NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
OFFICE OF QUALITY AND PATIENT SAFETY

# EXTERNAL QUALITY REVIEW
# TECHNICAL REPORT FOR:
## FIDELIS CARE NEW YORK
## [NEW YORK QUALITY HEALTHCARE CORPORATION]

Reporting Year 2018

**FINAL REPORT**

Published April 2020

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# Acronyms Used in This Report

| | |
|---|---|
| *ALOS:* | *Average Length of Stay* |
| *AO:* | *Area Office* |
| *CFR:* | *Code of Federal Regulations* |
| *CHP:* | *Child Health Plus* |
| *CMS:* | *Centers for Medicare and Medicaid Services* |
| *COM:* | *Commercial* |
| *DBA:* | *Doing Business As* |
| *EQR:* | *External Quality Review* |
| *EQRO:* | *External Quality Review Organization* |
| *F/A:* | *Failed Audit* |
| *FAR:* | *Final Audit Report* |
| *FFS:* | *Fee-For-Service* |
| *FIDA:* | *Fully Integrated Duals Advantage* |
| *FTE:* | *Full Time Equivalent* |
| *HARP:* | *Health and Recovery Plan* |
| *HCS:* | *Health Commerce System* |
| *HEDIS:* | *Healthcare Effectiveness Data and Information Set* |
| *HIE:* | *Health Information Exchange* |
| *HIT:* | *Health Information Technology* |
| *HMO:* | *Health Maintenance Organization* |
| *HPN:* | *Health Provider Network* |
| *MAP:* | *Medicaid Advantage Plus* |
| *MCD:* | *Medicaid* |
| *MCO:* | *Managed Care Organization* |
| *MLTC:* | *Managed Long-Term Care* |
| *MMC:* | *Medicaid Managed Care* |
| *MMCOR:* | *Medicaid Managed Care Operating Report* |
| *MRT:* | *Medicaid Redesign Team* |
| *MY:* | *Measurement Year* |
| *N:* | *Denominator* |
| *N/A:* | *Not Available* |
| *NCQA:* | *National Committee for Quality Assurance* |
| *NP:* | *Not Provided* |
| *NR:* | *Not Reported* |
| *NV:* | *Not Valid* |
| *NYC:* | *New York City* |
| *NYCRR:* | *New York Code of Rules and Regulations* |
| *NYS:* | *New York State* |
| *NYSDOH:* | *New York State Department of Health* |
| *OB/GYN:* | *Obstetrician/Gynecologist* |
| *OHIP:* | *Office of Health Insurance Programs* |
| *OPMC:* | *Office of Professional Medical Conduct* |
| *OP:* | *Optimal Practitioner Contact* |
| *OQPS:* | *Office of Quality and Patient Safety* |
| *PCP:* | *Primary Care Practitioner/Provider* |
| *PHSP:* | *Prepaid Health Services Plan* |
| *PIP:* | *Performance Improvement Project* |
| *PIHP:* | *Prepaid Inpatient Health Plan* |
| *PNDS:* | *Provider Network Data System* |
| *POC:* | *Plan of Corrective Action* |
| *PMPY:* | *Per Member Per Year* |
| *PTMY:* | *Per Thousand Member Years* |
| *PQI:* | *Prevention Quality Indicator* |
| *Q1:* | *First Quarter (Jan.—March)* |
| *Q2:* | *Second Quarter (Apr.—June)* |
| *Q3:* | *Third Quarter (July—Sept.)* |
| *Q4:* | *Fourth Quarter (Oct.—Dec.)* |
| *QARR:* | *Quality Assurance Reporting Requirements* |
| *ROS:* | *Rest of State* |
| *RY:* | *Reporting Year* |
| *SN:* | *Safety Net* |
| *SOD:* | *Statement of Deficiency* |
| *SS:* | *Small Sample (less than 30)* |
| *SSI:* | *Supplemental Security Income* |
| *SWA:* | *Statewide Average* |
| *TANF:* | *Temporary Aid to Needy Families* |
| *TR:* | *Technical Report* |
| *UR:* | *Utilization Review* |

# I. About This Report

## Purpose of This Report

In order to comply with federal regulations, the New York State Department of Health (NYSDOH) contracts with Island Peer Review Organization (IPRO) to conduct the annual External Quality Review (EQR) of the MCOs certified to provide Medicaid coverage in New York State (NYS). NYS is dedicated to providing and maintaining the highest quality of care for enrollees in managed care organizations. The NYSDOH's Office of Health Insurance Programs (OHIP), and Office of Quality and Patient Safety (OQPS) collaboratively employ an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans, and to maintain the continuity of care to the public.

## Structure of This Report

This report is organized into the following domains: MCO Corporate Profile, Enrollment and Provider Network, Utilization, Performance Indicators, Health Information Technology, and Structure and Operation Standards . Although the technical reports focus primarily on Medicaid data, selected sections of these reports also include data from the MCOs' Child Health Plus (CHP) and Commercial product lines. The CHP product line is the NYS version of the federal Child Health Insurance Program (CHIP), which provides health coverage to eligible children in families with incomes too high to qualify for Medicaid, but who cannot afford private coverage. CHP data are part of the Medicaid managed care data sets used in this report. For some measures, including QARR 2019 (MY 2018), aggregate rates are used, which represent the population of various product lines. These measures are noted as such. Additionally, when available and appropriate, the MCOs' data are compared with statewide benchmarks. Unless otherwise noted, when benchmarks are utilized for rates other than HEDIS®/QARR or CAHPS®, comparative statements are based on differences determined by standard deviations: a difference of one standard deviation is used to determine rates that are higher or lower than the statewide average.

Section VIII of this report provides an assessment of the MCO's strengths and opportunities for improvement in the areas of accessibility, timeliness, and quality of services. For areas in which the MCO has opportunities for improvement, recommendations for improving the quality of the MCO's health care services are provided. To achieve full compliance with federal regulations, this section also includes an assessment of the degree to which the MCO effectively addressed the recommendations for quality improvement made by the NYS EQRO in the previous year's report. The MCO was given the opportunity to describe current or proposed interventions that address areas of concern, as well as an opportunity to explain areas the MCO did not feel were within its ability to improve. The response by the MCO is appended to this section of the report.

In an effort to provide the most consistent presentation of this varied information, the technical reports are prepared based on data for the most current calendar year available. Where trending is desirable, data for prior years may also be included. This report includes data for Reporting Year 2018.

# II. MCO Corporate Profile

Fidelis Care New York (Fidelis) is a statewide, not-for-profit prepaid health services plan (PHSP) that serves Medicaid (MCD), Child Health Plus (CHP), Health and Recovery Plan (HARP), and Managed Long-Term Care (MLTC) populations. The following report presents plan-specific information for the Medicaid line of business and selected information for the CHP product line.

Fidelis Web Page: https://www.fideliscare.org/

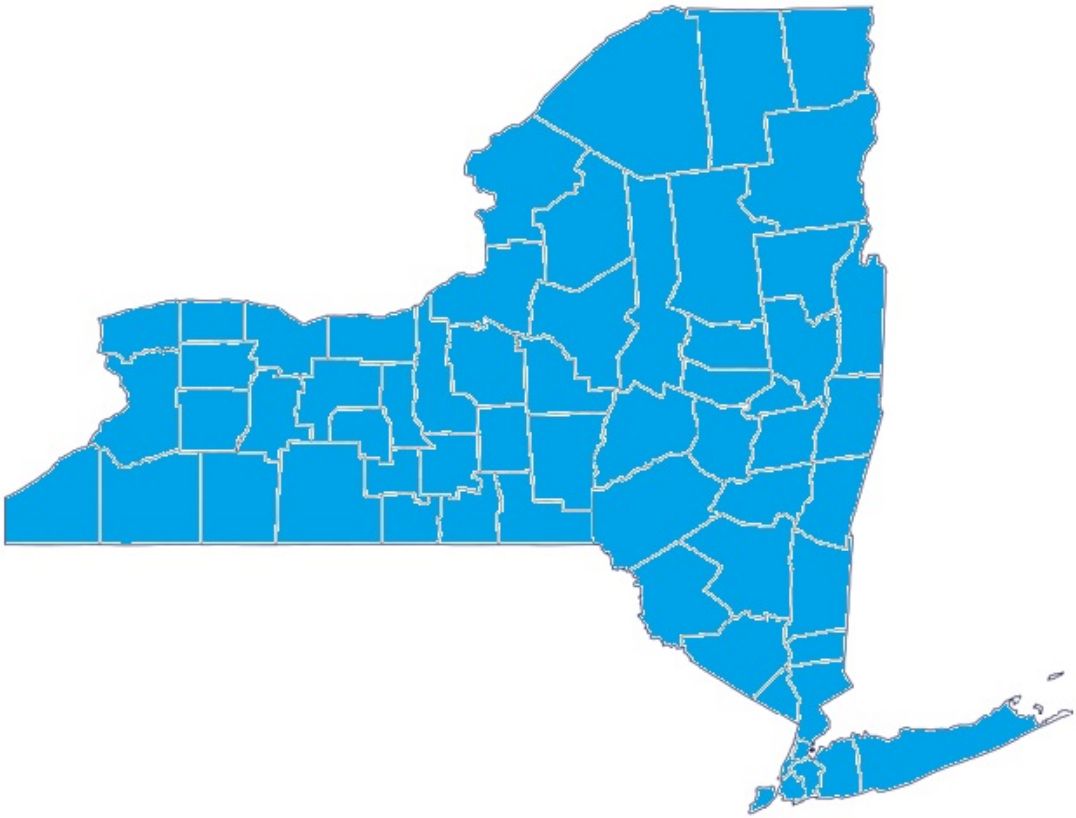
| *Participating Regions and Products | | | |
|---|---|---|---|
| **Central:** | MCD | CHP | HARP |
| **Hudson Valley:** | MCD | CHP | HARP |
| **Long Island:** | MCD | CHP | HARP |
| **Northeast:** | MCD | CHP | HARP |
| **New York City:** | MCD | CHP | HARP |
| **Western:** | MCD | CHP | HARP |

* Please contact the plan directly to confirm the plan participation counties.

**Region Definitions**

| Region | Counties |
|---|---|
| **Central** | Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tomkins |
| **Hudson Valley** | Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester |
| **Long Island** | Nassau, Suffolk |
| **Northeast** | Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington |
| **New York City** | Bronx, Kings, New York, Queens, Richmond |
| **Western** | Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates |

**Figure 1: Fidelis Map of Participating Counties**



# III. Enrollment and Provider Network

## Enrollment

**Table 1** displays enrollment for the MCO's Medicaid product line for 2016, 2017, and 2018, as well as the percent change from the previous year. Enrollment has increased from 2017 to 2018 by a rate of 1.2%. Fidelis' membership represents 28.4% of total statewide Medicaid enrollment. **Table 2** presents enrollment from other product lines carried by the MCO. **Figure 2** trends enrollment for all product lines.

**Table 1: Medicaid Enrollment—2016-2018**

| | 2016 | 2017 | 2018 |
|---|---|---|---|
| **Number of Members** | 1,168,283 | 1,220,700 | 1,235,776 |
| **% Change from Previous Year** | 2.7% | 4.5% | 1.2% |
| **Statewide Total[1]** | 4,349,457 | 4,378,153 | 4,352,116 |
| **% of Total Medicaid Enrollment** | 26.9% | 27.9% | 28.4% |

Data Source: NYS OHIP Medicaid DataMart

[1] The statewide totals include MCOs that were operational during the measurement year, but did not have enough members to report sufficient data.

**Table 2: Enrollment in Other Product Lines—2016-2018**

| | 2016 | 2017 | 2018 |
|---|---|---|---|
| **CHP** | 95,403 | 112,613 | 121,231 |

Data Source: NYSDOH OHIP Child Health Plus Program

**Figure 2: Fidelis Enrollment Trends—All Product Lines**

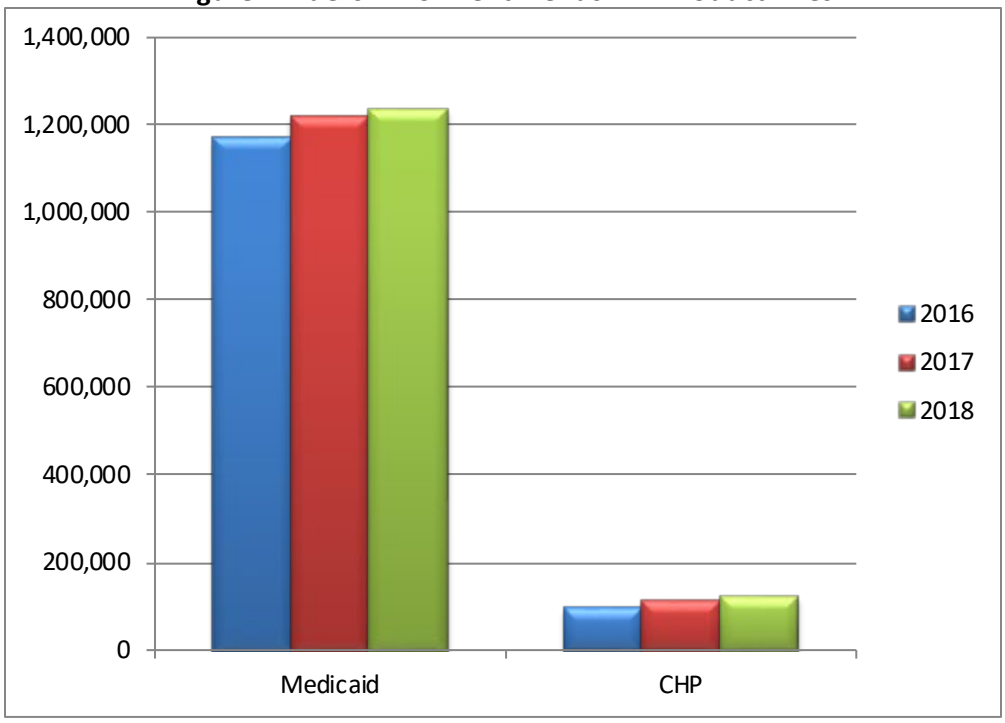


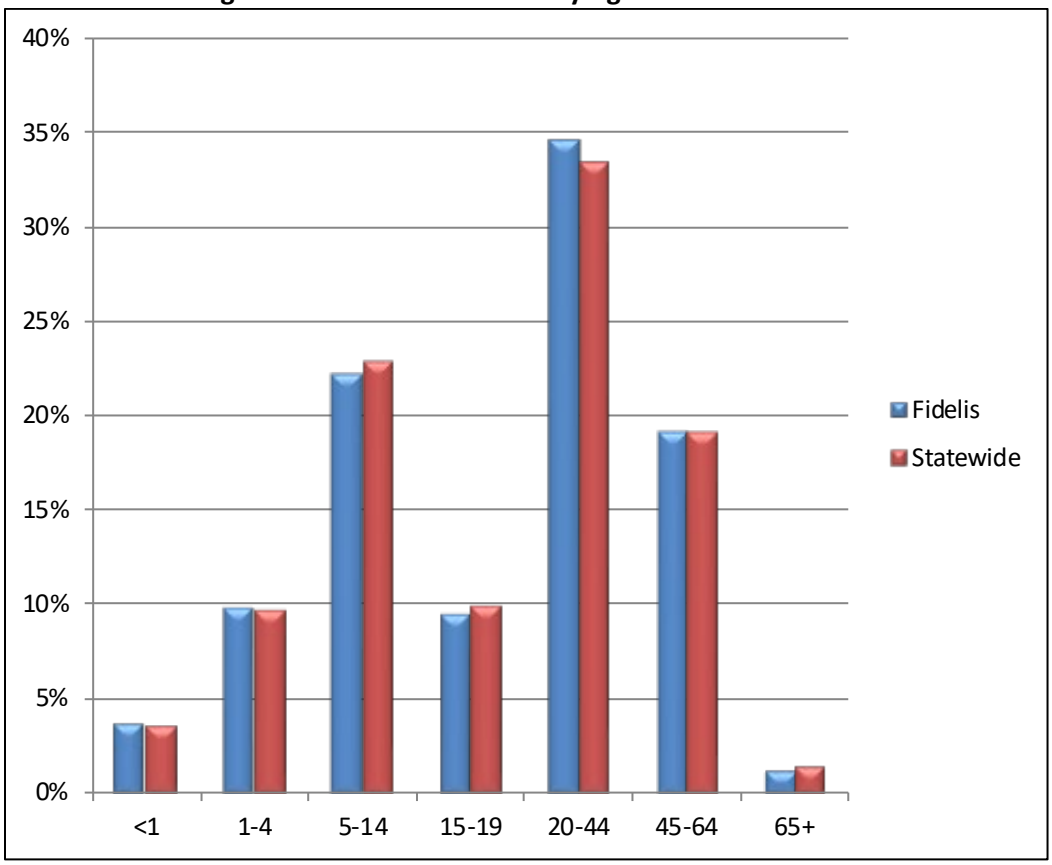
**Table 3** and **Figure 3** display a breakdown of the MCO's enrollment by age and gender as of December 31, 2018, for the Medicaid product line. The table also indicates whether the MCO's rate is above (indicated by ▲) or below (indicated by ▼) the statewide average. The MCO's largest membership age group is 20-44 years.

**Table 3: Medicaid Membership Age and Gender Distribution—December 2018**

| Age in Years | Male | Female | Total | MCO Distribution | Statewide |
|---|---|---|---|---|---|
| **Under 1** | 23,599 | 22,556 | 46,155 | 3.8% | 3.6% |
| **1-4** | 61,215 | 58,833 | 120,048 | 9.8% | 9.7% |
| **5-14** | 139,328 | 132,786 | 272,114 | 22.2% | 22.8% |
| **15-19** | 58,886 | 57,622 | 116,508 | 9.5% | 9.9% |
| **20-44** | 183,486 | 239,680 | 423,166 | 34.5% | 33.3% |
| **45-64** | 109,804 | 125,193 | 234,997 | 19.1% | 19.1% |
| **65 and Over** | 5,883 | 8,892 | 14,775 | 1.2% | 1.4% |
| **Total** | 582,201 | 645,562 | 1,227,763 | | |
| | | | | | |
| **Under 20** | 283,028 | 271,797 | 554,825 | 45.2% | 46.1% |
| **Females 15-64** | | 422,495 | | 34.4% | 34.7% |

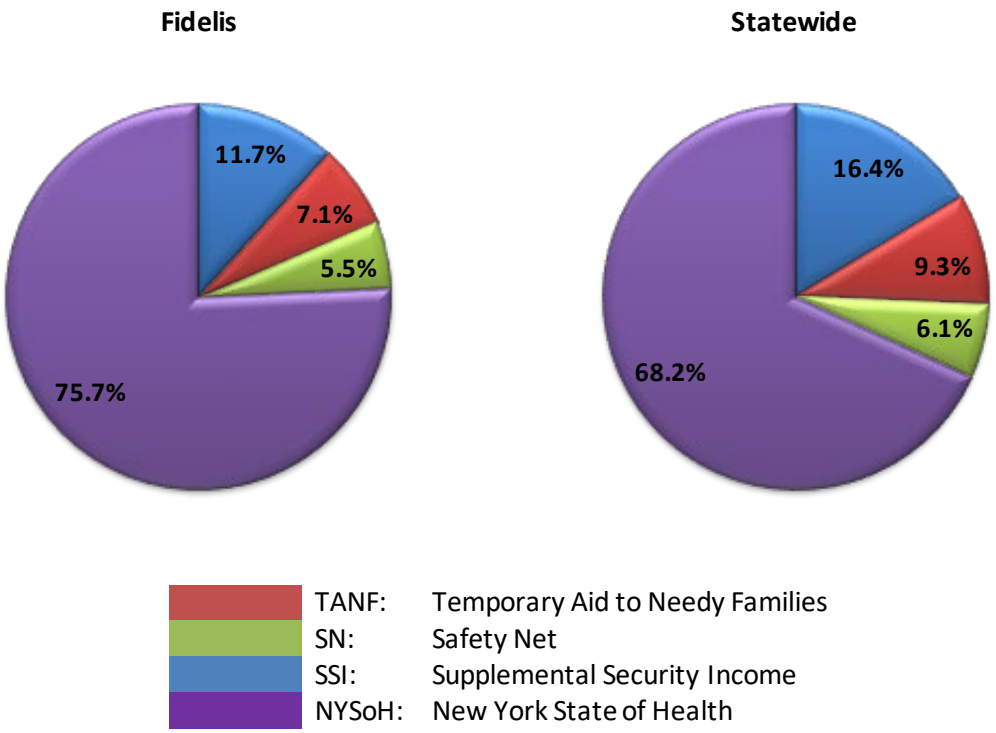
*Note: Enrollment totals do not include membership that was indicated as unknown gender by the MCO.*
Data Source: NYS OHIP Medicaid DataMart

**Figure 3: Medicaid Enrollees by Age—December 2018**



A breakdown of MCO membership by aid category, as reported by the NYSDOH for December 31, 2018, is shown in **Figure 4**.

**Figure 4: Medicaid Enrollees by Aid Category—December 2018**



## Provider Network

This section of the report examines the MCO's provider network through HEDIS®/QARR Board Certification rates and MCO performance on the Primary Care and OB/GYN Access and Availability Survey. This section also includes an overview of network adequacy standards.

**Table 4** displays HEDIS®/QARR Board Certification rates of providers in the MCO's networks for 2016 through 2018, as well as the statewide averages. The table also indicates whether the MCO's rates were significantly above (indicated by ▲) or significantly below (indicated by ▼) the statewide average. For detailed information regarding board certification of providers, please see the *External Quality Review All Plan Summary Technical Report for: New York State Medicaid Managed Care Organizations*[1].

**Table 4 HEDIS®/QARR Board Certification Rates—2016-2018**

| Provider Type | 2016 | | 2017 | | 2018 | |
|---|---|---|---|---|---|---|
| | Fidelis | Statewide Average | Fidelis | Statewide Average | Fidelis[1] | Statewide Average |
| | | | Medicaid/CHP | | | |
| Family Medicine | 81% ▲ | 71% | 81% ▲ | 72% | 84% | 74% |
| Internal Medicine | 81% ▲ | 75% | 81% ▲ | 76% | 80% | 76% |
| Pediatricians | 84% ▲ | 78% | 86% ▲ | 79% | 85% | 80% |
| OB/GYN | 80% ▲ | 75% | 81% ▲ | 77% | 83% | 80% |
| Geriatricians | 63% | 63% | 60% | 63% | 61% | 63% |
| Other Physician Specialists | 77% ▲ | 75% | 79% ▲ | 76% | 77% | 77% |

[1]Level of significance was unaudited.

**Table 5** shows the percentages of various provider types in the MCO's Medicaid product line for the fourth quarter of 2018 in comparison to the statewide rates. For this table, rates above the statewide average are indicated by ▲, and rates below the statewide average are indicate by ▼. 21% of the MCO's Medicaid provider types are Primary Care Providers.

**Table 5: Medicaid Providers by Specialty—2018 (4th Quarter)**

| Specialty | Number | % of Total MCO Panel | % Statewide |
|---|---|---|---|
| Primary Care Providers | 14,642 | 20.9% | 19.5 |
| Pediatrics | 3,381 | 4.8% | 3.8 |
| Family Practice | 3,114 | 4.4% | 3.5 |
| Internal Medicine | 5,926 | 8.5% | 8.4 |
| Other PCPs | 2,221 | 3.2% | 3.8 |
| OB/GYN Specialty[1] | 2,968 | 4.2% | 3.8 |
| Behavioral Health | 9,805 | 14.0% | 17.2 |
| Other Specialties | 33,461 | 47.7% | 46.0 |
| Non-PCP Nurse Practitioners | 4,876 | 7.0% | 8.7 |
| Dentistry | 4,325 | 6.2% | 4.9 |
| Total | 70,077 | | |

Data Source: NYS Provider Network Data System (PNDS)

[1] Includes OB/GYN specialists, certified nurse midwives, and OB/GYN nurse practitioners.

[1] *External Quality Review All Plan Summary Technical Report for: New York State Medicaid Managed Care Organizations* https://www.health.ny.gov/statistics/health_care/managed_care/plans/reports/

**Table 6** displays the ratio of enrollees to providers, as well as the number of Full Time Equivalents (FTEs), and the ratio of enrollees to FTEs for the fourth quarter of 2018. Statewide data are also included. For this table, rates above the 90th percentile are indicated by ▲, while rates below the 10th percentile are indicated by ▼. Note that a higher percentile indicates fewer providers per enrollee. The MCO had rates above the statewide average for OB/GYNs type and for FTEs.

**Table 6: Ratio of Enrollees to Medicaid Providers—2018 (4th Quarter)**

| Specialty Type | Fidelis | | | Statewide | | |
|---|---|---|---|---|---|---|
| | Ratio of Enrollees to Providers | Total Number of FTEs | Ratio of Enrollees to FTEs | Median Ratio of Enrollees to Providers[1] | Total Number of FTEs | Median Ratio of Enrollees to FTEs |
| **Medicaid** | | | | | | |
| **Primary Care Providers** | 84:1 | 11,138 | 110:1 ▲ | 42:1 | 80,986 | 42:1 |
| **Pediatrics (Under age 20)** | 164:1 | | | 70:1 | | |
| **OB/GYN (Females age 15-64)** | 142:1 ▲ | | | 59:1 | | |
| **Behavioral Health** | 125:1 | | | 73:1 | | |

Data Source: Derived ratios calculated from NYS OHIP Medicaid DataMart and NYS Provider Network Data System (PNDS).

[1] The statewide median was used for this table, as opposed to an average, to control for substantial variability due to outliers.

The number of Medicaid PCPs with an "Open Panel" is presented in **Table 7** for the fourth quarters of 2016 through 2018. Panels are considered "open" if a provider has fewer than 1,500 Medicaid members. For this table, rates above the statewide average are indicated by ▲, while rates below the statewide average are indicated by ▼. The MCO's rate of Medicaid PCPs with an Open Panel decreased from 2017 to 2018.

**Table 7: Medicaid PCPs with an Open Panel—2016-2018 (4th Quarter)**

| | 2016 | | | 2017 | | | 2018 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Fidelis | | Statewide | Fidelis | | Statewide | Fidelis | | Statewide |
| | Number | % of Providers | % of Providers | Number | % of Providers | % of Providers | Number | % of Providers | % of Providers |
| **Medicaid** | | | | | | | | | |
| **Providers with Open Panel** | 6,452 | 55.3 ▼ | 85.0 | 8,035 | 70.3 | 95.7 | 8,461 | 58.6 | 90.8 |

Data Source: NYS Provider Network Data System (PNDS)

## Primary Care and OB/GYN Access and Availability Survey–2018

On behalf of the NYSDOH's Division of Health Plan Contracting and Oversight, the NYS EQRO conducts the Medicaid Managed Care Primary Care and OB/GYN Access and Availability Survey to assess the compliance of network providers in NYS MCOs with appointment timeframe requirements as per the NYS Medicaid Managed Care Contract. The survey evaluates the availability of routine and non-urgent "sick" office hour appointments with primary care physicians, including OB/GYNs, as well as the availability of after-hours access.

Section 15.2 of the Medicaid Managed Care Contract outlines the timeliness standards for various types of services. For routine office hour appointments with PCPs and OB/GYNs, Section 15.2(a)(vi) states *"Routine, non-urgent, preventive appointments… within four (4) weeks of request."* For non-urgent "sick" office hour appointments with PCPs and OB/GYNs, Section 15.2(a)(v) states that appointments must be scheduled *"…within forty-eight (48) to seventy-two (72) hours of request, as clinically indicated."* Note that the timeliness standard for these types of appointments excludes weekends and holidays. The timeliness standard for prenatal appointments with OB/GYN providers is stated in Section 15.2(a)(ix) as follows: *"…within three (3) weeks during the first trimester, within two (2) weeks during the second trimester, and within one (1) week during the third trimester."*

As noted previously, the Survey also assesses MCO compliance with standards for after-hours access. Section 15.3 of the Contract outlines requirements for providers for 24-hour access to care for members. Section 15.3(a) states *"The Contractor must provide access to medical services and coverage to Enrollees, either directly or through their PCPs and OB/GYNs, on a twenty-four (24) hour, seven (7) days a week basis. The Contractor must instruct Enrollees on what to do to obtain services after business hours and on weekends."* The Contract also states, in Section 15.3(b), that MCOs can satisfy this requirement *"…by requiring their PCPs and OB/GYNs to have primary responsibility for serving as after-hours "on-call" telephone resources to members with medical problems."* For the purposes of the Survey, after-hours access is considered compliant if a "live voice" representing the named provider is reached or if the provider's beeper number is reached.

For call type categories in which compliance is below the 75% threshold, MCOs will receive a Statement of Deficiency (SOD) issued by the NYSDOH and will be required to develop a Plan of Correction (POC). POCs must be approved by the NYSDOH before implementation. Following an allowable time period for MCOs to execute their POCs, a resurvey of the failed providers is conducted.

**Table 8**: displays the Fidelis provider participation rate. The total number of providers surveyed (or sample size) is based on MCO Medicaid enrollment size and provider network size. The total number of compliant providers is the number of providers that will be included in the Appointment Availability and After-Hours Access-Survey.

**Table 8: MCO Provider Participation Rate**

| Total Providers Surveyed | Compliant Providers | Participation Rate |
|---|---|---|
| 200 | 146 | **73.0%** |

**Table 9** displays the appointment availability and after-hours access rates for the providers surveyed. The sample size was 137 providers (total number of providers who were compliant for participation (146), less total number of providers with closed panels (9)). The MCO performed above the threshold for all call types.

**Table 9: Appointment Availability and After-Hours Access Rates — 2018**

| Call Type | Provider Type | Total Providers Surveyed | Total Appointments | Appointment Rate[1] |
|---|---|---|---|---|
| **Routine** | Internist/Family Practitioner | 17 | 14 | 82.4% |
| | Pediatrician | 16 | 12 | 75.0% |
| | OB/GYN | 17 | 17 | 100.0% |
| | **Total Routine** | **50**[2] | **43** | **86.0%** |
| **Non-Urgent "Sick"** | Internist/Family Practitioner | 7 | 7 | 100.0% |
| | Pediatrician | 15 | 9 | 60.0% |
| | OB/GYN | 16 | 15 | 93.8% |
| | **Total Non-Urgent** | **38** | **31** | **81.6%** |
| **After-Hours Access** | Internist/Family Practitioner | 12 | 7 | 58.3% |
| | Pediatrician | 19 | 18 | 94.7% |
| | OB/GYN | 17 | 16 | 94.1% |
| | **Total After-Hours** | **48** | **41** | **85.4%** |

[1] Timeliness was not considered when determining appointment availability rates.

# IV. Utilization

This section of the report explores utilization of the MCO's services by examining encounter data, as well as QARR Use of Services rates.

## Encounter Data

**Table 10** depicts selected Medicaid encounter data for 2016 through 2018. Rates for this period are also compared to the statewide averages. For this table, rates significantly above the statewide average are indicated by ▲, while rates significantly below the statewide average are indicated by ▼. The MCO had a rate above the statewide average for Specialty providers.

**Table 10: Medicaid Encounter Data—2016-2018**

| | Encounters (PMPY) | | | | | |
|---|---|---|---|---|---|---|
| | 2016 | | 2017 | | 2018 | |
| | Fidelis | Statewide Average | Fidelis | Statewide Average | Fidelis | Statewide Average |
| **PCPs and OB/GYNs** | 3.85 | 3.85 | 3.63 | 3.56 | 3.27 | 3.50 |
| **Specialty** | 2.60 | 2.45 | 2.57 | 2.30 | 2.71 ▲ | 2.33 |
| **Emergency Room** | 0.50 | 0.54 | 0.53 | 0.55 | 0.50 | 0.53 |
| **Inpatient Admissions** | 0.14 | 0.14 | 0.14 | 0.14 | 0.14 | 0.13 |
| **Dental** | 1.16 | 1.03 | 1.15 | 1.02 | 1.13 | 1.02 |

Data Source: NYSDOH DataMart
PMPY: Per Member Per Year

## Health Screenings

In accordance with 13.6(a) (ii) of the Medicaid Managed Care and Family Health Plus Model Contract, MCOs must make reasonable efforts to contact new enrollees within 30 days of enrollment either in person, by telephone, or by mail, and conduct a brief health screening to assess special health care needs (e.g., prenatal care or behavioral health services), as well as language and communication needs. MCOs are required to submit a quarterly report to the NYSDOH showing the percentage of new enrollees for which the MCO was able to complete health screenings. **Table 11** summarizes the percentage of Medicaid enrollees receiving health screenings within 30 days of enrollment from 2016 through 2018, in addition to displaying the statewide averages for these years. For this table, rates above the statewide average are indicated by ▲, and rates below the statewide average are indicated by ▼. In 2018, the MCO had a rate below the statewide average.

**Table 11: Health Screenings—2016-2018**

| | 2016 | | 2017 | | 2018 | |
|---|---|---|---|---|---|---|
| | Fidelis | SWA | Fidelis | SWA | Fidelis | SWA |
| | Medicaid | | | | | |
| **Enrollee Health Screenings** | 39.0% ▲ | 12.5% | 0.1% | 12.7% | 0.5% ▼ | 13.2% |

## QARR Use of Services Measures

For this domain of measures, performance is assessed by indicating whether the MCO's rates reached the 90th or 10th percentile. **Table 12** lists the Use of Services rates for 2016 through 2018, as well as the statewide averages for 2018. The table displays whether the MCO's rate was higher than 90% of all rates for that measure (indicated by ▲) or whether the MCO's rate was lower than 90% of all rates for that measure (indicated by ▼). In 2018, the MCO has a rate above the statewide average for 1 out of 10 measures.

**Table 12: QARR Use of Services Rates—2016-2018**

| | Medicaid/CHP | | | |
|---|---|---|---|---|
| **Measure** | **2016** | **2017** | **2018** | **2018 Statewide Average** |
| **Outpatient Utilization (PTMY)** | | | | |
| **Visits** | 5,979 ▲ | 5,852 ▲ | 5,785 ▲ | 5,317 |
| **ER Visits** | 559 | 505 | 478 | 492 |
| **Inpatient ALOS** | | | | |
| **Medicine** | 3.8 | 3.8 | 3.5 ▼ | 4.5 |
| **Surgery** | 5.4 | 5.5 | 6.1 | 7.0 |
| **Maternity** | 2.7 | 2.7 ▼ | 2.7 | 2.9 |
| **Total** | 3.8 | 3.8 ▼ | 3.8 ▼ | 4.4 |
| **Inpatient Utilization (PTMY)** | | | | |
| **Medicine Cases** | 35 | 33 | 32 | 30 |
| **Surgery Cases** | 16 | 16 | 15 | 12 |
| **Maternity Cases** | 33 | 33 | 32 | 32 |
| **Total Cases** | 75 | 73 | 70 | 66 |

PTMY: Per Thousand Member Years
ER: Emergency Room
ALOS: Average Length of Stay. These rates are measured in days.

# V. Performance Indicators

To measure the quality, accessibility, and timeliness of care provided by the MCOs, the State prepares and reviews a number of reports on a variety of performance indicators. This section is a summary of findings from those reports, including HEDIS®/QARR 2018 audit findings, as well as results of quality improvement studies, enrollee surveys, and MCO Performance Improvement Projects (PIPs).

The NYS EQRO provided technical assistance to MCOs throughout the performance measure reporting process in the following forms: 1) introductory and technical workshops prior to the audit, 2) readiness reviews for new MCOs, 3) serving as a liaison between the MCOs and NCQA to clarify questions regarding measure specifications, and 4) clarifications to MCO questions regarding the submission of member- and provider-level data, as well as general questions regarding the audit process.

The HEDIS® Final Audit Report prepared for Fidelis indicated that the MCO had no significant issues in any areas related to reporting. Fidelis demonstrated compliance with all areas of Information Systems. Fidelis demonstrated compliance with all areas of Measure Determination. The MCO was able to report rates for all measures for all applicable product lines. The MCO passed Medical Record Review for the five measures validated, as well.

Fidelis used NCQA-certified software to produce its HEDIS® rates. Supplemental databases that were used to capture additional data were validated and determined to be HEDIS®-compliant by the auditors. No issues were identified with the transfer or mapping of the data elements required for reporting.

## HEDIS®/QARR Performance Measures

For Reporting Year (RY) 2018, performance measures were organized into the following domains:

- Effectiveness of Care
  - Prevention and Screening
  - Acute and Chronic Care
  - Behavioral Health
- Utilization
- Access to Care

These domains were further categorized into Quality Indicators (Prevention and Screening, Acute and Chronic Care, and Behavioral Health) and Access/Timeliness Indicators (Utilization and Access to Care). Each of these domains include a variety of HEDIS®/QARR 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 MCO's HEDIS® data submissions, while others are based on encounter data, prenatal data, and QARR submissions reported by the MCOs to the NYSDOH.[2]

## Quality Indicators

This section of the report explores the quality of health care services provided by the MCOs. Performance in the Effectiveness of Care domain is examined.

[2] Additional information on the Performance Indicators/Measures is reported in the *2018 External Quality Review All Plan Summary Technical Report for: New York State Medicaid Managed Care Organizations*.

**Table 13a** displays the HEDIS®/QARR performance rates for Measurement Years 2016, 2017, and 2018 for the Prevention and Screening measures, as well as the statewide averages (SWAs) for 2018. The table indicates whether the MCO's rate was statistically better than the SWA (indicated by ▲) or whether the MCO's rate was statistically worse than the SWA (indicated by ▼). In 2018, the MCO had rates below the SWA for 2 out of 14 measures.

**Table 13a: HEDIS®/QARR MCO Performance Rates 2016-2018-Effectiveness of Care: Prevention and Screening[1]**

| | Medicaid/CHP | | | |
|---|---|---|---|---|
| **Measure** | **2016** | **2017** | **2018** | **2018 SWA** |
| Adult BMI Assessment | 92 ▲ | 88 | 87 | **89** |
| WCC—BMI Percentile | 81 | 87 | 88 | **86** |
| WCC—Counseling for Nutrition | 84 ▲ | 84 | 83 | **83** |
| WCC—Counseling for Physical Activity | 75 ▲ | 74 | 72 | **74** |
| Childhood Immunizations—Combo 3 | 71 | 74 | 69 | **73** |
| Lead Screening in Children | 82 ▼ | 88 | 88 | **89** |
| Adolescent Immunizations—Combo 2[2] | | 37 | 41 | **43** |
| Adolescents—Alcohol and Other Drug Use[3] | 73 | 67 | 69 | **70** |
| Adolescents—Depression[3] | 61 | 59 | 62 | **67** |
| Adolescents—Sexual Activity[3] | 72 | 64 | 69 | **67** |
| Adolescents—Tobacco Use[3] | 81 ▲ | 73 | 74 | **74** |
| Breast Cancer Screening | 71 | 71 | 70 ▼ | **71** |
| Colorectal Cancer Screening | 57 | 61 | 61 | **63** |
| Chlamydia Screening (Ages 16-24) | 72 ▼ | 72 ▼ | 74 ▼ | **76** |

*Note: Rows shaded in grey indicate that the measure is not required to be reported*

BMI: Body Mass Index; WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents; COPD: Chronic Obstructive Pulmonary Disease

[1] All measures included in this table are HEDIS® measures, unless noted otherwise.

[2] Prior to Reporting Year 2017, rates for *Immunizations for Adolescents—Combination 1* and *HPV* were reported separately; however, for Reporting Year 2017, *Combination 2* is reported, as it includes the HPV component.

[3] NYS-specific measure.

**Table 13b** displays HEDIS®/QARR performance rates for Measurement Years 2016, 2017, and 2018 for Acute and Chronic Care, as well as the statewide averages (SWAs) for 2018. The table indicates whether the MCO's rate was statistically better than the SWA (indicated by ▲) or whether the MCO's rate was statistically worse than the SWA (indicated by ▼). In 2018, the MCO had rates above the SWA for 8 out of 20 measures.

**Table 13b: HEDIS®/QARR MCO Performance Rates 2016-2018—Effectiveness of Care: Acute and Chronic Care[1]**

| | Medicaid/CHP | | | |
|---|---|---|---|---|
| **Measure** | **2016** | **2017** | **2018** | **2018 SWA** |
| Testing for Children with Pharyngitis | 93 ▲ | 93 ▲ | 93 ▲ | **91** |
| Spirometry Testing for COPD | 53 | 59 ▲ | 61 ▲ | **56** |
| Use of Imaging Studies for Low Back Pain | 67 ▼ | 72 ▼ | 73 ▼ | **77** |
| Pharmacotherapy Management for COPD—Bronchodilators | 84 | 89 | 89 | **89** |
| Pharmacotherapy Management for COPD—Corticosteroids | 72 ▲ | 79 ▲ | 79 ▲ | **76** |
| Medication Management for People with Asthma 50% (Ages 19-64) | 70 ▲ | 72 ▲ | 72 ▲ | **71** |
| Medication Management for People with Asthma 50% (Ages 5-18) | 59 ▲ | 61 ▲ | 62 ▲ | **59** |
| Asthma Medication Ratio (Ages 19-64) | 61 ▲ | 63 ▲ | 63 ▲ | **60** |
| Asthma Medication Ratio (Ages 5-18) | 70 ▲ | 73 ▲ | 72 ▲ | **68** |
| Persistence of Beta-Blocker Treatment After a Heart Attack | 92 ▲ | 92 ▲ | 81 | **80** |
| CDC—HbA1c Testing | 93 | 91 | 92 | **92** |
| CDC—HbA1c Control (<8%) | 61 ▲ | 64 ▲ | 63 | **60** |
| CDC—Eye Exam Performed | 67 | 72 ▲ | 62 ▼ | **67** |
| CDC—Nephropathy Monitor | 94 | 94 | 93 | **92** |
| CDC—BP Controlled (<140/90 mm Hg) | 68 | 59 | 70 | **66** |
| Drug Therapy for Rheumatoid Arthritis | 82 | 84 | 82 | **83** |
| Monitor Patients on Persistent Medications—Total Rate | 93 ▲ | 93 ▲ | 93 ▲ | **92** |
| Appropriate Treatment for URI | 96 ▲ | 96 ▲ | 95 | **95** |
| Avoidance of Antibiotics for Adults with Acute Bronchitis | 35 ▲ | 36 ▲ | 36 | **36** |
| HIV Viral Load Suppression[2] | 76 | 76 | 77 | **77** |
| Flu Shots for Adults (Ages 18-64)[3] | 35 ▼ | 37 ▼ | | |
| Advising Smokers to Quit[3] | 69 ▼ | 84 | | |
| Smoking Cessation Medications[3] | 46 ▼ | 56 | | |
| Smoking Cessation Strategies[3] | 43 | 51 | | |

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection

[1] All measures included in this table are HEDIS® measures, unless noted otherwise.

[2] NYS-specific measure.

[3] The *HIV Viral Load Suppression* measure was introduced in Reporting Year 2016.

[4] CAHPS® measure.

### *Behavioral Health*

This section examines the health care services the MCO provided to members with behavioral health conditions through performance on several HEDIS®/QARR Behavioral Health measures. The table below describes the measures included in this domain.

**Table 13c** displays HEDIS®/QARR performance rates for Measurement Years 2016, 2017, and 2018 for the Behavioral Health domain, as well as the statewide averages (SWAs) for 2018. The table indicates whether the MCO's rate was statistically better than the SWA (indicated by ▲) or whether the MCO's rate was statistically worse than the SWA (indicated by ▼). The MCO had rates above the SWA for 1 out of 9 measures in 2018.

**Table 13c: HEDIS®/QARR MCO Performance Rates 2016-2018—Behavioral Health[1]**

| | Medicaid/CHP | | | |
|---|---|---|---|---|
| **Measure** | **2016** | **2017** | **2018** | **2018 SWA** |
| Antidepressant Medication Management—Effective Acute Phase | 53 ▲ | 54 ▲ | 54 ▲ | **53** |
| Antidepressant Medication Management—Effective Continuation Phase | 37 | 38 | 38 | **37** |
| Follow-Up Care for Children on ADHD Medication—Initiation | 59 | 59 | 60 | **59** |
| Follow-Up Care for Children on ADHD Medication—Continue | 67 | 67 | 67 | **66** |
| Follow-Up After Hospitalization for Mental Illness—30 Days | 80 ▲ | 79 ▲ | 74 | **74** |
| Follow-Up After Hospitalization for Mental Illness—7 Days | 66 ▲ | 63 | 63 | **63** |
| Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds | 83 | 82 | 82 | **82** |
| Diabetes Monitoring for People with Diabetes and Schizophrenia | 82 | 81 | 81 | **80** |
| Antipsychotic Medications for Schizophrenia | 63 | 64 | 63 | **63** |

ADHD: Attention-Deficit/Hyperactivity Disorder

[1] All measures included in this table are HEDIS® measures.

## Access to/Timeliness Indicators

This section of the report examines the accessibility and timeliness of health care services provided by the MCO to Medicaid recipients. CMS defines "access" in Federal Regulation 42 CFR §438.320 as *"the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services)."* Performance indicators related to Utilization and Access to Care are included in this section.[3]

**Table 14a** displays HEDIS®/QARR performance rates for Measurement Years 2016, 2017, and 2018 for the Utilization domain, as well as the statewide averages (SWAs) for 2018. The table indicates whether the MCO's rate was statistically better than the SWA (indicated by ▲) or whether the MCO's rate was statistically worse than the SWA (indicated by ▼). In 2018, the MCO had a rate above the SWA for 1 out of 3 measures.

**Table 14a: HEDIS®/QARR MCO Performance Rates 2016-2018—Utilization[1]**

| Measure | 2016 | 2017 | 2018 | 2018 Statewide Average |
|---|---|---|---|---|
| | | Medicaid/CHP | | |
| **Well-Child Visits—First 15 Months** | 63 ▼ | 66 ▼ | 88 ▲ | **81** |
| **Well-Child Visits—3 to 6 Year Olds** | 83 ▼ | 84 ▼ | 85 | **86** |
| **Adolescent Well-Care Visits** | 67 ▼ | 66 ▼ | 69 | **68** |

[1] All measures included in this table are HEDIS® measures.

[3] Additional information on Access/Timeliness indicators are reported in the *2018 External Quality Review All Plan Summary Technical Report for: New York State Medicaid Managed Care Organizations*.

### *Access to Care*

The HEDIS®/QARR Access to Care measures examine the percentage of children and adults who access certain services, including preventive services, prenatal and postpartum care, and dental services.

**Table 14b** displays HEDIS®/QARR performance rates for Measurement Years 2016, 2017, and 2018 for the Access to Care domain, as well as the statewide averages (SWAs) for 2018. The table indicates whether the MCO's rate was higher than 90% of all MCOs for that measure (indicated by ▲) or whether the MCO's rate was lower than 90% of all MCOs for that measure (indicated by ▼). In 2018, the MCO had rates above the SWA for 20% of the measures.

**Table 14b: HEDIS®/QARR MCO Performance Rates 2016-2018—Access to Care[1]**

| Measure | Medicaid/CHP | | | |
|---|---|---|---|---|
| | 2016 | 2017 | 2018 | 2018 SWA |
| **Children and Adolescents' Access to PCPs (CAP)** | | | | |
| **12-24 Months** | 98 ▲ | 98 ▲ | 98 ▲ | **97** |
| **25 Months-6 Years** | 95 ▲ | 95 ▲ | 94 | **94** |
| **7-11 Years** | 97 | 97 | 97 | **97** |
| **12-19 Years** | 95 | 96 ▲ | 95 | **95** |
| **Adults' Access to Preventive/Ambulatory Services (AAP)** | | | | |
| **20-44 Years** | 84 ▲ | 82 | 81 | **81** |
| **45-64 Years** | 90 | 90 | 89 | **89** |
| **65+ Years** | 91 ▲ | 92 ▲ | 92 ▲ | **91** |
| **Access to Other Services** | | | | |
| **Timeliness of Prenatal Care** | 90 | 90 | 89 | **88** |
| **Postpartum Care** | 72 | 73 | 69 | **70** |
| **Annual Dental Visit[2]** | 62 ▲ | 62 ▲ | 61 | **61** |

[1] All measures included in this table are HEDIS® measures.

[2] For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years.

## NYSDOH-Calculated Prenatal Care Measures

Certain QARR prenatal care measures are calculated by the NYSDOH using birth data submitted by the MCOs, and from NYSDOH's Vital Statistics Birth File. Since some health events, such as low birth weight births and cesarean deliveries do not occur randomly across all MCOs, 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. **Table 15** presents prenatal care rates calculated by the NYSDOH for QARR 2015 through 2017 for the Medicaid product line. In addition, the table indicates if the MCO's rate was significantly better than the regional average (indicated by ▲) or if the MCO's rate was significantly worse than the regional average (indicated by ▼). The MCO's rates for *Prenatal Care in the First Trimester* measure have remained the same from 2015 through 2017.

**Table 15: QARR Prenatal Care Rates – 2015-2017**

| Measure | 2015 | | 2016 | | 2017 | |
|---|---|---|---|---|---|---|
| | Fidelis | Regional Average | Fidelis | Regional Average | Fidelis | Regional Average |
| **NYC** | | | | | | |
| **Risk-Adjusted Low Birth Weight[1]** | 7% | 6% | 7% | 6% | - | - |
| **Prenatal Care in the First Trimester** | 77% ▲ | 75% | 77% | 76% | 77% | 75% |
| **Risk-Adjusted Primary Cesarean Delivery[1]** | 14% | 14% | 15% | 14% | - | - |
| **Vaginal Birth After Cesarean** | 22% | 18% | 22% | 18% | - | - |
| **ROS** | | | | | | |
| **Risk-Adjusted Low Birth Weight[1]** | 7% | 7% | 7% | 7% | - | - |
| **Prenatal Care in the First Trimester** | 74% | 74% | 74% | 74% | 74% | 74% |
| **Risk-Adjusted Primary Cesarean Delivery[1]** | 13% | 14% | 12% | 13% | - | - |
| **Vaginal Birth After Cesarean** | 15% | 14% | 15% | 14% | - | - |

*Note: Some of the 2017 rates were not available at the time of the report.*

NYC: New York City; ROS: Rest of State

[1] A low rate is desirable for this measure.

## Member Satisfaction

In 2018, the Child CAHPS® survey for Medicaid enrollees was conducted on behalf of the NYSDOH by an NCQA-certified survey vendor. **Table 16** displays the question category, the MCO's rates, and the statewide averages for Measurement Years 2014, 2016, and 2018. The table also indicates whether the MCO's rate was significantly better than the statewide average (indicated by ▲) or whether the MCO's rate was statistically worse than the statewide average (indicated by ▼). The MCO had a rate above the statewide average for 1 out of 12 measures in 2018.

**Table 16: CAHPS®—2014, 2016, 2018**

| Measure | 2014 | | 2016 | | 2018 | |
|---|---|---|---|---|---|---|
| | Fidelis | Statewide Average | Fidelis | Statewide Average | Fidelis | Statewide Average |
| | | | | Medicaid | | |
| **Getting Care Needed**[1] | 83 | **83** | 90 ▲ | **85** | 86 | **84** |
| **Getting Care Quickly**[1] | 92 ▲ | **87** | 89 | **88** | 92 ▲ | **88** |
| **Customer Service**[1] | 77 | **82** | 87 | **86** | 88 | **86** |
| **Coordination of Care**[1] | 74 | **74** | 80 ▲ | **74** | 73 | **75** |
| **Collaborative Decision Making**[1] | 57 | **53** | 73 | **74** | 76 | **76** |
| **Rating of Personal Doctor**[1] | 89 | **89** | 88 | **89** | 90 | **90** |
| **Rating of Specialist** | 80 | **81** | 81 | **83** | 84 | **84** |
| **Rating of Healthcare** | 84 | **85** | 88 | **86** | 89 | **87** |
| **Satisfaction with Provider Communication**[1] | 92 | **93** | 95 ▲ | **93** | 94 | **93** |
| **Rating of Counseling/Treatment** | 65 | **64** | 58 | **68** | 68 | **69** |
| **Rating of Health Plan—High Users** | 82 | **84** | 83 | **85** | 80 | **84** |
| **Overall Rating of Health Plan** | 82 | **83** | 82 | **85** | 86 | **85** |

[1] These indicators are composite measures.

## Quality Performance Matrix—Measurement Year 2018

**Table 17** displays the Quality Performance Matrix, which predominantly summarizes Effectiveness of Care measures, though it also contains select Utilization and Access to Care measures reported annually in the New York State Managed Care Plan Performance Report. Thirty-nine measures were included for the Measurement Year (MY) 2018 Medicaid Quality Performance Matrix, which include combined measures for the Medicaid and CHP product lines. The matrix diagrams the MCO's performance in relation to its previous year's quality rates and also compares its rates to those of other Medicaid MCOs through a percentile ranking.

The Quality Performance Matrix is partitioned into cell categories (A-F). The cell category in which the measures are placed is determined by year-over-year performance on the horizontal axis and an evaluation of the MCO's performance based on a percentile ranking on the vertical axis. The percentile ranking is partitioned into three categories: 0-49$^{th}$ percentile, 50$^{th}$-89$^{th}$ percentile, and 90$^{th}$-100$^{th}$ percentile. For MY 2018, the MCO was required to follow up on no more than three measures from the D and F categories of the Matrix. If the MCO has fewer than three measures reported in the F category, the remaining measures must be selected from the D category for a total of three measures. If the MCO has no measures in the D and F categories, the MCO is not required to follow up.

**Table 17: Quality Performance Matrix—Measurement Year 2018**

| Trend* | Percentile Ranking: 0 to 49% | 50% to 89% | 90 to 100% |
|---|---|---|---|
|  | **C** | **B** | **A** |
| No Change | **D**<br>Annual Dental Visits (Ages 2-18)<br>Childhood Immunization Status (Combo 3)<br>Metabolic Monitoring for Children and Adolescents on Antipsychotics<br>Weight Assessment for Children and Adolescents - Counseling for Physical Activity<br>Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life<br>Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)<br>Postpartum Care<br>Viral Load Suppression | **C**<br>Adherence to Antipsychotic Medications for Individuals with Schizophrenia<br>Adolescent Immunization (Combo2)<br>Antidepressant Medication Management-Effective Acute Phase Treatment<br>Antidepressant Medication Management-Effective Continuation Phase Treatment<br>Breast Cancer Screening<br>Cervical Cancer Screening<br>Chlamydia Screening (Ages 16-20)<br>Chlamydia Screening (Ages 21-24)<br>Colon Cancer Screening<br>Controlling High Blood Pressure<br>Diabetes Screening for People w/ Schizophrenia or Bipolar Disorder Using Antipsychotic Meds<br>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Within 7 Days<br>Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days<br>Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase<br>Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase<br>Medication Management for People with Asthma 50% Days Covered (Ages 5-64)<br>Medication Management for People with Asthma 75% Days Covered (Ages 5-64)<br>Statin Therapy for Patients with Cardiovascular Disease - Adherent<br>Use of Spirometry Testing in the Assessment and Diagnosis of COPD<br>Weight Assessment for Children and Adolescents - BMI Percentile | **B**<br>Asthma Medication Ratio (Ages 5-64)<br>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Total<br>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD - Total<br>Managing Diabetes Outcomes - Poor HbA1C Control |

| | | | |
|---|---|---|---|
| | | Weight Assessment for Children and Adolescents - Counseling for Nutrition<br>Initiation of Pharmacotherapy upon New Episode of Opioid Dependence<br>Timeliness of Prenatal Care | |
| | **F**<br>Monitoring Diabetes - Eye Exams | **D** | **C** |

## Performance Improvement Project

As part of the external quality review responsibilities, IPRO assists the MCOs through many steps of the Performance Improvement Project (PIP) process. The contract between the NYSDOH and the MCOs instructs the MCOs to conduct at least one PIP each year. The PIP must be designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction, and must include the following elements: 1) measurement of performance using objective quality indicators, 2) implementation of interventions to achieve improvement in the access to and quality of care, and 3) evaluation of the effectiveness of interventions based on the performance measures.

The purpose of a PIP is to assess and improve the processes and outcomes of the health care provided by an MCO. Protocol 3 of CMS' Federal Regulation 42 CFR §438, subpart E specifies procedures for EQROs to use in assessing the validity and reliability of a PIP. Protocol 3 describes how to conduct the following activities: assessment of study methodology, verification of study findings, and evaluation of overall reliability and validity of study results. The results of the PIPs are available on the CMS Medicaid website and in the EQR technical report. States may incorporate specific PIPs as part of their State quality strategy, required by Section 1932(c)(1) of the Social Security Act, to align with the HHS National Quality Strategy for Quality Improvement in Health Care.

The PIP should target improvement in either clinical or non-clinical services delivered by the MCOs. Study topics must reflect MCO enrollee characteristics, including demographics, prevalence of disease, and the potential consequences of disease. The project may focus on patterns of over- or under-utilization that present a clear threat to health or functional status, as well. The topic should address a significant portion of the enrollees (or a specified sub-portion of enrollees) and have the potential to significantly impact enrollee health, functional status, or satisfaction. The topics should reflect high-volume or high-risk conditions of the population served. High-risk conditions may be categorized as infrequent conditions or services, and also exist for populations with special health care needs, such as children in foster care, adults with disabilities, and the homeless. Although these individuals may be small in number, their special needs place them at high risk. The State may select the MCO's study topic(s), or topics may be selected based on enrollee input. While MCOs have the option to select a study topic of their choosing, they are encouraged to participate collaboratively with other MCOs in conducting their PIPs. In Report Year 2018, the common-themed two-year PIP that was chosen was Perinatal Care and Pre-term Births.

The NYS EQRO provided technical assistance to the MCOs throughout the PIP process in the following forms: 1) review of the MCO's Project Proposal prior to the start of the PIP; 2) quarterly teleconferences with the MCO for progress updates and problem-solving; 3) providing feedback on methodology, data collection tools, and implementation of interventions; and 4) feedback on drafts of the MCO's final report.

In addition, the NYS EQRO validated the MCO's PIP by reviewing the project topic, aim statement, performance indicators, study population, sampling methods (if sampling was used), data collection procedures, data analysis, and interpretation of project results, as well as assessing the MCO's improvement strategies, the likelihood that the reported improvement is "real" improvement, and whether the MCO is likely to be able to sustain its documented improvement. Validation teams met quarterly to review any issues that could potentially impact the credibility of PIP results, thus ensuring consistency among the validation teams. The validation process concluded with a summary of strengths and opportunities for improvement in the conduct of the PIP, including any validation findings that indicated the credibility of PIP results was at risk.

Fidelis' 2017-2018 PIP topic was *"Improving Perinatal Care and Reducing Preterm Birth"*. During 2018, the MCO implemented the following interventions:

Member-Focused Interventions:

- Educate members on the importance of making appointments with their OB/GYN/Family Practitioners.
- Educate members on the benefits of abstaining from drug/alcohol use, authorization of 17P, managing depression, and smoking cessation during pregnancy to reduce the risk of preterm birth.
- Members were referred to high-risk maternity care management.
- Member received educational materials in the mail for perinatal care and prevention of preterm births, including a Resource Guide with referrals to smoking cessation counseling classes in their area.

Provider-Focused Interventions:

- Educational materials will be mailed to high-volume OB/GYN and Family Practitioners with the tools and processes to use for screening for depression, along with tobacco and alcohol assessments at the first two prenatal visits, and use of appropriate codes to bill for their screening services.
- Posting all materials included in the provider educational package on the Provider Website page for providers to access the required information online.
- Collaborate with Provider Relations to identify and target the top practitioners providing services to the plan's high-risk pregnant population and provide ongoing education on tools and processes to use for screening for depression, tobacco, and substance use.

MCO-Focused Interventions:

- Create reportable fields that capture and track data for early identification of preterm births from different data sources along with other indicators relevant for perinatal case management services provided.

**Table 18** presents a summary of Fidelis' 2017-2018 PIP. The MCO demonstrated an improvement for all indicators.

**Table 18: Performance Improvement Project Results—2017-2018**

| Indicator | Baseline Rate | Final Rate | Target/Goal | Results |
|---|---|---|---|---|
| Received at least one 17P injection | 22% | 35% | 31% | Demonstrated improvement |
| Depression Screening | 34% | 44% | 39% | Demonstrated improvement |
| Tobacco Screening | 77% | 83% | 82% | Demonstrated improvement |
| Tobacco Screening Follow-Up | 78% | 80% | 83% | Demonstrated improvement |
| Substance use (drug/alcohol use) Screening* | 74% | 80% | 79% | Demonstrated improvement |

* Family planning benefits for Fidelis Care members are reimbursed through Fee for Service Medicaid. Therefore, the plan was not required to participate in the component of the PIP that is focused on postpartum contraception. Instead, the plan evaluated assessment of substance use (drug/alcohol use).

## Health Disparities

For this year's technical report, the NYS EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. This information was obtained through surveying MCOs regarding the following activities:

1. Characterization, identification, or analysis of the MCO's Medicaid population according to at-risk characteristics.
2. Identification of differences in health outcomes or health status that represent measurable gaps between the MCO's Medicaid population and other types of health care consumers.
3. Identification of gaps in quality of care for the MCO's Medicaid members and/or Medicaid subgroups.
4. Identification of determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
5. Development and/or implementation of interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members with at-risk characteristics.

Fidelis reported that the following activities were performed in 2018 to identify and/or address disparities in health outcomes and/or health care among its Medicaid population:

- The Fidelis population health assessment is utilized to characterize, identify, and analyze the Medicaid at-risk characteristics. The population health assessment data captures demographic information related to gender, age, ethnicity, and primarily language spoken. The behavioral health staff regularly reviews geographic areas where connection to behavioral health services post hospitalization appears to be difficult. For example, the plan's data has indicated that after care for members within 7 days and/or 30 days post hospitalization is lower in the Buffalo region compared to other regions. The Plan partnered with Health Homes, who provide face-to-face contacts to support our membership during transitions of care. Fidelis Care also completed an analysis of children prescribed ADHD medication with identified gaps in care related to follow up visits. This analysis has enabled Fidelis Care to enhance targeted care management efforts around the case manager's discussion with the member's parents/caregivers.
- Fidelis Care has identified lower rates of compliance across an array of QARR measures in Western and Central New York compared with other regions in New York State especially New York City and Long Island. Fidelis Care has engaged with providers/facilities in the low performing regions to improve compliance. The New York State Department of Health has also noted the regional differences observed by Fidelis.
- Fidelis Care identifies determinants of gaps in health outcomes by actively participating in the Breast Cancer Screening initiative and the Colorectal Cancer Screening project in partnership with NYSDOH. The colorectal cancer screening project identified non-compliant members in ten counties in the Adirondack Region and six counties in the Central Region, categorizes them into three groups to study the rate of screening compliance with analysis of the initiatives most effective for improving cancer screening rates. The project also aims to facilitate collaboration between PCPs and gastroenterologists to improve access to colon cancer screening services, especially colonoscopy. These regions were selected as an area of focus due to low compliance rates compared with other regions in New York State.
- Fidelis Care collaborates with health homes across New York State to improve the quality of care of Medicaid members. The plan has collaborated with the New York State AIDS Institute, the State's Health Home liaison, regional Health Homes, and downstream case management agencies to improve care coordination for members with HIV who are not accessing appropriate care with HIV providers. . Fidelis Care continues to monitor outcomes among the members living with HIV including viral suppression rates as well as linkage to and retention of care. In addition to collaborating with the health homes for members

with HIV, Fidelis Care has also partnered with health homes for reducing preventable readmissions and improving follow-up care after discharge from the emergency department and/or inpatient settings for high risk behavioral health members.

# VI. Health Information Technology

According to the US Department of Health & Human Services, health information technology (HIT) allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of HIT will improve health care quality, prevent medical errors, reduce health care costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care.

In 2018, the NYS EQRO surveyed Medicaid MCOs regarding the use of HIT to improve the care of its Medicaid members. Specifically, MCOs were asked to report on:

- Secure electronic transfer of Health Insurance Portability and Accountability Act (HIPAA) protected information to patients and/or providers and support staff
- Use of telecommunications technologies
- Use of Electronic Health Records (EHR)
- Use of electronic internal registries
- Use of clinical risk group (CRG) or similar software
- Secure electronic transfer of member data between the MCO, its vendors, and network providers
- Electronic communication with providers
- Electronic communication with members
- Participation in a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE)[4]
- Participation in State, Federal, or privately funded HIT initiatives
- Participation in a medical home pilot or program
- Future plans to implement HIT

**Table 19** displays the statewide results of the HIT survey. Of the thirteen MCOs who responded to the survey, 100% utilized secure electronic transfer of member data between the MCO, its vendors, and/or network providers. Additionally, 100% of MCOs utilized electronic communication with providers and secure electronic transfer of PHI to patients and/or providers. Some of the other forms of HIT utilized by the majority of MCOs include telecommunications technologies, Electronic Health Records (EHR), and use of clinical risk group (CRG) or similar software. In addition, 77% of MCOs reported future plans to implement HIT.

**Table 19: MCO Use of Health Information Technology—2018 Survey of NYS MCOs**

| Health Information Technology | % of MCOs Reporting Use |
|---|---|
| Secure electronic transfer of member data between the Plan, its vendors and/or network providers | 100% |
| Electronic communication with providers | 100% |
| Secure electronic transfer of protected health information to patients and/or providers | 100% |
| Future plans to implement HIT | 77% |
| Use of clinical risk group (CRG) or similar software | 100% |
| Use of telecommunications technologies | 100% |
| Use of Electronic Health Records (EHR) | 92% |

[4] Regional Health Information Organizations/Health Information Exchanges are organizations that exist to enable interoperable health information exchange through governance and collaboration with an overall mission to improve health care quality and safety, and reduce costs.

| Health Information Technology | % of MCOs Reporting Use |
|---|---|
| Electronic communication with members | 100% |
| Participation in a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE) | 69% |
| Participation in a medical home pilot or program | 46% |
| Use of electronic internal registries | 46% |
| Participation in State, Federal or privately funded HIT initiatives | 46% |

*Note: IHA and Affinity did not provide responses to the 2018 HIT questionnaire and therefore are not included in results.*

Fidelis has indicated that it performs the following HIT-related activities:

- Secure electronic transfer of protected health information to patients and/or providers:
  - Secure access through a web-based portal.
  - Use of secure email.
  - Utilize secure FTP sites
  - Use of secure e-fax.

- Use of telecommunications technologies:
  - Utilize computer telephony integration (CTI).
  - Members receive reminders through automated phone calls.
  - On-hold scripts for priority health and plan specific topics.
  - Automated routing to assigned case managers.

- Use of Electronic Health Records (EHR):
  - Documents in a PDF format from EHRs are sometimes submitted for QARR/HEDIS.
  - Clinical Review/Provider Relations staff have secure access to provider's EHR for medical record abstraction for HEDIS/QARR

- Use of clinical risk group (CRG) or similar software:
  - Use of 3M Clinical Risk Groups, Impact Pro, and PSYCKES (OMH web-based Psychiatric Services and Clinical Knowledge Enhancement System).

- Secure electronic transfer of member data between the MCO, its vendors, and/or network providers:
  - Secure access through a web-based portal.
  - Utilize secure FTP sites.
  - Use of secure e-fax.
  - Use of secure email.

- Electronic communication with providers:
  - Secure access through a web-based portal.
  - Utilize secure FTP sites.
  - Use of secure e-fax.
  - Use of secure email.

- Participation in a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE):
  - Associated with Healthix (HIE).

- Participation in a medical home pilot or program:
    - Fidelis Care has a large number of providers that have achieved PCMH designation. Fidelis Care supports these practices with pass through of enhanced reimbursement rates for PCMH. PCMH practices are provided member-level information related to gaps in care based on QARR/HEDIS measures.
    - Fidelis Care is a founding member of the Adirondack Health Initiative and PCMH. Within that initiative, Fidelis Care supported the promulgation of EHR.
    - Fidelis Care is involved in two pilots with Performing Provider Systems (PPSs) where the Plan is providing information to the PPSs working with primary care providers in order to support chronically ill members who may be disconnected from primary care.

- Future plans to implement HIT:
    - Fidelis Care is seeking to enhance quality reporting for QARR/HEDIS measures, inpatient admissions, ED utilization and potentially avoidable hospitalizations and events as part of the Plan's value-based payment initiative.

# VII. Structure and Operation Standards

This section of the report examines deficiencies identified by the NYSDOH in operational and focused surveys as part of the EQRO's evaluation of the MCO's compliance with State structure and operation standards.

## Compliance with NYS Structure and Operation Standards

To assess the compliance of an MCO with Article 44 of the Public Health Law and Part 98 of the New York Code of Rules and Regulations (NYCRR), the NYSDOH conducts a full monitoring review of the MCO's compliance with structure and operation standards once every two years. These standards are reflected in the 14 categories listed in **Table 21**. "Deficiencies" represent a failure to comply with these standards. Each deficiency can result in multiple "citations" to reflect each standard with which the MCO was not in compliance.

The full monitoring review consists of an operational survey. The on-site component includes review of the following: policy and procedures, executed contracts and credentialing files of randomly selected providers, adverse determination utilization review files, complaints and grievances files, meeting minutes, and other documentation. Staff interviews are also conducted. These reviews are conducted using two standardized tools, the "Medicaid Managed Care Contract Surveillance Tool" and the "Review Tool and Protocol for MCO Operational Surveys". The NYSDOH retains the option to deem compliance with standards for credentialing/ re-credentialing, quality assurance/improvement, and medical record review.

The Monitoring Review Report documents any data obtained and deficiencies cited in the survey tools. Any statements of deficiencies (SODs) are submitted to the MCO after the monitoring review, and the MCO is required to respond with a plan of corrective action (POC). POCs must be submitted to the NYSDOH for acceptance. In some cases, revisions may be necessary and MCOs are required to resubmit. Ultimately, all MCOs with SODs must have a POC that is accepted by the NYSDOH. During the alternate years when the full review is not conducted, the NYSDOH reviews any modified documentation and follows up with the MCOs to ensure that all deficiencies or issues from the operational survey have been remedied.

In addition to the full operational survey conducted every two years, the NYSDOH also conducts several focused reviews as part of the monitoring of compliance with structure and operation standards. The focused review types are summarized in **Table 20**. MCOs are also required to submit POCs in response to deficiencies identified in any of these reviews.

**Table 21** reflects the total number of citations for the most current operational survey of the MCO, if applicable, as well as from focused reviews conducted in 2018. Fidelis was in compliance for all operational and focused review categories in 2018.

**Table 20: Focused Review Types**

| Review Name | Review Description |
|---|---|
| **Access and Availability** | Provider telephone survey of all MMC plans performed by the NYSDOH EQRO to examine appointment availability for routine and urgent visits; re-audits are performed when results are below 75%. |
| **Complaints** | Investigations of complaints that result in an SOD being issued to the plan. |
| **Contracts** | Citations reflecting non-compliance with requirements regarding the implementation, termination, or non-renewal of MCO provider and management agreements. |
| **Disciplined/Sanctioned Providers** | Survey of HCS to ensure providers that have been identified as having their licenses revoked or surrendered, or otherwise sanctioned, are not listed as participating with the MCO. |
| **MEDS** | Citations reflecting non-compliance with requirements to report MCO encounter data to the Department of Health. |
| **Member Services Phone Calls** | Telephone calls are placed to Member Services by AO staff to determine telephone accessibility and to ensure correct information is being provided to callers. |
| **Provider Directory Information** | Provider directories are reviewed to ensure that they contain the required information. |
| **Provider Information—Web** | Review of MCOs' web-based provider directory to assess accuracy and required content. |
| **Provider Network** | Quarterly review of HCS network submissions for adequacy, accessibility, and correct listings of primary, specialty, and ancillary providers for the enrolled population. |
| **Provider Participation—Directory** | Telephone calls are made to a sample of providers included in the provider directory to determine if they are participating, if panels are open, and if they are taking new Medicaid patients. At times, this survey may be limited to one type of provider. |
| **QARR** | Citations reflecting non-compliance with requirements to submit MCO QARR data to the Department of Health. |
| **Ratio of PCPs to Medicaid Clients** | Telephone calls are placed to PCPs with a panel size of 1,500 or more Medicaid clients. The calls are used to determine if appointment availability standards are met for routine, non-urgent "sick" and urgent appointments. |
| **Other** | Used for issues that does not correspond with the available focused review types. |

AO: Area Office; HCS: Health Commerce System; MEDS: Medicaid Encounter Data Set; SOD: Statement of Deficiency; QARR: Quality Assurance Reporting Requirements

**Table 21: Summary of Citations**

| Category | Operational Citations | Focused Review Citations |
|---|---|---|
| **Complaints and Grievances** | 0 | 0 |
| **Credentialing** | 0 | 0 |
| **Disclosure** | 0 | 0 |
| **Family Planning** | 0 | 0 |
| **HIV** | 0 | 0 |
| **Management Information Systems** | 0 | 0 |
| **Medicaid Contract** | 0 | 0 |
| **Medical Records** | 0 | 0 |
| **Member Services** | 0 | 0 |
| **Organization and Management** | 0 | 0 |
| **Prenatal Care** | 0 | 0 |
| **Quality Assurance** | 0 | 0 |
| **Service Delivery Network** | 0 | 0 |
| **Utilization Review** | 0 | 0 |
| **Total** | **0** | **0** |

Note: No operational or focused review deficiencies issued to the MCO in 2018.

## External Appeals

**Table 22** displays external appeals for 2016 to 2018 for the Medicaid and CHP product lines. This table reflects absolute numbers, and is not weighted by MCO enrollment. In 2018, the MCO had 41% of external appeals overturned.

**Table 22: External Appeals—2016-2018**

| | 2016 | 2017 | 2018 |
|---|---|---|---|
| | | **Medicaid** | |
| **Overturned** | 305 | 142 | 231 |
| **Overturned in Part** | 36 | 9 | 18 |
| **Upheld** | 410 | 291 | 312 |
| **Medicaid Total** | **751** | **442** | **561** |
| | | **CHP** | |
| **Overturned** | 5 | 0 | 9 |
| **Overturned in Part** | 1 | 0 | 0 |
| **Upheld** | 4 | 2 | 3 |
| **CHP Total** | **10** | **2** | **12** |

# VIII. Strengths and Opportunities for Improvement[5]

One of the purposes of this report is to identify strengths and opportunities for improvement, and make recommendations to help each MCO improve care delivery and health services. Understanding these strengths and weaknesses helps assess an organization's readiness to take on new tasks, identify initiatives that match the MCO's skills, and recognize areas where additional training or resources are necessary. IPRO references both current and past performance, trends, benchmarks, and comparisons, along with specific DOH goals and targets to make these determinations. Based on this evaluation, IPRO presents the DOH with a high-level commentary on the direction of each MCO's quality improvement programs and offers advice on facilitating positive change and further improving the care and services provided to enrollees of NYS Medicaid Managed Care. An assessment of the degree to which the MCO has effectively addressed the recommendations for quality improvement made by the NYS EQRO in the previous year's EQR report is also included in this section. The MCO's response to the previous year's recommendations, wherein the MCO was given the opportunity to describe current and proposed interventions that address areas of concern, as well as an opportunity to explain areas that the MCO did not feel were within its ability to improve, is appended to this section of the report.

**Strengths**

An MCO's strengths are the valuable resources and capabilities it has developed or acquired over time, which are seen as distinguishing characteristics. An MCO significantly exceeding the national average for a measure would be considered a strength.

***Strengths:***

- Regarding the 2018 Primary Care and OB/GYN Access and Availability Survey, the MCO had rates above the 75% threshold for all call types.
- In regards to the rate of Medicaid encounters, the MCO had a rate above the statewide average for Specialty providers.
- The MCO performed well for the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain. Rates for the following measures have been reported above the statewide average for at least three consecutive reporting years: *Testing for Children with Pharyngitis, Pharmacotherapy Management for COPD-Corticosteroids, Medication Management for People with Asthma 50% of Days Covered (Ages 19-64), Medication Management for People with Asthma 50% of Days Covered (Ages 5-18), Asthma Medication Ratio (Ages 19-64), Asthma Medication Ratio (Ages 5-18), and Annual Monitoring for Patients on Persistent Medications—Total Rate.* Additionally, the rate for *Spirometry Testing for COPD* was above the statewide average for 2018.
- In the HEDIS®/QARR Behavioral Health domain, the MCO has reported a rate above the statewide average for at least three consecutive reporting years for the *Antidepressant Medication Management—Effective Acute Phase Treatment* measure.
- In regards to the Access and Timeliness indicators, the MCO has reported rates above the statewide average for at least three consecutive reporting years for the *12-24 Months* age group of the HEDIS®/QARR *Children and Adolescents' Access to Primary Care Practitioners* measure and for the *65+ Years* age group of the HEDIS®/QARR *Adolescents' Access to Primary Care Practitioners* measure. Additionally, the MCO had a rate above the statewide average for the *Well-Child Visits-First 15 Months measure* in 2018.

[5] This section of the report emphasizes the maintenance of current good practices and the development of additional practices resulting in improved processes and outcomes, and thus refers to "Strengths" and "Opportunities for Improvement", rather than "Strengths" and "Weaknesses", as indicated in federal regulations.

- The MCO reported rates above the statewide average on the 2018 Child CAHPS® member satisfaction survey for *Getting Care Quickly.*

**Opportunities for Improvement**

An MCO's weaknesses are those resources or capabilities of an organization that are deficient and viewed as shortcomings in its ability or performance. IPRO identifies an organization's resource or capability as a weakness when that entity is not compliant with provisions of the NYS Medicaid Managed Care Contract, federal and State regulations, or it performs substantially below both the DOHs' and/or enrollees' expectations of quality care and service. An example of a weakness is a HEDIS PM rate below the national average.

***Opportunities for Improvement:***

- In regards to the ratio of enrollees to Medicaid providers, the MCO had rates above the statewide average for OB/GYNs and Full Time Equivalents. A higher percentile indicates fewer providers per enrollee.
- The MCO's rate regarding health screenings for new enrollees was reported below the statewide average in 2018.
- The MCO continues to demonstrate opportunities for improvement in the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain. The MCO has reported rates below the statewide average for at least three consecutive reporting years for the *Chlamydia Screening in Women (Ages 16-24)* measure. The MCO also had a rate below the statewide average for *Breast Cancer Screening* in 2018. *(Note: Chlamydia Screening in Women (Ages 16-24) was an opportunity for improvement in the previous year's report.)*
- The MCO demonstrates opportunities for improvement in the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain. The MCO has reported rates below the statewide average for three consecutive years for the *Use of Imaging Studies for Low Back Pain.* The MCO also had a rate below the statewide average for *Comprehensive Diabetes Care – Eye Exam Performed.*

***Recommendations:***

- As the MCO's Medicaid membership increases, the MCO should consider accommodating this by increasing its provider network. Females are 34% of the MCO's Medicaid membership and with the MCO's high ratio of enrollees to OB/GYNs, increasing the number of OB/GYN specialists would benefit members' access to care. Improving the provider network can also improve the MCO's rates for Breast Cancer Screenings and Chlamydia Screenings in Women (Ages 16-24).
- The MCO should continue to work to improve the HEDIS®/QARR measures that consistently perform below average. The MCO should evaluate its current initiatives for effectiveness and modify its strategy where necessary. *[Repeat recommendation.]*

***Response to Previous Year's Recommendations:***

The BBA, Section 42 CFR section 438.364(a)(5), states that the EQRO (IPRO) "must provide an assessment of the degree to which each MCO has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR." IPRO requested that each MCO describe how its organization addressed MCO-specific recommendations from the RY2017 technical report. The following responses are taken directly from the MCO and are not edited for content.

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- **2017 Recommendation:** The MCO should continue to work to improve the HEDIS®/QARR measures that consistently perform below average. The MCO should evaluate its current initiatives for effectiveness and modify its strategy where necessary. [Repeat recommendation.]

**MCO Response:** In accordance to 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 (SWA). 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 delegation and oversight, provider relations, IT, and communications. Findings and activities of this group are reported to the QARR Steering Committee.

2. QARR Steering Committee: the Committee meets weekly and 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. Weekly meetings are held to monitor the effectiveness of interventions to assure that all measures below SWA thresholds improve over time and all measures above SWA are maintained.

3. HEDIS/QARR Noncompliance 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 non-compliance reports are 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. QARR Dashboard: The QARR dashboard was recently created to effectively report measure performance and in a consolidated format. The dashboard includes measure performance by line of business, trending over multiple reporting years with associated interventions and outreach activities. With this consolidated information, Fidelis Care staff is enabled to better manage strategies to improve HEDIS/QARR measure performance.

5. 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 are also conducted as a part of the outreach. The Plan's Provider Partnership Associates (PPS) continue to conduct site visits to review report cards, discuss specific measures such as well child/adolescent care and immunizations and chlamydia screening.

6. Focused HEDIS/QARR Improvement Projects:

As part of Quality Performance Matrix activities, Fidelis Care has implemented and/or is currently implementing corrective action plans for each Effectiveness of Care domain indicator cited in the Opportunities for Improvement. For each indicator, staff with expert knowledge of the given indicator were assembled to identify barriers to compliance, create root cause analyses, and identify opportunities for improvement.

Actions by indicator include:

1. Chlamydia Screening in Women:

- Issuing a reminder post card to screening eligible Fidelis Care members.
- Conducting phone outreach to screening eligible Fidelis Care members.
- Issuing mailings to PCPs with high volume and low compliance rates for their Fidelis Care membership.
- Posting a tip sheet on the Fidelis Care provider portal on importance of Chlamydia screening, and email tip sheet to select provider groups.
- Discussing importance of chlamydia screening with providers during office visits by Fidelis Care Provider Relations staff.

2. Use of Imaging Studies for Low Back Pain:

- Conducting outreach to PCPs with high volume and low compliance rates, addressing provider protocol, policy, and benefit to the recommended timing of imaging studies for members with a primary diagnosis of low back pain.
- Posting a tip sheet about the indicator to the Fidelis Care provider portal, educating providers about the recommended guidelines and effective management practices.
- Posting announcement on the Fidelis Care provider portal in support of the indicator.

3. Flu Shots for Adults:

- Modifying Clinical Care Advance (CCA) software to better capture members' flu shot status.
- Sending reminder mailings and emails to Fidelis Care members at an elevated risk of flu complications.
- Including educational information for members in the Fidelis Care Member Newsletter regarding the importance of flu shots and flu prevention.
- Providing flu shot reminder messaging for Fidelis Care members through the on-hold telephone script.
- Providing educational information for providers on flu shots and flu prevention in the Provider Newsletter and on the Fidelis Care provider portal.

The corrective action plans for Chlamydia Screening in Women and Use of Imaging Studies for Low Back Pain were implemented in 2018 and Flu Shots for Adults in 2019 (still underway). The Plan anticipates a lag in the time for the actions plans to have an impact on compliance rates. The actions implemented in 2018 are expected to be reflected in the QARR compliance rates beginning in the 2019 measurement year; while the actions currently undertaken in 2019 will be reflected in the 2020 measurement year.

- **2017 Recommendation:** The MCO should conduct thorough population-specific barrier analyses to inform intervention strategies aimed at improving well-child visit rates. Additionally, the MCO should consider conducting county- or region-specific barrier analyses for these measures to identify if there is a region that is performing lower than the others and target interventions for that region. [Repeat recommendation.]

  **MCO Response:** Fidelis Care identifies population-specific barriers and at-risk characteristics using the Plan's Population Health Assessment. These data capture demographic information related to gender, age, ethnicity, and primarily language spoken. Fidelis Care utilizes the data to inform interventions and ensure that the Plan supports health efforts accordingly. Fidelis Care hires staff that are culturally and linguistically competent in areas of need, train staff to be cognizant of health risk factors that impact different groups of members based on these factors and support our membership in engaging in the appropriate levels of care.

  The QARR Dashboard, which was recently created to provide consolidated information for HEDIS/QARR measures, includes compliance rates per QARR region for well care visits for children. In addition, Fidelis Care completed a regional analysis that identified gaps in quality care. For example, the Plan identified significantly lower compliance rates for adolescent well care visits in Central NY, childhood immunization in Orange and Rockland counties. A provider report was developed to measure performance on well care visit indicators at the provider level. Such reporting allows staff to drill down to specific areas and providers in the Fidelis Care network that require additional intervention. Fidelis Care Provider Relations staff and the Chief Medical Officer is engaging with providers at low performing facilities to address gaps in preventive care for children.

  In 2018, Fidelis Care implemented a corrective action plan to improve performance on the Well-Child Visits in the First 15 Months of Life indicator, as well as the related childhood immunizations. Actions impacting the infant well care included:

  - Creating an alert to prompt Member Service staff to inform parents/caretakers of infants to schedule well care visits.
  - Sending reminder postcards to parents/caretakers of infant members.
  - Conducting outreach to pregnant and postpartum members to provide education on the importance of infant well care, immunizations, and to ensure linkage to PCP.
  - Distributing educational material to providers with information on well care compliance.

- **2017 Recommendation:** The MCO should continue to work to address issues identified in the focused review surveys. First, the MCO should re-train its Member Services staff to ensure all staff members are aware of proper procedures when responding to members' requests for information. Second, the MCO should continue its efforts to improve the information included in its provider directories to ensure accuracy of provider data and to ensure members have appropriate access to care. [Repeat recommendation.]

  **MCO Response:**
  1. Fidelis Care continues to work to address the issues identified in the focused review surveys. Retraining has been provided to the Member Services staff regarding member/provider protocol. The retraining was completed at year-end as a coaching event; the Plan believes the staff are properly prepared to provide accurate and timely feedback and information to members and providers. Fidelis Care will routinely audit via active call monitoring to ensure accuracy and timeliness of information.

2. Fidelis Care continues work to improve the accuracy of the information included in the provider directories. The online attestation process, by which our providers can attest to the accuracy of the information in the directories is now available all year and is promoted quarterly. In 2018, this promotion was expanded to include the Fidelis Care phone tree, so that providers who call Fidelis Care are also aware of the attestation process. A provider data quality project has also been formed. This project includes updating the sourcing of the Fidelis Care print directory to better mirror the information on the online directory, as well as leveraging vendor solutions through LexisNexis and CAQH to proactively identify practitioners believed to no longer be practicing at their location or listed with inaccurate contact information, and verify and correct in the Fidelis systems as necessary. Provider Relations has conducted education on the importance of maintaining accurate provider demographic information and included an article in the Provider Bulletin.

# IX. Appendix

## References

**A. MCO Corporate Profiles**

- Updated Corporate Profile information provided by the NYSDOH
- NYSDOH OMC DataLink Reports
  - Managed Care Plan Directory
- NCQA Accreditation website, https://reportcards.ncqa.org

**B. Enrollment and Provider Network**

- *Enrollment:*
  - NYS OHIP Medicaid DataMart, 2018
  - NYSDOH OHIP Child Health Plus Program, 2018
- *Provider Network:*
  - NYS Provider Network Data System (PNDS), 2018
  - QARR Measurement Year 2018

**C. Utilization**

- *Encounter Data:*
  - NYS OHIP Medicaid DataMart, 2018
- *QARR Use of Services:*
  - QARR Measurement Year 2018

**D. Performance Indicators**

- *HEDIS®/QARR Performance Measures:*
  - QARR Measurement Year 2018
- *CAHPS® 2018:*
  - QARR Measurement Year 2018
- *Performance Improvement Project:*
  - 2018-2019 PIP Reports

**E. Structure and Operations**

- MMC Operational Deficiencies by Plan/Category, 2018
- Focused Deficiencies by Plan/Survey Type/Category, 2018