NEW YORK STATE DEPARTMENT OF HEALTH

Office of Quality and Patient Safety

PLAN – Technical REPORT
FOR
FIDELIS

Reporting Year 2012

September 2014

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs 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.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Utilization, Member Satisfaction, SAAM Quality of Clinical Assessments and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, timeliness, and utilization. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

There are three (3) MLTC plan types:

a) Partially Capitated
b) Program of All-inclusive Care for the Elderly (PACE)
c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated- A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE- A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP)- MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for Reporting Year 2012.

Section Two: Plan Profile

NY State Catholic Health Plan, Inc. (Fidelis Care at Home) is a Managed Long-term Care (MLTC) plan with partially capitated and Medicaid Advantage Plus (MAP) products. Plan specific information is presented below:

- Partially Capitated Plan ID: 01788325
- MAP Plan ID: 2060193
- Managed Long-term Care Start Date: September 1993 (Partially Capitated), 2010 (MAP)
- Product Line(s): Partially Capitated and MAP
- MLTC Age Requirement: 18 and older
- Contact Information- Partially Capitated: 400 Rella Blvd Suite 116
Suffern, NY 10901
(800)688-7422
- Contact Information- MAP: 95-25 Queens Blvd
Rego Park, NY 11374
(888)343-3547

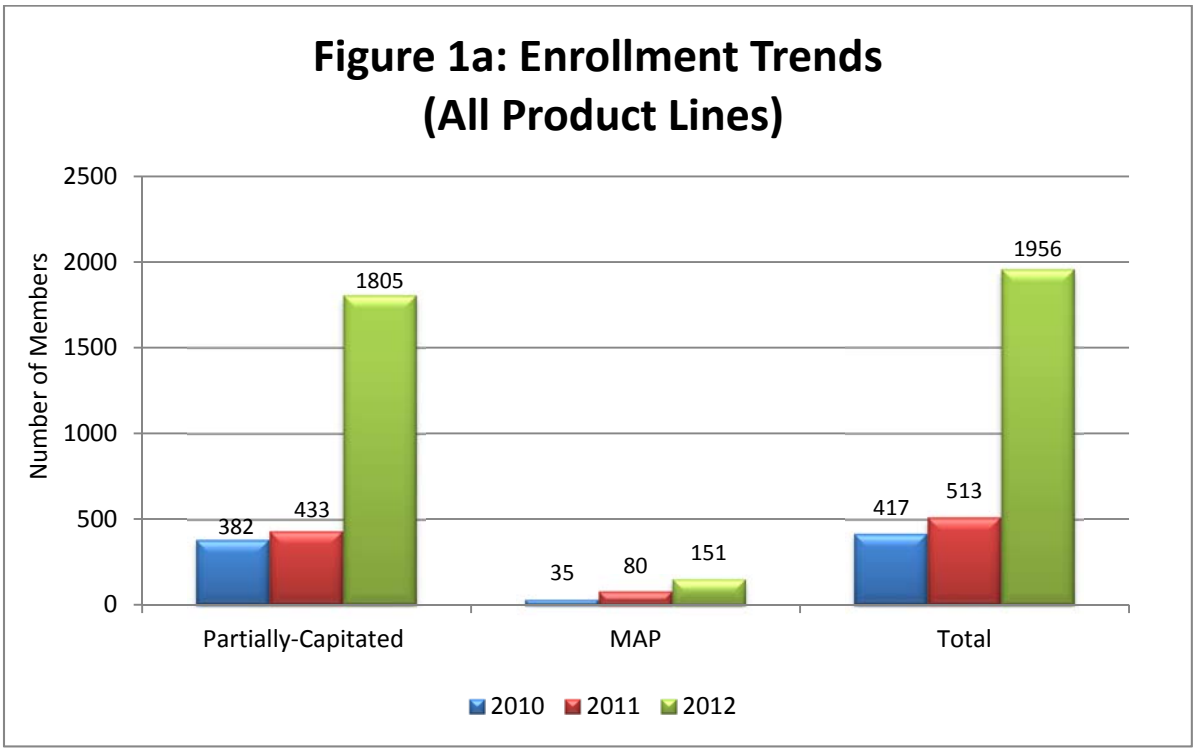
Participating Counties and Programs					
Albany	MAP	Bronx	MAP	Kings	MAP
Montgomery	MAP	New York	MAP	Orange	Partial Cap
Queens	MAP	Rensselaer	MAP	Richmond	MAP
Rockland	Partial Cap	Schenectady	MAP		

Section Three: Enrollment

Figure 1 depicts membership for the plan's partially capitated and MAP product lines for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership in the partially capitated plan grew over this period, increasing by 13.4% from 2010 to 2011 and by 316.9% from 2011 to 2012. For the MAP product line, membership grew by 128.6% from 2010 to 2011 and by 88.8% from 2011 to 2012. Figure 1a trends both the partially capitated and MAP product lines' enrollment.

Figure 1: Membership: Partially Capitated and MAP- 2010-2012

	2010	2011	2012
Partially Capitated			
Number of Members	382	433	1,805
% Change From Previous Year	21.7%	13.4%	316.9%
MAP			
Number of Members	35	80	151
% Change From Previous Year	N/A	128.6%	88.8%



Section Four: Utilization

Figure 2 represents Fidelis' member utilization of managed long term care services in 2011 and 2012. The services presented are those covered under the plan's partially capitated and MAP product lines, respectively. The 2011 data are from the NYSDOH's MEDS II program and the 2012 data are from the MEDS III program.

Figure 2: Encounter Data Per Member Per Year (PMPY) 2011-2012

Partially Capitated MLTC Services	2011 Averages			2012 Averages		
	Fidelis Part Cap	Partially Capitated	Statewide	Fidelis Part Cap	Partially Capitated	Statewide
Home Health Care – Nursing (visits)	24.30↑	8.8	12.13	N/A*	4.96	7.16
Home Health Care-Physical Therapy (visits)	6.50↑	1.22	1.63	N/A*	0.78	0.91
Personal Care (hours)	187.20↑	135.49	132.80	191.19↑	90.31	90.64
Transportation (one-way trips)	77.10↑	21.31	23.73	85.32↑	14.68	15.65
Nursing Home (days)	0.62	0.36	0.40	0.45	0.10	0.11
Dental (visits)	0.49	0.79	0.73	N/A*	0.52	0.52
Optometry (visits)	0.47	0.46	0.45	0.54	0.26	0.25
Podiatry (visits)	0.81	0.41	0.80	0.69	0.35	0.45
MAP MLTC Services	**2011 Averages**			**2012 Averages**		
	Fidelis MAP	**MAP**	**Statewide**	**Fidelis MAP**	**MAP**	**Statewide**
Home Health Care-Nursing (visits)	13.60	9.30	12.13	N/A*	4.68	7.16
Home Health Care-Physical Therapy (visits)	1.50	1.00	1.63	N/A*	0.31	0.91
Personal Care (hours)	99.20	106.90	132.80	125.59↑	92.16	90.64
Transportation (one-way trips)	27.70↑	14.47	23.73	35.56↑	11.32	15.65
Nursing Home (days)	0.22	0.20	0.40	0.21	0.15	0.11
Dental (visits)	0.97	0.77	0.73	1.57	0.69	0.52
Optometry (visits)	0.75	0.38	0.45	0.89	0.38	0.25
Podiatry (visits)	2.10	2.71	0.80	1.71	1.95	0.45
Primary Care (PCP) (visits)	13.50	12.17	10.98	18.13↑	9.43	5.80
Physician Specialist (visits)	16.40↑	12.09	10.98	9.13	9.00	5.70
Emergency Room (discharges)	1.13	1.20	0.56	0.96	0.95	0.46
Hospitalizations (days)	8.10↑	3.56	3.21	5.77↑	1.90	1.18

↑Indicates MEDS data results above partially capitated/MAP and/or statewide averages
↓Indicates MEDS data results below partially capitated/ MAP and/or statewide averages
* Data not reported/not available

Fidelis 2012 vs. Partially Capitated, MAP and Statewide Averages:
According to the 2012 encounter data, there were much higher rates of personal care and transportation services being utilized (for both product lines), in addition to higher rates of PCP visits and hospitalizations among MAP members.

Fidelis 2011 vs. Fidelis 2012:
There were about 8 more one-way trips PMPY for both partially capitated and MAP members in 2012 when compared with 2011.

For the MAP product line specifically, there was an increase of about 26 personal care hours PMPY in 2012, while there was a decrease of about 7 specialist visits PMPY. Hospitalizations also decreased by 2.33 days PMPY.

Section Five: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey in 2012. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 9,959 surveys that were mailed, 613 were returned as undeliverable due to either mailing address issues or the member was deceased. This yielded an adjusted population of 9,346. A total of 2,522 surveys were completed, yielding an overall response rate of 27.0%.

The response rate for Fidelis' partially capitated product line (Fidelis Care at Home) was 27.4% (102 respondents out of 372 members in the sample). Fidelis' MAP product line had a response rate of 32.5% (25 respondents out of 77 members in the sample).

IPRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from Fidelis' partially capitated product line and all other partially capitated plans throughout the state, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 3b represents data from the 2011 and 2012 satisfaction survey results from Fidelis' partially capitated product line and all other MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 4 represents the 2012 survey results for Fidelis' MAP product line, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Please note: Fidelis' MAP product line was not included in the 2011 survey as it was too small for reporting purposes.

Figure 3a: 2011/2012 Satisfaction Survey Results Fidelis and Partially Capitated Plans	**Fidelis 2011 (N=100)**		**Overall Partial Cap 2011 (N=1,307)**		**Fidelis 2012 (N=102)**		**Overall Partial Cap 2012 (N=1,662)**	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	97	90.7%	1,286	83.7%	96	86.5%	1,625	83.6%
Quality of Care Rated as Good or Excellent								
Dentist	66	83.3%	788	70.6%	58	79.3%	1,009	71.3%
Eye Care-Optometry	78	92.3%	1,020	82.0%	73	93.2%▲	1,279	82.4%
Foot Care	75	90.7%	881	81.6%	72	84.7%	1,087	81.7%
Home Health Aide	94	92.6%	1,109	87.0%	79	86.1%	1,358	88.0%
Care Manager	96	91.7%	1,132	85.8%	91	87.9%	1,389	83.7%
Regular Visiting Nurse	84	92.9%	1,129	84.4%	86	91.9%	1,420	84.0%
Medical Supplies	82	87.8%	933	84.5%	83	89.2%	1,185	85.3%
Transportation Services	80	81.3%	987	78.6%	80	88.8%	1,242	77.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	88	83.0%	973	79.5%	80	83.8%	1,258	78.7%
Care Manager	96	79.2%	986	71.9%	88	76.1%	1,225	70.1%
Regular Visiting Nurse	86	76.7%	1,065	71.5%	85	78.8%	1,351	69.9%
Transportation TO the Doctor	77	74.0%	892	70.1%	76	85.5%▲	1,147	68.1%
Transportation FROM the Doctor	77	66.2%	898	66.0%	76	82.9%▲	1,124	67.4%
Access to Routine Care (Less Than 1 Month)								
Dentist	56	62.5%	632	41.3%	50	72.0%▲	832	47.4%
Eye Care/Optometry	73	47.9%	855	39.4%	70	55.7%	1,093	43.2%
Foot Care/Podiatry	68	54.4%	753	40.8%	69	62.3%	932	45.3%
Access to Urgent Care (Same Day)								
Dentist	46	34.8%	453	28.5%	40	17.5%	612	28.3%
Eye Care/Optometry	52	34.6%	607	25.9%	46	17.4%	788	24.9%
Foot Care/Podiatry	51	25.5%	532	24.4%	54	18.5%	692	26.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	97	81.4%▲	1,242	57.3%	83	85.5% ▲	1,346	64.0%
Member has legal document appointing someone to make decisions ++	98	68.4%▲	1,275	50.6%	89	69.7%	1,387	54.7%
Health plan has copy of this document ++	67	68.7%	634	55.0%	43	88.4%	533	73.9%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.
▲ Represents a significantly higher rate for your plan versus the partially capitated result (p < .001)
♦ Item based on a skip pattern
++ Represents new question in 2011

Figure 3b: 2011/2012 Satisfaction Survey Results Fidelis and MLTC Plans Statewide	**Fidelis 2011 (N=100)**		**Statewide 2011 (N=1,845)**		**Fidelis 2012 (N=102)**		**Statewide 2012 (N=2,522)**	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	97	90.7%	1,816	85.2%	96	86.5%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Dentist	66	83.3%	1,148	71.7%	58	79.3%	1,530	70.2%
Eye Care-Optometry	78	92.3%	1,462	82.4%	73	93.2% ▲	1,951	81.3%
Foot Care	75	90.7%	1,248	82.9%	72	84.7%	1,640	80.2%
Home Health Aide	94	92.6%	1,529	86.7%	79	86.1%	2,056	87.1%
Care Manager	96	91.7%	1,612	87.0%	91	87.9%	2,108	84.3%
Regular Visiting Nurse	84	92.9%	1,583	85.8%	86	91.9%	2,132	83.7%
Medical Supplies	82	87.8%	1,373	86.7%	83	89.2%	1,844	85.9%
Transportation Services	80	81.3%	1,450	80.8%	80	88.8%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	88	83.0%	1,383	78.9%	80	83.8%	1,897	78.2%
Care Manager	96	79.2%	1,407	73.0%	88	76.1%	1,876	69.3%
Regular Visiting Nurse	86	76.7%	1,493	72.7%	85	78.8%	2,027	69.1%
Transportation TO the Doctor	77	74.0%	1,315	71.9%	76	85.5% ▲	1,766	68.5%
Transportation FROM the Doctor	77	66.2%	1,318	68.6%	76	82.9% ▲	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Dentist	56	62.5%	916	44.5%	50	72.0% ▲	1,234	46.2%
Eye Care/Optometry	73	47.9%	1,196	41.8%	70	55.7%	1,647	42.9%
Foot Care/Podiatry	68	54.4%	1,043	44.1%	69	62.3%	1,390	44.9%
Access to Urgent Care (Same Day)								
Dentist	46	34.8%	656	25.5%	40	17.5%	920	25.8%
Eye Care/Optometry	52	34.6%	853	24.2%	46	17.4%	1,195	22.3%

Foot Care/Podiatry	51	25.5%	763	23.1%	54	18.5%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	97	81.4% ▲	1,763	62.5%	83	85.5% ▲	2,087	68.2%
Member has legal document appointing someone to make decisions ++	98	68.4%	1,802	59.1%	89	69.7%	2,145	61.1%
Health plan has copy of this documen♦ ++	67	68.7%	1,045	60.5%	43	88.4%	956	77.4%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

▲ Represents a significantly higher rate for your plan versus the statewide result ($p < .001$)

♦ Item based on a skip pattern

++ Represents new question in 2011

Fidelis Part Cap 2012 vs. Partially Capitated and Statewide Survey Results:

Fidelis' partially capitated product line was rated as good or excellent by 86.5% of survey respondents, which is slightly higher compared with their similar plan and statewide counterparts. This higher rating is reflected in several categories of the survey (that are of statistical significance):

- 93.2% of respondents rated their eye care as good or excellent compared with respondents from similar plans (82.4%) and other plans statewide (81.3%).
- A higher percentage of Fidelis respondents rated transportation services both to and from the doctor as good or excellent compared with similar plans and other plans statewide.
- A higher percentage of respondents indicated being able to access their dentist for routine care within 30 days.
- A higher percentage of respondents indicated that Fidelis had discussed advance directives compared with respondents from similar plans and other plans statewide.

Although not of statistical significance, it should be noted that the percentage of Fidelis respondents who answered the questions pertaining to access to urgent care was lower than the percentage of members belonging to other plans (for 30-day access to their dentist, optometrist and podiatrist). This was the only category (access to urgent care) that had results suggesting sub-par performance of Fidelis' partially capitated product line.

Fidelis Part Cap 2011 vs. Fidelis Part Cap 2012:

There were several notable changes in how members responded to survey questions in 2012 compared with 2011:

- The percentage of respondents who rated the timeliness of transportation to and from the doctor as always/usually on time increased by 11.5 percentage points and 16.7 percentage points, respectively.
- A greater percentage of members (88.4% compared with 68.7%) indicated that their health plan had a copy of their advance directive on file.
- The percentage of members who indicated they had access to urgent care for their dentist or optometrist decreased by approximately 17 percentage points.

Figure 4: Satisfaction Survey Results (2012)
Fidelis MAP

	Fidelis MAP (N=25)		Overall MAP (N=414)		Statewide (N=2,522)		Significance	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Vs Plan Type**	**Vs State**
Plan Rated as Good or Excellent	24	83.3%	403	85.2%	2,458	84.2%	-	-
Quality of Care Rated as Good or Excellent								
Regular Doctor	23	87.0%	375	88.3%	2,247	88.9%	-	-
Dentist	14	71.4%	230	61.7%	1,530	70.2%	N/A	N/A
Eye Care-Optometry	18	94.4%	317	78.2%	1,951	81.3%	N/A	N/A
Foot Care	15	86.7%	275	77.1%	1,640	80.2%	N/A	N/A
Home Health Aide	21	85.7%	361	85.3%	2,056	87.1%	-	-
Care Manager	20	85.0%	353	84.2%	2,108	84.3%	-	-
Regular Visiting Nurse	21	81.0%	352	79.0%	2,132	83.7%	-	-
Medical Supplies	19	79.0%	304	81.9%	1,844	85.9%	N/A	N/A
Transportation Services	17	88.2%	287	69.0%	1,916	77.7%	N/A	N/A
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	21	57.1%	320	77.9%	1,897	78.2%	-	-
Care Manager	19	57.9%	310	67.1%	1,876	69.3%	N/A	N/A
Regular Visiting Nurse	21	57.1%	336	64.2%	2,027	69.1%	-	-
Transportation TO the Doctor	18	61.1%	249	66.3%	1,766	68.5%	N/A	N/A
Transportation FROM the Doctor	16	56.3%	252	63.1%	1,742	66.9%	N/A	N/A
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	23	47.8%	358	58.4%	2,104	58.7%	-	-
Dentist	13	53.9%	173	45.7%	1,234	46.2%	N/A	N/A
Eye Care/Optometry	16	43.8%	272	40.1%	1,647	42.9%	N/A	N/A
Foot Care/Podiatry	15	33.3%	235	40.4%	1,390	44.9%	N/A	N/A
Access to Urgent Care (Same Day)								
Regular Doctor	21	42.9%	307	38.4%	1,755	45.4%	-	-
Dentist	9	33.3%	135	28.9%	920	25.8%	N/A	N/A
Eye Care/Optometry	13	15.4%	207	21.3%	1,195	22.3%	N/A	N/A
Foot Care/Podiatry	13	15.4%	184	24.5%	1,039	25.7%	N/A	N/A
Advance Directives								
Health plan has discussed appointing someone to make decisions	21	57.1%	352	69.6%	2,087	68.2%	-	-
Member has legal document appointing someone	23	52.2%	363	62.3%	2,145	61.1%	-	-
Health plan has copy of this document ◆	7	57.1%	154	64.9%	956	77.4%	N/A	N/A

N/A indicates that statistical testing could not be performed because item had fewer than 20 responses.

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

◆ Items based on a skip pattern

The survey results in Figure 4 are not as reliable compared with the survey results for the partially capitated product line, due to the small sample size. There are, however, a few notable trends:

- Timeliness of services was consistently rated less favorably by Fidelis MAP respondents; on average there was about a 10 percentage point difference in the percent of members who indicated that services were always or usually on time, when compared with members from other plans.
- The percent of Fidelis members who rated quality of care as good or excellent for various services either met or exceeded the percent of members from other plans who rated these services similarly.
- There were a lower percentage of members who indicated that they've had discussions with their health plans regarding advance directives, they've completed an advance directive, or have filed a copy of this document with their health plan.

Section Six: SAAM-Quality of Clinical Assessments

The Semi Annual Assessment of Members (SAAM) is the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter. There are fifteen (15) care categories, or domains in SAAM, as follows:

Diagnosis/Prognosis/Surgeries
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Nursing Home Admissions
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
Hospitalizations

SAAM data are submitted to the NYSDOH twice annually, in January and July. The January submission consists of assessments conducted between July and December of the prior year, the July submission consists of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issues plan specific reports containing plan mean results and comparison to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consists of 13 items /questions, as follows:

Urinary Incontinence
Urinary incontinence frequency
Bowel incontinence frequency
Cognitive functioning
Confusion
Anxiety
Ability to dress upper body
Ability to dress lower body
Bathing
Toileting
Transferring
Ambulation/Locomotion
Feeding/Eating

Each item has a point value; a combined total score of 5 or greater constitutes MLTC eligibility.

Figure 5 contains Fidelis Care at Home's January 2013 summary SAAM assessment results, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

Figure 6 contains Fidelis' MAP January 2013 summary SAAM assessment results, for the 13 eligibility index items. Included also is the number of falls resulting in medical intervention and frequency of pain.

Figure 7a contains Fidelis Care at Home's summary SAAM assessment results from July 2011-January 2013 for the 13 eligibility index items, along with the number of falls resulting in medical intervention and frequency of pain. Figures 7b and 7c are graphical representations of the data in Figure 7a.

Figure 8a contains Fidelis' MAP summary SAAM assessment results from July 2011-January 2013 for the 13 eligibility index items, along with the number of falls resulting in medical intervention and frequency of pain. Figures 8b and 8c are graphical representations of the data in Figure 8a.

Figure 5: Fidelis Partially Capitated and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012	Statewide Mean July 2012	Plan Mean Jan 2013	Statewide Mean Jan 2013
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.3	2.3	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.5	2.4	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.1	1.5	1.6	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.1	1.6	1.5	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.9	1.7	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.6	0.8	0.9	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.8	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	87.3%	87.0%	80.8%↓	87.0%
Bowel Incontinence Frequency – % with any bowel incontinence	22.7%	20.1%	36.6%↑	20.7%
Cognitive Functioning – % with any degree of cognitive impairment	79.2%↑	59.4%	62.8%↑	57.8%
When Confused – % with any level of confusion	80.3%↑	62.6%	73.6%↑	62.7%
When Anxious – % with any level of anxiety	79.8%↑	61.4%	64.4%	61.8%
Frequency of Pain – % experiencing pain at least daily	53.0%	53.0%	66.4%↑	53.9%
Falls Resulting in Medical Intervention –	40.7%↓	48.8%	40.8%↓	47.1%

% of members experiencing at least one fall which required medical intervention				
↑ indicates a percentage that is 5 or more percentage points greater than the statewide average				
↓ indicates a percentage that is 5 or more percentage points lower than the statewide average				

Figure 6: Fidelis MAP and Statewide SAAM Data 2012

SAAM Item	Fidelis Average July 2012	Statewide Average July 2012	Fidelis Average Jan 2013	Statewide Average Jan 2013
Ambulation – Average score on a scale of 0-6, 0 highest level	2.0	2.3	1.6↑↑	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.3	2.5	2.2	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.3	1.5	1.2	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.2	1.6	0.9↑↑	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.9	1.2↑↑	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.8	0.6	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.5	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	95.7%↑	87.0%	81.4%↓	86.9%
Bowel Incontinence Frequency – % with any bowel incontinence	29.3%↑	19.9%	25.4%	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	69.5%↑	59.6%	68.4%↑	58.0%
When Confused –	80.5%↑	62.5%	82.3%↑	62.7%

% with any level of confusion				
When Anxious – % with any level of anxiety	73.9%↑	61.2%	74.6%↑	61.5%
Frequency of Pain – % experiencing pain at least daily	44.6%↓	53.0%	58.5%	54.1%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	33.4%↓	48.7%	33.3%↓	46.9%
↑ indicates a percentage that is 5 or more percentage points greater than the statewide average				
↓ indicates a percentage that is 5 or more percentage points lower than the statewide average				
↑↑ indicates a score better than the statewide average				

SAAM data for both the January 2013 and July 2012 submission periods indicate that Fidelis members (enrolled in either product line) displayed higher levels of cognitive impairment, confusion and anxiety compared with the statewide averages. It should be noted, however, that the SAAM questions pertaining to these conditions contain a high level of subjectivity on the part of the assessor and may be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

In terms of physical health outcomes, SAAM data suggest that there were fewer members who suffered from falls resulting in medical intervention. Fidelis members had a 13.6 percentage point difference from statewide averages in the January submission, and a 15.3 percentage point difference in the July submission for its MAP product line (the difference was more nuanced for the partially capitated line, with a decrease of 6.3 percentage points in January and 8.1 percentage points in July).

For the MAP product line, Fidelis members had reported better scores for upper/lower body dressing and ambulation for both submission periods (where upper/lower body dressing scores were notably lower in the January submission, corresponding with a higher level of ability).

Figure 7a: Fidelis Partially Capitated SAAM Data 2011-2012

SAAM Item	Fidelis Average July 2011	Fidelis Average Jan 2012	Fidelis Average July 2012	Fidelis Average Jan 2013
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.0	2.1	2.3
Bathing – Average score on a scale of 0-5, 0 highest level	2.2	2.2	2.3	2.4
Transferring – Average score on a scale of 0-6, 0 highest level	0.9	0.8	1.1	1.6
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	0.9	0.9	1.1	1.5
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.2	1.1	1.3	1.7
Toileting – Average score on a scale of 0-4, 0 highest level	0.4	0.4	0.6	0.9
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.6	0.6	0.7	0.8
Urinary Incontinence Frequency – % incontinent more than once/week	87.9%	88.0%	87.3%	80.8%
Bowel Incontinence Frequency – % with any bowel incontinence	21.2%	18.2%	22.7%	36.6%
Cognitive Functioning – % with any degree of cognitive impairment	88.2%	85.9%	79.2%	62.8%
When Confused – % with any level of confusion	86.1%	84.8%	80.3%	73.6%
When Anxious – % with any level of anxiety	92.1%	89.7%	79.8%	64.4%
Frequency of Pain – % experiencing pain at least daily	49.1%	50.6%	53.0%	66.4%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	45.1%	50.0%	40.7%	40.8%

Figures 7b and 7c: Fidelis Partially Capitated SAAM Data 2011-2012

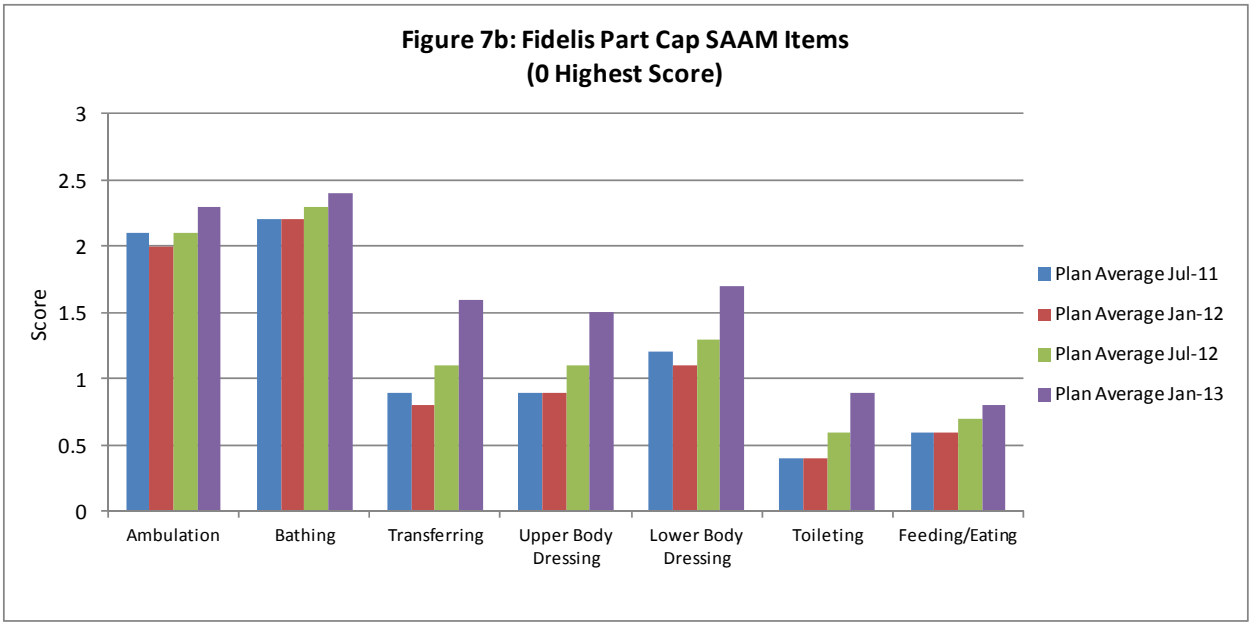


Figure 7b: The January 2013 assessment period appeared to have the highest scores in each category, indicating a lower level of ability to perform the given tasks. The general trend appears to be an increase in scores over each assessment period from July 2011 to January 2013.

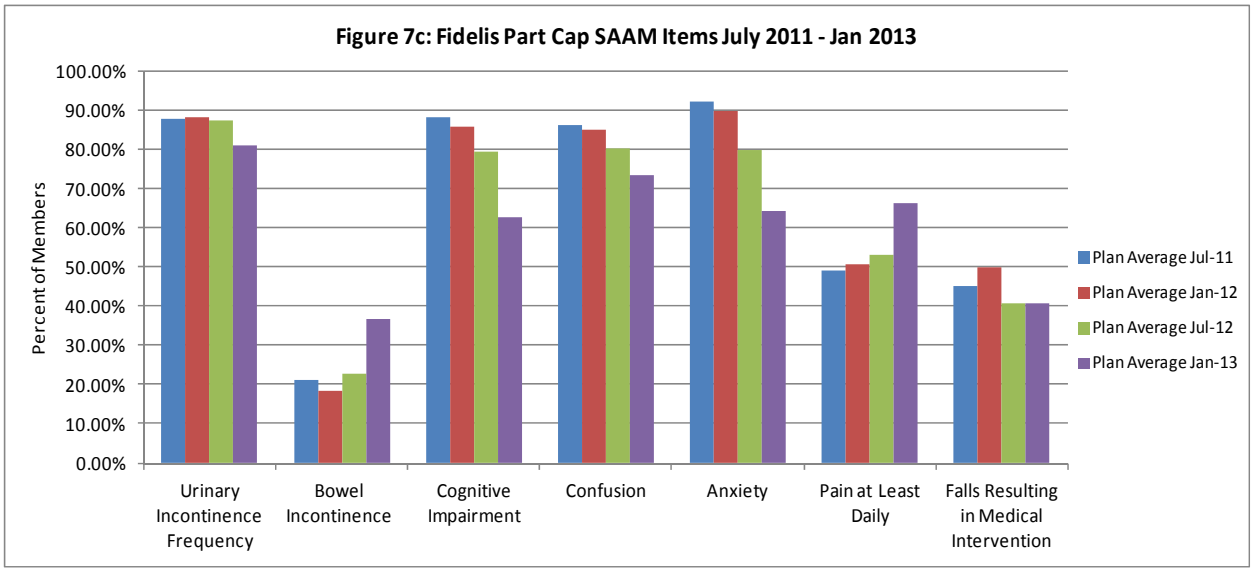


Figure 7c: Cognitive impairment, confusion and anxiety seem to have affected a fewer percentage of members over each assessment period from July 2011 to January 2013, as seen by the downward trend displayed in the graph. Conversely, bowel incontinence and frequency of pain seemed to become more prevalent among this population.

Figure 8a: Fidelis MAP SAAM Data 2011-2012

SAAM Item	Fidelis Average July 2011	Fidelis Average Jan 2012	Fidelis Average July 2012	Fidelis Average Jan 2013
Ambulation – Average score on a scale of 0-6, 0 highest level	2.1	2.1	2.0	1.6
Bathing – Average score on a scale of 0-5, 0 highest level	2.2	2.2	2.3	2.2
Transferring – Average score on a scale of 0-6, 0 highest level	1.5	1.4	1.3	1.2
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.2	1.2	0.9
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.6	1.5	1.5	1.2
Toileting – Average score on a scale of 0-4, 0 highest level	0.7	0.7	0.7	0.6
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.4	0.6	0.7	0.5
Urinary Incontinence Frequency – % incontinent more than once/week	96.3%	94.7%	95.7%	81.4%
Bowel Incontinence Frequency – % with any bowel incontinence	34.6%	32.8%	29.3%	25.4%
Cognitive Functioning – % with any degree of cognitive impairment	36.3%	57.6%	69.5%	68.4%
When Confused – % with any level of confusion	54.5%	67.1%	80.5%	82.3%
When Anxious – % with any level of anxiety	45.4%	61.6%	73.9%	74.6%
Frequency of Pain – % experiencing pain at least daily	43.6%	54.7%	44.6%	58.5%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	28.6%	61.1%	33.4%	33.3%

Figures 8b and 8c: Fidelis MAP SAAM Data 2011-2012

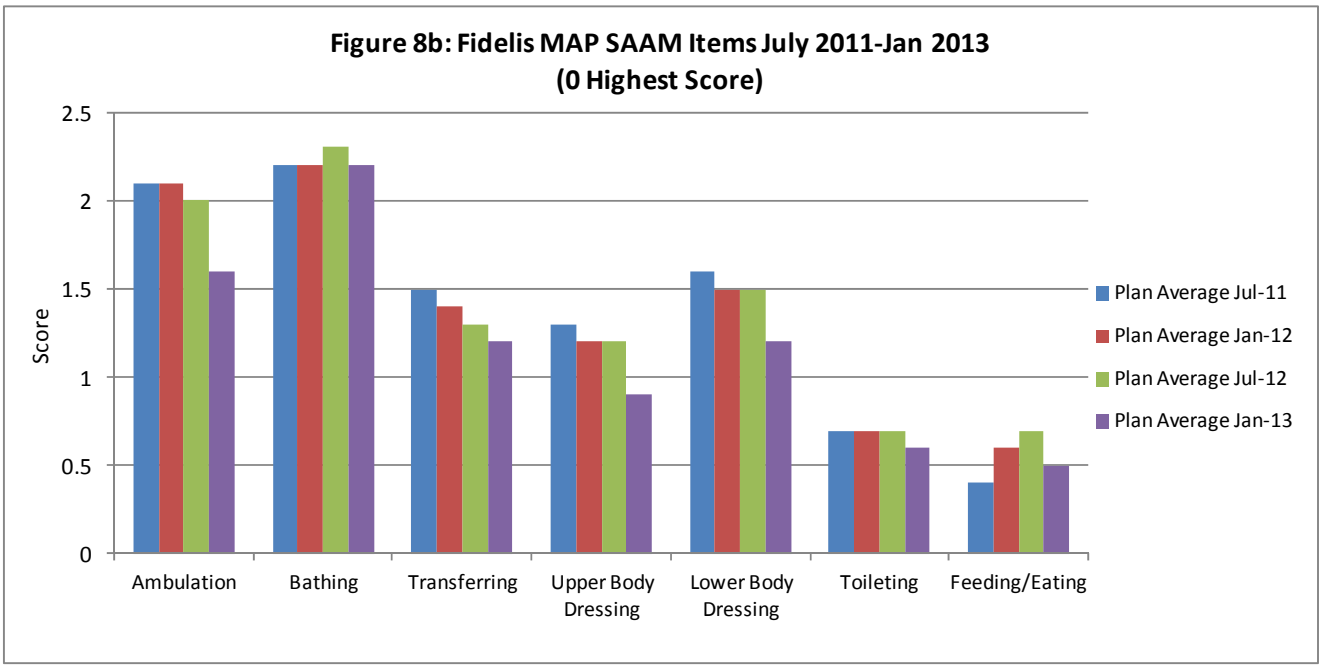


Figure 8b: Many of the scores associated with the activities of daily living represented in the above figure declined over time, indicating a higher level of ability to perform these tasks. The score for feeding/eating increased from July 2011-July 2012, but then declined in the January 2013 reporting period. Bathing scores remained relatively constant, with a higher average score reported in the July 2012 assessment.

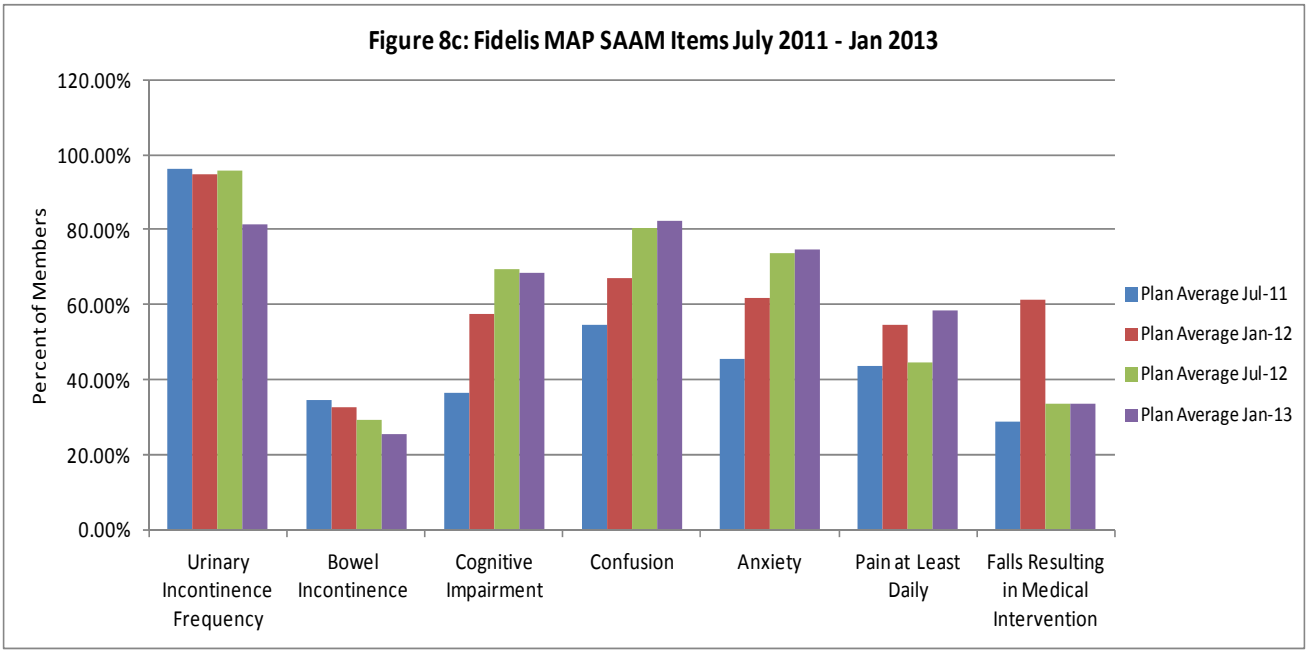


Figure 8c: The prevalence of cognitive impairment, confusion and anxiety amongst Fidelis MAP members increased over the course of the 2011/2012 reporting periods. Urinary and bowel incontinence had an overall downward trend, while frequency of pain and falls resulting in medical intervention were variable.

Section Seven: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of Fidelis' PIP for 2012:

Fidelis' 2012 PIP was entitled "SAAM Inter-rater Reliability (IRR) Improvement Project". This project was focused on improving the accuracy of their plan's SAAM assessments, by implementing an inter-rater reliability program. SAAM evaluations occur twice a year and provide the basis for member care plans. Random samples of 10% of the member population were evaluated on a monthly basis by two independent reviewers at the same time, using a pre-defined assessment tool. Results would be compared and discussed. The plan's goals were to:

1. Achieve a high degree of inter-rater reliability (≥90% demonstrated).
2. Achieve a discrepancy of ten points or less in scoring between reviewer teams.

Interventions were as follows:

- An inter-rater evaluation assessment tool was created.
- There was a "retraining" of assessors based on the first set of results.
- There would be an assessment of project implementation at monthly staff meetings to discuss and resolve and challenges and/or barriers.
- Re-measurement and assessment of SAAM IRR data would occur in September 2012 and December 2012.

A summary of results is detailed on the following page:

SAAM IRR reviewer scoring concurrence rate, Goal 1

Average Concurrence rate		
Baseline	**Post-training Sept 2012**	**Post-training Dec 2012**
90.4%	**89.7%**	**76.3%**

Scoring comparison for each reviewer (December), Goal 2

SAAM Pair Team Visit	Reviewer 1	Reviewer 2	Difference in points scoring
Team visit 1	8	8	**0**
Team visit 2	12	12	**0**
Team visit 3	13	6	**7**
Team visit 4	6	9	**3**
Team visit 5	7	4	**3**
Team visit 6	6	4	**2**
Team visit 7	8	11	**3**
Team visit 8	12	13	**1**
Team visit 9	7	7	**0**
Team visit 10	7	12	**5**

Average= **2.4 Weighted Kappa**	**0.28**
Standard error	**0.214**
95% CI	**-0.140 to 0.701**

Fidelis Care did not reach their goal of 90% IRR; in fact, it decreased from a baseline of 90.4% to 76.3% at the end of the project. The plan met their second goal by achieving average discrepancies of 10 points or less between the independent assessment teams, although their kappa score was fairly weak with a wide margin for error and a small sample size. It is suggested that the plan use a larger sample population in the future to properly weigh the results.

Opportunities were identified for further review and improvement, as follows:

1) Training and education should continue to occur
2) Ongoing discussion following each assessment of areas of disagreement among the assessors should occur for staff training and feedback

As some clinical reviews are subjective, training and continued education and feedback are necessary to improve agreement with SAAM scoring.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Fidelis Care at Home: Quality of Care
In all of the areas of care listed in Figures 3a and 3b (with the exception of the home health aide), Fidelis surpassed partially capitated and statewide averages. These services include dentistry, eye care, foot care, care managers, visiting nurse services, medical supplies and transportation services. The only statistically significant result was the 93.2% of respondents who rated their eye care as good or excellent, compared with partially capitated (82.4%) and statewide (81.3%) averages.

Fidelis Care at Home: Timeliness of Services
High ratings for timeliness were noted for all services in this category, with transportation to and from the doctor being of statistical significance:

- Fidelis members (85.5%) indicated transportation services *to* the doctor were usually or always on time, compared with partially capitated (68.1%) and statewide (68.5%) members.
- Fidelis members (82.9%) indicated transportation services *from* the doctor were usually or always on time, compared with partially capitated (67.4%) and statewide (66.9%) members.

Furthermore, compared with 2011, the percentage of respondents who rated the timeliness of transportation *to* and *from* the doctor as always/usually on time increased by 11.5 percentage points and 16.7 percentage points, respectively.

Fidelis Care at Home: Advance Directives
In 2012, 85.5% of the Fidelis partially capitated respondents indicated that the plan discussed the importance of advance directives with them, while 69.7% stated they had an advance directive and 88.4% said the health plan had a copy of the advance directive. Although all of these rates are above similar plan and statewide plan averages, it should be noted that only the outcome pertaining to discussions relating to importance of advance directives was statistically significant.

Fidelis Care at Home and Fidelis MAP: Fall Prevention/Mitigation
SAAM data showed that both Fidelis' partially capitated and MAP product lines had notably lower rates of falls compared with the statewide average for both submission periods.

Fidelis MAP: Upper/Lower Body Dressing
Those enrolled in Fidelis' MAP product line reported a higher level of ability to dress their upper and lower body for both the January 2013 and July 2012 submission periods, when compared to those enrolled in other plans statewide. Furthermore, when comparing scores over the last 4 assessment periods (from July 2011 to January 2013) the scores for upper/lower body dressing having continually decreased, indicating a greater ability to perform these tasks.

Opportunities

Fidelis Care at Home and Fidelis MAP: Behavioral Health (SAAM Data)
According to SAAM data from both the January 2013 and July 2012 measurement periods, members of Fidelis' partially capitated and MAP product lines suffered from higher rates of anxiety, confusion and cognitive impairment, when compared with the statewide averages.

- For the MAP product line:
    - The prevalence of anxiety was over 12 percentage points higher for both the January 2013 and July 2012 submission periods.
    - SAAM data also reflected higher levels of cognitive impairment (68.4% of respondents compared with about 58.0% from the state in the January submission period, and 69.5% compared with 59.6% in the July submission).
    - Additionally, a greater percentage of members seemed to experience confusion compared with those in other statewide plans (82.3% versus 62.7% respectively in the January submission, and 80.5% compared with 62.5% in the July submission).
    - When compared with the SAAM data from the last 4 reporting periods, there has been a steady increase in the prevalence of anxiety, confusion and cognitive impairment among Fidelis MAP members.

- For the partially capitated product line:
    - The prevalence of anxiety was higher for both reporting periods, however it was most notable in the July 2012 period (79.8% compared with 61.4% from the statewide average).
    - Confusion and cognitive impairment also followed this pattern, where they were above average for both reporting periods, but most notable in the July 2012 assessment.
    - On a positive note, when comparing Fidelis Care at Home SAAM data from the last 4 reporting periods (July 2011-Jan 2013), there has been a steady *decrease* over time in the prevalence of each of these adverse behavioral health outcomes (anxiety, confusion and cognitive impairment).

The scores for these questions (anxiety, confusion and cognitive impairment) can rely heavily upon assessor observation at the time of the SAAM visit and may be subjectively scored based upon the observations of the same assessor. Fidelis has identified this as an area of concern, evidenced by their 2012 PIP which sought to increase the accuracy of their SAAM assessments, and improve their inter-rater reliability. Progress is being made in this area as training and education are expected to continue, as well as ongoing discussion of disagreement among the assessors following each assessment.

Fidelis Care at Home and Fidelis MAP: Bowel Incontinence
SAAM data showed that members belonging to either of Fidelis' MLTC product lines had notably higher rates of bowel incontinence compared with the statewide averages for both the July 2012 and January 2013 submission periods. For the partially capitated line, members seemed to have a substantially higher rate in the January submission period, whereas MAP members had a much higher rate in the July submission (when compared with the statewide averages).

Performance Improvement Project
Fidelis sought to achieve a higher degree (≥ 90%) of inter-rater reliability with their 2012 PIP entitled "SAAM Inter-rater Reliability (IRR) Improvement Project". In addition, they wanted to achieve a discrepancy of ten points or less in scoring between reviewer teams.

Outcome:

- Fidelis Care did not reach their goal of 90% IRR; in fact, it decreased from a baseline of 90.4% to 76.3% at the end of the project.
- Although they met their goal of achieving an average discrepancy of 10 points or less between the independent assessment teams, their kappa score was fairly weak with a wide margin for error and a small sample size. It is suggested that the plan use a larger sample population in the future to properly weigh the results.

Opportunities were identified for further review and improvement, as follows:

- Training and education should continue to occur
- Ongoing discussion following each assessment of areas of disagreement among the assessors should occur for staff training and feedback
- As some clinical review is subjective, training and continued education and feedback are necessary to improve agreement with SAAM scoring

Encounter Data

In both the MAP and partially capitated product lines, there were much higher rates of utilization for personal care and transportation services. There were also higher rates of PCP visits and hospitalizations among MAP members.

There were about 8 more one-way trips PMPY for both partially capitated and MAP members in 2012 when compared with 2011, despite a decrease in the plan-specific and statewide averages.

For MAP members specifically, there was an increase of 26 personal care hours PMPY in 2012, while there was a decrease of 7 specialist visits PMPY. Hospitalizations also decreased by 2.33 days PMPY.

It is recommended that Fidelis conduct a data validation study, through a review of member records and care manager correspondence and comparing to MEDS data submissions for the same timeframes, to assist in determining if there are any encounter data over-reporting issues, or issues in capturing accurate data for these services.