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

EXTERNAL QUALITY REVIEW TECHNICAL REPORT FOR:

YOURCARE HEALTH PLAN, INC.

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

YourCare Health Plan, Inc. (YourCare) is a not-for-profit, prepaid health services plan (PHSP) that services Medicaid (MCD), Child Health Plus (CHP), and Health and Recovery Plan (HARP) populations. Univera Community Health Plan, Inc. changed its name to YourCare Health Plan, Inc. on August 1, 2015. The following report presents plan-specific information for the Medicaid line of business and selected information for the CHP product line.

YourCare Web Page: https://www.yourcarehealthplan.com

Participating Regions and Products			
Western[1]**:**	MCD	CHP	HARP

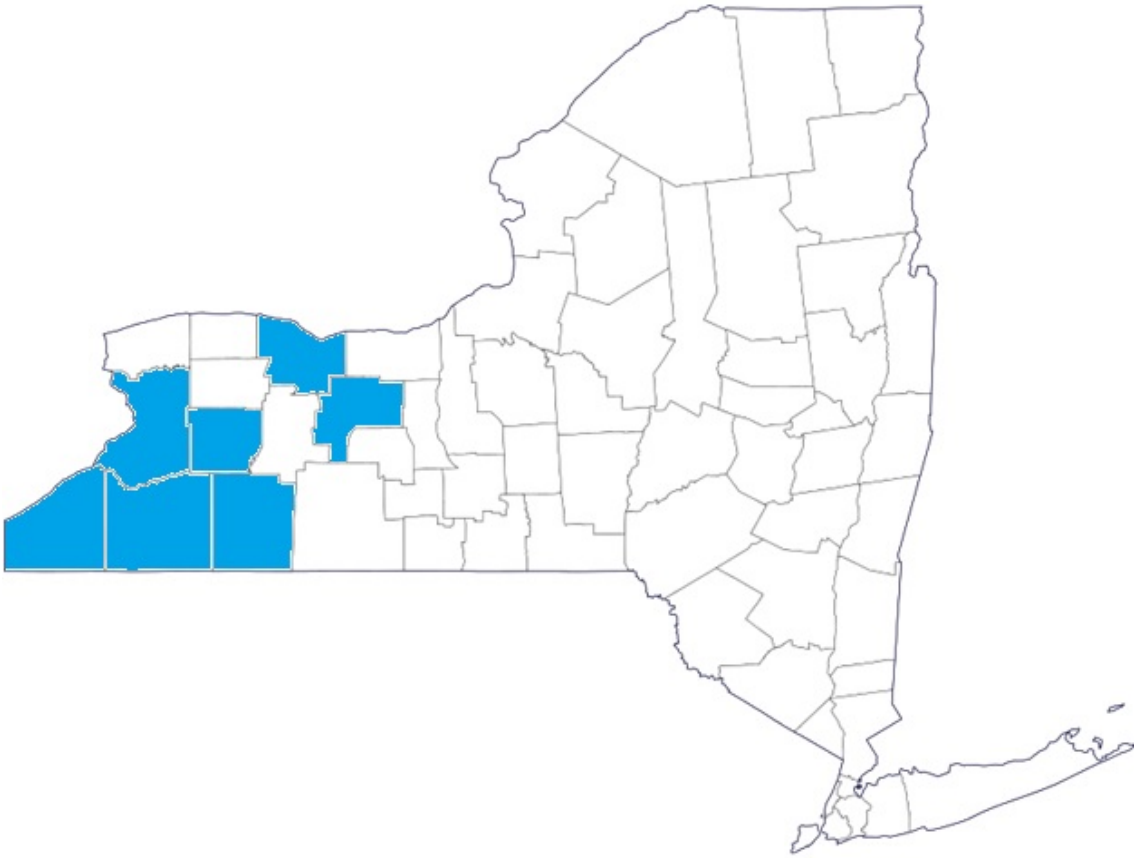
Note: Please contact the plan directly to confirm the plan participation counties.

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

[1] YourCare participates in Allegany, Cattaraugus, Chautauqua, Erie, Monroe, Ontario, and Wyoming counties only.

Figure 1: YourCare 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 decreased from 2017 to 2018 by a rate of 8.3%. YourCare's membership represents 0.9% 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	44,182	41,143	37,731
% Change from Previous Year	-8.1%	-6.9%	-8.3%
Statewide Total[1]	4,349,457	4,378,153	4,352,116
% of Total Medicaid Enrollment	1.0%	0.9%	0.9%

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	943	2,107	2,458

Data Source: NYSDOH OHIP Child Health Plus Program

Figure 2: YourCare Enrollment Trends—All Product Lines

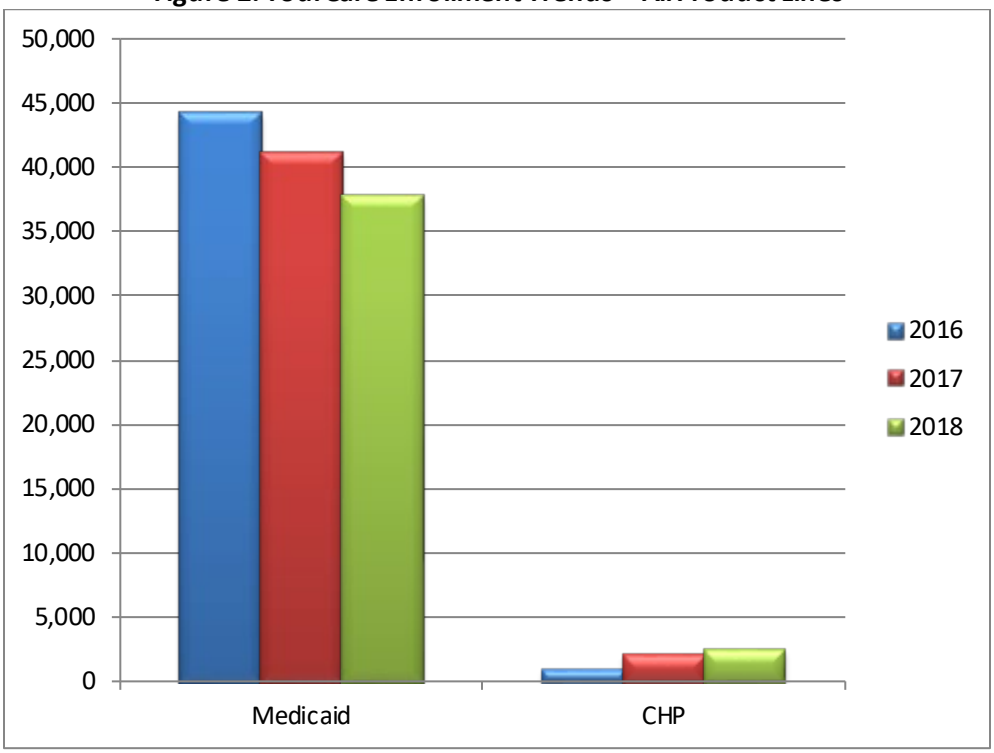
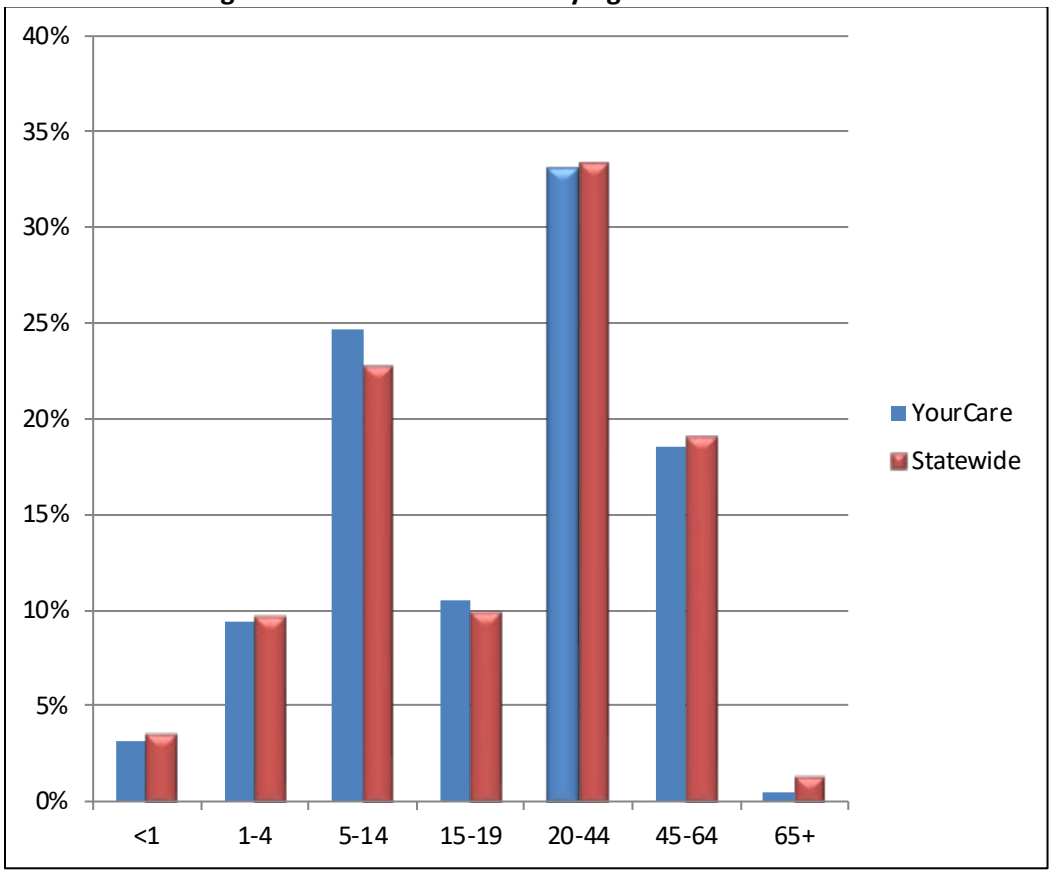


Table 3 and **Figure 3** display a breakdown of the MCO's enrollment by age and gender as of December 31, 2018, for the Medicaid product line. The table also indicates whether the MCO's rate is above (indicated by ▲) or below (indicated by ▼) the statewide average (SWA). In 2018, YourCare Health Plan's rate for members aged 15-19 years old was above the SWA.

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

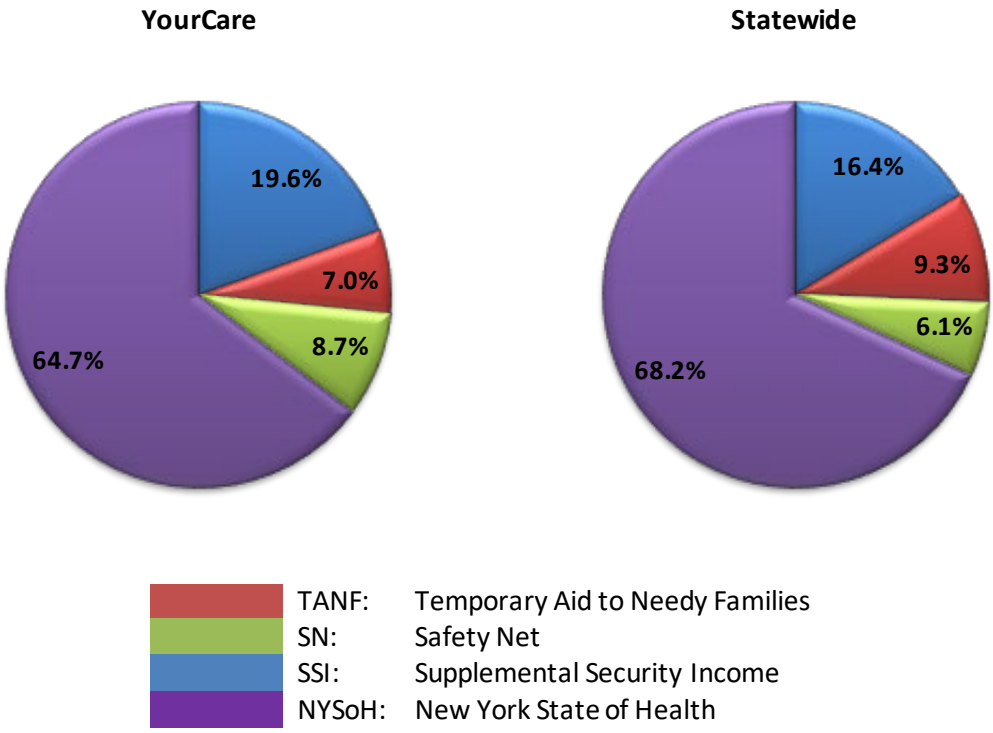
Age in Years	Male	Female	Total	MCO Distribution	Statewide
Under 1	596	590	1,186	3.1% ▼	3.6%
1-4	1,841	1,708	3,549	9.4%	9.7%
5-14	4,782	4,539	9,321	24.7%	22.8%
15-19	2,039	1,936	3,975	10.5% ▲	9.9%
20-44	4,646	7,849	12,495	33.1%	33.3%
45-64	3,173	3,812	6,985	18.5%	19.1%
65 and Over	82	108	190	0.5% ▼	1.4%
Total	17,159	20,542	37,701		
Under 20	9,258	8,773	18,031	47.8%	46.1%
Females 15-64		13,597		36.1%	34.7%

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 network 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. In 2018, the MCO had a rate above the statewide average for 1 out of 6 measures. For detailed information regarding board certification of providers, please see *External Quality Review All Plan Summary Technical Report for: New York State Medicaid Managed Care Organizations*[2].

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

Provider Type	2016		2017		2018	
	YourCare	Statewide Average	YourCare	Statewide Average	YourCare	Statewide Average
			Medicaid/CHP			
Family Medicine	NV	71%	87% ▲	72%	83% ▲	74%
Internal Medicine	NV	75%	83% ▲	76%	75%	76%
Pediatricians	NV	78%	85% ▲	79%	81%	80%
OB/GYN	NV	75%	82%	77%	73% ▼	80%
Geriatricians	NV	63%	81%	63%	57%	63%
Other Physician Specialists	NV	75%	84% ▲	76%	76%	77%

NV: Not valid. The MCO submitted invalid data for the reporting year.

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 ▼. The MCO had rates above the statewide average for 6 out of 10 provider types.

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

Specialty	Number	% of Total MCO Panel	% Statewide
Primary Care Providers	3,209	31.6% ▲	19.5%
Pediatrics	547	5.4% ▲	3.8%
Family Practice	617	6.1% ▲	3.5%
Internal Medicine	1,202	11.8% ▲	8.4%
Other PCPs	843	8.3% ▲	3.8%
OB/GYN Specialty[1]	642	6.3% ▲	3.8%
Behavioral Health	517	5.1% ▼	17.2%
Other Specialties	4,210	41.4%	46.0%
Non-PCP Nurse Practitioners	977	9.6%	8.7%
Dentistry	612	6.0%	4.9%
Total	10,167		

Data Source: NYS Provider Network Data System (PNDS).

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

[2] *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.

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

Specialty Type	YourCare			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	12:1	1,665	23:1	42:1	80,986	42:1
Pediatrics (Under age 20):	33:1			70:1		
OB/GYN (Females age 15-64)	21:1			59:1		
Behavioral Health	73:1			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 ▼. In 2018, the MCO's rate for Medicaid PCPs with an Open Panel was below the statewide average.

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

	2016			2017			2018		
	YourCare		Statewide	YourCare		Statewide	YourCare		Statewide
	Number	% of Providers	% of Providers	Number	% of Providers	% of Providers	Number	% of Providers	% of Providers
Medicaid									
Providers with Open Panel	697	90.2	85.0	901	75.7	95.7	864	27.6 ▼	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 YourCare 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
50	34	**68.0%**

Table 9 displays the appointment availability and after-hours access rates for the providers surveyed. The sample size was 32 providers [total number of providers who were compliant for participation (34), less total number of providers with closed panels (2)]. The MCO performed above the threshold for Routine and Non-Urgent call type.

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	2	2	100.0%
	Pediatrician	5	5	100.0%
	OB/GYN	3	3	100.0%
	Total Routine	**10**	**10**	**100.0%**
Non-Urgent "Sick"	Internist/Family Practitioner	3	3	100.0%
	Pediatrician	6	3	50.0%
	OB/GYN	3	3	100.0%
	Total Non-Urgent	**12**	**9**	**75.0%**
After-Hours Access	Internist/Family Practitioner	3	2	66.7%
	Pediatrician	6	4	66.7%
	OB/GYN	1	1	100.0%
	Total After-Hours	**10**	**7**	**70.0%**

[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 ▼.

Table 10: Medicaid Encounter Data—2016-2018

	Encounters (PMPY)					
	2016		2017		2018	
	YourCare	Statewide Average	YourCare	Statewide Average	YourCare	Statewide Average
PCPs and OB/GYNs	3.43	3.85	3.60	3.56	3.69	3.50
Specialty	2.37	2.45	2.42	2.30	2.39	2.33
Emergency Room	0.72 ▲	0.54	0.75 ▲	0.55	0.68	0.53
Inpatient Admissions	0.12	0.14	0.11	0.14	0.11	0.13
Dental	1.21	1.03	1.24	1.02	1.19	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 ▼.

Table 11: Health Screenings—2016-2018

	2016		2017		2018	
	YourCare	SWA	YourCare	SWA	YourCare	SWA
	Medicaid					
Enrollee Health Screenings	12.4%	12.5%	22.2%	12.7%	21.5%	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 had rates above the statewide average for 3 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	4,104 ▼	4,123 ▼	4,170	5,317
ER Visits	694	663 ▲	630 ▲	492
Inpatient ALOS				
Medicine	4.2	4.0	3.9	4.5
Surgery	5.9	7.1	6.9	7.0
Maternity	2.7	2.9	2.9	2.9
Total	4.1	4.4	4.4	4.4
Inpatient Utilization (PTMY)				
Medicine Cases	42	40	38	30
Surgery Cases	17	17	20 ▲	12
Maternity Cases	29	29	30	32
Total Cases	81	78	80 ▲	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 2019 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 YourCare indicated that the MCO had no significant issues in any areas related to reporting. YourCare demonstrated compliance with all areas of Information Systems and 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.

YourCare 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. [3]

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.

[3] 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 above the SWA for 64% of the 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	86	88	92 ▲	**89**
WCC—BMI Percentile	78	86	91 ▲	**86**
WCC—Counseling for Nutrition	77	81	89 ▲	**83**
WCC—Counseling for Physical Activity	72	76	82 ▲	**74**
Childhood Immunizations—Combo 3	77	74	78 ▲	**73**
Lead Screening in Children	87	89	90	**89**
Adolescent Immunizations—Combo 2[2]		30 ▼	36 ▼	**43**
Adolescents—Alcohol and Other Drug Use[3]	69	73	81 ▲	**70**
Adolescents—Depression[3]	65	71 ▲	77 ▲	**67**
Adolescents—Sexual Activity[3]	66	68	77 ▲	**67**
Adolescents—Tobacco Use[3]	74	76	85 ▲	**74**
Breast Cancer Screening	66 ▼	69	69	**71**
Colorectal Cancer Screening	46 ▼	55 ▼	55 ▼	**63**
Chlamydia Screening (Ages 16-24)	68 ▼	68 ▼	70 ▼	**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 a rate above the SWA for 1 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	89	92	89	**91**
Spirometry Testing for COPD	45	44 ▼	45 ▼	**56**
Use of Imaging Studies for Low Back Pain	72 ▼	67 ▼	65 ▼	**77**
Pharmacotherapy Management for COPD—Bronchodilators	87	83	85	**89**
Pharmacotherapy Management for COPD—Corticosteroids	79 ▲	78	83	**76**
Medication Management for People with Asthma 50% (Ages 19-64)	67	62 ▼	73	**71**
Medication Management for People with Asthma 50% (Ages 5-18)	45 ▼	52	61	**59**
Asthma Medication Ratio (Ages 19-64)	66 ▲	64 ▲	63	**60**
Asthma Medication Ratio (Ages 5-18)	77 ▲	79 ▲	70	**68**
Persistence of Beta-Blocker Treatment After a Heart Attack	*SS*	89	*SS*	**80**
CDC—HbA1c Testing	87 ▼	89	90	**92**
CDC—HbA1c Control (<8%)	49 ▼	57	56	**60**
CDC—Eye Exam Performed	65	67	63	**67**
CDC—Nephropathy Monitor	92	92	91	**92**
CDC—BP Controlled (<140/90 mm Hg)	64	65	72 ▲	**66**
Drug Therapy for Rheumatoid Arthritis	76	82	78	**83**
Monitor Patients on Persistent Medications—Total Rate	86 ▼	89 ▼	88 ▼	**92**
Appropriate Treatment for URI	91 ▼	93 ▼	94	**95**
Avoidance of Antibiotics for Adults with Acute Bronchitis	20 ▼	28	30	**36**
HIV Viral Load Suppression[2]	79	76	84	**77**
Flu Shots for Adults (Ages 18-64)[4]	37	46		
Advising Smokers to Quit[4]	83	81		
Smoking Cessation Medications[4]	61	58		
Smoking Cessation Strategies[4]	52	54		

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

SS: Sample size too small to report (less than 30 members), but included in the statewide average.

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 otherwise noted.

[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.

Table13c 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 ▼). In 2018, YourCare Health Plan has shown improvement in 6 out of 9 behavioral health measures.

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	47	49	50	**53**
Antidepressant Medication Management—Effective Continuation Phase	33	35	34	**37**
Follow-Up Care for Children on ADHD Medication—Initiation	47 ▼	51	53	**59**
Follow-Up Care for Children on ADHD Medication—Continue	47 ▼	55	67	**66**
Follow-Up After Hospitalization for Mental Illness—30 Days	76	75	76	**74**
Follow-Up After Hospitalization for Mental Illness—7 Days	61	58	64	**63**
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	77	79	59	**82**
Diabetes Monitoring for People with Diabetes and Schizophrenia	78	*SS*	*SS*	**80**
Antipsychotic Medications for Schizophrenia	54	55	59	**63**

SS: Sample size too small to report (less than 30 members), but included in the statewide average.

ADHD: Attention Deficit/Hyperactivity Disorder

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

Access/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.[4]

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 below 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	54 ▼	61 ▼	68	**81**
Well-Child Visits—3 to 6 Year Olds	79 ▼	84	84 ▼	**86**
Adolescent Well-Care Visits	62 ▼	66 ▼	68	**68**

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

[4] 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 3 out of 10 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	96	97	99	**97**
25 Months-6 Years	91 ▼	94	93	**94**
7-11 Years	95 ▼	97	97	**97**
12-19 Years	93 ▼	95	95	**95**
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	82	83 ▲	84 ▲	**81**
45-64 Years	89 ▼	90	90 ▲	**89**
65+ Years	89 ▼	90	95	**91**
Access to Other Services				
Timeliness of Prenatal Care	84 ▼	86	90	**88**
Postpartum Care	63 ▼	67	70	**70**
Annual Dental Visit[2]	66 ▲	67 ▲	75 ▲	**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 ▼).

Table 15: QARR Prenatal Care Rates—2015-2017

Measure	2015		2016		2017	
	YourCare	ROS Average	YourCare	ROS Average	YourCare	ROS Average
				ROS		
Risk-Adjusted Low Birth Weight[1]	8%	7%	7%	7%	-	-
Prenatal Care in the First Trimester	74%	74%	74%	74%	74%	74%
Risk-Adjusted Primary Cesarean Delivery[1]	14%	14%	15%	13%	-	-
Vaginal Birth After Cesarean	18%	14%	18%	14%	-	-

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

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 significantly worse than the statewide average (indicated by ▼). In 2018, the MCO had a rate above the statewide average for 1 out of 12 measures.

Table 16: CAHPS®—2014, 2016, 2018

Measure	2013		2016		2018	
	YourCare	Statewide Average	YourCare	Statewide Average	YourCare	Statewide Average
			Medicaid			
Getting Care Needed[1]	84	**83**	87	**85**	86	**84**
Getting Care Quickly[1]	90	**87**	90	**88**	92 ▲	**88**
Customer Service[1]	90 ▲	**82**	83	**86**	83	**86**
Coordination of Care[1]	75	**74**	68 ▼	**74**	70	**75**
Collaborative Decision Making[1]	49	**53**	79	**74**	79	**76**
Rating of Personal Doctor[1]	87	**89**	88	**89**	91	**90**
Rating of Specialist	78	**81**	89	**83**	84	**84**
Rating of Healthcare	87	**85**	85	**86**	88	**87**
Satisfaction with Provider Communication[1]	94	**93**	92	**93**	94	**93**
Rating of Counseling/Treatment	67	**64**	65	**68**	*SS*	**69**
Rating of Health Plan—High Users	84	**84**	89	**85**	83	**84**
Overall Rating of Health Plan	84	**83**	84	**85**	83	**85**

SS: Sample size too small to report

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

	Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)		
	F	**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.

YourCare's 2017-2018 PIP topic was *"Improving Perinatal Outcomes"*. During 2018, the MCO implemented the following interventions:

Member-Focused Interventions:

- Members in the Care Management program who attend a postpartum visit between 21-56 days after delivery can receive a $25 gift card.
- Members identified as pregnant were offered educational materials. Members who accepted were mailed a book with perinatal and postpartum education topics.
- Members received mailings on importance of postpartum contraception.
- Members in the Healthy Beginnings program will be screening for postpartum depression using the PHQ-2 and Edinburgh Postnatal Depression Scale tools. Positive screens will be forwarded to the members' providers.
- The BABY & ME Tobacco Free program and the NYSSQL will be offered to any member identified as a current smoker or recently quit.

Provider-Focused Interventions:

- Educate providers about the use of the WNY Perinatal Collaborative Prenatal Risk Form (PRF).
- Development of a perinatal toolkit for all OB providers, which includes the PRF, Make Quality Pay Program (MQPP) forms, ACOG guidelines for 17P and LARC, depression screening information, BABY & ME Tobacco Free™ program information, and Healthy Beginnings materials.
- Providers received education via newsletters, website, and face-to-face appointments.

MCO-Focused Interventions:

- Use of a case management program that identifies members with a history of preterm birth, smokers, and depression.
- The WNY Perinatal Collaborative Survey will be distributed to all OB providers requesting information about prenatal depression screening.
- If a member is engaged and eligible, but not offered 17P by the provider, the CM followed up with the provider.

Table 18 presents a summary of YourCare's 2017-2018 PIP. The MCO demonstrated an improvement for 11 out of 14 indicators.

Table 18: Performance Improvement Project Results—2017-2018

Indicator	Baseline Rate	Final Rate	Target/Goal	Results
Timeliness of Prenatal Care	84%	90%	89%	Demonstrated improvement
Postpartum Care	63%	70%	70%	Demonstrated improvement
Received at least one 17P injection	16%*	46%	21%	Demonstrated improvement
Depression Screening	74%	87%	79%	Demonstrated improvement
Tobacco Screening	78%	84%	83%	Demonstrated improvement
Tobacco Screening Follow-Up	-	-	-	Plan did not measure or report results
Received most effective or moderately effective FDA methods of contraception				
Age 15-20 years; within 3 days	9%	7%	14%	Performance declined
Age 15-20 years; within 60 days	23%	39%	28%	Demonstrated improvement
Age 21-44 years; within 3 days	12%	13%	17%	Demonstrated improvement
Age 21-44 years; within 60 days	13%	26%	18%	Demonstrated improvement
Received a long acting reversible method of contraception (LARC)				
Age 15-20 years; within 3 days	0%	1%	5%	Demonstrated improvement
Age 15-20 years; within 60 days	6%	7%	11%	Demonstrated improvement
Age 21-44 years; within 3 days	1%	2%	6%	Demonstrated improvement
Age 21-44 years; within 60 days	6%	5%	11%	Performance declined

*Issue with accuracy of pharmacy data in 2016.

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.

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

- To characterize, identify and analyze YourCare's Medicaid population an interactive Tableau workbook of the plan's population was created. This workbook provided census tract and zip codes of at-risk characteristics, such as race, ethnicity, and poverty levels. This information was used for planning purposes, such as for targeted mailing, and community events
- YourCare does not identify differences in health outcomes or health status between other Medicaid memberships because the MCO only supports safety-net programs.
- YourCare stated there is no comparison of gaps in care between other Medicaid members and/or Medicaid subgroups.
- The MCO does not identify and analyze determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
- During 2018, YourCare and GBUACO proposed and received a grant from SAMSHA to develop MAT programs for opioid addiction. The program was developed, in part, by analyzing the geographic and provider locations for enrollees with opioid addiction diagnoses. Studies in previous years indicated a link between substance abuse and adverse birth outcomes for black women.

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)[5]
- 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%

[5] 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.

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

- Secure electronic transfer of protected health information to patients and/or providers:
  - Use of secure email.
  - Use of secure FTP.
  - Utilize Microsoft OneDrive and web-based portals.

- Use of telecommunications technologies:
  - Case management is provided telephonically.
  - Use of text messages for health education and health screening reminders.

- Use of Electronic Health Records (EHR):
  - Utilizes EHR files from ACO connected.

- Use of clinical risk group (CRG) or similar software:
  - Use of CRG and MARA (Milliman) risk grouping technology for risk stratification and identification.

- Secure electronic transfer of member data between the MCO, its vendors, and/or network providers:
  - Utilize secure FTP sites.
  - Use of secure HTTP technologies (flat ASCII text files or HL7 EDI files).

- Electronic communication with providers:
  - Utilize secure FTP sites.
  - Use of secure email.
  - Utilize Microsoft OneDrive and web-based portals.

- Participation in a Regional Health Information Organization (RHIO) or Health Information Exchange (HIE):
  - Collaborates with HealtheLink and GRRHIO to exchange information.

- Participation in a medical home pilot or program:
  - The MCO provides reporting to New York State health homes.

- Future plans to implement HIT:
  - Yourcare Health Plan has planned for the implementation of telemedicine.

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. This table reflects the findings from reviews of the MCO as a whole and deficiencies are not differentiated by product line. It is important to note that the number of deficiencies and the number of citations may differ, since each deficiency can result in multiple citations.

For the focused reviews, YourCare was in compliance with 13 of the 14 categories. The category in which YourCare was not compliant was Organization and Management (2 citations). YourCare was in compliance with all operational survey 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	Focused Review Citation: Survey Type	
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	2	Behavioral Health Claims	2
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	0		
Utilization Review	0	0		
Total	**0**	**2**		

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 60% of external appeals overturned.

Table 22: External Appeals—2016-2018

	2016	2017	2018
		Medicaid	
Overturned	4	2	3
Overturned in Part	0	1	0
Upheld	5	2	2
Medicaid Total	**9**	**5**	**5**
		CHP	
Overturned	0	0	0
Overturned in Part	0	0	0
Upheld	0	0	0
CHP Total	**0**	**0**	**0**

VIII. Strengths and Opportunities for Improvement[6]

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:

- The MCO reported rates above the statewide average for the HEDIS®/QARR *Board Certification* measure for *Family Medicine* providers.
- In regards to the number of Medicaid providers in the MCO's network, the MCO had rates above the statewide average for Primary Care Providers, Pediatricians, Family Practice Physicians, Internal Medicine Physicians, Other PCPs, and OB/GYN Specialists.
- In regards to the 2018 Primary Care and OB/GYN Access and Availability Survey, the MCO performed at or above the 75% threshold for Routine and Non-Urgent "sick" call types.
- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCO reported a rate above the statewide average for *Adult BMI Assessment, Children/Adolescent Weight Assessment and Counseling - (BMI Percentile, Nutrition and Physical Activity), Childhood Immunizations – Combo 3, Adolescent Preventive Care—Alcohol and Other Drug Use, Depression, Sexual Activity and Tobacco Use.*
- In the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCO has reported rates above the statewide average for *Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg).*
- In the HEDIS®/QARR Access to Care domain, the MCO has reported a rate above the statewide average for at least three consecutive reporting years for *Annual Dental Visit (Ages 2-20)*, while the MCO's rate for *Adults' Access to Preventive/Ambulatory Health Services* was above the statewide average for the *20-44 Years and 45-64 Years* age groups for 2018.
- The MCO reported a rate above the statewide average for *Getting Care Quickly* on the 2018 CAHPS® member satisfaction survey.

[6] 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.

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:

- The MCO reported rates below the statewide average for the HEDIS®/QARR *Board Certification* measure for *OB/GYN* providers.
- In regards to the number of Medicaid providers within the MCO's network, the MCO had a rate below the statewide average for Behavioral Health specialists.
- The MCO demonstrates an opportunity for improvement for the rate of Medicaid PCPs with an open panel.
- The MCO demonstrates an opportunity for improvement regarding provider after-hours access and availability. In 2018, the MCO's rate for after-hours calls was below the threshold.
- The MCO demonstrates an opportunity 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 *Colorectal Cancer Screening* and *Chlamydia Screening in Women (Ages 16-24)*. Additionally, the MCO's rate for *Immunizations for Adolescents—Combination 2* was reported below the statewide average for 2018. *(Note: Colorectal Cancer Screening, Chlamydia Screening in Women (Ages 16-24), were opportunities for improvement in the previous year's report.)*
- The MCO continues to demonstrate 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 at least three consecutive reporting years for Use of Imaging Studies for Low Back Pain and *Annual Monitoring for Patients on Persistent Medications—Total Rate*, while the MCO's rate for Spirometry Testing for COPD was reported below the statewide average for 2018. *(Note: Annual Monitoring for Patients on Persistent Medications—Total was an opportunity for improvement in the previous year's report.)*
- The MCO has reported rates below the statewide average in 2018 for the HEDIS®/QARR *Well-Child Visits in the First 15 Months of Life—6+ Visits* and *Adolescent Well-Care Visits* measures. *(Note: Well-Child Visits 3 to 6 Year olds.*

Recommendations:

- With the MCO's poor performance in appointment rates for Primary Care and OB/GYN providers during After-Hours Access calls, the MCO should develop a process to identify providers who did not meet the requirements. The MCO should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as; quarterly provider newsletters and monthly meetings.
- The MCO should continue its efforts to improve HEDIS®/QARR Quality Indicators consistently below the average. While 57% of the prevention and screening measures improved, the rates for Colorectal Cancer and Chlamydia Screenings consistently performed below statewide averages. The MCO should conduct a root cause analysis to determine the key factors preventing improvement for these measures. Regarding the poor performance on the testing and monitoring measures for acute and chronic diseases, the MCO should routinely evaluate its current interventions to determine its effectiveness. The MCO should consider implementing more provider interventions, such as reminders in provider newsletters, incentives and face-to-face meetings to discuss barriers to providing care to members with chronic conditions. *[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.

- **2017 Recommendation:** The MCO should continue its efforts to improve HEDIS®/QARR Quality Indicators consistently below the average. The MCO should evaluate its current strategy for improving these measures, which is largely passive in nature (i.e., incentive awards and outreach campaigns) for effectiveness in closing gaps in care and should consider implementing active interventions targeted at the community to help members easily obtain needed services. *[Repeat recommendation.]*

  MCO Response:
  YourCare Health Plan has continued with passive interventions such as outreach telephonic programs which were followed up with mailing campaigns this year; added additional incentives for member compliance in closing targeted gaps in care; launched text message programs and continued to supply gap in care reports to providers and Health Homes. YourCare participated in community initiatives which were aimed at improving member outcomes:
  - Promoted use of mobile mammography busses. Outreach was aimed at targeted zip codes where the bus would be located and transportation to the bus was provided. Gift cards were distributed on site at the time service was rendered.
  - Active member of WNY Immunization Coalition which worked with surrounding counties to improve immunization rates. Targeted member and provider education was provided.
  - YourCare Health Plan sponsored community health fairs which provided education (food pantries, general healthcare); facilitated enrollers, blood pressure screenings, HIV/ PReP information; perinatal education; diabetes screening.
  - Community Conversations held every other month to bring together Health Homes and the Care Management Agencies. Group received education at meeting and also via webinar on HEDIS measures and provided speaking points to encourage member compliance. This group also shared best practices about addressing social determinants of health and other barriers to good health outcomes.
  - YourCare participated in DSRIP activities aimed at improving mental health, decreasing stigma and decreasing barriers to access to care.
  - Developed active Emergency Room follow up program to be sure member was linked to primary care after visit to ER.
  - Several grants (End The Epidemic and HOPE Buffalo) used community campaigns to improve awareness to address HIV/AIDS members and Adolescent wellness.
  - Social media campaigns addressed various topics of interest to community health.

- **2017 Recommendation:** The MCO should continue its work to improve HEDIS®/QARR Access to Care measures, as the MCO demonstrated some improvement in those areas. The MCO should continuously evaluate the effectiveness of the initiatives designed to improve these measures, and enhance them if needed for further improvement. *[Repeat recommendation.]*

  MCO Response:
  YourCare Health Plan received monthly HEDIS rates from our vendor. Monthly, a group meets to discuss the movement of the measures and ability to measure against any interventions. Interventions follow an active

PDSA cycle. The programs are reviewed and either remains the same, are changed to address problems or are discontinued if the program cannot address low performing rate.
Each intervention was assigned a measurement period after the launch, usually a 3-month period (for claims run out).
Change Healthcare ™ (Text Company) provides monthly reports which we can use to compare to movement of measures especially related to care of members with asthma, hypertension and diabetes.
Gap in Care reports are distributed monthly and feedback given to practices and Health Homes about rates- top 3 and bottom 3 performing measures are highlighted. Process improvement plans suggested.

- **2017 Recommendation:** The MCO should continue to work to address issues identified in the focused review surveys. First, the MCO should ensure all Member Services staff members are trained to respond appropriately to members' requests for information. Additionally, the MCO should continue to identify innovative ways to improve the accuracy of the information included in the provider directories in order to ensure appropriate access to care for members. *[Repeat recommendation.]*

  MCO Response:
  YourCare Health Plan provides an extensive orientation program for new hires in the Customer Service Department. Training manuals are updated regularly. Customer Service reps are given regular business updates so they can provide any new information to members and providers. This is done through email bulletins. Weekly "Town Hall" meetings are held. All updates and any issues are discussed.
  YourCare Health Plan works continuously to update our provider directories. We have in place:
  - Reports generated monthly that identify a provider who has not submitted a claim in 3 months- this allows the plan to update practice information (provider may have left practice for various reasons).
  - When a practice enrolls in our Web based portal, validation of locations, providers, phone numbers etc. are updated.
  - Rosters are sent regularly to practices and are also available on demand.
  - YourCare Health Plan has a secret shopper who checks access to care and validates information given to member.

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