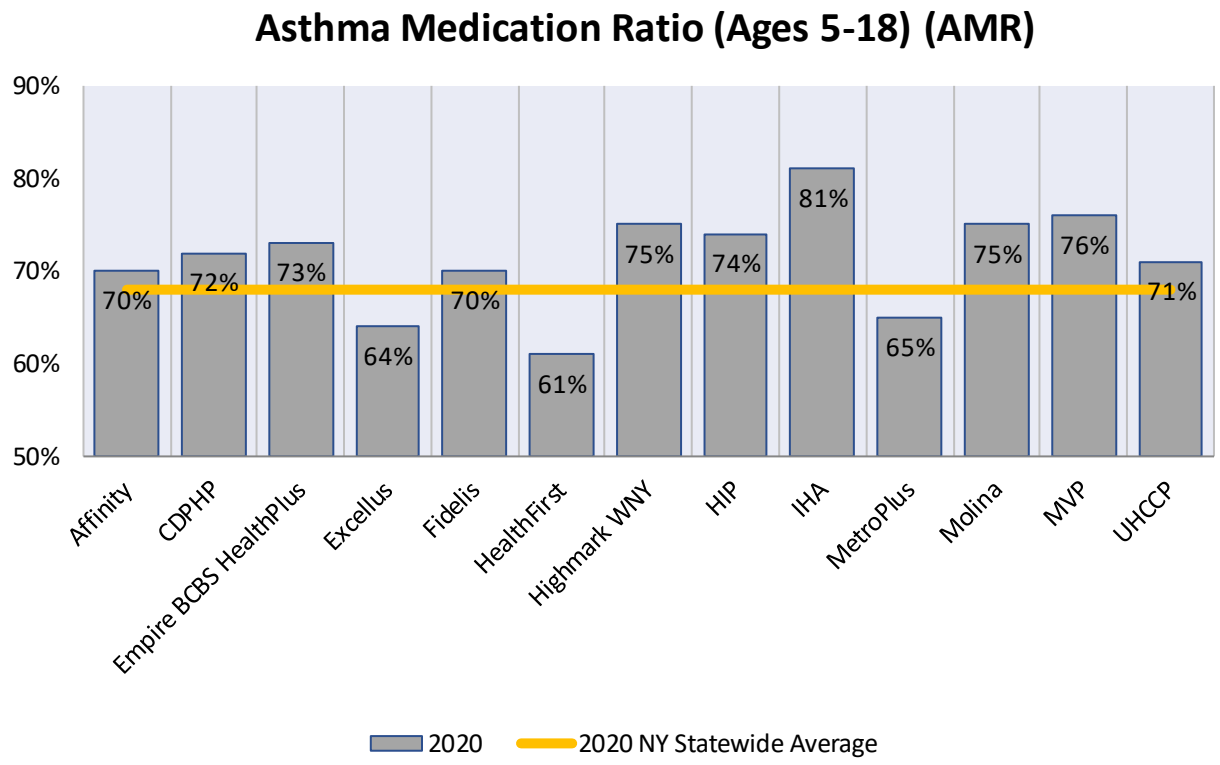
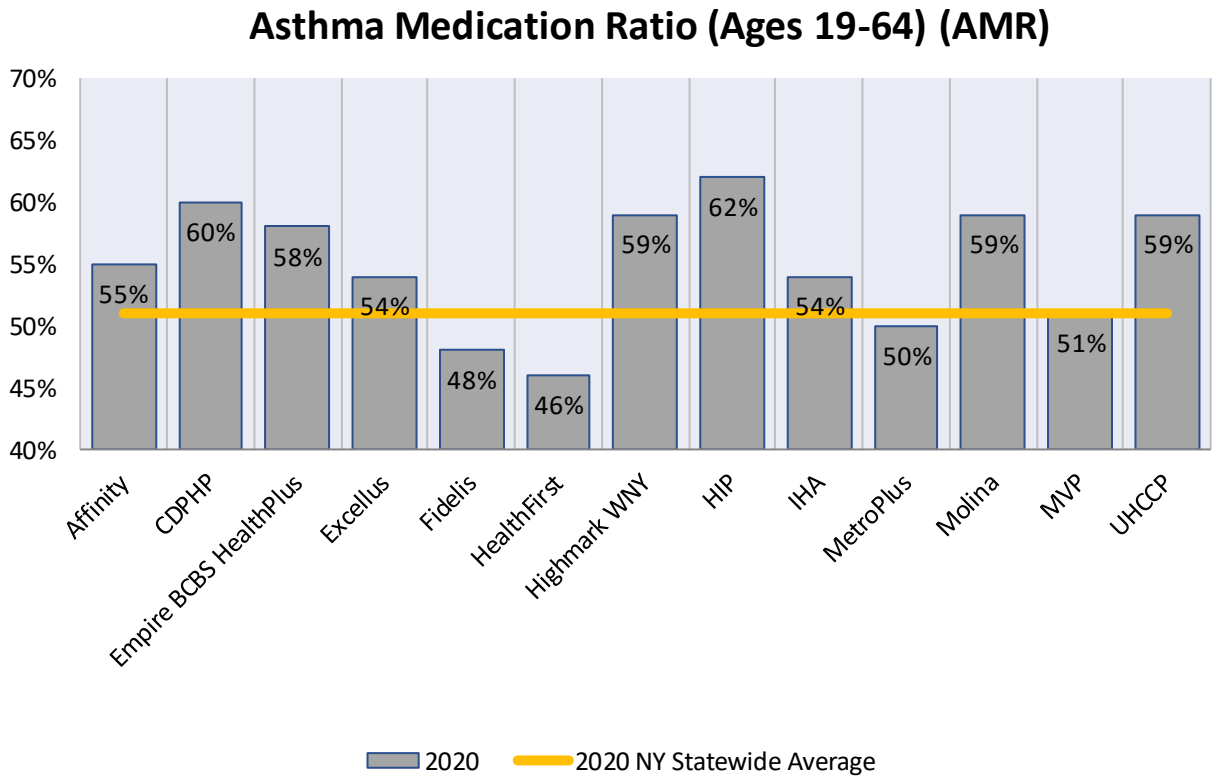
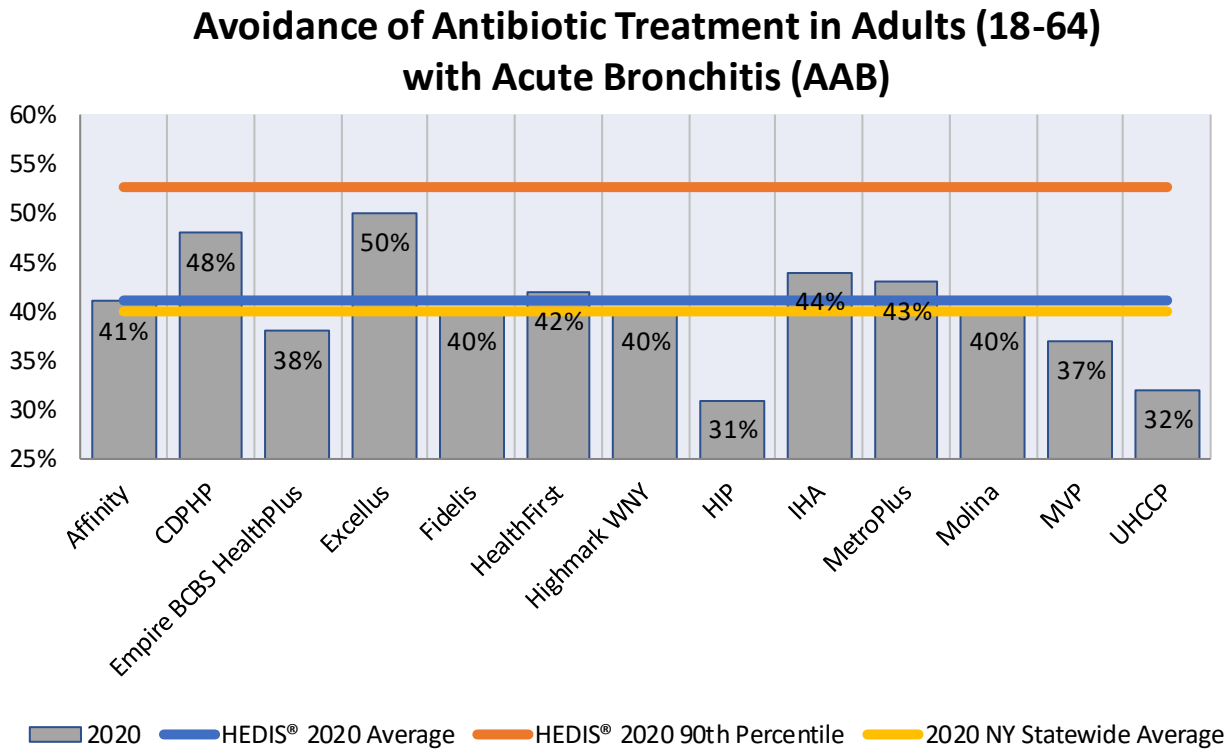
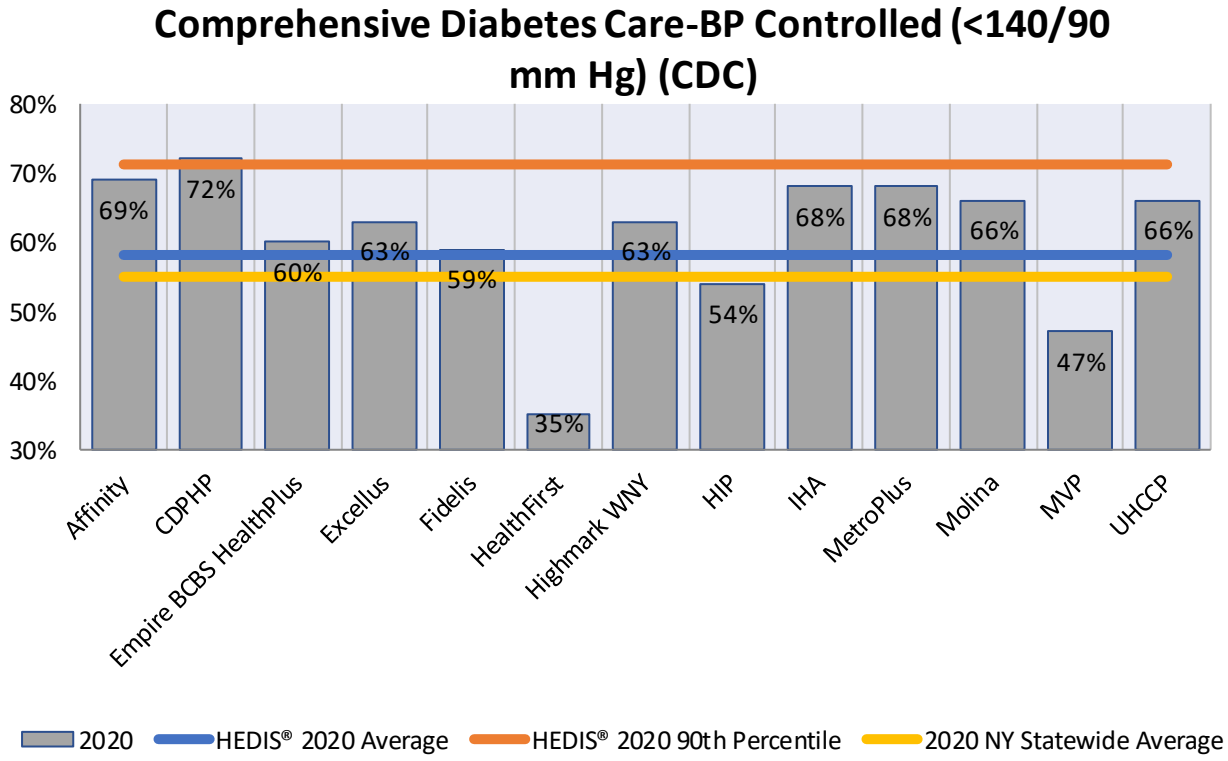
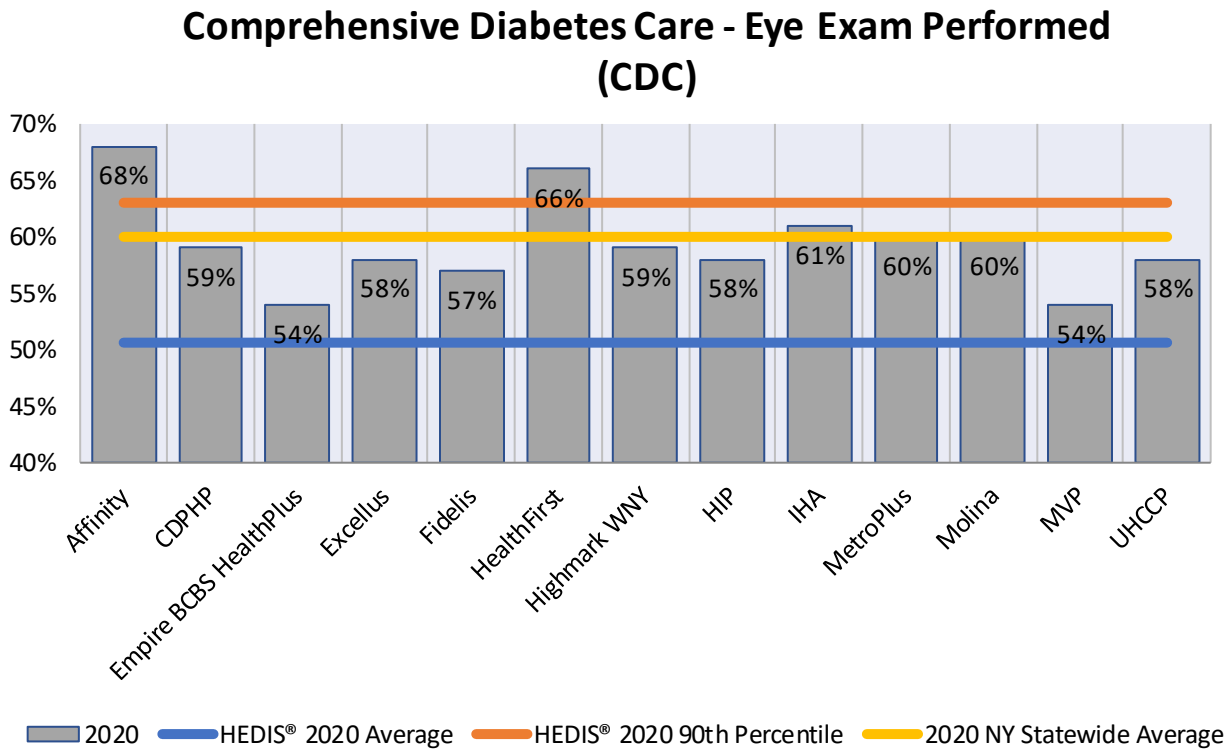


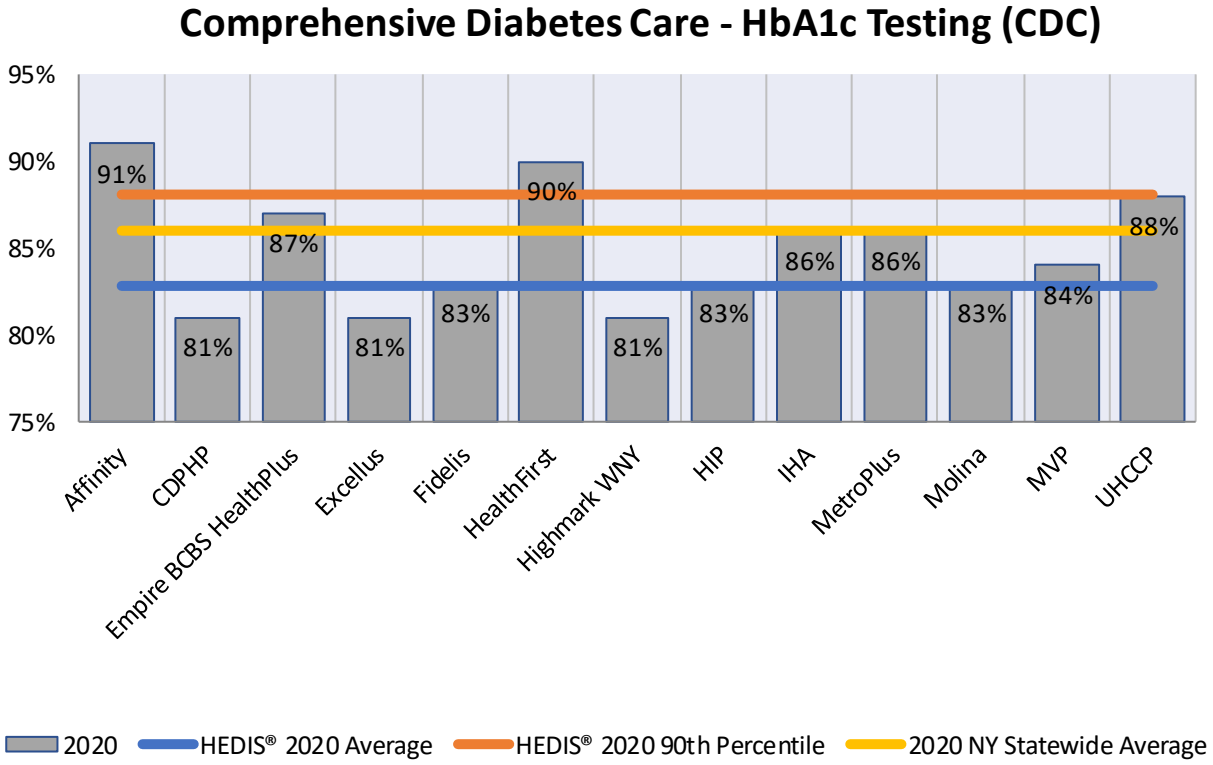


Note: National Medicaid benchmarks were not available for the Asthma Medication Ratio measures.

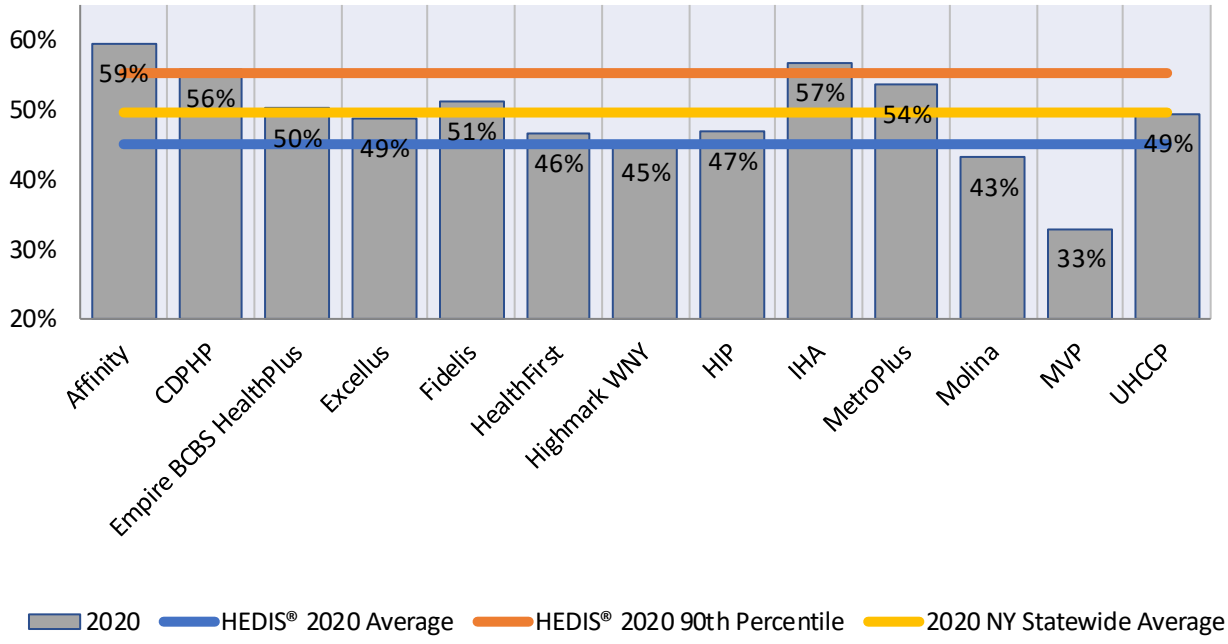

Avoidance of Antibiotic Treatment in Adults (18-64) with Acute Bronchitis (AAB)
60%
55%
50%
45%
40%
35%
30%
25%
41%
48%
38%
50%
40%
42%
40%
31%
44%
43%
40%
37%
32%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Comprehensive Diabetes Care-BP Controlled (<140/90 mm Hg) (CDC)
80%
70%
60%
50%
40%
30%
69%
72%
60%
63%
59%
35%
63%
54%
68%
68%
66%
47%
66%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

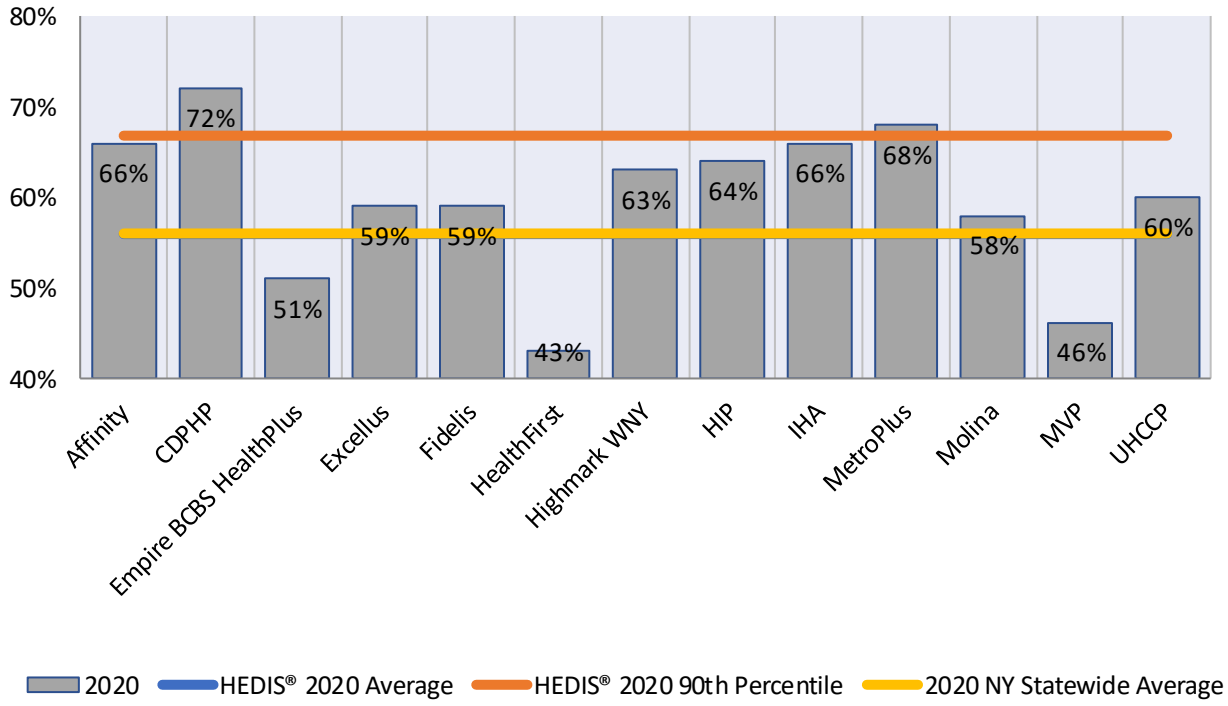

Comprehensive Diabetes Care - Eye Exam Performed (CDC)
70%
65%
60%
55%
50%
45%
40%
68%
59%
54%
58%
57%
66%
59%
58%
61%
60%
60%
54%
58%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

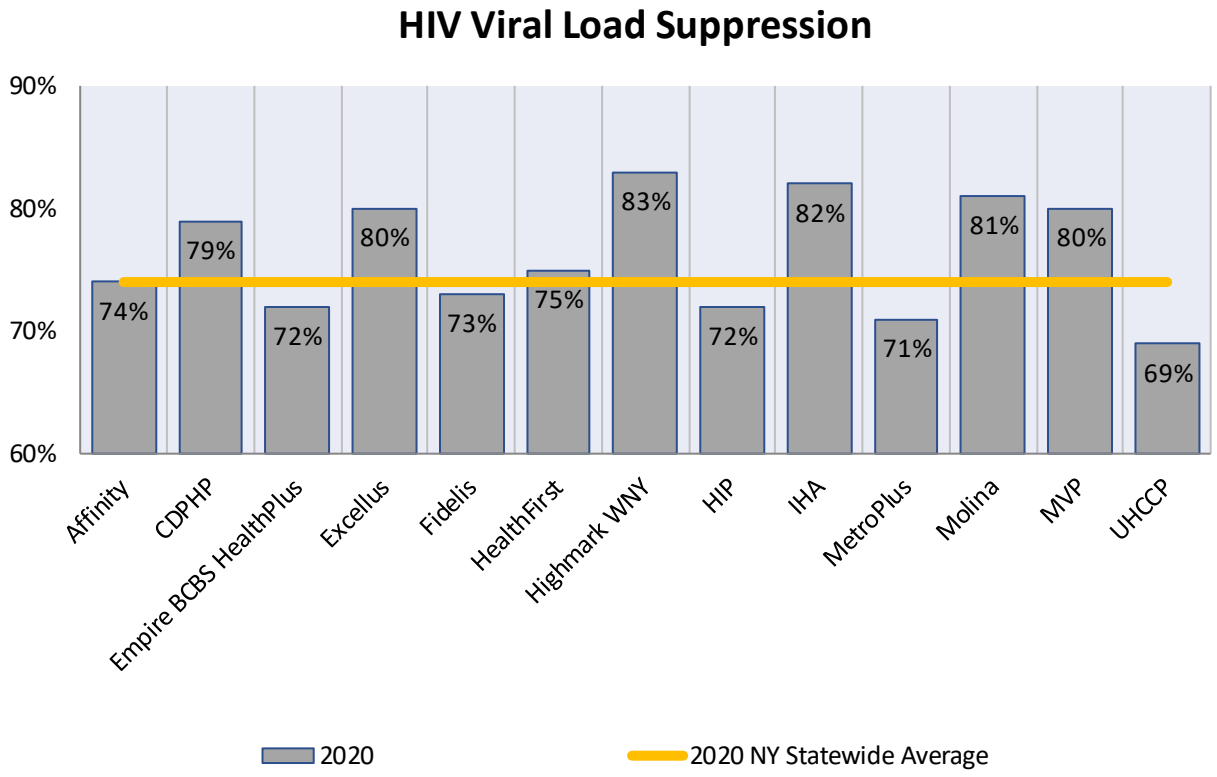

Comprehensive Diabetes Care - HbA1c Testing (CDC)
95%
90%
85%
80%
75%
91%
81%
87%
81%
83%
90%
81%
83%
86%
86%
83%
84%
88%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

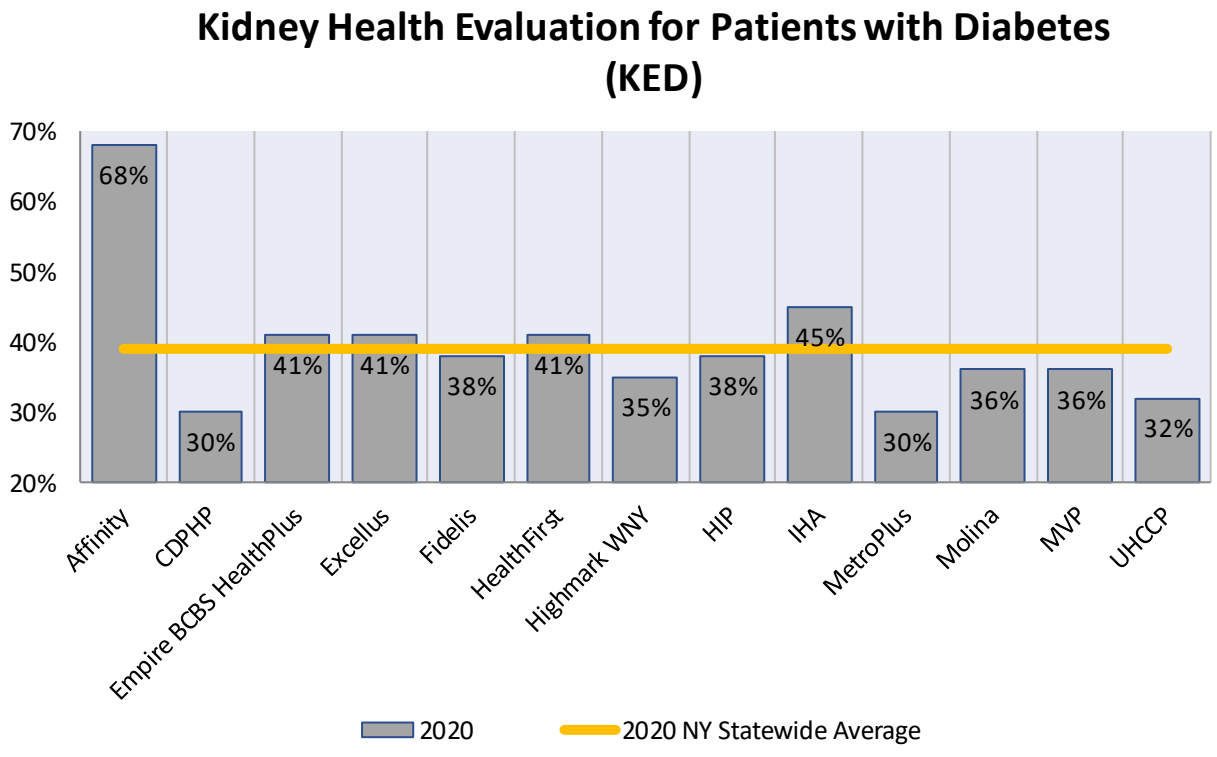
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)



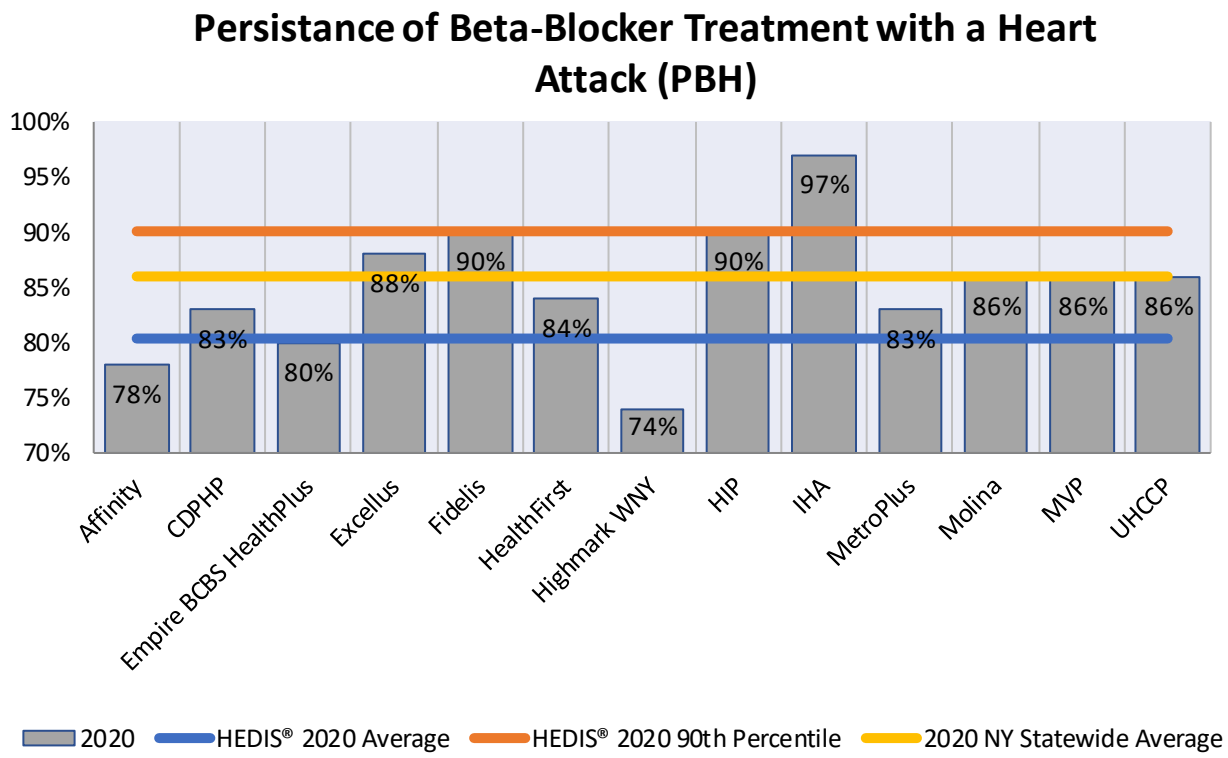
Controlling Blood Pressure (CBP)







Note: National Medicaid benchmarks were not available for the HIV Viral Load Suppression or Kidney Health for Patients with Diabetes measures.



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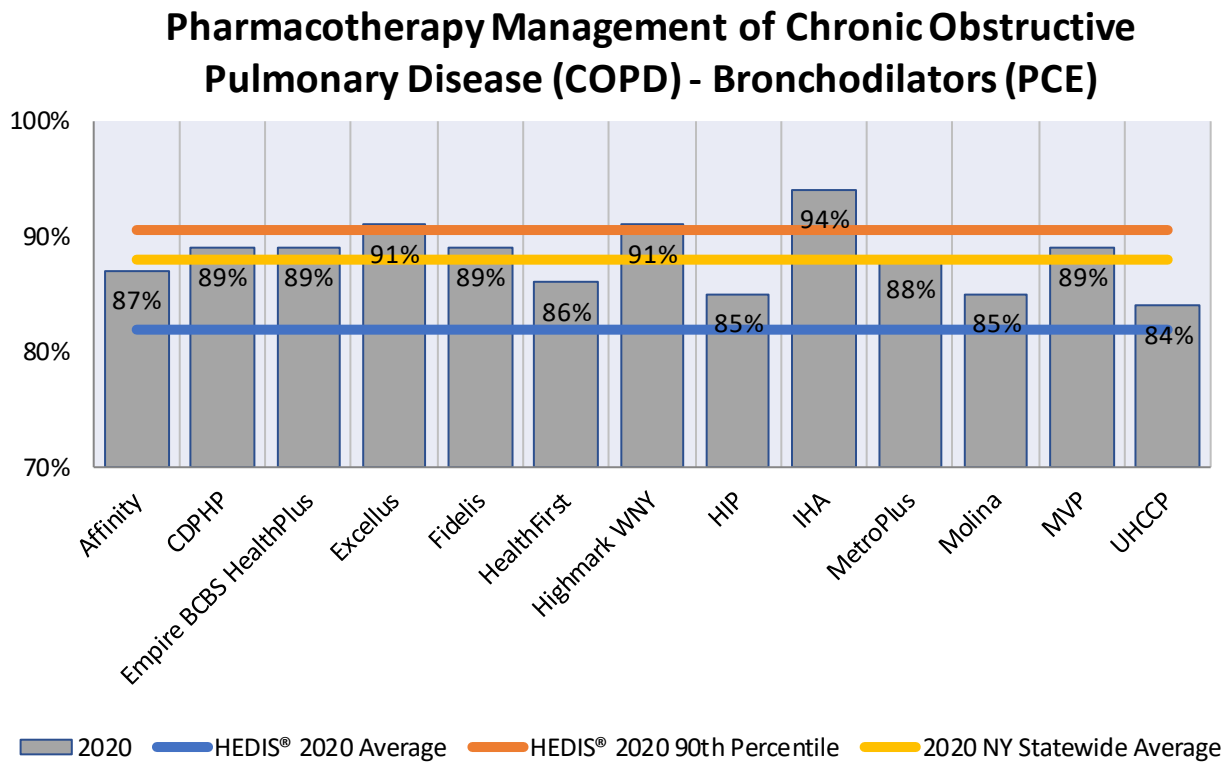
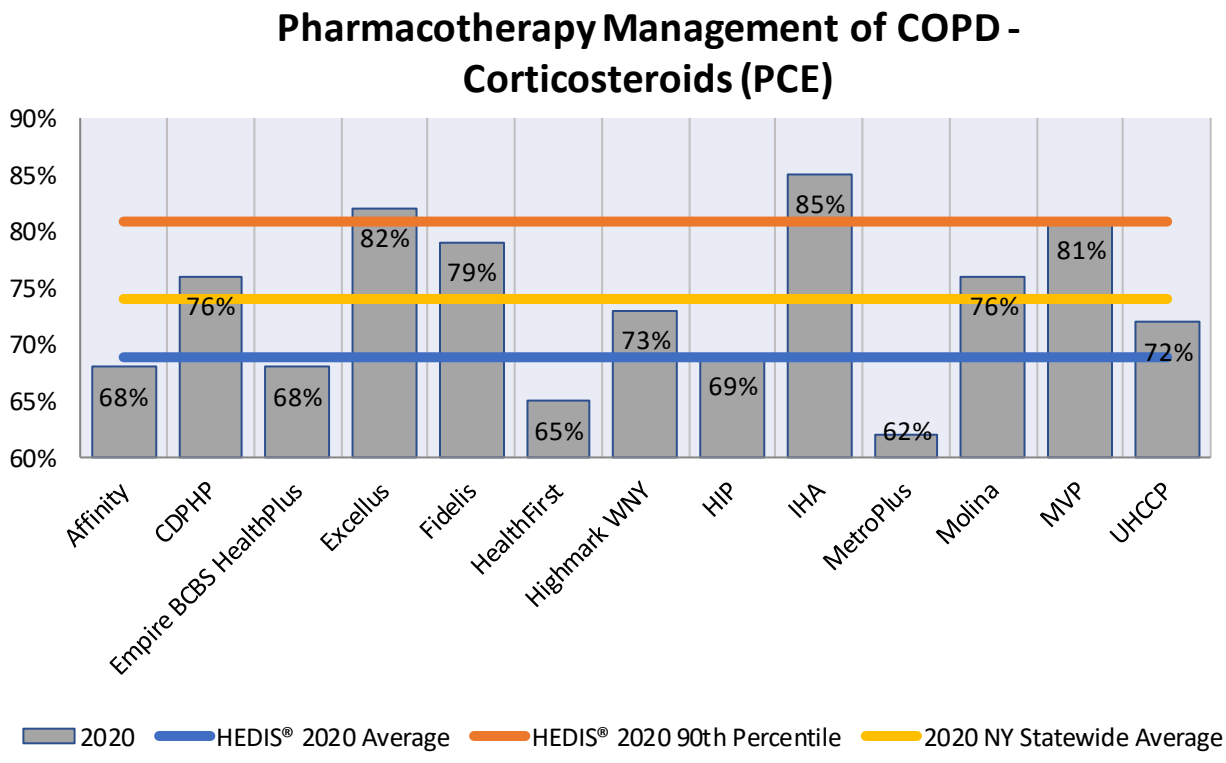
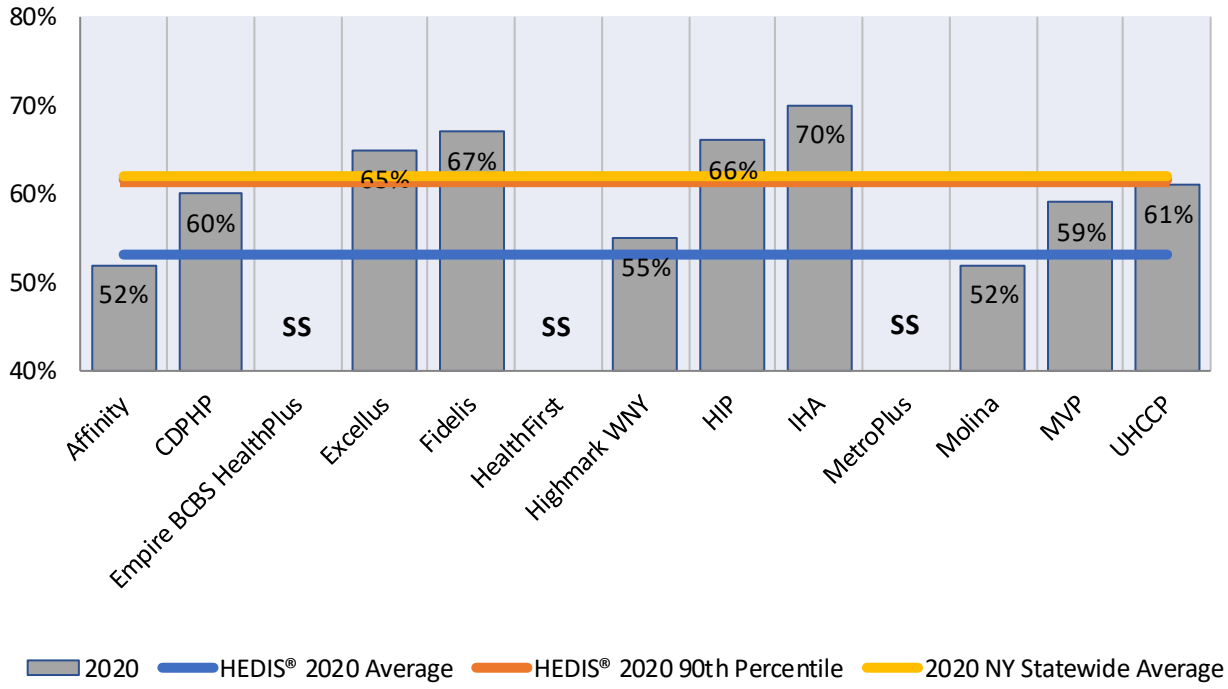
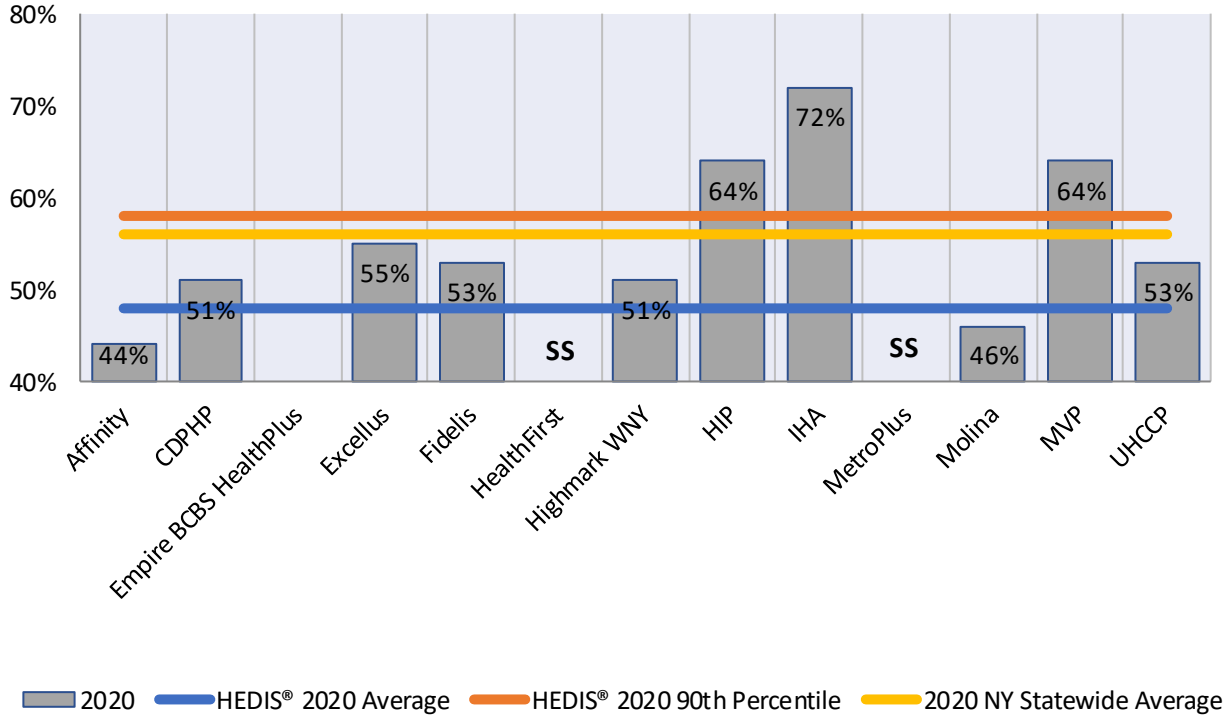

Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) - Bronchodilators (PCE)
100%
90%
80%
70%
87%
89%
89%
91%
89%
86%
91%
85%
94%
88%
85%
89%
84%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

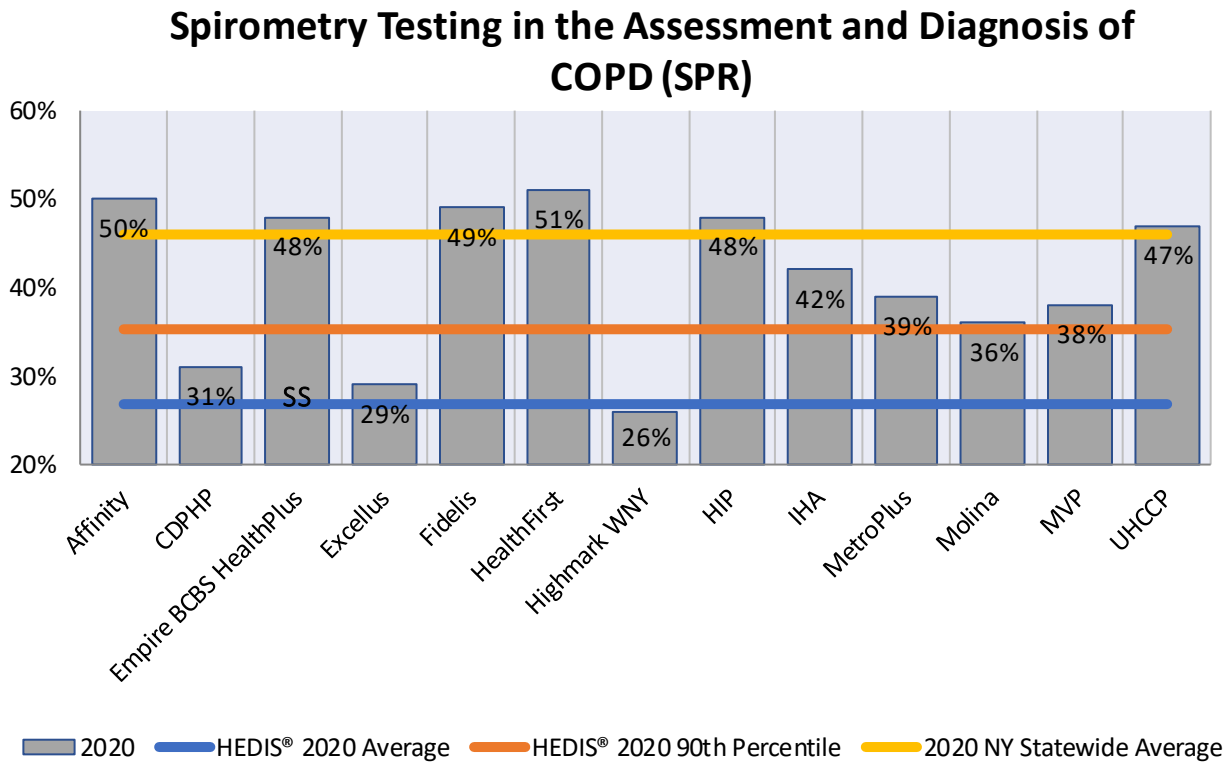

Pharmacotherapy Management of COPD - Corticosteroids (PCE)
90%
85%
80%
75%
70%
65%
60%
68%
76%
68%
82%
79%
65%
73%
69%
85%
62%
76%
81%
72%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

Smoking Cessation Medications



Smoking Cessation Strategies





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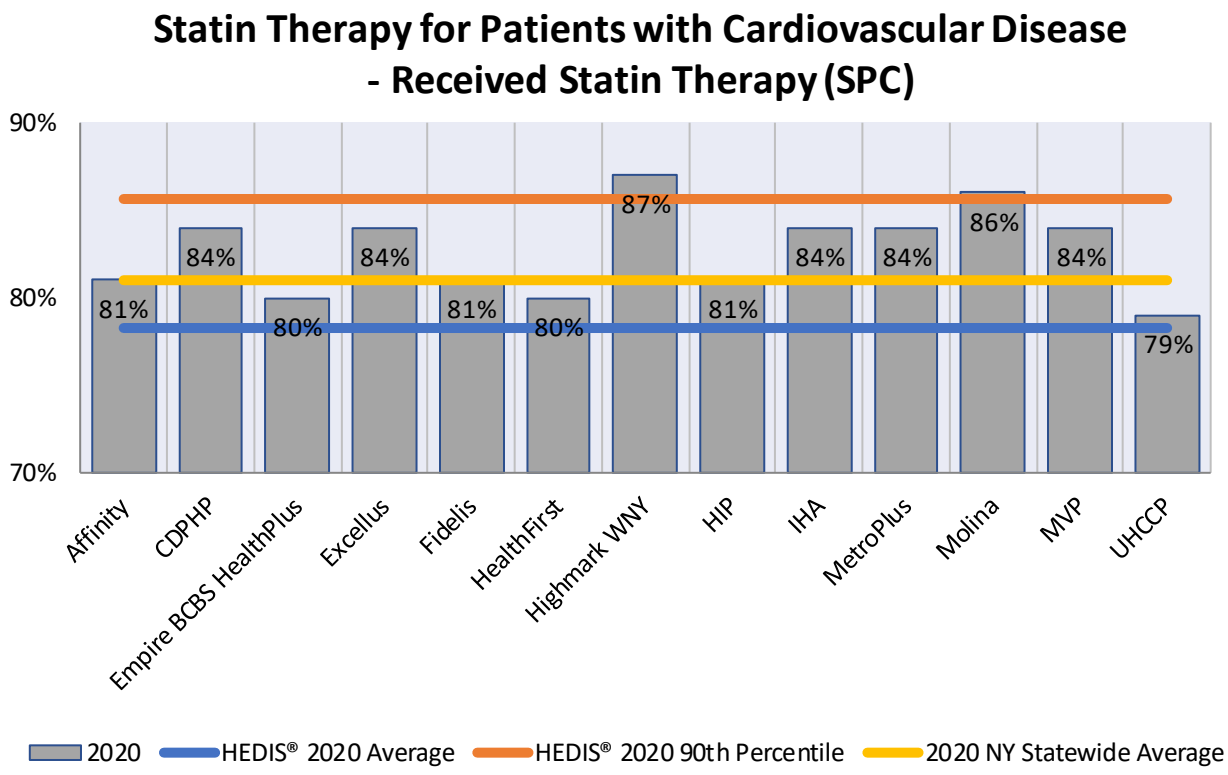
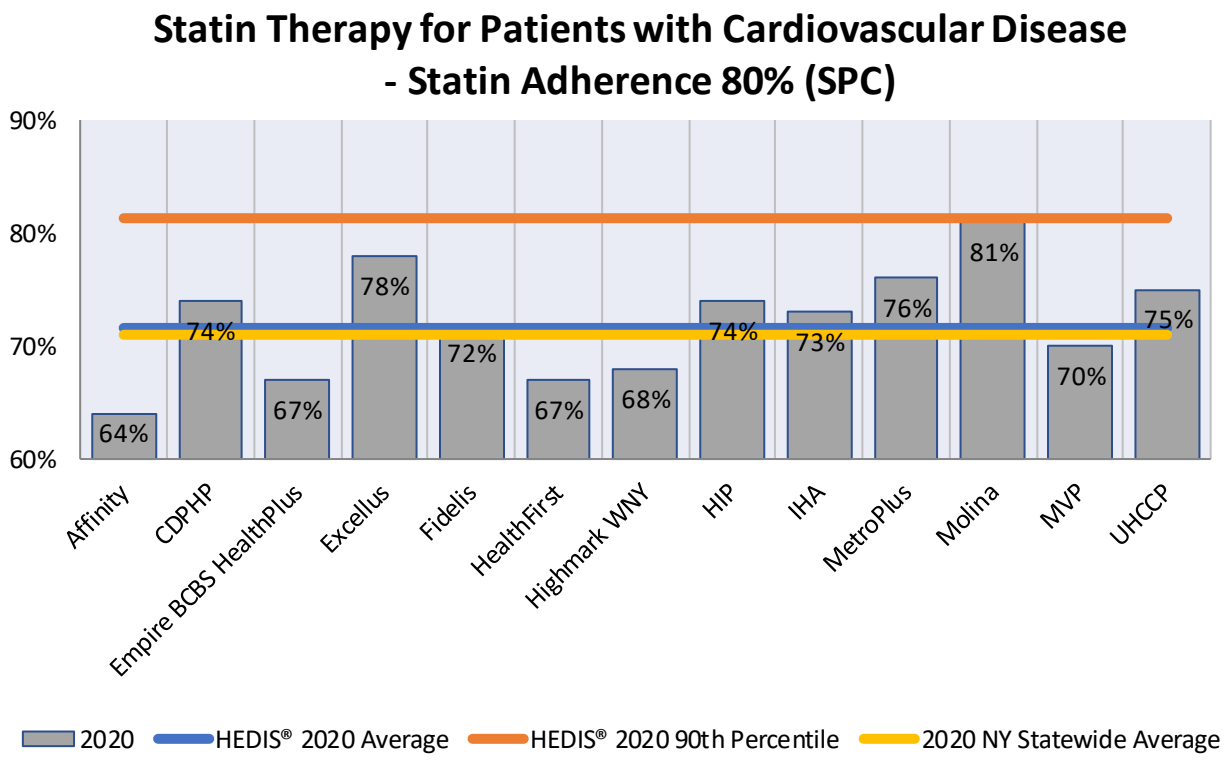
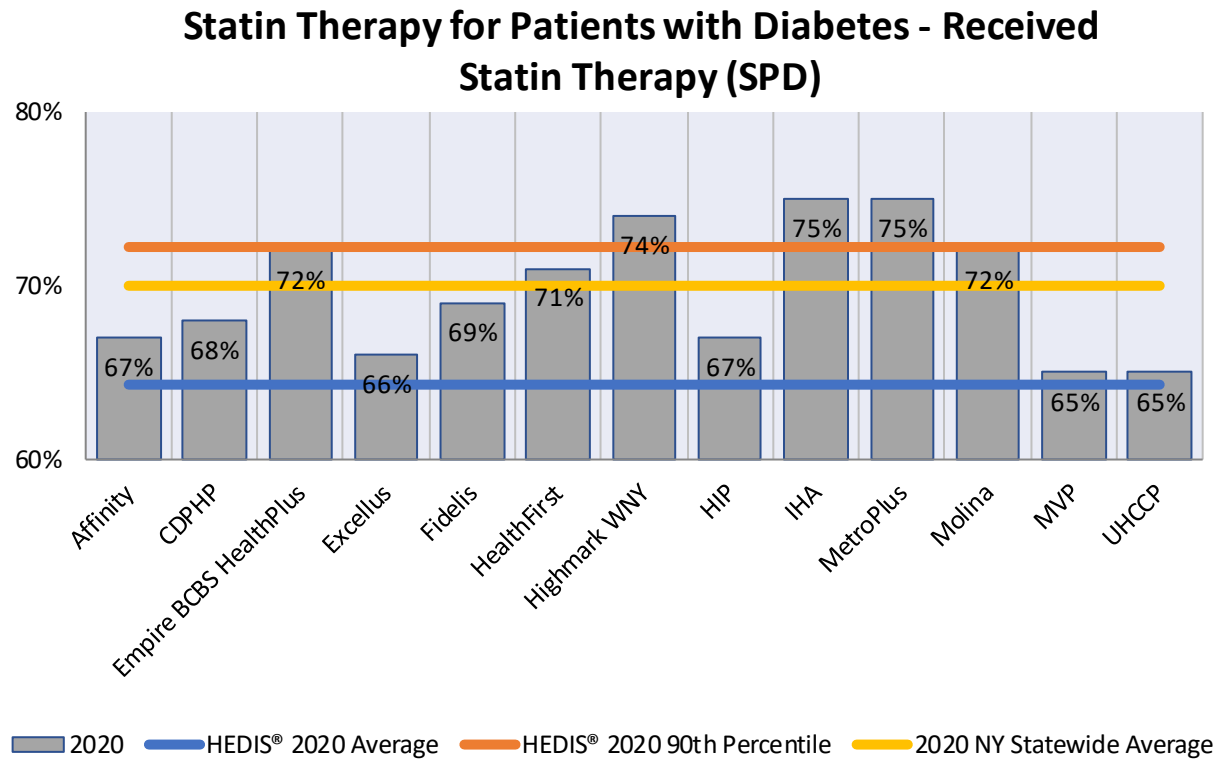
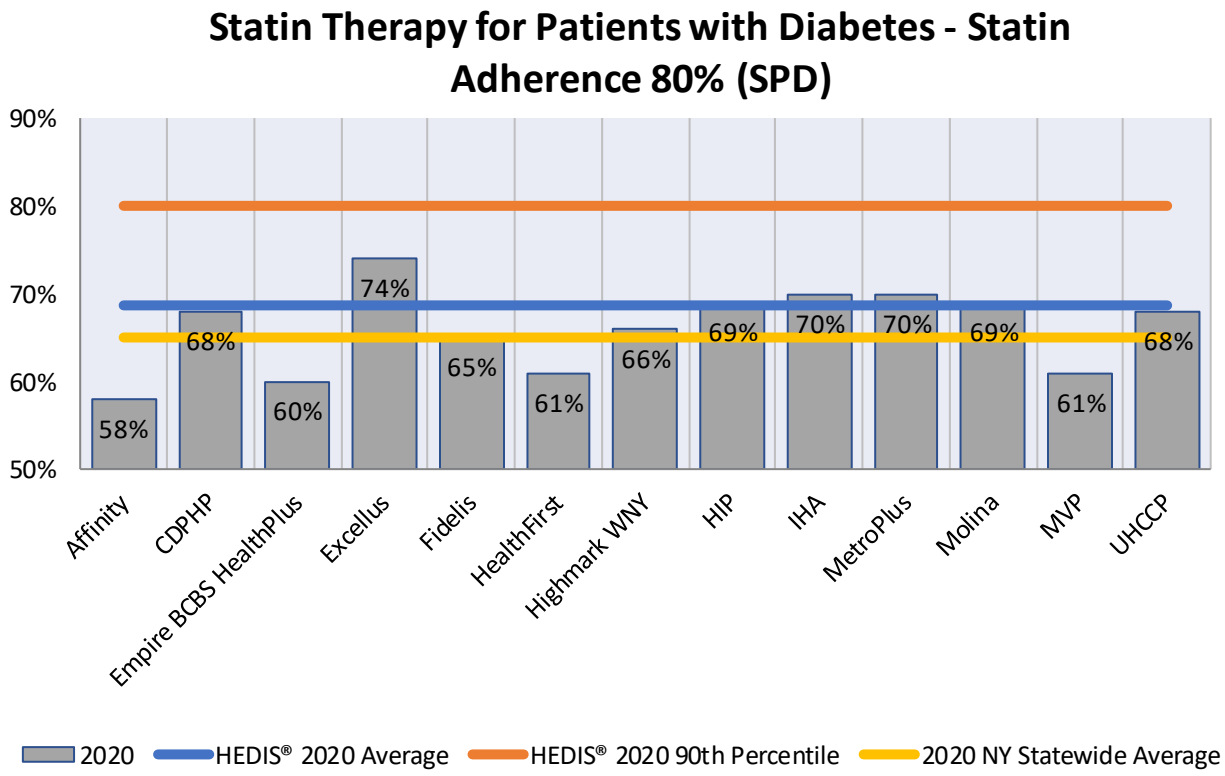
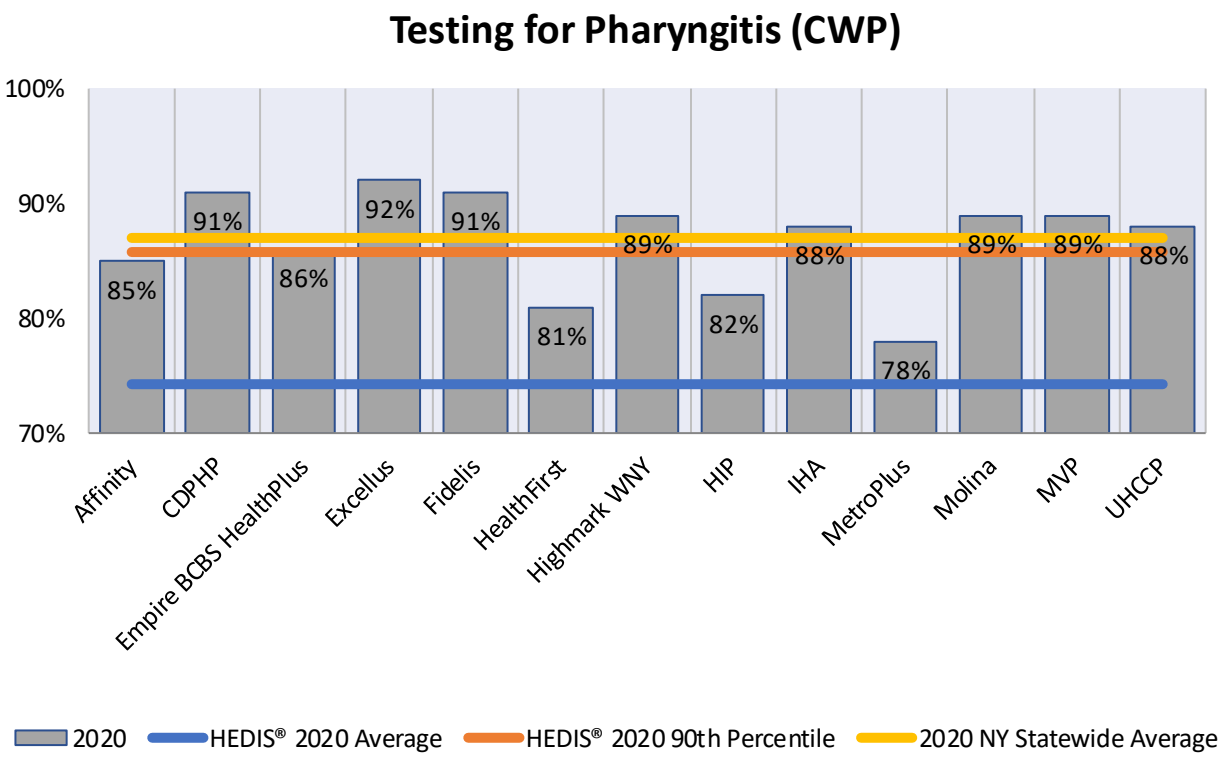
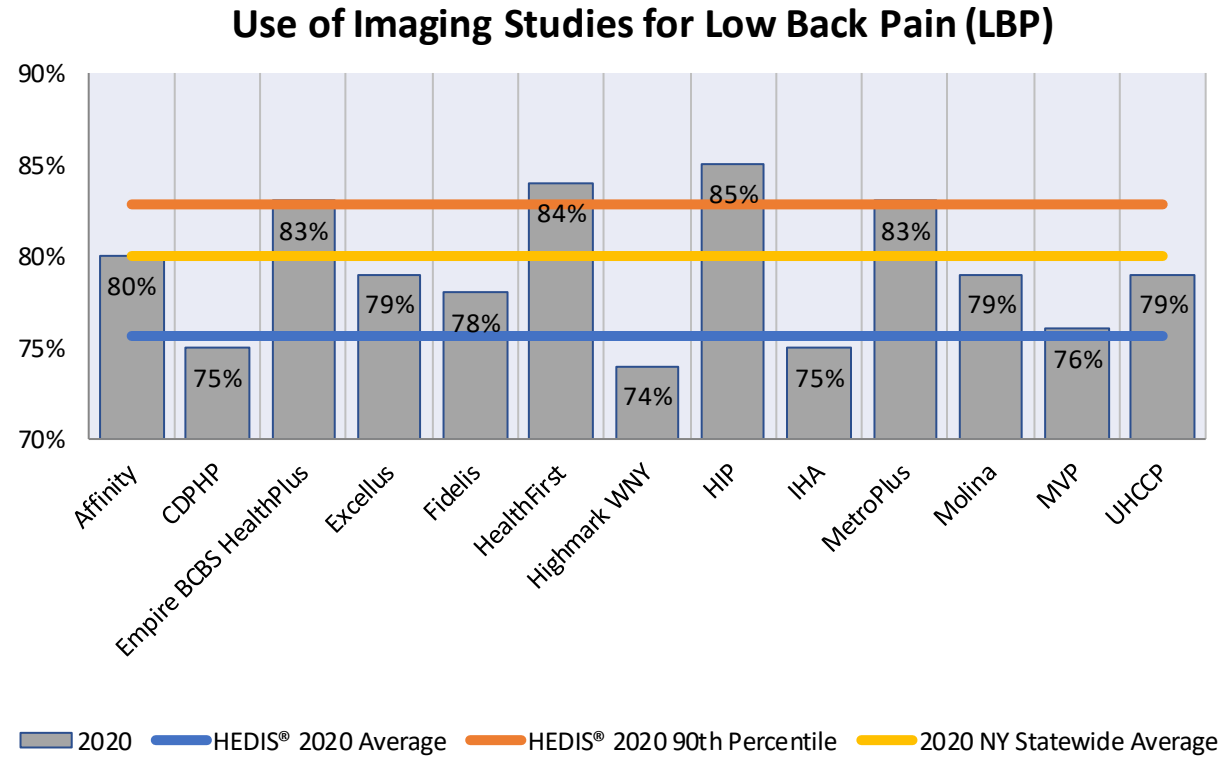

Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (SPC)
90%
80%
70%
81%
84%
80%
84%
81%
80%
87%
81%
84%
84%
86%
84%
79%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (SPC)
90%
80%
70%
60%
64%
74%
67%
78%
72%
67%
68%
74%
73%
76%
81%
70%
75%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)
80%
70%
60%
67%
68%
72%
66%
69%
71%
74%
67%
75%
75%
72%
65%
65%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Diabetes - Statin Adherence 80% (SPD)
90%
80%
70%
60%
50%
58%
68%
60%
74%
65%
61%
66%
69%
70%
70%
69%
61%
68%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Testing for Pharyngitis (CWP)
100%
90%
80%
70%
85%
91%
86%
92%
91%
81%
89%
82%
88%
78%
89%
89%
88%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Use of Imaging Studies for Low Back Pain (LBP)
90%
85%
80%
75%
70%
80%
75%
83%
79%
78%
84%
74%
85%
75%
83%
79%
76%
79%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

Effectiveness of Care: Behavioral Health

This section examines the health care services MCPs provide to members with behavioral health conditions.

- Antidepressant Medication Management
  - Acute Phase Treatment – Four (4) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 55% did not meet the national Medicaid average.
  - Continuation Phase Treatment – Four (4) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 40% did not meet the national Medicaid average.
- Antipsychotic Medications for Individuals with Schizophrenia – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 65% exceeded the national Medicaid average.
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia – Two (2) of the 13 MCPs reported a rate that exceeded the national Medicaid average. The statewide average rate of 78% exceeded the national Medicaid average. *(Note: Eleven (11) of the 13 MCPs had a sample size too small to report [less than 30 members] but are included in the calculation of the statewide average.)*
- Diabetes Monitoring for People with Schizophrenia – All MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 76% exceeded the national Medicaid average.
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications – Four (4) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 73% did not meet the national Medicaid average.
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 21% exceeded the national Medicaid average.
  - 30 Days – All MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 27% exceeded the national Medicaid average.
- Follow-Up After Emergency Department Visit for Mental Illness
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 53% exceeded the national Medicaid average.
  - 30 Days – All MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.

- Follow-Up After High Intensity Care for Substance Use Disorder
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 42% exceeded the national Medicaid average.
  - 30 Days – All MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.
- Follow-Up After Hospitalization for Mental Illness
  - 7 Days – All 13 MCPs reported a rate that exceeded the national Medicaid average. Twelve (12) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.
  - 30 Days – All 13 MCPs reported a rate that exceeded the national Medicaid average. Twelve (12) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.
- Follow-Up Care for Children Prescribed ADHD Medication
  - Initiation Phase – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 58% exceeded the national Medicaid average.
  - Continuation and Maintenance Phase – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 67% exceeded the national Medicaid average.
- Metabolic Monitoring for Children and Adolescents on Antipsychotics – Eight (8) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 34% exceeded the national Medicaid average.
- Pharmacotherapy for Opioid Use Disorder – Eleven (11) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 38% exceeded the national Medicaid average.
- Risk of Continued Opioid Use
  - 15 Days – Ten (10) of the 13 MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. No MCP reported a rate lower than the national Medicaid 90th percentile. The statewide average rate of 5% was better than the national Medicaid average. *(Note: A lower rate indicates better performance.)*
  - 31 Days – Nine (9) of the 13 MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. No MCP reported a rate that performed better than the national Medicaid 90th percentile. The statewide average rate of 3% was better than the national Medicaid average. *(Note: A lower rate indicates better performance.)*
- Use of Opioids at High Dosage – Seven (7) of the 13 MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. No MCP reported a rate that performed better than the national Medicaid 90th percentile. The statewide average rate of 8% was worse than the national Medicaid average. *(Note: A lower rate indicates better performance.)*

- Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies – All MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. Seven (7) of the 13 MCPs reported a rate that performed better than the national Medicaid 90th percentile. The statewide average rate of 0.5% was better than the national Medicaid average. *(Note: A lower rate indicates better performance.)*

MCP and statewide performance on behavioral health measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2021 *Quality Compass* for MY 2020 are also displayed. A graph is not displayed for the Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia measure as 11 of the 13 MCPs had small sample sizes.

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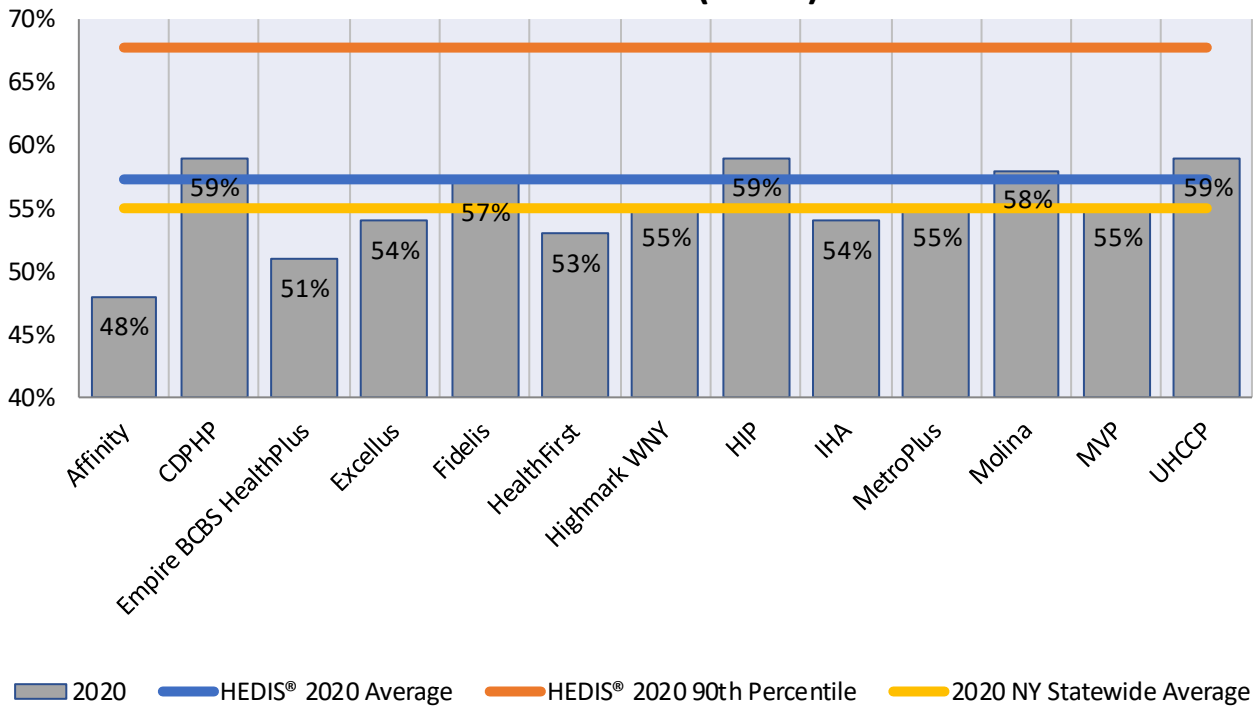
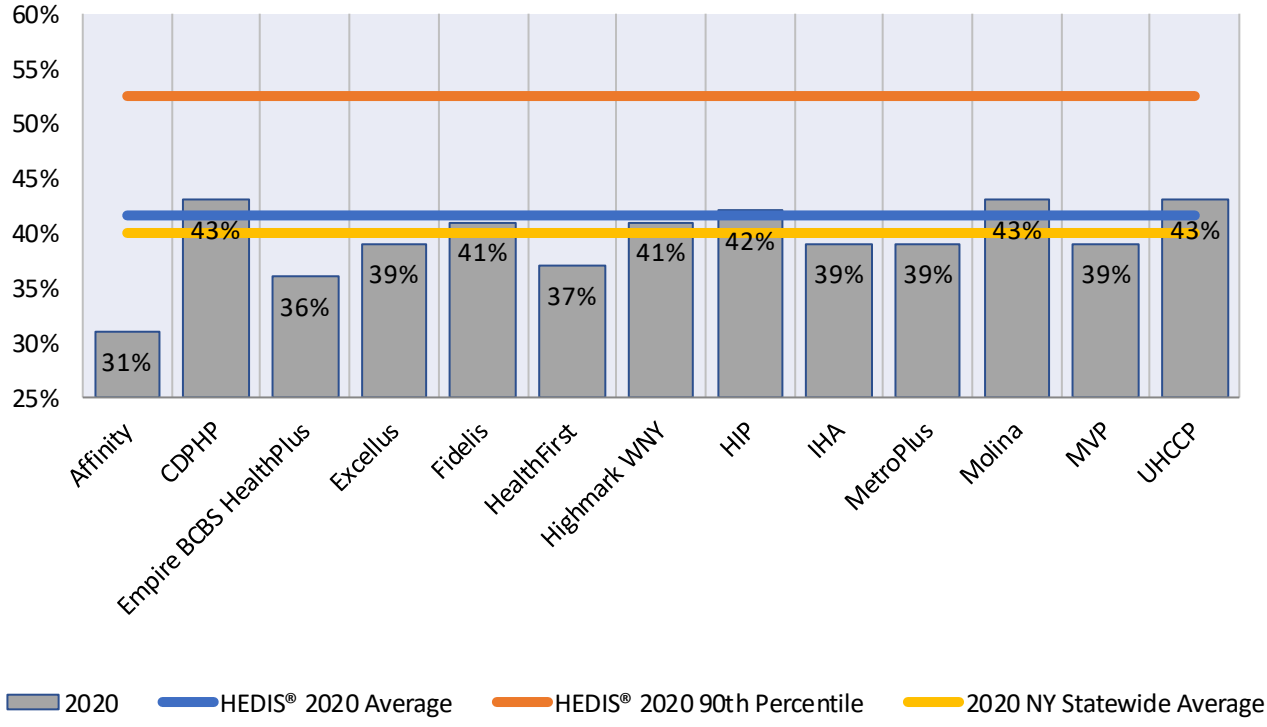
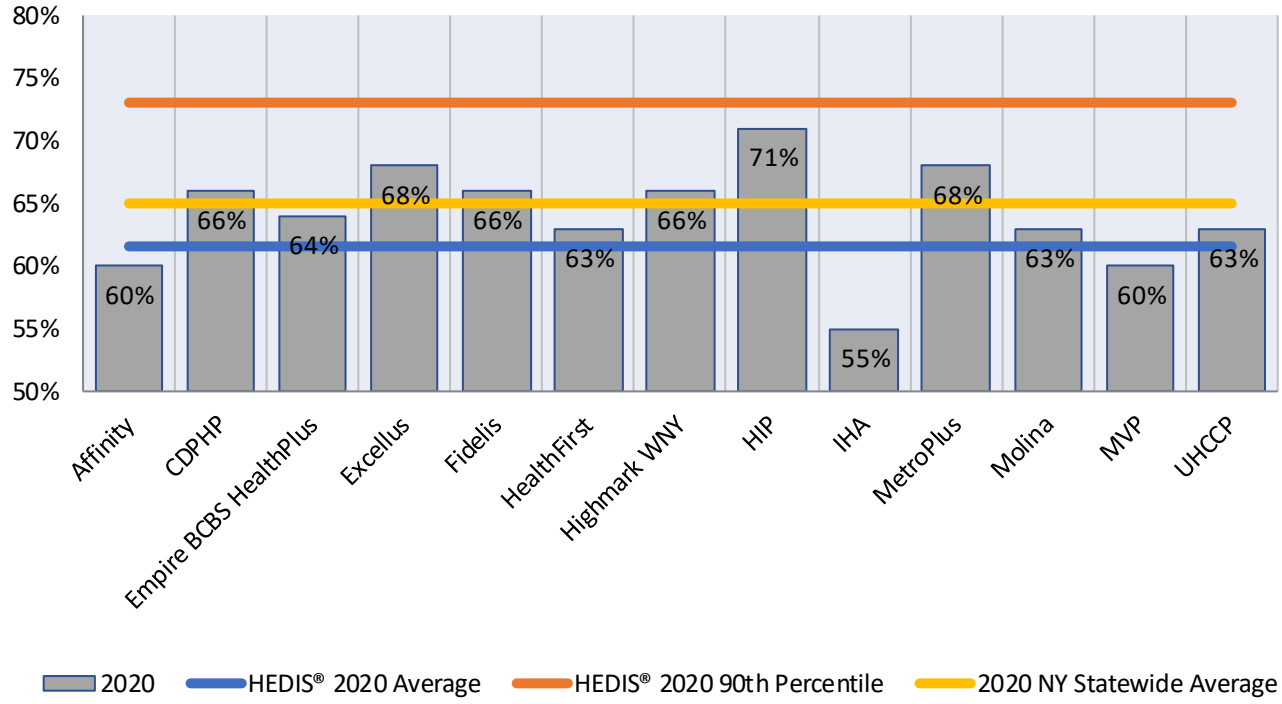
Antidepressant Medication Management Acute Phase Treatment (AMM)



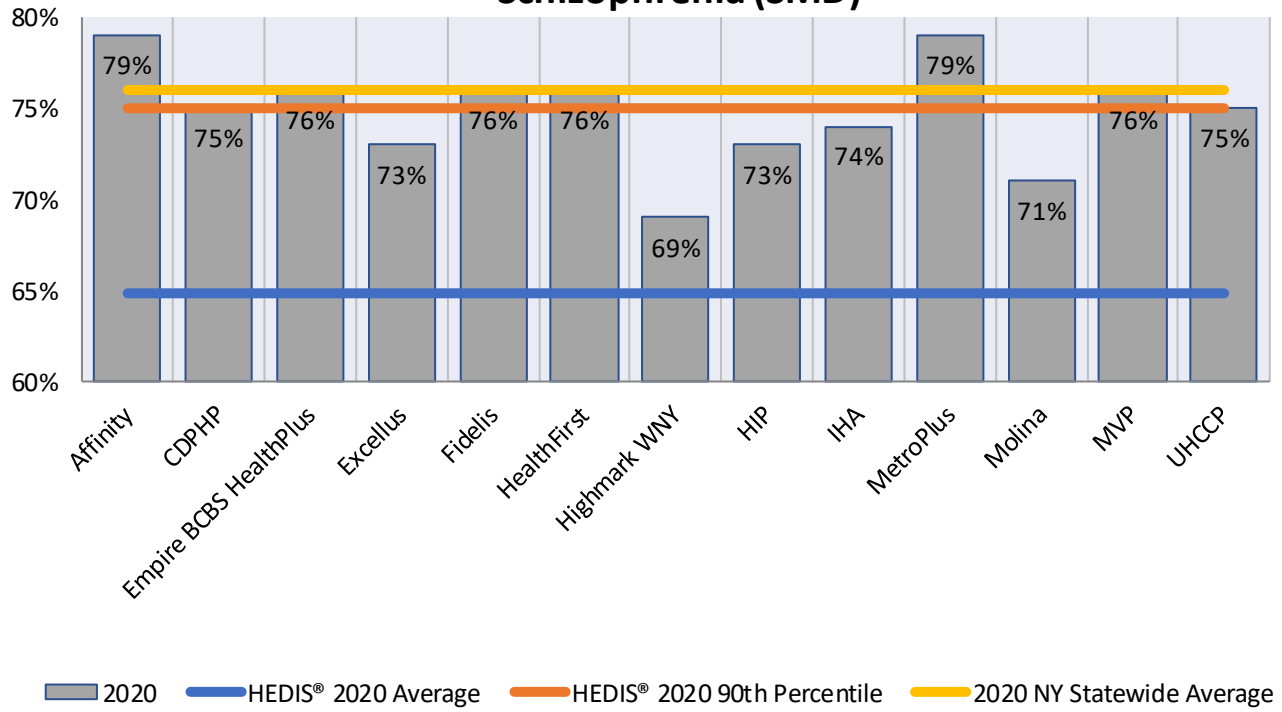
Antidepressant Medication Management Acute Continuation Phase Treatment (AMM)

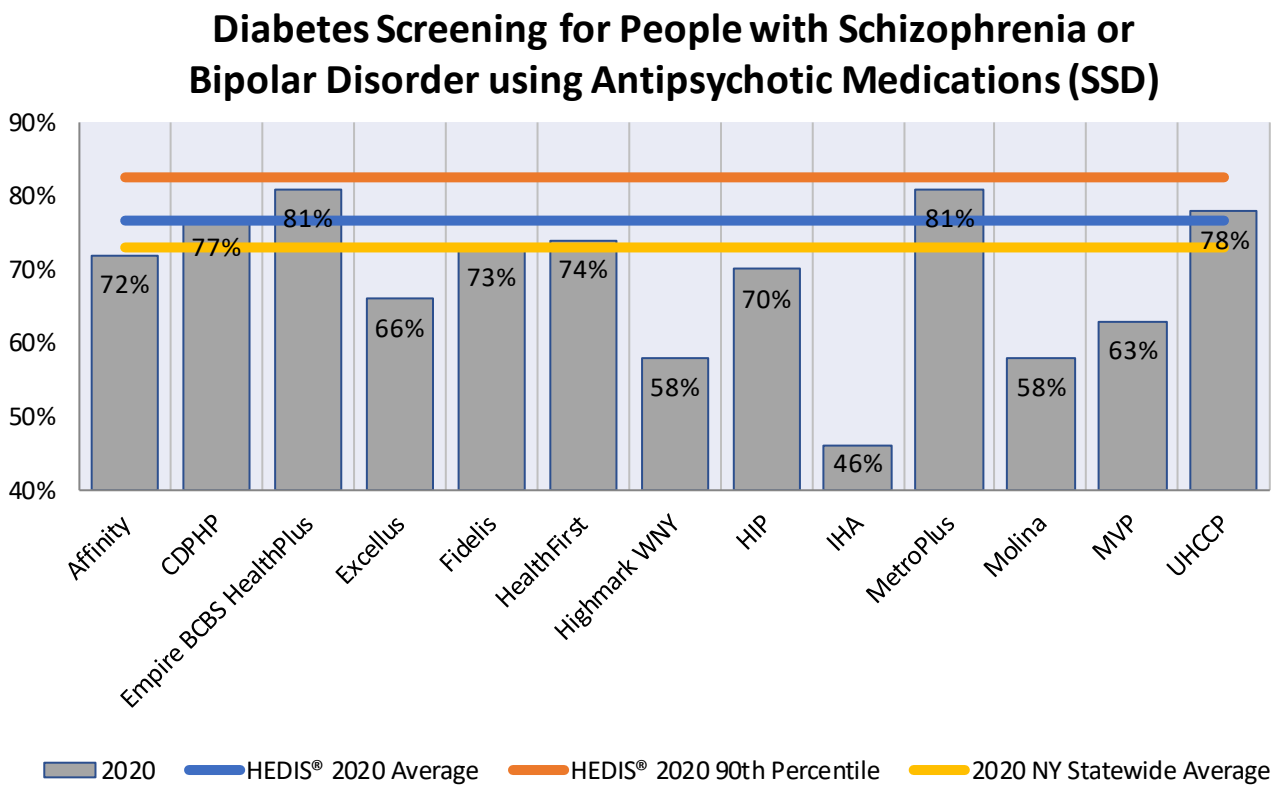


Antipsychotic Medications for Individuals with Schizophrenia (SAA)



Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)





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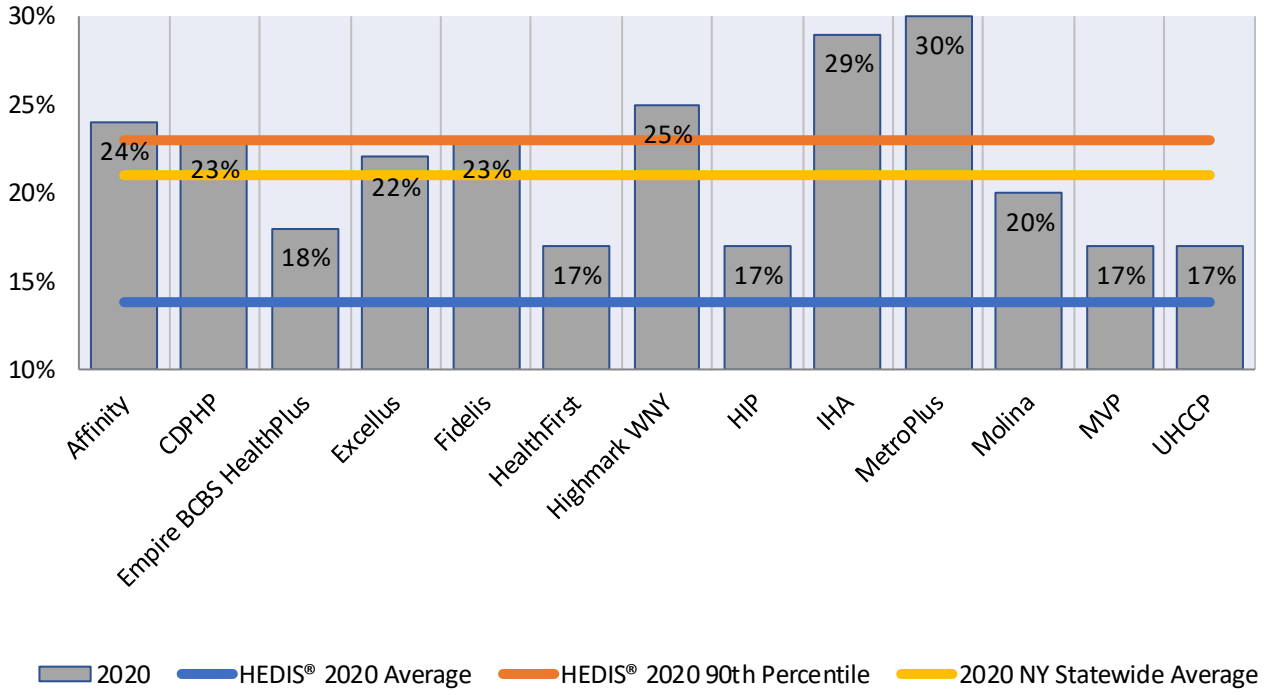
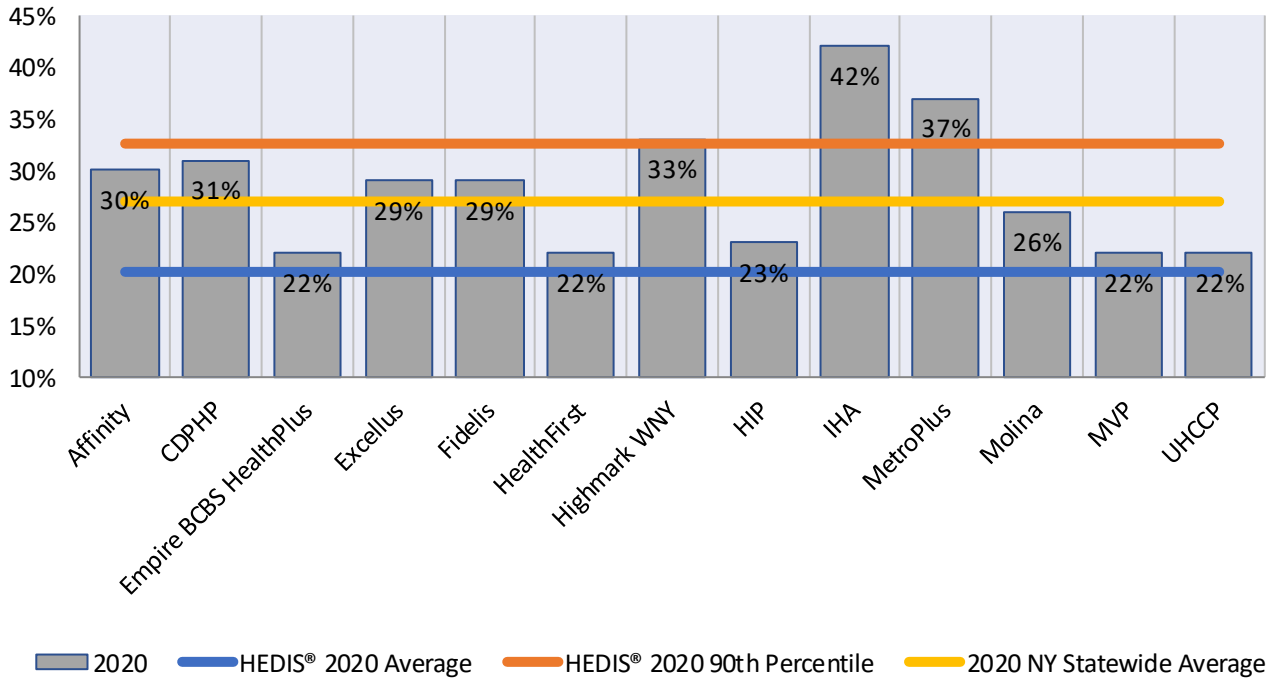
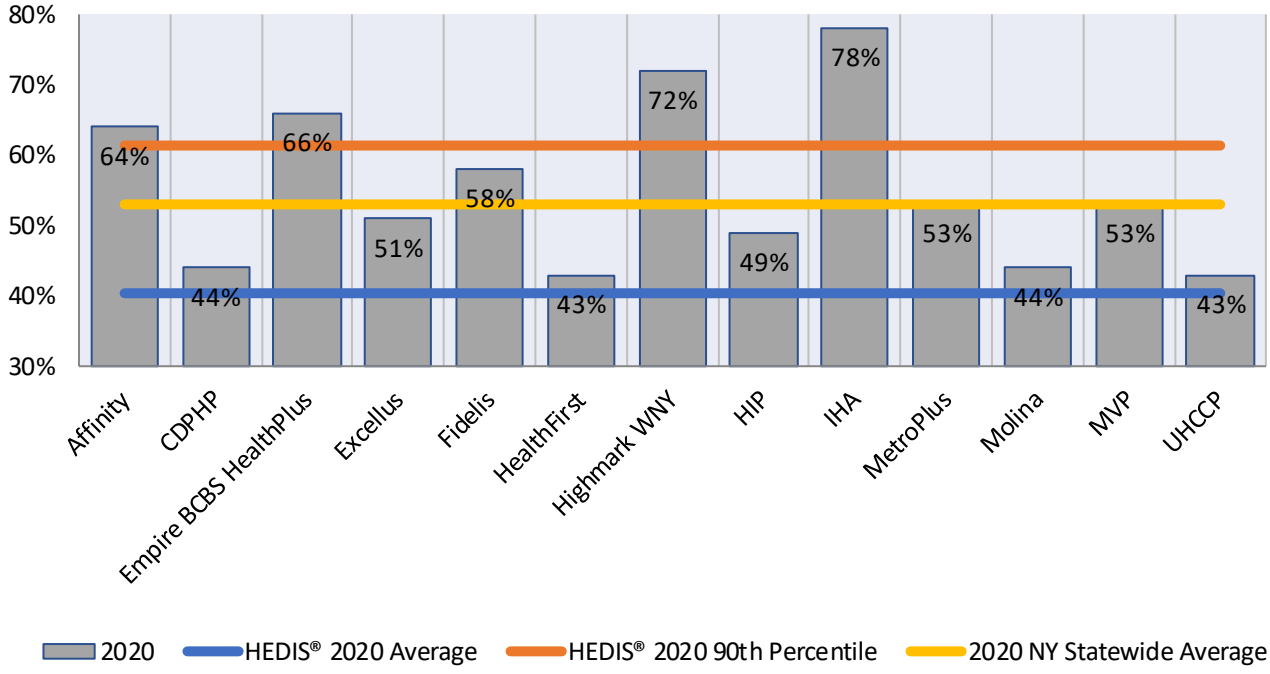
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence -7 Days (FUA)



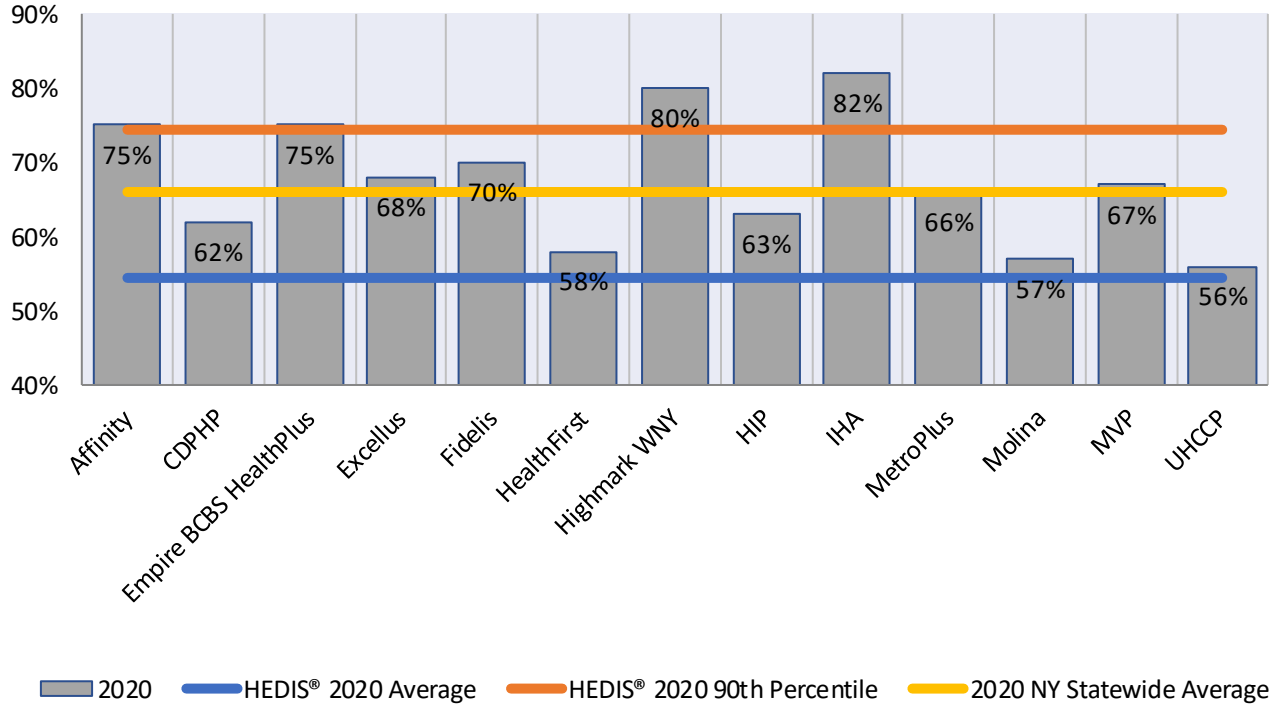
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 Days (FUA)



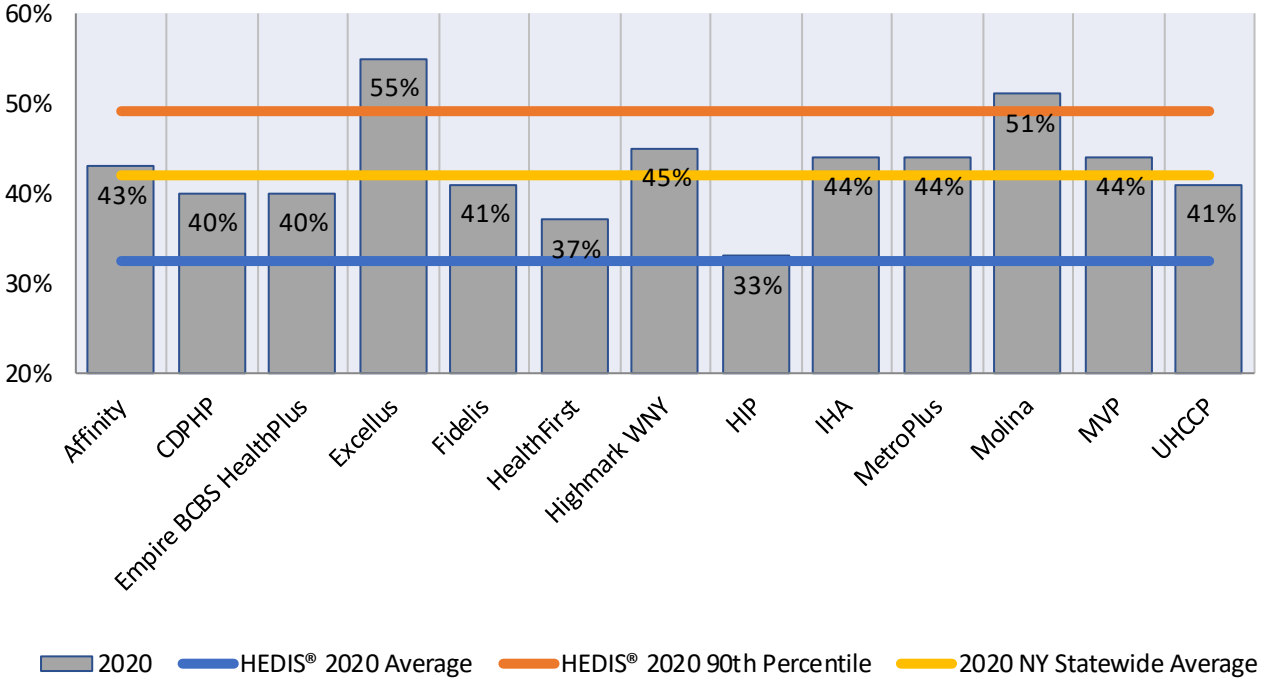
Follow-Up After Emergency Department Visit for Mental Illness - 7 Days (FUM)



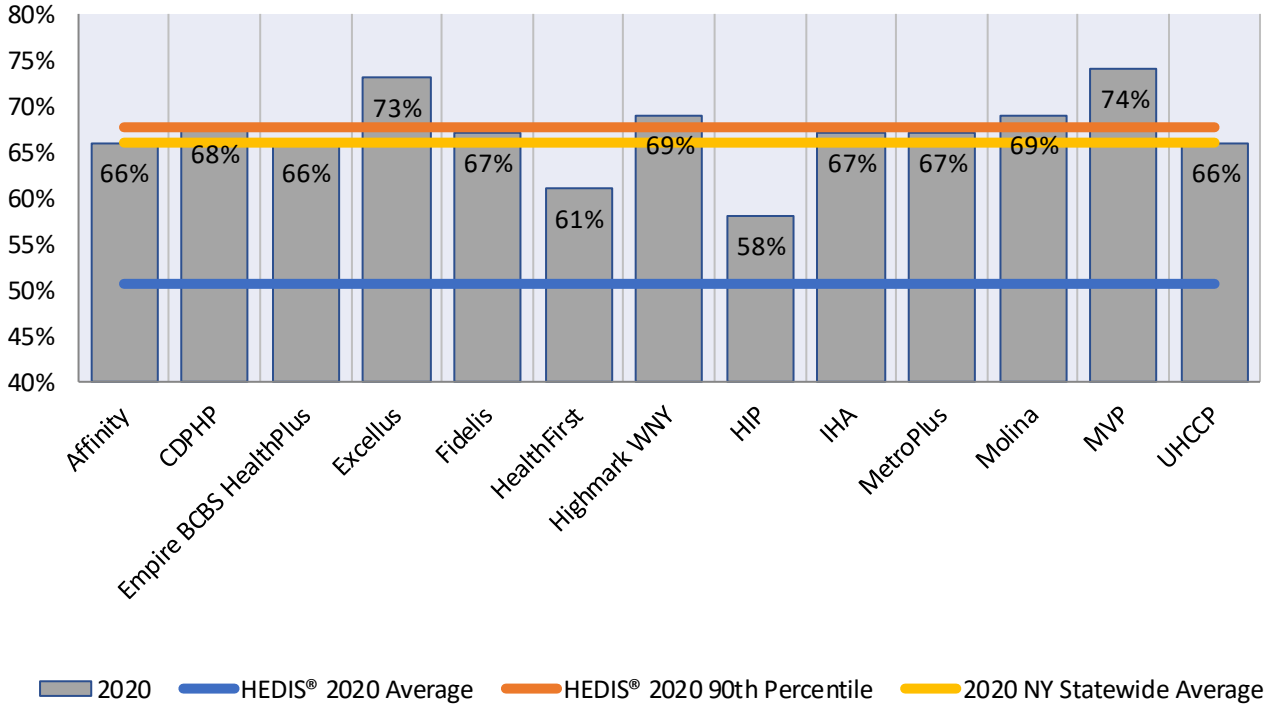
Follow-Up After Emergency Department Visit for Mental Illness - 30 Days (FUM)

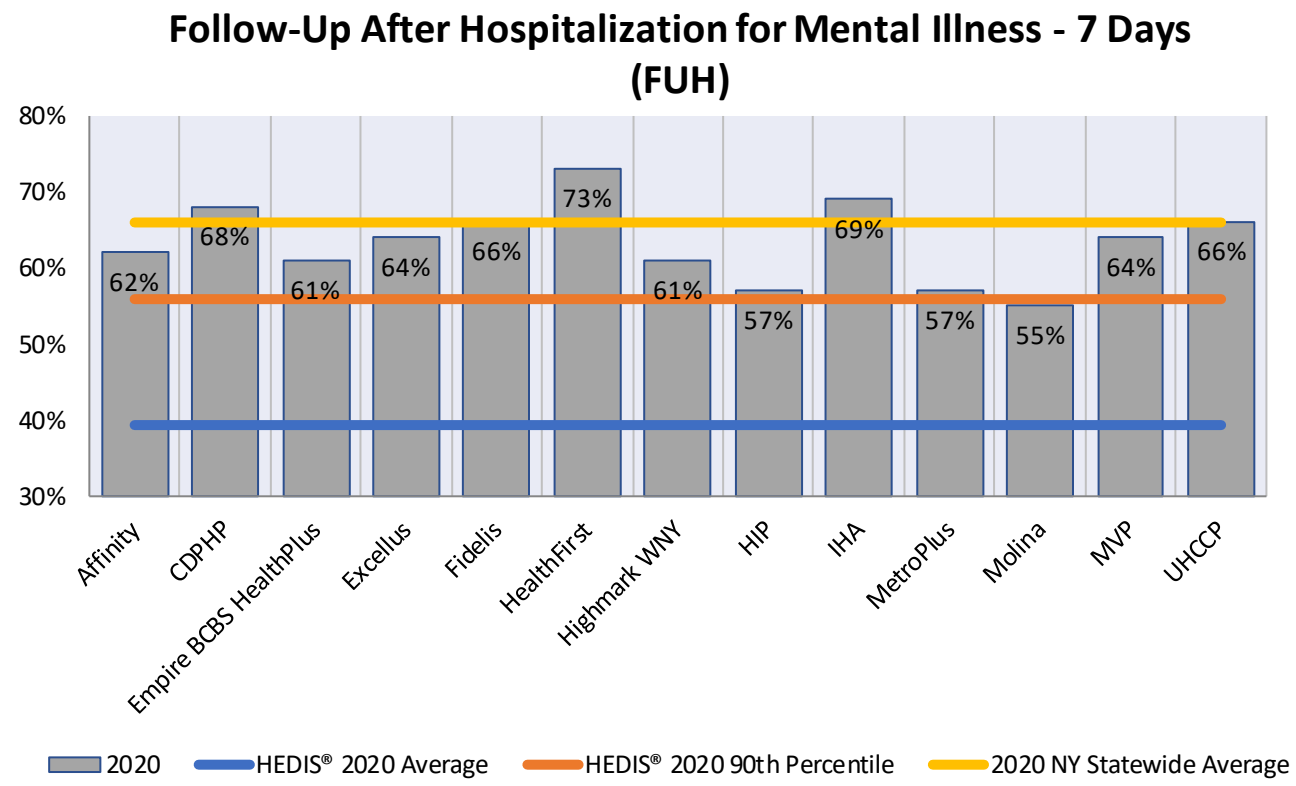


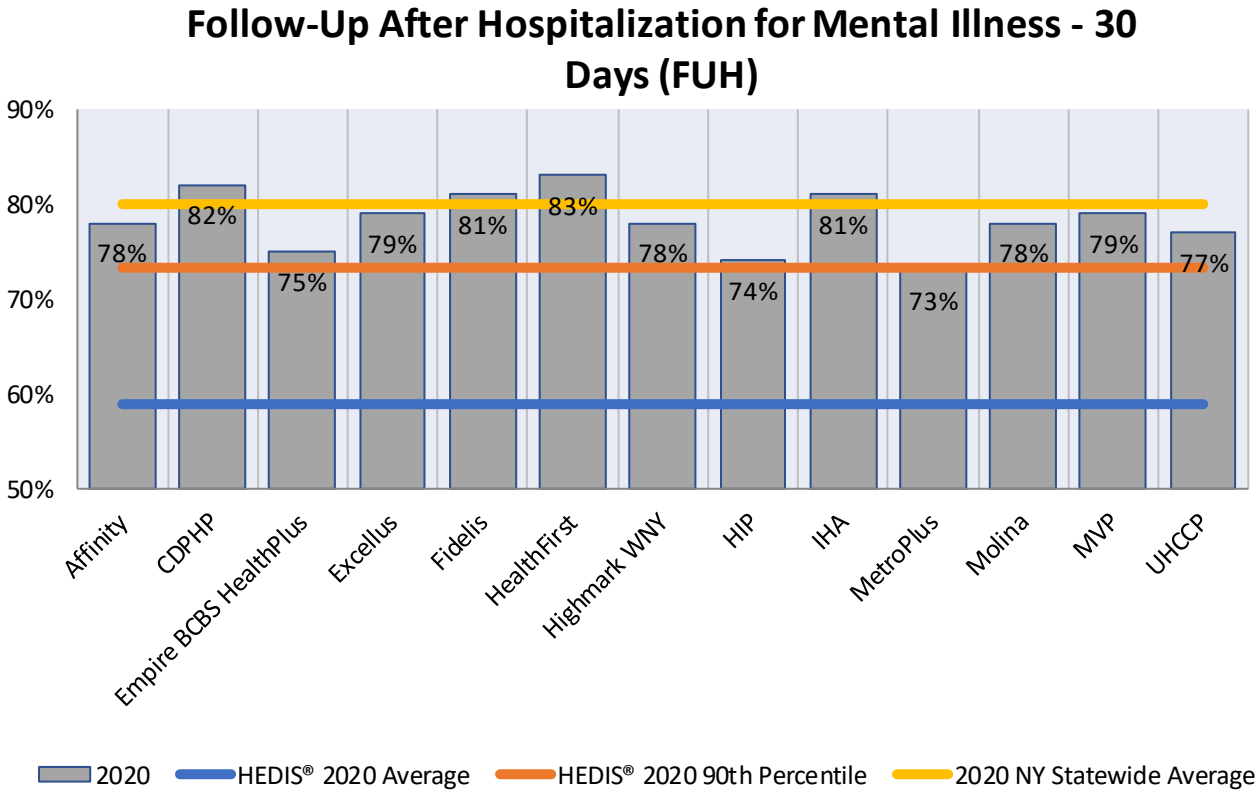
Follow-Up After High Intensity Care for Substance Use Disorder - 7 Days (FUI)

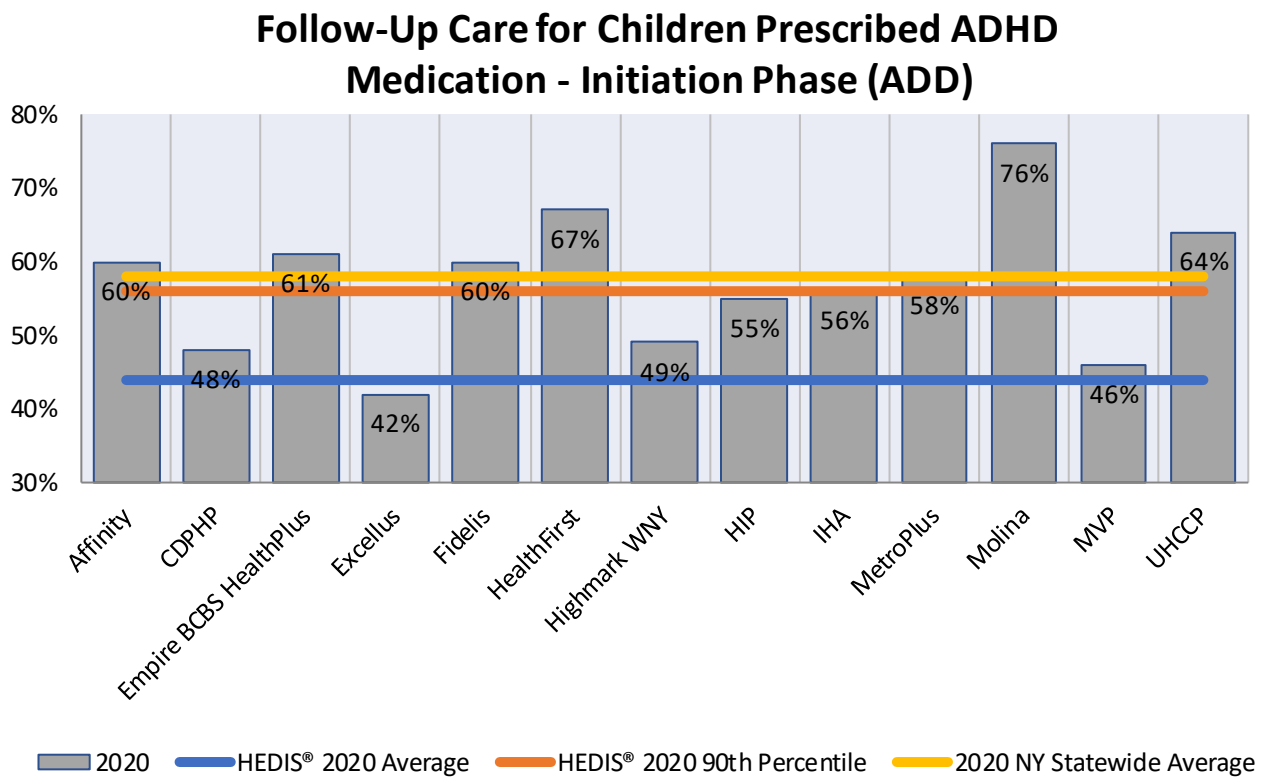


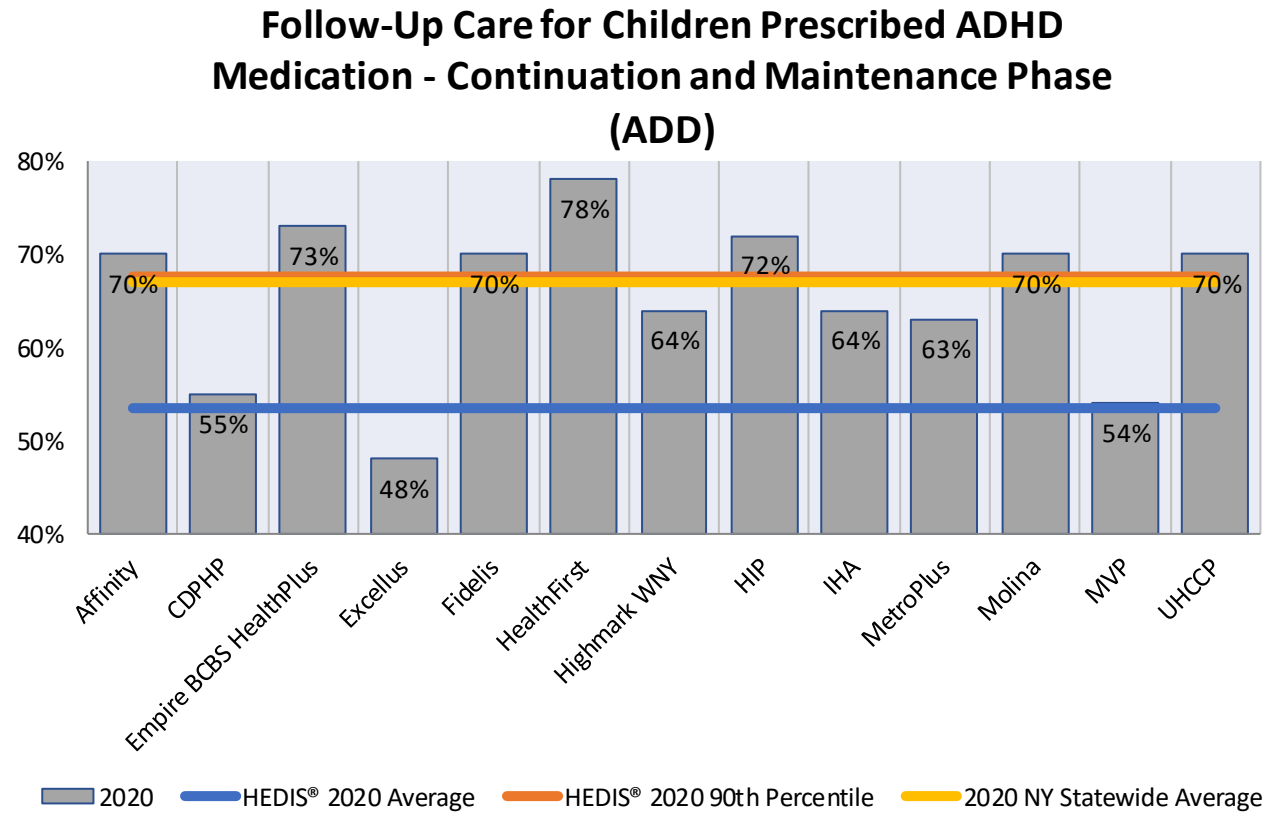
Follow-Up After High Intensity Care for Substance Use Disorder - 30 Days (FUI)



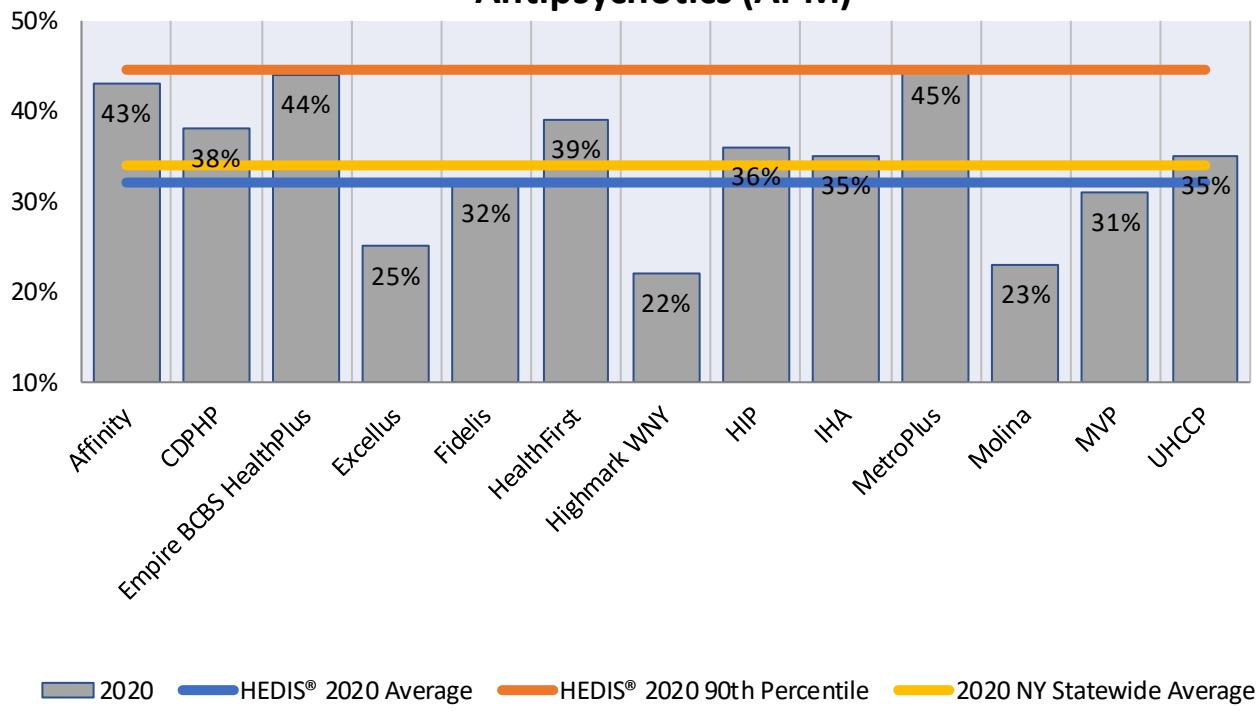

Follow-Up After Hospitalization for Mental Illness - 7 Days (FUH)
80%
70%
60%
50%
40%
30%
62%
68%
61%
64%
66%
73%
61%
57%
69%
57%
55%
64%
66%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Follow-Up After Hospitalization for Mental Illness - 30 Days (FUH)
90%
80%
70%
60%
50%
78%
82%
75%
79%
81%
83%
78%
74%
81%
73%
78%
79%
77%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

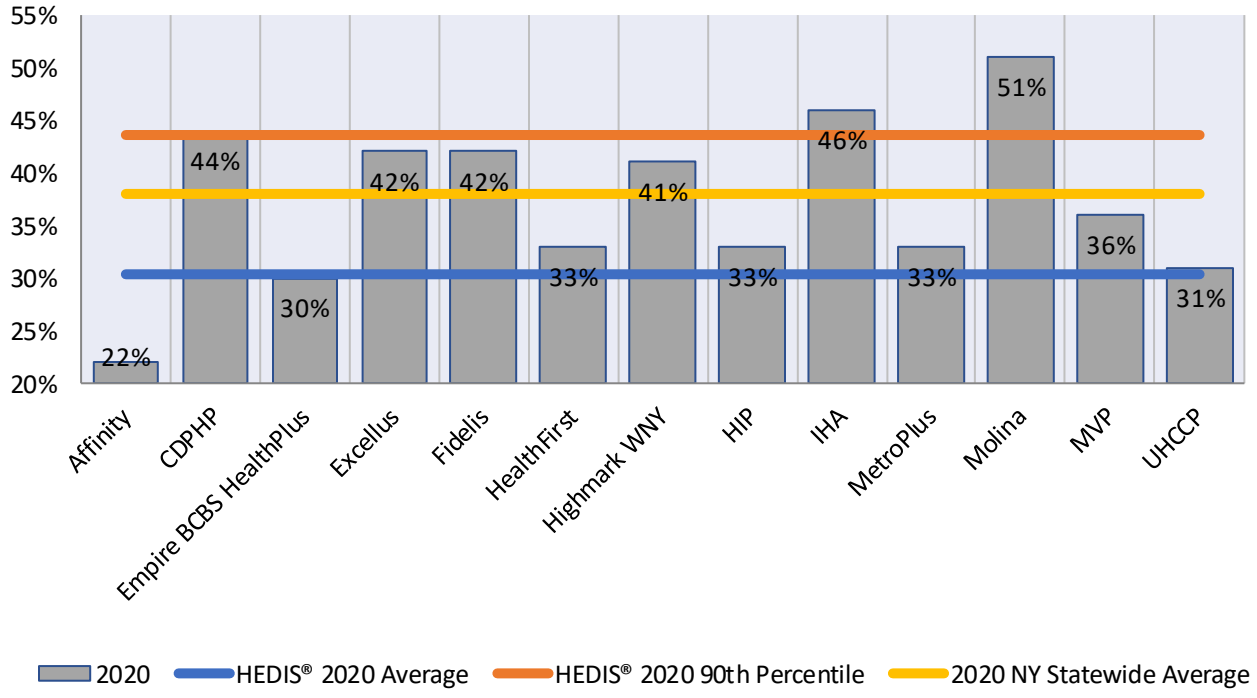

Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (ADD)
80%
70%
60%
50%
40%
30%
60%
48%
61%
42%
60%
67%
49%
55%
56%
58%
76%
46%
64%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

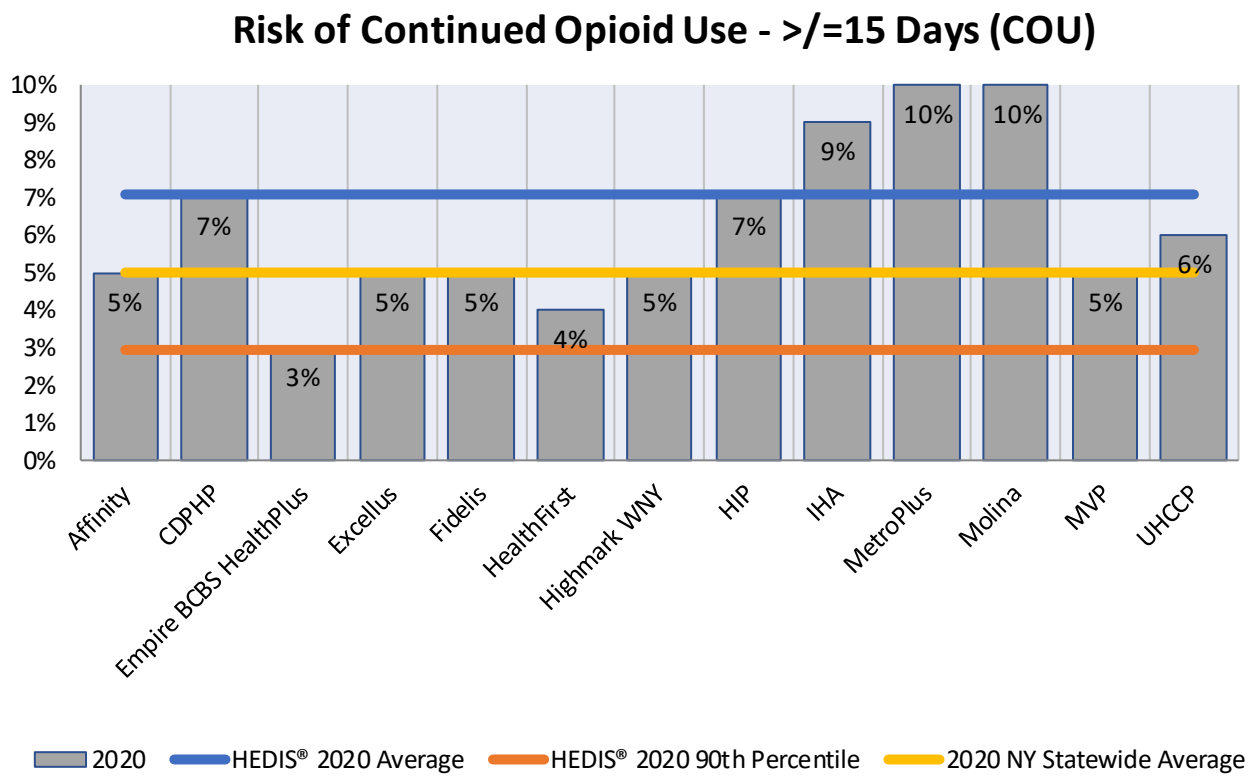

Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase (ADD)
80%
70%
60%
50%
40%
70%
55%
73%
48%
70%
78%
64%
72%
64%
63%
70%
54%
70%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

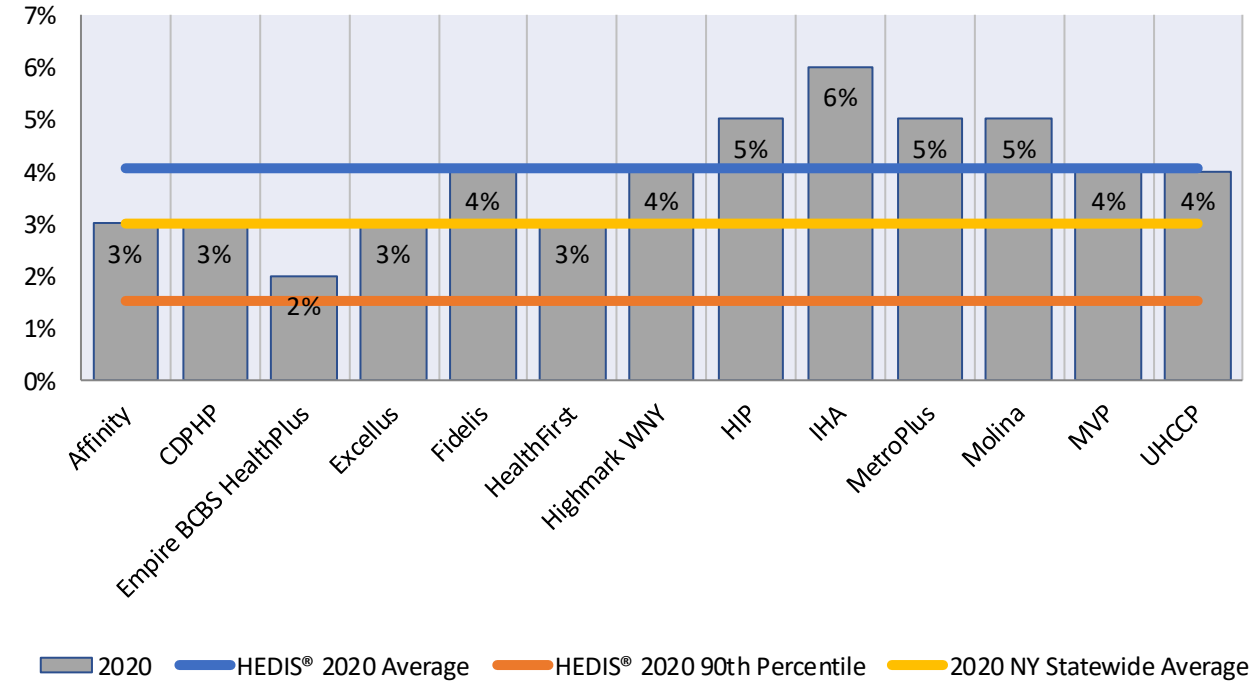
Metabolic Monitoring for Children and Adolscents on Antipsychotics (APM)



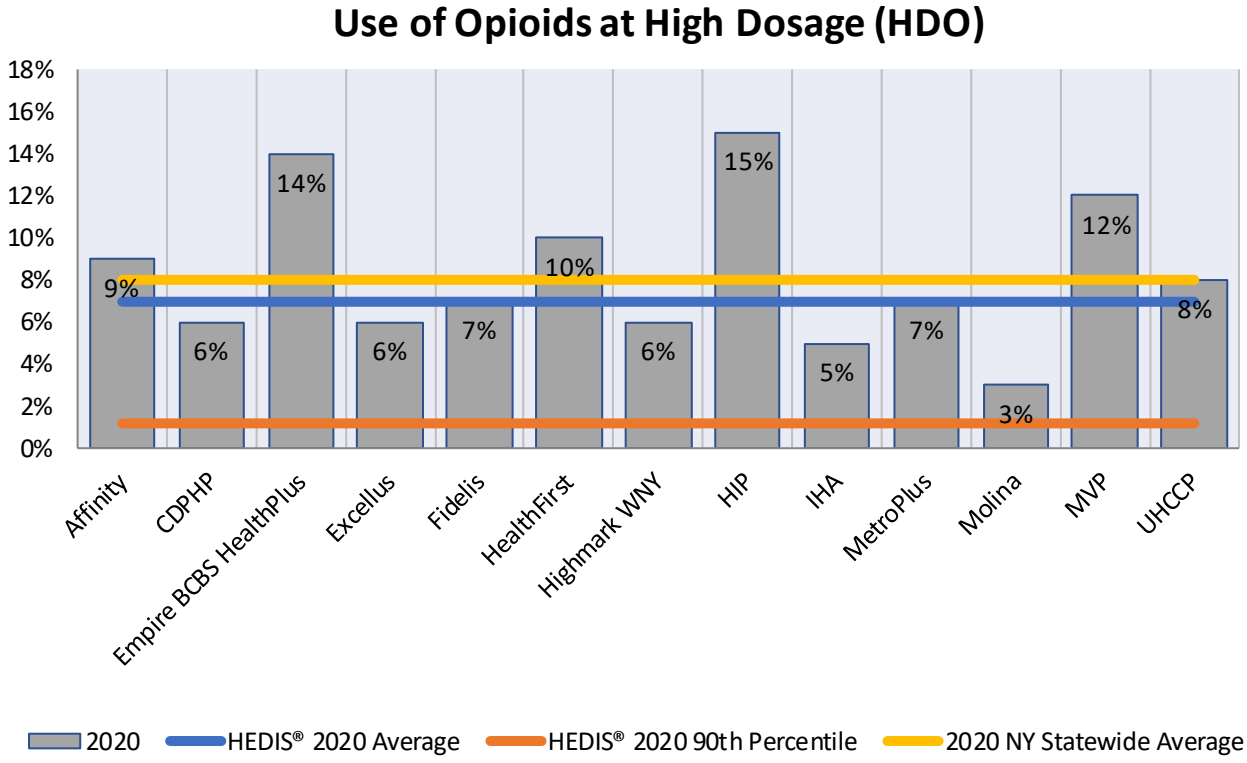
Pharmacotherapy for Opioid Use Disorder (POD)

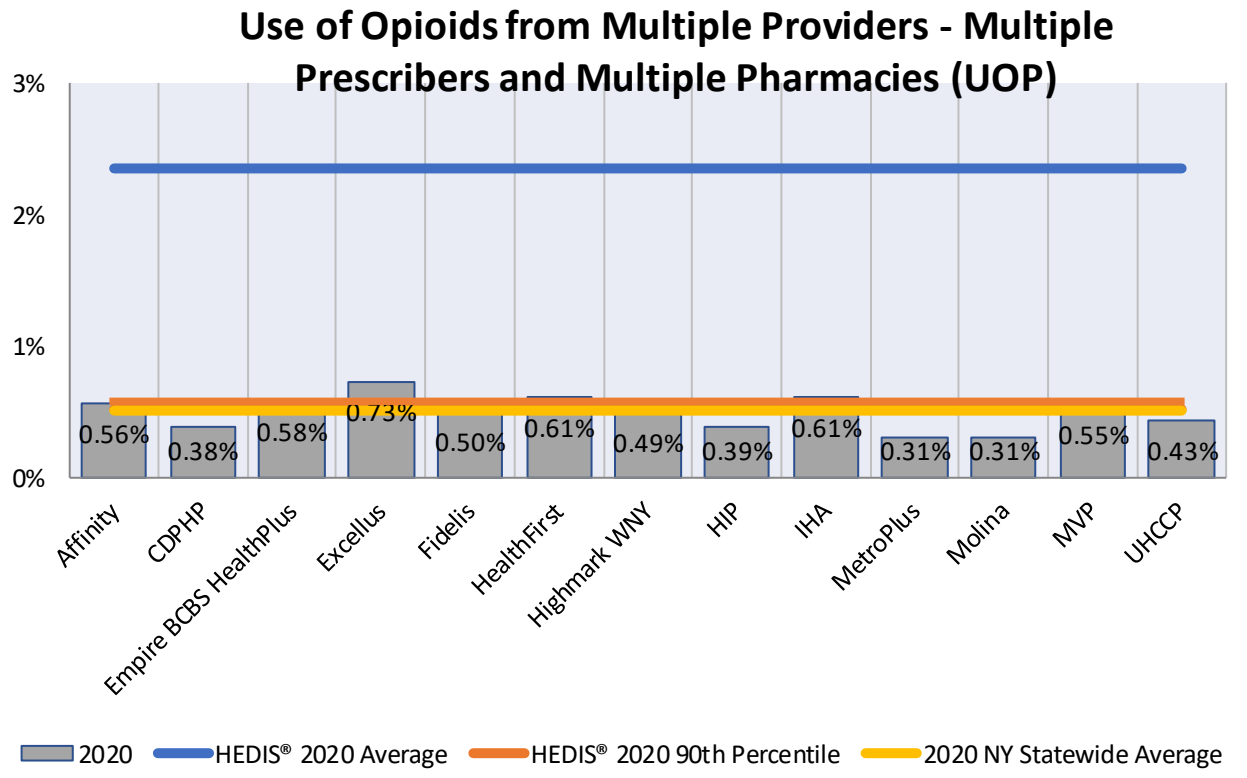






Note: A lower rate indicates better performance for the Risk of Continued Opioid Use measures.





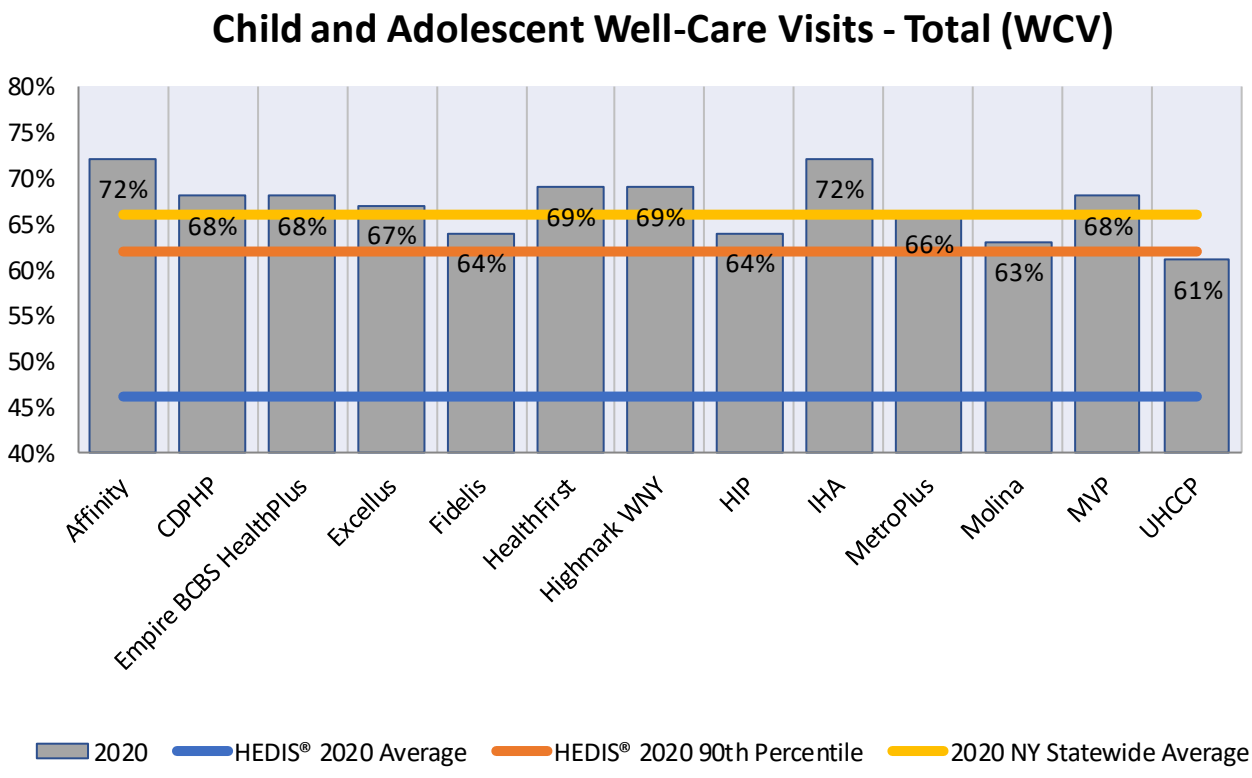
Note: A lower rate indicates better performance for the Use of Opioids at High Dosage and Use of Opioids from Multiple Providers measures.

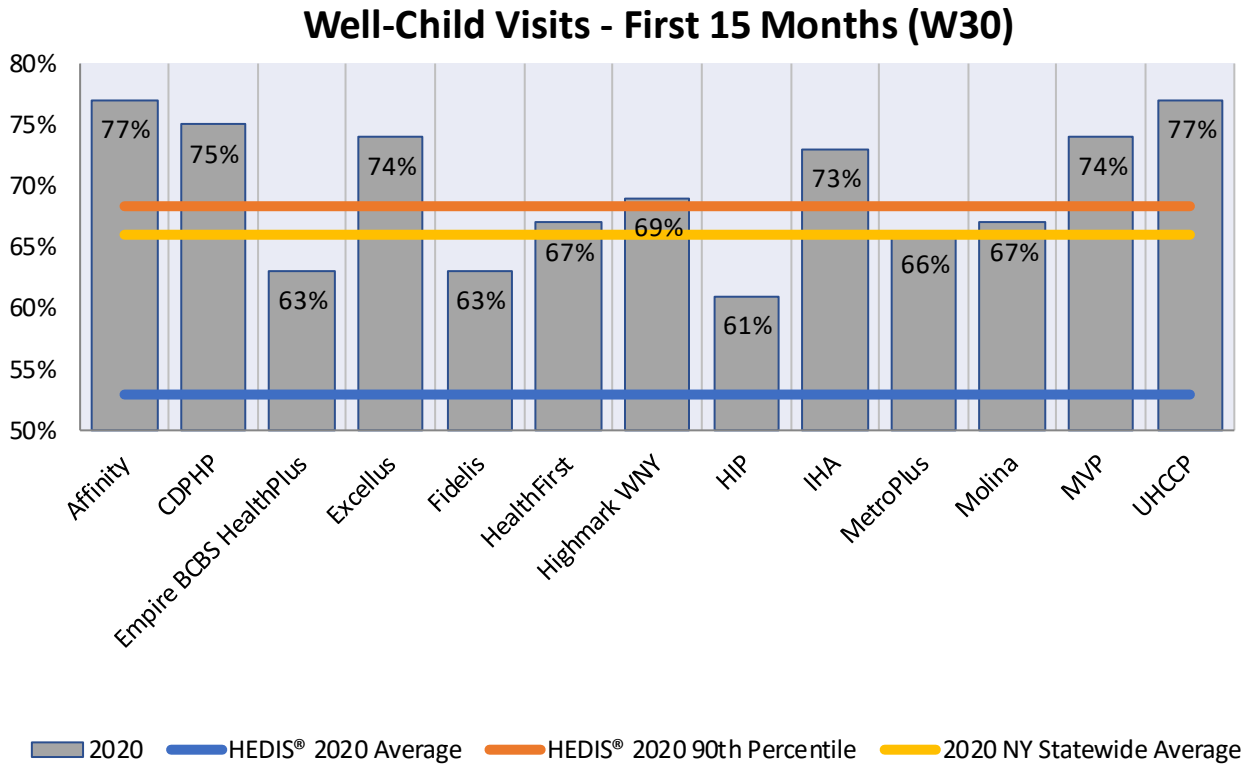
Utilization

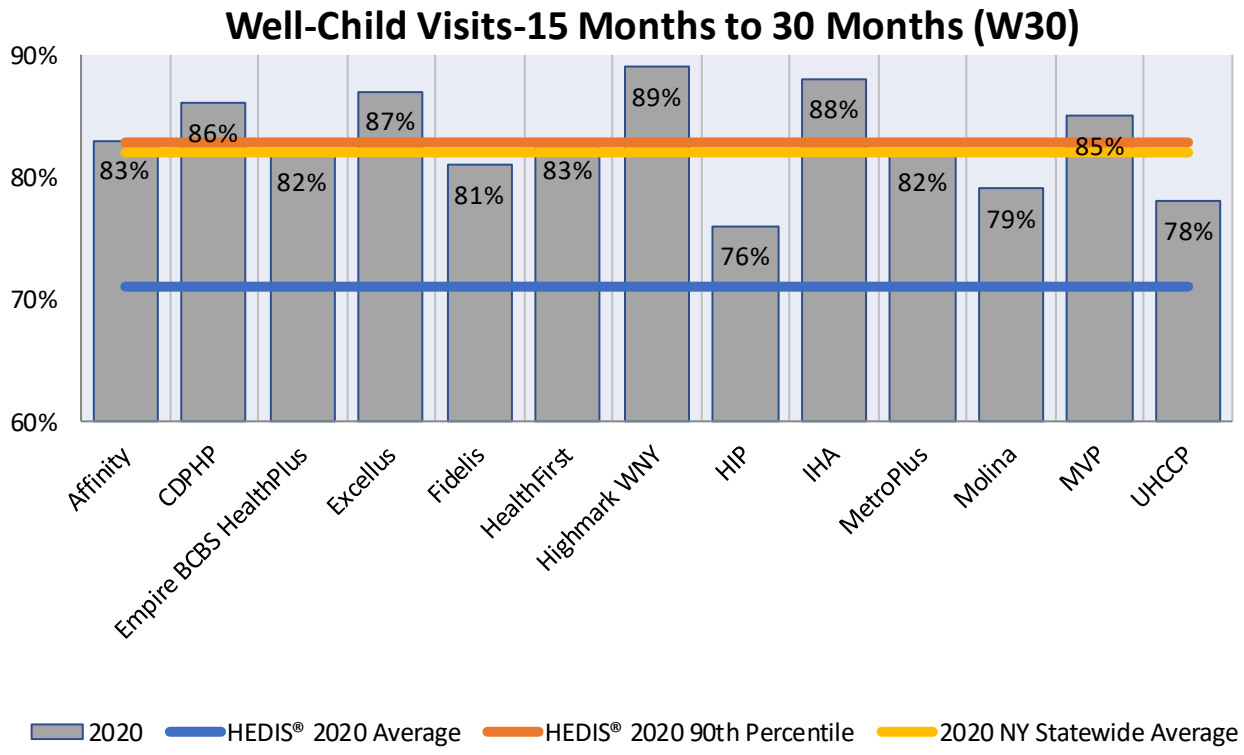
Measures in this domain examine the accessibility and timeliness of health care services provided by the MCPs to Medicaid recipients.

- **Child and Adolescent Well-Care Visits (Total)** – All 13 MCPs reported a rate that exceeded the national Medicaid average. Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.
- **Well-Child Visits**
  - **First 15 Months of Life** – All 13 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 66% exceeded the national Medicaid average.
  - **15 Months to 30 Months –** All 13 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 82% exceeded the national Medicaid average.

MCP and statewide performance on utilization measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA *Quality Compass* for MY 2020 are also displayed.




Well-Child Visits - First 15 Months (W30)
80%
75%
70%
65%
60%
55%
50%
77%
75%
63%
74%
63%
67%
69%
61%
73%
66%
67%
74%
77%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

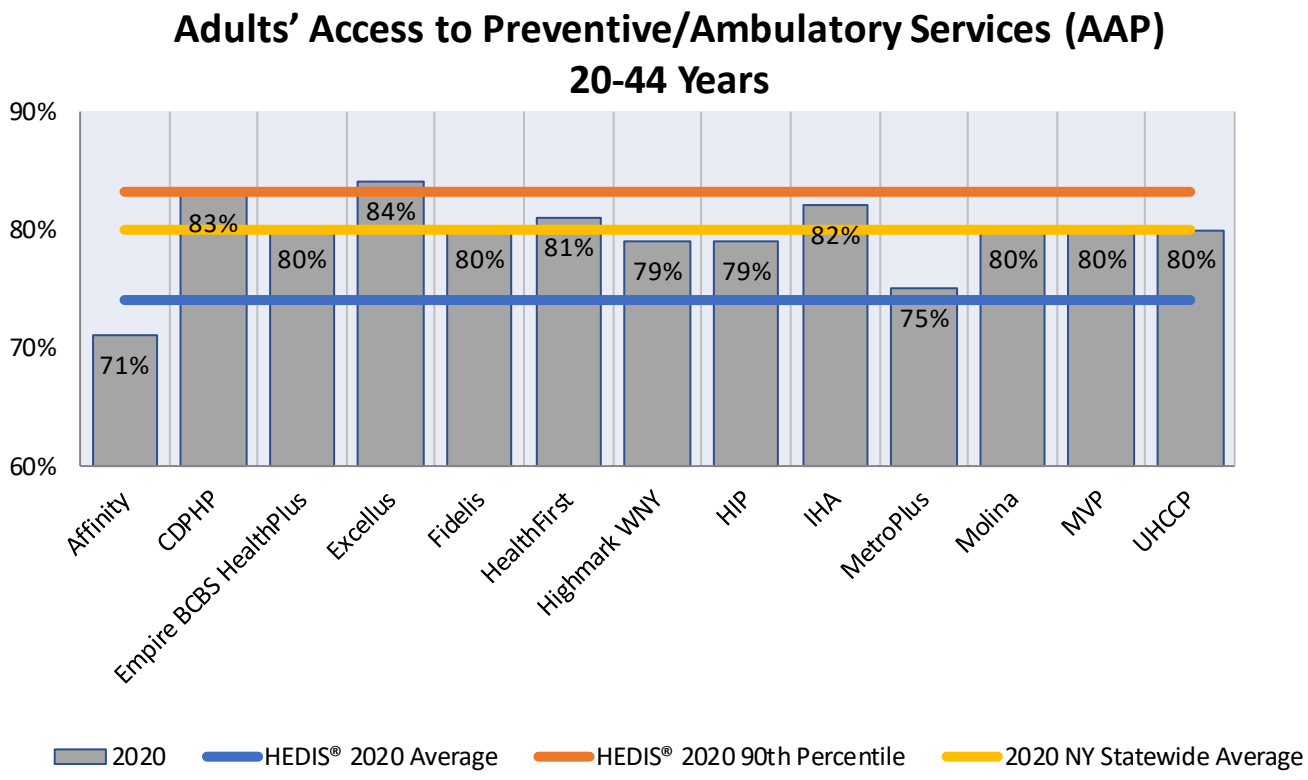

Well-Child Visits-15 Months to 30 Months (W30)
90%
80%
70%
60%
83%
86%
82%
87%
81%
83%
89%
76%
88%
85%
82%
79%
78%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

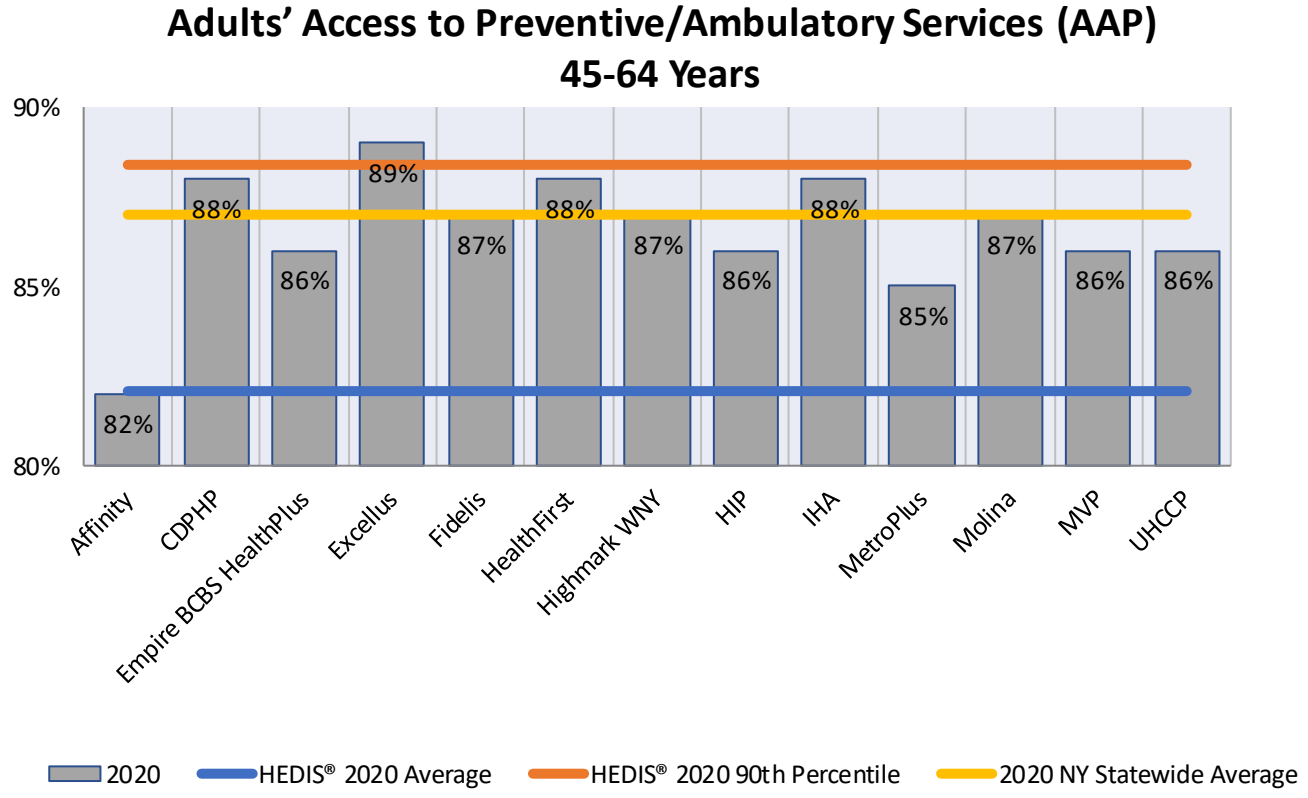
Access to Care

The measures in this section examine the percentage of children and adults who access certain services, including preventive services, prenatal and postpartum care, and dental services.

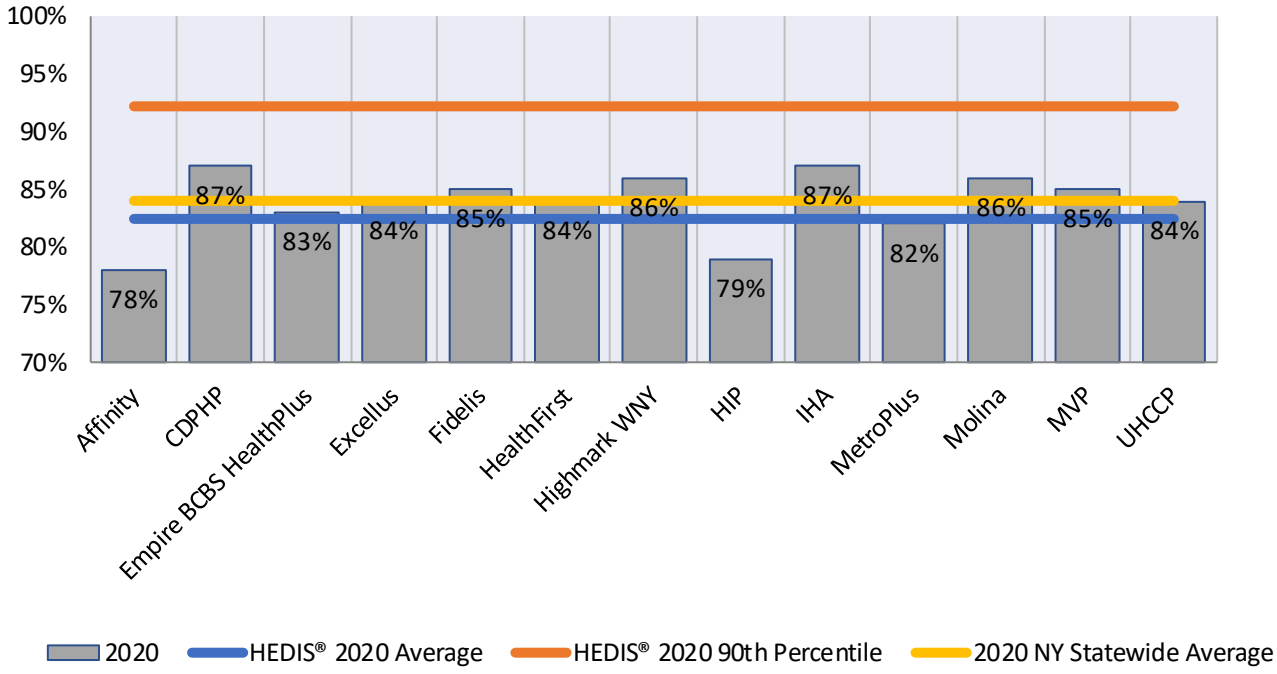
- Adults' Access to Preventive/Ambulatory Services
  - 20-44 Years – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.
  - 45-64 Years – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 87% exceeded the national Medicaid average.
  - 65+ Years – Ten (10) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 84% exceeded the national Medicaid average.
- Annual Dental Visit – Eleven (11) of the 13 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate exceeded the national Medicaid 90th percentile. The statewide average rate of 47% exceeded the national Medicaid average.
- Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment
  - Initiation of AOD Treatment – Seven (7) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 48% did not meet the national Medicaid average.
  - Engagement of AOD Treatment – Eleven (11) of the 13 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 13 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 20% exceeded the national Medicaid average.
- Prenatal and Postpartum Care
  - Timeliness of Prenatal Care - Nine (9) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates met the national Medicaid 90th percentile. The statewide average rate of 88% exceeded the national Medicaid average.
  - Postpartum Care – Twelve (12) of the 13 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 13 MCP rates met the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – All 13 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 13 MCP rates met the national Medicaid 90th percentile. The statewide average rate of 73% exceeded the national Medicaid average.

MCP and statewide performance on access to care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2021 *Quality Compass* for MY 2020 are also displayed.

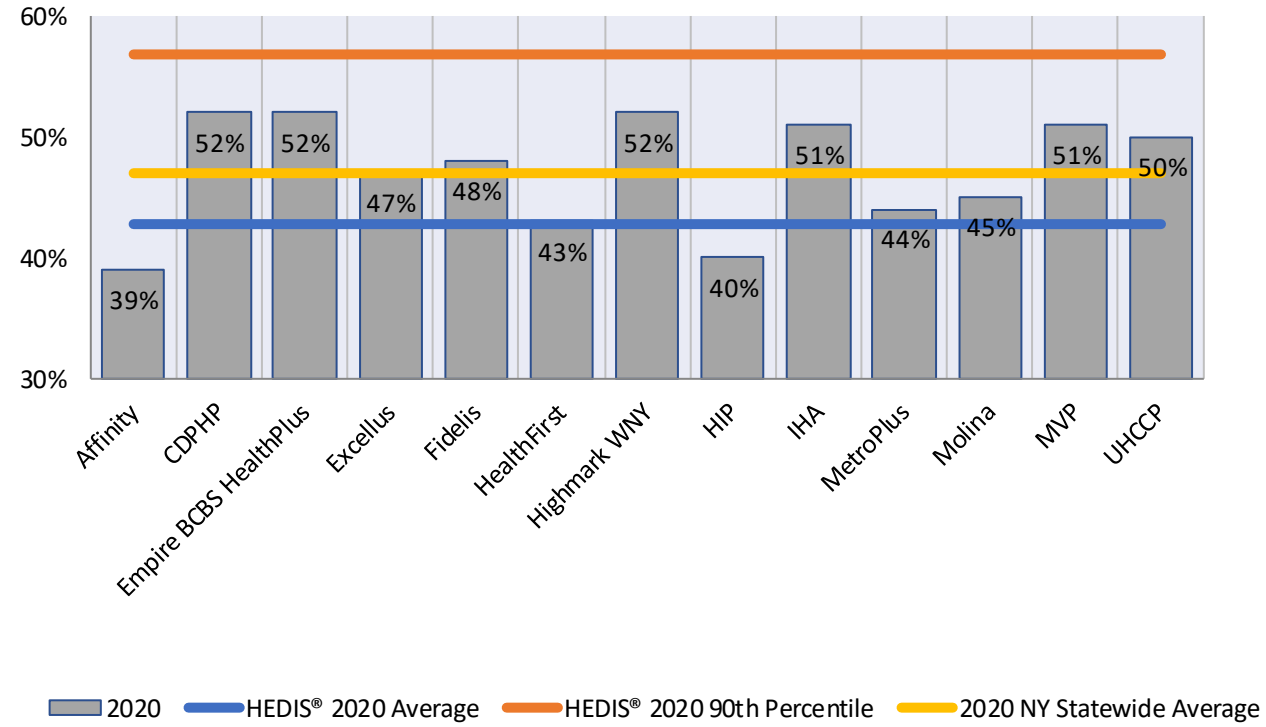

Adults' Access to Preventive/Ambulatory Services (AAP)
20-44 Years
90%
80%
70%
60%
71%
83%
80%
84%
80%
81%
79%
79%
82%
75%
80%
80%
80%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Adults' Access to Preventive/Ambulatory Services (AAP)
45-64 Years
90%
85%
80%
82%
88%
86%
89%
87%
88%
87%
86%
88%
85%
87%
86%
86%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

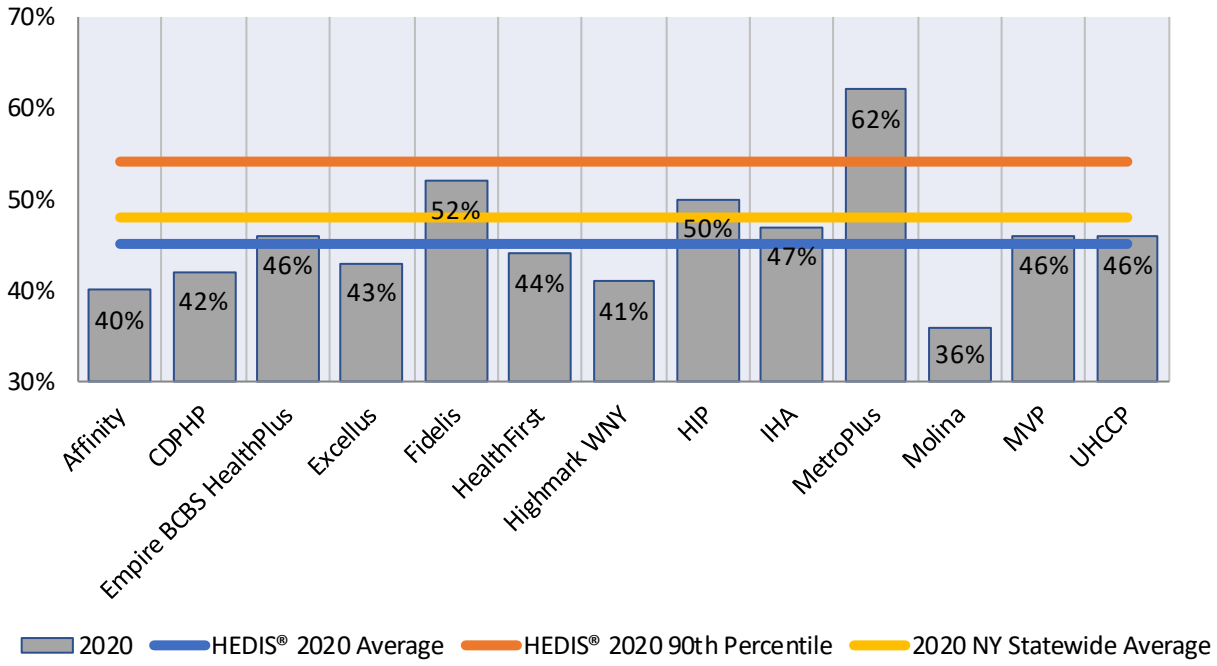
Adults' Access to Preventive/Ambulatory Services (AAP) 65+ Years



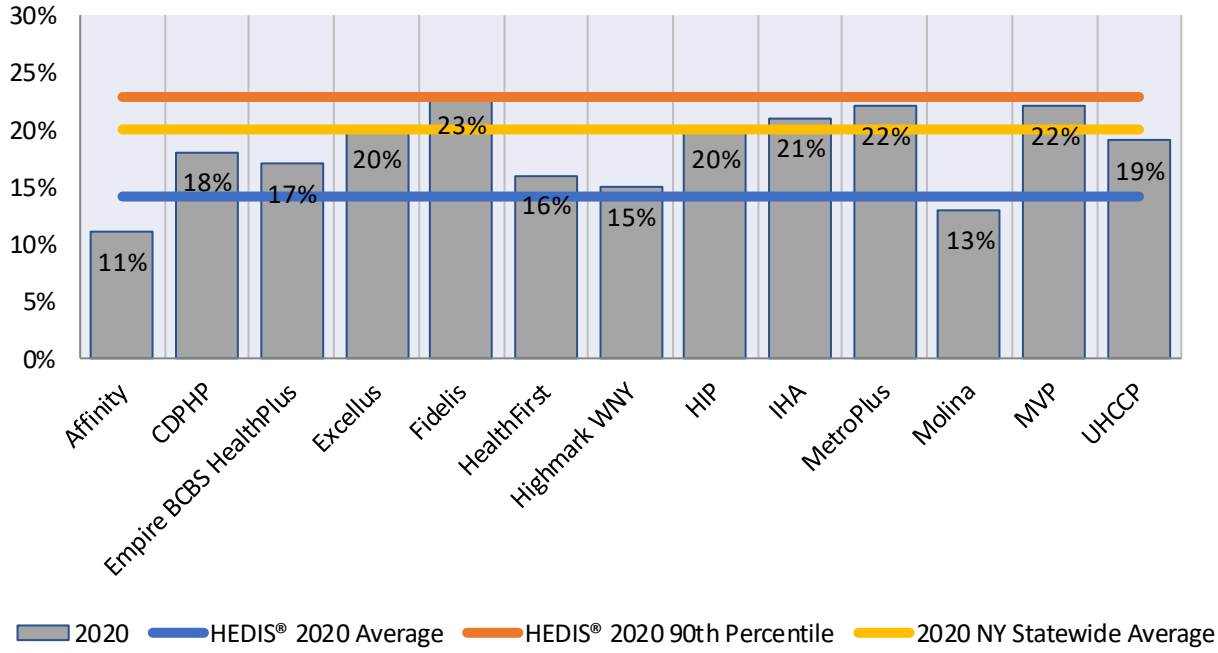
Annual Dental Visit

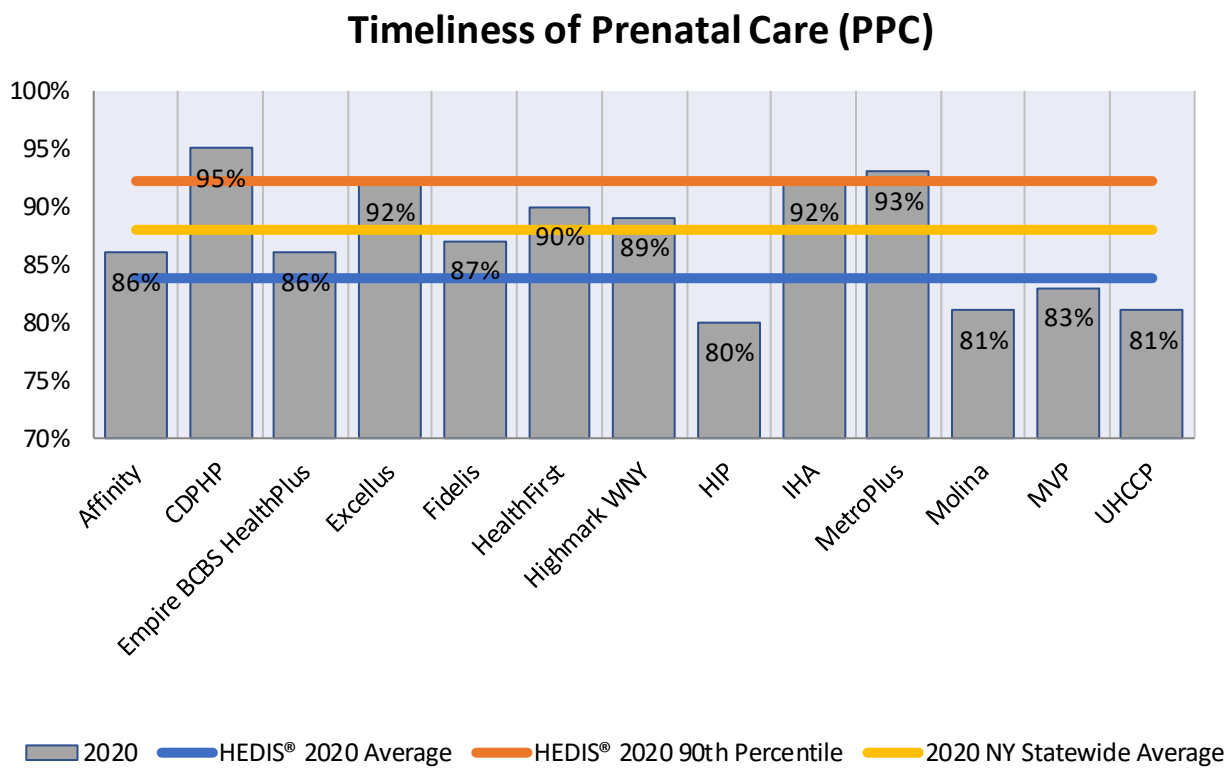


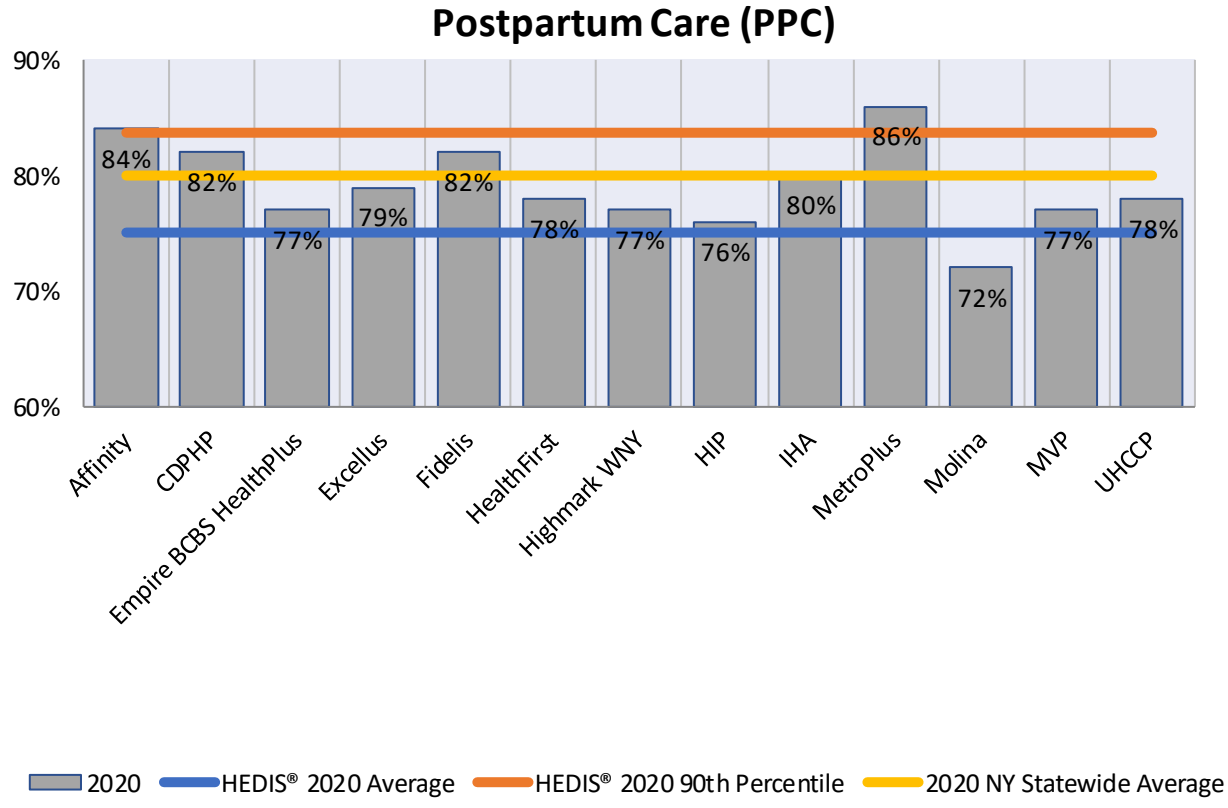
Initiation of Alcohol and Other Drug Abuse Treatment (IET)

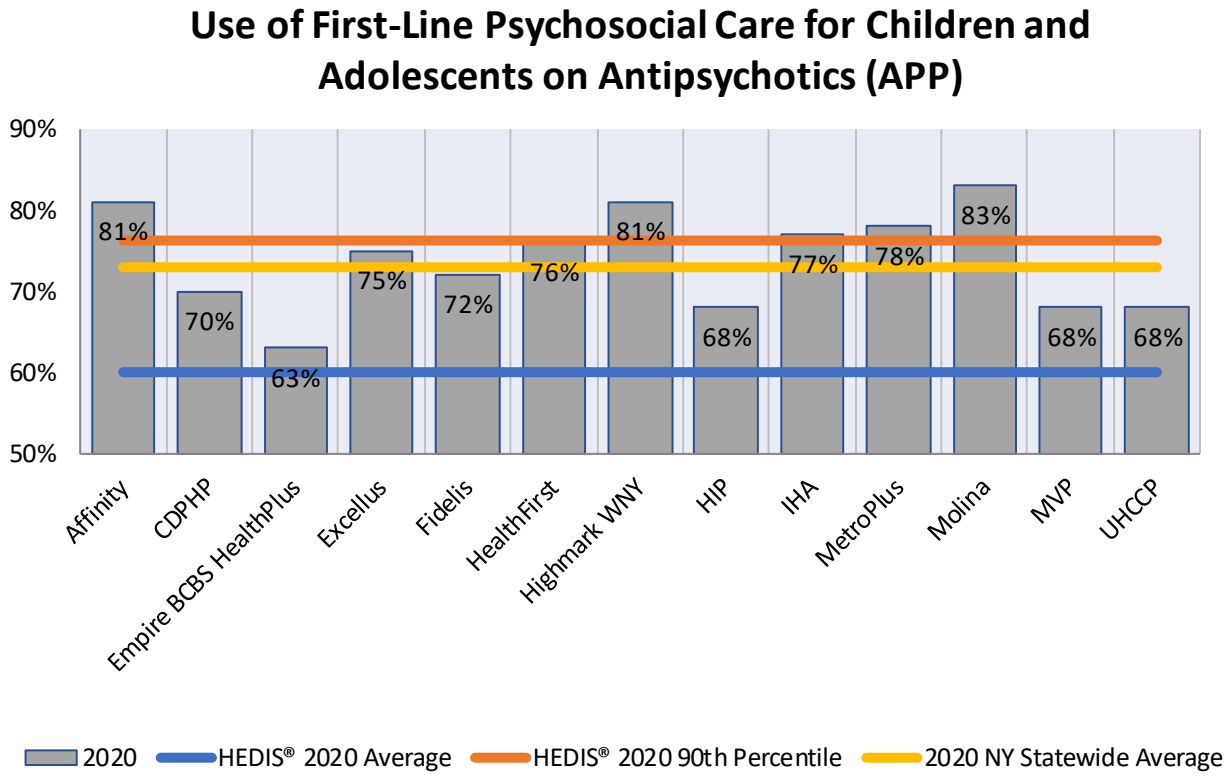


Engagement of Alcohol and Other Drug Abuse Treatment (IET)




Timeliness of Prenatal Care (PPC)
100%
95%
90%
85%
80%
75%
70%
86%
95%
86%
92%
87%
90%
89%
80%
92%
93%
81%
83%
81%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Postpartum Care (PPC)
90%
80%
70%
60%
84%
82%
77%
79%
82%
78%
77%
76%
80%
86%
72%
77%
78%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average



Perinatal Care (DOH-Calculated Measures)

Certain QARR perinatal care measures are calculated by the DOH using birth data submitted by the MCPs, and from DOH's Vital Statistics Birth File. Since some health events, such as low birth weight births and cesarean deliveries do not occur randomly across all MCPs, risk adjustment is used to remove or reduce the effects of confounding factors that may influence an MCO's rate. Vital statistics data are used in the risk adjustment.

The DOH-calculated perinatal care measures reflect MY 2019 performance.

- Prenatal Care in the First Trimester
  - Three (3) of the 7 MCPs reported a rate that exceeded the NYC regional average.
  - Five (5) of the 12 MCPs reported a rate that exceeded the ROS regional average.
- Risk-Adjusted Low Birth Weight *(Note: A lower rate indicates better performance.)*
  - No MCP reported a rate lower than the NYC regional average. Six (6) of the 7 MCPs reported a rate that was the same as the NYC regional average.
  - Three (3) of the 12 MCPs reported a rate lower than the ROS regional average, indicating better performance.
- Risk-Adjusted Primary Cesarean Delivery *(Note: A lower rate indicates better performance.)*
  - Five (5) of the 7 MCPs reported a rate lower than the NYC regional average, indicating better performance.
  - Seven (7) of the 12 MCPs reported a rate lower than the ROS regional average, indicating better performance.

- Vaginal Birth After Cesarean
  - Two (2) of the 7 MCPs reported a rate that exceeded the NYC regional average.
  - Five (5) of the 12 MCPs reported a rate that exceeded the ROS regional average.

The DOH-calculated perinatal care measure rates for MY 2019 are presented for each MCP by region in the graphs that immediately follow. The graphs also display the MCPs' performance against the regional averages.

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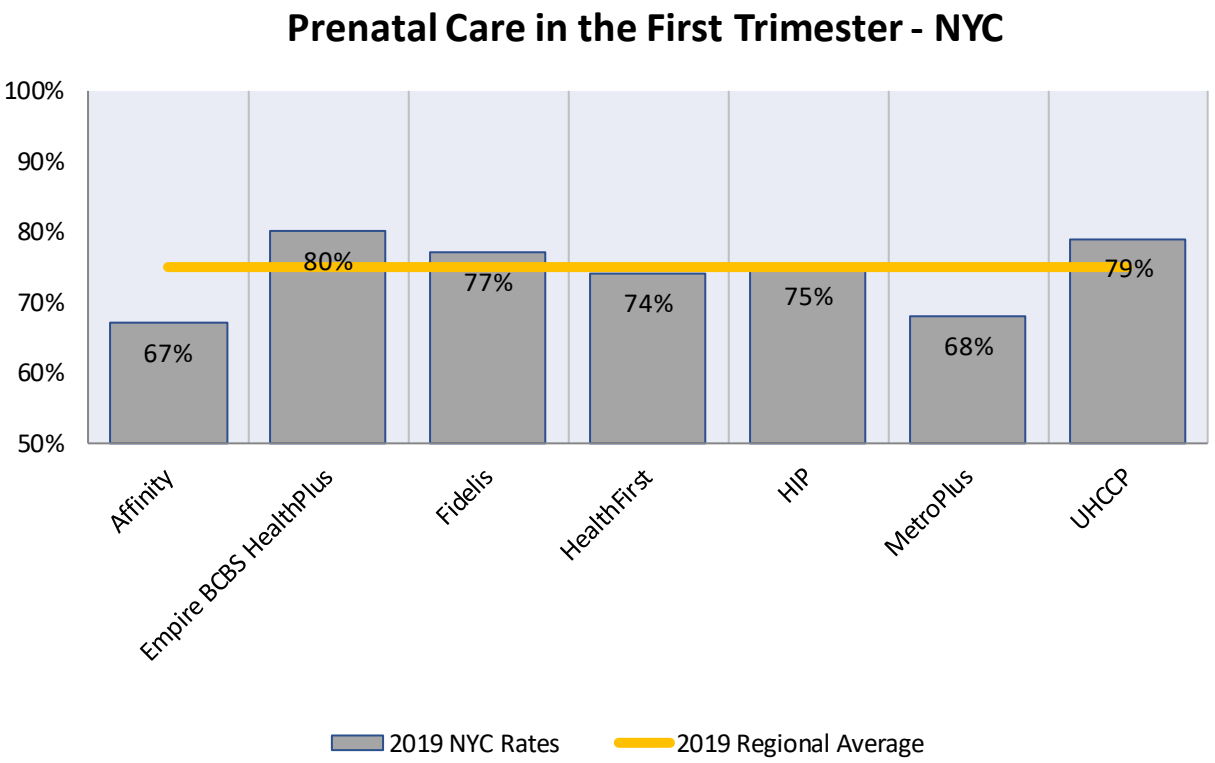
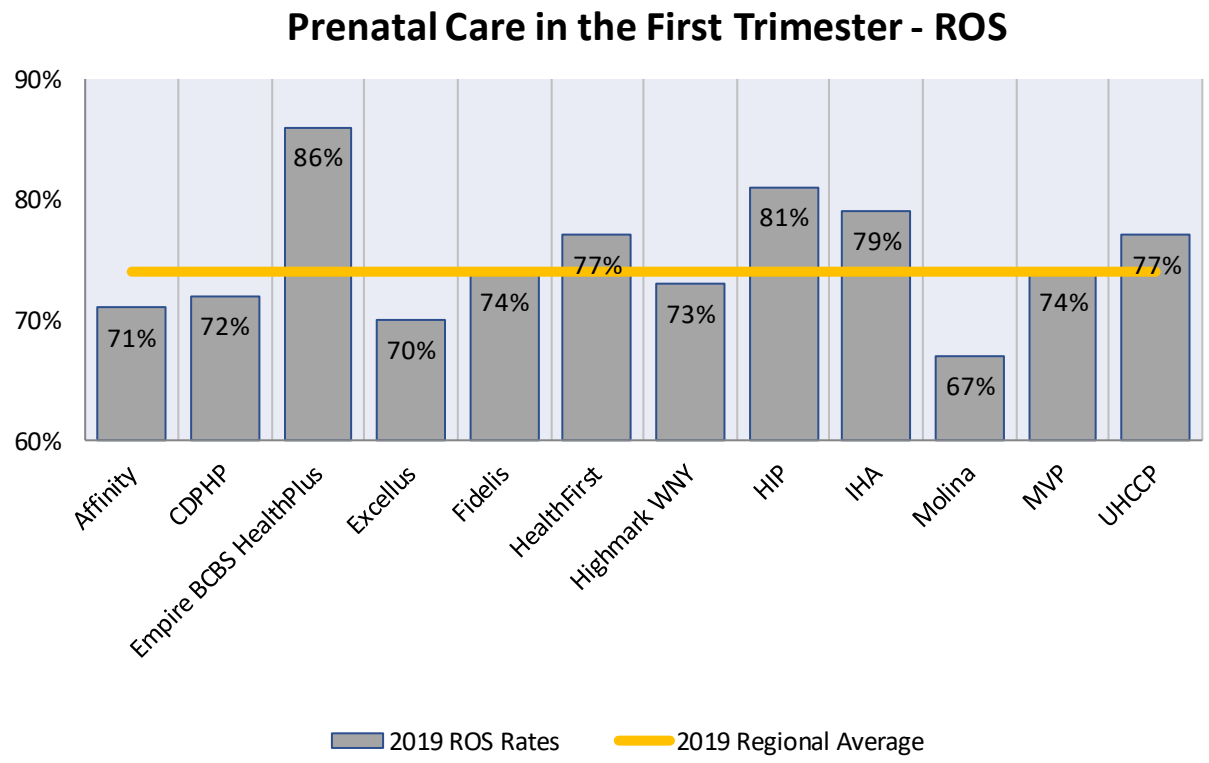
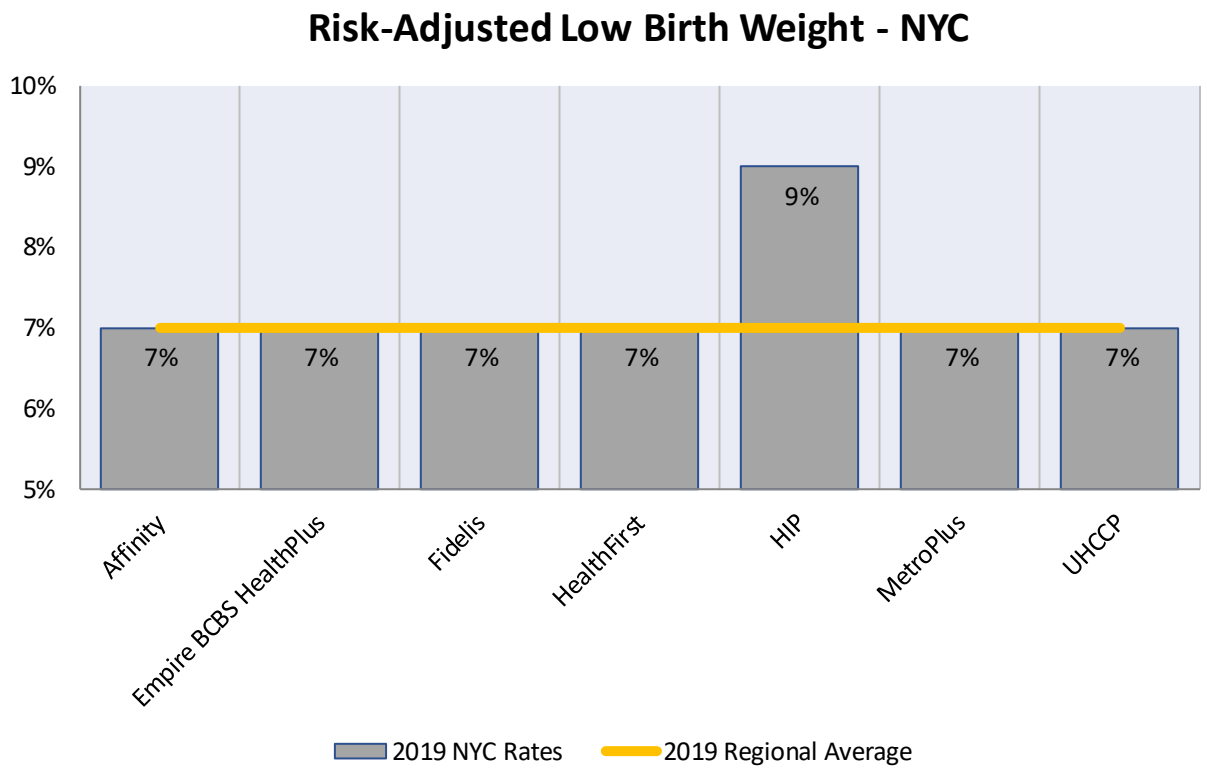
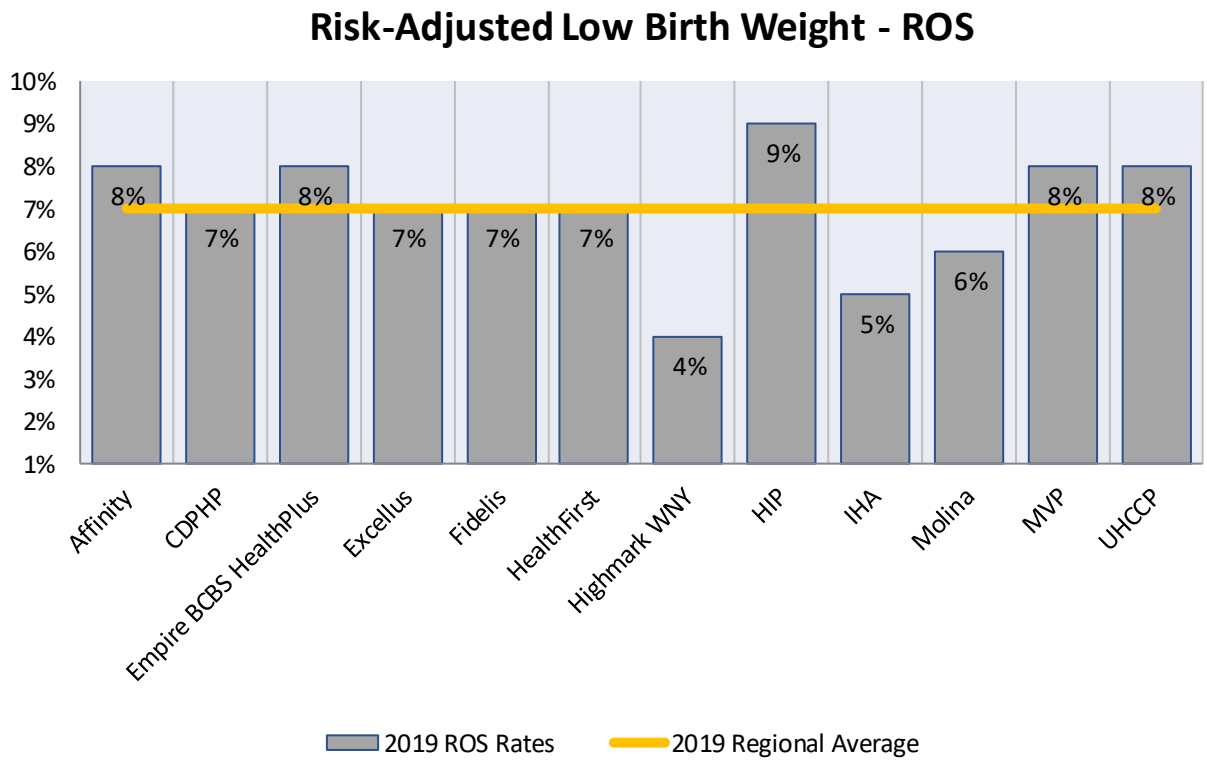
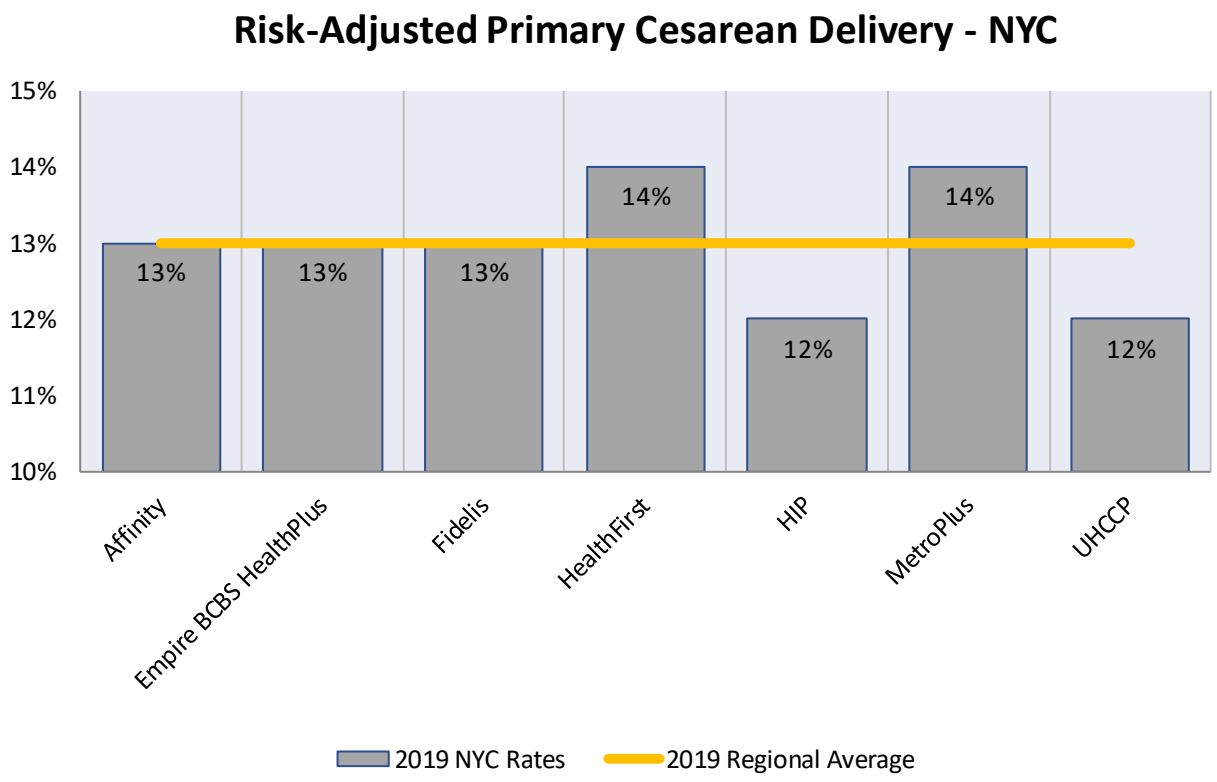

Prenatal Care in the First Trimester - NYC
100%
90%
80%
70%
60%
50%
67%
80%
77%
74%
75%
68%
79%
Affinity
Empire BCBS HealthPlus
Fidelis
HealthFirst
HIP
MetroPlus
UHCCP
2019 NYC Rates
2019 Regional Average

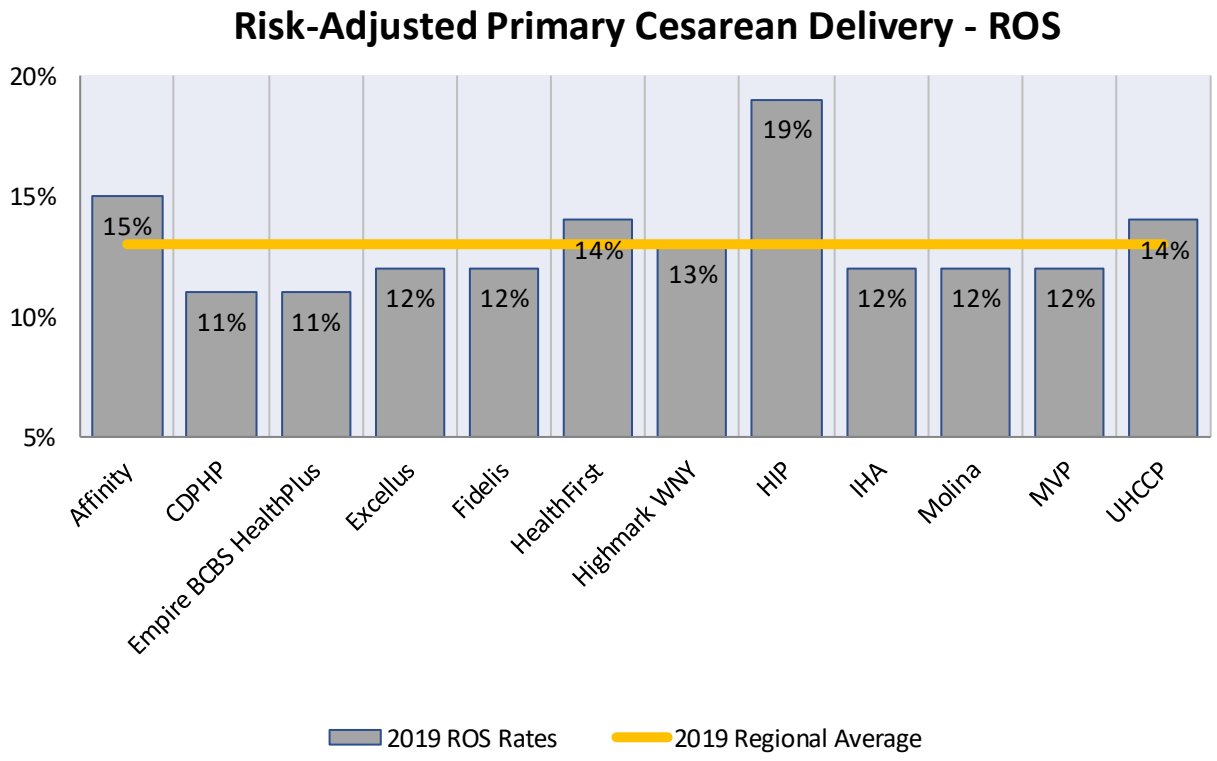

Prenatal Care in the First Trimester - ROS
90%
80%
70%
60%
71%
72%
86%
70%
74%
77%
73%
81%
79%
67%
74%
77%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
Molina
MVP
UHCCP
2019 ROS Rates
2019 Regional Average





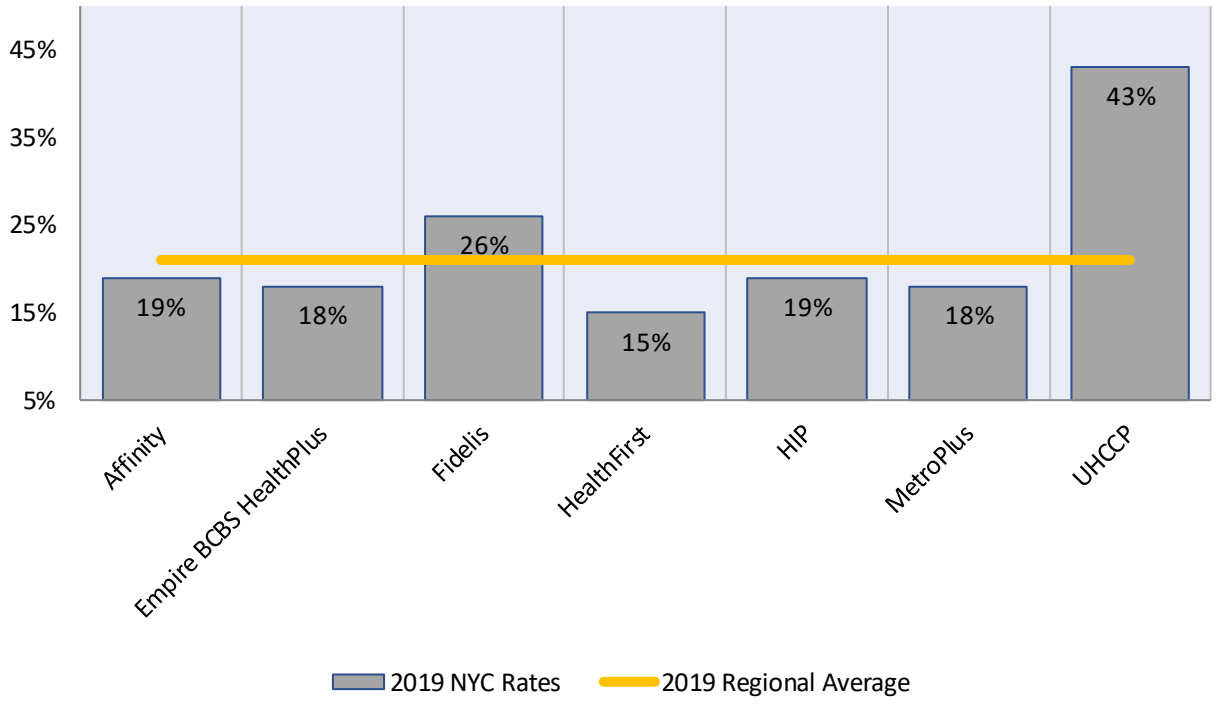
Note: A lower rate indicates better performance for the Risk-Adjusted Low Birth Weight measures.



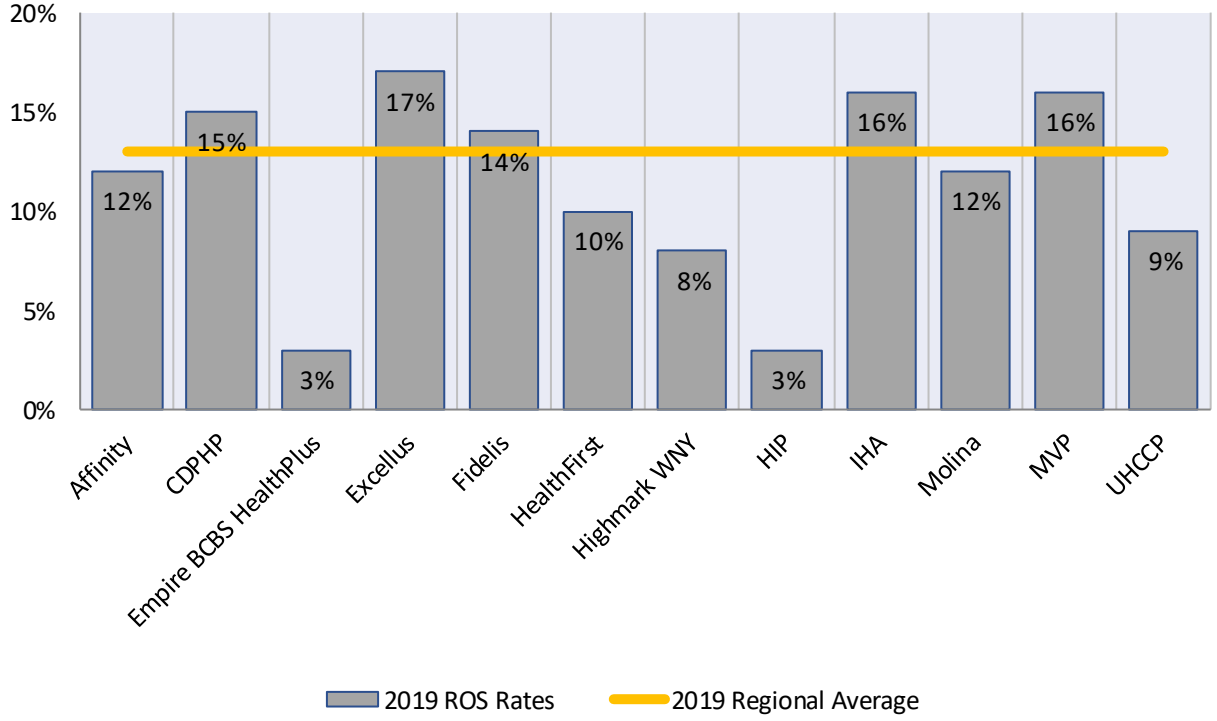


Note: A lower rate indicates better performance for the Risk-Adjusted Primary Cesarean Delivery measures.

Vaginal Birth After Cesarean - NYC



Vaginal Birth After Cesarean - ROS



Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

Title 42 CFR § 438.358 Activities related to external quality review (b)(1)((iii) states that a review of a MCP's compliance with the standards of *42 Part 438 Managed Care Subpart D MCO, PIHP and PAHP Standards* and the standards of *42 CFR § 438.330 Quality assessment and performance improvement program* is a mandatory EQR activity. Further, the state, its agent, or the EQRO must conduct this review within the previous 3-year period.

The DOH conducts a variety of oversight activities to ensure that the MCPs are in compliance with federal and state Medicaid requirements and the standards of *CFR Part 438 Subpart D*, *CFR § 438.330,* the *Medicaid Managed Care/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State PHL Article 44* and *Article 49*, and *NYCRR Part 98-Managed Care Organizations*. The primary method for MCP assessment and determination of compliance in NYS is the Managed Care Operational Survey which is completed based on a continuous timeline.

The Managed Care Operational Survey evaluates MCP compliance with federal and state Medicaid requirements and is comprised of two surveys: the Comprehensive Operational Survey and Target Operational Survey.

The Comprehensive Operational Survey is a full review of state and federal Medicaid requirements which covers the following:

- Organization and Management
- Service Delivery
- Fraud, Waste, Abuse, and Program Integrity
- Management Information Systems
- Medicaid Contract
- Member Services
- Utilization Review Management
- Complaints and Grievances, Non-Utilization Review
- Behavioral Health Services
- Person Centered Care Management
- Quality Initiatives, Quality Assurance, Quality Improvement

The Target Operational Survey is a follow-up review to the Comprehensive Operational Survey and includes some standard reporting and review in addition to a follow-up of all areas and issues identified to be noncompliant during the Comprehensive Operational Survey. The Target Operational Survey includes, but is not limited to, the following:

- An evaluation of MCP changes related to the board of directors, officers, organizational changes, as well as modification to the MCP's utilization review and/or quality programs.
- An evaluation that the MCP has corrected the noncompliance identified during the Comprehensive Operational Survey and implemented a plan of correction (POC).
- If the MCP was subject to complaints, was found to be deficient as a result of other DOH monitoring activities, or has undergone operational changes during the past year, a review of these areas is conducted.

In response to the COVID-19 pandemic, CMS granted NYS a Section 1135 (under the Social Security Act) Waiver to suspend the requirements of 42 *CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely. The granting of this waiver allowed the DOH to "pend" oversight activities that

were scheduled for the remainder of 2020. Therefore, the MY 2020 Managed Care Operational Survey was not conducted for some MCPs.

The results of the most recent operational activities conducted in MY 2019 and/or MY 2020 are presented in this report.

Technical Methods of Data Collection and Analysis

Each MY 2019 and MY 2020 Comprehensive Operational Survey and Target Operational Survey was conducted over a 6-week period in three phases:

Pre-Onsite Visit Phase

Each survey team lead, or facilitator, completed a review of the MCP's previous operational survey results, as well as complaints history, EQR activity results, and fair hearing data in preparation for the upcoming operational survey.

Each operational survey commenced with the issuance of an announcement letter to the MCP, along with a request for pertinent documents and data reports to serve as evidence of MCP compliance with the Medicaid standards under review. The requested documents included, but were not limited to, organization structure, policies and procedures, contracts and credentialing, utilization management and care management data, complaints, and grievances data.

Upon receipt of the requested documentation, the DOH survey staff reviewed the documentation for evidence of MCP compliance and to identify areas needing further review during the DOH's onsite visit to the MCP. The survey teams utilized DOH-developed tools throughout the survey process to ensure that standardization of the evaluation of evidence for compliance was maintained.

Onsite Visit Phase

During the onsite visit, the DOH survey staff continued its evaluation of documentation materials, reviewed quality assurance committee and board of directors meeting minutes, conducted staff and management interviews, and performed observations as needed.

Post-Onsite Visit Phase

Six-to-eight weeks following the onsite visit, results were issued to the MCP. The survey results included written citations identifying the areas of the MCP's noncompliance with state and federal Medicaid standards. The written citations were issued to the MCP either as "deficiencies" for noncompliance with PHL and NYCRR or as "findings" for noncompliance with the requirements of the *Medicaid Managed Care/HIV Special Needs Plan/Health Plan and Recovery Model Contract*. For areas of noncompliance, the MCP was required to submit a POC to DOH for approval. Once the POC was approved, the operational survey activity was considered closed.

Description of Data Obtained

To evaluate MCP compliance with federal and state Medicaid standards, IPRO reviewed the DOH-produced *Operational Deficiencies by Plan/Category Report* and the *Operational Plan Deficiencies Report*. The *Operational Deficiencies by Plan/Category Report* included a summary of noncompliance by review area for each MCP, while the *Operational Plan Deficiencies Report* included detailed information on the areas of noncompliance for each MCP. Both reports reflected the date of when the results were issued by the DOH to the MCP, the POC submission date, and the POC approval date.

Conclusions and Findings

In 2019, 6 of 15 MCPs were in compliance with all the standards of *42 CFR Part 438 Subpart D* and *42 CFR § 438.330,* while 1 of 4 MCPs was in compliance with all the standards in 2020. MCP results for the operational survey activities conducted for MY 2019 and MY 2020 are presented by federal Medicaid standards in **Table 7**. In Table 7, a "C" indicates that the MCP was in compliance with all standard requirements and an "NC" indicates that the MCP was not in compliance with at least one standard requirement. The details for each "NC" designation are presented in the MCP-level in **Section VI** of this report.

Table 7: MCP Operational Survey Results, MY 2019 and MY 2020

MCP	Activity	438.206	438.207	438.208	438.210	438.214	438.224	438.228	438.230	438.236	438.242	438.330
Affinity	MY 2019 Comprehensive	C	C	C	C	C	C	NC	C	C	C	C
	MY 2020 Target	C	C	C	C	C	C	NC	C	C	C	C
CDPHP	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Comprehensive	NC	C	C	C	C	C	NC	C	C	C	C
Empire BCBS HealthPlus	MY 2019 Target	C	C	C	C	NC	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
Excellus	MY 2019 Target	C	C	C	C	C	C	NC	C	C	C	C
	MY 2020 Activity Pended[1]											
Fidelis	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
Healthfirst	MY 2019 Comprehensive	C	C	C	C	C	C	NC	C	C	C	C
	MY 2020 Activity Pended[1]											
Highmark BCBS WNY	MY 2019 Comprehensive	NC	C	C	C	NC	C	NC	C	C	C	NC
	MY 2020 Activity Pended[1]											
HIP	MY 2019 Comprehensive	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Target	C	C	C	C	C	C	C	C	C	C	C
IHA	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C

MCP	Activity	438.206	438.207	438.208	438.210	438.214	438.224	438.228	438.230	438.236	438.242	438.330
	MY 2020 Activity Pended[1]											
MetroPlus	MY 2019 Target	C	C	C	NC	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
Molina	MY 2019 Comprehensive	C	C	C	NC	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
MVP	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Comprehensive	NC	C	C	C	NC	C	NC	C	C	C	C
UHCCP	MY 2019 Comprehensive	NC	C	C	NC	C	C	NC	C	C	C	NC
	MY 2020 Activity Pended[1]											
WellCare	MY 2019 Comprehensive	C	C	C	NC	C	C	NC	C	C	C	C
	MY 2020 Activity Pended[1]											
YourCare	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.

MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Administration or Validation of Quality-of-Care Surveys

Objectives

The DOH sponsors a member experience survey every other year for children enrolled in a Medicaid MCP. The results from this biannual survey are used to determine variation in member satisfaction among the MCPs.

IPRO subcontracted with DataStat, Inc., an NCQA-certified CAHPS vendor, to conduct the MY 2020 survey on behalf of the DOH using the CAHPS 5.0H Children with Chronic Conditions (CCC) questionnaire. CAHPS CCC is a questionnaire that asks parents/caretakers of child health plan members about experiences with access to care, health care providers, and health plans.

The CCC component of the questionnaire is a supplement to the CAHPS Child Medicaid questionnaire which allows health plans to identify children with chronic conditions and evaluate their experience of care. The DOH sponsored the MY 2020 CAHPS® CCC survey to meet the requirements of the Children's Health Insurance Program Reauthorization Act of 2019 (CHIPRA).

Technical Methods of Data Collection and Analysis

The CAHPS CCC questionnaire was administered to the parents/caretakers of Medicaid and CHP managed care plan child members. The majority of questions addressed domains of child members' experience such as getting care quickly, doctor communication, overall satisfaction with health care, and health plan, while the CCC-specific questions focused on components of care essential for the successful treatment, management, and support of children with chronic conditions. In total, the questionnaire consisted of 92 questions.

Children, ages 0 to 17, who were currently enrolled in one of the 13 NYS MCPs as of July 2020 and who had been enrolled for five out of the last six months were eligible to be randomly selected for this survey. A stratified random sample of 1,500 children ages 0 to 17 was drawn for each MCP. No populations were oversampled for this survey. Prior to the vendor preparing the sample, IPRO validated the sample frame provided by the DOH.

Questionnaires were sent to 19,500 parents/caretakers of child members following a combined mail and phone methodology during the period November 17, 2020, through February 23, 2021, using a standardized survey procedure and questionnaire. Statewide, a total of 4,266 eligible and complete responses were received resulting in a 23.2% response rate.

Parent/caretaker responses to questions were summarized as achievement scores. Responses that indicated a positive experience were labeled as achievements, and an achievement score was computed as the proportion of responses qualifying as positive. For example, a response of "Usually" or "Always" to the question "How often did you get an appointment for health care at a doctor's office or clinic as soon as your child needed?" is considered a positive response, and the achievement score for this question is equal to the proportion of respondents who answered the question with "Usually" or "Always".

In general, "somewhat" positive responses were included with positive responses as achievements. For example, a response of "Usually" or "Always" to the question "How often did you get an appointment for health care at a doctor's office or clinic as soon as your child needed?" is considered an achievement, as are responses of "8", "9", or "10" to rating questions.

Description of Data Obtained

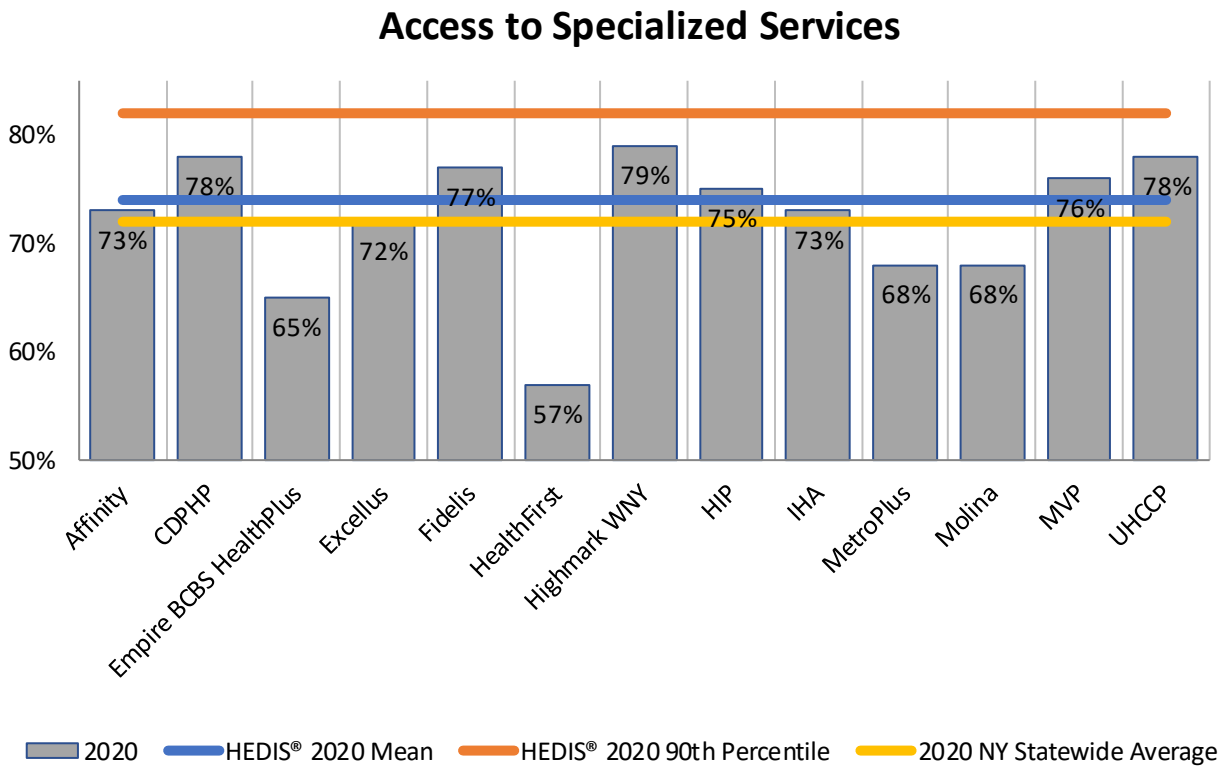
For the 2020 EQR, IPRO received from the DOH MCP-level 2021 Child CAHPS Reports and the statewide-level 2021 Child CAHPS Report, which were prepared for the DOH by DataStat. These reports included comprehensive descriptions of the project objectives and methodology, as well as MCP-level results and analyses.

Conclusions and Findings

To evaluate MCP performance, IPRO compared MCP My 2020 CAHPS scores to the national Medicaid benchmarks reported in the NCQA *2021 Quality Compass* for MY 2020.

- Access to Specialized Services – Six (6) of the 13 MCPs achieved a score that exceeded the national Medicaid average score. No MCP rate met the national Medicaid 90th percentile. The statewide average score of 72% did not meet the national Medicaid average.
- Coordination of Care –No MCPs achieved a score that exceeded the national Medicaid average or the national Medicaid 90th percentile. The statewide average score of 72% did not meet the national Medicaid average.
- Customer Service – No MCPs achieved a score that exceeded the national Medicaid average or the national Medicaid 90th percentile. The statewide average score of 87% did not meet the national Medicaid average.
- Family-Centered Care: Personal Doctor Who Knows Child - Five (5) of the 13 MCPs achieved a score that exceeded the national Medicaid average score. No MCP rate met the national Medicaid 90th percentile. Five (5) of the 13 MCPs achieved a score that exceeded the national Medicaid 75th percentile. The statewide average score of 90% did not meet the national Medicaid average.
- Getting Care Needed – Three (3) of the 13 MCPs achieved a score that exceeded the national Medicaid average score. No MCP rate met the national Medicaid 90th percentile. The statewide average score of 84% did not meet the national Medicaid average.
- Getting Care Quickly – Four (4) of the 13 MCPs achieved a score that exceeded the national Medicaid average. One (1) of the 13 MCPs achieved a scored that exceeded the national Medicaid 90th percentile. The statewide average score of 88% did not meet the national Medicaid average.
- How Well Doctors Communicate – Two (2) of the 13 MCPs achieved a score that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average score of 93% did not meet the national Medicaid average.
- Rating of All Healthcare – Nine (9) of the 13 MCPs achieved a score that exceeded the national Medicaid average. Four (4) of the 13 MCPs achieved a score that met the national Medicaid 90th percentile. The statewide average score of 90% exceeded the national Medicaid average.
- Rating of Health Plan – Ten (10) of the 13 MCPs achieved a score that exceeded the national Medicaid average. Three (3) of the 13 MCP scores exceeded the national Medicaid 90th percentile. The statewide score of 86% exceeded the national Medicaid average.
- Rating of Personal Doctor – Five (5) of the 13 MCPs achieved a score that exceeded the national Medicaid average. No MCP scores met the national Medicaid 90th percentile. The statewide average score of 90% met the national Medicaid average.
- Rating of Specialist Seen Most Often – Six (6) of the 13 MCPs achieved a score that exceeded the national Medicaid average. Three (3) of the 13 MCPs achieved a score that exceeded the national Medicaid 90th percentile. The statewide average score of 87% did not meet the national Medicaid average.

MCP and statewide performance on member satisfaction measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA *2021 Quality Compass* for MY 2020 are also displayed.



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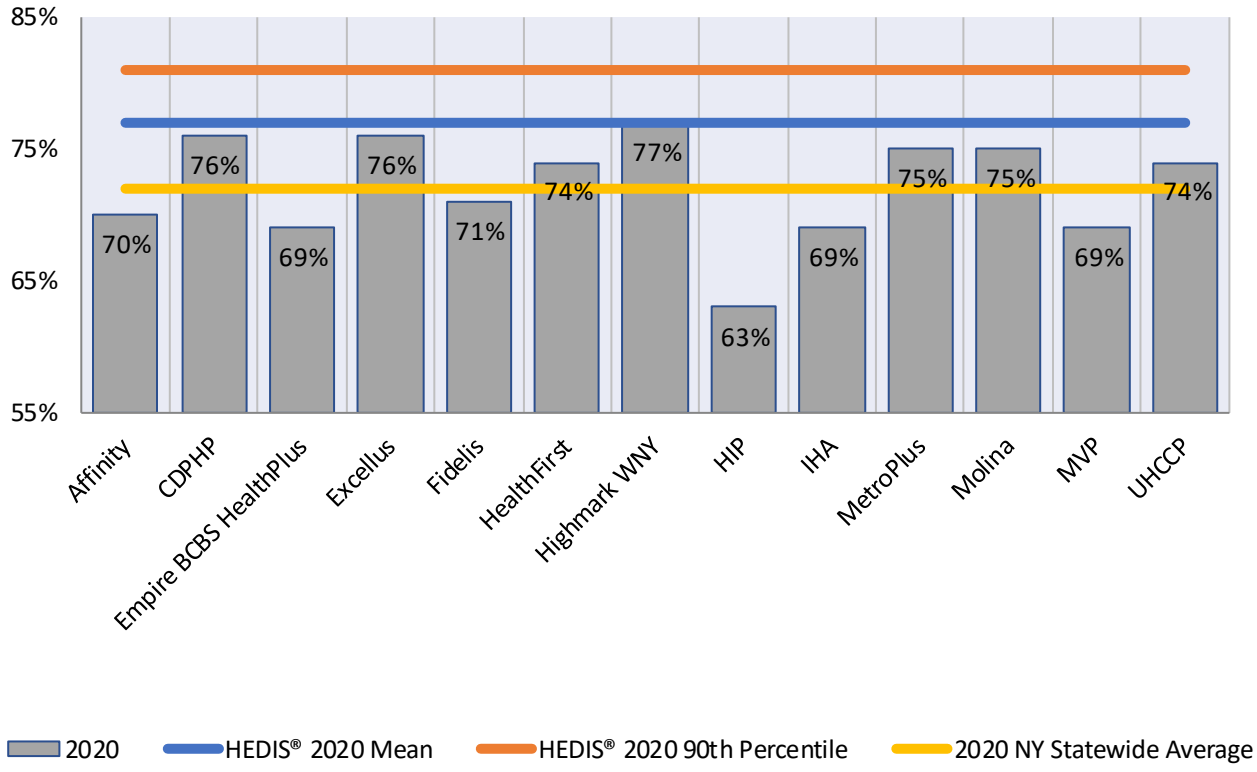
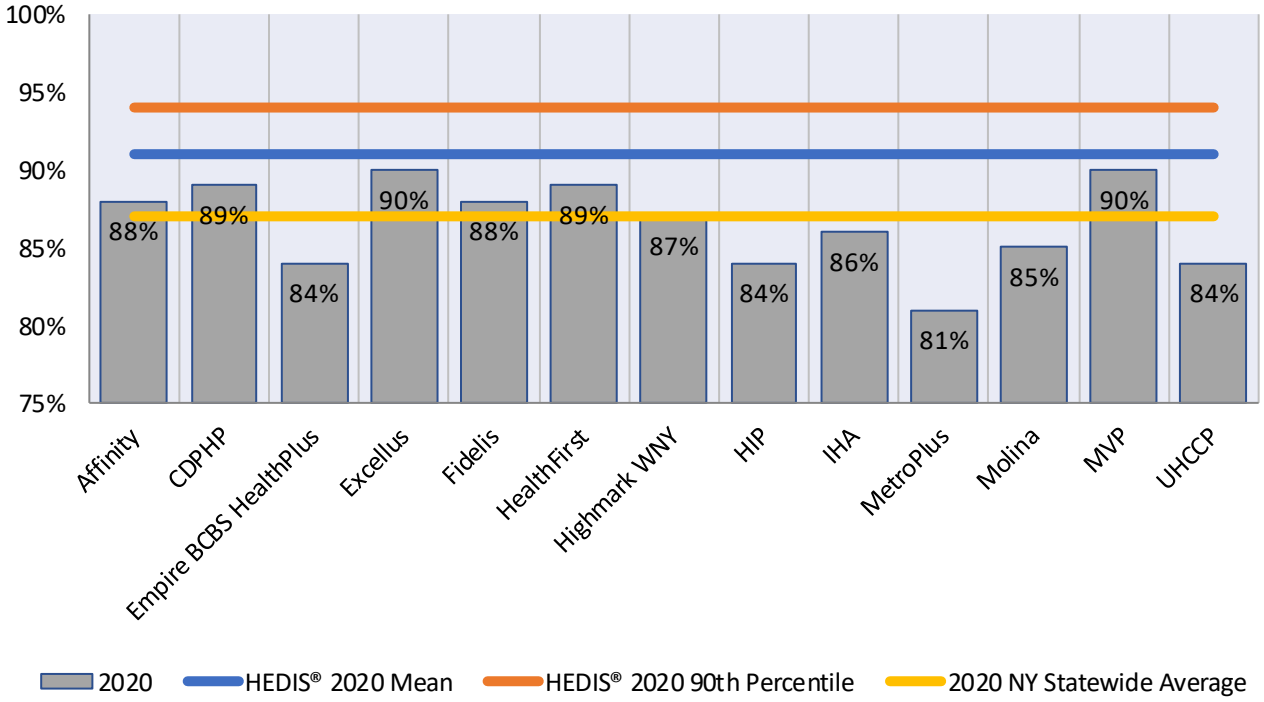
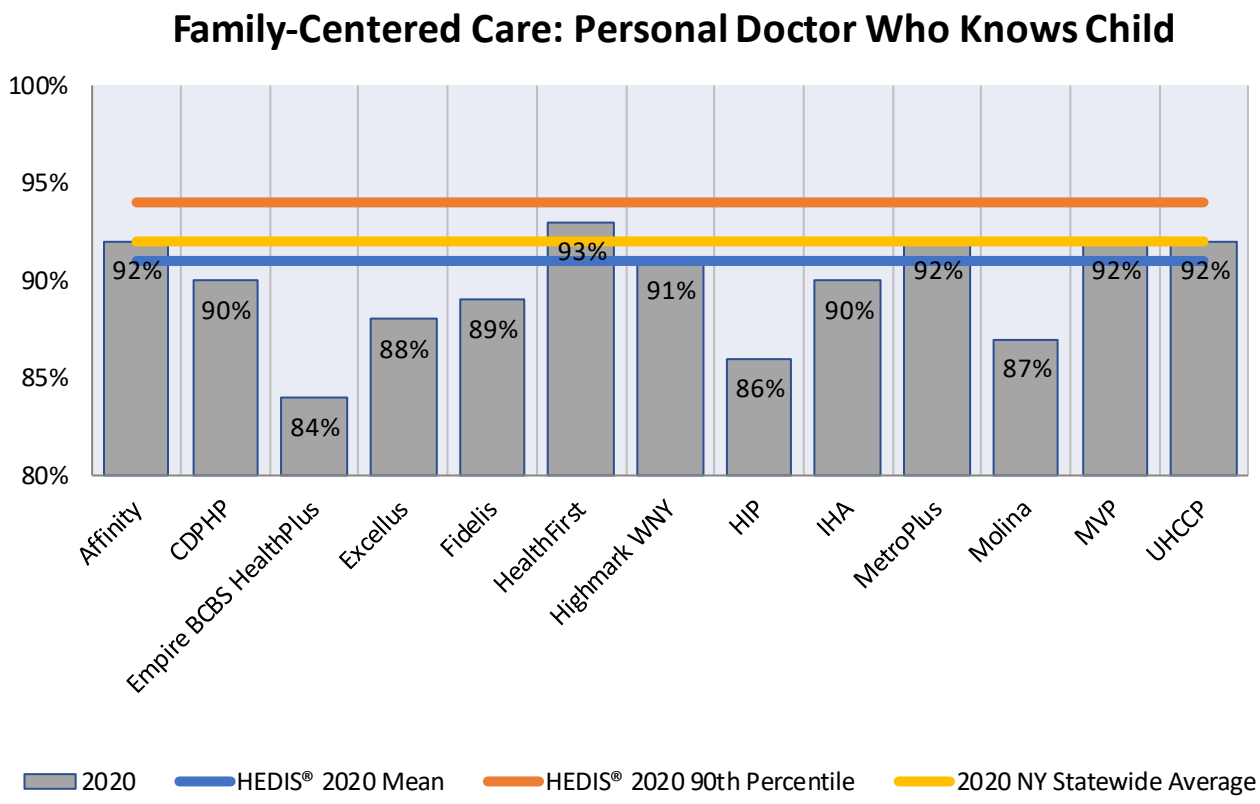
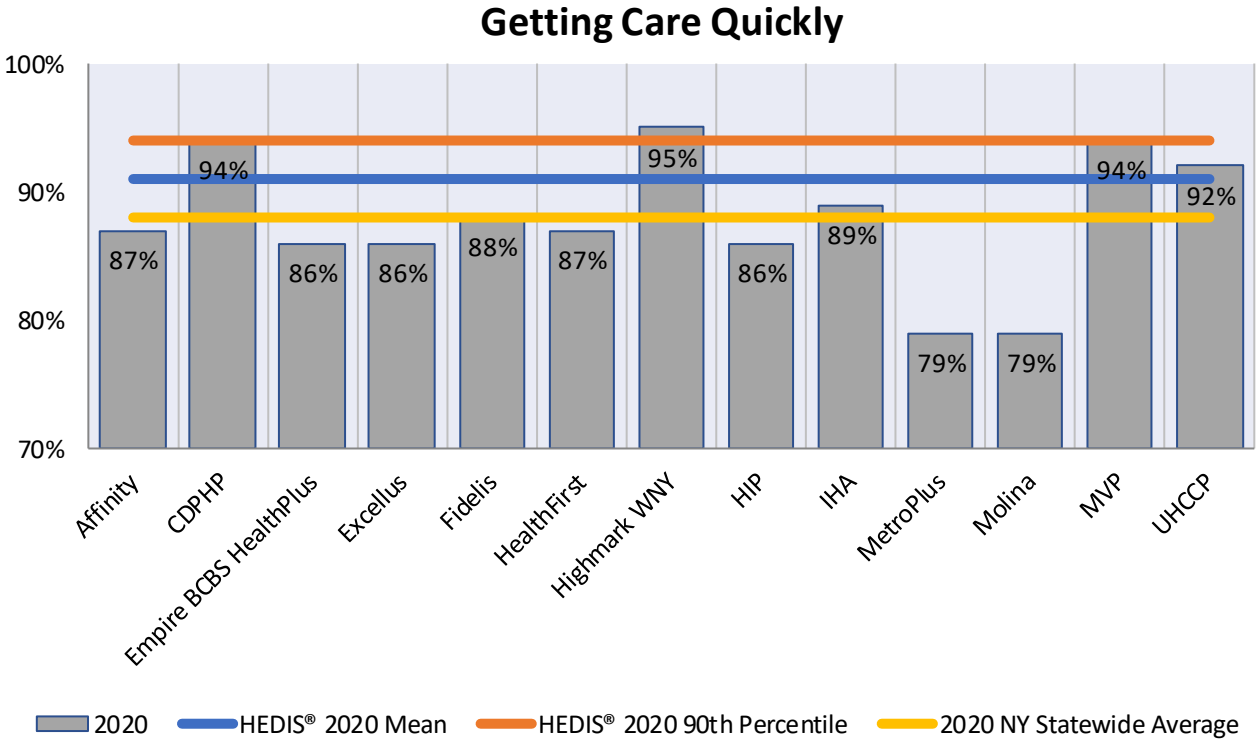
Coordination of Care

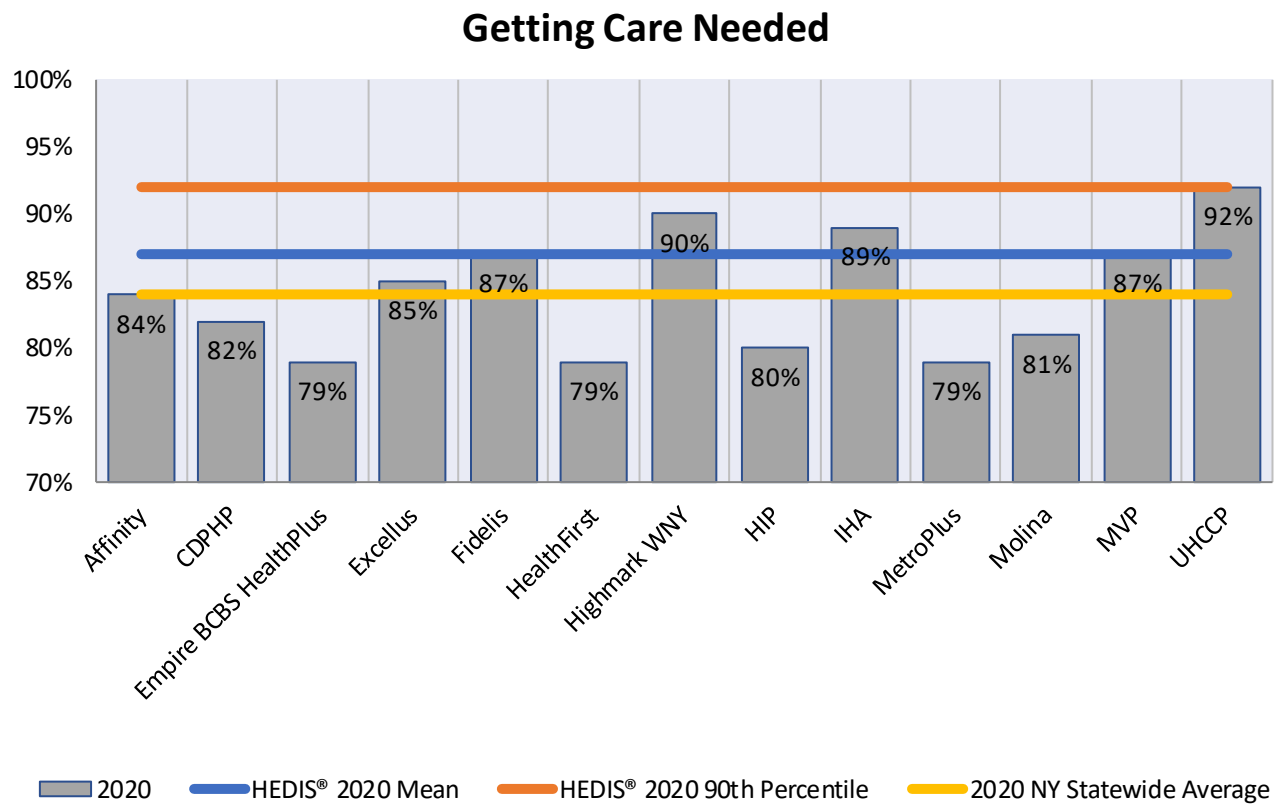


Customer Service




Family-Centered Care: Personal Doctor Who Knows Child
100%
95%
90%
85%
80%
92%
90%
84%
88%
89%
93%
91%
86%
90%
92%
87%
92%
92%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Getting Care Quickly
100%
90%
80%
70%
87%
94%
86%
86%
88%
87%
95%
86%
89%
79%
79%
94%
92%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Getting Care Needed
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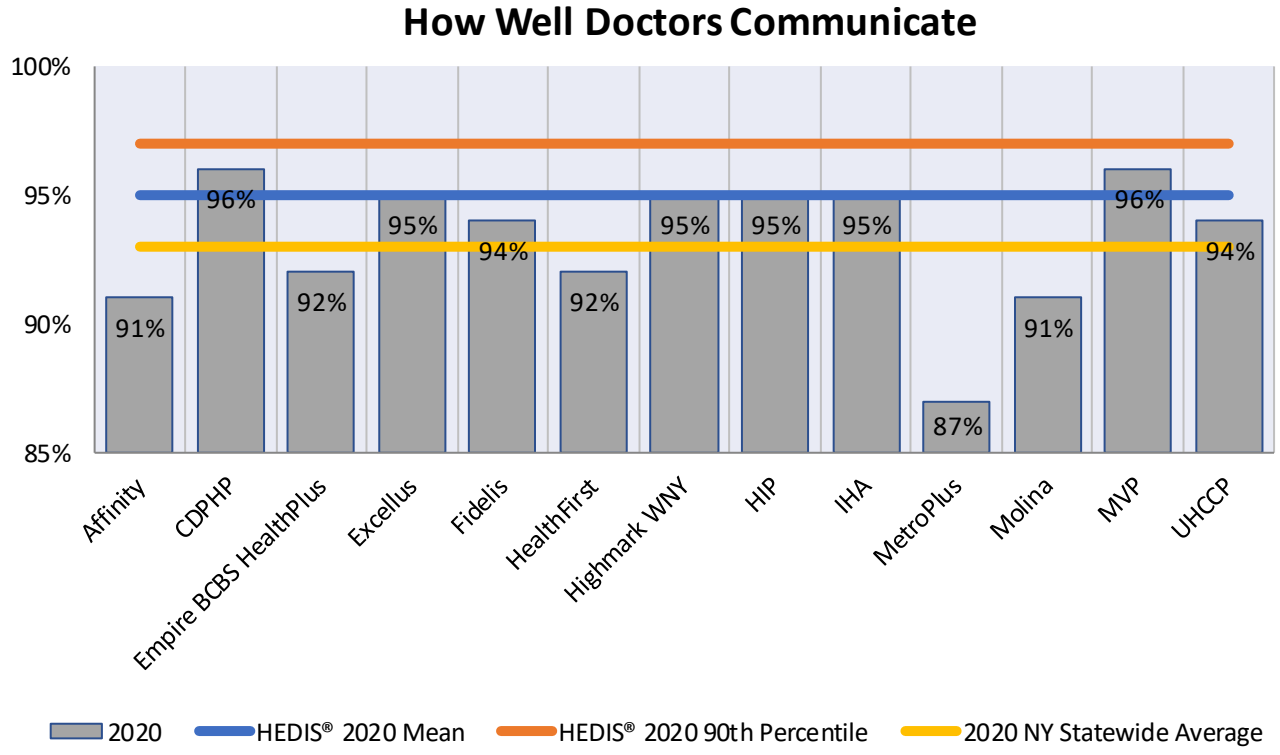
90%
85%
80%
75%
70%
84%
82%
79%
85%
87%
79%
90%
80%
89%
79%
81%
87%
92%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


How Well Doctors Communicate
100%
95%
90%
85%
91%
96%
92%
95%
94%
92%
95%
95%
95%
87%
91%
96%
94%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
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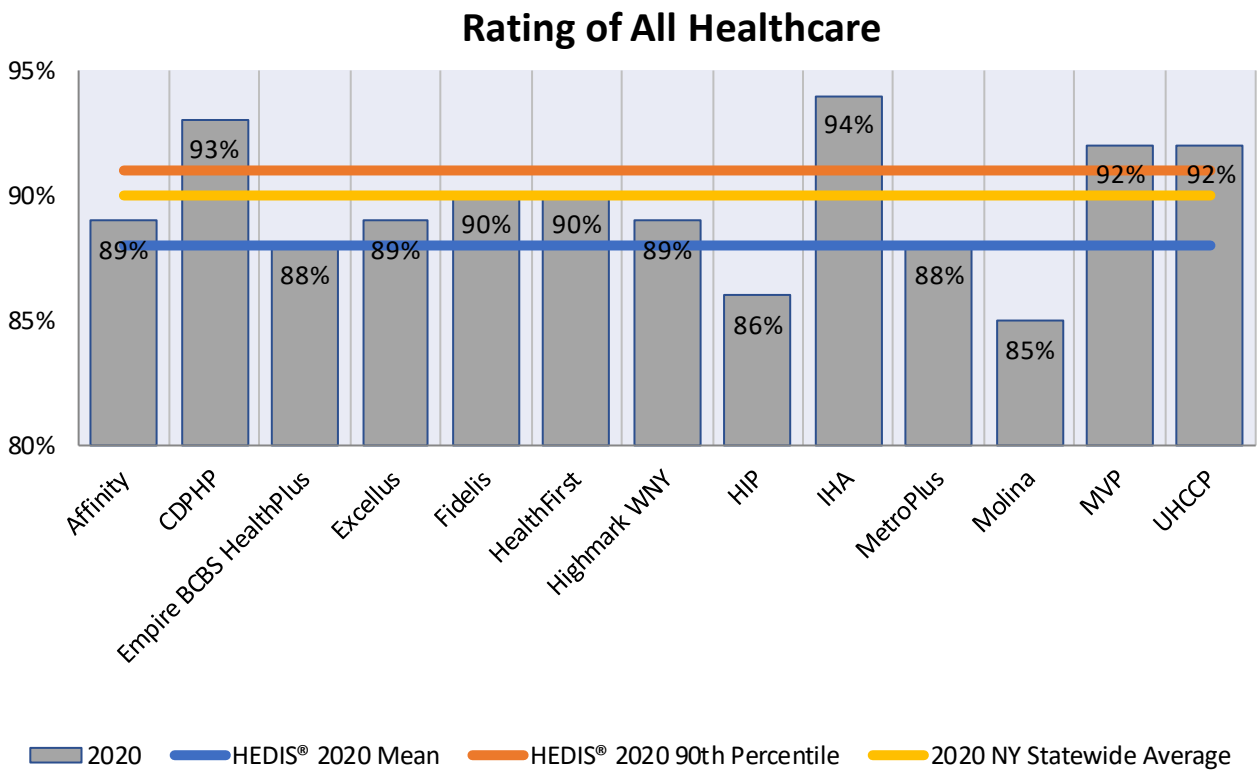
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Rating of All Healthcare
95%
90%
85%
80%
89%
93%
88%
89%
90%
90%
89%
86%
94%
88%
85%
92%
92%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
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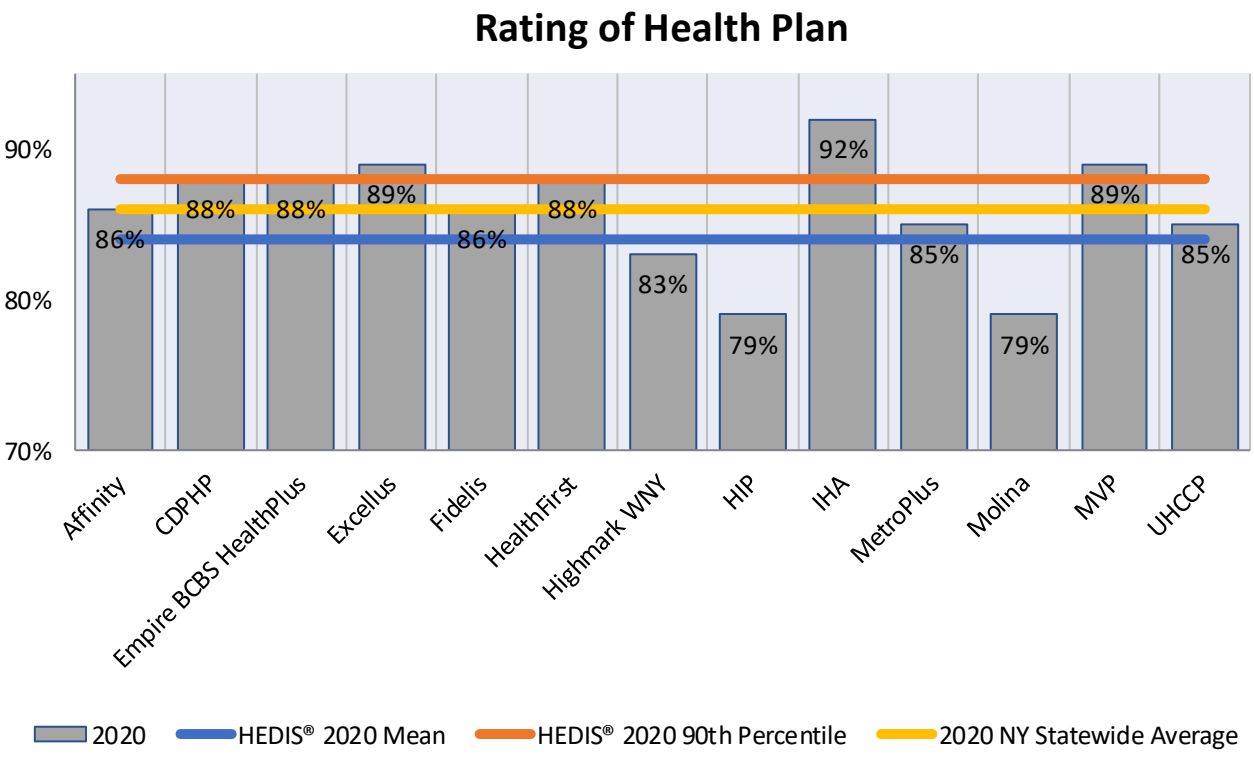
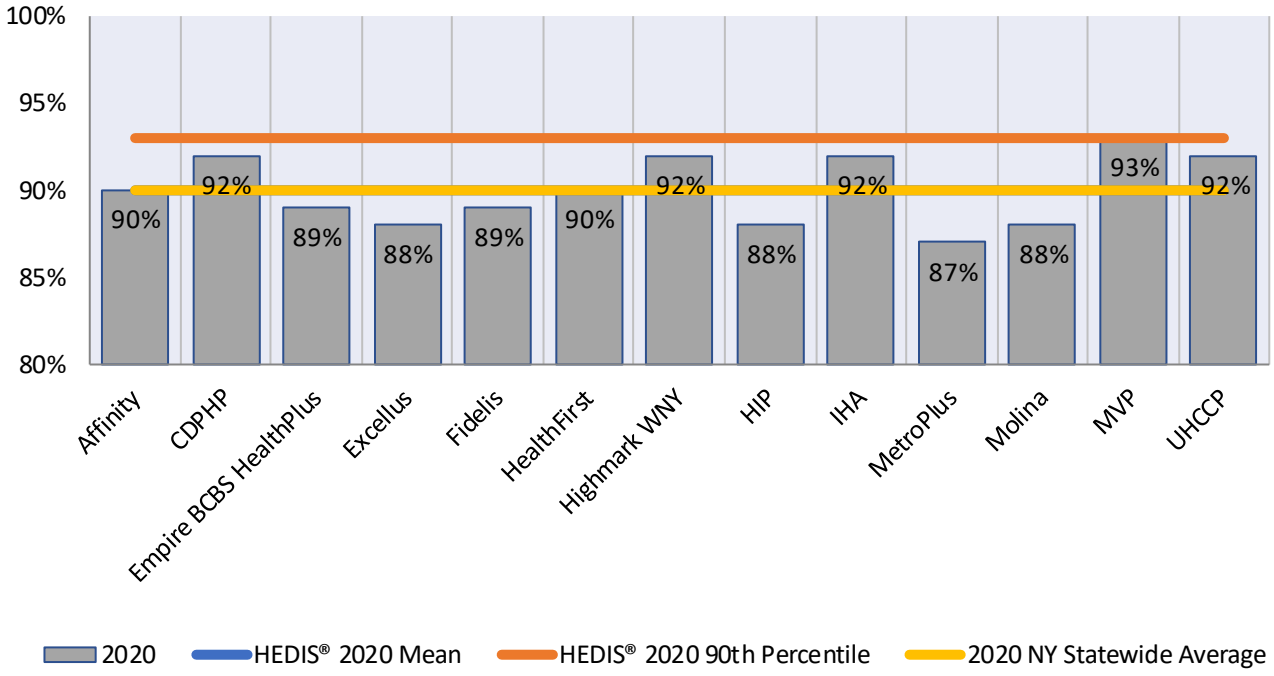
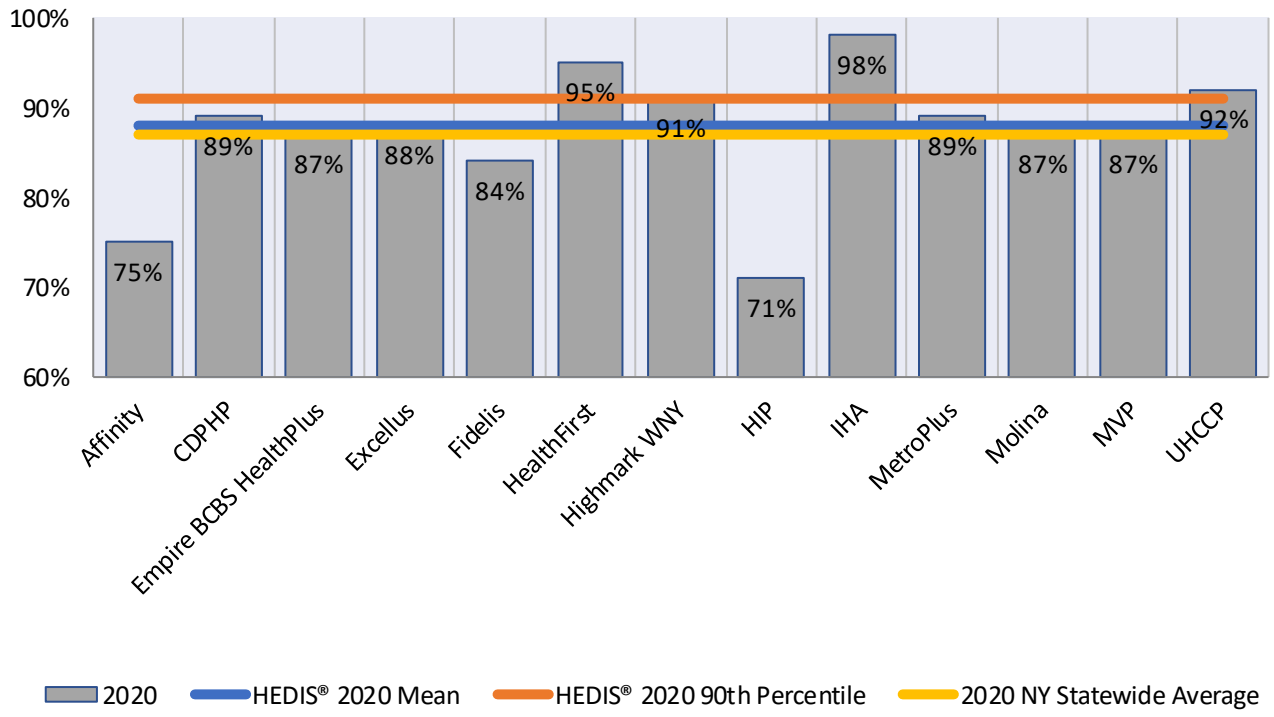
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Rating of Health Plan
90%
80%
70%
86%
88%
88%
89%
86%
88%
83%
79%
92%
85%
79%
89%
85%
Affinity
CDPHP
Empire BCBS HealthPlus
Excellus
Fidelis
HealthFirst
Highmark WNY
HIP
IHA
MetroPlus
Molina
MVP
UHCCP
2020
HEDIS® 2020 Mean
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

Rating of Personal Doctor



Rating of Specialist Seen Most Often



VI. MCP-Level Reporting

Introduction

To assess the impact of MMC on the **quality** of, **timeliness** of and **access** to health care services, IPRO considered MCP-level results from the EQR activities. Specifically, IPRO considered the following elements during the 2020 external quality review:

- EQR Mandatory Activity 1: PIPs
- EQR Mandatory Activity 2: Performance Measures
- EQR Mandatory Activity 3: Compliance with Medicaid and CHIP Standards
- EQR Optional Activity 6: Quality of Care Survey, Member Satisfaction
- MCP Follow-Up on 2019 EQR Recommendations

Performance Improvement Project Findings

This section displays the MCP's 2020 PIP topic, validation assessment, summary of interventions and results achieved. The corresponding tables display performance indicators, baseline rates, interim rates, and targets/goals.

Performance Measures Findings

This section displays the MCP-level HEDIS/QARR performance rates for MY 2018, 2019, and 2020, as well as the statewide average rates for MY 2020. The corresponding tables indicates whether the MCP's rate was statistically better than the statewide average rate (indicated by ▲) or whether the MCP's rate was statistically worse than the statewide average rate (indicated by ▼). An MCP statistically exceeding the statewide average rate for a measure was considered a strength during this evaluation, while an MCP rate reported statistically below the statewide average rate was considered an opportunity for improvement.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

This section displays MCP results for the most recent Managed Care Operational Survey. An MCP being in compliance with federal Medicaid standards was considered a strength during this evaluation, while noncompliance with a requirement standard was considered an opportunity for improvement.

Quality of Care Survey Findings – Member Experience

This section displays the MCP-level Child CAHPS performance for 2020. The corresponding tables display the satisfaction domains, individual supplemental questions, MCP scores, and the statewide average scores for MYs 2016, 2018, and 2020. The table also indicates whether the MCP's score was significantly better than the statewide average score (indicated by ▲) or whether the MCP's score was significantly worse than the statewide average score (indicated by ▼). An MCP scoring statistically better than the statewide average score for a satisfaction domain was considered a strength during this evaluation, while an MCP score statistically worse than the statewide average score was considered an opportunity for improvement.

Assessment of MCP Follow-up on 2019 EQR Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each annual technical report include "an assessment of the degree to which each MCP, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR." IPRO requested that each MCP describe how its organization addressed the recommendations from the RY 2019 EQR Technical Report. MCP responses are reported in this section of the report.

Table 8 displays the assessment categories used by IPRO to describe MCP progress towards addressing the 2019 EQR recommendations.

Table 8: MCP Response to Recommendation Assessment Levels

Assessment Determinations and Definitions
Addressed
MCP's quality improvement response resulted in demonstrated improvement.
Partially Addressed
MCP's quality improvement response was appropriate; however, improvement is still needed.
Remains an Opportunity for Improvement
MCP's quality improvement response did not address the recommendation; improvement was not observed, or performance declined.

Strengths, Opportunities for Improvement and 2020 EQR Recommendations

The MCP strengths and opportunities for improvement identified during IPRO's EQR of the activities described are enumerated in this section. For areas needing improvement, recommendations to improve the **quality** of, **timeliness** of and **access** to care are presented. These three elements are defined as:

- **Quality** is the extent to which an MCP increases the likelihood of desired health outcomes for enrollees through its structural and operational characteristics and through health care services provided, which are consistent with current professional knowledge.
- **Timeliness** is the extent to which care and services are provided within the periods required by the New York State model contract with MCPs, federal regulations, and as recommended by professional organizations and other evidence-based guidelines.
- **Access** is the timely use of personal health services to achieve the best possible health outcomes.

Affinity

Performance Improvement Project Findings

Table 9: Affinity's PIP Summary, MY 2020

Affinity's PIP Summary
PIP Title: KIDS Quality Agenda Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Affinity aims to improve the incidences of screening and subsequent follow-up among its child members for three conditions of critical importance during infancy and childhood that require early intervention: 1) blood lead testing, 2) screening for hearing loss, and 3) screening for any developmental delays; and to improve the health outcomes for the youngest of its member population. Member-Focused 2020 Interventions ▪ Educated members via newsletter, member portal, customer service centers (CSCs), and member materials on the importance of the newborn visit and child development milestones. ▪ Encouraged members with children having capillary elevated BLLs to see their provider for follow-up and management. ▪ Outreached to patient caregivers, educating them on the importance of hearing screening and encouraging them to follow-up with their child's doctor. Provider-Focused 2020 Interventions ▪ Outreached to high-volume, low performing provider groups with high well-child visit rates and low lead testing rates to identify billing issues and to develop corrective action plans. ▪ Outreached to low performing provider groups with patients 9-18 months of age and/or 18-36 months of age that have not had a capillary or venous blood test to conduct root cause analysis discussions and to develop corrective action plans. ▪ Educated provider groups on the clinical guidelines for follow-up testing for members with elevated BLLs, and to discuss barriers to adherence to the guidelines. ▪ Educated providers via newsletter, fax blast and through the provider portal on screening requirements, appropriate coding, availability of a provider toolkit. ▪ Hosted a webinar for provider groups on the submission of supplemental data. ▪ Produced monthly and bi-annual reports for providers identifying members with missing screenings and lab results requiring follow-up and monitoring. MCP-Focused 2020 Interventions ▪ Established a bi-monthly data exchange between Affinity and the New York State Information Immunization System (NYSIIS) and the New York City Citywide Immunization Registry (NYC CIR).

Table 10: Affinity's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	42.05%	45.28%	48.09%	51%
Blood lead test: Age 2 years	68.01%	67.48%	70.51%	74%
Blood lead test: Age 1 and 2 years	37.80%	28.91%	40.88%	44%
Confirmatory venous blood lead test for capillary BLL ≥5mcg/dl, within 3 months	77.71%	55.10%	87.43%	88%
Confirmed venous BLL of ≥ 5 mcg/dl	1.22%	100%	1.16%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	77.30%	92.59%	86.74%	88%
Confirmed venous BLL ≥ 10 mcg/dl	0.37%	85.19%	0.30%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	78.23%	88.41%	87.10%	87%
Newborn Hearing Screening				
Completed screening by 1 month of age	74.49%	80.08%	78.71%	81%
Did not pass screening by 1 month of age	1.04%	1.71%	2.05%	NA
Did not pass screening by 1 month of age; had a diagnostic audio-logical evaluation by 3 months of age	31.58%	34.92%	44.44%	50%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	33.33%	9.09%	13.89%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	100%	80.00%	100%
Completed hearing screening before 3 months of age	74.78%	80.08%	83.44%	81%
Did not pass hearing screening; had a diagnostic audio-logical evaluation before 6 months of age	36.59%	33.69%	31.43%	50%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	85.71%	100%	90.91%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	58.54%	58.49%	62.51%	65%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	78.23%	90.62%	84.14%	84%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	36.78%	40.03%	41.29%	43%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	57.70%	61.66%	59.99%	64%
Standardized autism screening by 30 months of age: 1 claim for autism screening	4.87%	11.47%	11.61%	11%
Standardized autism screening by 30 months of age: 2 claims for autism screening	3.12%	5.23%	7.26%	10%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 11: Affinity's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations—Combo 2	42	44	50 ▲	44
Breast Cancer Screening	69 ▼	72	71 ▲	67
Cervical Cancer Screening		74	74 ▲	68
Childhood Immunizations—Combo 3	81 ▲	81 ▲	76	72
Chlamydia Screening (Ages 16-24)	79 ▲	81 ▲	76 ▲	71
Colorectal Cancer Screening	65	65	65	61
Flu Shots for Adults (Ages 18-64)[2]		44	44	46
Lead Screening in Children	91	91	85	87
Non-recommended Cervical Cancer Screening in Adolescent Females	2	2 ▼	1	0.99
WCC – BMI Percentile	84	88	87 ▲	80
WCC – Counseling for Nutrition	81	85	85 ▲	77
WCC – Counseling for Physical Activity	76	81 ▲	82 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	96 ▲	88	89	89
Asthma Medication Ratio (Ages 19-64)	51 ▼	51 ▼	55 ▲	51
Asthma Medication Ratio (Ages 5-18)	69	64	70	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	45 ▲	53 ▲	41	40
CDC – BP Controlled (<140/90 mm Hg)	59 ▼	69	69 ▲	55
CDC – Eye Exam Performed	80 ▲	80 ▲	68 ▲	60
CDC – HbA1c Testing	99 ▲	99 ▲	91 ▲	86
CDC – HbA1c Control (<8%)	57	57	59 ▲	50
CDC – Nephropathy Monitor	91	91		
Controlling High Blood Pressure	75	75 ▲	66 ▲	56
HIV Viral Load Suppression[1]	77	78	74	74
Kidney Health Evaluation for Patients with Diabetes			68 ▲	39
Persistence of Beta-Blocker Treatment After a Heart Attack	70	81	78	86
Pharmacotherapy Management for COPD – Bronchodilators	93	89	87	88
Pharmacotherapy Management for COPD – Corticosteroids	75	72	68	74
Smoking Cessation Medications[2]		52	52	62
Smoking Cessation Strategies[2]		44	44	56
Spirometry Testing for COPD	54	48	50	46
Statin Therapy for Patients with Cardiovascular Disease – Received	77	81	81	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	63	64 ▼	64 ▼	71
Statin Therapy for Patients with Diabetes – Received	66	67 ▼	67 ▼	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	58 ▼	57 ▼	58 ▼	65
Testing for Children with Pharyngitis	89 ▼	89	85 ▼	87
Use of Imaging Studies for Low Back Pain	77	77	80	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	50	48 ▼	48 ▼	55
Antidepressant Medication Management – Effective Continuation Phase	35	33 ▼	31 ▼	40
Antipsychotic Medications for Schizophrenia	65	63	60	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	83	78	72	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	81	77 ▼	79	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	23	23	24	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	34 ▲	34 ▲	30	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	65	65 ▲	64 ▲	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	78 ▲	76 ▲	75 ▲	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			43	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			66	66
Follow-Up After Hospitalization for Mental Illness – 7 Days	65	68	62	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	78 ▲	83	78	80
Follow-Up Care for Children on ADHD Medication – Continue	83 ▲	80 ▲	70	67
Follow-Up Care for Children on ADHD Medication – Initiation	74 ▲	67 ▲	60	58
Metabolic Monitoring for Children and Adolescents on Antipsychotics	43	48	43 ▲	34
Pharmacotherapy for Opioid Use Disorder			22 ▼	38
Risk of Continued Opioid Use – 15 Days		5	5	5
Risk of Continued Opioid Use – 31 Days		3	3	3
Use of Opioids at High Dosage		10	9	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.56	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			72	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Well Child Visits First 30 Months of Life – First 15 Months[5]			77	66
Access / Availability of Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	76 ▼	76 ▼	71	80
45-64 Years	86 ▼	86 ▼	82	87
65+ Years	88 ▼	87 ▼	78	84
Access to Other Services				
Annual Dental Visit[4]	62 ▲	64 ▲	39 ▼	47
Initiation of Alcohol and Other Drug Dependence Treatment – Total[3]	41 ▼	45 ▼	40 ▼	48
Engagement of Alcohol and Other Drug Dependence Treatment – Total[3]	15 ▼	23 ▼	11 ▼	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	26 ▼	25 ▼	NA	NA
Timeliness of Prenatal Care[3]	87		86 ▲	88
Postpartum Care	75 ▲	75 ▼	84 ▼	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	69	76	81	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	4 ▼	5 ▼	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 12: Affinity's QARR Perinatal Care Performance, MY 2017 – MY 2019

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	8%	7%	7%
Prenatal Care in the First Trimester	73% ▼	70%	67%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	13%	13%	13%
Vaginal Birth After Cesarean	Not Available	14%	19%	21%
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	9%	8%	7%
Prenatal Care in the First Trimester	77%	69%	71%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	15%	15%	13%
Vaginal Birth After Cesarean	Not Available	8%	12%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 13: Affinity's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020 Target
42 CFR 438.206: Availability of Services	C	C
42 CFR 438.207: Assurances of adequate capacity and services	C	C
42 CFR 438.208: Coordination and continuity of care	C	C
42 CFR 438.210: Coverage and authorization of services	C	C
42 CFR 438.214: Provider selection	C	C
42 CFR 438.224: Confidentiality	C	C
42 CFR 438.228: Grievance and appeal system	NC	NC
42 CFR 438.230: Sub-contractual relationships and delegation	C	C
42 CFR 438.236: Practice guidelines	C	C
42 CFR 438.242: Health information systems	C	C
42 CFR 438.330: Quality assessment and performance improvement program	C	C

C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2020 Results

- Based on staff interview and review of the initial adverse determination notices, Affinity received a repeat citation regarding the failure of its delegates, DentaQuest and EviCore, to include instructions on how to initiate an external appeal. This was evident in 2 of 7 CHP pre-authorizations cases, 2 of 2 commercial/CHP standard appeals cases, and 2 of 2 commercial/CHP expedited appeal utilization review cases. Specifically, the notice did not include the phone number that the enrollee may contact Affinity to request an external appeal application and instructions.
- Based on staff interview and review of the initial adverse determination (IAD) notices, Affinity, and its delegate, EviCore, failed to include the required timeframe to resolve an expedited appeal within 72 hours of receipt of request. This was evident in 2 of 7 CHP preauthorization utilization review cases reviewed.

Quality of Care Survey Findings – Member Satisfaction

Table 14: Affinity's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Affinity	Statewide Average	Affinity	Statewide Average	Affinity	Statewide Average
Access to Specialized Services					73	72
Coordination of Care[1]	69	74	78	75	70	72
Customer Service[1]	83	86	88	86	88	87
Family-Centered Care: Personal Doctor Who Knows Child					92	90
Getting Care Needed[1]	80	85	88	84	84	84
Getting Care Quickly[1]	87	88	90	88	87	88
How Well Doctors Communicate[1]	72	68	80	69	91	93
Rating of All Healthcare	85	85	85	87	89	90
Rating of Health Plan	84	85	85	85	86	86
Rating of Personal Doctor[1]	90	98	90	90	90	90
Rating of Specialist Seen Most Often	80	84	86	84	75	87

Note: Grey shading indicates that the measure was not required.

[1] These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 15: Affinity's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Affinity demonstrates an opportunity to improve the quality of care for members diagnosed with asthma. Two of the four asthma care-related rates in the acute and chronic care domain remained significantly worse than the statewide average rate. Affinity should continue its current strategy that includes timely provider notifications and member education, as these interventions have shown to be effective with an improvement from the MY 2018 to MY 2019 rates for the Medication Management for People with Asthma 50% of Days Covered (Ages 5-18) measure.	Review of year-over-year performance, stratified by age band and by attributed providers. Several providers (namely FQHCs) with a large volume of attributed members demonstrated poor performance which contributed to overall poor plan performance. The plan will collaborate with the FQHCs quality leads to perform site-specific root cause analysis and develop individualized performance improvement plans with the expressed goal of addressing barriers identified by these sites in. Preliminarily, the FQHCs have indicated their inability to definitively know if a member has filled a prescribed medication because there is no feedback from the pharmacy. As a response to that particular concern was the plans implementation of a monthly list of members who were delinquent in filling prescriptions based on data received by the plan from its pharmacy benefit manager. However, since the data was received by the plan on a bi-weekly basis, this posed some delays in provider notification and the ability to intervene timely enough. Additionally, the actions taken to address RY 2018 were implemented late in the measurement year. As a result, these activities will continue and be augmented by additional member-facing educational services that will be offered in 2022. Specifically, the plan will be implementing a national medication adherence program (Tabula Rasa Health Care) that allows health plans to maximize performance through real-time analytics and multifaceted intervention strategies. The program will be supported by a dedicated Adherence Team whose focus will be to improve member outreach, patient engagement and overall medication adherence through novel adherence driven initiatives. Additionally, through Tabula Rasa's network of pharmacies, the plans will be able to modify and select additional strategies to engage and support improved adherence through multi-channel digital communications, med-time reminders, medication synchronization, and 30 to 90-day fills.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	The plan will monitor the effectiveness of these interventions through monthly reporting of the MMA and AMR measure rates as well as through specific tracking measures that tie directly to the performance improvement activities that are collaboratively developed with targeted FQHCs and the Tabula Rasa Adhere Team resources.	
Affinity should consider conducting a root cause analysis to identify the reasons for the decline in the quality of behavioral health care as demonstrated by low performing rates. Affinity should consider the use of a behavioral health case management program that could provide education on medication management to members and their support systems. Affinity should also consider collaborating with a CBO that conducts face-to-face behavioral health education.	While Affinity has demonstrated solid improvement in its ability to address timely behavioral health follow-up post-acute episodes (hospital and ED admissions), continued management of vulnerable behavioral health members within the community beyond that point has been challenging. Several of the actions taken yielded little-to-no improvement and were re-evaluated (i.e., P4P/Incentive contract with 4 Health Homes, covering eight of Affinity's ten counties, and earned upon completion of a community visit with a member between the date of discharge and three days post-discharge with the intent of scheduling the 7-day follow-up visit as well as getting the member connected to a health home). And, although implemented later in the year, obtaining admission/discharge/transfer (ADT) alerts through our partnership with the Bronx Regional Health Information Organization (RHIO) demonstrated the most promise and yielded more insight into some of the root causes affecting the plan's ability to effectively members with behavioral health disorders long-term. One specific root cause identified through reconciliation of ADT alerts from the Bronx RHIO, hospital notifications to the plan's behavioral health organization, and claims data was that many of the hospitals were not notifying the plan at all. Not having a complete picture of member utilization hampered the case management staff's ability to understand care access patterns, member diagnosis and treatment history, and to perform timely outreach and care coordination with members and their providers. Because of what improved and timely data acquisition was able to reveal about "where" our behavioral health members were accessing care, the plan is working with the Bronx RHIO to expand its data exchange to include pharmacy data and other quality indicators to create a more comprehensive member utilization profile, accessible by our case management staff.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	Additionally, the plan will engage Care Connections (a program offered by the plan's corporate quality team) to utilize its nurse practitioners and other qualified staff to outreach members in the home, community or by phone to engage them directly, address care access concerns, reconcile medications and discuss medication adherence, and to assist with scheduling follow-up appointments.	
Access to/Timeliness of Care		
Affinity continues to demonstrate an opportunity to improve access to care. In addition to continuing current interventions, Affinity should identify areas of its provider network that would benefit from advancements in telehealth technologies and provide resources to support implementation. Affinity should also evaluate its provider recruitment strategies to ensure its members have access to a provider network that is robust and adequate. [Repeat recommendation.]	To address concerns around care access and to provide an effective and practical method of increasing the availability of the provider network to our members, Affinity partnered with Teladoc® to offer an expanded telehealth network. Teladoc® offers the existing Affinity provider network an opportunity to join it is telehealth platform, as well as provides members access to a robust telehealth network. The effectiveness of this intervention is monitored through detailed monthly report delivered by Teladoc® which demonstrates # members registering for the service, # of those members who actually complete a telehealth visit, and the count of telehealth visit by type of visit (general medicine, behavioral health, etc.).	Partially Addressed
Affinity should consider putting mechanisms in place to ensure utilization review staff adheres to the grievance and appeal policies and procedures.	Affinity conducts an annual review of all departmental policies and procedures, each department is required to review and revise their specific department policies and procedures. In addition, as part of the acquisition by Molina Healthcare effective 11/1/21, all Affinity utilization management and appeals and grievances staff were re-trained on Molina Healthcare utilization management and appeals and grievances policies and procedures.	Partially Addressed

Strengths, Opportunities for Improvement and Recommendations

Table 16: Affinity's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Affinity's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	One (1) of 6 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period. However, all 6 performance indicators demonstrated improvement during this timeframe.	X	X	
PIP – Newborn Hearing Screening	One (1) of 6 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period. However, 4 of the 6 indicators demonstrated improvement during this timeframe.	X	X	
PIP – Developmental Screening	Two (2) of 6 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period. However, all 6 performance indicators demonstrated improvement during this time.	X	X	
Performance Measures – General	Affinity met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Affinity reported MY 2020 rates for 7 measures related to child and adolescent care and women's health that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Affinity reported MY 2020 rates for 7 measures related to diabetes care, asthma care, and hypertension that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Affinity reported MY 2020 rates for 3 measures related to follow-up care after hospitalization and child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	Affinity reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than statewide average.		X	X
Compliance with Medicaid Standards	Affinity was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Affinity achieved 6 CAHPS scores that were met or exceeded the statewide average.	X	X	X
Opportunities for Improvement				
PIP – Blood Lead Testing	Although all 6 indicators demonstrated performance improvement between the	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	baseline period and the remeasurement period, 5 remeasurement rates did not meet the target rate.			
PIP – Newborn Hearing Screening	Although all 6 indicators demonstrated performance improvement between the baseline period and the remeasurement period, 5 remeasurement rates did not meet the target rate.	X	X	
PIP – Developmental Screening	Although all 6 indicators demonstrated performance improvement between the baseline period and the remeasurement period, 4 remeasurement rates did not meet the target rate.	X	X	
Performance Measures – Acute and Chronic Care	Affinity reported MY 2020 rates for 4 measures related to statin therapy and pharyngitis care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Affinity reported MY 2020 rates for 3 measures related to antidepressant medication management and pharmacotherapy for opioid use that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Affinity reported MY 2020 rates for 4 measures related to dental care, drug dependence treatment and postpartum care that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	Affinity was in noncompliance with 42 CFR 438.228 during the MY 2020 operational review.	X	X	X
Quality of Care Survey – Member Experience	Affinity achieved 5 CAHPS scores that were lower than the statewide average.	X	X	X
Recommendations				
PIP	The MCP should continue interventions implemented under the PIP as these indicators have demonstrated performance improvement.	X		
Performance Measures - Prevention and Screening	The MCP should continue interventions implemented to improve members accessing preventative screenings as the majority of measures met or exceeded the statewide averages.	X	X	X
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with cardiovascular disease and diabetes.	X		
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve the health of members with depression and opioid abuse disorders.	X		

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to dental services, drug dependence treatments and postpartum care.	X		X
Compliance with Medicaid Standards	The MCP should investigate opportunities to ensure appeal policies and procedures are being followed by its' delegates DentaQuest and EviCore.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

CDPHP

Performance Improvement Project Findings

Table 17: CDPHP's PIP Summary, MY 2020

CDPHP's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim CDPHP aims to address three priority areas for at-risk Medicaid members aged 3 years and younger for lead testing and follow-up, newborn hearing screening and follow-up and developmental assessment monitoring for early intervention. Member-Focused 2020 Interventions ▪ Offered support to members with coordination of transportation for appointments via announcements in member newsletters and targeted outreach to members with a gap in care for lead and hearing screening. ▪ Assisted members with transportation with the provision of a medical answering service (MAS) transportation tip sheet with written guidance on how to use MAS. ▪ Worked with a FQHC to schedule well-visit and lead screening appointments for members with gaps in care. ▪ Incentivized members with a gift card incentive for completion of required follow-up to previously positive lead testing results. ▪ Empowered members through education and participation in the CDPHP Maternal Health Program. ▪ Coordinated and scheduled blood draw appointments for members as needed. ▪ Outreached to members with failed newborn hearing screen during Albany Medical Center birth admission. ▪ Initiated member case management following a hospital discharge as needed for failed newborn hearing screening. ▪ Piloted the Focused Parenting Support Program in a designated primary care practice which included educational books and a support group. Provider-Focused 2020 Interventions ▪ Provided gaps in care reports to assist provider outreach. ▪ Outreached to high volume, low performance providers with more than four gaps in care. ▪ Collaboration with provider offices to identify barriers to care coordination and the provider's role in facilitating continuity of care. ▪ Facilitated EI program coordinator meeting to identify barriers to timely referral. ▪ Worked with individual practices to explore opportunities for extended practice appointment slots or screening events. MCP-Focused 2020 Interventions ▪ Identified "at-risk" counties based on NYS data and target practices for provider engagement activities. ▪ Utilized a questionnaire to obtain descriptive information specific to provider awareness of current lead screening and testing recommendations, followed by education based on questionnaire results.

Table 18: CDPHP's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Screening				
Blood lead test: Age 1 year	61.3%	68.92%	65.54%	66.3%
Blood lead test: Age 2 years	59.3%	63.28%	64.81%	64.3%
Blood lead test: Age 1 and 2 years	43.3%	46.49%	49.72%	48.3%
Confirmatory venous blood lead test for capillary BLL ≥5mcg/dl, within 3 months	53.6%	49.12%	63.64%	58.6%
Confirmed venous BLL of ≥ 5 mcg/dl	10.3%	10.04%	10.18%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	0%	0%	31.7%	80%
Confirmed venous BLL ≥ 10 mcg/dl	1.9%	1.72%	1.76%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	0%	0%	17%	80%
Newborn Hearing Screening				
Completed screening by 1 month of age	75.7%	81.73%	87.66%	80.7%
Did not pass screening by 1 month of age	1%	1.56%	2.63%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	9.5%	4.88%	1.32%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	0%	50%	0%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	NA	NA	100%	80%
Completed hearing screening before 3 months of age	61%	89.55%	91.15%	66%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	28.6%	7.69%	8.86%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	NA	100%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	9%	10.42%	12.43%	14%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	23%	28.64%	32.37%	28%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	20%	21.35%	25.36%	25%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	18%	20.56%	23.73%	23%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	7.47%	5%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	2.00%	5%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 19: CDPHP's QARR Performance, MY 2018 – MY 2020

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	36 ▼	36 ▼	35 ▼	44
Breast Cancer Screening	65 ▼	65 ▼	61 ▼	67
Cervical Cancer Screening	73	73	68	68
Childhood Immunizations – Combo 3	80 ▲	81 ▲	82 ▲	72
Chlamydia Screening (Ages 16-24)	70 ▼	72 ▼	68 ▼	71
Colorectal Cancer Screening	54 ▼	58 ▼	58	61
Flu Shots for Adults (Ages 18-64)[2]		41	41	46
Lead Screening in Children	86	87	88	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1	1	0.69	0.99
WCC – BMI Percentile	94 ▲	94 ▲	88 ▲	80
WCC – Counseling for Nutrition	89 ▲	89 ▲	84 ▲	77
WCC – Counseling for Physical Activity	85 ▲	85 ▲	84 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	96 ▲	93 ▲	93 ▲	89
Asthma Medication Ratio (Ages 19-64)	53 ▼	53	60 ▲	51
Asthma Medication Ratio (Ages 5-18)	69	66	72	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	43 ▲	52 ▲	48 ▲	40
CDC – BP Controlled (<140/90 mm Hg)	76 ▲	76 ▲	72 ▲	55
CDC – Eye Exam Performed	68	68	59	60
CDC – HbA1c Testing	91	91	81 ▼	86
CDC – HbA1c Control (<8%)	56	59	56 ▲	50
CDC – Nephropathy Monitor	90	90		
Controlling High Blood Pressure	69	69	72 ▲	56
HIV Viral Load Suppression[1]	84	82	79	74
Kidney Health Evaluation for Patients with Diabetes			30 ▼	39
Persistence of Beta-Blocker Treatment After a Heart Attack	88	88	83	86
Pharmacotherapy Management for COPD – Bronchodilators	89	90	89	88
Pharmacotherapy Management for COPD – Corticosteroids	81	80	76	74
Smoking Cessation Medications[2]		60	60	62
Smoking Cessation Strategies[2]		51	51	56
Spirometry Testing for COPD	35 ▼	28 ▼	31 ▼	46
Statin Therapy for Patients with Cardiovascular Disease – Received	82	84	84	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	67	73	74	71

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Received	65	65 ▼	68	70
Statin Therapy for Patients with Diabetes – Adherent	60	64	68	65
Testing for Children with Pharyngitis	92	93 ▲	91 ▲	87
Use of Imaging Studies for Low Back Pain	69 ▼	72 ▼	75 ▼	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	54	54	59 ▲	55
Antidepressant Medication Management – Effective Continuation Phase	39	37	43	40
Antipsychotic Medications for Schizophrenia	60	62	66	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	86	87	77	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	76 ▼	75	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	32 ▲	25	23	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	38 ▲	31	31	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	54 ▼	45 ▼	44 ▼	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	70	63 ▼	62	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			40	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			68	66
Follow-Up Care for Children on ADHD Medication – Initiation	47 ▼	51 ▼	48 ▼	58
Follow-Up Care for Children on ADHD Medication – Continue	53 ▼	62	55 ▼	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	34 ▼	67	68	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	70	84 ▲	82	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	44	42	38 ▲	34
Pharmacotherapy for Opioid Use Disorder			44	38
Risk of Continued Opioid Use – 15 Days		7 ▲	7 ▲	5
Risk of Continued Opioid Use – 31 Days		3	3	3
Use of Opioids at High Dosage		7 ▲	6 ▲	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.38	0.51
Utilization				

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Child and Adolescent Well-Care Visits – Ages 3-21 Years (WCV)[5]			68	66
Well Child Visits First 30 Months of Life – First 15 Months (W30)[5]			75	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	86 ▲	86 ▲	83	80
45-64 Years	91 ▲	91 ▲	88	87
65+ Years	90	92	87	84
Access to Other Services				
Annual Dental Visit[4]	63 ▲	63 ▲	52	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	46	42 ▼	42 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	20	18	18	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	41	40	NA	NA
Timeliness of Prenatal Care[3]	94 ▲		95 ▲	88
Postpartum Care	68	82	82	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	68	76	70	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	9 ▲	10 ▲	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 20: CDPHP's QARR Perinatal Care Rates

Domain/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Rate
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	74%	74%	72%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	11%	11%	13%
Vaginal Birth After Cesarean	Not Available	18%	15%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 21: CDPHP's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020 Comprehensive
42 CFR 438.206: Availability of Services	C	NC
42 CFR 438.207: Assurances of adequate capacity and services	C	C
42 CFR 438.208: Coordination and continuity of care	C	C
42 CFR 438.210: Coverage and authorization of services	C	C
42 CFR 438.214: Provider selection	C	C
42 CFR 438.224: Confidentiality	C	C
42 CFR 438.228: Grievance and appeal system	C	NC
42 CFR 438.230: Sub-contractual relationships and delegation	C	C
42 CFR 438.236: Practice guidelines	C	C
42 CFR 438.242: Health information systems	C	C
42 CFR 438.330: Quality assessment and performance improvement program	C	C

C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2020 Results

- Based on staff interview and review of the CHP IAD and final adverse determination (FAD) notices, CDPHP failed to ensure its delegate, Delta Dental, provided clinical rationale explanations that included the term "not medically necessary" or enrollee-specific information in 6 of 10 CHP pre-authorization cases.
- Based on interview of plan staff and review of the CHP IAD notices, CDPHP failed to ensure that the written notices issued to the enrollees were factual and accurate in nature for 3 of 16 Delta Dental CHP pre-authorization utilization review cases reviewed during the comprehensive operational survey. Specifically, the Delta Dental CHP pre-authorization IAD notices did not include correct information to identify the dentist that completed the review and made the denial determination.
- Based on interviews with staff and review of provider contracts, CDPHP failed to provide evidence that 2 of 55 providers were sent an amendment to incorporate the 2017 NYS DOH Standard Clauses for Managed Care Provider/IPA/ACO Contracts.
- Based on interview and review of the membership of the board of directors, CDPHP failed to notify the DOH of three new board members and the resignation of three board members.
- Based on interview and review of the membership of the board of directors, the CDPHP failed to submit *Character and Competency Review Forms* to the DOH for three new board members.

Quality of Care Survey Findings – Member Satisfaction

Table 22: CDPHP's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	CDPHP	Statewide Average	CDPHP	Statewide Average	CDPHP	Statewide Average
Access to Specialized Services					78	72
Coordination of Care[1]	69	74	77	75	76	72
Customer Service[1]	84	86	93 ▲	86	89	87
Family-Centered Care: Personal Doctor Who Knows Child					90	90
Getting Care Needed[1]	91 ▲	85	88	84	82	84
Getting Care Quickly[1]	92 ▲	88	92 ▲	88	94 ▲	88
How Well Doctors Communicate[1]	94	93	97 ▲	93	96 ▲	93
Rating of All Healthcare	87	86	90	87	93	90
Rating of Health Plan	87	85	88	85	88	86
Rating of Personal Doctor[1]	94 ▲	89	91	90	92	90
Rating of Specialist Seen Most Often	87	83	82	84	89	87

Note: Grey shading indicates that the measure was not required.

[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 23: CDPHP's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
CDPHP continues to demonstrate an opportunity to improve the quality of care for HEDIS®/QARR measures in the Prevention and Screening domain. CDPHP should consider investigating barriers to members obtaining screenings specifically for breast cancer, colorectal cancer and chlamydia as these rates have been significantly below the statewide average for three consecutive years. Based on the results of the MCP's barrier analysis the MCP should consider creating interventions that target both members and providers to maximize results.	CDPHP continues to evaluate performance on all HEDIS and QARR measures with a particular emphasis on measure where performance is tracking below state-wide average with respect to rates. Internal work groups and teams monitor performance rates, member and provider demographic, and marketing data as the basis for strategic plans for improvement. CDPHP conducted barrier analyses in 2018 and 2019 in response to the low rates reported for breast cancer, colon cancer, and chlamydia screening. Barriers to breast and colon cancer screenings identified included knowledge deficit regarding test options for screening (specifically for colorectal cancer), personal risk and importance of early detection, inconsistency with PCP engagement due to lifestyle stressors and disparities, competing existing medical/behavioral health conditions, poor compliance with scheduling, transportation, and inability to take work time for medical appointments. Regarding breast cancer screening, SDOH continue to influence understanding of purpose of cancer screenings; education through multimedia approaches to address SDOH is believed to be the most impactful approach. Phone outreach to members reminding them to schedule their mammograms and offered assistance in the scheduling process has proven successful on a much smaller scale. CDPHP interventions included use of social media, email and letter campaigns, billboards, and member newsletters to educate members, a continuous stream of targeted messages to members as a reminder to schedule screening tests, or a provider visit and an offer to assist with the scheduling process. The approach and content of messages were tailored based on personas/demographics to maximize the opportunity to influence response. Facilities accessible via public transportation were identified. Incentives for preventive care visits and screenings were offered for the Medicaid population.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	With regard to Colorectal Screenings, CDPHP has conducted email campaigns specific to COL- FIT Kit outreach. As COVID-19 restrictions lessen and more community engagement events are offered, CDPHP will continue to provide member level messaging of colorectal screening recommendations. Additionally, Employer group outreach to offer the colorectal cancer screening toolkit have been well received. March is Colorectal Cancer Awareness month; the email campaign in that month realized a 21 percent gap closure rate compared to email campaigns in January and August. The improvement rate can be attributed to consistent messaging throughout the year. Realizing that many members are unaware of the colon screening options available, including in-home tests, messaging included information comparing each test and the call to action with every intervention was to talk to your doctor about which test is best for the member. Awareness campaigns have been conducted throughout calendar year 2020 and 2021 targeting members with breast and/or colorectal cancer screening gaps. As a result of the COVID-19 pandemic and in response to member fear, campaign messaging was themed "Who is your reason" to reinforce the need to seek out preventative care for themselves and their family members. CDPHP's Corporate Analytics Department has a robust program for providing network practices with monthly gap lists. Enhanced primary care practices have performance dashboards and financial rewards built into their participation contracts. HIXNY recently received "data aggregator status" which will open additional doors for CDPHP to utilize HIXNY for improvement of gap data collection.	
Access to/Timeliness of Care		
While CDPHP's rates for some behavioral health measures remained significantly worse than the statewide average the MCP had an improvement in	The recommendation included tracking member participation and satisfaction with the services provided by Valera Health and aptihealth, Inc. to determine its effectiveness with our membership. Our telehealth partner, aptihealth, Inc., has shared data regarding the volume of CDPHP member participation as well as satisfaction with their treating clinicians. Additional reports include retention rates, average number of contacts members have with	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
rates for 6 of the 9 measures and therefore should continue its current efforts to improve access to behavioral health providers. The MCP should consider tracking member participation and satisfaction with the services provided by Valera Health and aptihealth, Inc. to determine its effectiveness with this population.	the aptihealth, Inc. team weekly, session show rate, utilization of the aptihealth, Inc. primary care physician, 7- and 30-day follow-up from behavioral health admission at referral percentage. Overall, members who use aptihealth, Inc. are satisfied with the telehealth experience. Valera Health is another telehealth partner that increased access to behavioral health care virtually, and also provides a care management application to increase care coordination between CDPHP care managers, the member, and medical providers via its chat function. This functionality is useful especially when referral and care transition support is needed. The application also provides self-management tools such as educational resources, care coordination, health coaches, and support across the course of treatment. Should the member need virtual therapy, flexible, patient-oriented care plans are developed, and the member can select from a range of provider specialties. Additionally, enhanced primary care offices can use the Valera Health website to help schedule telehealth appointments for members. Appointments are made within 24 hours. Members are satisfied with Valera Health services and are asked questions such as: how likely is it that you would recommend Valera Health to a friend or colleague; what changes we could make to improve your experience; and which aspects of your care are you most satisfied with. Currently, weekly meetings are held with both Valera Health and aptihealth, Inc. to address administrative issues and to hold clinical discussions. The expected outcomes include expanded access to behavioral health providers as well as timelier appointments using virtual settings. The HEDIS metrics FUH 7 day and FUM 7 day are tracked monthly to monitor the effectiveness of timelier virtual care. Furthermore, the CDPHP analytics team is building quality dashboards that will be used in tandem with a value-based shared savings model to begin in 2022.	

Strengths, Opportunities for Improvement and Recommendations

Table 24: CDPHP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	CDPHP's Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	CDPHP's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, all 6 performance indicators demonstrated improvement during this timeframe.	X	X	
PIP – Newborn Hearing Screening	Four (4) of 6 performance indicator rates met or exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Four (4) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, all 6 performance indicators demonstrated improvement during this time.	X	X	
Performance Measures – General	CDPHP met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	CDPHP reported MY 2020 rates for 4 measures related to child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	CDPHP reported MY 2020 rates for 7 measures related to respiratory conditions, diabetes care, and hypertension that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	CDPHP reported MY 2020 rates for 3 measures related to antidepressant medication management, metabolic monitoring for children and adolescents, and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	CDPHP reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than statewide average.		X	X
Compliance with Medicaid Standards	CDPHP was in compliance with 9 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X
Quality of Care Survey – Member Experience	CDPHP achieved 2 CAHPS scores that exceeded the statewide average.	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Opportunities				
PIP – Blood Lead Testing	Although all 6 indicators demonstrated performance improvement between the baseline period and the MY 2020 remeasurement period, 2 performance indicator rates did not the meet the target rate during this timeframe.	X	X	
PIP – Newborn Hearing Screening	Two (2) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Although all 6 indicators demonstrated performance improvement between the baseline period and the MY 2020 remeasurement period, 2 remeasurement rates did not meet the target rate.	X	X	
Performance Measures – Prevention and Screening	CDPHP reported MY 2020 rates for 3 measures related adolescent care and women's health that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	CDPHP reported MY 2020 rates for 4 measures related to diabetes care, spirometry testing for COPD, and back pain that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	CDPHP reported MY 2020 rates for 4 measures related to emergency room follow-up, follow-up care for children on ADHD medication, and risk of continued opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	CDPHP reported a MY 2020 rate for 1 measure related to drug dependence treatment that performed statistically lower than the statewide average.			X
Compliance with Medicaid Standards	CDPHP was in noncompliance with CFR 438.206 and 438.228 during the MY 2020 operational survey.	X	X	X
Quality of Care Survey – Member Experience	None.			
Recommendations				
PIP	The MCP should continue interventions implemented under the PIP as these indicators have demonstrated performance improvement.	X		
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve adolescents' access to immunizations and women's access to breast cancer and chlamydia screenings.	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes, COPD, and lower back pain.	X		
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve emergency room follow-up, follow-up care for children on ADHD medication and opioid use.	X		
Compliance with Medicaid Standards	The MCP should investigate opportunities to improve the areas in which noncompliance was identified and routinely monitor the effectiveness of the interventions to ensure full compliance achieved during the next compliance review.	X	X	X
Quality of Care Survey – Member Experience	None.			

Empire BCBS HealthPlus

Performance Improvement Project Findings

Table 25: Empire BCBS HealthPlus's PIP Summary, MY 2020

Empire BCBS HealthPlus's PIP Summary
PIP Title: KIDS Quality Agenda Performance Improvement Project – Improving Long-Term Outcomes in the First 1000 Days **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Empire BCBS HealthPlus aims to promote optimal physical health and improve the developmental trajectory of its youngest and most vulnerable members by improving identification and access to services for at-risk children during the most crucial period of development, their first 1,000 days of life. Member-Focused 2020 Interventions ▪ Targeted text messaging to parent/guardian of all members aged 0-2 years, 0-3 months and 0-3 years prompting them to get lead screenings, hearing loss screenings and developmental delay screenings respectively and follow-up with their PCP. ▪ Clinical case managers called parent/guardian of members who had a BLL of ≥ 5 mcg/dl to educate them on the need for follow-up with their PCP for additional testing and referrals for needed services. ▪ The maternity outreach team called all pregnant members during their prenatal period and members with a live birth within two months postpartum and conducted education on the importance of lead and hearing screenings. ▪ The maternity outreach team conducted education on screenings at baby shower events. Provider-Focused 2020 Interventions ▪ All providers were sent monthly gaps in care reports identifying members who may have needed a lead screening. ▪ Conducted provider education visits to the largest 50 pediatric provider groups to discuss required follow-up care for lead, hearing, and developmental delay screenings including coding education/guidance.

Table 26: Empire BCBS HealthPlus's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Screening				
Blood lead test: Age 1 year	82.57%	69.84%	73.02%	87.57%
Blood lead test: Age 2 years	82.94%	61.40%	78.87%	87.94%
Blood lead test: Age 1 and 2 years	70.18%	49.41%	65.65%	75.18%
Confirmatory venous blood lead test for capillary BLL ≥5mcg/dl, within 3 months	23.08%	6.25%	26.52%	100%
Confirmed venous BLL of ≥ 5 mcg/dl	0.09%	5.15%	0.21%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	36.00%	21.00%	35.77%	100%
Confirmed venous BLL ≥ 10 mcg/dl	0.10%	1.95%	0.03%	NA
Confirmed venous BLL ≥10 mcg/dl, follow-up test within 1 month	37.04%	9.00%	53.33%	57.00%
Newborn Hearing Screening				
Completed screening by 1 month of age	89.05%	82.9%	83.87%	94.05%
Did not pass screening by 1 month of age	0.97%	2.80%	1.83%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	16.67%	10.32%	7.52%	100%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	44.44%	30.77%	40%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	75.00%	100.0%	75%	100%
Completed hearing screening before 3 months of age	97.66%	89.97%	88.71%	100%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	19.05%	18.75%	12.5%	100%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	66.67%	100%	60%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	15.89%	16.16%	20.14%	20.89%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	27.00%	26.69%	32.41%	32.00%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	27.87%	28.11%	32.43%	32.87%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	23.84%	23.78%	28.25%	28.84%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.06%	2.03%	6.39%	15.00%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0.48%	4.64%	15.00%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 27: Empire BCBS HealthPlus's QARR Performance, MY 2018 – MY 2020

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings:				
Adolescent Immunizations – Combo 2	42	42	42	44
Breast Cancer Screening	72 ▲	72	68 ▲	67
Cervical Cancer Screening	73	77	70	68
Childhood Immunizations – Combo 3	72	73	64 ▼	72
Chlamydia Screening (Ages 16-24)	78 ▲	80 ▲	76 ▲	71
Colorectal Cancer Screening	58 ▼	59	56 ▼	61
Flu Shots for Adults (Ages 18-64)[2]		41	41	46
Lead Screening in Children	89	89	86	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1 ▲	1	0.73	0.99
WCC – BMI Percentile	82 ▼	82 ▼	85 ▲	80
WCC – Counseling for Nutrition	81	81	82 ▲	77
WCC – Counseling for Physical Activity	72	72	80 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	94 ▼	88 ▼	88 ▼	89
Asthma Medication Ratio (Ages 19-64)	54 ▼	56	58 ▲	51
Asthma Medication Ratio (Ages 5-18)	67	65	73 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	48	38	40
CDC – BP Controlled (<140/90 mm Hg)	61 ▼	61 ▼	60	55
CDC – Eye Exam Performed	64	65	54 ▼	60
CDC – HbA1c Testing	92	92	87	86
CDC – HbA1c Control (<8%)	56	56	50	50
CDC – Nephropathy Monitor	92	92		
Controlling High Blood Pressure	51 ▼	51 ▼	51	56
HIV Viral Load Suppression[1]	74	77	72	74
Kidney Health Evaluation for Patients with Diabetes			41 ▲	39
Persistence of Beta-Blocker Treatment After a Heart Attack	80	89	80	86
Pharmacotherapy Management for COPD – Bronchodilators	93	89	89	88
Pharmacotherapy Management for COPD – Corticosteroids	75	72	68	74
Smoking Cessation Medications[2]		SS	SS	62
Smoking Cessation Strategies[2]		SS	SS	56
Spirometry Testing for COPD	53	54	48	46
Statin Therapy for Patients with Cardiovascular Disease – Received	79	80	80	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	68	73	67 ▼	71
Statin Therapy for Patients with Diabetes – Received	69 ▲	72 ▲	72 ▲	70

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	61	67 ▲	60 ▼	65
Testing for Children with Pharyngitis	90 ▼	88 ▼	86 ▼	87
Use of Imaging Studies for Low Back Pain	82	84 ▲	83 ▲	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	53	55	51 ▼	55
Antidepressant Medication Management – Effective Continuation Phase	38	40	36 ▼	40
Antipsychotic Medications for Schizophrenia	62	70 ▲	64	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	78	79	81	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	84	85	76	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	15 ▼	13 ▼	18	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	20 ▼	18 ▼	22 ▼	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	62	67 ▲	66 ▲	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	73	76 ▲	75 ▲	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			40	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			66	66
Follow-Up Care for Children on ADHD Medication – Initiation	58	63 ▲	61	58
Follow-Up Care for Children on ADHD Medication – Continue	66	76	73	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	62	61	61 ▼	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	73	77	75 ▼	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	52 ▲	55 ▲	44 ▲	34
Pharmacotherapy for Opioid Use Disorder			30 ▼	38
Risk of Continued Opioid Use – 15 Days		2 ▼	3 ▼	5
Risk of Continued Opioid Use – 31 Days		2 ▼	2 ▼	3
Use of Opioids at High Dosage		13 ▼	14 ▼	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.58	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			68	66

Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Well Child Visits First 30 Months of Life – First 15 Months[5]			63	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	81	82	80	80
45-64 Years	88 ▼	89	86	87
65+ Years	90 ▼	90 ▼	83	84
Access to Other Services				
Annual Dental Visit[4]	59 ▼	61 ▼	52	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	48	45 ▼	46	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	19	17 ▼	17 ▼	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	40	39	NA	NA
Timeliness of Prenatal Care[3]	83 ▼		86	88
Postpartum Care	71	79	77	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	52 ▼	67	63 ▼	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	7	7	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 28: Empire BCBS HealthPlus's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	80% ▲	78%	80%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	14%	13%	13%
Vaginal Birth After Cesarean	Not Available	18%	18%	21%
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	6%	8%	7%
Prenatal Care in the First Trimester	74%	71%	86%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	19%	11%	13%
Vaginal Birth After Cesarean	Not Available	23%	3%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 29: Empire BCBS HealthPlus's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	NC	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on review of the provider contracts sampled as part of a targeted survey conducted HealthPlus failed to provide the DOH with approval letters that correspond with 3 of the 27 contracts reviewed for compliance. HealthPlus was unable to provide evidence that the three contracts were executed on a contract, or a contract template that had been reviewed and approved by the DOH.

Quality of Care Survey Findings – Member Satisfaction

Table 30: Empire BCBS HealthPlus's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Empire BCBS HealthPlus	Statewide Average	Empire BCBS HealthPlus	Statewide Average	Empire BCBS HealthPlus	Statewide Average
Access to Specialized Services					65	72
Coordination of Care[1]	74	74	67	75	69	72
Customer Service[1]	85	86	82	86	84	87
Family-Centered Care: Personal Doctor Who Knows Child					84	90
Getting Care Needed[1]	84	85	81	84	79	84
Getting Care Quickly[1]	88	88	82 ▼	88	86	88
How Well Doctors Communicate[1]	93	93	93	93	92	93
Rating of All Healthcare	84	86	86	87	88	90
Rating of Health Plan	86	85	84	85	88	86
Rating of Personal Doctor[1]	88	89	89	90	89	90
Rating of Specialist Seen Most Often	84	83	75	84	87	87

Note: Grey shading indicates that the measure was not required.

[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 31: Empire BCBS HealthPlus's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
While Access to Care HEDIS®/QARR rates for children and adolescents has improved, the MCP's reported rates for certain prevention and screenings for these age groups have remained below the statewide averages. The MCP should continue to routinely evaluate performance throughout the measurement year and focus on interventions and strategies to address those lower performing HEDIS/QARR measures. The MCP should consider including interventions that target children and adolescents to their current quality strategy.	Empire BCBS HealthPlus conducts detailed analyses of our performance on HEDIS and CAHPS measures to identify barriers related to access to care, completion of preventive screenings, and implemented interventions to promote the utilization of preventive care services for our children and adolescent members. The plan's quality management team has implemented a HEDIS domain work group focused on children and adolescent measures. The work group was implemented in fourth quarter of 2021, held monthly, and will continue into MY 2022. The work group is a cross functional collaboration across all departments, responsible for strategies development, execution, and closely monitoring rates and initiative outcomes. The plan's quality management team monitors and reviews the monthly HEDIS/QARR performance rates and evaluates measure performance throughout the measurement year. Collaboratively, we focus on interventions and strategies to address lower performing HEDIS/QARR measures. Upon analysis (including member segmentation and disparities analysis) we continue to implement strategically targeted interventions that would lead to improvements in the areas identified as consistently reporting below statewide averages and YOY decreases. During MY 2020-MY 2021 the following interventions were implemented for child and adolescent measures and will continue in MY 2022: ▪ Text and interactive voice response (IVR) message reminders for well visits and measure specific service gaps in care (multi-lingual: English/Spanish/Chinese) ▪ Text and IVR campaign started 1/2021 targeting non-users; monthly as needed ▪ Live outreach to close gaps in care ▪ Preventive health information, and plan services on the member portal of the plan's website	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Healthy rewards incentive for childhood wellness visit for ages 3-17 years ($25 per year) ▪ Healthy rewards incentive for immunizations for adolescents ages 11-12 years ($25 per year) ▪ Healthy rewards incentive for childhood immunizations status for ages 0 months to 1 year ($25 per year) ▪ Healthy rewards incentive for well-child visits in the first 30 months of life for ages 0-30 months (up to $90 per member) ▪ Gaps in care reports, provider report cards, provider quality incentive program, VBP programming ▪ Continue DOH collaboration on data exchange for Immunizations ▪ EPSDT reminders-annual birthday cards ▪ EPSDT reminder-member monthly 90-day overdue services ▪ EPSDT reminder-physician monthly reminder of 90-day overdue services ▪ EPSDT co-branding initiative: provider's collaborating to incorporate their logo on the annual birthday card reminders for well visits and immunizations. ▪ Chart collection for supplemental data ▪ Assess SDOH needs; offer rides if available ▪ Expanded data connectivity: through partnerships with the Healthix regional health exchange; increased the number of direct secure file transfer protocol connections to providers/facilities and increased the number of electronic medical record (EMR) data feeds from providers ▪ Partner with top 20 providers to engage their members in preventive/well-care services ▪ Target top 50 pediatricians for PIP education: lead, hearing and developmental delay screening including autism ▪ Outreach and education to VBP and top volume non-VBP providers – data exchange with groups ▪ Telehealth: educate providers/increase the use where appropriate	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Baby safety showers-educate expecting and recently delivered moms on the importance of newborn care, child development and well-visits (events conducted in English and Spanish) ▪ Member health advisory committee meetings-held quarterly (virtually during the COVID-19 pandemic) to inform members about health plan services/benefits, quality improvement programs (including culturally and linguistically appropriate materials) and obtain feedback from members on Plan services/programs, barriers to care and materials received from the plan. Members are connected to plan services as necessary for care coordination and access to care. The above interventions will continue for MY 2022 with the quality management team continuing to closely monitor all interventions/initiatives/outcomes on a weekly/monthly basis by way of the following: ▪ Quarterly outcomes analysis for text, IVR, and live outreach for gaps in care closures. ▪ The quality team's ongoing collaboration, partnership with providers and the care transitional team to increase provider education for child/adolescent measures, including coding, data exchange, documentation, and member incentives. ▪ Population health management work groups implemented at the plan in the fourth quarter of 2021 ▪ Monthly maternal/child and HEDIS domain work groups implemented at the plan in the fourth quarter of 2021 The health plan will continue to review barriers to care, develop interventions to address those barriers as well as social drivers of health, and continue to track outcomes via monthly and quarterly analyses to meet the goal of exceeding the statewide 50th percentile benchmarks for adolescent and children's measures.	
HealthPlus demonstrates an opportunity to improve members' access to annual dental visits and	Empire BCBS HealthPlus conducts detailed analyses of our performance on HEDIS measures to identify barriers related to annual dental visits for members 2-18 years, completion of annual and preventive screenings, and implemented interventions in	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
access to preventative/ambulatory services for members aged 65 and older. The MCP should continue to evaluate the current intervention strategies for access to care measures and make improvements to achieve better outcomes. In addition to the MCP's current interventions for adult members, the MCP should also consider evaluating its provider network adequacy to identify other barriers to members accessing dental care and routine services.	partnership with delegated dental vendor to increase members' access to annual dental visits and preventive screenings. The plan will replicate current intervention strategies for members 2-18 years and adults to improve members' access to annual dental visits and access to preventative/ambulatory services for members aged 65 and older. In addition, the plan will continue to evaluate intervention outcomes, provider network adequacy and develop new interventions targeting members aged 65 and older in our efforts to make improvements to achieve better outcomes. Since 2020, the plan's quality management team has implemented a monthly meeting with the delegated dental vendor focused on analysis of our performance on HEDIS/QARR dental measure, review of intervention outcomes and strategic planning. In 2020, there was provider network growth; the plan's dental network grew from 1,227 offices in March 2020 to 1,437 dental offices in June 2021 (includes expansion counties). In addition, in MY 2021 and to continue in MY 2022, the plan has increased focus on addressing disparities in dental care among specific member populations. During MY 2021, the plan's quality management team has enhanced its collaborative partnership with the delegated dental vendor to monitor performance on annual dental visit measure, identify barriers and opportunities for improvement to increase members' access to annual dental visits and preventive screenings. During MY 2020-MY 2021 the following interventions were implemented for annual dental visit measure (2-18 years and adults), will continue in MY 2022, and will expand to target members aged 65 and older. In addition, new interventions will be developed to improve access to annual dental visits and access to preventative/ambulatory services for members aged 65 and older. Interventions will address any and all dental visits for members 65 years and older (preventative and any services including annual visit):	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ New intervention: offer at home dental visit (by delegated dental vendor) for members aged 65 and older – replicate current process and program offered to the plan's MLTC members ▪ Data analysis: breakdown of data for 65+ membership (population size, gender, ethnicity/language, PCP, county) to develop targeted interventions and track outcomes ▪ Tracking tool to be created by dental vendor: track performance outcomes and intervention results for members aged 65 and older; add 65+ member population to existing reporting (2-18 years and adults) shared at the plan's monthly quality management team meeting with delegated dental vendor ▪ Delegated dental vendor will create another report for the plan– not limited to preventative dental care to determine baseline for members aged 65 and older, and assess potential areas of opportunities for intervention ▪ Targeted education with development and distribution of member mailers with reminders of the importance of preventative dental care and to see dental provider for routine dental care ▪ Text messages (English/Spanish) to targeted members (based on data analysis) educating on importance of preventative dental care and routine care; includes primary care dentist information and link to member services for assistance ▪ IVR calls (English/Spanish) to member households discussing importance of dental visits, important phone numbers to call for assistance ▪ Implement community outreach initiatives to improve preventative dental screenings and access to care ▪ Implement member education and outreach to improve access to preventative dental care, including teledentistry ▪ Implement provider education and support to decrease health disparities in dental care among populations with identified disparities. The health plan will implement activities to increase provider education and resources related to dental health disparities	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Provider education: via the plan's provider website, educate PCPs with newsletter articles about disparities in dental care ▪ Host one community dental event in each quarter to improve access to preventative care ▪ On a monthly basis, the plan will send the top three largest provider groups gaps in care lists of members who may need a preventative dental visit (and include information on dental home for the member); encourage providers to outreach their assigned members with gaps in dental care ▪ Provider education visits to top 25 provider groups with adult population who may need a preventative dental visit ▪ The plan will partner with high volume provider groups who also provide services to diverse member populations (Latinos, Chinese) to address disparities in dental care. These groups include SOMOS Community Care Independent Physician Association (IPA), Coalition of Asian-American IPA (CAIPA), and New York University Langone. ▪ Promote tele-dentistry services offered to members and how to access this service; identify urgent need cases and referred to dental office for treatment.	

Strengths, Opportunities for Improvement and Recommendations

Table 32: Empire BCBS HealthPlus's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	Empire BCBS HealthPlus's Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	Empire BCBS HealthPlus's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Screening	None.			
PIP – Newborn Hearing Screening	None.			
PIP – Developmental Screening	One (1) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Empire BCBS HealthPlus met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Empire BCBS HealthPlus reported MY 2020 rates for 5 measures related to child and adolescent care and women's health that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Empire BCBS HealthPlus reported MY 2020 rates for 5 measures related to asthma medication, diabetes care, and back pain performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Empire BCBS HealthPlus reported MY 2020 rates for 5 measures related to emergency room follow-up care, child and adolescent care, and risk of continued opioid use that performed statistically better than the statewide average.	X	X	
Compliance with Medicaid Standards	Empire BCBS HealthPlus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Empire BCBS HealthPlus achieved 2 CAHPS scores that were met or exceeded the statewide average.	X	X	X
Opportunities for Improvement				
PIP – Blood Lead Testing	None of the MY 2020 remeasurement rates met the target rate.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates met the target rate.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Developmental Screening	Five (5) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	Empire BCBS HealthPlus reported MY 2020 rates for 2 measures related to immunizations and cancer screening that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Empire BCBS HealthPlus reported MY 2020 rates for 5 measures related to respiratory care, statin therapy, and diabetic eye care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Empire BCBS HealthPlus reported MY 2020 rates for 7 measures related to antidepressant medication management, emergency room and hospitalization follow-up care, and opioid use and treatment that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	Empire BCBS HealthPlus reported MY 2020 rates for 2 measures related to drug dependence treatment and psychosocial care for children and adolescents that performed statistically lower than the statewide average.	X	X	X
Compliance with Medicaid Standards	Empire BCBS HealthPlus was in noncompliance with CFR 438.214 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Empire BCBS HealthPlus achieved 9 CAHPS scores that were lower than the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X		
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve childhood immunizations and colorectal cancer screenings.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes, cardiovascular disease, pharyngitis, and upper respiratory infections.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve care for members with depression, mental illness, and substance abuse disorders.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to psychosocial care and alcohol and other drug abuse treatments.	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

Excellus

Performance Improvement Project Findings

Table 33: Excellus's PIP Summary, MY 2020

Excellus's PIP Summary
PIP Title: KIDS Health and Bright Futures Performance Improvement Project **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Excellus aims to identify key barriers impacting child development including environmental issues, lead poisoning, newborn hearing loss, adequate treatment, and consistent developmental screening and parental survey of developmental milestones. Member-Focused 2020 Interventions ▪ Conducted outreach via telephone calls to caregivers of members in need of testing and/or follow-up to facilitate appointment scheduling. ▪ Distributed parent tip letter based on educational materials from the DOH after telephonic contact is made including information on community EI services available for parents to discuss with primary medical provider. ▪ Conducted outreach to caregivers of members who require diagnostic audiological evaluation or EI services. ▪ Case managers assisted with arranging transportation for caregivers and children requiring EI services. Provider-Focused 2020 Interventions ▪ Generated monthly reports for providers identifying patients in their practice who are not in compliance with the lead testing guidelines and who have blood test results that require follow-up. ▪ Embedded staff making outreach calls for well-child visits and providing education regarding importance to lead screening, symptoms, results of elevated levels, and assisting parent/guardian to schedule next well-child visit. ▪ Partnered with provider practice group to identify current state of measurement limitations within EMR systems. MCP-Focused 2020 Interventions ▪ Engaged a practice group to identify process and adherence to developmental screening and receipt of developmental screening completion within 1, 2, and 3 – year time frames. ▪ With practice partner, identified barriers to screening and interventions to address accurate tracking of global developmental screening data from the EMR system.

Table 34: Excellus's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Screening				
Blood lead test: Age 1 year	63.78%	95.65%	90.48%	74%
Blood lead test: Age 2 years	66.50%	98.87%	73.71%	77%
Blood lead test: Age 1 and 2 years	48.41%	50.07%	78.6%	56.0%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	60.84%	65.97%	59.70%	65.4%
Confirmed venous BLL of ≥ 5 mcg/dl	2.01%	3.36%	0.29%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	20.0%	21.26%	15.12%	100%
Confirmed venous BLL ≥ 10 mcg/dl	0.45%	0.22%	0.09%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	0%	43.64%	39.29%	100%
Newborn Hearing Screening				
Completed screening by 1 month of age	71.89%	87.07%	90.48%	83.22%
Did not pass screening by 1 month of age	0.96%	0.82%	1.22%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	37.25%	6.01%	12.24%	50%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	36.84%	0%	33%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	0%	100%	100%
Completed hearing screening before 3 months of age	94.87%	91.03%	95.75%	99%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	52.6%	0%	34.29%	55.23%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	0%	33%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	16.1%	18.73%	21.92%	25%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	33.7%	41.12%	40.75%	54.45%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	29.4%	36.98%	37.77%	49.6%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	26.6%	32.74%	33.6%	42.35%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	1.05%	5.22%	27.56%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	50%	0.87%	27.56%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 35: Excellus's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	40	40	42	44
Breast Cancer Screening	67 ▼	66 ▼	64 ▼	67
Cervical Cancer Screening	71	71	71	68
Childhood Immunizations – Combo 3	86 ▲	86 ▲	82 ▲	72
Chlamydia Screening (Ages 16-24)	59 ▼	59 ▼	57 ▼	71
Colorectal Cancer Screening	59	59 ▼	60	61
Flu Shots for Adults (Ages 18-64)[2]		47	47	46
Lead Screening in Children	82 ▼	86 ▲	88	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1 ▲	1	0.44 ▲	0.99
WCC – BMI Percentile	89	89	87 ▲	80
WCC – Counseling for Nutrition	86	86	82 ▲	77
WCC – Counseling for Physical Activity	77	77	79 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	95	93 ▲	94 ▲	89
Asthma Medication Ratio (Ages 19-64)	60	50 ▼	54 ▲	51
Asthma Medication Ratio (Ages 5-18)	66	57 ▼	64 ▼	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	40 ▲	57 ▲	50 ▲	40
CDC – BP Controlled (<140/90 mm Hg)	76 ▲	76 ▲	63 ▲	55
CDC – Eye Exam Performed	69	69	58	60
CDC — HbA1c Testing	89	89 ▼	81 ▼	86
CDC – HbA1c Control (<8%)	57	57	49	50
CDC – Nephropathy Monitor	89 ▼	89 ▼		
Controlling High Blood Pressure	66	66		56
HIV Viral Load Suppression[1]	81 ▲	84	80 ▲	74
Kidney Health Evaluation for Patients with Diabetes			41 ▲	39
Persistence of Beta-Blocker Treatment After a Heart Attack	86	90	88	86
Pharmacotherapy Management for COPD – Bronchodilators	91	91	91	88
Pharmacotherapy Management for COPD – Corticosteroids	83 ▲	85 ▲	82 ▲	74
Smoking Cessation Medications[2]		65	65	62
Smoking Cessation Strategies[2]		55	55	56
Spirometry Testing for COPD	40 ▼	44 ▼	29 ▼	46
Statin Therapy for Patients with Cardiovascular Disease – Received	86 ▲	86 ▲	84	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	74 ▲	75	78 ▲	71
Statin Therapy for Patients with Diabetes – Received	67	66 ▼	66 ▼	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	69 ▲	70 ▲	74 ▲	65
Testing for Children with Pharyngitis	94 ▲	93 ▲	92 ▲	87
Use of Imaging Studies for Low Back Pain	75	77 ▼	79	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	50 ▼	53	54	55
Antidepressant Medication Management – Effective Continuation Phase	38	38	39	40
Antipsychotic Medications for Schizophrenia	60	67	68	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	74	75	66	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	77 ▼	79 ▼	73	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	27 ▲	22	22	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	34 ▲	30	29	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	77 ▲	48 ▼	51	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	83 ▲	68 ▼	68	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			55 ▲	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			73 ▲	66
Follow-Up Care for Children on ADHD Medication – Initiation	45 ▼	45 ▼	42 ▼	58
Follow-Up Care for Children on ADHD Medication – Continue	53 ▼	53 ▼	48 ▼	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	77 ▲	61	64	80
Follow-Up After Hospitalization for Mental Illness – 30 Days	83 ▲	77	79	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	33 ▼	38 ▼	25 ▼	34
Pharmacotherapy for Opioid Use Disorder			42	38
Risk of Continued Opioid Use – 15 Days		6	5	5
Risk of Continued Opioid Use – 30 Days		3	3	3
Use of Opioids at High Dosage		6 ▲	6 ▲	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.73	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			67	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			74	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	87 ▲	87 ▲	84	80
45-64 Years	91 ▲	91 ▲	89	87
65+ Years	92	91	84	84
Access to Other Services				
Annual Dental Visit[4]	62 ▲	63	47	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	40 ▼	42 ▼	43 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	19	20	20	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	36	40	NA	NA
Timeliness of Prenatal Care[3]	92 ▲		92 ▲	88
Postpartum Care	69		79	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	72	79	75	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	8 ▲	8 ▲	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 36: Excellus's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 ROS Average
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	6%	7%	7%
Prenatal Care in the First Trimester	76%	73%	70%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	14%	12%	13%
Vaginal Birth After Cesarean	Not Available	18%	17%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 37: Excellus's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	NC	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on staff interview and review of the FAD notice and the Managed Care Decision Fair Hearing Request form, Excellus failed to ensure the notice and the form issued to the enrollee was factual and accurate in nature. Specifically, Excellus entered the incorrect date, as the last date to file a request for a fair hearing on the Managed Care Decision Fair Hearing Request Form for 1 of 11 utilization review cases reviewed for Medicaid Standard Appeal.

Quality of Care Survey Findings – Member Satisfaction

Table 38: Excellus's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Excellus	Statewide Average	Excellus	Statewide Average	Excellus	Statewide Average
Access to Specialized Services					72	72
Coordination of Care[1]	76	74	80	75	76	72
Customer Service[1]	90	86	84	86	90	87
Family-Centered Care: Personal Doctor Who Knows Child					88	90
Getting Care Needed[1]	86	85	87	84	85	84
Getting Care Quickly[1]	91	88	91	88	86	88
How Well Doctors Communicate[1]	95 ▲	93	96 ▲	93	95 ▲	93
Rating of All Healthcare	88	86	90	87	89	90
Rating of Health Plan	90 ▲	85	88	85	89	86
Rating of Personal Doctor[1]	90	90	90	90	88	90
Rating of Specialist Seen Most Often	81	83	86	84	88	87

Note: Grey shading indicates that the measure was not required.
[1] These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 39: Excellus's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
The MCP continues to have opportunities to improve quality of care with preventative screenings and chronic care measures. With the rate for breast cancer screenings and chlamydia screenings in women consistently below the statewide average, the MCP should evaluate current interventions to determine how effective these interventions are at targeting women's health needs. In addition to women's health needs, the MCP should continue to conduct measure-specific barrier analysis to determine factors preventing members from seeking care for acute and chronic conditions, such as cultural barriers that prevent members from seeking care, provider network inadequacies, lack of available appointment times, and transportation issues. In addition to the MCP's quality strategy of collaborating with providers, using mobile clinics, and providing member	The health plan has a multidisciplinary team that was re-established in September of 2019 to review quality trends and pursue opportunities for continued improvement as it relates to women's health measures, which is inclusive of CHL and BCS. Since the re-establishment of the team in 2019, a standard monthly meeting cadence has been established to review data and assess progress towards approved member, provider and/or community-based interventions. Since the re-establishment of the team in September 2019 all interventions have been reviewed through the formal plan-do-study-act (PDSA) performance improvement process. In the 'study' portion of the PDSA cycle, the team assesses the impact toward established goals and assesses if the outcome impacts our women's health and preventative measures. In the 'act' portion of the PDSA cycle the team assess the interventions viability go forward and a decision is made to continue, modify, or discontinue the intervention. Examples of previous and existing gap closure interventions include direct to member mailers, member outreach calls, member surveys, mobile care mammography clinics, involvement with local CBOs to conduct further member outreach, social media campaigns, provider surveys and provider interviews. The health plan has also been exploring opportunities for member incentive to close preventative care gaps such as breast cancer screening. For interventions such as direct to member mailers the health plan has conducted 'A/B' testing to assess if there is a statistical difference between the group of members that received the intervention compared to a control group. This is a gold standard to assess the effectiveness of applicable interventions. In our analysis we have found mixed results when analyzing across line of business. Further analysis (i.e., a secondary PDSA cycle)	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
education, the MCP should also consider implementing member incentives. [Repeat recommendation.]	needs to be conducted to ensure we are allocating resources to interventions that make the biggest impact on our members. Cohort matching and pre/post analysis are additional analytical methods that can be used to assess the effectiveness of the health plans applicable interventions. The multidisciplinary team has conducted barrier analysis annually for measures that continue to fall below our enterprise targets. This exercise is performed to determine the root causes for non-compliance. The health plan leverages fish bone diagrams and the 5 why performance improvement tools to conduct the analysis. In the health plan's review key contributing factors to non-compliance in our women's health measures include member's perceived cost, transportation, time, office hour availability outside of 9 am-5 pm, data limitations, health literacy and provider/member gap awareness.	
Excellus' rates for 3 out of 9 behavioral health measures continue to fall below the statewide average. The MCP should continue its initiatives of member incentives, provider incentives, and telehealth services to address these measures. The MCP should consider monitoring the effectiveness of these interventions and modify as needed. The MCP should also consider any barriers to members accessing behavioral health services within their communities. Collaborating with a CBO that provides behavioral health services to members face-to-face to provide support and assist with	The health plan has adopted the use of a member incentive program to address these measures and expanded the compliment of incentives to include FUM and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications (SSD) HEDIS measures. The implementation of the incentive met barriers in the form of the lengthy approval process for the expansion and the COVID-19 pandemic affecting administration of the program as well as the impact on community providers to offer services. The anticipated outcome is an improved performance rate for the associated measure. Expansion of telehealth services to close gaps has attenuated some of the issues previously experienced by members in obtaining access to care. Further exploration of members' use of telehealth will occur and the expectation is that member compliance will grow in the transitions of care arena. A continued collaboration with health homes remains as an opportunity to further partner with providers to review measure performance rates and identify areas for improvement. Dashboards highlighting these areas are presented to individual health homes on a quarterly basis. In addition, Excellus conducted health home audits in 2020 and 2021 regarding FUM performance rates and outreach efforts for enrolled members	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
member education can be used in addition with the MCP's current initiatives. [Repeat recommendation.]	who have had a mental health ED visit. Outcomes of audit were discussed with each health home that participated in the audit. Excellus plans to continue their discussions with health homes to help address barriers to successful transitions of care. Educational provider collateral detailing screening and monitoring requirements for schizophrenia and antipsychotic medications has been disseminated to contracted providers via the Excellus provider relations department. The guideline includes measure descriptions (including SSD) as well as provider tips to help ensure patients complete their appropriate lab tests. The pursuit of collaborative approaches with accountable cost and quality agreements remains in focus. These opportunities have led to provider-to-provider interfacing in order to relay nuances of the measures as well as tips for achieving compliance. Furthermore, this remains a viable option for connecting the member and the provider with the health plan in order to ensure a shared approach to measure adherence. Finally, the existing Physician Advisory Committee was expanded to include behavioral health Provider representation. The Committee was renamed Partnering to Achieve Quality Practitioner Advisory Committee. The goal of committee is to explore and expand more integrated models of care, specifically integrating behavioral health care into primary care settings. The health plan provides education to participating providers as well as leverages the forum to obtain barriers as well as recommendations for implementing change. Actions or initiatives are vetted using the PDSA model for performance improvement, ensuring all are subject to comprehensive monitoring as it relates to the effectiveness of the action or initiative. Thereby creating a platform in which the action or initiative will be continued, culled, or adjusted.	

Strengths, Opportunities for Improvement and Recommendations

Table 40: Excellus's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	Excellus's Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	Excellus's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Two (2) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, 4 performance indicators demonstrated improvement during this timeframe.	X	X	
PIP – Newborn Hearing Screening	Two (2) of 6 performance indicator rates Met or exceeded the target rate between the baseline period and the remeasurement period. However, 3 indicators demonstrated improvement during this timeframe.	X	X	
Performance Measures – General	Excellus's met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Excellus reported MY 2020 rates for 5 measures related to child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Excellus reported MY 2020 rates for 10 measures related to respiratory care, diabetes care, HIV care, and statin therapy performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Excellus reported MY 2020 rates for 3 measures related to emergency room follow-up care for substance abuse, and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	Excellus reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than statewide average.		X	X
Compliance with Medicaid Standards	Excellus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Excellus achieved 1 CAHPS score that was statistically higher than the statewide average. Additionally, 6 CAHPS scores achieved by Excellus performed better than the statewide average.	X	X	X
Opportunities for Improvement				
PIP – Blood Lead Testing	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Newborn Hearing Screening	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	None of the MY 2020 remeasurement rates met the target.	X	X	
Performance Measures – Prevention and Screening	Excellus reported MY 2020 rates for 2 measures related to women's health that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Excellus reported MY 2020 rates for 4 measures related to asthma medication, diabetes care, and spirometry testing that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Excellus reported MY 2020 rates for 3 measures related to child and adolescent care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Excellus reported a MY 2020 rates for 1 measure related to drug dependence treatment that performed statistically lower than the statewide average.	X	X	X
Compliance with Medicaid Standards	Excellus was in noncompliance with CFR 438.228 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Excellus achieved 4 CAHPS scores that were lower than the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve breast cancer and chlamydia screenings.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with asthma, diabetes, and COPD.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve care for children on ADHD and antipsychotic medications.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to alcohol and other drug abuse treatments.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	noncompliance identified during the MY 2019 operational survey conducted by the DOH.			
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

Fidelis Care

Performance Improvement Project Findings

Table 41: Fidelis Care's PIP Summary, MY 2020

MCP's PIP Summary
PIP Title: Optimizing Children's Health and Development to Improve Long-Term Outcomes **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Fidelis Care aims to implement access to EI programs, screenings, and follow-up care for at-risk children within 36 months of life to improve pediatric preventative screenings for lead, hearing, and development from baseline to final measurement. Member-Focused 2020 Interventions ▪ Supplied caregivers with informational resources about routine age-appropriate tests covered by Medicaid. ▪ Outreached to caregivers of members in need of testing and/or follow-up to facilitate appointment scheduling. ▪ Outreached to caregivers of patients who require diagnostic audiological evaluation or EI services. ▪ Educated caregivers about the importance of each step-in follow-up via member newsletters, educational material, and member portal. ▪ Supplied caregivers, a resource list and ensuring that providers refer infants diagnosed with permanent hearing loss to local EI programs. Provider-Focused 2020 Interventions ▪ Educated providers using provider newsletters, provider portal and educational packages to high-volume pediatricians. ▪ Fail lists were provided to high-volume providers monthly to identify patients in their practice who are not in compliance with the lead testing guidelines or who have blood lead test results that require follow-up. ▪ Educated providers claims coding.

Table 42: Fidelis Care's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	66.1%	62.7%	63.3%	71%
Blood lead test: Age 2 years	65.8%	64.9%	63.9%	71%
Blood lead test: Age 1 and 2 years	41.4%	40.7%	41.7%	45%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	19.0%	35.2%	37.5%	24%
Confirmed venous BLL of ≥ 5 mcg/dl	0.7%	1.1%	0.8%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	23.8%	36.8%	30.7%	55%
Confirmed venous BLL ≥ 10 mcg/dl	0.3%	0.5%	0.2%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	7.1%	22.5%	20.9%	42.5%
Newborn Hearing Screening				
Completed screening by 1 month of age	30.9%	31.4%	30.2%	36%
Did not pass screening by 1 month of age	0.8%	3.1%	2.7%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	54.6%	80.0%	77.1%	83%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	32.4%	25.0%	23.9%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	91.2%	85.7%	85.0%	94%
Completed hearing screening before 3 months of age	77.9%	76.5%	77.7%	83%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	64.4%	87.5%	83.7%	90%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	92.3%	93.9%	89.7%	95%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	21.6%	23.6%	20.2%	25%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	29.5%	35.2%	34.2%	35%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	13.2%	25.5%	18.5%	18%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	21.5%	28.1%	24.1%	25%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.0%	2.3%	7.7%	5%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	0.4%	2.8%	2%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 43: Fidelis Care's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations—Combo 2	41	41	36 ▼	44
Breast Cancer Screening	70 ▼	70 ▼	65 ▼	67
Cervical Cancer Screening	74	74	64	68
Childhood Immunizations—Combo 3	69	69	67 ▼	72
Chlamydia Screening (Ages 16-24)	74 ▼	72 ▼	68 ▼	71
Colorectal Cancer Screening	61	62	60	61
Flu Shots for Adults (Ages 18-64)[2]		42	42	46
Lead Screening in Children	88	88	85	87
Non-recommended Cervical Cancer Screening in Adolescent Females	2	1	1	0.99
WCC—BMI Percentile	88	88	81	80
WCC—Counseling for Nutrition	83	83	82 ▲	77
WCC—Counseling for Physical Activity	72	72	74	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	95	88 ▼	88	89
Asthma Medication Ratio (Ages 19-64)	63 ▲	57	48 ▼	51
Asthma Medication Ratio (Ages 5-18)	72 ▲	70 ▲	70 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	47 ▼	40	40
CDC—BP Controlled (<140/90 mm Hg)	70	70	59	55
CDC—Eye Exam Performed	62 ▼	65	57	60
CDC—HbA1c Testing	92	92	83	86
CDC—HbA1c Control (<8%)	63	63	51	50
CDC—Nephropathy Monitor	93	93		
Controlling High Blood Pressure	72 ▲	72 ▲	59	56
HIV Viral Load Suppression[1]	77	78	73	74
Kidney Health Evaluation for Patients with Diabetes				39
Persistence of Beta-Blocker Treatment After a Heart Attack	81	89	90 ▲	86
Pharmacotherapy Management for COPD—Bronchodilators	89	89	89	88
Pharmacotherapy Management for COPD—Corticosteroids	79 ▲	79 ▲	79 ▲	74
Smoking Cessation Medications[2]		67	67	56
Smoking Cessation Strategies[2]		53	53	62
Spirometry Testing for COPD	61 ▲	58 ▲	49 ▲	46
Statin Therapy for Patients with Cardiovascular Disease - Received	76 ▼	78 ▼	81	81
Statin Therapy for Patients with Cardiovascular Disease - Adherent	69	71	72	71
Statin Therapy for Patients with Diabetes - Received	66 ▼	68 ▼	69 ▼	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes - Adherent	62	63	65	65
Testing for Children with Pharyngitis	93 ▲	92 ▲	91 ▲	87
Use of Imaging Studies for Low Back Pain	73 ▼	76 ▼	78	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management — Effective Acute Phase	54 ▲	56 ▲	57 ▲	55
Antidepressant Medication Management — Effective Continuation Phase	38	40 ▲	41 ▲	40
Antipsychotic Medications for Schizophrenia	63	65	66	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	81	82	73	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	82	82	76	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	25 ▲	24 ▲	23 ▲	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	31 ▲	30 ▲	29 ▲	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	63	63 ▲	58 ▲	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	74	75 ▲	70 ▲	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			41	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			67	66
Follow-Up Care for Children on ADHD Medication—Initiation	60	58	60	58
Follow-Up Care for Children on ADHD Medication—Continue	67	68	70 ▲	67
Follow-Up After Hospitalization for Mental Illness — 7 Days	63	67 ▲	66	66
Follow-Up After Hospitalization for Mental Illness — 30 Days	74	82 ▲	81	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	42	42	32 ▼	34
Pharmacotherapy for Opioid Use Disorder			42 ▲	38
Risk of Continued Opioid Use – 15 days		5	5	5
Risk of Continued Opioid Use – 31 days		3	4 ▲	3
Use of Opioids at High Dosage		8 ▲	7 ▲	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.50	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			64	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			63	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	81	84 ▲	80	80
45-64 Years	89	90 ▲	87	87
65+ Years	92 ▲	93 ▲	85	84
Access to Other Services				
Annual Dental Visit[4]	61	63 ▲	48 ▲	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	51 ▲	54 ▲	52 ▲	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	24 ▲	25 ▲	23 ▲	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	39 ▲	40 ▲	NA	NA
Timeliness of Prenatal Care[3]	89		87	88
Postpartum Care	69	82	82	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	66	74	72	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	7 ▲	8 ▲	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 44: Fidelis Care's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	77%	76%	77%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	15%	13%	13%
Vaginal Birth After Cesarean	Not Available	22%	26%	21%
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	74%	73%	74%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	12%	12%	13%
Vaginal Birth After Cesarean	Not Available	15%	14%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 45: Fidelis Care's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Quality of Care Survey Findings – Member Satisfaction

Table 46: Fidelis Care's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Fidelis	Statewide Average	Fidelis	Statewide Average	Fidelis	Statewide Average
Access to Specialized Services					77	72
Coordination of Care[1]	80 ▲	74	73	75	71	72
Customer Service[1]	87	86	88	86	88	87
Family-Centered Care: Personal Doctor Who Knows Child					89	90
Getting Care Needed[1]	90 ▲	85	86	84	87	84
Getting Care Quickly[1]	89	88	92 ▲	88	88	88
How Well Doctors Communicate[1]	95 ▲	93	94	93	94	93
Rating of All Healthcare	88	86	89	87	90	90
Rating of Health Plan	82	85	86	85	86	86
Rating of Personal Doctor[1]	88	89	90	90	89	90
Rating of Specialist Seen Most Often	81	83	84	84	84	87

Note: Grey shading indicates that the measure was not required.
[1]These indicators are composite measures

Assessment of MCP Follow-up on Prior Recommendations

Table 47: Fidelis Care's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
Fidelis should continue to work to improve the HEDIS®/QARR measures that consistently perform below average, with a focus on access to well-care visits for children and adolescents. The MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement. The MCP should consider routine evaluations its current initiatives for effectiveness and modify its strategy where necessary. [Repeat recommendation.]	In accordance with the mission of Fidelis Care to promote health through quality, accessible care, and services for all, Fidelis Care has implemented multiple initiatives to continuously improve HEDIS/QARR and CAHPS measure rates that perform below statewide average. Fidelis Care continues to focus on both statewide campaigns and regionally focused initiatives to improve the plan's HEDIS/QARR performance. Strategies employed to improve the plan's HEDIS/QARR measure performance include supplemental databases, print media, educational visits with providers, and member/provider outreach. Initiatives to improve the HEDIS/QARR measure rates were bundled into multi-measure projects as well as measure specific projects. 1. HEDIS/QARR project sponsors work group: the work group meets weekly to work on all aspects of HEDIS/QARR including monthly rate report analysis, planned outreach, and incentive opportunities targeting providers and members; identifies and addresses status of supporting technical components. The work group is designed with a cross-departmental approach to quality improvement and includes representation from pharmacy, clinical services, behavioral health, quality management, vendor oversight, provider relations, information technology, and communications. Findings and activities of this group are reported to the QARR steering committee. 2. QARR steering committee: the committee is made up of Fidelis Care executive leadership who provide guidance on key issues, objectives, and decisions. The work of the project sponsors work group is used to inform the committee members via monthly rate report analysis and significant HEDIS/QARR updates and initiatives. HEDIS/QARR measure reports are calculated monthly and presented to the committee. The meetings are held to monitor the effectiveness of interventions to assure that all	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	measures below statewide average thresholds improve over time and all measures above statewide average are maintained. 3. HEDIS/QARR non-compliance reports/fail lists: monthly rate reports are generated which support targeted outreach to providers and members. Individual provider non-compliance reports are posted to the provider portal monthly to help providers identify patients in need of services and encourage compliance. A letter version of the non-compliance report is mailed to providers every other month as additional support. Clinical services utilize monthly fail lists to focus phone outreach, encouraging member compliance and when necessary/requested assist in appointment scheduling. 4. Member and Provider Outreach: Member outreach includes outbound calls to encourage members to adhere to quality preventative measures such as well-child/adolescent care and immunizations. Member outreach is also conducted to identify potential gaps in behavioral health care treatment and services. Provider outreach includes provider mailings with focused prospective reports in addition to routine report cards and non-compliance reports so that providers can take action to ensure members receive preventive care services. Provider site visits (remote) are also conducted as a part of the outreach (conducted via zoom/phone due to COVID-19). The plan's provider partnership associates continue to conduct site visits to review report cards, discuss specific measures such as well-child/adolescent care and immunizations and chlamydia screening. 5. Member and provider quality care Incentives: Member incentives are utilized by the plan to encourage members to have preventative screening and tests done. The measures that qualify for member incentives include: BCS, CCS, CIS-Combination 3, PPC-Postpartum Visit and FUM. 6. Provider incentives are included in the Quality Care Incentives program. The Quality Care Incentives program is a cornerstone of Fidelis Care's quality initiatives. Each year, the program is based upon recognized state and national guidelines from the DOH for QARR and NCQA for HEDIS. 7. Focused HEDIS/QARR improvement projects: Actions by indicator include:	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	CIS-Combination 3 and Well-Child Visits ▪ Implemented the Fidelis Care 1-888-FIDELIS IVR with immunization and vaccination reminder messaging. ▪ Analyzed outreach impacting postpartum visits to evaluate the effectiveness of an outreach effort conducted in 2019 on the postpartum compliance rate. Analysis focused on the postpartum visit as a proxy for CIS-Combination 3 since the postpartum visit provides an opportunity to transition from maternity care to infant well-care. Although the outreach did not result in any significant impact to the postpartum compliance rate, a sub team was established to propose additional action plans focusing on the improvement of CIS-3 in 2021. ▪ To evaluate the effectiveness of the CIS-Combination 3 incentive, the plan used CIS and incentive data to identify regions where the incentive distributions were low compared to the eligible population. Low-performing regions that were identified became a focus for intervention efforts, including direct outreach from Fidelis leadership to large provider groups in those regions. The plan expects that the efforts to improve the effectiveness of the CIS-Combination 3 incentive will also have a positive effect on child well-care. ▪ Identified low performing provider groups based on set threshold criteria (>50 denominator, compliance rate <75%, in CIS-Combination 3 and IMA). Mailed informative letter to provider groups meeting threshold, specifying provider practice performance rate, followed by provider outreach and education. Post analysis continued during 2020 to further identify provider groups comprising of members with one vaccination needed. Provider relations staff outreached the provider groups with the objective to completing the remaining vaccination. Simultaneously, Fidelis Care staff outreached the members (parents/caregivers) reported in these provider groups. The plan expects these interventions to have a positive effect on child and adolescent well-care.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Continued monthly postcard mailings to members 9 months prior to child's 2nd birthday. Postcard content emphasized child's well-care visit schedule, required immunizations schedule, and tracking checklist. ▪ Based on best practices previously implemented by other Centene plans, in 2021 Fidelis Care began a multimodal reminder to parents/caregivers of infant members of their 1-year well-care visit and immunizations. This multimodal approach includes a postcard reminder, issued monthly for infants entering the reminder timeframe, followed by a proactive outreach manager phone call. ▪ Issued announcement letter to parents/caregivers regarding member incentive program. ▪ Placed brochures and display stands in Fidelis Care community office locations to provide helpful information for members regarding childhood immunizations/vaccinations, and incentives. ▪ Deployed a childhood immunization alert in the Sales Force platform for staff to provide education and remind parents/caregivers about the importance of scheduling well-care visits and immunizations. <u>IMA</u> ▪ Posted IMA/human papillomavirus (HPV) information to the provider portal. ▪ Provider relations staff received education/ training through the American Cancer Society related to exchanging dialog with providers and engaging parents with a child in conversation related to HPV awareness and HPV cancer prevention. ▪ Participated in the NYS HPV health plan workgroup and American Cancer Society meetings in collaboration with other health plans in the state of NY to reduce the burden of cancer in NY and increase the HPV vaccination rates. ▪ Performed a regional analysis of IMA to determine what areas in NY are more and less compliant for the measure. Fidelis Care leadership discussed methods for improving IMA rates with providers from low-performing regions. ▪ Fidelis Care sub teams were in place during 2019 for CIS-3 and IMA to establish efforts to improving measure performance; corrective action plans were	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	implemented during calendar year 2020. The CIS-3 sub team continues in 2021 to evaluate the action plans, seeking to further support and improve measure performance and compliance. The results of actions implemented in 2020 and 2021 will be more visible in the 2022 measurement year. However, the plan anticipates that there will be a lag to the impact on the compliance rates as a result of the COVID-19 pandemic. 8. Medicaid Kids PIP: The Optimizing Children's Health and Development to Improve Long Term Outcomes project (Kids PIP) started in January 2019 and ends in December 2021. The Kids PIP initiative is organized by the program coordinators embedded in the medically fragile children's team at Fidelis Care. This effort aims to follow-up with parents/caretakers of children ages 0-3 years who have high BLLs, a deficiency in hearing, an asthma diagnosis, or a confirmed diagnosis of autism. Fidelis care managers assist parents/caretakers in linking members to providers for well visits and/or follow-up or diagnostic testing and Fidelis care management services if applicable. The care manager records dates of well-care visits and follow-up (past or future) as well as any barriers that may exist in the access to care, including preferred language, transportation, and location of provider offices. Also, the care manager educates parents/caretakers about immunizations and records the child's immunization status. The plan sent educational material to all identified members. In order to outreach the overall population, the plan updated member newsletters and the member portal with information related to the recommended age-appropriate well-care visits and screenings. The plan also sent educational packages to high volume pediatricians, and in order to outreach the overall provider network, updated Provider Newsletters and the provider portal with guidelines for all age-appropriate well-care visits, screenings, follow-up, and immunization schedule.	

Strengths, Opportunities for Improvement and Recommendations

Table 48: Fidelis Care's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Fidelis Care's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	One (1) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, 4 performance indicators demonstrated improvement during this timeframe.	X	X	
PIP – Developmental Screening	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, 5 performance indicators demonstrated improvement during this timeframe.	X	X	
Performance Measures – General	Fidelis Care met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Fidelis Care reported a MY 2020 rate for 1 measure related to child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Fidelis Care reported MY 2020 rates for 5 measures related to respiratory care, diabetes care and beta-blocker treatment that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Fidelis Care reported MY 2020 rates for 9 measures related to antidepressant medication management, follow-up care after an emergency room visits for mental illness and substance abuse, follow-up care for children on ADHD medication, and opioid use and treatment that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	Fidelis Care reported MY 2020 rates for 3 measures related to dental care and substance abuse treatment that performed statistically better than statewide average.		X	X
Compliance with Medicaid Standards	Fidelis Care was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Quality of Care Survey – Member Experience	Excellus achieved 7 CAHPS scores that met or exceeded the statewide average.	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Opportunities for Improvement				
PIP – Blood Lead Testing	Five (5) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	All 6 performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	Fidelis Care reported MY 2020 rates for 4 measures related to child and adolescent care and women's health that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Fidelis Care reported MY 2020 rates for 2 measures related to asthma medication and diabetes care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Fidelis Care reported MY 2020 rates for 2 measures related to child and adolescent care and risk of continued opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	None.			
Quality of Care Survey – Member Experience	Fidelis Care achieved 4 CAHPS scores that were lower than the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve its current interventions targeting blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	Although the MCP has implemented interventions that include provider office site visits, provider report cards, and member notifications, the rates for adolescents and children's immunizations, breast cancer screening, and chlamydia screening continue to decline. The MCP should conduct a root cause analysis to identify additional barriers to members accessing these services.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve medication management for members with asthma and diabetes.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve the care for children and adolescents on antipsychotics and to reduce members risk of the use of opioids.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	None.			
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

Healthfirst

Performance Improvement Project Findings

Table 49: Healthfirst's PIP Summary, MY 2020

Healthfirst's PIP Summary
PIP Title: Improving the Health Outcomes of Our 0–3-Year-Old Population through the Early Identification and Management of Members At-Risk for Lead Exposure, Hearing Loss, and Developmental Delay Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Healthfirst aims to improve the quality of life among its 0–3-year-old Medicaid and CHP population through the early identification and management of members at-risk for lead exposure, hearing loss, and developmental delay. Member-Focused 2020 Interventions ▪ Conducted calls to parents/guardians with a missed visit to reinforce the importance of preventive care and encourage them to re(schedule) a well-child visit appointment. ▪ Outreached to parents/guardians via a letter, email, or automated blast call to promote the need for timely well-child visits and lead screening tests in maintaining their child's health. ▪ Posted educational information and resources on member website and/or addressed in the e-newsletter annually. ▪ Outreached to parents/guardians to reinforce the importance of completing a newborn hearing screening or a diagnostic evaluation, facilitating scheduling an appointment and arranging transportation. ▪ Mailed reminder letter to parents/guardians reinforcing the importance of completing newborn hearing screening before the age of 1 month old and diagnostic audiological evaluation before 3 months old. Provider-Focused 2020 Interventions ▪ Outreached via provider mailing/email to PCPs of members who missed the required well-child visit and/or a lead screening test. ▪ Mailed reminder letter or email sent to PCPs to comply with lead screening requirements noted in NYS PHL with a list of their members missing a screening test and information on best coding practices. ▪ Posted lead screening guidelines, best practices, and member educational materials/resources on the provider website and/or e-newsletter. ▪ Outreached via provider mailing/email to PCPs of members who missed the required newborn hearing screening and follow-up. ▪ Distributed a provider toolkit including materials and resources on the Early Intervention Program (EIP), the NYC Department Of Health and Mental Hygiene (DOHMH) guidelines on the identification and referral of children with developmental delays or disabilities to the EIP, and developmental/autism screening tools. MCP-Focused 2020 Interventions ▪ Produced monthly outreach report based on administrative data is triggered when members miss the required well-child visit and/or lead screening test.

Healthfirst's PIP Summary
PIP Title: Improving the Health Outcomes of Our 0–3-Year-Old Population through the Early Identification and Management of Members At-Risk for Lead Exposure, Hearing Loss, and Developmental Delay Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
▪ Clinical quality team executed an outreach campaign included live calls, mailings, emails, and automated blast calls. ▪ Created a registry by clinical quality of members identified by the early hearing detection and intervention data provided in the DOH's member-level-file. ▪ Explored collaborative opportunities with a pediatric provider through the Care for Children Advisory Early Childhood action group in a socio-economically diverse community who is interested in testing out PIP initiatives that will aim to standardize developmental screening into their practices. ▪ Partnered with the Bureau of Early Intervention at the NYC DOHMH, the Icahn School of Medicine at Mount Sinai, and the NYS AAP - Chapter 3 to facilitate on-site and zoom trainings to our targeted provider group (Family Health Centers-New York University Langone) and community pediatric practices that focused on best practices for developmental screening. ▪ Conducted a semi-annual medical record review of members 0-3 years old assigned to the targeted provider group who had 30 claims submitted for developmental screening and/or 30 claims submitted for autism screening.

Table 50: Healthfirst's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	58%	47.3%	57%	63%
Blood lead test: Age 2 years	64%	44.4%	72%	69%
Blood lead test: Age 1 and 2 years	51%	34%	57%	56%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	25%	42.2%	33%	30%
Confirmed venous BLL of ≥ 5 mcg/dl	0.3%	0.3%	0.2%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	41%	42.2%	37%	80%
Confirmed venous BLL >10 mcg/dl	0.05%	0.1%	0.04%	NA
Confirmed venous BLL >10 mcg/dl, follow-up test within 1 month	35%	29.4%	31%	80%
Newborn Hearing Screening				
Completed screening by 1 month of age	90%	88%	85.8%	93%
Did not pass screening by 1 month of age	1%	2.4%	2.8%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	22%	30.8%	31.6%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	32%	16.6%	13.7%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	47%	25%	23.2%	80%
Completed hearing screening before 3 months of age	92%	90%	90.0%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	32%	32.5%	37.4%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	29%	19.7%	20.6%	80%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	10%	13%	19.9%	13%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	17%	19.7%	25.6%	20%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	11%	12.8%	16.9%	14%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	13%	15.2%	20.7%	16%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0.03%	1.2%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	0%	3%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 51: Healthfirst's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	54 ▲	56 ▲	58 ▲	44
Breast Cancer Screening	76 ▲	77 ▲	70 ▲	67
Cervical Cancer Screening	79 ▲	80 ▲	72	68
Childhood Immunizations – Combo 3	79 ▲	79 ▲	80 ▲	72
Chlamydia Screening (Ages 16-24)	82 ▲	83 ▲	77 ▲	71
Colorectal Cancer Screening	73 ▲	73 ▲	70 ▲	61
Flu Shots for Adults (Ages 18-64)[2]		47	47	46
Lead Screening in Children	92 ▲	92 ▲	91 ▲	87
Non-recommended Cervical Cancer Screening in Adolescent Females	2	1	0.76	0.99
WCC – BMI Percentile	84	87	67 ▼	80
WCC – Counseling for Nutrition	82	82	59 ▼	77
WCC – Counseling for Physical Activity	73	77	53 ▼	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	95	89	89 ▲	89
Asthma Medication Ratio (Ages 19-64)	62 ▲	61 ▲	46 ▼	51
Asthma Medication Ratio (Ages 5-18)	67 ▼	66	61 ▼	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	40 ▲	55 ▲	42 ▲	40
CDC – BP Controlled (<140/90 mm Hg)	64	64	35 ▼	55
CDC – Eye Exam Performed	72 ▲	73 ▲	66 ▲	60
CDC – HbA1c Testing	95 ▲	95	90 ▲	86
CDC – HbA1c Control (<8%)	64	64	46	50
CDC – Nephropathy Monitor	94	94		
Controlling High Blood Pressure	61	65	43 ▼	56
HIV Viral Load Suppression[1]	77	78	75	74
Kidney Health Evaluation for Patients with Diabetes			41 ▲	39
Persistence of Beta-Blocker Treatment After a Heart Attack	79	85	84	86
Pharmacotherapy Management for COPD – Bronchodilators	90	90	86	88
Pharmacotherapy Management for COPD – Corticosteroids	71 ▼	73	65 ▼	74
Smoking Cessation Medications[2]		SS	SS	62
Smoking Cessation Strategies[2]		SS	SS	56
Spirometry Testing for COPD	68 ▲	54	51 ▲	46
Statin Therapy for Patients with Cardiovascular Disease – Received	78	79	80	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	66 ▼	66 ▼	67 ▼	71
Statin Therapy for Patients with Diabetes – Received	69 ▲	71 ▲	71 ▲	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	60 ▼	60 ▼	61 ▼	65
Testing for Children with Pharyngitis	88 ▼	85 ▼	81 ▼	87
Use of Imaging Studies for Low Back Pain	82 ▲	83 ▲	84 ▲	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	54	52 ▼	53	55
Antidepressant Medication Management – Effective Continuation Phase	37	35 ▼	37	40
Antipsychotic Medications for Schizophrenia	63	63	63	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	82	83	76	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	86 ▲	85 ▲	74	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	19 ▼	16 ▼	17 ▼	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	24 ▼	20 ▼	22 ▼	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	62	45 ▼	43 ▼	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	73	61 ▼	58 ▼	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			37 ▼	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			61 ▼	66
Follow-Up Care for Children on ADHD Medication – Initiation	67 ▲	63 ▲	67 ▲	58
Follow-Up Care for Children on ADHD Medication – Continue	74 ▲	80 ▲	78 ▲	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	62	70 ▲	73 ▲	80
Follow-Up After Hospitalization for Mental Illness – 30 Days	73	83 ▲	83 ▲	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	51 ▲	48 ▲	39 ▲	34
Pharmacotherapy for Opioid Use Disorder			33 ▼	38
Risk of Continued Opioid Use – 15 Days		4 ▼	4 ▼	5
Risk of Continued Opioid Use – 31 Days		2 ▼	3	3
Use of Opioids at High Dosage		11 ▼	10 ▼	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.61	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			69	66
Well-Child Visits First 30 Months of Life – First 15 Months[5]			67	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	84 ▲	84 ▲	81	80
45-64 Years	91 ▲	91 ▲	88	87
65+ Years	93 ▲	93 ▲	84	84
Access to Other Services				
Annual Dental Visit[4]	59 ▼	61 ▼	43 ▼	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	44 ▼	41 ▼	44 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	18 ▼	15 ▼	16 ▼	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	35	26 ▼	NA	NA
Timeliness of Prenatal Care[3]	91		90	88
Postpartum Care	71	88 ▲	78	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	71 ▲	77	76	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	4 ▼	5 ▼	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 52: Healthfirst's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	74% ▼	73%	74%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	14%	14%	13%
Vaginal Birth After Cesarean	Not Available	18%	15%	21%
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	78%	73%	77%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	15%	14%	13%
Vaginal Birth After Cesarean	Not Available	7%	10%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 53: Healthfirst's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	NC	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on staff interview and record review of the commercial/CHP standard utilization review appeals, Healthfirst and its delegate, DentaQuest, failed to send the member a written acknowledgment letter after filing for an appeal. This was evident in 4 of 10 commercial standard appeal cases reviewed.
- Based on staff interview and record review, Healthfirst failed to ensure that acknowledgement notices for Medicaid complaints were sent to the members timely. This was evident in 3 of 22 cases. Healthfirst staff stated that they had staffing and computer systems issues.
- Based on staff interview and record review, the Healthfirst failed to ensure that Medicaid Complaints resolution notices were sent to the members timely, according to regulatory guidance. This was evident in 3 of 22 cases. Healthfirst staff stated they had staffing and computer system issues.
- Based on staff interview and record review, Healthfirst failed to ensure that a DentaQuest commercial complaint appeal resolution notice was sent timely, in accordance with the regulatory guidance. Specifically, on July 27, 2018, a complaint appeal was filed with the MCP. The "Child HealthPlus Appeal of Complaint Resolution Notice" was dated November 7, 2018. This was evident in 1 of 2 cases. Healthfirst staff stated they had staffing and computer system issues.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst failed to provide adequate oversight of delegated management functions (utilization review), by allowing an unregistered utilization review agent, Prest and Associates, to perform utilization review on behalf of Healthfirst.
- Based on staff interview and record review of the final adverse determination notice, Healthfirst and its delegate, Orthonet, did not provide phone notice to the member and the provider, that additional information was needed to make a determination. This was evident in 3 out of 11 Medicaid expedited appeal cases.
- Based on staff interview and record review of the Medicaid expedited appeals, Healthfirst did not issue the final adverse determination notice within 24 hours of the determination to the member. This was evident in 3 of 11 Medicaid expedited appeal cases.

- Based on record review and staff interview, Healthfirst failed to ensure that a written acknowledgement notice was sent to a member. Specifically, on July 27, 2018, a complaint was filed with the MCP. There was no evidence of an acknowledgement notice provided. This was evident in 2 of 2 DentaQuest commercial complaint appeal cases.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated the utilization review activities for behavioral health benefits to an organization identified as Prest and Associates. This organization was not a registered utilization review agent approved by the DOH at the time of the determination.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated a management function (utilization review), to Prest and Associates without submitting a management services contract to the DOH for prior approval.
- Based on staff interview and record review, the Healthfirst failed to ensure that commercial grievance resolution notices for denial of non-covered benefits were sent to the members timely, in accordance with the regulatory guidance. This was evident in 5 of 35 cases.

Quality of Care Survey Findings – Member Satisfaction

Table 54: Healthfirst's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Healthfirst	Statewide Average	Healthfirst	Statewide Average	Healthfirst	Statewide Average
Access to Specialized Services					57 ▼	72
Coordination of Care[1]	76	74	73	75	74	72
Customer Service[1]	88	86	81	86	89	87
Family-Centered Care: Personal Doctor Who Knows Child					93	90
Getting Care Needed[1]	79 ▼	85	83 ▼	84	79	84
Getting Care Quickly[1]	87	88	83	88	87	88
How Well Doctors Communicate[1]	92	93	92	93	92	93
Rating of All Healthcare	86	86	87	87	90	90
Rating of Health Plan	87	85	85	85	88	86
Rating of Personal Doctor[1]	89	89	89	90	90	90
Rating of Specialist Seen Most Often	83	83	87	84	95 ▲	87

Note: Grey shading indicates that the measure was not required.
[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 55: Healthfirst's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
Healthfirst should continue its efforts to address low performing HEDIS®/QARR measures. The MCP should consider conducting root cause analysis to identify barriers to members accessing quality care and effectively managing their antidepressant medications. The MCP should consider the use of pharmacists to assist with educating members on medication management. Additionally, with Healthfirst's Adult CAHPS® measures getting care quickly and rating of personal doctor having rates significantly worse than the statewide average, the MCP should consider conducting member satisfaction surveys to identify additional barriers to care.	AMM – There are numerous barriers that have impacted Healthfirst's ability to achieve the statewide average for the AMM acute phase and AMM continuation phase measures among our Medicaid and HARP populations. These include member-specific barriers such as stigma towards the treatment for depression; lack of understanding on how quickly the medications take to become effective, which leads to early discontinuation (i.e., health literacy); and frequently switching between different prescribers and offices - resulting in prescriber confusion and difficulty tracking patients). Additionally, facilitating coordination between members, prescribers, and pharmacies has been a challenge to the effectiveness of our outreach to this vulnerable population. Healthfirst currently works with a vendor that performs outreach to Medicaid members to resolve the barriers mentioned above by providing home delivery services for prescriptions, connecting the member with the prescriber for refills and appointments, and referring to our Healthfirst behavioral health care management team as needed. Healthfirst shares an AMM care gap report with assigned health homes for applicable members on a quarterly basis to inform them of their AMM performance and to help them identify their assigned members with care gaps who need their support in resolving barriers. The Healthfirst pharmacy department has implemented several AMM initiatives in 2021 and is planning to expand upon those in 2022. Two clinical pharmacists were hired to conduct outreach and education, initially to members in the HARP population, with the plan to expand to Medicaid in 2022. Outreach is conducted to members in both the AMM acute phase and AMM continuation phase measures when they are almost due for their medication refill. The aim is to achieve a fill rate of at least 30% within 7 days of outreach and follow-up with the members who do not fill timely. For members who have not filled their prescriptions in a while, pharmacy team outreach helps to identify member's reasons for discontinuation and	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	address their concerns. To further improve Healthfirst's AMM rates, an internal process has been created that ensures the prompt referral and transfer of a member to behavioral health care management by the clinical pharmacist when a member's barriers pertain to social determinants of health (e.g., housing instability, economic hardships, food insecurity, and environmental issues). CAHPS Getting Care Quickly and Rating of Personal Doctor – Some of the barriers to achieving above statewide average with our CAHPS Getting Care Quickly and Rating of Personal Doctor performance are: 1) members do not think their providers are offering appointments that fit their preferences; 2) members expect above and beyond the access and availability standards defined by the DOH (i.e., the amount of time that is considered "reasonable" to wait for a routine, sick, or follow-up appointment with a PCP or specialist) and providers have been unable to accommodate their expectations; 3) members are not fully aware of all the services Healthfirst offers (e.g., urgent care, telehealth) or the extensive network options that can increase their access; and 4) maintaining accurate demographic data in the provider online directory is an ongoing challenge due to the varying ways providers submit demographic updates to Healthfirst. This inaccurate information impacts our members' ability to access a provider. Healthfirst has implemented a multi-pronged strategy to ensure that our members receive the care they need when they need it. Throughout 2021 Healthfirst has worked with each of our sponsor hospitals to improve PCP availability and wait time. Each hospital has identified an "access champion" and has selected one or more best practices to build their capacity; improve processes; and provide alternative as well as expanded access points that will be implement during the year (e.g., increase PCP/specialist availability, create options for visits to other professionals to open up PCP schedules, implement e-consults/telehealth, expand hours, provide open access or modified wave scheduling, online appointment scheduling, direct line to Healthfirst to assist with appointment scheduling, post visit satisfaction surveys, etc.). Our clinical partnerships team has collaborated with the access champions to support the execution and monitoring of these activities. In 2022, Healthfirst plans to begin the	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	evaluation of several of these best practices that have been put into place by the access champions to assess their efficacy. To better understand specific areas of opportunity and improve our members' satisfaction with Getting Care Quickly and Rating of Personal Doctor, Healthfirst conducted a telephonic member survey that was triggered after a provider visit was completed. The survey asked about how long the member waited to see the provider (under/over 15 minutes); how easy it was to schedule the appointment (scale of 1-5); and was the appointment convenient (yes/no). A dashboard from this survey data was created to identify provider practices who had a low score and to share with them the results so that they could use the information to support targeted improvements in their practice. This data was also utilized to trend the characteristics of members whose experience appeared to be worse than others and then send targeted messages to inform them about urgent care and telehealth services. Furthermore, healthcare practices are encouraged to expand telehealth services to our members through the support of the Healthfirst quality incentive program. Social media campaigns are implemented annually to alert our members to the availability of telehealth services and a "flag" has been added to our provider directory which enables members to search specifically for telehealth providers. If some members need extra help in navigating the healthcare system, Healthfirst's customer service center is available to provide them with a concierge level of support and assist them in scheduling a provider appointment at a time that is convenient for them. Healthfirst's delivery system engagement and clinical partnerships teams work together to improve our members' experience with our provider network. They address member experience concerns that are identified by internal Healthfirst teams; share the data directly with the providers; and offer their ongoing support to address our members' barriers at the practice level. In addition, Healthfirst continues to maintain and monitor required network adequacy across all service regions as well as evaluates out of network providers who may be authorized for potential participation in the provider network.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
The MCP should work to address the citations received during the 2019 operational survey. The MCP should ensure that protocols are followed by all delegates. The MCP should also consider routine staff training sessions or refresher courses regarding the timeframes for processing grievances and appeals.	During the 2019 operational survey, the DOH cited three areas as deficient: complaints and grievances, organization and management, and utilization review. For this survey, there were no findings cited for delegates. As part of Healthfirst's remediation of the noted deficiencies, we implemented an in-depth internal corrective action plan to address each citation. The corrective action plan was approved by the DOH on 12/19/2019. The corrective action model we employ follows key elements: responsible party, date certain (the date an operational area commits to an action), monitoring and auditing and education and training as applicable. To address and then promote sustained improvement, the steps outlined in every internal corrective action, are monitored by the Healthfirst compliance team, led by the Healthfirst chief compliance officer, with the goal to both mitigate issues and to prevent repeat occurrences. Progress on all corrective actions is reported out routinely to the Healthfirst Inc. board of directors via the audit, risk, and compliance committee.	Partially Addressed

Strengths, Opportunities for Improvement and Recommendations

Table 56: Healthfirst's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Healthfirst's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Healthfirst met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Healthfirst reported MY 2020 rates for 6 measures related to child and adolescent care, and women's health that performed statistically better than the statewide average.	X	X	
PIP – Developmental Screening	Four (4) of 6 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period. However, 5 performance indicators demonstrated improvement during this time.	X	X	
Performance Measures – Acute and Chronic Care	Healthfirst reported MY 2020 rates for 8 measures related to respiratory care, diabetes care and back pain that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Healthfirst reported MY 2020 rates for 6 measures related to opioid use, follow-up care after hospitalization, follow-up care for children on ADHD medication and antipsychotics that performed statistically better than the statewide average.	X	X	
Compliance with Medicaid Standards	Healthfirst was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Quality of Care Survey – Member Experience	Healthfirst achieved 1 CAHPS score that was statistically significantly higher than the statewide average. Though not statistically significant, 4 CAHPS scores achieved by Healthfirst performed better than the statewide average, while 2 performed at the statewide average.	X	X	X
Opportunities for Improvement				
PIP – Blood Lead Testing	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Developmental Screening	Two (2) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Effectiveness of Care	Healthfirst reported MY 2020 rates for 3 measures related to child and adolescent care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Healthfirst reported MY 2020 rates for 8 measures related to asthma medication management, hypertension, diabetes care, and statin therapy that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Healthfirst reported MY 2020 rates for 8 measures related to emergency room follow-care for substance abuse and mental illness, and opioid treatment that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Healthfirst reported MY 2020 rates for 3 measures related to dental care and drug dependence treatment that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	Healthfirst was in noncompliance with CFR 438.228 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Healthfirst achieved 1 CAHPS score that was statistically significantly lower than the statewide average. Though not statistically significant, 3 CAHPS scores achieved by Healthfirst performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve its current interventions targeting blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve the weight assessment and counseling for nutrition and physical activity for children and adolescents.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with asthma, diabetes, hypertension, and pharyngitis.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve medication management and follow-up care for members with mental illness and substance abuse disorders.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to dental care and alcohol and other drug abuse treatments.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	Healthfirst should continue with its current interventions to improve members experience as CAHPS rates have improved. The MCP should continuously evaluate the CAHPS scores to identify additional opportunities to improve care.	X	X	X

Highmark BCBS WNY

Performance Improvement Project Findings

Table 57: Highmark BCBS WNY's PIP Summary, MY 2020

Highmark BCBS WNY's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Highmark BCBS WNY aims to optimize children's health and development by improving screening, testing and linkage to services for lead exposure, newborn hearing loss and early identification of developmentally at-risk children. Member-Focused 2020 Interventions ▪ Established the Healthy Rewards incentive program to encourage member and their caretakers to complete well-child checks. ▪ Educated members and their caretakers on importance of lead testing, potential contaminants and how to access services through mailer. The mailer was timed to arrive 90 days prior to the child's birthday to encourage timely care. ▪ Outreached to member caregivers require diagnostic audio-logical evaluation or EI services. ▪ Developed member educational materials, highlighting common signs and symptoms of hearing loss, and clinical follow-up. ▪ Conducted short message service (SMS) texting and IVR campaigns to enhance the member education strategy. Provider-Focused 2020 Interventions ▪ Shared gaps in care reports with providers that identified members with missing lead screenings and members who were not treated according to the early detection and intervention guidelines. ▪ Disseminated CDC and DOH guidelines for blood lead screening and follow-up care to providers. ▪ Contacted providers assigned to members identified as having a BLL $\geq$ 5. ▪ Developed provider education segments on the early detection and intervention program, the availability of standardized development screening tools, and appropriate billing codes for lead, hearing, and developmental screenings. MCP-Focused 2020 Interventions ▪ Co-sponsored community event to promote education and development of baby and toddlers.

Table 58: Highmark BCBS WNY's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Screening				
Blood lead test: Age 1 year	64.96%	71.96%	71.34%	70%
Blood lead test: Age 2 years	60.74%	70.56%	76.76%	66%
Blood lead test: Age 1 and 2 years	42.46%	52.27%	62.23%	47%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	30.93%	22.90%	26.52%	36%
Confirmed venous BLL of ≥ 5 mcg/dl	2.21%	3.89%	1.41%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	10.39%	6.88%	28.26%	15%
Confirmed venous BLL ≥ 10 mcg/dl	0.78%	1.12%	0.11%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	11.11%	8.70%	18.18%	16%
Newborn Hearing Screening				
Completed screening by 1 month of age	87.11%	93.95%	88.54%	92%
Did not pass screening by 1 month of age	7.40%	4.37%	1.54%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	6.67%	2.50%	25.00%	12%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	33.33%	100%	66.67%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	0.00%	100%	100%
Completed hearing screening before 3 months of age	87.66%	92.56%	91.58%	93%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	50%	10%	42.86%	55%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	NA	0%	66.67%	20%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	3.70%	6.22%	19.67%	9%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	22.33%	33.91%	39.84%	27%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	18.86%	30.67%	40.76%	24%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	14.16%	22.71%	33.33%	19%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.00%	3.88%	19.05%	5%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	1.00%	13.74%	5%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 59: Highmark BCBS WNY's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	35 ▼	35 ▼	38 ▼	44
Breast Cancer Screening	57 ▼	58 ▼	54 ▼	67
Cervical Cancer Screening	63 ▼	63 ▼	62 ▼	68
Childhood Immunizations – Combo 3	78 ▲	85 ▲	81 ▲	72
Chlamydia Screening (Ages 16-24)	63 ▼	61 ▼	61 ▼	71
Colorectal Cancer Screening	49 ▼	56 ▼	53 ▼	61
Flu Shots for Adults (Ages 18-64)[2]		46	46	46
Lead Screening in Children	90	90	90	87
Non-recommended Cervical Cancer Screening in Adolescent Females	>1 ▲	>1 ▲	0.22 ▲	0.99
WCC – BMI Percentile	85	85	83	80
WCC – Counseling for Nutrition	86 ▲	86	86 ▲	77
WCC – Counseling for Physical Activity	81 ▲	81 ▲	81 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	94	89	89	89
Asthma Medication Ratio (Ages 19-64)	62	57	59 ▲	51
Asthma Medication Ratio (Ages 5-18)	72	71	75	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	31	48	40	40
CDC – BP Controlled (<140/90 mm Hg)	67	67	63 ▲	55
CDC – Eye Exam Performed	67	67	59	60
CDC – HbA1c Testing	85 ▼	85 ▼	81 ▼	86
CDC – HbA1c Control (<8%)	52 ▼	52 ▼	45	50
CDC – Nephropathy Monitor	90	91		
Controlling High Blood Pressure	61	61 ▼	63 ▲	56
HIV Viral Load Suppression[1]	77	82	83	74
Kidney Health Evaluation for Patients with Diabetes			35 ▼	39
Persistence of Beta-Blocker Treatment After a Heart Attack	*SS*	*SS*	74	86
Pharmacotherapy Management for COPD – Bronchodilators	83	88	91	88
Pharmacotherapy Management for COPD – Corticosteroids	77	75	73	74
Smoking Cessation Medications[2]		55	55	62
Smoking Cessation Strategies[2]		51	51	56
Spirometry Testing for COPD	36 ▼	39 ▼	26 ▼	46
Statin Therapy for Patients with Cardiovascular Disease – Received	82	86	87	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	61	72	68	71
Statin Therapy for Patients with Diabetes – Received	70	72	74	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	64	68	66	65
Testing for Children with Pharyngitis	95 ▲	90	89	87
Use of Imaging Studies for Low Back Pain	72	72 ▼	74	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	57	57	55	55
Antidepressant Medication Management – Effective Continuation Phase	43	39	41	40
Antipsychotic Medications for Schizophrenia	65	74 ▲	66	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	65	67	58	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	77 ▼	69	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	31 ▲	24	25	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	38 ▲	30	33	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	73 ▲	77 ▲	72 ▲	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	83 ▲	84 ▲	80 ▲	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			45	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			69	66
Follow-Up Care for Children on ADHD Medication – Initiation	48	50	49	58
Follow-Up Care for Children on ADHD Medication – Continue	64	61	64	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	73 ▲	51 ▼	61	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	83 ▲	72	78	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	35	25 ▼	22 ▼	34
Pharmacotherapy for Opioid Use Disorder			41	38
Risk of Continued Opioid Use – 15 Days		5	5	5
Risk of Continued Opioid Use – 31 Days		4	4	3
Use of Opioids at High Dosage		6 ▲	6	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.49	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			69	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			69	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	82	82	79	80
45-64 Years	89	89	87	87
65+ Years	88	92	86	84
Access to Other Services				
Annual Dental Visit[4]	65 ▲	65 ▲	52	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	46	44	41 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	19	19	15 ▼	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	40	43	NA	NA
Timeliness of Prenatal Care[3]	87		89	88
Postpartum Care	72	81	77	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	70	79	81	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	11 ▲	10 ▲	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 60: Highmark BCBS WNY's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Rate
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	4%	7%
Prenatal Care in the First Trimester	69%	76%	73%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	15%	13%	13%
Vaginal Birth After Cesarean	Not Available	15%	8%	13%

[1] A lower rate is desired for this measure.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 61: Highmark BCBS WNY's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020[1]
42 CFR 438.206: Availability of Services	NC	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	NC	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	NC	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	NC	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on staff interview and review of the final adverse determination notice, BCBS WNY failed to ensure its delegate, Amerigroup, included required information in the document. Specifically, the final adverse determination did not include the following information as required; utilization review agent (Amerigroup) address, contact person and phone number. This was evident in 3 of 9 CHP standard appeal utilization review cases.
- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide evidence that 4 of 55 providers included in the sample were sent an amendment to incorporate the requirements set forth by the 21st Century Cures Act.
- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide the DOH approval letters that corresponded with the MCP unique identification numbers for 27 of 55 contracts included in the sample.
- Based on interview and review of behavioral health provider contracts, BCBS WNY failed to amend 5 of 10 contracts. Specifically, the contracts did not include the required language to ensure that providers will be paid at the government rate.
- Based on self-disclosure during an interview with BCBS WNY's vendor, Amerigroup, and further discussions with BCBS WNY staff, it was identified that the BCBS WNY failed to take immediate action to terminate a network provider from BCBS WNY's Medicaid and CHP networks following the preclusion of this provider's medical license by NYS. A review of documentation revealed that the provider was added to the Office of Professional Misconduct's (OPMC) Sanctioned Provider list on April 4, 2019, and was precluded from the practice of medicine in NYS effective April 8, 2019. HealthNow was notified by OPMC of the provider's sanctioned status on April 4, 2019. BCBS WNY took immediate action to terminate this provider from their

commercial and Medicare networks, but the MCP's vendor, Amerigroup, failed to remove this provider from BCBS WNY's CHP and Medicaid networks until July 9, 2019.

- Based on staff interview and review of credentialing files, it was identified that BCBS WNY failed to re-credential 2 of 20 providers from the contract sample, within the required time frame of every three years.
- Based on interviews with plan staff and review of requested survey documentation, BCBS WNY failed to provide oversight to ensure the POC developed in response to the 2018 deficiency issued for noncompliance with the required timeframe for credentialing review process was implemented. Specifically, during the completion of the 2019 Comprehensive Operational Survey, a review of the files submitted for credentialing review identified two providers that the credentialing process was not completed within the required three-year timeframe.
- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide evidence that 3 of 55 providers included in the contract sample were sent an amendment to incorporate the 2017 DOH Standard Clauses for Managed Care Provider/IPA/ACO Contracts.
- Based on staff interview and review of the initial adverse determination notice, BCBS WNY failed to ensure its delegate, Amerigroup, provided clinical rationales that included: a clear statement for the denial, the reasons for the determination, the term "not medically necessary" and that were enrollee-specific. This was evident in 6 of 18 Medicaid pre-authorization/concurrent utilization review cases.

Quality of Care Survey Findings – Member Satisfaction

Table 62: Highmark BCBS WNY's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Highmark WNY	Statewide Average	Highmark WNY	Statewide Average	Highmark WNY	Statewide Average
Access to Specialized Services					79	72
Coordination of Care[1]	80 ▲	74	77	75	77	72
Customer Service[1]	89	86	87	86	87	87
Family-Centered Care: Personal Doctor Who Knows Child					91	90
Getting Care Needed[1]	90 ▲	85	88	84	90 ▲	84
Getting Care Quickly[1]	92 ▲	88	92 ▲	88	95	88
How Well Doctors Communicate[1]	94	93	94	93	95	93
Rating of All Healthcare	81	86	88	87	89	90
Rating of Health Plan	86	85	82	85	83	86
Rating of Personal Doctor[1]	88	90	89	90	92	90
Rating of Specialist Seen Most Often	86	83	83	84	91	87

Note: Grey shading indicates that the measure was not required.
[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 63: Highmark BCBS WNY's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Highmark BCBS WNY continues to demonstrate opportunities for improvement for several measures related to monitoring chronic conditions such as COPD and diabetes. The MCP should continue reviewing barriers to care and develop interventions to address these barriers. The MCP should also consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement. [Repeat recommendation.]	Highmark BCBS WNY conducts analyses of our performance on HEDIS and CAHPS measures to identify barriers related to care and implements interventions to promote the utilization of chronic conditions such as COPD and diabetes, and medication adherence for those chronic conditions. Highmark BCBS WNY developed a comprehensive workplan for monitoring chronic condition management measures, with monthly monitoring of our current performance and gap to goal for meeting HEDIS measures, implementing specific interventions and tracking of intervention outcomes to assess utilization and intervention effectiveness. Highmark BCBS WNY conducts an educational and care coordination approach to engage members into care and attempt to reduce barriers to completion in screenings that include: Disease management programming: Highmark BCBS WNY's disease management programs through 2019 and 2020 were designed and implemented, using a member-centered care approach with interventions tailored to each member's healthcare needs. Members were stratified into intervention groups based on clinical risk using a predictive modeling through the chronic illness intensity index (C13). Members enrolled in active management have complex, comorbid conditions and work collaboratively with a nurse case manager using telephonic case management to develop a plan of care, and track progress towards meeting goals. Active management includes: ▪ Comprehensive Initial and follow-up health risk assessments ▪ Provider notification upon active enrollment ▪ Collaborative care planning ▪ Monitoring and addressing identified HEDIS care gaps ▪ Ongoing provider collaboration as needed	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	A higher percentage of eligible members considered to be at lower risk were enrolled in Passive management and receive non-interactive interventions. Based on the monthly identification and stratification process, members may move between active and passive enrollment during the measure year. Passive management applies to a higher percentage of the eligible population and includes: ▪ Mailing a passive enrollment package with our disease management contact information, an overview of the program, and condition-specific health information related to the member's condition and/or gap in care enclosed ▪ Giving members the option to reach out and enroll in active management ▪ Motivational Interviewing techniques are incorporated in all aspects of member communication including telephonic outreach, health risk assessments and the development of plans of care as well as routine follow-up. ▪ Engagement in programs fluctuates throughout the year as members are lost due to eligibility requirements or contact, program completion or transferred to other internal or external programs. In addition to disease management programming: ▪ Highmark continued to produce monthly live calls to members and text messages in English and Spanish to discuss access, benefits, and education. A phone number for members to outreach to the plan for assistance in scheduling appointments and connecting members to care and address needs such as transportation was also provided. Additionally, episodic case management is available to members with chronic care conditions issues requiring attention. ▪ The healthy rewards gift card incentive program is offered for members who get their diabetic services completed (HbA1c, retinal exam). ▪ The network relations and the quality management teams work collaboratively to close gaps in care by distributing quarterly gaps in care reports with members within the eligible population for diabetes and high blood pressure to individual provider groups and assisting in getting members services.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Providers are encouraged to attend monthly educational webinars offering continuing medical education designed specifically for office staff which cover a range of topics including complete and accurate diagnosis coding, telehealth services and addressing social determinants of health and improving patient experience. These webinars support monitoring of chronic conditions, improving member engagement, and addressing care gaps. Pharmacy programming is an important intervention for our members with chronic care conditions. Clinical quality programs have been in place to optimize therapeutic outcomes for the plan's members and support adherence with medication management. Descriptions of the programs related to monitoring chronic conditions follow. A diabetes polypharmacy program has been in place which includes the following interventions, targeting members with diabetes through: ▪ Comprehensive medication review – pharmacist will access medication profiles and contact prescribers for any safety and clinical care gaps. The goal is to improve adherence, address safety and identify care gaps in diabetics taking multiple medications. ▪ Diabetes adherence and new start calling – outreach to members to discuss nonadherence to members on oral diabetes medications identified with < 80 percent adherence. The goal is to educate newly started members on the importance of taking medication as prescribed. ▪ The respiratory medication pharmacy program addresses medication adherence, gaps in care and educational outreach to both member and provider. ▪ Member new start educational letter – adult and child – member identified with a new diagnosis of persistent asthma and on an asthma controller medication receives an educational letter with information on the Asthma and Allergy Foundation of America four-step approach to controlling asthma and preventing attacks.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Pharmacist new start calling program < 18 years old – telephonic outreach by a pharmacist to the member/caregiver to educate members newly started on an asthma control medication and have a diagnosis of persistent asthma. The goal is to counsel members on the medication and promote lifelong adherence. ▪ Adherence calling program – telephonic outreach to non-compliant members to help overcome barriers to compliance. Members may also receive a follow-up phone call from a pharmacist to discuss the rescue inhaler use and controller adherence. ▪ Pediatric no spacer on file provider fax – this program identifies members under 5 years of age that could benefit from adding a spacer to their inhaler based on the Expert Panel Report 3 guidelines. ▪ Asthma pharmacy care note fax sent weekly to provider. Faxes are based on the retrospective review of pharmacy claims to ensure more clinically appropriate prescribing. ▪ COPD provider fax-daily faxing to providers who members were discharged from the emergency room but do not have evidence of a systemic corticosteroid prescribed within 14 days and a bronchodilator within 30 days following a hospitalization for COPD exacerbation. ▪ COPD Provider fax sent to provider to recommend testing for members with a new diagnosis of COPD who have not received spirometry testing to confirm the diagnosis. In 2021, a comprehensive Population Health Workplan was developed to address access to care due to social barriers. As part of the comprehensive population health workplan, the quality management team analyzed rates for chronic condition management of members with cardiovascular disease and respiratory conditions and disparities related to specific race/ethnicities and zip code analyses. Findings will be used to determine interventions to support and impact specific groups in MY 2022. Additionally, workgroups to address adult chronic disease management will be launched in MY 2022.	
Highmark BCBS WNY should consider investigating the causes	Highmark BCBS WNY has developed a behavioral health workplan to assess monthly performance of HEDIS Behavioral Health measures, implement interventions to promote	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
for the low performance in behavioral health measures regarding follow-up visits 7 days after a hospitalization and diabetes screening for members on medications for behavioral health conditions. The MCP should consider implementing interventions that target social determinants of health that can impact mental health care such as socioeconomic status, neighborhood and physical environments and lack of support systems.	care coordination and transitional care planning after discharge from an inpatient hospitalization, as well as metabolic monitoring of members on medications to manage behavioral health conditions. The plan includes a care coordination approach to engage members into care and attempt to reduce barriers to completion in screenings that include: Transitional care management initiatives: The health plan's corrective action plan for follow-up after mental health hospitalizations, implemented in 2021, was designed and implemented through a holistic, member-centered care approach with interventions tailored to each member's healthcare needs. Active management includes <u>Provider engagement through telephonic outreach</u> ▪ The behavioral health case manager and behavioral health utilization management care manager will complete telephonic outreach to the inpatient behavioral health facility to discuss the importance of follow-up and ensure that an appointment is scheduled with the outpatient provider. Discharge planning begins at the time of initial assessment during inpatient treatment and continues throughout the member's treatment episode. ▪ At discharge, the behavioral health case manager or outreach care specialist will complete telephonic outreach to outpatient mental health providers to discuss with the provider the importance of follow-up within 7 days for a member discharged from an inpatient setting. ▪ The behavioral health case manager or outreach care specialist will ensure that the member is scheduled for the follow-up appointment within 7 days of discharge. If the member is scheduled outside of 7 days, the behavioral health team member will encourage the provider to reschedule the appointment to an appointment within 7 days of discharge. ▪ The behavioral health case manager or outreach care specialist would complete a follow-up call to the outpatient provider to confirm if the member attended the appointment. <u>Member engagement through telephonic outreach</u>	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Post discharge from the inpatient setting, telephonic outreach to member or health home care manager to educate members on the importance of following up with an outpatient provider. ▪ During this telephonic outreach with the member or health home care manager, review of upcoming outpatient appointment and details will be reviewed, assistance with rescheduling the appointment if needed, offer case management services or a health home referral to the member (if member is not in a Health Home), and assistance to remove any barriers to attending the appointment such as transportation will be addressed. ▪ Unable to contact letters are sent to members who are unable to be contacted via phone after the first call attempt. ▪ If the member did not attend the 7-day appointment, the behavioral health case manager or outreach care specialist will assist the member in rescheduling the appointment. ▪ If a member leaves the inpatient setting against medical advice, the discharge process will begin with telephone outreach to the member or health home to engage the member in this process to schedule with an outpatient provider. Metabolic Monitoring Initiatives: In 2021, a daily 'Late Refill' report was developed to identify members with a behavioral health diagnosis who were prescribed medications, but who are delayed in refilling their medications. Using the Late Refill report, members utilizing medications for behavioral health conditions are enrolled in active telephonic case management with a behavioral health vase manager to establish goals, develop a plan of care, discuss potential barriers and complete diabetes screening, as needed. Active management includes: <u>Member engagement through telephonic engagement</u> ▪ Telephonic outreach to member or health home care manager on the Late Refill report to educate members on the importance of diabetes screening to assess the member's risk for metabolic disease.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ Care barriers to refilling medications are also addressed. Member barriers could include transportation to the pharmacy (where the case manager will assist in medication home delivery options), or if there are no-refills available (where the case manager will contact the pharmacy and prescribing provider as noted below) <u>Pharmacy engagement through telephonic outreach</u> ▪ Telephonic outreach to the prescribing pharmacy to ensure that the refilled medication is ready for pick-up. ▪ Telephonic outreach to the prescribing provider if the member refills are not available for pick up at the pharmacy. In addition to medication monitoring, a new initiative has also been implemented in the third quarter of 2021, to identify members in an inpatient setting and who are missing their diabetes screening to determine if lab testing was completed during the inpatient stay. The following actions were deployed to outreach to discharge planners and members prior to the patient discharge: ▪ The quality team reviews the daily inpatient census reports to identify and flag all members with a diagnosis of schizophrenia and/or bipolar disorder who are inpatient at a facility and flagged as missing an HbA1c or glucose monitoring test. ▪ The utilization management care management team will also identify members on the inpatient census discharged from an inpatient facility with a diagnosis of schizophrenia or bipolar disorder who are being prescribed antipsychotic medications. ▪ If a member has both, a qualifying behavioral health diagnosis and prescribed antipsychotic medications, the utilization management care manager will request that metabolic monitoring be completed and that the records sent to the plan with the discharge summary. ▪ The utilization management care manager will notify the quality team and behavioral health case management team if diabetes screening labs are available in the discharge summary for all members missing the diabetes screening.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	In summary, the behavioral health workplan outlines a comprehensive approach to engage members and providers in post-discharge planning, interventions developed to address diabetes screening, and care coordination to address, specific barriers to care.	
The MCP should work to address the citations received during the 2019 operational survey. The MCP should provide adequate oversight of all delegates and should ensure all vendor and provider contracts meet standards. The MCP should also consider routine staff training sessions or refresher courses regarding provider credentialing and the timeframes for processing grievances and appeals.	Addressing citations received during 2019 operational Survey: POCs for the citations issued by the DOH during the comprehensive operational survey of the MCP, Highmark BCBS WNY, were reviewed and determined acceptable by the DOH on May 15,2020. In addition to the POCs submitted to the DOH, Highmark issued internal corrective action plans (CAPs) to Amerigroup for each citation issued by the regulators. Remediation plans were developed by Amerigroup's operational areas then reviewed and approved by Highmark's functional area leads and compliance for both entities. Oversight of remediation plans were tracked by respective sub-teams and compliance. CAPs were closed upon fulfillment of all remediation activities and demonstration of a minimum of 3 months/90 days of successful monitoring. Oversight process: to support oversight and review, Amerigroup provides monthly ongoing performance reports related to operational performance to Highmark within its functional area sub-team oversight. Results of those reports are reviewed and discussed monthly. Ongoing and/or systemic issues are escalated to the joint operations committee and to compliance. Provider credentialing monitoring: provider network monitoring reviews ensures continual review of provider credentialing processes. Any issues with non-compliance are immediately addressed and includes re-training and monitoring. Education on updated procedure for processing requests for a future termination related to the provider termination notice citation was provided to credentialing specialist in November 2020. Education on credentialing is completed with the network team when a new associate is hired. Training on credentialing process and acceptable turnaround time (TAT) is also presented at this time.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	New associate training also includes courses that are specific to credentialing policy, process, and systems. Following completion of those courses, the new associate is trained on specific task related responsibilities and will shadow an experienced associate for several weeks with oversight from a credentialing lead and manager. New work is assigned along with 100% quality of all completed work for at least 6 months coupled with frequent meetings to address any questions or concerns. Ongoing training occurs in weekly Credentialing Lead meetings and monthly staff meetings. Annually, all policies and processes are reviewed with staff along with any state specific requirements. In addition, we have a team leads who help instruct the team in the event of any new criteria or regulation and are prepared to create any new documentation or training needs that then is relayed to the team. TAT is reported on a quarterly cadence to the Medical Advisory Committee and the Quality Advisory committee and is shared with the network relations team where a review of appropriate TAT is presented. Training on timeframes for processing grievances and appeals: cross training of grievance team members to ensure understanding and compliance with turnaround time requirements began in April of 2019 and was ongoing through March 2020. New team members were educated on turnaround times and contractual operational standards prior to being assigned complaints. 100% of complaint resolution notices were reviewed daily, prior to mailing. Amerigroup's grievance and appeal managers, along with the vendor oversight team, conducted education on contractual standards including turnaround times with its dental delegate, Liberty. Training began on 2-7-2020 and was fully completed within 30 days. Any ongoing performance reports or systemic issues are monitored monthly through the joint operations committee.	
Access to/Timeliness of Care		
BCBS of WNY continues to demonstrate an opportunity for improvement with access to preventative screenings. The	Highmark BCBS WNY developed a comprehensive workplan in 2021 to address preventive screening measures; this includes monthly monitoring of our current performance and gaps to goals for achieving HEDIS measure NYS benchmarks. The specific interventions developed	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
MCP should continue conducting routine analyses of low performing measures to identify barriers to members obtaining quality care. While certain prevention and screening measures had reported rates significantly worse than the statewide average in 2019, the MCP's rates have trended upwards. Therefore, the MCP should continue with its current interventions that promote the utilization of preventive care services. [Repeat recommendation.]	have been closely tracked to determine outcomes and assess both utilization and intervention effectiveness. The 2021 workplan outlines both educational and care coordination approaches to engage members into care and attempt to reduce barriers to completion in screenings that include: ▪ Live calls and text messages to members in English and Spanish. These outreach campaigns offer a range of support including discussions of access, benefits, and education. A phone number is provided for members to outreach to the plan for assistance in scheduling appointments and connecting members to care for (adult and children's health) preventative screening measures. ▪ A comprehensive corrective action plan implemented to monitor and improve member outreach for breast cancer screening. This included hosting events at provider sites using mobile mammography vans in conjunction with providers during Breast Cancer Awareness Month. ▪ A colorectal fecal immunochemical test home-test kit mailed to eligible members in September 2021 who had not completed a screening, based on claims. Eligible members were engaged through member mailings, text campaign and a reminder postcard. Results for completed fecal immunochemical test tests were shared with the PCP. ▪ Sharing preventive health information, and plan services on the member portal of the plan's website. ▪ Offering HealthyRewards™ gift card incentive through a vendor to encourage completion of preventive health screenings and chronic care management services. For this program effort, digital gift cards and messaging have been offered to members as an opportunity for use. Outreach calls and text messaging campaigns have also been implemented to educate members about specific gaps in screenings and inform them about the HealthyRewards™ incentive program. The health plan tracks utilization of incentives through redemption rates. In 2021, the plan's members were eligible to earn $25 financial incentive for each completed screening: breast cancer, chlamydia, and colorectal screening.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	The workplan outlines provider-focused approaches to engage members into care and attempt to reduce barriers. The following interventions were implemented in 2021: ▪ Distributed quarterly gaps in care lists to PCPs to identify members who have outstanding care gaps and requested information. Monthly gap in care reports were also distributed to IPAs. ▪ Held regular meetings with large practices within our provider network to review quality measure performance, discuss practice specific quality gaps in care report shared quarterly with provider groups, share quality interventions implemented and share best practice informational resources published in the online provider portal. ▪ Shared the 2021 provider webinar series to provide education on topics that included HEDIS measure review, international classification of diseases (ICD)-10 coding and information on improving the member's experience. ▪ The plan also conducts access and availability surveys of network providers to assess provider compliance with the DOH appointment availability standards. ▪ Additionally, Highmark BCBS WNY continues to: ▫ Track, monitor, and trend member complaints related to access to care through consumer surveys. ▫ Analyze member complaints/grievances and appeals and services to identify negative trends, perform root cause/barrier analysis, and develop appropriate interventions to address member complaints/grievances related to quality of care and access to care. Highmark BCBS WNY has worked on further assessing and understanding of member barriers to care, especially during the COVID-19 pandemic and its impact. Highmark supports the use of telehealth to eliminate barriers through the pandemic. Highmark BCBS WNY will continue to address barriers and has workgroups established for 2022 to monitor outcomes, improve rates for all measures, and ensure members are aware of benefits and have opportunities to engage in care.	

Strengths, Opportunities for Improvement and Recommendations

Table 64: Highmark BCBS WNY's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Highmark BCBS WNY's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Five (5) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Two (2) of 6 performance indicator rates met or exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, 3 rates demonstrated improvement during this period.	X	X	
PIP – Developmental Screening	All 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Highmark BCBS WNY met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Highmark BCBS WNY reported MY 2020 rates for 4 measures related to childhood immunization, well-child care and non-recommended cervical cancer screenings in adolescents that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Highmark BCBS WNY reported MY 2020 rates for 3 measures related to asthma care and hypertension that that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Highmark BCBS WNY reported MY 2020 rates for 2 measures related to follow-up care after hospitalization that performed statistically better than the statewide average.	X	X	
Compliance with Medicaid Standards	Highmark BCBS WNY was in compliance with 7 of the 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Highmark BCBS WNY achieved 1 CAHPS score that exceeded the statewide average. Though not statistically significant, 7 CAHPS scores achieved by Highmark BCBS WNY performed better than the statewide average, while 1 score performed at the statewide average.	X	X	X
Opportunities for Improvement				

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Blood Lead Testing	One (1) performance indicator rate did not meet the target rate between the baseline period and the remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the remeasurement period.	X	X	
PIP – Developmental Screening	None.			
Performance Measures – Prevention and Screening	Highmark BCBS WNY reported MY 2020 rates for 5 measures related to child and adolescent care, women's health and cancer screenings that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Highmark BCBS WNY reported MY 2020 rates for 3 measures related to diabetes care and spirometry testing that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Highmark BCBS WNY reported a MY 2020 rate for 1 measure related child and adolescent care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Highmark BCBS WNY reported MY 2020 rates for 2 measures related dependence treatment that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	Highmark BCBS WNY was in noncompliance with CFR 438.206, CFR 438.214, CFR 438.228, and CFR 438.330.	X	X	X
Quality of Care Survey – Member Experience	Though not statistically significant, 2 CAHPS scores achieved by Highmark BCBS WNY were lower than the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing and newborn hearing screenings.	X	X	
Performance Measures – Prevention and Screening	In addition to the MCP's monthly monitoring of our current performance and gaps to goals, the MCP should investigate additional opportunities to improve cancer screenings, chlamydia screening, and adolescent immunizations as some of the rates declined from 2019 to 2020.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should re-evaluate its current interventions to improve the health of members with diabetes and COPD as rates have continued to decline. [Repeat recommendation.]	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve care for adolescents on antipsychotics.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to alcohol and other drug abuse treatments.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X
Quality of Care Survey – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

HIP

Performance Improvement Project Findings

Table 65: HIP's PIP Summary, MY 2020

HIP's PIP Summary
PIP Title: KIDS Quality Agenda Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim HIP aims to address the topics of blood lead testing and follow-up, newborn hearing screening and follow-up, and developmental screening. Member-Focused 2020 Interventions ▪ Member education campaign -created a booklet for members containing information on requirements and recommendations for timely screening and follow-ups related to blood lead testing, newborn hearing, and developmental delays. ▪ Year-long communication to members who recently delivered a baby as part of an Emblem Health Childhood Journey program to provider information regarding blood lead testing, newborn hearing screening, and screening for developmental delays in their newborn(s). ▪ Telehealth application for members to access information regarding the requirements and recommendations for timely screenings and follow-ups related to blood lead testing, newborn hearing, and developmental delays. ▪ Called campaign outreach to members who have been identified with a BLL of ≥ 5 mcg/dl to help facilitate follow-up appointments and provide information/resources as needed. ▪ Called campaign outreach to members who did not pass newborn hearing screening by 1 month and need follow-up services for diagnostic audiological evaluation and early intervention. Provider-Focused 2020 Interventions ▪ Enhanced the provider education campaign by creating a series of reference guides for providers containing information on specific recommendations and guidelines for lead screening and follow-up, newborn hearing screening and follow-up, developmental screening, and procedures for referring at-risk members to EI services. ▪ Collaborated with high-volume provider practice groups to encourage best practices for developmental screening and the use of associate current procedural terminology (CPT) and ICD-10 codes. MCP-Focused 2020 Interventions ▪ Emblem Health worked in partnership with Advantage Care Physicians of New York (ACPNY), to improve the rate of lead screening through their point of care testing program. ▪ Implemented the neonatal intensive care unit (NICU) care management program to monitor the progress of newborns while they are confined to the NICU and 1 year after discharge. ▪ Partnered with a targeted subgroup of providers to implement an intensive quality improvement pilot initiative aimed to result in improved documentation and coding for screenings.

Table 66: HIP's PIP Indicator Performance

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	64.13%	61.11%	55.26%	68%
Blood lead test: Age 2 years	60.44%	60.80%	67.48%	70%
Blood lead test: Age 1 and 2 years	44.95%	45.39%	44.59%	50%
Confirmatory venous blood lead test for capillary BLL ≥5 mcg/dl, within 3 months	22.73%	42.86%	30.00%	50%
Confirmed venous BLL of ≥ 5 mcg/dl	1.07%	0.94%	0.80%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	21.21%	42.86%	37.50%	100%
Confirmed venous BLL ≥ 10 mcg/dl	0.20%	0.21%	0.15%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	37.50%	100%	33.33%	100%
Newborn Hearing Screening				
Completed screening by 1 month of age	82.18%	88.11%	86.23%	95%
Did not pass screening by 1 month of age	0.98%	1.56%	1.72%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	52.38%	32.35%	36.36%	100%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	18.18%	18.18%	37.50%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	21.74%	8.33%	12.00%	80%
Completed hearing screening before 3 months of age	65.80%	88.29%	89.21%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	75.86%	90%	86.54%	95%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	23.08%	11.76%	28.00%	80%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	10.54%	14.99%	18.14%	25%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	16.24%	16.73%	19.20%	25%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	6.17%	8.49%	7.66%	25%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	10.90%	13.42%	15.19%	20%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	0.10%	25%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	0.03%	25%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 67: HIP's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations—Combo 2	39	39 ▼	39 ▼	44
Breast Cancer Screening	67 ▼	71	69 ▲	67
Cervical Cancer Screening	72	73	67	68
Childhood Immunizations—Combo 3	70	70	70	72
Chlamydia Screening (Ages 16-24)	76	77	72	71
Colorectal Cancer Screening	63	64	59	61
Flu Shots for Adults (Ages 18-64)[2]		47		46
Lead Screening in Children	85	85 ▼	83	87
Non-recommended Cervical Cancer Screening in Adolescent Females	2	1	1	0.99
WCC—BMI Percentile	81 ▼	85	79	80
WCC—Counseling for Nutrition	79	85	76	77
WCC—Counseling for Physical Activity	71	80 ▲	74	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	94	84 ▼	85 ▼	89
Asthma Medication Ratio (Ages 19-64)	73	54	62 ▲	51
Asthma Medication Ratio (Ages 5-18)	66	59 ▼	74 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	23 ▼	40 ▼	31 ▼	40
CDC—BP Controlled (<140/90 mm Hg)	59 ▼	60 ▼	54	55
CDC—Eye Exam Performed	65	65	58	60
CDC—HbA1c Testing	91	91	83	86
CDC—HbA1c Control (<8%)	54 ▼	54 ▼	47	50
CDC—Nephropathy Monitor	93	93		
Controlling High Blood Pressure	58 ▼	62	64 ▲	56
HIV Viral Load Suppression[1]	76	78	72	74
Kidney Health Evaluation for Patients with Diabetes			38	39
Persistence of Beta-Blocker Treatment After a Heart Attack	84	91	90	86
Pharmacotherapy Management for COPD—Bronchodilators	85	89	85	88
Pharmacotherapy Management for COPD—Corticosteroids	72	74	69	74
Smoking Cessation Medications[2]		66	66	62
Smoking Cessation Strategies[2]		64	64	56
Spirometry Testing for COPD	51	50	48	46
Statin Therapy for Patients with Cardiovascular Disease - Received	81	82	81	81
Statin Therapy for Patients with Cardiovascular Disease - Adherent	77 ▲	78 ▲	74	71
Statin Therapy for Patients with Diabetes - Received	63 ▼	67 ▼	67 ▼	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes - Adherent	63	66 ▲	69 ▲	65
Testing for Children with Pharyngitis	82 ▼	84 ▼	82 ▼	87
Use of Imaging Studies for Low Back Pain	79	80	85 ▲	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	53	57	59 ▲	55
Antidepressant Medication Management—Effective Continuation Phase	39	38	42	40
Antipsychotic Medications for Schizophrenia	69	69	71	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	70	80	70	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	83	73	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	19	22	17	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	22	28	23	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	58 ▼	54 ▼	49	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	69 ▼	67 ▼	63	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			33 ▼	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			58 ▼	66
Follow-Up Care for Children on ADHD Medication—Initiation	63	65	55	58
Follow-Up Care for Children on ADHD Medication—Continue	80	72	72	67
Follow-Up After Hospitalization for Mental Illness—7 Days	58 ▼	52 ▼	57 ▼	80
Follow-Up After Hospitalization for Mental Illness—30 Days	69 ▼	68 ▼	74 ▼	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	49	45	36	34
Pharmacotherapy for Opioid Use Disorder			33	38
Risk of Continued Opioid Use – 15 Days		7 ▲	7 ▲	5
Risk of Continued Opioid Use – 31 Days		4 ▲	5 ▲	3
Use of Opioids at High Dosage		17 ▼	15 ▼	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.39	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			64	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			61	66
Access to Care				

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	82 ▲	82	79	80
45-64 Years	89	89	86	87
65+ Years	89 ▼	89 ▼	79	84
Access to Other Services				
Annual Dental Visit[4]	61 ▼	56 ▼	40 ▼	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	58 ▲	57 ▲	50	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	25 ▲	26 ▲	20	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	33	31 ▼	NA	NA
Timeliness of Prenatal Care[3]	88 ▼		80 ▼	88
Postpartum Care	69 ▼	75 ▼	76	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	69	69	68	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	6	7	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 68: HIP's QARR Perinatal Care Rates, MY 2017 – MY 2019

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	8%	9%	7%
Prenatal Care in the First Trimester	79%	76%	75%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	14%	12%	13%
Vaginal Birth After Cesarean	Not Available	13%	19%	21%
Rest Of Sate				
Risk-Adjusted Low Birth Weight[1]	Not Available	8%	9%	7%
Prenatal Care in the First Trimester	75%	81%	81%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	20%	19%	13%
Vaginal Birth After Cesarean	Not Available	6%	3%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 69: HIP's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020 Target
42 CFR 438.206: Availability of Services	C	C
42 CFR 438.207: Assurances of adequate capacity and services	C	C
42 CFR 438.208: Coordination and continuity of care	C	C
42 CFR 438.210: Coverage and authorization of services	C	C
42 CFR 438.214: Provider selection	C	C
42 CFR 438.224: Confidentiality	C	C
42 CFR 438.228: Grievance and appeal system	C	C
42 CFR 438.230: Sub-contractual relationships and delegation	C	C
42 CFR 438.236: Practice guidelines	C	C
42 CFR 438.242: Health information systems	C	C
42 CFR 438.330: Quality assessment and performance improvement program	C	C

C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Quality of Care Survey Findings – Member Satisfaction

Table 70: HIP's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	HIP	Statewide Average	HIP	Statewide Average	HIP	Statewide Average
Access to Specialized Services					75	72
Coordination of Care[1]	79	74	77	75	63 ▼	72
Customer Service[1]	83	86	85	86	84	87
Family-Centered Care: Personal Doctor Who Knows Child					86	90
Getting Care Needed[1]	86	85	82	84	80	84
Getting Care Quickly[1]	88	88	89	88	86	88
How Well Doctors Communicate[1]	95 ▲	93	94	93	95 ▲	93
Rating of All Healthcare	86	86	87	87	86	90
Rating of Health Plan	81	85	79 ▼	85	79 ▼	86
Rating of Personal Doctor[1]	92	89	90	90	88	90
Rating of Specialist Seen Most Often	79	83	89	84	71 ▼	87

Note: Grey shading indicates that the measure was not required.

[1] These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 71: HIP's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
The MCP continues to perform significantly worse than the statewide average for measures in the HEDIS®/QARR Acute and Chronic Care domain regarding diabetes care, appropriate treatment for upper respiratory infections and acute bronchitis. The MCP should consider the use of pharmacists to assist with member education on medications most used to treat diabetes and respiratory infections. The MCP should consider analyzing the number of appointments the members attended that were made through the case management department to identify if this intervention is successful for members with chronic conditions.	EmblemHealth uses targeted processes and methodology for conducting and evaluating quality improvement activities that includes baseline measurement, root cause-barrier analysis, development and implementation of appropriate interventions, and re-measurement utilizing valid statistical analyses to determine the impact of interventions. EmblemHealth continues to monitor HEDIS®/QARR rates monthly to identify lower-than-anticipated performance against the goals and implements interventions as needed. Performance, goals, and indicators are monitored through the quality committee structure and senior leadership steering meetings and by staff involved in specific performance improvement activities as well as those staff who oversee departments whose work impacts HEDIS®/QARR measures. Quality health navigators called Medicaid members diagnosed with diabetes to discuss diabetes screenings, to help members make appointments with their PCP and/or eye care specialists. As prior to the pandemic, in 2022, EmblemHealth Neighborhood Care locations will resume providing virtual diabetes prevention and diabetes management programming to help diabetic members learn and create healthy behaviors. Members are also educated regarding diabetes via member newsletters, blog posts and on EmblemHealth's website. Case management and complex case management provided by EmblemHealth, Cityblock Health and other contracted delegates address member specific needs including diabetes. Care is coordinated within case management for members diagnosed with diabetes by arranging appointments with ophthalmologist and optometrist and ensuring reports are sent to the PCP following the visit. Members are educated on telehealth options to address medical concerns regarding diabetes. Information is exchanged with ACPNY, including smaller provider groups with many Medicaid members whereby physicians are given gaps in care specific to each member. The	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	provider groups return electronic data to the plan when the member has received care. EmblemHealth's provider incentive program includes diabetic measures. Despite not reaching the 25th percentile, EmblemHealth continues to improve its appropriate treatment for upper respiratory infections, acute bronchitis, and several of the diabetes sub-measure rates from MY 2019 to MY 2020. To date, HEDIS® MY 2021 rates show improvement over measurement year 2020.	
The MCP continues to demonstrate an opportunity to improve behavioral health rates for the Follow-Up After Hospitalization for Mental Illness-30 Days and Follow-Up After Hospitalization for Mental Illness-7 Days measures. Although the MCP identified many barriers to care and have implemented interventions such as educating hospitals on best practices, improving the exchange of data, and case management services, there were other identified barriers not addressed. The MCP should consider implementing interventions that target the social determinants of health that impact mental health care such as socioeconomic status, neighborhood and physical	EmblemHealth continues to recognize the importance of members receiving appropriate follow-up care after being hospitalized for mental illness. EmblemHealth works closely with Beacon Health Options and University Behavioral Associates (UBA) to improve outpatient follow-up care after a mental health inpatient admission and to identify barriers to treatment. A root cause-barrier analysis was conducted, and member, provider and plan barriers were identified. To address barriers identified, EmblemHealth educates hospitals on best practices for continuity of care such as scheduling follow-up appointments, shares performance data, and establishes action plans to improve performance. Additionally, hospital staff who habitually discharge patients with less than ideal discharge plans are educated on providing an actionable discharge plan. Inpatient social workers confirm the members phone number(s) on record so that members can be called following inpatient care to encourage keeping the appointments scheduled by the inpatient social worker and/or to reschedule the appointment. EmblemHealth quality management staff educate case management, health homes, and care management agency staff on best practices for following up with members post-hospital discharge to ensure they keep their appointments, help with resources and transportation needs. Additionally, EmblemHealth monitors continuity and coordination of care between medical and behavioral health care by collaborating with behavioral healthcare practitioners and using information at its disposal to improve the coordination of care between medical and behavioral health care. This is critical to the well-being of members with co-morbid conditions. It is important that health care systems have comprehensive mechanisms in	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
environments and lack of support systems.	place to ensure systemic, multi-disciplinary care. The lack of such mechanisms results in poor continuity placing patients at risk for poor health outcomes. EmblemHealth's behavioral health vendor, Beacon Health Options, conducts an annual audit of high-volume behavioral health practitioners to assess the prevalence of information exchange with medical practitioners. This is accomplished through auditing records to see if medical records contain completed release of information authorization forms and if actual medical record information was received and reviewed. Overall coordination between medical and behavioral health improved from 2019 to 2020 as evidenced by the results meeting goals. The plan continues to improve in the FUH measure. The FUH 7-Day rate increased by 13.26 percentage points reporting year 2019 to reporting year 2020 for Medicaid. The FUH 30-Day rate increased by 14.46 percentage points for Medicaid reporting year 2019 to reporting year 2020. The plan continues to implement initiatives to improve in both measures.	
Access to/Timeliness of Care		
The MCP demonstrates an opportunity to improve the access to quality care for children and adolescents. The MCP had HEDIS®/QARR performance rates significantly worse than the statewide average for measures that affect children and adolescents in the following domains: Prevention and Screenings, Acute and Chronic Care, Utilization, and Access to Care. Although the MCP has	EmblemHealth recognizes the importance of its members receiving the appropriate care. EmblemHealth uses targeted processes and methodology for conducting and evaluating quality improvement activities. This includes baseline measurement, root cause-barrier analysis, development, and implementation of appropriate interventions to address the barriers, and re-measurement utilizing valid statistical analyses to determine the impact of interventions. EmblemHealth continues to monitor HEDIS®/QARR rates monthly to identify lower-than-anticipated performance against the goals, and to implement interventions as needed. Performance, goals, and indicators are monitored through the quality committee structure and senior leadership meetings and by staff involved in specific performance improvement activities as well as those staff who oversee departments whose work impacts HEDIS®/QARR measures. EmblemHealth continues to address improving its preventive care and access to care measures for children that continue to perform below average. Key interventions include but are not limited to partnering with provider groups, sharing educational tip	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
developed a robust quality strategy to address the needs of this membership the performance rates have not improved. The MCP should consider conducting routine root cause-barrier analysis to identify if the current interventions are effective. The MCP should also continue to analyze member satisfaction surveys to identify additional barriers to care.	sheets/guides, providing monthly gaps in care reports, collaboration with internal stakeholders, data exchange with providers and vendors, improvements in data capture and incorporation of supplemental data. In addition, in 2020 and 2021, pediatric providers received a letter and EmblemHealth's early screening pocket reference guide "The First 1,000 Days", designed to provide information on early identification, prevention, diagnosis, treatment and follow-up care to members between the ages of 0 and 3. The letter encouraged providers to use the reference guide as a tool for timely screening and follow-up with their pediatric patients with current gaps in care. Providers were also notified of the reference guide in newsletters. Providers were also notified of an educational booklet available to parent(s)/guardian(s) of members between the ages of 0 and 3 to educate members on the important tests and screenings needed. This includes requirements and recommendations for timely screenings including follow-up for lead, newborn hearing, and developmental milestones. The guide is to help the parent(s)/guardian(s) understand when their child(ren) should go for well-visits as well as screenings for the problems that can develop from lead poisoning, newborn hearing loss and developmental issues. The booklet provides a timeline for when a child should be tested, what tests will be done, and what to do if the child is at risk for any of the problems. It also provides parent(s)/guardian(s) an area to track dates and results of these tests as well as the child's preventive health care visits. Both booklets are available on EmblemHealth's website. During the 4th quarter of 2020, EmblemHealth re-introduced its pregnancy program as Healthy Futures which now includes a childhood immunization journey that consists of 12 monthly, age-appropriate communications to parents/guardians of members aged 0 to 12 months on topics relating to childhood immunizations, such as vaccine safety, how vaccines work, well visits, and flu shots. Other topics of interest to parents of young children are also addressed including safety devices for the home, lead testing, and when to start feeding solid foods. The second phase of the childhood journey is sent to parents/guardians of	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	members aged 13 – 36 months. Communication topics include but are not limited to well-visits, vaccines, the power of play, toddler safety tips, healthy eating, and sun safety. EmblemHealth encourages members to contact member services to assist with access to provider practices and/or ACPNY 42 locations in their areas that also have extended hours and virtual appointments to accommodate their busy schedules, and to potentially alleviate the barrier to scheduling conflicts. In addition, ACPNY website permits members to make appointments, shares the languages spoken within the offices and provides pictures of physicians, thereby further eliminating potential barriers to care. EmblemHealth conducts annual studies on network adequacy, appointment availability and 24-hour access. EmblemHealth also encourages use of Telehealth services. An analysis of member satisfaction surveys showed that member dissatisfaction seems to flow from members' inability to secure access to services due to provider access and availability. Providers who were found non-compliant with appointment availability and after-hours access were outreached and educated. EmblemHealth reminds providers of the access and availability standards via its annual provider notification and throughout the year via newsletters. EmblemHealth also continues to expand and grow Neighborhood Care. Since 2017, EmblemHealth expanded from 8 Neighborhood Care locations to 12 as of the end of 2020. In 2021, EmblemHealth added another Neighborhood Care that is co-located with an ACPNY office in Bethpage, New York. This continued expansion into the neighborhoods of the members EmblemHealth serves has provided additional in-person and virtual customer support, access to community resources and programming to help the entire community learn healthy behaviors. Customer care navigators, hired from the communities they serve, help members and non-members connect to relevant healthcare and community resources. The plan has a dedicated care coordination unit that calls Medicaid members under 21 years old. The purpose of the unit is to effectuate positive medical and behavioral health outcomes utilizing a data driven approach that includes an in-depth focus on social determinants of health. The care coordinators contact the parent/guardian of the member to discuss the care, services and testing children need and may be missing. Care	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	coordinators work with members to close the gaps in care, make appointments and connect them to resources. Where applicable, care coordinators once done assisting with gaps in care continue working with members by providing an assessment and developing a plan of care. One of EmblemHealth's 2021 values is "believe in care for our customers, patients, and one another, while valuing diversity, equity, and inclusion." EmblemHealth's work is focused on understanding and addressing the demographics and health care needs of the diverse members it serves, including culture, language, and health care challenges. In doing this, EmblemHealth works towards making clinical and non-clinical services available and accessible to members in a culturally competent manner. Services accommodate members with limited proficiency in speaking and/or understanding English as well as members with limited health literacy. Members' needs are addressed regardless of their gender, gender identity, language, health, religion, age, culture, family traditions and beliefs, race, ethnicity, sexual orientation, and disability. Upon enrollment and thereafter, members select from a practitioner network and benefit plan services that meet their cultural, ethnic, racial, gender, age, and linguistic needs. The plan has implemented member and physician forums to further solicit recommendations to improve quality of care, service, and physician and member experience. In 2020, the COVID-19 pandemic limited services members could receive thereby impacting member receipt of care and services that inevitably impacted performance rates. Members could not access physician offices for much of the year. There was limited physician in person availability although connecting with physicians and practitioners such as behavioral health providers became popular through telehealth services which also expanded access to members who would not necessarily have received services. The pandemic also halted the use of vendors conducting services in the home since member priority went from receiving health services to self-preservation. Medical and behavioral health services were also limited in any centralized location. Mitigation activities implemented were telehealth, Peace	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	of Mind calls to address members concerns during COVID-19, continued exchange of gaps in care and report cards with provider groups and electronically received physician data. Additional strategies will be implemented to address members needs and services given the ongoing COVID-19 pandemic, to improve member receipt of care and outcomes, and member satisfaction with care using HEDIS®/QARR rates and CAHPS®.	
The MCP should continue to investigate reasons behind its continued poor performance regarding measures related to access to preventative/ambulatory services for members aged 65 and older, postpartum care and annual dental visits. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving timely care, such as provider network adequacy or available appointment times. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to	EmblemHealth continues address improving the access to preventive/ambulatory services for members aged 65 and older, postpartum care and annual dental visits measures that continue to perform poorly. The plan continues its efforts to encourage members to play a more active role in their own medical and preventive care through a multifaceted intervention strategy focused on educating members, especially members new to the plan about benefits, networks, referrals and making well-visit appointments. EmblemHealth recognizes the importance of providing sufficient member access to primary and preventive care through the provider network. As part of the plan's quality improvement process, the plan conducts annual studies on network adequacy, appointment availability and 24-hour access to ensure members have sufficient access to care during office hours, to confirm that all contract providers adhere to the plan's access standards, and to identify and correct network data discrepancies or deficiencies. An analysis of member satisfaction surveys showed that member dissatisfaction seems to flow from members' inability to secure access to services due to provider access and availability. Providers who were found non-compliant with appointment availability and after-hours access were outreached and educated. EmblemHealth reminds providers of the access and availability standards via its annual provider notification and throughout the year via newsletters. The plan will continue conducting its annual studies on network adequacy, appointment availability and 24-hour access to monitor and address the access and availability of its providers. Additionally, EmblemHealth monthly patient level detailed gaps in care reports are shared with provider groups who are encouraged to outreach members to encourage them to seek care. Performance rates are reviewed with the provider groups and opportunities to	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
drive improvement. [Repeat recommendation.]	improve access to care are discussed. The provider groups return electronic data to the plan when the member has received care. Members also have access to ACPNY with over 42 locations in their areas that also have extended hours and virtual appointments to accommodate their schedules, and to potentially alleviate the barrier to scheduling conflicts. In addition, ACPNY website permits members to make appointments, shares the languages spoken within the offices and provides pictures of physicians, thereby further eliminating potential barriers to care. EmblemHealth also encourages use of telehealth services. EmblemHealth also continues to expand and grow Neighborhood Care. Since 2017, EmblemHealth expanded from 8 Neighborhood Care locations to 12 as of the end of 2020. In 2021, EmblemHealth added another Neighborhood Care that is co-located with an ACPNY office in Bethpage, NY. This continued expansion into the neighborhoods of the members EmblemHealth serves has provided additional in-person and virtual customer support, access to community resources and programming to help the entire community learn healthy behaviors. Customer care navigators, hired from the communities they serve, help members and non-members connect to relevant healthcare and community resources.	

Strengths, Opportunities for Improvement and Recommendations

Table 72: HIP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	HIP's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Although none of the MY 2020 remeasurement rates met their target rates, 3 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Although none of the MY 2020 remeasurement rates met their target rates, 4 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Although none of the MY 2020 remeasurement rates met their target rates, all 5 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures - General	HIP met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	HIP reported a MY 2020 rate for 1 measure related to women's health that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	HIP reported MY 2020 rates for 5 measures related to asthma medication, hypertension, statin therapy, and low back pain that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	HIP reported a MY 2020 rate for 1 measure related to antidepressant medication management that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	HIP was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2020 operational review.	X	X	X
Quality of Care Survey – Member Experience	HIP achieved 1 CAHPS score that was statistically significantly higher than the statewide average. Though not statistically significant, 1 CAHPS score achieved by HIP performed better than the statewide average.	X	X	X
Opportunities for Improvement				

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Blood Lead Testing	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Developmental Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screening	HIP reported a MY 2020 rate for 1 measure related to child and adolescent care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	HIP reported MY 2020 rates for 4 measures related to respiratory care and statin therapy that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	HIP reported MY 2020 rates for 7 measures related to follow-care for substance abuse and hospitalization for mental illness, and opioid use and treatment that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	HIP reported MY 2020 rates for 2 measures related to dental care and prenatal care that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	None.			
Quality of Care Survey – Member Experience	HIP achieved 3 CAHPS scores that were statistically significantly lower than the statewide average. Though not statistically significant, 7 CAHPS scores achieved by HIP performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve adolescent immunizations.	X	X	
Performance Measures – Acute and Chronic Care	Although some rates for respiratory infections and diabetes have improved from 2019 to 2020, rates continue to remain significantly below the statewide averages. The MCP should investigate additional opportunities to improve these HEDIS measures.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Behavioral Health	The MCP should continue with its current interventions to improve follow-up care for members with mental illness and substance use disorders as rates are trending upwards.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to dental and prenatal care.	X	X	X
Compliance with Medicaid Standards	None.			
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

IHA

Performance Improvement Project Findings

Table 73: IHA's PIP Summary, MY 2020

IHA's PIP Summary
PIP Title: Optimizing Childhood Development in the First 1000 Days through Early Intervention Initiatives **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim IHA aims to increase lead screening rates and link children with elevated BLLs under age 5 years to critical treatment; to align with the CDC's Early Hearing Detection and Intervention (EHDI) Program and the 1-3-6 recommendations that support universal newborn hearing screening and detection and follow-up treatment services for children identified with hearing loss; and to support community-level efforts for appropriate identification, and referral of young Medicaid-insured children in Erie County, New York who are identified at risk for delays. Member-Focused 2020 Interventions ▪ Outreached via telephone, followed by mailing to caregivers of children with high lead levels to schedule venous tests. ▪ Outreached and provided education to members reminding them to schedule second lead test. ▪ Conducted community education and outreach in zip codes with high lead levels. ▪ Outreached to caregivers of patients who failed the newborn hearing screen as a reminder to complete the test by 3 months. Provider-Focused 2020 Interventions ▪ Training in-person and online held for providers outlining lead testing guidelines, regulations for testing and management of patients. ▪ Tracked hospital facilities and ensured that newborn screen is completed prior to discharge and results are available to the member's primary care provider. ▪ Online webinar training for providers including CDC guidelines and AAP recommendations and information on accessing the New York Early Hearing Detection and Intervention Information System (NYEHDI-IS). ▪ Outreached via letters or provider portal listing all patients who did not receive the newborn hearing screen within 3 months. ▪ Webinar-based training via online training learning management platform for providers including training for coding, screening tools that qualify and guideline recommendations. ▪ Education for providers regarding community initiatives like *HelpMeGrow WNY* to assist with service coordination, linkages to community agencies, and patient education about identifying developmental issues. MCP-Focused 2020 Interventions ▪ Leveraged large primary care independent provider association contracts to assist individual practices implement standard operating procedures to address the three areas of the PIP. Incentive funding was provided to the IPAs to implement the processes.

IHA's PIP Summary
PIP Title: Optimizing Childhood Development in the First 1000 Days through Early Intervention Initiatives Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
▪ Collected of standard operating procedures from the 2 largest independent provider associations with pediatric practices to ensure that the individual practices put into place workflows for testing.

Table 74: IHA's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	85.7%	87.7%	86.2%	90%
Blood lead test: Age 2 years	86.8%	90.1%	90.5%	90%
Blood lead test: Age 1 and 2 years	72.5%	78.7%	82.4%	80%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	22.1%	23.1%	37.0%	30%
Confirmed venous BLL of ≥ 5 mcg/dl	5.2%	5.0%	4.5%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	38.9%	37.8%	29.6%	75%
Confirmed venous BLL ≥ 10 mcg/dl	1.1%	1.0%	1.1%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	27.2%	27%	16.7%	50%
Newborn Hearing Screening				
Completed screening by 1 month of age	89.9%	93.3%	93.7%	99%
Did not pass screening by 1 month of age	0.9%	1.1%	0.9%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	2.0%	2.6%	2.2%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	50.0%	100%	100%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	100%	0%	100%
Completed hearing screening before 3 months of age	94.8%	95.5%	95.9%	100%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	15.8%	15.8%	15.8%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	0%	66.7%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	4.6%	7.6%	23.0%	32%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	34.4%	37.2%	42.0%	44%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	33.2%	34.2%	40.4%	43%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	24.2%	26.3%	35.1%	32%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.09%	4.75%	17.7%	25%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0.84%	3.3%	25%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 75: IHA's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	35 ▼	36 ▼	43	44
Breast Cancer Screening	71	70	66	67
Cervical Cancer Screening	76	76	72	68
Childhood Immunizations – Combo 3	83 ▲	83 ▲	76 ▲	72
Chlamydia Screening (Ages 16-24)	72 ▼	71 ▼	69	71
Colorectal Cancer Screening	57 ▼	57 ▼	61	61
Flu Shots for Adults (Ages 18-64)[2]		49	49	46
Lead Screening in Children	93 ▲	94 ▲	91 ▲	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1	1	0.66	0.99
WCC – BMI Percentile	93 ▲	95 ▲	95 ▲	80
WCC – Counseling for Nutrition	88 ▲	91 ▲	93 ▲	77
WCC – Counseling for Physical Activity	85 ▲	87 ▲	91 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	96	92 ▲	92 ▲	89
Asthma Medication Ratio (Ages 19-64)	55	58	54	51
Asthma Medication Ratio (Ages 5-18)	75 ▲	76 ▲	81 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	30	46	44	40
CDC – BP Controlled (<140/90 mm Hg)	72 ▲	72 ▲	68 ▲	55
CDC – Eye Exam Performed	65	65	61	60
CDC – HbA1c Testing	92	92	86	86
CDC – HbA1c Control (<8%)	61	61	57 ▲	50
CDC – Nephropathy Monitor	93	93		
Controlling High Blood Pressure	63	67	66 ▲	56
HIV Viral Load Suppression[1]	84	88 ▲	82	74
Kidney Health Evaluation for Patients with Diabetes			45 ▲	39
Persistence of Beta-Blocker Treatment After a Heart Attack	87	SS	SS	86
Pharmacotherapy Management for COPD – Bronchodilators	89	90	94	88
Pharmacotherapy Management for COPD – Corticosteroids	80	82	85	74
Smoking Cessation Medications[2]		70	70	62
Smoking Cessation Strategies[2]		72 ▲	72 ▲	56
Spirometry Testing for COPD	42 ▼	42	42	46
Statin Therapy for Patients with Cardiovascular Disease – Received	84	87	84	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	68	69	73	71
Statin Therapy for Patients with Diabetes – Received	71	73	75 ▲	70
Statin Therapy for Patients with Diabetes – Adherent	63	67	70 ▲	65

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Testing for Children with Pharyngitis	94 ▲	93 ▲	88	87
Use of Imaging Studies for Low Back Pain	70 ▼	68 ▼	75 ▼	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	50	52	54	55
Antidepressant Medication Management – Effective Continuation Phase	36	37	39	40
Antipsychotic Medications for Schizophrenia	63	56	55	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	75	SS	SS	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	81	81	74	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	20	24	29	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	27	33	42 ▲	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	79 ▲	78 ▲	78 ▲	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	80	86 ▲	82 ▲	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			44	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			67	66
Follow-Up Care for Children on ADHD Medication – Initiation	49 ▼	53	56	58
Follow-Up Care for Children on ADHD Medication – Continue	56	63	64	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	79 ▲	60	69	80
Follow-Up After Hospitalization for Mental Illness – 30 Days	80	78	81	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	45	39	35	34
Pharmacotherapy for Opioid Use Disorder			46	38
Risk of Continued Opioid Use – 15 Days		9 ▲	9 ▲	5
Risk of Continued Opioid Use – 31 Days		6 ▲	6 ▲	3
Use of Opioids at High Dosage		5 ▲	5 ▲	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.61	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			72	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			73	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	85 ▲	85 ▲	82	80

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
45-64 Years	90 ▲	91 ▲	88	87
65+ Years	90	88	87	84
Access to Other Services				
Annual Dental Visit[4]	69 ▲	70 ▲	51	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	44	48	47	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	18	24 ▲	21	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	30	31	NA	NA
Timeliness of Prenatal Care[3]	88		92 ▲	88
Postpartum Care	69	78 ▼	80	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	68	91	77	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	11 ▲	9	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 76: IHA's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 ROS Average
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	5%	7%
Prenatal Care in the First Trimester	75%	80%	79%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	13%	12%	13%
Vaginal Birth After Cesarean	Not Available	14%	16%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 77: IHA's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Quality of Care Survey Findings – Member Satisfaction

Table 78: IHA's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	IHA	Statewide Average	IHA	Statewide Average	IHA	Statewide Average
Access to Specialized Services					73	72
Coordination of Care[1]	71	74	73	75	69	72
Customer Service[1]	92 ▲	86	91 ▲	86	86	87
Family-Centered Care: Personal Doctor Who Knows Child					90	90
Getting Care Needed[1]	86	85	85	84	89	84
Getting Care Quickly[1]	91	88	89	88	89	88
How Well Doctors Communicate[1]	93	93	94	93	95	93
Rating of All Healthcare	88	86	90	87	94 ▲	90
Rating of Health Plan	91 ▲	85	90 ▲	85	92 ▲	86
Rating of Personal Doctor[1]	87	89	90	90	92	90
Rating of Specialist Seen Most Often	84	83	82	84	98 ▲	87

Note: Grey shading indicates that the measure was not required.
[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 79: IHA's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
IHA continues to demonstrate an opportunity to improve rates related to acute and chronic care. The MCP should continue with its current interventions targeting members with asthma, as the rates for medication management continues to improve but remains significantly worse than the statewide average. [Repeat recommendation.]	Since 2018, Independent Health has significantly increased our clinical pharmacy efforts for Medicaid members with asthma and other chronic conditions. We have implemented weekly member-level reporting that monitors adherence to asthma controller medications, along with the number of rescue medications and controlled medications being filled for each member. Our pharmacists target those members at greatest risk due to overuse of rescue medications and/or underuse of controller medications for outreach. The outreach to these members telephonically to provide targeted asthma education to address their specific barriers to appropriate treatment. They also follow-up with prescribers by phone and/or fax to update them on their patient's status and make recommendations to help get these members back on track. In 2021 a letter campaign was launched to both members and providers. The member letters impart education on the utilization of controllers. Provider letters are targeted to providers to provide awareness of patients that are overutilizing rescue medications. These clinical strategies have yielded continued improvement in performance for medication management. Medication therapy management (MTM) software will be utilized in 2022 as an additional tool to assist Independent Health pharmacist and providers with MTM for this member population. The effectiveness of these and other interventions to improve acute and chronic care are monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's population health governance team and quality performance committee. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.	Partially Addressed
Access to/Timeliness of Care		
IHA demonstrates an opportunity for improvement in rates for Colorectal Cancer	To improve colorectal cancer screening, Independent Health has implemented both member-facing and provider-facing interventions since 2018. On the member side, Independent Health implemented a member incentive of $25, which is accompanied by	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Screening and Chlamydia Screening (Ages 16-24). The MCP should continue with its current interventions targeted to providers and members. The MCP should consider evaluating its network adequacy and member satisfaction surveys to identify additional barriers to members accessing these preventative screenings. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement. [Repeat recommendation.]	member education. Additionally, Independent Health began sending targeted cohorts of members home-based colorectal cancer screening kits in 2019, and in 2020, also did target member outreach utilizing community providers. On the provider side, colorectal cancer screening is included in Independent Health's Primary Value VBP program, (core group of primary care contracts) on all its independent practice association quality investment programs, as well as in its Medicaid PCP quality incentive program. While colorectal cancer screening is still below the statewide average (57% vs 65%), Independent Health has seen an increase in screening rates in both 2019 and 2020 with a total increase of 9%. There has been a significant decrease in the availability and backlog of colonoscopy screening appointments due to the suspension of this elective procedure during the COVID-19 pandemic resulting in declines in colonoscopy procedures for colorectal cancer screening in 2021. With ongoing surges of COVID-19, prolonged social distancing and continued limitations on elective procedures comes the potential of delayed detection and treatment of colorectal cancer. To address these barriers, promotion, and utilization of at home-based colorectal cancer screening kits will be a focused intervention in 2022. Increased utilization of home-based colorectal cancer screening kits will promote completion of screening including managing the screening backlog volume. The Safety Net Association of Primary Care Affiliated Providers of Western New York FQHCs have demonstrated poor performance of colorectal cancer screening, with four of the five providers falling below the 50th percentile. Utilization of home-based colorectal cancer screening kits and collaboration with safety network providers has the potential to positively impact colorectal cancer screening rates and ultimately prevent colorectal cancer occurrence as well as avert colorectal cancer deaths. The effectiveness of our interventions is monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's population health governance team. Through tracking of claims data, Independent Health can assess screening rates as well as identify members who have not had their screening completed and conducted targeted interventions. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	To improve chlamydia screening, Independent Health has implemented provider-facing interventions since 2018, as we believe that the provider is in the best position to both improve their office workflow for this measure and provide education to the member as they come in for their office visits on the importance of this screening. To aid providers in the identification of members lacking chlamydia screening Independent Health has furnished performance data including member-level data in the provider portal for reference. Independent Health through in-depth data analysis of chlamydia screening rates has revealed that members prescribed contraceptives but not identified as sexually active have a rate of chlamydia screening of 0.04%. Women prescribed contraceptives regardless of sexual activity are included in the denominator for this HEDIS measure. Screening criteria in provider offices is specific to members that are sexually active. The difference in the HEDIS denominator definition and provider screening criteria is an area of concern. Independent Health will provide additional education and awareness to the provider community regarding the HEDIS measure definition until such point that the screening rates improve or the HEDIS measure is updated. Chlamydia screening is included in Independent Health's Primary Value VBP program, as well as in its Medicaid PCP quality incentive program. While chlamydia screening is slightly below the statewide average, there continues improvement of screening rates. In late 2020 there was a shortage of test kits for chlamydia test kits that directly impacted the provider's ability to conduct chlamydia screening for a period into early 2021. The effectiveness of our interventions is monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's population health governance team. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.	

Strengths, Opportunities for Improvement and Recommendations

Table 80: IHA's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	IHA's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Although none of the MY 2020 remeasurement rates met their target rates, 4 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	One (1) of 6 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period. However, all 6 performance indicators demonstrated improvement during this time.	X	X	
Performance Measures – General	IHA met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	IHA reported MY 2020 rates for 5 measures related to child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	IHA reported MY 2020 rates for 9 measures related to asthma medication, URI treatment, diabetes care, hypertension, smoking cessation, and statin therapy that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	IHA reported MY 2020 rates for 4 measures related to use of opioids, follow-care after emergency room care for substance abuse and mental illness that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	IHA reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than the statewide average.	X	X	
Compliance with Medicaid Standards	IHA was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Quality of Care Survey – Member Experience	IHA achieved 3 CAHPS scores that were statistically significantly higher than the statewide average. Though not statistically significant, 5 CAHPS scores achieved by IHA performed better than the statewide average,	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	while 1 score performed at the statewide average.			
Opportunities for Improvement				
PIP – Blood Lead Testing	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Developmental Screening	Five (5) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	IHA reported a MY 2020 rate for 1 measure related to back pain that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	IHA reported MY 2020 rates for 2 measures related to risk of continued opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	None.			
Quality of Care Survey – Member Experience	Though not statistically significant, 2 CAHPS scores achieved by IHA performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with low back pain.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to decrease members risk of continued opioid use.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	None.			
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

MetroPlus

Performance Improvement Project Findings

Table 81: MetroPlus's PIP Summary, MY 2020

MetroPlus's PIP Summary
PIP Title: Kids Performance Improvement Project; Improving Lead, Hearing and Developmental Screenings Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim MetroPlus aims to improve the health and lives of New Yorkers and that especially includes the youngest members to ensure that they have a head start by increasing the rate of necessary tests such as blood lead testing, hearing screening, and developmental screening. Member-Focused 2020 Interventions ▪ Educated caregivers via newsletters and website library on the importance of blood lead testing and health risks associated with lead toxicity. ▪ Provided well-child messaging via text messages to caregivers on the importance of BLL testing and sources of lead. ▪ Outreached via mailings and calls to parents/caregivers of members with high lead levels. ▪ Caregiver education provided through mailing including a link to diagnostic audiological testing locations. ▪ Outreached to caregivers whose children did not pass a diagnostic evaluation and require referral to EI services. ▪ Promoted member rewards program for a well-child visit through member website and text messages. ▪ Sent text messages to caregivers about the importance of a well-child visit. ▪ Educated caregivers through member newsletter regarding associated risks of unidentified developmental, behavioral, and social delays. Provider-Focused 2020 Interventions ▪ Educated low performing providers during site visits on the benefits of early screening and intervention for young children. ▪ Posted articles on provider newsletter on the importance of testing for children. ▪ Targeted provider outreach for members with high BLLs. ▪ Outreached to providers whose members did not pass initial hearing screening and require second hearing screening. ▪ Updated providers with clinical guidelines through provider portal. ▪ Developed quick reference guide for lead screening for doctors. ▪ Provider outreach via mailing for accurate hearing screening results. ▪ Posted diagnostic audiological testing locations on provider portal. MCP-Focused 2020 Interventions ▪ Updating NYC Health & Hospitals and large community providers with clinical guidelines through provider visits.

Table 82: MetroPlus's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	66.2%	70.4%	57.3%	71.2%
Blood lead test: Age 2 years	64.9%	69.6%	60.9%	69.9%
Blood lead test: Age 1 and 2 years	51.0%	56.1%	52.3%	56%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	62.5%	64.0%	50%	65.5%
Confirmed venous BLL of ≥ 5 mcg/dl	0.5%	0.4%	0.2%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	46.5%	53.3%	46%	80%
Confirmed venous BLL ≥ 10 mcg/dl	0.1%	0.1%	0%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	41.5%	43.2%	43.8%	80%
Newborn Hearing Screening				
Completed screening by 1 month of age	87.1%	86.2%	85.6%	92.1%
Did not pass screening by 1 month of age	1.4%	8.2%	12%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	29.1%	26.2%	20.7%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	14.6%	14.1%	11.3%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	66.7%	44.4%	66.7%	80%
Completed hearing screening before 3 months of age	88.2%	87.1%	88.8%	93.2%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	43.1%	31.0%	22.3%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	38.5%	0.0%	0.0%	80%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	3.9%	5.3%	9.6%	8.9%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	7.9%	9.5%	15.9%	12.9%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	8.6%	10.1%	12.9%	13.6%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	6.7%	8.2%	12.7%	11.7%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0.0%	0.94%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0.0%	0.22%	3%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 83: MetroPlus's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	61 ▲	62 ▲	59 ▲	44
Breast Cancer Screening	75 ▲	73 ▲	68 ▲	67
Cervical Cancer Screening	75	75	72	68
Childhood Immunizations – Combo 3	93 ▲	83 ▲	81 ▲	72
Chlamydia Screening (Ages 16-24)	82 ▲	80 ▲	79 ▲	71
Colorectal Cancer Screening	67	67	58	61
Flu Shots for Adults (Ages 18-64)[2]		59 ▲	59 ▲	46
Lead Screening in Children	94 ▲	94 ▲	93 ▲	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1	1	1	0.99
WCC – BMI Percentile	94 ▲	94 ▲	92 ▲	80
WCC – Counseling for Nutrition	93 ▲	96 ▲	90 ▲	77
WCC – Counseling for Physical Activity	85 ▲	86 ▲	85 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	95	88 ▼	89	89
Asthma Medication Ratio (Ages 19-64)	59	58	50	51
Asthma Medication Ratio (Ages 5-18)	62 ▼	62 ▼	65 ▼	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	46 ▼	43 ▲	40
CDC – BP Controlled (<140/90 mm Hg)	72 ▲	74 ▲	68 ▲	55
CDC – Eye Exam Performed	69	69	60	60
CDC – HbA1c Testing	90	93	86	86
CDC – HbA1c Control (<8%)	57	64	54	50
CDC – Nephropathy Monitor	89	94		
Controlling High Blood Pressure	75 ▲	76 ▲	68 ▲	56
HIV Viral Load Suppression[1]	78	76	71 ▼	74
Kidney Health Evaluation for Patients with Diabetes			30 ▼	39
Persistence of Beta-Blocker Treatment After a Heart Attack	78	82	83	86
Pharmacotherapy Management for COPD – Bronchodilators	87	92	88	88
Pharmacotherapy Management for COPD – Corticosteroids	72	68 ▼	62 ▼	74
Smoking Cessation Medications[2]		SS	SS	62
Smoking Cessation Strategies[2]		SS	SS	56
Spirometry Testing for COPD	46 ▲	46	39	46
Statin Therapy for Patients with Cardiovascular Disease – Received	83 ▲	83 ▲	84 ▲	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	71	74 ▲	76 ▲	71
Statin Therapy for Patients with Diabetes – Received	74 ▲	74 ▲	75 ▲	70
Statin Therapy for Patients with Diabetes – Adherent	64 ▲	67 ▲	70 ▲	65

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Testing for Children with Pharyngitis	81 ▲	84 ▼	78 ▼	87
Use of Imaging Studies for Low Back Pain	79 ▲	82 ▲	83 ▲	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	53	56	55	55
Antidepressant Medication Management – Effective Continuation Phase	36	39	39	40
Antipsychotic Medications for Schizophrenia	61	62	68	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	82	82	81	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	86 ▲	86 ▲	79 ▲	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	21	27 ▲	30 ▲	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	25	34 ▲	37 ▲	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	64	50 ▼	53	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	75	65 ▼	66	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			44	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			67	66
Follow-Up Care for Children on ADHD Medication – Initiation	62	61	58	58
Follow-Up Care for Children on ADHD Medication – Continue	77	81 ▲	63	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	64	56 ▼	57 ▼	80
Follow-Up After Hospitalization for Mental Illness – 30 Days	75	72 ▼	73 ▼	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	46	48	45 ▲	34
Pharmacotherapy for Opioid Use Disorder			33	38
Risk of Continued Opioid Use – 15 Days		10 ▲	10 ▲	5
Risk of Continued Opioid Use – 31 Days		5 ▲	5 ▲	3
Use of Opioids at High Dosage		8	7	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.31	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			66	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			66	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	76 ▼	77 ▼	75	80

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
45-64 Years	87 ▼	87 ▼	85	87
65+ Years	91	92	82	84
Access to Other Services				
Annual Dental Visit[4]	59 ▼	63 ▲	44 ▼	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	44 ▼	49	62 ▲	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	17 ▼	17 ▼	22 ▲	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	41 ▲	41	NA	NA
Timeliness of Prenatal Care[3]	89		93 ▲	88
Postpartum Care	70	84	86 ▲	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	63	79	78	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	5 ▼	6	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 84: MetroPlus's QARR Perinatal Care Rates, MY 2017 – MY 2019

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	7%	7%
Prenatal Care in the First Trimester	67% ▼	68%	68%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	14%	14%	13%
Vaginal Birth After Cesarean	Not Available	14%	18%	21%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 85: MetroPlus's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	NC	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on interview and demonstration of the online provider manual functions, MetroPlus failed to ensure the provider links to utilization review policies for all delegates were in place and functioning. This issue was identified during the comprehensive operational survey and the POC did not include auditing or monitoring. The issue was not identified until demonstrating to the surveyor on April 9, 2019. The delegates whose links were not functioning were HealthPlex and Integra.
- Based on review and interview, MetroPlus failed to make a utilization review determination, provide written and phone notice with in three business days of receipt of the necessary information, to the enrollee and the provider in 4 of 7 Medicaid standard prior authorization cases. Specifically, the MCP was late in its determination process. The written notices (IAD) and phone notices to the member and the provider in the above cases were late.

Quality of Care Survey Findings – Member Experience

Table 86: MetroPlus's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	MetroPlus	Statewide Average	MetroPlus	Statewide Average	MetroPlus	Statewide Average
Access to Specialized Services					68	72
Coordination of Care[1]	72	74	82	75	75	72
Customer Service[1]	83	86	83	86	81 ▼	87
Family-Centered Care: Personal Doctor Who Knows Child					92	90
Getting Care Needed[1]	78 ▼	85	78	84	79	84
Getting Care Quickly[1]	80 ▼	88	86	88	79 ▼	88
How Well Doctors Communicate[1]	90 ▼	93	90 ▼	93	87 ▼	93
Rating of All Healthcare	84	86	86	87	88	90
Rating of Health Plan	84	85	88	85	85	86
Rating of Personal Doctor[1]	90	89	92	90	87	90
Rating of Specialist Seen Most Often	80	83	68 ▼	84	89	87

Note: Grey shading indicates that the measure was not required.

[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 87: MetroPlus's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
MetroPlus should consider investigating reasons behind its poor performance in members accessing follow-up appointments after a hospitalization for mental illness and medication management for acute and chronic care conditions. The MCP should conduct root-cause analysis to identify barriers to care and develop interventions to address these barriers. The MCP should also consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement.	FUH: MetroPlus Health recognizes the importance of follow-up care post inpatient mental health care. In response to 2018 performance the plan conducted an in-depth barrier analysis to identify member barriers to aftercare and implemented the following interventions to support members in their recovery journey. ▪ The plan attempts to outreach every member discharged from an inpatient stay for mental health by telephone to confirm that the member has and understands their aftercare plan. We also assist members with making doctor appointments as needed. This outreach is continued from previous year. The plan now however uses advanced methods to locate the best phone number to reach the member. ▪ High volume providers are met with quarterly to review performance and address barriers. ▪ Members with multiple admissions are outreached for case management services. ▪ The plan has now enlisted the use of Peers to better engage members in aftercare services. ▪ The plan engaged one large inpatient provider in a VBP arrangement to support members in obtaining aftercare services post discharge. ▪ In response to the COVID-19 pandemic, the plan, along with its behavioral health vendor, established and supported the use of telehealth and home-based therapy as an alternative means for members to receive aftercare services. ▪ The plan uses member demographics to determine if disparities exist based on gender, age, race and ethnicity, language spoken, and geography. If poor performance is noted, the plan will alter actions or implement new interventions to prioritize members as needed to address and reduce these disparities. The plan's process for monitoring actions is to: ▫ Track measure rate performance by utilizing internal monthly dashboards and year over year trend reports.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▫ Monitor process data and the effectiveness of each intervention on quality improvement activity tools. ▫ Report outcomes to the quality management committee and quality assurance performance improvement committee. The plan has observed a steady increase in year-over-year performance in the FUH 7 and 30-Day measure for Medicaid. Rates are noted below: ▪ 7 Day Measure – CY 2018 50.83% / CY 2019 52.33% / CY 2020 57.05% ▪ 30 Day Measure – CY 2018 50.83% / CY 2019 66.39% / CY 2020 72.6% Due to the COVID-19 pandemic, CY 2020 may not be comparable to other years. AMR: The plan continues multiple interventions to address the barriers of member adherence to asthma controller medications. Primary barriers include the members lack of understanding about the asthma condition and medications and the providers lack of awareness of their patient's nonadherence to controller medications. In response the plan has implemented the following improvement activities: ▪ Member text campaigns with education about managing asthma and reminders to refill controller medications were launched. ▪ Targeted mailing was sent with an asthma action plan to members with uncontrolled persistent asthma. ▪ MetroPlus Health's member rewards program provides rewards for members who adhere to controller medications as prescribed by their doctor. ▪ AMR performance is monitored in the MetroPlus provider pay for performance program. ▪ Primary care providers are supported with monthly gap in care reports which alert the provider of members who are not maintaining adherence to controller medications. ▪ Pharmacy data is used to identify members filling a 30-day-supply of controller medications, and providers are asked to consider converting these members to a 90 day-supply.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ MetroPlus Health's integrated case management partners with Bridges to Health Equity program which works directly with network providers of qualifying pediatric members. The program pairs members with community health workers who provide coaching to members on asthma self-management. ▪ MetroPlus Health's integrated case management partners with Medicaid Together Improving Asthma, a project developed by the DOHMH. The aim is to deploy integrated pest management with allergen reduction (IPM-AR) to the homes of pediatric members who have been admitted to a hospital with an asthma diagnosis and have an allergy to cockroaches or mice or have pests at home. IPM-AR primarily involves the removal of existing pest allergens from the home and improving sanitary and structural conditions to deny pests food, water, harborage, and movement. Trended AMR rates >50% for ages 5 to 64: CY 2018 61%/CY 2019 60%/CY 2020 57.41%. CWP: barriers for CWP were found to include a lack of member understanding about the appropriate use of antibiotics and providers who are not testing for pharyngitis before prescribing antibiotics. The plan continues the following interventions to address these barriers: ▪ Member newsletter article educating members on the proper use of antibiotics. ▪ Provider newsletter articles which remind providers about the need for appropriate testing for pharyngitis to avoid the unnecessary use of antibiotics. ▪ Provider Report Card distribution to assist providers in monitoring their rates of testing for pharyngitis. Appropriate Testing for Children with Pharyngitis trending is not reliable because of the specification changes made to the measure in 2020 and the impact of COVID-19. Rates are as follows and should not be trended: CY 2018 81%/CY 2019 84%/CY 2020 64.74%1 HIV viral load suppression: Barriers noted to keeping members virally suppressed include members' difficulty adhering to HIV care and treatment; members' lack of knowledge and education about HIV, medication adherence, and social support services; lack of viral load	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	laboratory test results; and difficulty outreaching and engaging members who are lost to care. The plan has implemented the following interventions to ensure that members who are HIV-positive achieve and maintain a viral load of less than 200 copies/mL: ▪ The plan developed and implemented HIV health coaching training for our health wellness advisors and ending the epidemic team to improve motivational interviewing skills and relationships with members. ▪ Developed and implemented evidence-informed interventions to engage unsuppressed and nonadherent members and disseminated monthly reports which include poor adherence of unsuppressed members, by facility, to the health wellness advisors. ▪ Coordinated with information technology group to capture lab results from large volume providers and other laboratory vendors. ▪ Developed lost to care workflow and tool targeting ending the epidemic members who are out of care more than 12 months; retrain staff; and identify and refer ending the epidemic members to community-based organizations for street outreach. ▪ Developed and disseminated newsletter article and social media campaign about viral load suppression with U=U (undetectable = untransmittable) messaging. The U=U message reflects a clear public message for HIV-positive individuals (i.e., that they will not spread HIV to uninfected sexual partners if their viral load is undetectable and they maintain adherence) can be motivating and destigmatizing. Year over year performance for HIV viral load suppression is as follows: CY 2018 78%/CY 2019 76%/CY 2020 71.06%. The plan's process for monitoring actions is to: ▪ Track measure rate performance by utilizing internal monthly dashboards and year over year trend reports. ▪ Monitor process data and the effectiveness of each intervention on quality improvement activity tools. ▪ Report outcomes to the quality management committee and quality assurance performance improvement committee.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
MetroPlus should address the identified issues in the categories for which citations were noted. The MCP should address the organizational reasons behind the high turnover rate for the utilization management staff in 2019 to avoid delays in processing authorization requests in the future. The MCP should consider continuous trainings regarding the process and procedures for utilization review.	MetroPlus Health Plan has addressed the issues related to utilization review determinations and continues to look for ways to enhance performance. MetroPlus Health has implemented the following improvement interventions as follows: ▪ Queues are reviewed each morning and cases are assigned based on regulatory timeframes. ▪ Staff has been fully trained on regulatory timeframes. ▪ Staff has been fully trained in letter requirements and are familiar with the model notices and know when and how to use the model notices to advise members and providers of a service determination. ▪ Workflow changes have been implemented to provide phone notices immediately after cases have been reviewed by the medical directors or nurse case managers. ▪ Updates have been made to our management system to ensure timely notifications. ▪ The authorization timeframe for certain inpatient admissions has been extended for all in-network and out-of-network admissions. ▪ There is ongoing monitoring of the medical director queue for timeliness. ▪ Additional staff has been hired to manage the growing case volume and meet regulatory timeframes. ▪ Staff continue to receive ongoing training on model notices and any relevant changes to benefits and the authorization process.	Partially Addressed
Access to/Timeliness of Care		

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
MetroPlus continues to demonstrate opportunities to improve members' access to care, as the MCP's rates for several HEDIS®/QARR Access to Care measures are continuously performing below the statewide averages. Although MetroPlus identified many key barriers to members accessing preventative care and has developed interventions to address these barriers, the MCP's performance rates have not improved. The MCP should continuously evaluate the current interventions to determine its effectiveness. The MCP should also consider evaluating its provider network and member satisfaction surveys to identify additional barriers. [Repeat recommendation.]	AAP (20-44 years old and 45-64 years old) and Children and Adolescents and Access to Primary Care Practitioners (all age cohorts) rates continue to perform below average. The plan conducts barrier analyses to determine the root cause, but the barriers remain the same and are challenging to address. Primary barriers include members lack of understanding about the importance of annual checkups; unwillingness to go to the doctor for preventive care; competing priorities including work, childrearing, caregiving; lingering fear or hesitancy due to the COVID-19 pandemic; lack of knowledge about telehealth and how to navigate the provider network. Additionally, providers do not have sufficient call back or reminder systems to recall members in for care and may not be efficiently managing their schedules to meet the needs of members. The plan continues to conduct text message campaigns to targeted populations as texts are the fastest way to contact a large number of busy members with the most up-to-date information as well as offer a way for members to respond quickly to the messages. Messages include appointment reminders, education about the importance of preventive care such as routine screenings and vaccinations, rerouting members who were recently discharged from the emergency department or inpatient back to their primary care doctor, importance of taking medication as prescribed, information on where to get COVID-19 vaccinations, and provide information for the MetroPlus Health member rewards program and customer service. The MetroPlus Health member rewards program incentivizes members for completing various healthy activities such as child/adolescent well-care visits, HIV/AIDS PCP visits, and new member PCP checkups. Additional activities like member portal registration and new member onboarding activity orient members to covered benefits and increase familiarity with the member portal where members can search for a provider, make an appointment, and gain access to telehealth or virtual care. Primary care providers are supported with monthly gap in care reports which alert the provider of members who are not accessing care. PCPs were encouraged in 2019 through the MetroPlus Health provider pay for performance program to improve access to care. The	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	plan included two measures: "Routine Care When Needed" and "Received Care Quickly When Needed." Members with a provider visit triggered a member survey and members were asked 2 questions regarding access to care. The responses were collected and shared with eligible providers, along with subsequent quarterly reporting of newly surveyed members, to motivate providers to actively monitor and improve performance. Reports were shared with providers through a portal where members' responses and rates were tracked and trended. Two preventive pediatric measures (WCV-15 Months and CIS) have declined in performance. Barriers include member lack of understanding about the importance of well-child visits and immunizations and hesitancy to attend visits due to COVID-19. The plan endeavors to increase well-child visits for members aged 15 months and childhood immunizations through: ▪ Targeted text message campaigns to members to provide education on the importance of well-child visits and promote member rewards program for completing well-baby checkups. ▪ Communicating that provider offices have implemented COVID-19 protocols and that they are safe to return to for care. ▪ Worked with a large volume provider to develop COVID-19 safe "Fast Lanes" where members could visit a pediatric office nearest to their home to have their child immunized. ▪ Targeted text message campaign to members who are about to timeout for childhood immunizations as a reminder to complete vaccinations. ▪ Provider education through sharing provider report cards, gap in care reports, immunization reports, best practices, and pay-for-performance program. Measures are tracked and reported through monthly dashboards and quarterly updates on the quality management work plan. Rates are also reported quarterly to the quality management committee which reports to the quality assurance performance improvement committee of the board of directors.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	Provider network: the plan also continues to evaluate its provider network with the goal of improving access for all members. MetroPlus Health's network relations department assesses existing interventions as well as develops new opportunities to improve member's access to care through the following initiatives: Provider surveys and monitoring: the plan continues to evaluate its primary care and specialty network. In 2019, the plan transitioned its network survey vendor to improve the survey's scope including reach rate and improved reporting back to the plan. The new vendor administers provider access surveys for routine, urgent, non-urgent, and after-hours access on behalf of MetroPlus Health using live agent phone calls. The plan formally assesses its performance for accessibility quarterly with reporting oversight by network relations. In 2020, a total of 349 providers were surveyed for access to care standards of which 97% (adults) and 93% (children) complied. Non-compliant and unreachable providers who are identified by the vendor are re-surveyed and re-educated. Visual verifications are conducted for providers who cannot be surveyed telephonically. Access to care compliance trends are reported to the quality management committee and quality assurance performance improvement committee for review. Non-compliant providers are re-educated on access to care standards and are re-educated or placed on a POC; review and approval of corrections are conducted by network relations. Providers found to be non-compliant are monitored for a minimum of 6 months; continued non-compliance are reviewed by the credentialing committee for next steps including but not limited to termination. Network expansion: To further improve member access, MetroPlus Health added an urgent care network of providers which added 120 locations in the service area. Additionally, over 1,400 primary care locations were added in 2020 to expand member access. Telehealth program: In April 2020, the plan implemented an urgent care telehealth program. MetroPlus Health expedited this rollout to provide critical access to care for its	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	membership which was greatly impacted by COVID-19. The plan leveraged an innovative multichannel engagement campaign which included fax blasts, email, direct mail, and office visits to swiftly inform providers of the availability of the new telehealth program and provided education on how to utilize the program. Provider education and communication: network relations staff consistently engages with providers to ensure that service delivery is aligned with access and availability standards across the network. Network relations staff continues to establish projects and initiatives that facilitate access and availability with providers. This includes access to care educational campaigns and IPRO survey results verifications that aided in identifying providers who did not meet access to care standards. Network relations staff continues to educate providers on updating their demographic information and after-hours accessibility for members through multiple avenues which include office visits, email notifications, provider newsletters, MetroPlus Health website, provider portal, and annual mailings. Network relations ensures that the plan's providers remain active, educated, and updated to offer our members the best service possible. Member satisfaction: MetroPlus Health continues to focus on improving member experience, specifically the Getting Care Quickly and Getting Care Needed measures. The customer experience department created an escalation unit to address incoming cases from the customer service team for complex cases that required several layers of intervention (i.e., to get access to care or find the right kind of care). The plan set up a direct email to support members who wished to email their concerns: help memberexperience@metroplus.org and the member experience operations teams and the partnership in care teams underwent a call quality improvement training. The teams learned how to assess and improve their skills in engaging with customers by being more empathetic, engaging and providing members well rounded support. The plan is currently undertaking the following work to address member satisfaction:	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ MetroPlus Health focused on improving engagement during member onboarding by making access simpler through video instruction and creating member rewards as an incentive to complete the onboarding process ▪ Conducting member satisfaction and net promoter score surveys to evaluate the benefits of our new customer experience platform ▪ Finalizing end to end customer journey to identify customer pain points ▪ Conducting feasibility analysis to address pain points via customer journey ▪ Updated the member portal for enhanced ease of use and providing up-to date information while ensuring that members understand the best way to use ▪ Partnership with large provider group to improve getting care quickly ▪ Clear appointment guidelines to be executed ▪ Monthly sharing of dashboard data and availability across different PCP networks ▪ Accessibility of physicians across the provider database ▪ Educate staff about impact of appointment wait times ▪ Up-to-date information to customer facing teams to help them set the right expectations with customers and provide information about labs and specialists These member experience improvement initiatives have already started implementation and will run through 2023. The goals of these actions are to reduce customer complaints, call volumes, disenrollment, and improve customer perception and satisfaction. The process for monitoring the actions to determine their effectiveness is through: ▪ Tracking after call survey results ▪ Monitoring of complaints and disenrollment ▪ Tracking of call center incoming volumes	

Strengths, Opportunities for Improvement and Recommendations

Table 88: MetroPlus's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	MetroPlus's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Although none of the MY 2020 remeasurement rates met their target rates, 2 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period. However, all 6 performance indicators demonstrated improvement during this time.	X	X	
Performance Measures – General	MetroPlus met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	MetroPlus reported MY 2020 rates for 9 measures related to child and adolescent care, women's health, and adult care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	MetroPlus reported MY 2020 rates for 8 measures related to respiratory care, hypertension, smoking cessation, and statin therapy that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	MetroPlus reported MY 2020 rates for 4 measures related diabetes care, follow-up care after emergency room treatment for substance abuse, child, and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	MetroPlus reported MY 2020 rates for 4 measures related to substance abuse treatment and perinatal care that performed statistically better than the statewide average.	X	X	
Compliance with Medicaid Standards	MetroPlus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Quality of Care Survey – Member Experience	Though not statistically significant, 3 CAHPS scores achieved by MetroPlus performed better than the statewide average.	X	X	X
Opportunities for Improvement				
PIP – Blood Lead Testing	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP – Developmental Screening	Three (3) performance indicator rates did not meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	MetroPlus reported MY 2020 rates for 5 measures related to asthma medication, HIV care, diabetes care, and respiratory care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	MetroPlus reported MY 2020 rates for 4 measures related to follow-up care after hospitalization for mental illness and opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	MetroPlus reported a MY 2020 rate for 1 measure related to dental care that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	MetroPlus was in noncompliance with CFR 438.210 during the MY 2019 operational review.	X	X	X
Quality of Care Survey – Member Experience	MetroPlus achieved 3 CAHPS scores that were statistically significantly lower than the statewide average. Though not statistically significant, 5 CAHPS scores achieved by MetroPlus performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	The MCP should investigate additional opportunities to improve the health of members with asthma, HIV, diabetes, COPD, and pharyngitis as rates have continued to decline.	X	X	
Performance Measures – Behavioral Health	Although rates for follow-up care for members with mental illness have improved from 2019 to 2020, rates remain significantly below the statewide averages. Additionally, the MCP's rates for the risk of continued opioid use has	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	remained significantly worse than the statewide average for two consecutive years. The MCP should continuously investigate opportunities to improve these measures.			
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to dental care.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

Molina

Performance Improvement Project Findings

Table 89: Molina's PIP Summary, MY 2020

Molina's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Molina aims to improve member health outcomes by increasing early assessments which will lead to early interventions. Member-Focused 2020 Interventions ▪ Sent educational mailings to eligible population in need of blood level testing or follow-up testing, in need of hearing screenings and in need of a well-child visit/developmental screening. ▪ Made follow-up calls for members who have elevated blood levels and who have a gap for lead screening. ▪ Made follow-up calls to a list of members who did not pass hearing screening, were diagnosed with hearing loss who received successful telephone outreach. ▪ Made follow-up calls from a list of members receiving mailings for developmental screenings. ▪ Made follow-up calls to women in post-partum period to encourage attendance at well-child visits. Provider-Focused 2020 Interventions ▪ Provided educational outreach to providers to ensure proper coding for screenings and/or BLL testing and developmental screenings. ▪ Contacted providers with 10 or more non-compliant members to provide education on the importance of early interventions. MCP-Focused 2020 Interventions ▪ Conducted educational outreach to birthing facilities to ensure awareness of coding practices and documentation of services rendered. ▪ Conducted outreach to health homes on the importance of lead screening, hearing testing and developmental screening. ▪ Conducted outreach to CBOs on the importance of lead screening, hearing testing and developmental screening. ▪ Provided education via Molina's social media accounts for members regarding lead screening. ▪ Implemented process improvements for documentation and reporting by creating SharePoint. ▪ Participated in community lead coalition to learn of potential new education, data or activities which can be used to implement new interventions.

Table 90: Molina's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	57.72%	45.23%	31.86%	47%
Blood lead test: Age 2 years	67.61%	62.48%	47.06%	70%
Blood lead test: Age 1 and 2 years	43.88%	44.75%	41.97%	60%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	54.84%	50%	63.41%	65%
Confirmed venous BLL of ≥ 5 mcg/dl	5.13%	5.7%	4.27%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	35.14%	35.71%	41.41%	80%
Confirmed venous BLL ≥ 10 mcg/dl	1.69%	2.04%	1.62%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	46.43%	56.0%	42.85%	80%
Hearing Screening				
Completed screening by 1 month of age	86.93%	91.48%	89.68%	95%
Did not pass screening by 1 month of age	6.02%	3.72%	2.66%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	NA	32.36%	40.47%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	NA	20.0%	5.88%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	NA	100%	0%	100%
Completed hearing screening before 3 months of age	NA	91.83%	90.85%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	NA	40%	78.57%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	NA	100%	0%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	9.75%	31.95%	13.86%	14.10%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	13.65%	31.24%	14.78%	16.33%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	6.24%	23.56%	12.52%	20.06%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	9.85%	28.93%	13.74%	15%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.0%	0%	22.44%	30%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	0%	8.18%	15%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 91: Molina's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	44	44	43	44
Breast Cancer Screening	69	70	63 ▼	67
Cervical Cancer Screening	72	72	63 ▼	68
Childhood Immunizations – Combo 3	75	75	75	72
Chlamydia Screening (Ages 16-24)	75	76	67 ▼	71
Colorectal Cancer Screening	52 ▼	57 ▼	54 ▼	61
Flu Shots for Adults (Ages 18-64)[2]		49	49	46
Lead Screening in Children	88	88	86	87
Non-recommended Cervical Cancer Screening in Adolescent Females	>1 ▲	>1	0.37 ▲	0.99
WCC – BMI Percentile	91 ▲	94 ▲	82	80
WCC – Counseling for Nutrition	86 ▲	89 ▲	85 ▲	77
WCC – Counseling for Physical Activity	83 ▲	84 ▲	79 ▲	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	96	88	90	89
Asthma Medication Ratio (Ages 19-64)	58	50	59 ▲	51
Asthma Medication Ratio (Ages 5-18)	70	63	75 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	32	42	40	40
CDC – BP Controlled (<140/90 mm Hg)	67	75 ▲	66 ▲	55
CDC – Eye Exam Performed	64	72	60	60
CDC – HbA1c Testing	94	94	83	86
CDC – HbA1c Control (<8%)	59	59	43 ▼	50
CDC – Nephropathy Monitor	90	91		
Controlling High Blood Pressure	65	67	58	56
HIV Viral Load Suppression[1]	86	80	81	74
Kidney Health Evaluation for Patients with Diabetes			36 ▼	39
Persistence of Beta-Blocker Treatment After a Heart Attack	SS	SS	86	86
Pharmacotherapy Management for COPD – Bronchodilators	83	91	85	88
Pharmacotherapy Management for COPD – Corticosteroids	82	86	76	74
Smoking Cessation Medications[2]		52	52	56
Smoking Cessation Strategies[2]		46	46	62
Spirometry Testing for COPD	38 ▼	34 ▼	36 ▼	46
Statin Therapy for Patients with Cardiovascular Disease – Received	79	84	86	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	56 ▼	62	81 ▲	71

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Received	65	67	72	70
Statin Therapy for Patients with Diabetes – Adherent	54 ▼	56 ▼	69 ▲	65
Testing for Children with Pharyngitis	86 ▼	83 ▼	89	87
Use of Imaging Studies for Low Back Pain	74	75	79	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	41 ▼	45 ▼	58	55
Antidepressant Medication Management – Effective Continuation Phase	28 ▼	32	43	40
Antipsychotic Medications for Schizophrenia	44 ▼	48	63	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	SS	SS	58	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	78	72 ▼	71	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	23	13	20	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	30	21	26	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	68	35 ▼	44 ▼	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	76	51 ▼	57 ▼	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			51 ▲	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			69	66
Follow-Up Care for Children on ADHD Medication –Initiation	97 ▲	99 ▲	76 ▲	58
Follow-Up Care for Children on ADHD Medication –Continue	85 ▲	70	70	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	68	53	55 ▼	80
Follow-Up After Hospitalization for Mental Illness – 30 Days	76	69	78	66
Metabolic Monitoring for Children and Adolescents on Antipsychotics	31 ▼	33	23 ▼	34
Pharmacotherapy for Opioid Use Disorder			51 ▲	38
Risk of Continued Opioid Use – 15 Days		4	10 ▲	5
Risk of Continued Opioid Use – 31 Days		3	5 ▲	3
Use of Opioids at High Dosage		8	3 ▲	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.31	0.51
Utilization				

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			63	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			67	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	82	80 ▼	80	80
45-64 Years	89	88	87	87
65+ Years	91	91	86	84
Access to Other Services				
Annual Dental Visit[4]	50 ▼	53 ▼	45 ▼	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	45	40 ▼	36 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	18	17	13 ▼	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	52 ▲	60 ▲	NA	NA
Timeliness of Prenatal Care[3]	82 ▼		81 ▼	88
Postpartum Care	62 ▼	80	72 ▼	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	50	77	83	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	6	7	NA	NA

Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 92: Molina's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	7%	6%	7%
Prenatal Care in the First Trimester	66% ▼	61%	67%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	9%	12%	13%
Vaginal Birth After Cesarean	Not Available	21%	12%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 93: Molina's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	NC	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements. NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on staff interview and review of the Molina Provider Manual and associated materials, Molina failed to update the Provider Manual and associated materials to include/communicate required information to the MCP's providers.
- Based on staff interview and review of the provider network submission, Molina failed to submit and/or report an accurate 2nd quarter 2019 provider network.
- Based on staff interview and review of approval notices, Molina failed to ensure its delegate, HealthPlex, made the determination and issued the written and the phone notice within three business days of receipt of the necessary information. This was evident in 2 of 10 Medicaid approval utilization review cases.

Quality of Care Survey Findings – Member Satisfaction

Table 94: Molina's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	Molina	Statewide Average	Molina	Statewide Average	Molina	Statewide Average
Access to Specialized Services					68	72
Coordination of Care[1]	77	74	78	75	75	72
Customer Service[1]	83	86	83	86	85	87
Family-Centered Care: Personal Doctor Who Knows Child					87	90
Getting Care Needed[1]	77 ▼	85	81	84	81	84
Getting Care Quickly[1]	86	88	83 ▼	88	79 ▼	88
How Well Doctors Communicate[1]	91	93	91	93	91	93
Rating of All Healthcare	83	86	85	87	85	90
Rating of Health Plan	79 ▼	85	82	85	79 ▼	86
Rating of Personal Doctor[1]	89	89	89	90	88	90
Rating of Specialist Seen Most Often	80	83	86	84	87	87

Note: Grey shading indicates that the measure was not required.

[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 95: Molina's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Molina should continue with its current initiatives to address the HEDIS®/QARR measures that perform below the statewide average, such as colorectal cancer screenings, diagnostic testing for patients with acute and chronic diseases and medication management for members with behavioral health conditions. Although Molina's performance rates for colorectal cancer screenings and medication management for depression remains below the statewide average, the MCP's rates have shown improvement. The MCP should continue with its current interventions targeting these measures. The MCP should routinely evaluate its current interventions to determine if rates are improving and to identify additional barriers to care. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement. [Repeat recommendation.]	Molina has seen considerable performance improvement in several preventive care, chronic care, and medication adherence-related measures since the last QARR season. The plan intends to continue its current interventions with minor alterations. And after some additional root cause analysis, we have identified a need to pay specific focus on the central New York region which has shown extremely disparate preventive and chronic care outcomes when compared to other regions covered by the plan. Our further root cause analysis will attempt to identify factors that have adversely influenced the accessibility of services to members in this region with the goal of developing a specialized set of interventions, focused on addressing barriers that are unique to this region.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Molina should address the identified issues in the categories for which citations were noted in the 2019 operational review. The MCP should ensure that all provider communications meet standards, including the provider manual and associated materials. The MCP should consider evaluating its provider directory to ensure accurate information is provided to members. The MCP should also consider providing additional oversight of all delegates to ensure all vendors are meeting utilization review standards.	Molina has taken the appropriate steps to address any deficiencies with our provider manual, external provider facing documentation, provider directory and delegates. Molina's provider manual is reviewed on a quarterly basis for accuracy. Molina has a standard practice for provider material review prior to distribution. Molina now offers an online (real time) directory to its members; this allows for a more accurate directory. Molina's delegation oversight department is charged with performance review of all vendors, inclusive utilization management review of prior authorization turnaround times, letter content and verbal outreach as required by our model contract. The delegation team also has authority to issue corrective action plans when warranted to ensure compliant practices and best class service for our members.	Partially Addressed
Access to/Timeliness of Care		
As Molina continues to demonstrate opportunities to improve certain measures related to access to care, the MCP should conduct targeted root cause analyses for each measure and develop initiatives designed to address the true root cause(s) of poor performance. Additionally, the MCP should investigate if the low performance on access to care measures is related to the low performing measures for the 2019 Adult CAHPS® survey. [Repeat recommendation.]	Molina continues to employ targeted focused on identifying providers who have the largest volume of children and adolescent members, and dually have the greatest opportunity for improvement. Molina's quality team has enhanced its monthly provider meetings by expanding the list of measures on which to focus as well as by providing clear and actionable recommendations on how our providers can improve member care gap closures and outreach to non-utilizing members. Current outreach strategies (member mailings, telephonic outreach, and the development of a member incentive program for adolescent well-care visits) will be augmented by additional programs offered through our corporate quality department. Such programs include care connections which provides nurse practitioners and other qualified staff to outreach members in the home, community or by phone to engage them directly, address care access concerns, reconcile medications and discuss medication adherence, and to assist with scheduling medical appointments. This program allows for more active and personal member engagement as well	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	as better coordination of care between the members' providers and internal case management staff. Alongside the aforementioned interventions, Molina will perform more thorough analysis into the potential correlation between performance on access to care measures and poor performing CAHPS® survey indicators. Since survey results are blinded, Molina will work with our current survey vendor to explore ways of identifying specific areas of concern and/or providers requiring education and follow-up through alternative off-cycle survey methods.	

Strengths, Opportunities for Improvement and Recommendations

Table 96: Molina's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Molina's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Although none of the MY 2020 remeasurement rates met their target rates, 2 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Although none of the MY 2020 remeasurement rates met their target rates, 1 performance indicator demonstrated improvement from the baseline period to the MY 2020 remeasurement period and 2 indicators demonstrated improvement from the MY 2019 remeasurement period to the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Although none of the MY 2020 remeasurement rates met their target rates, all 6 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Molina met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Molina reported MY 2020 rates for 3 measures related to child and adolescent care that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Molina reported MY 2020 rates for 5 measures related to asthma medication, diabetes care, and statin therapy that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	Molina reported MY 2020 rates for 4 measures related to follow-up care for substance abuse, child and adolescent follow-up care, and opioid use and treatment that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	Molina was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Though not statistically significant, 1 CAHPS score achieved by Molina performed better	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	than the statewide average, while another score performed at the statewide average.			
Opportunities for Improvement				
PIP – Blood Lead Testing	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Developmental Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screening	Molina reported MY 2020 rates for 4 measures related to women's health and cancer screening that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Molina reported MY 2020 rates for 3 measures related to diabetes care and spirometry testing that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	Molina reported MY 2020 rates for 6 measures related to follow-up care after emergency room care and hospitalization for mental illness, child and adolescent care, and risk of continued opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	Molina reported MY 2020 rates for 5 measures related to dental care, substance abuse treatment and perinatal care that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	Molina was in noncompliance with CFR 438.210 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Molina achieved 2 CAHPS scores that were statistically significantly lower than the statewide average. Though not statistically significant, 7 CAHPS scores achieved by Molina performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate additional opportunities to improve cancer screenings and chlamydia screening as rates have declined from 2019 to 2020.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes and COPD.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve follow-up care for members with mental illness and reduce members risk to continued opioid use.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to dental care, alcohol and other drug abuse treatments, prenatal and postpartum care.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the compliance review conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

MVP

Performance Improvement Project Findings

Table 97: MVP's PIP Summary, MY 2020

MVP's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim In 2020, MVP continued with its aim to improve the rates of screening for BLLs, newborn hearing, developmental status, and autism for MVP members enrolled in Medicaid MMC and CHP and to ensure follow-up testing or referral services for children with abnormal screening results. Member-Focused 2020 Interventions ▪ Outreached to caregivers telephonically or by mail to provide education and to assist with the coordination of care. ▪ Reminder mailings sent to caregivers of members who are due for a blood lead test and/or follow-up or confirmatory test. ▪ Sent mailing annually to caregivers of all children in the eligible population outlining the importance of newborn hearing screening and follow-up. ▪ Sent educational mailing for members with information on the importance of developmental screening and the recommended screening schedule. ▪ Sent letters to caregivers of children who are due for one or more developmental screenings. Provider-Focused 2020 Interventions ▪ Provision of educational material to MVP PCPs, provider-office laboratories and laboratories that are Clinical Laboratories Improvement Amendments of 1988 (CLIA)-certified to perform BLL testing on how to how to navigate NYSIIS including utilization of the point of care device tool. ▪ Outreach by professional relations staff to providers of members with a recent BLL between 5-10 mcg/dl to notify of the result and advise on the need for a follow-up confirmatory venous blood draw. ▪ Distributed provider newsletters quarterly including information on newborn hearing screening requirements and referral services for audiology and EHDI program services. ▪ Telephonic outreach to providers/provider groups of children who failed the initial hearing screening and did not have a follow-up audiological exam on file or were diagnosed with hearing loss and not referred to EI services. ▪ Providing tools and resources to all providers via newsletters, fast faxes and mailing regarding the developmental screening tools, coding guidelines and follow-up documentation. MCP-Focused 2020 Interventions ▪ Ran a childhood development services needed report for BLL testing based on member data through NYSIIS and providing gaps in care reports to provider groups.

MVP's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
▪ Outreach to providers and/or caregivers of members whose BLL was >10 mcg/dl to by the case management staff to notify of the result, provide education and advise on follow-up tests. ▪ Supplied educational documentation to providers via fast faxes semi-annually and Healthy Practices newsletters annually to reiterate the requirement of immunizations and BLL, health impacts with BLLs <5 mcg/dl and importance of lead testing and exposure prevention to caregivers. ▪ Expanded the existing Little Footprints post-partum maternity assessments to include a blood lead screening and newborn hearing screening questions. ▪ Sent fast-fax to maternity hospitals and birthing facilities annually to remind them of the newborn hearing screening and referral requirements. ▪ Ran a report based off the member level data obtained from the EHDI program to identify children in the eligible population who did not receive an initial hearing screening, who did not pass a hearing screening or who were diagnosed with hearing loss and were not referred to EI services, to assist with the coordination of care and to ensure follow-up testing and a referral to EI services. ▪ Worked with targeted practices with a high volume of members less than 3 years of age who are performing well to identify best practices. ▪ Shared best practices with targeted providers performing poorly on this measure. ▪ Reviewed autism screening claims to ensure the correct CPT codes are being used. A review of chart samples will also be reviewed to ensure standardized screening tools were used.

Table 98: MVP's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	66%	70%	68%	74%
Blood lead test: Age 2 years	65%	68%	72%	82%
Blood lead test: Age 1 and 2 years	43%	47%	53%	56%
Confirmatory venous blood lead test for capillary BLL ≥ 5mcg/dl, within 3 months	21%	32%	30%	76%
Confirmed venous BLL of ≥ 5mcg/dl	0.5%	1%	1%	NA
Confirmed venous BLL of ≥ 5mcg/dl, follow-up test within 3 months	30%	29%	29%	65%
Confirmed venous BLL ≥10 mcg/dl	0.07%	0.08%	0.09%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	17%	13%	11%	65%
Hearing Screening				
Completed screening by 1 month of age	82%	89%	90%	99%
Did not pass screening by 1 month of age	2%	2%	1%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	46%	54%	38%	75%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	45%	22%	24%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	23%	33%	30%	100%
Completed hearing screening before 3 months of age	71%	93%	93%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	57%	50%	53%	77%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	6%	10.5%	26.3%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	10%	11%	16%	20%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	32%	34%	37%	43%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	24%	27%	32%	34%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	22%	24%	28%	30%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	1%	6%	10%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	1.5%	10%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 99: MVP's QARR Performance, MY 2018 – MY 2020

Domain/Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	44	46	42	44
Breast Cancer Screening	66 ▼	67 ▼	63 ▼	67
Cervical Cancer Screening	70	71	68	68
Childhood Immunizations – Combo 3	82 ▲	82 ▲	72	72
Chlamydia Screening (Ages 16-24)	72 ▼	71 ▼	66 ▼	71
Colorectal Cancer Screening	58 ▼	58 ▼	56	61
Flu Shots for Adults (Ages 18-64)[2]		43	43	46
Lead Screening in Children	88	89	84	87
Non-recommended Cervical Cancer Screening in Adolescent Females	1	1	0.53	0.99
WCC – BMI Percentile	88	88	68 ▼	80
WCC – Counseling for Nutrition	82	82	66 ▼	77
WCC – Counseling for Physical Activity	74	74	58 ▼	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	96 ▲	90 ▲	90 ▲	89
Asthma Medication Ratio (Ages 19-64)	64	57	51	51
Asthma Medication Ratio (Ages 5-18)	72 ▲	70 ▲	76 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	32	50	37	40
CDC – BP Controlled (<140/90 mm Hg)	71 ▲	71	47 ▲	55
CDC – Eye Exam Performed	65	65	54 ▼	60
CDC – HbA1c Testing	95	95	84	86
CDC – HbA1c Control (<8%)	55	55 ▼	33 ▼	50
CDC – Nephropathy Monitor	92	92		
Controlling High Blood Pressure	63	63	46 ▲	56
HIV Viral Load Suppression[1]	85 ▲	87 ▲	80 ▲	74
Kidney Health Evaluation for Patients with Diabetes			36 ▼	39
Persistence of Beta-Blocker Treatment After a Heart Attack	75	86	86	86
Pharmacotherapy Management for COPD – Bronchodilators	86	89	89	88
Pharmacotherapy Management for COPD – Corticosteroids	75	79	81	74
Smoking Cessation Medications[2]		59	59	56
Smoking Cessation Strategies[2]		64	64	62
Spirometry Testing for COPD	47 ▼	44 ▼	38 ▼	46
Statin Therapy for Patients with Cardiovascular Disease – Received	79	81	84	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	66	68	70	71
Statin Therapy for Patients with Diabetes - Received	64 ▼	67	65 ▼	70

Domain/Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	60	59 ▼	61 ▼	65
Testing for Children with Pharyngitis	91	89	89 ▲	87
Use of Imaging Studies for Low Back Pain	71 ▼	76 ▼	76 ▼	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	50	51	54	55
Antidepressant Medication Management – Effective Continuation Phase	35	36	39	40
Antipsychotic Medications for Schizophrenia	62	58	60	65
Diabetes Monitoring for People with Diabetes and Schizophrenia	78	81	63	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	83	82	76	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	19	26 ▲	17	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	26	32 ▲	22 ▼	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	56 ▼	84 ▲	53	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	69 ▼	89 ▲	67	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			44	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			74 ▲	66
Follow-Up Care for Children on ADHD Medication – Initiation	51 ▼	48 ▼	46 ▼	58
Follow-Up Care for Children on ADHD Medication – Continue	61	52 ▼	54 ▼	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	56 ▼	56 ▼	64	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	69 ▼	73 ▼	79	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	37 ▼	39	31	34
Pharmacotherapy for Opioid Use Disorder			36	38
Risk of Continued Opioid Use – 15 Days		5	5	5
Risk of Continued Opioid Use – 31 Days		3	4	3
Use of Opioids at High Dosage		14 ▼	12 ▼	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.55	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			68	66
Well Child Visits First 30 Months of Life – First 15 Months[5]			74	66

Domain/Measure	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	84 ▲	84 ▲	80	80
45-64 Years	89	89	86	87
65+ Years	91	91	85	84
Access to Other Services				
Annual Dental Visit[4]	67 ▲	68 ▲	51	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	45	47	46	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	23 ▲	23 ▲	22	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	31 ▼	41	NA	NA
Timeliness of Prenatal Care[3]	85		83 ▼	88
Postpartum Care	67	80	77	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	65	73	68	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	7	7	NA	NA

Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 100: MVP's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	8%	8%	7%
Prenatal Care in the First Trimester	79%	76%	74%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	15%	12%	13%
Vaginal Birth After Cesarean	Not Available	11%	16%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 101: MVP's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020 Comprehensive
42 CFR 438.206: Availability of Services	C	NC
42 CFR 438.207: Assurances of adequate capacity and services	C	C
42 CFR 438.208: Coordination and continuity of care	C	C
42 CFR 438.210: Coverage and authorization of services	C	C
42 CFR 438.214: Provider selection	C	NC
42 CFR 438.224: Confidentiality	C	C
42 CFR 438.228: Grievance and appeal system	C	NC
42 CFR 438.230: Sub-contractual relationships and delegation	C	C
42 CFR 438.236: Practice guidelines	C	C
42 CFR 438.242: Health information systems	C	C
42 CFR 438.330: Quality assessment and performance improvement program	C	C

C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2020 Results

- Based on staff interview and review of sampled hospital contracts, MVP failed to notify the DOH 45 days in advance of 3 of 65 contracts that were set to expire.
- Based on staff interview and review of the external appeal instructions and application, MVP failed to issue current external appeal instructions and application forms to enrollees in 4 of 16 Medicaid standard and expedited appeals, and 4 of 15 commercial/CHP standard and expedited appeals.
- Based on staff interview and review of the FAD notices, MVP failed to ensure its delegate, EviCore, issued notices to enrollees that included the utilization review agent's contact person or department name in 2 of 8 Medicaid expedited appeal utilization review cases.
- Based on staff interview and review of the adverse determination notices, MVP failed to ensure its delegate, HealthPlex, issued written notices that were factual and accurate in nature for 3 of 13 CHP pre-authorizations and for 2 of 8 CHP standard appeal utilization review cases.
- Based on staff interview and review of the sampled provider credentialing files, MVP failed to credential 2 of 16 providers every 3 years as required.
- Based on staff interview and review of the sampled provider contracts, MVP failed to provide evidence that 15 of 65 providers were sent an amendment that included the 2017 NYS DOH Standard Clauses for Managed Care Provider/IPA/ACO Contracts Incorporation Language.

Quality of Care Survey Findings – Member Experience

Table 102: MVP's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	MVP	Statewide Average	MVP	Statewide Average	MVP	Statewide Average
Access to Specialized Services					76	72
Coordination of Care[1]	79	74	70	75	69	72
Customer Service[1]	89	86	86	86	90	87
Family-Centered Care: Personal Doctor Who Knows Child					92	90
Getting Care Needed[1]	88	85	87	84	87	84
Getting Care Quickly[1]	90	88	89	88	94 ▲	88
How Well Doctors Communicate[1]	93	93	92	93	96 ▲	93
Rating of All Healthcare	88	86	90	87	92	90
Rating of Health Plan	88 ▲	85	89 ▲	85	89 ▲	86
Rating of Personal Doctor[1]	88	90	93	90	93 ▲	90
Rating of Specialist Seen Most Often	89	83	87	84	87	87

Note: Grey shading indicates that the measure was not required.

[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 103: MVP's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
MVP continues to demonstrate opportunities for improvement with preventative screening measures. Although the MCP has initiated interventions that target these measures the performance rates remain significantly worse than the statewide average. The MCP should continue to conduct measure-specific barrier analysis to determine factors preventing members from accessing preventative care and develop interventions that target providers and members. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement. [Repeat recommendation.]	Preventative screenings are key in early diagnosis and treatment of chronic health conditions and reduction of acute episodes. MVP has done significant work to assess member needs and identify barriers to preventative care access using social vulnerability index data, risk and utilization scores and qualitative survey data. MVP took action to make educational resources and gap closure information more easily accessible to members and providers by delivering information electronically. Preventive Health guidelines for women, men and children were updated and posted to MVP website for member use, a monthly provider update email was implemented in 2021 to provide useful gap closure resources for providers and chlamydia and cervical cancer screening campaigns were launched on social media platforms during women's health week. MVP further adjusted to the needs of members during the COVID-19 pandemic and released the GIA mobile application, a go to experience for members that serves as a vehicle for telehealth services with no cost sharing for preventative and urgent care visits. The MVP member portal has also been updated with preventive care reminders. Upon login, a member can see if they are up to date with their preventive care, including important screenings. If not, they will be reminded of preventive care they need. In 2021, the MVP well-being rewards expanded to include rewarding members for obtaining preventive care and screenings. MVP also made it easier for members and providers to find needed care within their communities by launching a new online provider search tool which improves the member and provider's ability to refer members to appropriate participating providers. The tool can be filtered and used to compare participating providers based on preferred attributes, such as distance and language spoken. MVP also partnered with vendors and providers to better align prevention and screening measure interventions. Included in these efforts was an HPV initiative with Inovalon and Merck providing member education on the need for HPV vaccinations. MVP improved vendor support	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	for Cologuard Kit distribution and utilized predictive analytics for population segmentation based on member risk and utilization. This data was used for end of year call campaigns to engage providers and members and explain the importance of preventative cancer screenings, answer questions and facilitate kit orders. Additionally, MVP evaluated members with annual wellness, cervical and breast cancer screening gaps to identify recent fails versus chronic fails and tailor outreach strategies to these members. MVP utilizes monthly and yearly performance data to monitor progress and develop interventions when care gaps are identified. Measure and member level data is used to prioritize and personalize interventions for members and providers. MVP engages providers on an ongoing basis, provides performance improvement recommendations and data insights to drive actionability.	
Access to/Timeliness of Care		
MVP should continue to work to improve HEDIS®/QARR measures for behavioral health and acute and chronic conditions that continuously perform below the statewide average. MVP should consider evaluating its provider network for inadequacies that can affect members accessing care. In addition to telephonic case management programs, the MCP should also consider providing members with a peer lead evidence based chronic disease self-management program	MVP engaged providers and implemented interventions to increase adequate treatment and follow-up for members with behavioral health and acute and chronic conditions. Recognizing the increasing need for mental health services and the strain on provider networks due to COVID-19, MVP formed a cross disciplinary work group to assess access issues related to behavioral health. Actions taken by this group resulted in the creation of two provider bridge programs with Cap Counseling and Gericine. These programs connect members to mental health services after an acute event and assist them with establishing a relationship with an ongoing mental health provider. In 2021, MVP released the GIA mobile application, a personalized experience that helps our members navigate a complex health care system. GIA serves as a personal health navigator, guiding, answering questions, helping to connect members to the right care or resources, right away. MVP also worked with providers to complete retrospective review of patients and identify gaps where member care was rendered but services were not billed. MVP included an additional year of prospective gaps data to account for off-cycle measures such as ADD. This will give providers access to more complete gaps information to ensure that members receive the care that they need within the 270-calendar day-time frame. Additionally, MVP created a provider bonus program	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	targeting osteoporosis management in women and revamped telephonic outreach efforts for osteoporosis management, Statin use in patients with diabetes and statin use in patients with cardiovascular disease. In its new format, telephonic outreach supports holistic gap closure, improves member experience, and removes access and health literacy barriers. In support of comprehensive diabetes care and in alignment with the needs for convenience and accessibility MVP offered virtual diabetes education series and Virtual Heart Health event and made recorded content available on MVP website. MVP, in partnership with Matrix clinical care, provided at home services for members with chronic conditions which alleviated access to care barriers for members. Lastly, MVP developed and implemented evidence based chronic condition self-management programs including a virtual diabetes prevention program, The Butt Stops Here smoking cessation program, and an evidence-based fall prevention program in support of osteoporosis management.	

Strengths, Opportunities for Improvement and Recommendations

Table 104: MVP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	MVP's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Although none of the MY 2020 remeasurement rates met their target rates, 4 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Although none of the MY 2020 remeasurement rates met their target rates, 4 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period and 4 indicators demonstrated improvement from the MY 2019 remeasurement period to the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Although none of the MY 2020 remeasurement rates met their target rates, all 6 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures - General	MVP met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	MVP reported MY 2020 rates for 6 measures related to asthma medication, diabetes, hypertension, HIV, and pharyngitis that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	MVP reported MY 2020 a rate for 1 measure related to follow-up care for substance abuse that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	MVP was in compliance with 8 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X
Quality of Care Survey – Member Experience	MVP achieved 4 CAHPS scores that were statistically significantly higher than the statewide average. Though not statistically	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	significant, 5 CAHPS scores achieved by MVP performed better than the statewide average, while 1 score performed at the statewide average.			
Opportunities for Improvement				
PIP – Blood Lead Testing	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Newborn Hearing Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
PIP – Developmental Screening	None of the MY 2020 remeasurement rates for the 6 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screening	MVP reported MY 2020 rates for 5 measures related to women's health and weight assessment and counseling for nutrition and physical activity for children and adolescents that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	MVP reported MY 2020 rates for 7 measures related to diabetes care, COPD, and low back pain treatment that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	MVP reported MY 2020 rates for 4 measures related to follow-up care after emergency room care for substance abuse, follow-up care for children on ADHD medication, and use of opioids that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	MVP reported MY 2020 a rate for 1 measure related to prenatal care that performed statistically lower than the statewide average.	X		X
Compliance with Medicaid Standards	MVP was in noncompliance with CFR 438.206, 438.214 and 438.228 during the MY 2020 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Though not statistically significant, 1 CAHPS score achieved by MVP performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate additional opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings as no rates met the target goals.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve women's and children's access to preventative screenings as rates have declined from 2019 to 2020.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Acute and Chronic Care	In addition, the MCP's current interventions, the MCP should conduct a root cause analysis to identify additional barriers to members effectively managing their diabetes and COPD>	X	X	
Performance Measures – Behavioral Health	In addition to the MCP's provider bridge programs, the MCP should investigate additional opportunities to improve follow-up care for members with substance abuse disorders and for children on ADHD medication, as these rates declined in MY 2020. Additionally, the MCP should investigate opportunities to reduce members use of opioids at high dosages.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to prenatal care.	X	X	X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2020 operational survey conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

UHCCP

Performance Improvement Project Findings

Table 105: UHCCP's PIP Summary, MY 2020

UHCCP's PIP Summary
PIP Title: Optimizing Developmental Trajectory of Children: Risk Identification and Linkage to Services Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim UHCCP aims to identify and stratify eligible Medicaid and CHP members who are required to receive blood lead testing, newborn hearing screening/testing and standardized developmental tests and will implement interventions aimed at improving screening rates and necessary follow-up within appropriate timeframes. Member-Focused 2020 Interventions ▪ Silverlink IVR- automated interactive voice recording sent to identify members educating them on the need for BLL testing and linkages to appropriate services. ▪ Outreach calls to parents of identified members with no BLL test to educate and encourage families to schedule BLL testing and providing additional linkages to services. ▪ Member newsletter/mailer including information about where lead is found in homes, and the effects of blood lead poisoning. ▪ *LetsGetChecked*, a home testing and patient management program for members who opt-in to the program receive a BLL testing kit and follow-up call. ▪ Member newsletter/mailer including information about newborn hearing screening and linkages to appropriate services. ▪ Live outreach calls to parents of members who require follow-up after hearing screening. ▪ Live outreach calls to parents of identified members with no developmental level screening educating them on appropriate linkages to services and encouraging them to schedule follow-up appointments. ▪ Newsletter/mailer sent to members annually with information about the importance of developmental screenings and linkages to appropriate services. Provider-Focused 2020 Interventions ▪ Provided dashboard to high volume providers identifying patients with opportunity to receive the recommended blood level testing/follow-up within the appropriate timeframe. ▪ Sent a list to selected providers with members due for follow-up by the plan's clinical practice consultants. ▪ Provided resources to providers including current blood level testing and reporting guidelines and management of risks associated with even low blood lead concentrations. ▪ Provided alert/newsletter to providers regarding BLL testing and follow-up requirements via the plan's alert bulletin on provider website. ▪ Provided reports to high volume providers identifying patients with opportunity to receive the recommended hearing screening, diagnostic evaluation, or follow-up within the appropriate timeframe. ▪ Provided reports to high volume providers identifying patients with the opportunity to receive the recommended developmental/autism screening and follow-up within the appropriate timeframe.

UHCCP's PIP Summary
PIP Title: Optimizing Developmental Trajectory of Children: Risk Identification and Linkage to Services Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
▪ CPCs educated providers on submitting 96110 CPT when completing standard developmental and autism screenings each quarter. MCP-Focused 2020 Interventions ▪ Included EHDI program guidelines for newborn hearing screening, diagnostic audiological evaluation, or referral to EI services on plan's provider website. ▪ Included alerts on plan's provider website regarding newborn hearing screening, diagnostic hearing test and follow-up guidelines. ▪ Reviewed and incorporated developmental screening and referral clinical practice guidelines annually through the plan's quality committee and posting it on the provider website. ▪ Included alerts on provider website advising providers on standardized developmental screening and follow-up guidelines.

Table 106: UHCCP's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	69.91%	70.62%	45.02%	72.91%
Blood lead test: Age 2 years	69.01%	70.55%	60.49%	72.01%
Blood lead test: Age 1 and 2 years	48.67%	49.97%	48.01%	51.67%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	32.68%	38.77%	56.29%	39.68%
Confirmed venous BLL of ≥ 5 mcg/dl	0.45%	0.48%	1.31%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	81.88%	95.85%	100%	96.88%
Confirmed venous BLL ≥ 10 mcg/dl	0.07%	0.07%	0.52%	NA
Confirmed venous BLL ≥10 mcg/dl, follow-up test within 1 month	32.13%	37.89%	100%	80%
Newborn Hearing Screening				
Completed screening by 1 month of age	76.01%	82.40%	88.25%	83.01%
Did not pass screening by 1 month of age	1.54%	1.73%	2.91%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	35.82%	22.60%	39.39%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	25.0%	12.50%	16.48%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	37.50%	50%	27.27%	80%
Completed hearing screening before 3 months of age	64.79%	87.92%	89.81%	88.79%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	62.71%	35.71%	46.36%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	2.52%	14.93%	16.92%	80%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	18.67%	21.91%	26.79%	23.67%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	29.64%	35.01%	11.49%	36.64%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	24.70%	27.54%	34.51%	29.70%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	24.06%	27.81%	33.75%	29.06%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	4.19%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	0.97%	3%

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measures Findings

Table 107: UHCCP's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Effectiveness of Care: Prevention and Screenings				
Adolescent Immunizations – Combo 2	19 ▼	25 ▼	28 ▼	44
Breast Cancer Screening	65 ▼	65 ▼	61 ▼	67
Cervical Cancer Screening	65 ▼	70	64 ▼	68
Childhood Immunizations – Combo 3	56 ▼	56 ▼	62 ▼	72
Chlamydia Screening (Ages 16-24)	70 ▼	71 ▼	68 ▼	71
Colorectal Cancer Screening	56 ▼	57 ▼	56	61
Flu Shots for Adults (Ages 18-64)[2]		44	44	46
Lead Screening in Children	81 ▼	85 ▼	82 ▼	87
Non-recommended Cervical Cancer Screening in Adolescent Females	2	2 ▼	1	0.99
WCC – BMI Percentile	78 ▼	82 ▼	82	80
WCC – Counseling for Nutrition	72 ▼	77 ▼	77	77
WCC – Counseling for Physical Activity	64 ▼	70 ▼	75	72
Effectiveness of Care: Acute and Chronic Care				
Appropriate Treatment for URI	92 ▼	88 ▼	88	89
Asthma Medication Ratio (Ages 19-64)	56 ▼	56	59 ▲	51
Asthma Medication Ratio (Ages 5-18)	73 ▲	69 ▲	71 ▲	68
Avoidance of Antibiotics for Adults with Acute Bronchitis	28 ▼	42 ▼	32	40
CDC – BP Controlled (<140/90 mm Hg)	61	61 ▼	66 ▲	55
CDC – Eye Exam Performed	62	65	58	60
CDC – HbA1c Testing	89 ▼	91	88	86
CDC – HbA1c Control (<8%)	55	58	49	50
CDC – Nephropathy Monitor	92	92		
Controlling High Blood Pressure	58 ▼	58 ▼	60	56
HIV Viral Load Suppression[1]	77	75	69 ▼	74
Kidney Health Evaluation for Patients with Diabetes				39
Persistence of Beta-Blocker Treatment After a Heart Attack	77	86	86	86
Pharmacotherapy Management for COPD – Bronchodilators	85 ▼	85 ▼	84	88
Pharmacotherapy Management for COPD – Corticosteroids	74	69 ▼	72	74
Smoking Cessation Medications[2]		61	61	56
Smoking Cessation Strategies[2]		53	53	62
Spirometry Testing for COPD	51 ▲	53	47	46
Statin Therapy for Patients with Cardiovascular Disease – Received	75 ▼	78	79	81
Statin Therapy for Patients with Cardiovascular Disease – Adherent	66	71	75 ▲	71
Statin Therapy for Patients with Diabetes – Received	62 ▼	65 ▼	65 ▲	70

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Statin Therapy for Patients with Diabetes – Adherent	62	64	68 ▲	65
Testing for Children with Pharyngitis	92 ▲	89	88 ▲	87
Use of Imaging Studies for Low Back Pain	77	80	79	80
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management – Effective Acute Phase	54	55	59 ▲	55
Antidepressant Medication Management – Effective Continuation Phase	39	40	43 ▲	40
Antipsychotic Medications for Schizophrenia	66	60	63	65
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	SS	SS	SS	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	85	87	78	73
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	81	84	75	76
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	19 ▼	15 ▼	17 ▼	21
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	24 ▼	21 ▼	22 ▼	27
Follow-Up After ED Visit for Mental Illness – 7 Days[3]	52 ▼	45 ▼	43 ▼	53
Follow-Up After ED Visit for Mental Illness – 30 Days[3]	63 ▼	60 ▼	56 ▼	66
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days			41	42
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days			66	66
Follow-Up Care for Children on ADHD Medication – Initiation	56	57	64 ▲	58
Follow-Up Care for Children on ADHD Medication – Continue	61	66	70	67
Follow-Up After Hospitalization for Mental Illness – 7 Days	52 ▼	62	66	66
Follow-Up After Hospitalization for Mental Illness – 30 Days	63 ▼	75 ▼	77	80
Metabolic Monitoring for Children and Adolescents on Antipsychotics	40	40	35	34
Pharmacotherapy for Opioid Use Disorder			31 ▼	38
Risk of Continued Opioid Use – 15 Days		6	6	5
Risk of Continued Opioid Use – 31 Days		4	4	3
Use of Opioids at High Dosage		9	8	8
Use of Opioids from Multiple Providers – Multiple Prescribers and Multiple Pharmacies			0.43	0.51
Utilization				
Child and Adolescent Well-Care Visits – Ages 3-21 Years[5]			61	66

Domain/Measures	MY 2018	MY 2019	MY 2020	MY 2020 Statewide Average
Well Child Visits First 30 Months of Life – First 15 Months[5]			60	66
Access to Care				
Adults' Access to Preventive/Ambulatory Services				
20-44 Years	82 ▲	82	80	80
45-64 Years	88 ▼	88 ▼	86	87
65+ Years	91	90 ▼	84	84
Access to Other Services				
Annual Dental Visit[4]	62 ▲	62	50 ▲	47
Initiation of Alcohol and Other Drug Abuse Treatment[3]	47	46	46 ▼	48
Engagement of Alcohol and Other Drug Abuse Treatment[3]	21	20	19	20
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	33 ▼	40	NA	NA
Timeliness of Prenatal Care[3]	85		81 ▼	88
Postpartum Care	68	82	78	80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	58	68	68	73
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	7	8	NA	NA

Note: Grey shading indicates that the measure was not required.
[1]NYS specific measure
[2] MY 2019 Adult CAHPS measure
[3]Measure included in the NYS Quality Strategy
[4]For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years
[5]New Measure for MY 2020
ADHD: attention deficit/hyperactivity disorder; BP: blood pressure; CDC: comprehensive diabetes care; COPD: chronic obstructive pulmonary disease; ED: emergency department; NA: not available; URI: upper respiratory infection; SS: sample size.

Table 108: UHCCP's QARR Perinatal Care Rates

Region/Measures	MY 2017	MY 2018	MY 2019	MY 2019 Regional Average
New York City				
Risk-Adjusted Low Birth Weight[1]	Not Available	6%	7%	7%
Prenatal Care in the First Trimester	81% ▲	77%	79%	75%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	12%	12%	13%
Vaginal Birth After Cesarean	Not Available	40%	43%	21%
Rest of State				
Risk-Adjusted Low Birth Weight[1]	Not Available	9%	8%	7%
Prenatal Care in the First Trimester	77%	73%	77%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	Not Available	16%	14%	13%
Vaginal Birth After Cesarean	Not Available	9%	9%	13%

[1] A lower rate indicates better performance.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 109: UHCCP's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020[1]
42 CFR 438.206: Availability of Services	NC	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	NC	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	NC	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	NC	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on record review and staff interview, UHCCP and its delegate, United Behavioral Health, failed to provide a written notice to the enrollee within one business day. The IAD notice to the member was issued late. This was evident in 3 of 9 Medicaid concurrent cases.
- Based on record review and staff interview, UHCCP failed to include required components in contract files.
- Based on record review and staff interview, UHCCP failed to include required credential components for 2 of 20 files.
- Based on record review and staff interview, UHCCP failed to ensure that its delegate, United Behavioral Health, included member specific information in its denial of services letter. Specifically, the IAD notices did not include enrollee-specific clinical/social detail to show how the enrollee did not meet the criteria. This was evident in 8 of 20 Medicaid prior-authorization and concurrent cases reviewed.

Quality of Care Survey Findings – Member Satisfaction

Table 110: UHCCP's Child Medicaid/CHP CAHPS Findings

Measure	MY 2016		MY 2018		MY 2020	
	UHCCP	Statewide Average	UHCCP	Statewide Average	UHCCP	Statewide Average
Access to Specialized Services					78	72
Coordination of Care[1]	71	74	77	75	74	72
Customer Service[1]	89	86	89	86	84	87
Family-Centered Care: Personal Doctor Who Knows Child					92	90
Getting Care Needed[1]	85	85	82	84	92 ▲	84
Getting Care Quickly[1]	94 ▲	88	92 ▲	88	92 ▲	88
How Well Doctors Communicate[1]	95	93	96 ▲	93	94	93
Rating of All Healthcare	87	86	90	87	92	90
Rating of Health Plan	81	85	85	85	85	86
Rating of Personal Doctor[1]	91	89	94 ▲	90	92	90
Rating of Specialist Seen Most Often	80	83	90 ▲	84	92	87

Note: Grey shading indicates that the measure was not required.
[1]These indicators are composite measures.

Assessment of MCP Follow-up on Prior Recommendations

Table 111: UHCCP's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
UHCCP continues to demonstrate poor performance for the HEDIS®/QARR prevention and screening measures. While all the measures in this domain reported rates that were below the statewide average, 11 out of 14 measures had an improvement in rates. Therefore, the MCP should continue with its current interventions for these measures. The MCP should consider conducting routine root cause analysis to identify additional barriers to members accessing preventative care services. The MCP should also consider implementing interventions that target both providers and members. [Repeat recommendation.]	UHCCP NY recognizes the importance of analyzing data to assure that programs and services provided meet the diverse needs of the membership. UnitedHealthcare will continue interventions to improve rates for all 14 HEDIS®/QARR prevention and screening measures.	Partially Addressed
UHCCP demonstrates an opportunity to improve acute and chronic care HEDIS®/QARR measures. The MCP should consider the use of pharmacists to	Although the plan has not directly engaged pharmacists to educate members on medication management for COPD, upper respiratory infections and acute bronchitis, the plan has implemented programs to help improve gaps in care with outreach to providers via fax/mail. Providers are notified regarding identified patients with sub-optimal asthma and COPD controls. The notice recommends review of patient's	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
educate members on medication management for COPD, upper respiratory infections, and acute bronchitis. The MCP should also consider providing to members evidence based self-management programs for chronic conditions.	therapy and/or the addition of long-term controller medications as recommended by current guidelines. The plan will research the possibility of educating members regarding medication management by pharmacists in 2022.	
Access to/Timeliness of Care		
UHCCP should continue to investigate reasons behind its continued poor performance in regard to measures related to access to care for children and adults. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving care, such as transportation issues, lack of childcare during appointment times, or any accessibility issues. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues to target initiatives to drive improvement.	A population specific barrier analysis was conducted to determine if current activities and programs align with the needs of the plan membership. The plan evaluated HEDIS/QARR data member level data for the MY 2021 for Children and Adolescents and Access to Primary Care Practitioners and AAP. Groups were stratified by age, gender, race/ethnicity, line of business, preferred member language and region. In 2021, the plan drilled down the major segments of the plan membership and enhanced/implemented targeted activities to improve member access to care. A 2021 measurement year analysis of disproportionate under-representation for Children and Adolescents and Access to Primary Care Practitioners and AAP HEDIS/QARR measures revealed the most common subgroups in the UnitedHealthcare Medicaid eligible member population include: ▪ Males ▪ Members ages 25 months-6 years and 65+ ▪ Black/African American and Asian ▪ Primary language Spanish and Chinese ▪ Living in the western and Hudson Valley regions of New York ▪ With Social Security income In addition, the densest population of UHCCP members is in Brooklyn, New York at 27% of the entire Medicaid population. The Hasidic community is the most prevalent population within this area and has been the biggest challenge in addressing the	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	barriers of this community adherence to some screening and preventative care measures. Two of the most difficult measures to achieve targets in with the Hasidic community are the child and adult Immunization measure however it appears that this is due to cultural barriers. Timeliness of screenings in this population is mostly out of compliance for children as families often prefer an alternative vaccination schedule where vaccinations are not taken at the same time. With this information the plan will develop and deliver enhanced general member education materials to address available benefits and to emphasize the importance immunization and healthcare to these populations. Member focused initiatives: ▪ Telehealth: UHCCP extended telehealth visits, virtual check-ins, electronic visits, physical therapy/occupational therapy/speech therapy, chiropractic, home health/hospice, remote patient monitoring, dental, vision, and hearing. ▪ Health risk assessment (HRA): In addition to the HRA available on the Liveandworkwell.com website, a national HRA process is being phased in, which will allow members the opportunity to complete the HRA through the member portal (myuhc.com) with the results linking directly back to Integrated Clinical User Experience (ICUE) and/or Community Care (utilization and care management platform). With this direct link, data will be communicated and integrated more efficiently, which will feed into population health identification reports and link members to activities earlier. ▪ IVR calling: The identified members may be chosen for inclusion based on past lack of compliance or current noncompliance to a specific measure. The voice recording will be a call to action to have a necessary visit, screening, or improved adherence to therapy. ▪ Improve follow-up after emergency department visit: UHC has established an ADT alert data feed from Healthix RHIO into our clinical records system. Member specific reports of ED episodes of care are generated twice daily and sent to the	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	UHC case management supervisor. The UHC case management supervisor assigns cases to case managers for priority to outreach the ED and follow-up to outreach to the member to provide case management support in transitioning to aftercare. UHCCP began receiving daily reports from Healthix instead of the feed to control for some recently identified timeliness issues in October 2020. ▪ Real Time Offer Pilot: The pilot program was launched in New York in October 2021. It is a real time member screening through or organic conversations when member calls into call center. The care advocate is prompted to ask questions related to SDOH. Through a system workflow and guidance provided during the phone call the care advocate can search for resources and provide referral information to the member. The data is also sent to the plan's SDOH registry. ▪ Whole Person Care Program: Engage high-risk members to decrease inappropriate hospitalizations/emergency room utilization and to reconnect them with their providers. The Whole Person Care team supports and educates members and provides information for community-based organizations and programs to link members to resources. Referrals to community resources include advocacy services, child welfare/adult protective services, county assistance, drug and substance abuse support, employment services, energy assistance, food banks/pantry, housing, snap, financial assistance, care coordination, health home, legal aid, medical/social day cares, behavioral health services support, pharmacy, private duty nurses, smoking cessation programs, state waivers/long-term services and supports. ▪ Omni Channel: The program focuses on HEDIS gap closure CIS, IMA, LSC, W30, WCV, ADV, diabetes (HbA1c, eye, SSD), BCS, CCS, CHL by outreaching to members based on their communication preference with three methods of outreach: text, IVR, and email. ▪ HealPros: In-home retinal eye screening for members with diabetes provides retinal eye screens, HbA1c testing, nephropathy screenings and colorectal cancer screens in nontraditional settings to close gaps in care related to HEDIS measures.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▪ BIOIQ (iFOB test, HbA1c, nephropathy): Deploys direct mailing of home testing for HbA1c kits for members who choose to opt-in or health plans automatically send a kit. The members complete the kits and mail the kits to the lab. Results are received and reported to the member and physicians. If a member receives a result of 9.1 or greater on the HbA1c they receive a follow-up via the telephone or certified mail. There is no cost for the kits to the members. The member documents are health plan specific and available in English/ Spanish and other languages. ▪ Pfizer's Vaccine Adherence in Kids Program: This program is sponsored by Pfizer and has two reminder options: ▫ Reminder for missed dose vaccines targeting parents or guardians of children at ages 6 months, 8 months, and 16 months. ▫ Reminder for well-visit (1st year checkup) targeting parents or guardians of children at age 10 months reminding them of the 1 year well visit doctor appointment. ▫ CPT code 90670 identifies target member list ▪ Shared Decision\Making article: The winter 2021-2022 member newsletter encourages members to speak with their treatment providers about their treatment and to ask for options and support with questions and concerns. ▪ RallyConnect: Enhancements to the provider directory allow members to digitally search for medical service providers. Enhancements include: ▫ Improved provider search functionality, key information is prominently displayed on introduction page ▫ Improved design and language around saved providers and plans accepted, reducing the need to click into each provider. ▫ 2020 enhancements included integration of dental and behavioral health provider search functionality. ▫ A new link for users to report provider data inaccuracy	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	▫ Examples of community and of potential supports include based on member need such as food insecurities and healthy eating, housing security, social service support and health pregnancy programs.	

Strengths, Opportunities for Improvement and Recommendations

Table 112: UHCCP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	UHCCP's Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	UHCCP's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	Three (3) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Two (2) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Four (4) of 6 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures - General	UHCCP met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	UHCCP reported MY 2020 rates for 7 measures related to asthma medication, diabetes care, hypertension, statin therapy, and testing for pharyngitis that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	UHCCP reported MY 2020 rates for 3 measures related antidepressant medication management and ADHD medication follow-up that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	UHCCP report a MY 2020 rate for 1 measure related to dental care that performed statistically better than the statewide average.	X	X	X
Compliance with Medicaid Standards	UHCCP was in compliance with 7 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	UHCCP achieved 2 CAHPS scores that were statistically significantly higher than the statewide average. Though not statistically significant, 6 CAHPS scores achieved by UHCCP performed better than the statewide average,	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	while 1 score performed at the statewide average.			
Opportunities for Improvement				
PIP – Blood Lead Testing	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Two (2) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	UHCCP reported MY 2020 rates for 6 measures related to women's health, cancer screening, and child and adolescent care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	UHCCP reported a MY 2020 rate for 1 measure related to HIV care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Behavioral Health	UHCCP reported MY 2020 rates for 5 measures related to follow-up care after emergency room care for substance abuse and mental illness, and substance abuse treatment that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	UHCCP reported MY 2020 rates for 2 measures related to substance abuse treatment and prenatal care that performed statistically lower than the statewide average.		X	X
Compliance with Medicaid Standards	UHCCP was in noncompliance with CFR 438.206, CFR 438.210, CFR 438.228, and CFR 438.330 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	Though not statistically significant, 3 CAHPS scores achieved by UHCCP performed below the statewide average.	X	X	X
Recommendations				
PIP	The MCP should investigate additional opportunities to improve blood lead testing, newborn hearing screenings, and developmental screenings.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate additional opportunities to improve members' access to preventative screenings and immunizations.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with HIV.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate additional opportunities to improve follow-up care after an ED visit for mental illness or substance abuse as all rates remain significantly below the statewide averages.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to substance abuse treatments and prenatal care.	X	X	
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the compliance review conducted by the DOH.	X	X	X
Quality of Care Surveys – Member Experience	The MCP should evaluate the CAHPS scores to identify opportunities to improve member experience with the MCP.	X	X	X

WellCare

WellCare exited the NYS MMC program during 2020.

Performance Improvement Project Findings

Table 113: WellCare's PIP Summary

WellCare's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim WellCare aimed to improve early childhood lead, hearing, and developmental screening rates as well as follow-up rates for children ages six years and under from baseline to final measurement. Member-Focused 2020 Interventions ▪ Conducted outreach to caregivers of members who have blood lead test results in need of follow-up to facilitate appointment scheduling. ▪ Conducted outreach to caregivers of members who are not in compliance for newborn diagnostic audiological evaluation to facilitate appointment scheduling. ▪ Conducted outreach to caregivers of members eligible for EI services and facilitating program enrollment on an ongoing basis. ▪ Conducted mailing outreach to caregivers of members who are not in compliance for developmental screenings to educate members on the importance of developmental screenings and promote appointment scheduling. Provider-Focused 2020 Interventions ▪ Provided touch point tracking report by WellCare quality practice advisor staff members to measure the proportion of providers receiving quarterly education on the recommended CDC guidelines for lead testing, hearing screening and follow-up guidelines, and AAP guideline for developmental screening and provided care gap reports. MCP-Focused 2020 Interventions ▪ Generation of monthly reports for identifying the members not in compliance with blood lead testing and who have blood lead test results that require follow-up. ▪ Generation of monthly reports for identifying the newborns who are not in compliance with for hearing screenings, follow-up diagnostic audiological evaluation and who require referral to EI services. ▪ Generation of monthly reports for identifying the members who have not received the recommended developmental screenings at appropriate ages. ▪ Provided ongoing training sessions to WellCare's quality practice advisors to include lead testing guidelines, include hearing screening and follow-up guidelines, and AAP guideline requirements to incorporate developmental screening into the well-child visits and/or positive screening referral options in provider visit discussions. ▪ Provided training sessions to WellCare's quality practice advisors to include quality gap reports and appointment agendas to providers that contain lead testing, hearing screening, and developmental screening care gaps, training program compliance will be reviewed on an annual basis.

Table 114: WellCare's PIP Indicator Performance

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Final Rate MY 2020[1]	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	43.17%	57.05%	28.15%	55%
Blood lead test: Age 2 years	48.22%	58.35%	58.22%	65%
Blood lead test: Age 1 and 2 years	32.04%	39.31%	46.30%	45%
Confirmatory venous blood lead test for capillary BLL ≥5 mcg/dl, within 3 months	64.29%	86.05%	NA	100%
Confirmed venous BLL of ≥ 5 mcg/dl	2.62%	3.26%	3.52%	NA
Confirmed venous BLL of ≥ 5 mcg/dl, follow-up test within 3 months	21.37%	22.34%	7.94%	100%
Confirmed venous BLL ≥ 10 mcg/dl	0.87%	1.11%	1.03%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	71.43%	51.35%	66.67%	100%
Newborn Hearing Screening				
Completed screening by 1 month of age	85.87%	86.01%	89.29%	95%
Did not pass screening by 1 month of age	1.43%	1.53%	1.27%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	27.27%	5.88%	21.95%	100%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	16.67%	0%	0%	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	NA	NA	100%
Completed hearing screening before 3 months of age	88.05%	86.24%	91.02%	98%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	27.78%	11.77%	34.04%	100%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	NA	NA	100%	100%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	10.78%	10.44%	11.86%	20%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	28.87%	29.79%	21.90%	38%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	17.60%	18.96%	17.86%	27%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	18.13%	19.25%	17.02%	28%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	17.31%	13.60%	30%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	8.57%	7.42%	30%

[1] Final rates are from 1/1/2020-3/31/2020.
AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measure Findings

There is no performance measure data to report for WellCare.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 115: WellCare's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Comprehensive	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	NC	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	NC	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Summary of MY 2019 Results

- Based on record review and staff interview, WellCare and its delegates, Evicore and Healthplex, failed to provide phone notification to the enrollee and or the provider of the determination in Medicaid and CHP prior authorization cases. Specifically, WellCare failed to provide phone notification to the enrollee and provider in 2 of 11 Medicaid prior authorization; and Wellcare failed to ensure that its delegates, Evicore and Healthplex, provided phone notification to the enrollee in 3 of 5 CHP prior authorization cases.
- Based on record review and staff interview, WellCare failed to provide phone notification to the enrollee of the determination in Medicaid and CHP concurrent cases. Specifically, WellCare failed to provide phone notification to the enrollee in 3 of 7 CHP concurrent cases; and WellCare failed to provide phone notification to the enrollee in 2 out of 7 Medicaid concurrent cases.

Quality of Care Survey Findings – Member Satisfaction

There is no quality of care data to report for WellCare.

Assessment of MCP Follow-up on Prior Recommendations

During the production of the MY 2019 Annual EQR Technical Report, WellCare was no longer participating in the NYS MMC program. As such, MY 2019 EQR recommendations were not prepared for WellCare.

Strengths, Opportunities for Improvement and Recommendations

Table 116: WellCare's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	WellCare's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	One (1) performance indicator rate exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	One (1) performance indicator rates met the target rate at the final MY 2020 remeasurement period.	X	X	
Performance Measures	None.			
Compliance with Medicaid Standards	WellCare was in compliance with 9 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	None.			
Opportunities for Improvement				
PIP – General	Target rates were not established for 4 performance indicators.			
PIP – Blood Lead Testing	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	All 6 performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures	None.			
Compliance with Medicaid Standards	WellCare was in noncompliance with CFR 438.210 and CFR 438.228 during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	None.			
Recommendations				
PIP	WellCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			
Performance Measures	WellCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Compliance with Medicaid Standards	WellCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			
Quality of Care Surveys – Member Experience	WellCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			

YourCare

YourCare exited the NYS MMC program during 2020.

Performance Improvement Project Findings

Table 117: YourCare's PIP Summary, MY 2020

YourCare's PIP Summary
PIP Title: KIDS Quality Agenda **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim YourCare aimed to identify, early, any children missing any screening for lead, hearing, and developmental delay. Member-Focused 2020 Interventions ▪ Mailed educational materials to parents and updating website placing emphasis on lead screening and timeliness of testing. ▪ Added education to website and member newsletter about development, assessment of behavioral and social delay. ▪ Added education to newborn education mailing, on website and in member newsletter about identification of early signs of autism and what to discuss with healthcare provider. Provider-Focused 2020 Interventions ▪ Distributed of educational materials to VBP providers and adding information to provider newsletter. ▪ Distributed of monthly gap in care reports with highlighted lead gaps for VBP practices. ▪ Added information to provider newsletter about the importance of referral for diagnostic audiological evaluation and referral to early intervention. ▪ Educated practices using input from NYS about the use of a standardized tool to assess developmental milestones and any delay. ▪ Developed practice education program (webinar) to review childhood development assessment of behavior and social delays. MCP-Focused 2020 Interventions ▪ Identified practices in high lead area and providing education using NYS protocol for lead screening. ▪ Created new reports to identify children with high lead levels and enrolling them in new outreach addressing children at risk and assuring follow-up has occurred and providing parental support as needed including transportation. ▪ Developed a report using EHDI codes with claims data and actual data for newborns that do not pass hearing screening and need a diagnostic audiological evaluation and infants who are diagnosed with hearing loss and need a referral to early intervention. ▪ Developed outreach program to be sure there has been a referral for future evaluations, assisting with making appointments, arranging transportation, and confirming follow-up. ▪ Partnered with area pediatric practitioner and pediatric practice to help identify standardization of a tool and use of CPT code. ▪ Developed outreach program to assist with referral, and to assist with setting appointments for a well-child visit with developmental screening.

Table 118: YourCare's PIP Indicator Performance

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Final Rate MY 2020[1]	Target/ Goal
Blood Lead Testing				
Blood lead test: Age 1 year	39%	37%	NA	44%
Blood lead test: Age 2 years	47%	44%	9%	52%
Blood lead test: Age 1 and 2 years	27%	33%	6%	32%
Confirmatory venous blood lead test for capillary BLL ≥ 5 mcg/dl, within 3 months	48%	63%	57%	53%
Confirmed venous BLL of ≥5mcg/dl	3%	2%	1%	NA
Confirmed venous BLL of ≥5mcg/dl, follow-up test within 3 months	29%	29%	9%	80%
Confirmed venous BLL ≥ 10 mcg/dl	<1%	<1%	<1%	NA
Confirmed venous BLL ≥ 10 mcg/dl, follow-up test within 1 month	13%	13%	18%	80%
Newborn Hearing Screening				
Completed screening by 1 month of age	89%	97%	97%	92%
Did not pass screening by 1 month of age	2%	2%	3%	NA
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	10%	12%	0%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	100%	0%	NA	NA
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	NA	0%	NA	80%
Completed hearing screening before 3 months of age	92%	94%	95%	97%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	33%	22%	100%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	0%	67%	NA	80%
Standardized Developmental Screening				
Global developmental screening for developmental, behavioral, and social delays by 1 year of age	4%	7%	7%	9%
Global developmental screening for developmental, behavioral, and social delays by 2 years of age	22%	21%	27%	27%
Global developmental screening for developmental, behavioral, and social delays by 3 years of age	20%	22%	35%	25%
Global developmental screening for developmental, behavioral, and social delays according to AAP well-child visits guidelines	15%	17%	22%	20%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	4%	1%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	1%	0%	3%

[1] Final rate were from 1/1/2020-3/31/2020.

AAP: American Academy of Pediatrics; BLL: blood lead level; NA: not available.

Performance Measure Findings

There is no performance measure data to report for YourCare.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 119: YourCare's Operational Survey Results, MY 2019 and MY 2020

Part 438 Subpart D and QAPI Standards	MY 2019 Target	MY 2020[1]
42 CFR 438.206: Availability of Services	C	Activity Pended
42 CFR 438.207: Assurances of adequate capacity and services	C	Activity Pended
42 CFR 438.208: Coordination and continuity of care	C	Activity Pended
42 CFR 438.210: Coverage and authorization of services	C	Activity Pended
42 CFR 438.214: Provider selection	C	Activity Pended
42 CFR 438.224: Confidentiality	C	Activity Pended
42 CFR 438.228: Grievance and appeal system	C	Activity Pended
42 CFR 438.230: Sub-contractual relationships and delegation	C	Activity Pended
42 CFR 438.236: Practice guidelines	C	Activity Pended
42 CFR 438.242: Health information systems	C	Activity Pended
42 CFR 438.330: Quality assessment and performance improvement program	C	Activity Pended

[1] Activity pended due to the COVID-19 pandemic (gray shading). CMS granted NYS a Section 1135 Waiver that suspended the requirements under *42 CFR § 438.66 State monitoring requirements* for full on-site biannual operational, targeted, focused managed care surveys and readiness reviews, and allowing partial completion of essential survey and readiness activities remotely.
MCP: managed care plan; MY: measurement year; C: MCP is in compliance with all standard requirements; NC: MCP is not in compliance with at least one standard requirement.

Quality of Care Survey Findings – Member Satisfaction

There is no quality of care data to report for YourCare.

Assessment of MCP Follow-up on Prior Recommendations

During the production of the MY 2019 EQR Annual Technical Report, YourCare was no longer participating in the NYS MMC program. As such, MY 2019 recommendations were not prepared by the EQRO for YourCare.

Strengths, Opportunities for Improvement and Recommendations

Table 120: YourCare's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	YourCare's MY 2020 PIP passed PIP validation.			
PIP – Blood Lead Testing	One performance indicator rate exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Two (2) performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Two (2) performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period, and 1 performance measure rate met the target.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures	None.			
Compliance with Medicaid Standards	YourCare was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Quality of Care Survey – Member Experience	None.			
Opportunities for Improvement				
PIP – Blood Lead Testing	Four (4) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Newborn Hearing Screening	Two (2) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
PIP – Developmental Screening	Three (3) performance indicator rates did not the meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures	None.			
Compliance with Medicaid Standards	None.			
Quality of Care Survey – Member Experience	None.			
Recommendations				
PIP	YourCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			
Performance Measures	YourCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			
Compliance with Medicaid Standards	YourCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			
Quality of Care Surveys – Member Experience	YourCare exited the NYS MMC program in MY 2020 and therefore recommendations for improvement were not made by the EQRO.			

VII. Appendix A: NYS Quality Assurance Reporting Requirements for MY 2020

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Access / Availability of Care	Administrative	Adults' Access to Preventive/Ambulatory Health Services	AAP	Required	Required	Required	HEDIS 2020-2021
Access / Availability of Care	Administrative	Annual Dental Visit	ADV	Required	Not Required	Not Required	HEDIS 2020-2021
Access / Availability of Care	Administrative	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	IET	Required	Required	Required	HEDIS 2020-2021
Access / Availability of Care	Administrative	Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	POD-N	Required	Required	Required	NYS 2020-2021
Access / Availability of Care	Administrative/ Hybrid	Prenatal and Postpartum Care	PPC	Required	Required	Required	HEDIS 2020-2021
Access / Availability of Care	Administrative	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	Required	Required	Not Required	HEDIS 2020-2021
Access / Availability of Care	Administrative	Use of Pharmacotherapy for Alcohol Abuse or Dependence	POA	Required	Required	Required	NYS 2020-2021
Effectiveness of Care	Administrative	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Adolescent Preventive Care	ADL	2021	2021	Not Required	NYS 2020-2021
Effectiveness of Care	Administrative	Antidepressant Medication Management	AMM	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Appropriate Testing for Pharyngitis	CWP	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Appropriate Treatment for Upper Respiratory Infection	URI	Required	Required	Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Effectiveness of Care	Administrative	Asthma Medication Ratio	AMR	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Annual Monitoring for Persons on Long-Term Opioid Therapy	AMO	Not Required	Not Required	Not Required	QRS 2020
Effectiveness of Care	Administrative	Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis	AAB	Required	Not Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Breast Cancer Screening	BCS	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Cardiac Rehabilitation	CRE	2021	2021	2021	HEDIS 2020-2021
Effectiveness of Care	Administrative	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	SMC	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Cervical Cancer Screening	CCS	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Childhood Immunization Status	CIS	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Chlamydia Screening in Women	CHL	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Colorectal Cancer Screening	COL	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Comprehensive Diabetes Care	CDC	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Controlling High Blood Pressure	CBP	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Diabetes Monitoring for People with Diabetes and Schizophrenia	SMD	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Survey	Flu Vaccinations for Adults Ages 18 - 64	FVA	Required	Required	Required	CAHPS 5.0H

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Effectiveness of Care	Administrative	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Emergency Department Visit for Mental Illness	FUM	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After High-Intensity Care for Substance Use Disorder	FUI	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Hospitalization for Mental Illness	FUH	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up Care for Children Prescribed ADHD Medication	ADD	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	International Normalized Ratio Monitoring	INR	Not Required	Not Required	Not Required	QRS 2020
Effectiveness of Care	Administrative/ Hybrid	Immunizations for Adolescents	IMA	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Survey	Medical Assistance with Smoking and Tobacco Use Cessation	MSC	Required	Required	Required	CAHPS 5.0H
Effectiveness of Care	Administrative	Kidney Health Evaluation for Patients With Diabetes	KED	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Lead Screening in Children	LSC	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM	Required	Required	Not Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Effectiveness of Care	Administrative	Non-Recommended Cervical Cancer Screening in Adolescent Females	NCS	Required	Not Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Risk of Continued Opioid Use	COU	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Persistence of Beta-Blocker Treatment After a Heart Attack	PBH	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Pharmacotherapy for Opioid Use Disorder	POD	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Pharmacotherapy Management of COPD Exacerbation	PCE	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Viral Load Suppression	VLS	Required	Required	Required	NYS 2020-2021
Effectiveness of Care	Administrative	Proportion of Days Covered	PDC	Not Required	Not Required	Not Required	PQA
Effectiveness of Care	Administrative	Statin Therapy for Patients with Cardiovascular Disease	SPC	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Statin Therapy for Patients with Diabetes	SPD	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Use of Imaging Studies for Low Back Pain	LBP	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Use of Opioids at High Dosage	HDO	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Use of Opioids From Multiple Providers	UOP	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Use of Spirometry Testing in The Assessment and Diagnosis of COPD	SPR	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/ Hybrid	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC	Required	Required	Not Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Experience of Care	Survey	CAHPS Health Plan Survey 5.0H Adult Version	CPA	Not Required	Not Required	Not Required	HEDIS 2020-2021
Experience of Care	Survey	CAHPS Health Plan Survey 5.0H Child Version	CPC	Required	Not Required	Not Required	HEDIS 2020-2021
Experience of Care	Survey	QHP Enrollee Experience Survey		Not Required	Not Required	Not Required	QRS 2020
Health Plan Descriptive Information	Electronic	Enrollment by Product Line	ENP	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Adult Immunization Status	AIS-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Breast Cancer Screening	BCS-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Colorectal Cancer Screening	COL-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Depression Remission or Response for Adolescents and Adults	DRR-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Follow-Up Care for Children Prescribed ADHD Medication	ADD-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Postpartum Depression Screening and Follow-Up	PDS-E	2021	2021	2021	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Prenatal Depression Screening and Follow-Up	PND-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Prenatal Immunization Status	PRS-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Unhealthy Alcohol Use Screening and Follow-up	ASF-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Utilization of the PHQ-9 to Monitor Depression	DMS-E	Not Required	Not Required	Not Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
		Symptoms for Adolescents and Adults					
NYS-Specific Behavioral Health Measures	Administrative	Employed, Seeking Employment or Enrolled in a Formal Education Program		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Stable Housing Status		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	No Arrests in the Past Year		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Percentage of members Assessed for Home and Community Based Services		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Potentially Preventable Mental Health Related Readmission Rate 30 Days		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Prenatal Care in the First Trimester		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Risk-Adjusted Low Birth Weight		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Risk-Adjusted Primary C-Section		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Vaginal Births after C-Section		Required	Required	Required	NYS 2020-2021
Use of Services	Administrative	Child and Adolescent Well-Care Visits	WCV	Required	Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Acute Hospital Utilization	AHU	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Ambulatory Care	AMB	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Antibiotic Utilization	ABX	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Back Surgery	FSP	Required	Required	Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Use of Services	Administrative	Bariatric Weight Loss Surgery	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Cardiac Catheterization	FSP	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Cholecystectomy, Open & Laparoscopic	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Coronary Artery Bypass Graft (CABG)	FSP	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Emergency Department Utilization	EDU	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Frequency of Selected Procedures	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Hysterectomy, Vaginal & Abdominal	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Identification of Alcohol and Other Drug Services	IAD	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Inpatient Utilization–General Hospital/Acute Care	IPU	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Lumpectomy	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Mastectomy	FSP	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Mental Health Utilization	MPT	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Percutaneous Coronary Intervention (PCI)	FSP	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Plan All-Cause Readmission	PCR	Required	Required	Required	HEDIS 2020-2021
Use of Services	Administrative	Prostatectomy	FSP	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Tonsillectomy	FSP	Required	Required	Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Use of Services	Administrative	Utilization of Recovery-Oriented Services for Mental Health	URO	Not Required	Not Required	Required	NYS 2020-2021
Use of Services	Administrative	Well-Child Visits in the First 30 Months of Life	W30	Required	Required	Not Required	HEDIS 2020-2021