NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OFFICE OF QUALITY AND PATIENT SAFETY

ANNUAL EXTERNAL QUALITY REVIEW TECHNICAL REPORT

Reporting Year 2019

NEW YORK STATE

HIV SPECIAL NEEDS MEDICAID MANAGED CARE PLANS

Published April 2021

Table of Contents

Acronyms Used in This Report iii

I. About This Report 1

Purpose of This Report 1

Scope of This Report 1

II. Background 3

History of the New York State Medicaid Managed Care Program 3

New York State Quality Goals and Objectives 3

III. External Quality Review Activities 6

IV. Corporate Profiles 7

V. Findings, Conclusions and Recommendations Related to Quality, Timeliness and Access 8

Introduction 8

Validation of Performance Improvement Projects 8

Validation of Performance Measures 9

Review of Compliance with Medicaid and CHIP Managed Care Regulations 31

Administration or Validation of Quality of Care Surveys 34

Conclusions 46

Recommendations to the NYSDOH 46

VI. MCP-Level Reporting 47

Introduction 47

Amida Care, Inc. 49

MetroPlus Health Plan, Inc. Special Needs Plan 59

VNSNY Choice SelectHealth Special Needs Plan 68

VII. Appendix A: Validation of Performance Improvement Projects....76

VIII. Appendix B: Validation of Performance Measures....78

IX. Appendix C: Review of Compliance with Medicaid and CHIP Managed Care Regulations....80

X. Appendix D: Administration or Validation of Quality of Care Surveys....83

Acronyms Used in This Report

ALOS: Average Length of Stay
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
FAR: Final Audit Report, HEDIS
FFS: Fee-For-Service
FIDA: Fully Integrated Duals Advantage
HARP: Health and Recovery Plan
HCS: Health Commerce System
HEDIS: Healthcare Effectiveness Data and Information Set
HMO: Health Maintenance Organization
HPN: Health Provider Network
MAP: Medicaid Advantage Plus
MCP: Managed Care Plan
MLTC: Managed Long-Term Care
MMC: Medicaid Managed Care
MMCPR: Medicaid Managed Care Operating Report
MRT: Medicaid Redesign Team
MY: Measurement Year
NCQA: National Committee for Quality Assurance
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
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
QARR:	Quality Assurance Reporting Requirements, New York State
ROS:	Rest of State
RY:	Reporting Year
SN:	Safety Net
SNP:	Special Needs Plan
SOD:	Statement of Deficiency
SS:	Small Sample (less than 30)
SWA:	Statewide Average
UR:	Utilization Review

I. About This Report

Purpose of This Report

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

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

To comply with *Title 42 CFR Section § 438.364 External review results* (*a)* through *(d)* and *Title 42 CFR Section § 438.358 Activities related to external quality review*, the New York State Department of Health (NSYDOH) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of the three MCPs that comprised New York's HIV Special Needs Plan (SNP) Medicaid managed care (MMC) program in 2019.

Scope of This Report

This EQR technical report focuses on the three federally mandated and one optional EQR activity that were conducted in reporting year (RY) 2019. It should be noted that validation of provider network adequacy, though currently mandated, was not part of the *CMS External Quality Review (EQR)*

[1] https://www.cms.gov/
[2] Prepaid Inpatient Health Plan
[3] Prepaid Ambulatory Health Plan
[4] Primary Care Case Management

PROTOCOLS[5] published in October 2019. These protocols also state that an "Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4." As set forth in *Title 42 CFR Section § 438.358 Activities related to external quality review (b)(1),* these activities are:

- ***CMS Mandatory Protocol 1*****. Validation of Performance Improvement Projects (PIPs) –** IPRO reviewed MCP PIPs to validate that the design, conduct and reporting aligned with the protocol, allowing real improvements in care and services and giving confidence in the reported improvements.
- ***CMS Mandatory Protocol 2.*** **Validation of Performance Measures** – IPRO reviewed the Healthcare Effectiveness Data and Information Set (HEDIS) audit results provided by the MCPs' National Committee for Quality Assurance (NCQA)-certified HEDIS compliance auditors, as well as MCP reported rates, member-level files and NYSDOH-calculated performance measure rates.
- ***CMS Mandatory Protocol 3.*** **Review of Compliance with Medicaid and CHIP Managed Care Regulations –** The NYSODH conducted a review of MCP policies and procedures, provider contracts and member files to determine MCP compliance with federal and state Medicaid requirements. Specifically, this review assessed compliance with *Title 42 CFR Part 438 Subpart D*, the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State Public Health Law* (PHL)[6] *Article 44* and *Article 49*, and *New York Codes Rules and Regulations* (NYCRR) *Part 98-Managed Care Organizations*.[7]
- ***CMS Mandatory Protocol 4.*** **Validation of Provider Network Adequacy –** Not yet required as protocols have not been published.
- ***CMS Optional Protocol 6.*** **Administration or Validation of Quality of Care Surveys –** IPRO subcontracted with DataStat, an NCQA-certified survey vendor to administer the 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) to measure consumer satisfaction with New York's HIV SNP MMC program.

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[5] https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf
[6] http://public.leginfo.state.ny.us/navigate.cgi?NVMUO:
[7] Title: SubPart 98-1 - Managed Care Organizations | New York Codes, Rules and Regulations (ny.gov)

II. Background

History of the New York State Medicaid Managed Care Program

The NYS MMC program began in 1997 when NYS received approval from CMS to implement a mandatory Medicaid managed care program through a Section 1115 Demonstration[8] waiver. Section 1115 allow for "demonstration projects" to be implemented in states in order to effect changes beyond routine medical care and focus on evidence-based interventions to improve the quality of care and health outcomes for members. The NYS Section 1115 Demonstration waiver project began with several goals, including:

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

In 2011, the Governor of NYS established the Medicaid Redesign Team (MRT) with the goal of finding ways to lower Medicaid spending in NYS while maintaining a high quality of care. The MRT provided recommendations that were enacted, and the team continues to work toward its goals.

New York State Quality Goals and Objectives

The state's current quality strategy encompasses the traditional plans (including Child Health Plus [CHP] populations), Managed Long Term Care (MLTC) plans (including Medicaid Advantage Plus, Program of All–inclusive Care for the Elderly (PACE), and partially capitated MLTC plans), HIV/AIDS SNPs, and behavioral health special needs Health and Recovery Plans (HARPs). A separate quality strategy for Developmental Disability Services is maintained by the Office for People with Developmental Disabilities (OPWDD). As part of the integration of behavioral health services into managed care, the Office of Mental Health (OMH) and the Office Addiction Services and Supports (OASAS) collaborated with the Department to develop separate quality strategies for behavioral health based on values that address person-centered care, recovery-oriented services and cultures, integrated care, data driven quality improvement, and evidence based practices.

New York has developed and implemented rigorous standards to ensure that approved health plans have networks and quality management programs necessary to adequately serve all enrolled populations. The NYSDOH performs periodic reviews of the quality strategy to determine the need for revision and to assure MCPs are in compliance with regulatory standards and have committed adequate resources to perform internal monitoring and ongoing quality improvement. The quality strategy is

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

updated regularly to reflect the maturing of the quality measurement systems for new plan types, as well as new plans and populations that may be developed in the future.

To achieve the overall objectives of the NYS MMC program and to ensure NY Medicaid recipients have access to the highest quality of health care, the NYS quality strategy focuses on measurement and assessment, improvement, redesign, contract compliance and oversight, and enforcement. The state targets improvement efforts through a number of activities such as focused clinical studies, clinical and non-clinical PIPs, quality incentives, the quality performance matrix, performance reports, quality improvement conferences and trainings, and plan technical assistance.

New York State aims to improve health care services, to improve population health, and to reduce costs for its MMC program through some of the following objectives:

- Create and sustain an integrated, high performing health care delivery system that can effectively and efficiently meet the needs of Medicaid beneficiaries by improving care, improving health and reducing costs.
- Continue to expand on the assessment, measurement, and improvement activities for all existing managed care plans while incorporating new managed care plans as they become operational.
- Demonstrate an increase of at least 5 percentage points in the statewide rate of diabetics who received all four required tests for the monitoring of diabetes.
- Decrease the prevalence of self-identified smokers on the CAHPS survey.
- Increase the measurement, reporting and improvement initiatives associated with preventable events such as Prevention Quality Indicators (PQIs), potentially preventable readmissions (PPRs) and emergency department use for preventive care (PPVs).
- Increase measurement in behavioral health by developing and implementing a more robust measurement set and incorporating expanded populations such as Health Homes into the New York State Quality Assurance Reporting Requirements (QARR).
- Continue to publish data by race and ethnicity, as well as aid category, age, gender, special needs, and region in order to develop meaningful objectives for improvement in preventive and chronic care. Engage the plans in new ways to improve care by focusing on specific populations whose rates of performance are below the statewide average.
- Decrease any disparity in health outcomes between the Medicaid and commercial populations.
- Expand access to managed long-term care for Medicaid enrollees who are in need of long-term services and supports (LTSS).
- Increase MLTC measurement with the implementation of HEDIS/QARR reporting on fully capitated plans and the development of additional measures using Uniform Assessment System (UAS)-NY data.
- Decrease the percentage of MLTC enrollees who experienced daily pain from 52 % to 45%.
- Decrease the percentage of MLTC enrollees who had one or more falls so that no plan has a rate above 20%.
- Identify and reduce disparities in access and outcomes for individuals with serious behavioral health conditions (individuals enrolled in HARPs).

- Increase provider implementation of evidence-based practices that integrate behavioral and physical health services, including addiction pharmacotherapy.
- Improve care coordination for individuals with complex behavioral and physical health needs.

III. External Quality Review Activities

For CY 2019, IPRO conducted a validation of PIPs, a validation of performance measures, and a quality of care survey while the NYSDOH evaluated the MCPs' compliance with federal Medicaid standards and state structure and operation standards. Each activity was conducted in accordance with the *CMS External Quality Review (EQR) PROTOCOLS* published in October 2019. **Appendices A–D** of this report provide details of how these activities were conducted including objectives of the activity, technical methods of data collection, descriptions of data obtained and data aggregation and analysis.

This annual EQR technical report provides summaries of the EQR activities that were conducted. Findings are reported for all MCPs that participated in the NY HIV SNP MMC program in RY 2019.

IV. Corporate Profiles

Table 1 displays an overview of each MCP's corporate profile. For each MCP, the table displays the date the MCP entered the NYS MMC program, product lines carried, the total Medicaid enrollment for calendar year 2019, and the NCQA accreditation rating achieved, where available. The NYS MMC program does not require NCQA accreditation; MCPs voluntarily decide to seek accreditation. The NCQA accreditation survey includes an assessment of MCP systems and processes, and an evaluation of key dimensions of care and services provided by the MCP. NCQA awards health plans a rating based on these survey results.

Table 1: MCP Corporate Profiles

MCP	Medicaid Managed Care Start Date	Product Line (s)	Total Medicaid Enrollment as of 12/2019[1]	NCQA Accreditation Rating[2] (as of 03/16/2020)
Amida Care	04/15/03	Medicaid SNP	7,161	Not Applicable
MetroPlus SNP	02/14/03	Medicaid SNP	3,989	Not Applicable
VNS Choice	12/23/11	Medicaid SNP	2,969	Not Applicable

[1] Data Source: NYS OHIP Medicaid DataMart.

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

MCP: managed care plan. NCQA: National Committee on Quality Assurance. SNP: special needs plan.

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

Introduction

This section of the report discusses the results, or findings, from the required EQR activities (validation of PIPs, validation of performance measures, and review of compliance with Medicaid standards) and one optional EQR activity; as well strengths of the NYS MMC program and recommendations related to the **quality** of, **timeliness** of and **access** to care. These three elements are defined as:

- ***Quality*** is the extent to which an MCP increases the likelihood of desired health outcomes for enrollees through its structural and operational characteristics and through health care services provided, which are consistent with current professional knowledge.
- ***Access*** is the timely use of personal health services to achieve the best possible health outcomes.[9]
- ***Timeliness*** is the extent to which care and services, are provided within the periods required by the NYS MMC Contract, federal regulations, and as recommended by professional organizations and other evidence-based guidelines.

Validation of Performance Improvement Projects

This subpart of the report presents the results of the evaluation of the PIPs conducted in CY 2019.

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

MCPs were required to design PIPs to achieve significant, sustained improvement in health outcomes, and that included the following elements:
1) measurement of performance using objective quality indicators,
2) implementation of interventions to achieve improvement in access to and quality of care, and
3) evaluation of the effectiveness of interventions based on the performance measures

[9]Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Washington, DC: National Academy Press; 1993. https://www.ncbi.nlm.nih.gov/books/NBK235882/

In 2019, the MCPs chose the following PIP topics for 2019-2020. The PIP was extended through December 31, 2021 due to feedback received from the MCPs that due to the COVID-19 pandemic some of their PIP planned interventions have appropriately been delayed in order to address the immediate needs of the members during this health crisis. The extension of the PIP through 2021 will allow the planned interventions to be fully implemented.

- Amida Care – "Improving Screening Rates for Mental Health Disorders and Substance Use by Primary Care Providers for HIV SNP Enrollees"
- MetroPlus SNP – "Care Transitions after Emergency Department and Inpatient Admissions"
- VNS Choice SelectHealth – "Disease Management in the Diabetic Population"

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

The PIP assessments were conducted using tools developed by IPRO and consistent with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*. IPRO's assessment and scoring frameworks are further described in **Appendix A** of this report. **Table 2** displays a summary of the MCPs' PIP assessments.

Table 2: 2019 MCP PIP Validation Findings

	Amida Care	MetroPlus SNP	VNS Choice
Selected Topic	Met	Met	Met
Study Question	Met	Met	Met
Indicators	Met	Met	Met
Population	Met	Met	Met
Sampling Methods	Met	Met	Met
Data collection Procedures	Met	Met	Met
Interpretation of Study Results	Met	Met	Met
Improvement Strategies	Met	Met	Met

MCP: managed care plan. PIP: performance improvement project. SNP: special needs plan.

IPRO's assessment of each MCP's PIP methodology found that there were no validation findings that indicated that the credibility of the PIP results was at risk.

Validation of Performance Measures

This subpart of the report presents the results of the evaluation of MCP performance measures calculated for RY 2019. IPRO's validation methodology is consistent with the CMS EQR *Protocol 2. Validation of Performance Measures* and is described in detail in **Appendix B** of this report.

Information System Capabilities Assessment

The ISCA data collection tool allows the state or EQRO to evaluate the strength of each MCP's information system (IS) capabilities to meet the regulatory requirements for quality assessment and reporting. *Title 42 CFR § 438.242 Health information systems* and *Title 42 CFR § 457.1233 Structure and*

operation standards (d) Health information systems also require the state to ensure that each MCP maintains a health information system that collects, analyzes, integrates, and reports data for purposes including utilization, claims, grievances and appeals, disenrollment for reasons other than loss of Medicaid or CHIP eligibility, rate setting, risk adjustment, quality measurement, value-based purchasing, program integrity, and policy development. While some portions of the ISCA are voluntary, there are some components that are required to support the execution of the mandatory EQR-related activities protocols.

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

IPRO reviewed each MCP's 2020 HEDIS MY 2019 FAR to determine its compliance with ISCA standards. The FARs revealed that all MCPs met information system standards for the successful reporting of HEDIS and QARR. **Table 3** displays the MCP's results for each IS standard assessed, as well as the NCQA-certified HEDIS compliance auditor that conducted the assessment.

Table 3: MCP Compliance with Information System Standards

	Amida Care	MetroPlus SNP	VNS Choice
MCP Contracted Compliance Auditor for HEDIS MY 2019	Aqurate Health Data Management, Inc.	Aqurate Health Data Management, Inc.	Advent Advisory Group, LLC
Information System Standard			
1.0 Medical Services Data	Met	Met	Met
2.0 Enrollment Data	Met	Met	Met
3.0 Practitioner Data	Met	Met	Met
4.0 Medical Record Review Processes	Met	Met	Met
5.0 Supplemental Data	Met	Met	Met
6.0 Data Preproduction Processing	Met	Met	Met
7.0 Data Integration and Reporting	Met	Met	Met

MCP: managed care plan. MY: measurement year.

New York State Department of Health Requirements for Performance Measure Reporting

Section 18.15 (a)(v) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract require each MCP to prepare and report to the NYSDOH the Quality Assurance Reporting Requirements (QARR). In addition to reporting the standard QARR measures, the HIV SNP MCPs must report quality indicators used or adopted by the AIDS Institute[10].

[10] https://www.health.ny.gov/diseases/aids/

The 2019 NYS QARR consisted of measures developed by NCQA (HEDIS), CMS and NYS. The major areas of performance included in the 2019 QARR were:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. NYS-specific measures
    - Adolescent Preventive Care
    - Viral Load Suppression
    - Continuity of Care from Inpatient Detox to Lower Level of Care
    - Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care
    - Initiation of Pharmacotherapy upon New Episode of Opioid Dependence
    - Use of Pharmacotherapy for Alcohol Abuse or Dependence
    - Maintaining/Improving Employment or Higher Education Status
    - Maintenance of Stable or Improved Housing Status
    - No or Reduced Criminal Justice Involvement
    - Potentially Preventable Mental Health Related Readmission Rate 30 Days
    - Prenatal Care measures from the Live Birth file

For RY 2019, MCPs produced performance measure rates in accordance with NCQA's *HEDIS 2019 Volume 2 Technical Specifications for Health Plans* and the *2019 Quality Assurance Reporting Requirements Technical Specifications Manual*[11].

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

Quality of Care

The performance measures used to assess quality of care are all standardized HEDIS measures. National Medicaid benchmarks used to assess MCP and statewide performance originate from NCQA's 2020 *Quality Compass®* for Medicaid (national - all lines of business [LOBs] excluding preferred provider organizations [PPOs] and exclusive provider organizations [EPOs]). For measures not included in the NCQA's 2020 *Quality Compass* for MY 2019, statewide performance was used as the benchmark.

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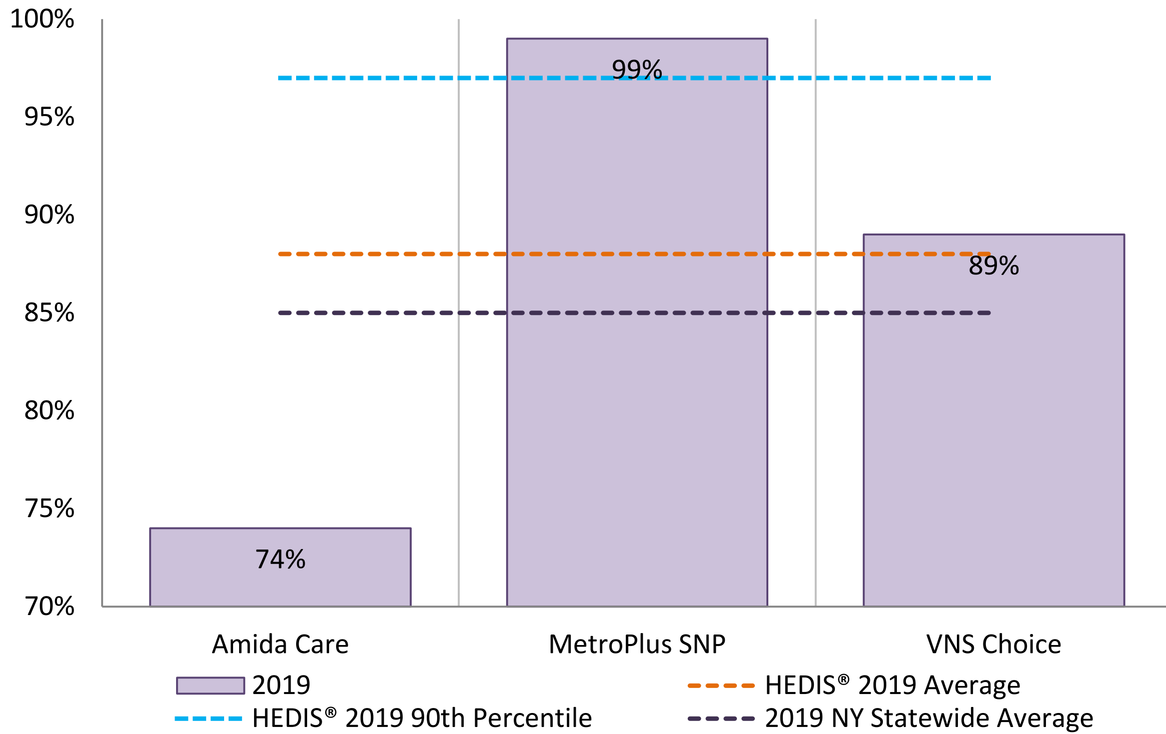
11 https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2019/docs/qarr_specifications_manual.pdf

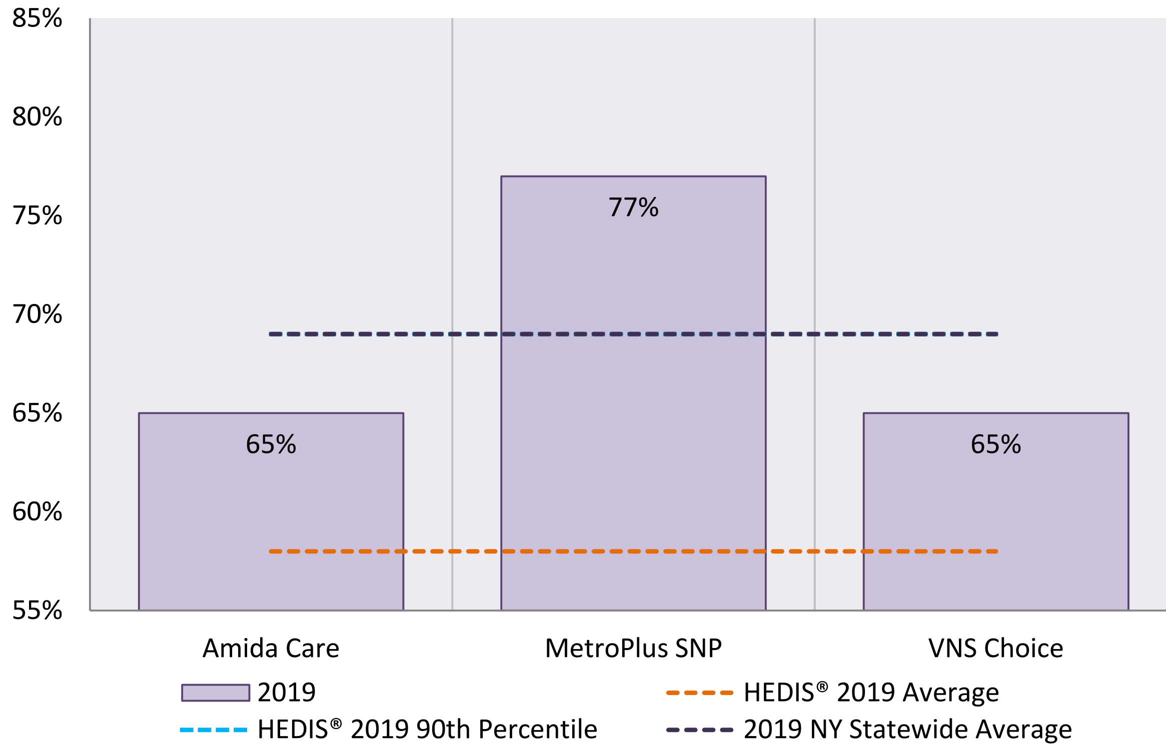
Effectiveness of Care: Preventive Care and Screenings

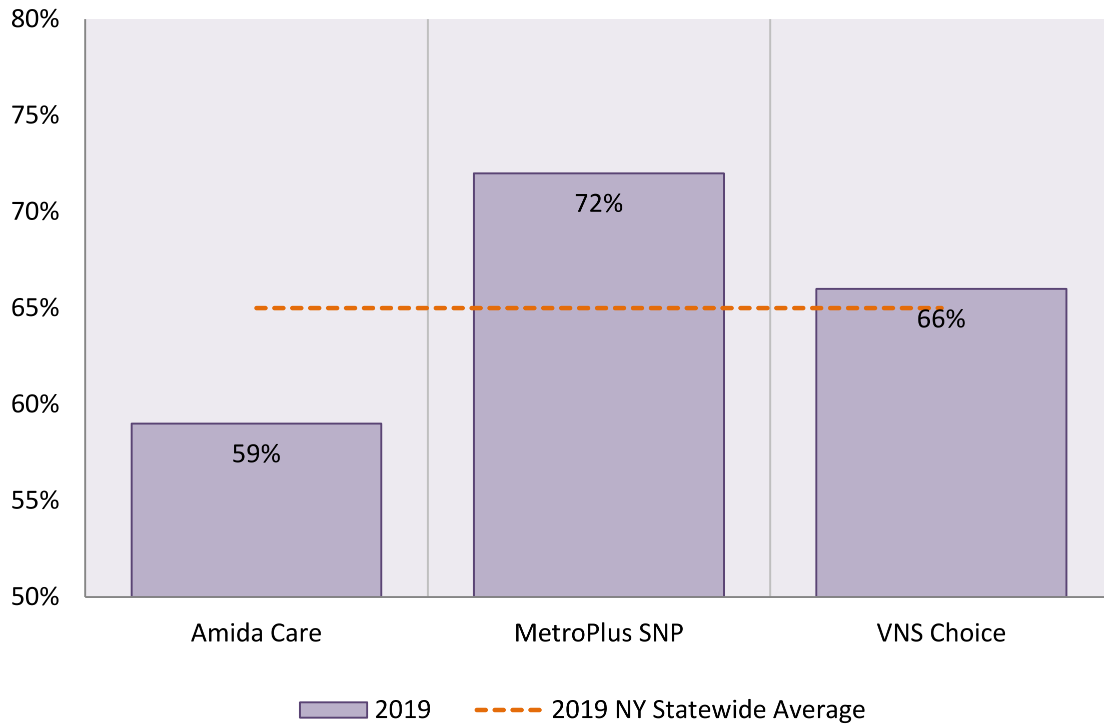
General performance observations include:

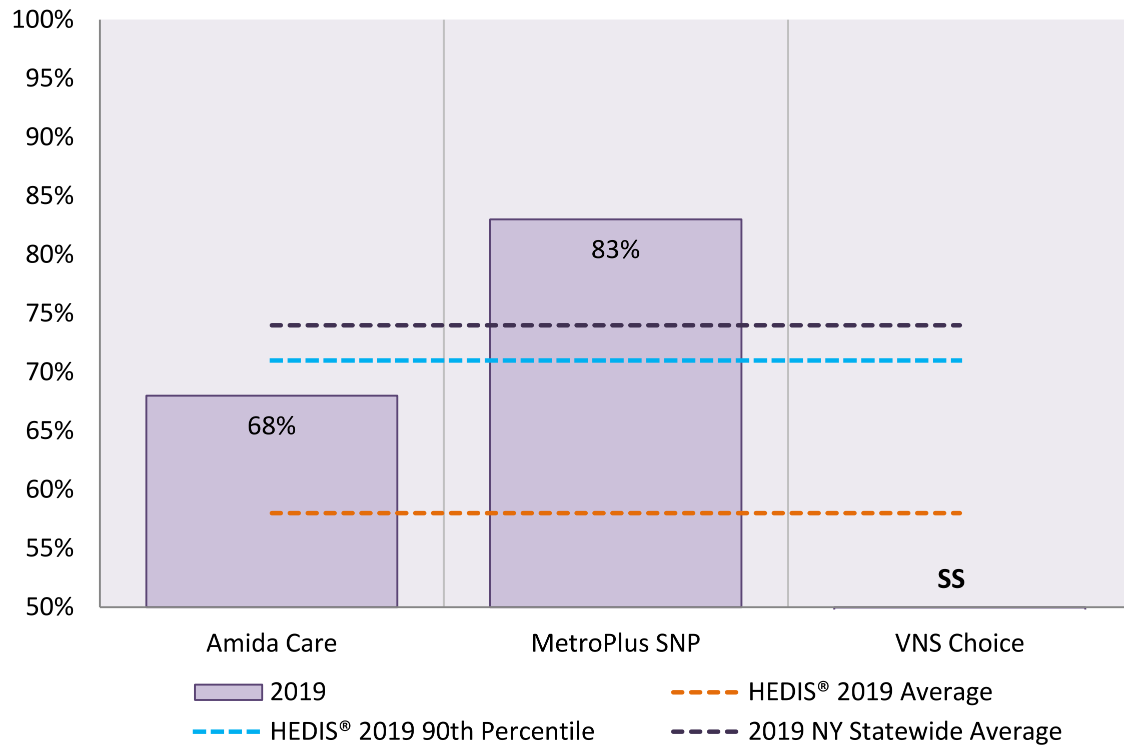
- **Adult Body Mass Index (BMI) Assessment –** Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 85% did not meet the national Medicaid average.
- **Breast Cancer Screening –** All of the MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 69% exceeded the national Medicaid average. *(Note: The rates for the national Medicaid 90th percentile and the NY Statewide Average had the same value of 69%.)*
- **Colorectal Cancer Screening –** Two (2) of the three MCPs reported a rate that exceeded the statewide average rate of 65%. *(Note: There are no national benchmarks available for this measure.)*
- **Chlamydia Screening –** Two (2) MCPs reported a rate that exceeded the national Medicaid average. One (1) of the two MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 74% exceeded the national Medicaid average. *(Note: VNS Choice's rate was not reported due to a small sample size [30 or less members] but it was included in the calculation of the statewide average.)*

MCP and statewide performance on the effectiveness of care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.


Adult BMI Assessment
100%
95%
90%
85%
80%
75%
70%
99%
89%
74%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Breast Cancer Screening (BCS)
85%
80%
75%
70%
65%
60%
55%
77%
65%
65%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Colorectal Cancer Screening (COL)
80%
75%
70%
65%
60%
55%
50%
72%
66%
59%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 NY Statewide Average


Chlamydia Screening in Women (CHL)
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
83%
68%
SS
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

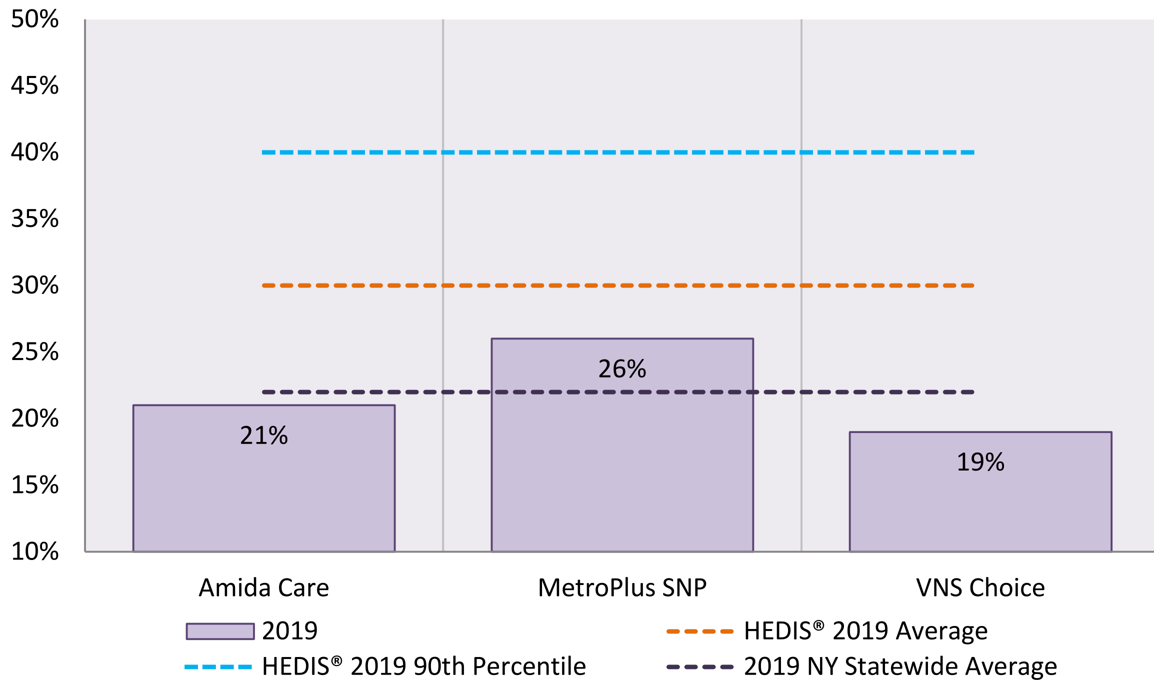
Effectiveness of Care: Acute and Chronic Care

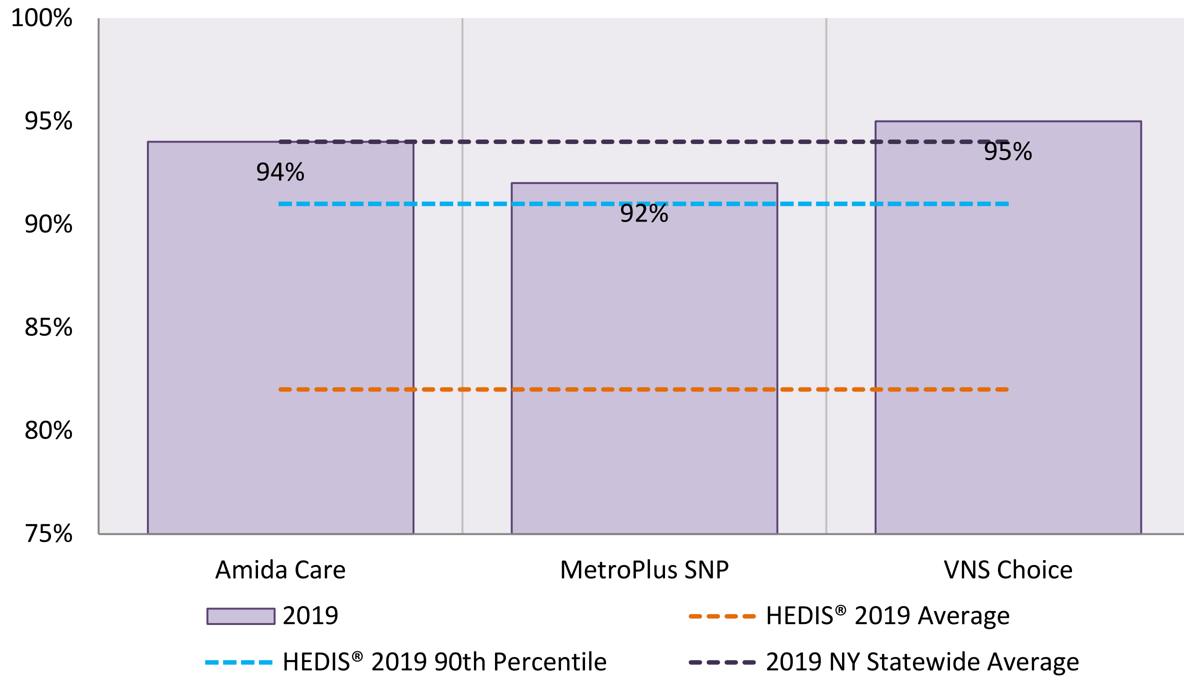
General observations include:

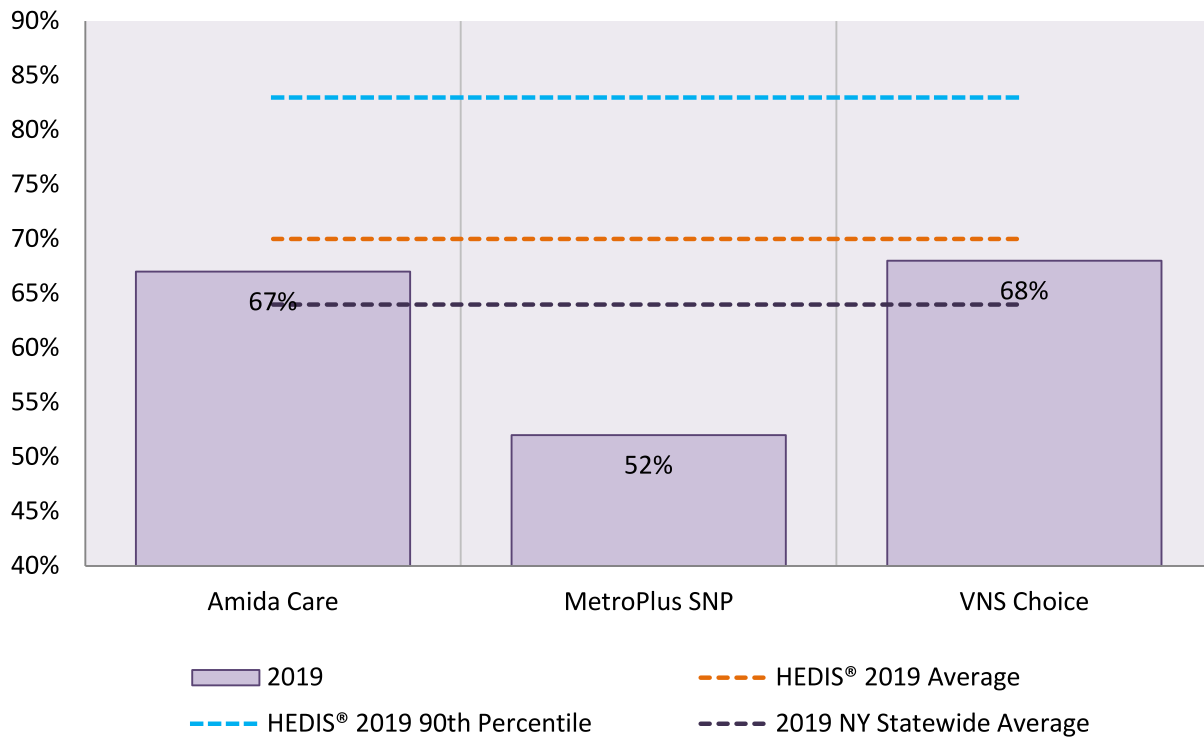
- **Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) –** All of the MCPs reported a rate that were below the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 22% did not meet the national Medicaid average.
- **Pharmacotherapy Management of COPD –**
  - **Bronchodilator –** All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates met the national Medicaid 90th percentile. The statewide average rate of 94% exceeded the national Medicaid average.
  - **Corticosteroid –** All MCPs reported a rate that was below the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 64% did not meet the national Medicaid average.
- **Medication Management for Asthma 50% Days Covered (Ages 19-64) –**Two (2) of the three MCPs reported a rate that exceeded the statewide average rate of 82%. *(Note: There were no national benchmarks available for this measure.)*
- **Asthma Medication Ratio (Ages 19-64)** – Two (2) of the three MCPs reported a rate that exceeded the statewide average rate of 30%. *(Note: There were no national benchmarks available for this measure.)*
- **Comprehensive Diabetes Care:**
  - **HbA1c Testing –** All MCPs reported a rate that exceeded the national Medicaid average. All of the MCP rates met the national Medicaid 90th percentile. The statewide average rate of 96% exceeded the national Medicaid average.
  - **HbA1c Control (<8%) –** All MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCP rates met the national Medicaid 90th percentile. The statewide average rate of 63% exceeded the national Medicaid average.
  - **Eye Exam –** Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 58% exceeded the national Medicaid average.
  - **Nephropathy Monitoring –** All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 94% exceeded the national Medicaid average.
  - **BP Controlled (<140/90) –** Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 59% did not meet the national Medicaid average.
- **HIV Viral Load Suppression** - Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. All of the MCP rates met the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.

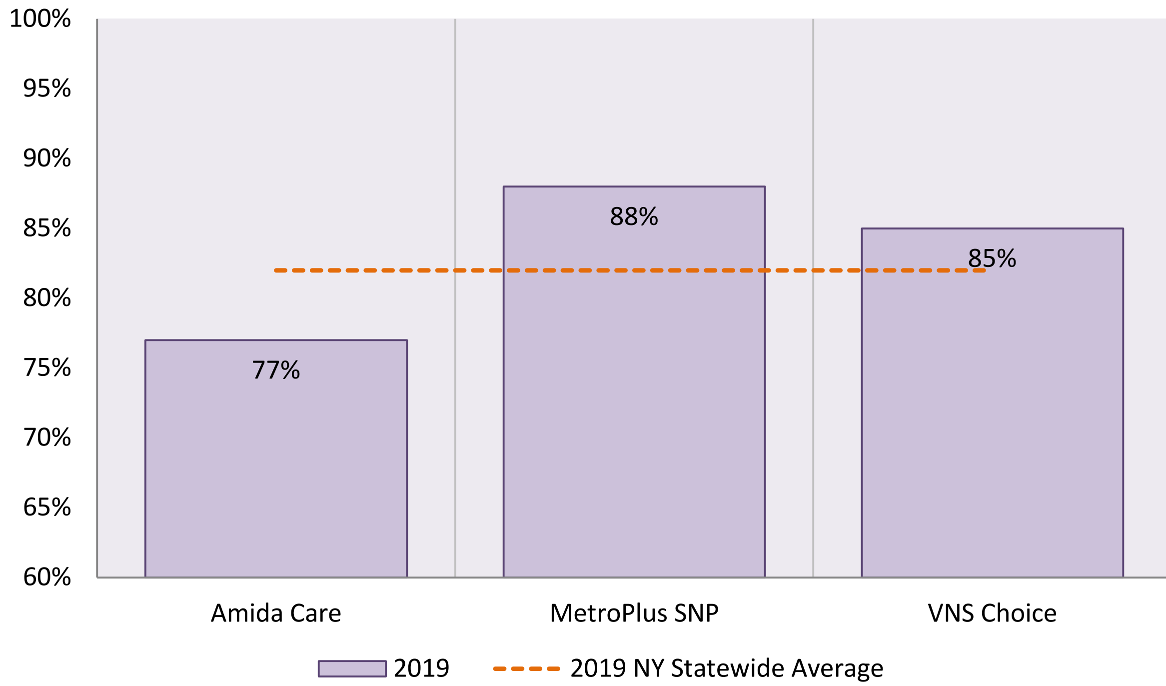
MCP and statewide performance on the acute and chronic care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentile from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.

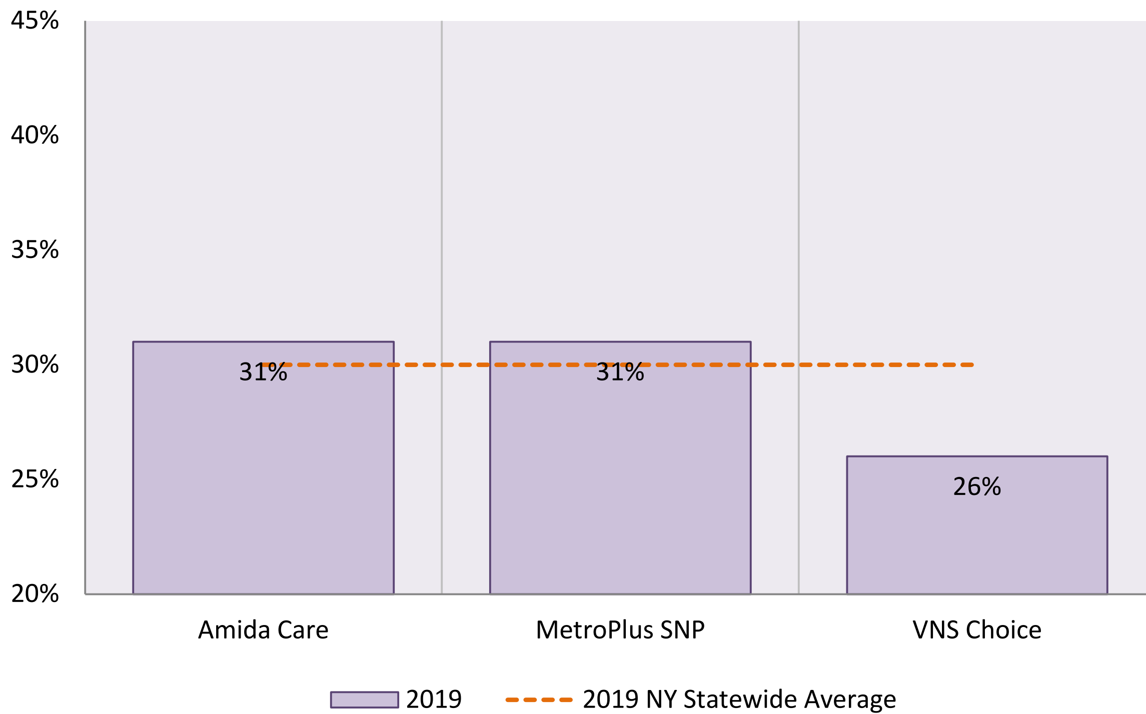
Use of Spirometry Testing in the Assessment and Diagnosis of COPD

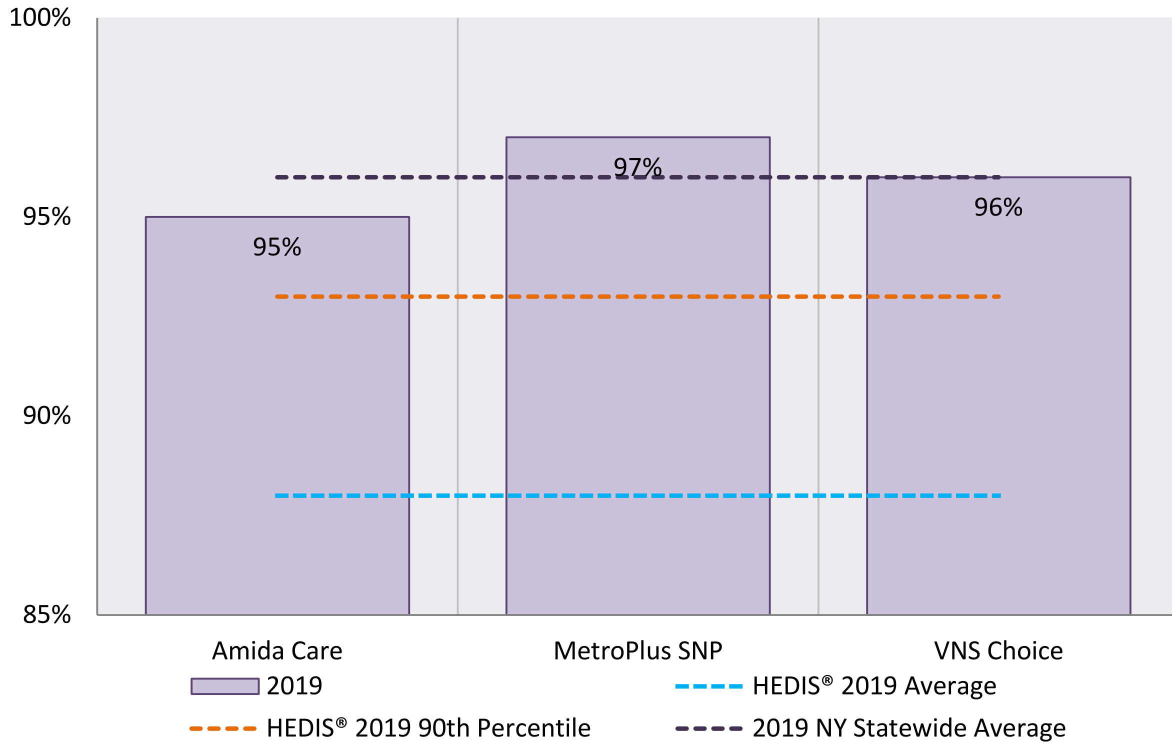


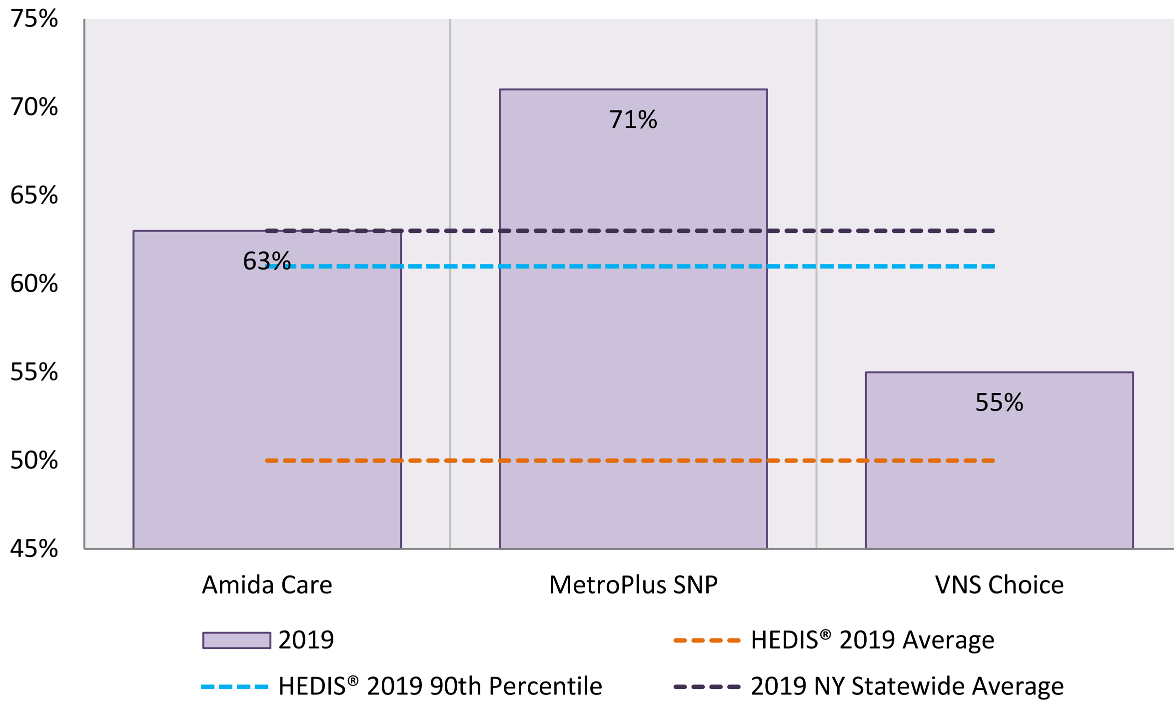

Pharmacotherapy Management of COPD Exacerbation - Bronchodilator
100%
95%
90%
85%
80%
75%
94%
92%
95%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

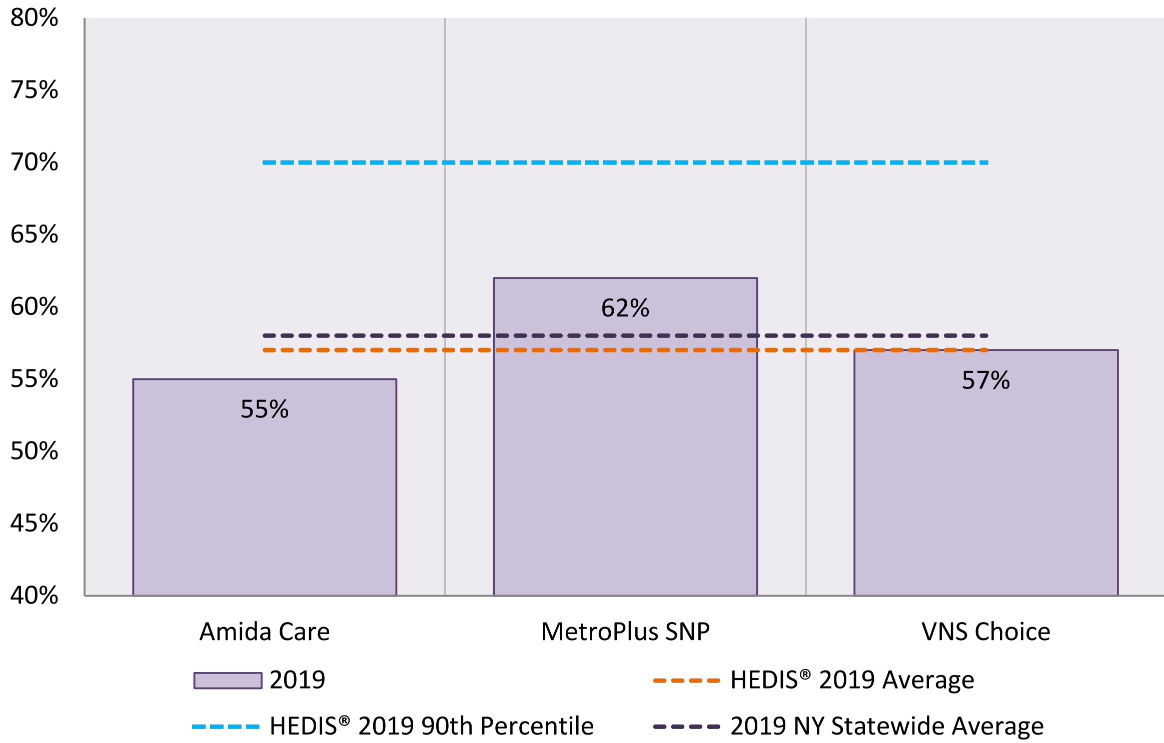

Pharmacotherapy Management of COPD Exacerbation - Corticosteroid
90%
85%
80%
75%
70%
65%
60%
55%
50%
45%
40%
67%
52%
68%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

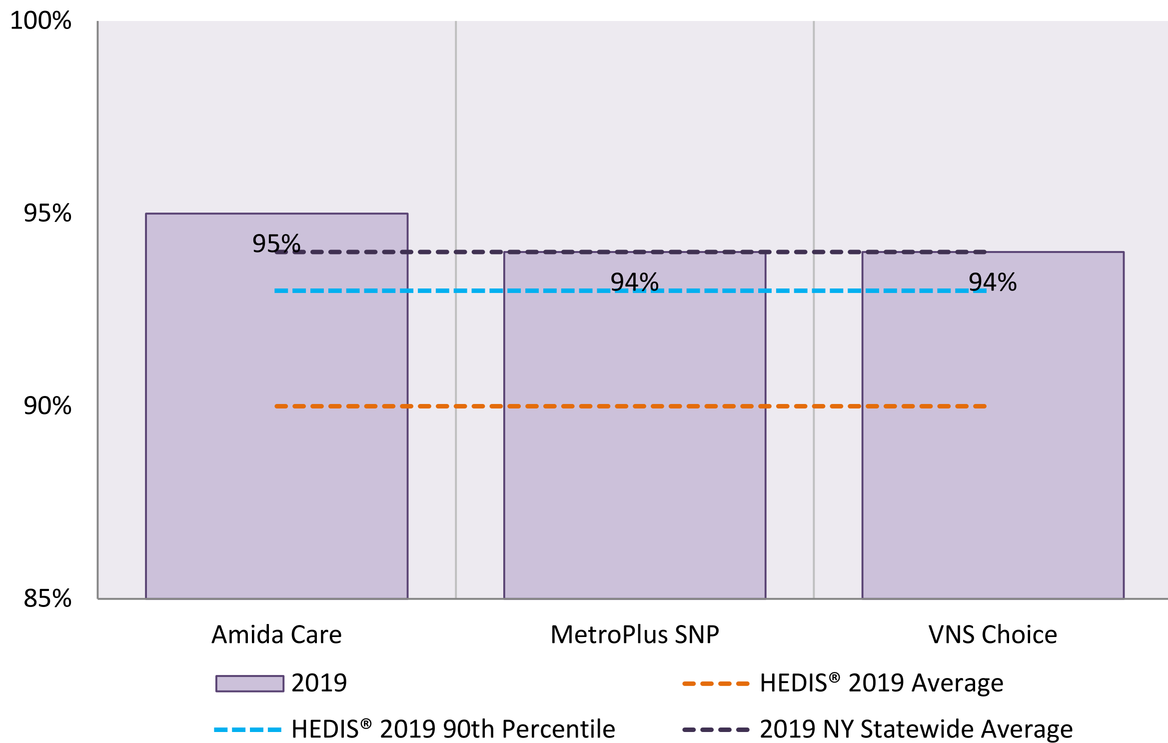

Medication Management for People with Asthma 50% Days Covered (Ages 19-64)
100%
95%
90%
85%
80%
75%
70%
65%
60%
88%
85%
77%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 NY Statewide Average

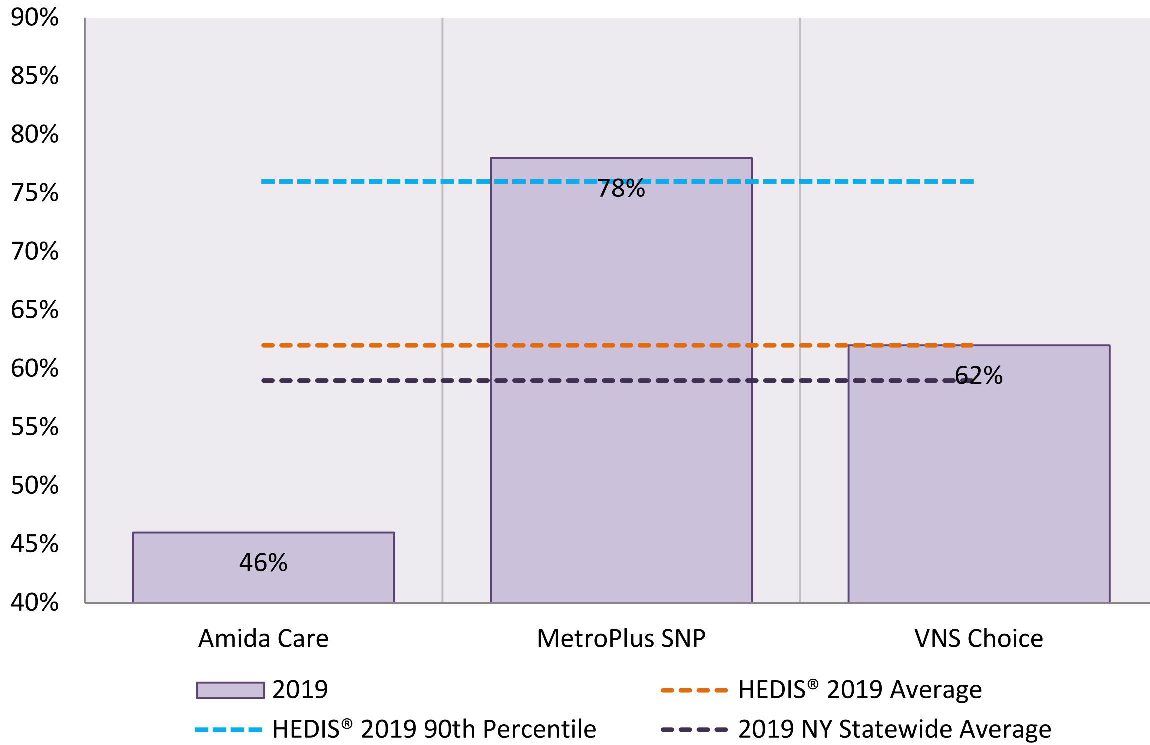

Asthma Medication Ratio (Ages 19-64)
45%
40%
35%
30%
25%
20%
31%
31%
26%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 NY Statewide Average

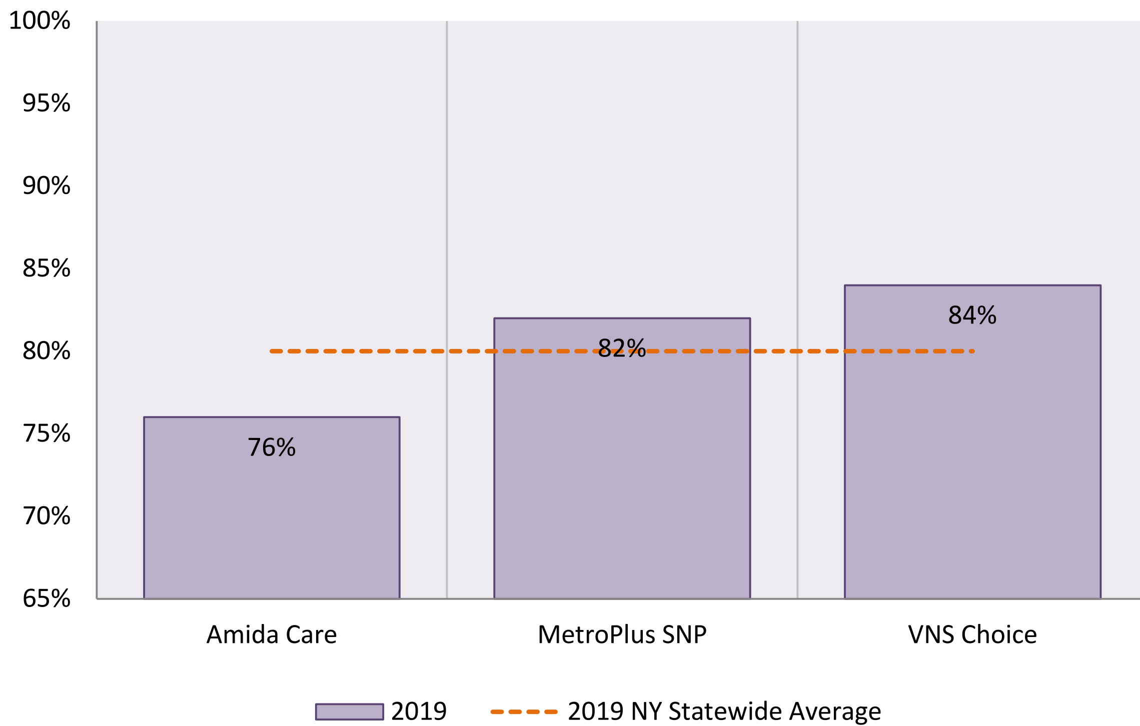

Comprehensive Diabetes Care - HbA1c Testing
100%
95%
90%
85%
97%
96%
95%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Comprehensive Diabetes Care - HbA1c Control (<8%)
75%
70%
65%
60%
55%
50%
45%
71%
63%
55%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Comprehensive Diabetes Care - Eye Exam
80%
75%
70%
65%
60%
55%
50%
45%
40%
55%
62%
57%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Comprehensive Diabetes Care - Nephropathy Monitoring
100%
95%
90%
85%
95%
94%
94%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Comprehensive Diabetes Care - BP Controlled (<140/90)
90%
85%
80%
75%
70%
65%
60%
55%
50%
45%
40%
78%
62%
46%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

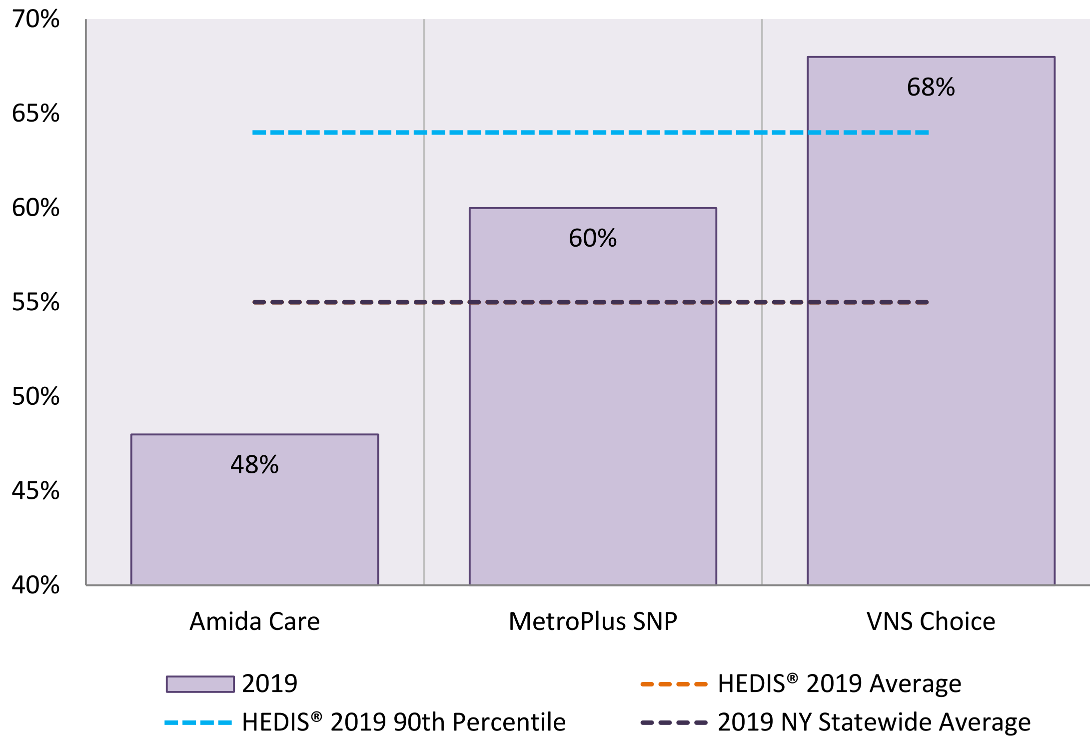

HIV Viral Load Suppression
100%
95%
90%
85%
80%
75%
70%
65%
84%
82%
76%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 NY Statewide Average

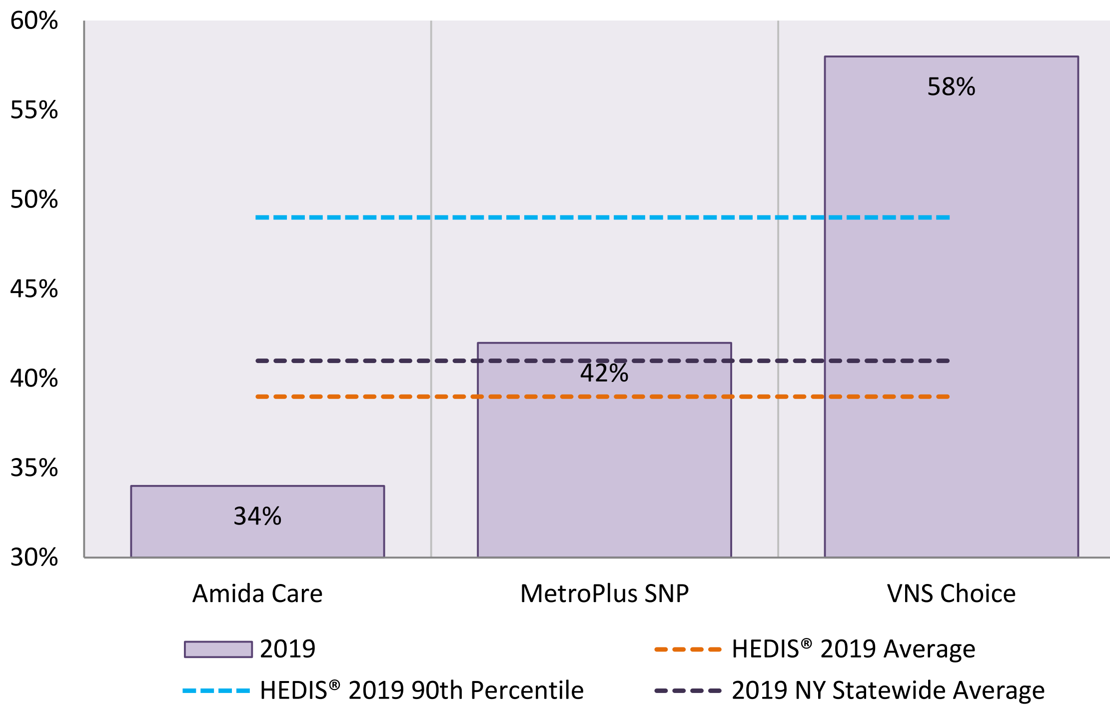
Effectiveness of Care: Behavioral Health

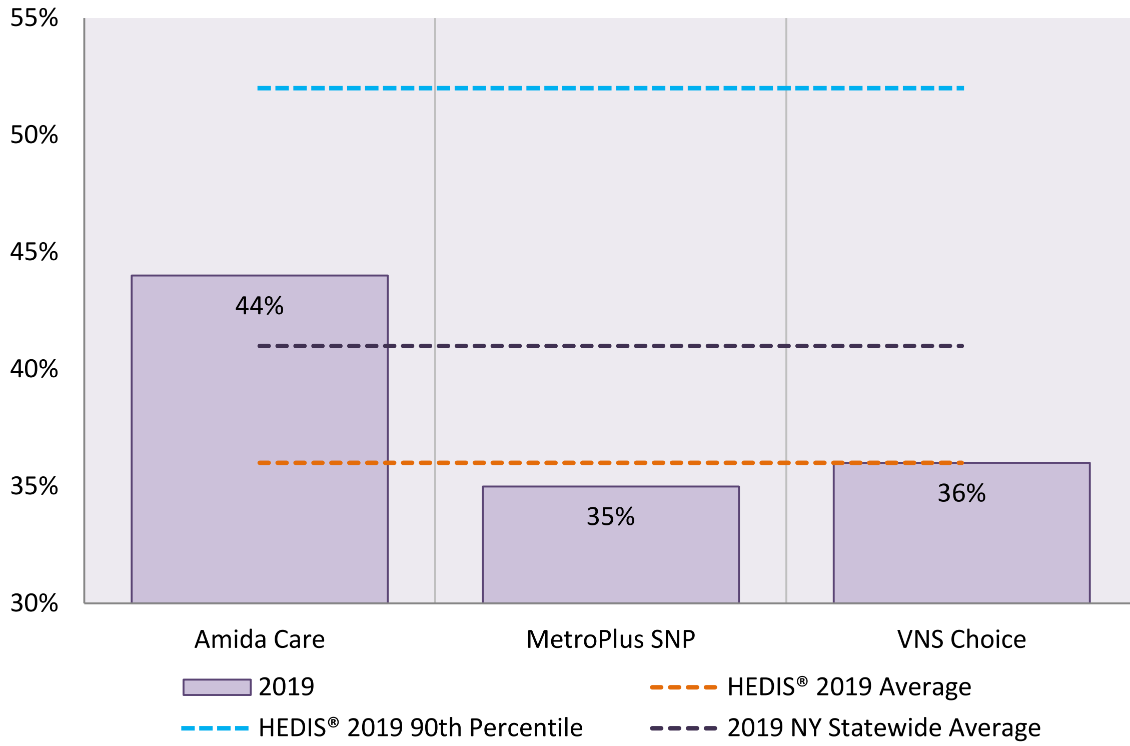
General observations:

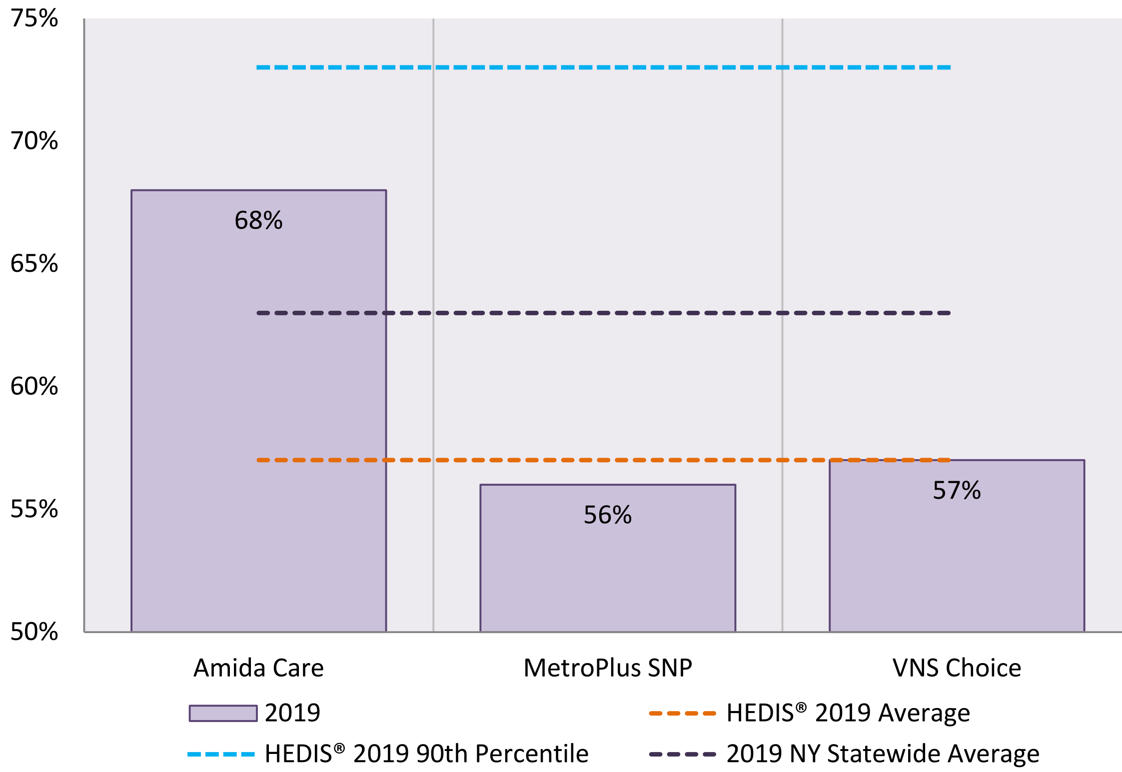
- **Antidepressant Medication Management –**
  - **Acute Phase Treatment –** Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCP rates met the national Medicaid 90th percentile. The statewide average rate of 55% exceeded the national Medicaid average. *(Note: The rates for the national Medicaid average and the NY statewide average had the same value of 55 %.)*
  - **Continuation Phase Treatment –** Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCP rates met the national Medicaid 90th percentile. The statewide average rate of 41% exceeded the national Medicaid average.
- **Follow-up After Hospitalization for Mental Illness –**
  - **7 Days –** Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. One (1) of the three MCP rates exceeded the national Medicaid average. The statewide average rate of 41% exceeded the national Medicaid average.
  - **30 Days –** Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. One (1) of the three MCP rates exceeded the national Medicaid average. The statewide average rate of 63% exceeded the national Medicaid average.
- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications –** All MCPs reported a rate that exceeded the national Medicaid average. All of the MCPs exceeded the national Medicaid 90th percentile. The statewide average rate of 100% exceeded the national Medicaid average.
- **Diabetes Monitoring for People with Schizophrenia –** One (1) MCP reported a rate that exceeded the national Medicaid average. The statewide average rate of 83% exceeded the national Medicaid average. *(Note: Rates for two (2) MCPs were not reported due to small samples sizes [30 or less members] but were included in the calculation of the statewide average.)*
- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia –** One (1) of three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCP rates met the national Medicaid 90th percentile. The statewide average rate of 55% did not meet the national Medicaid average.

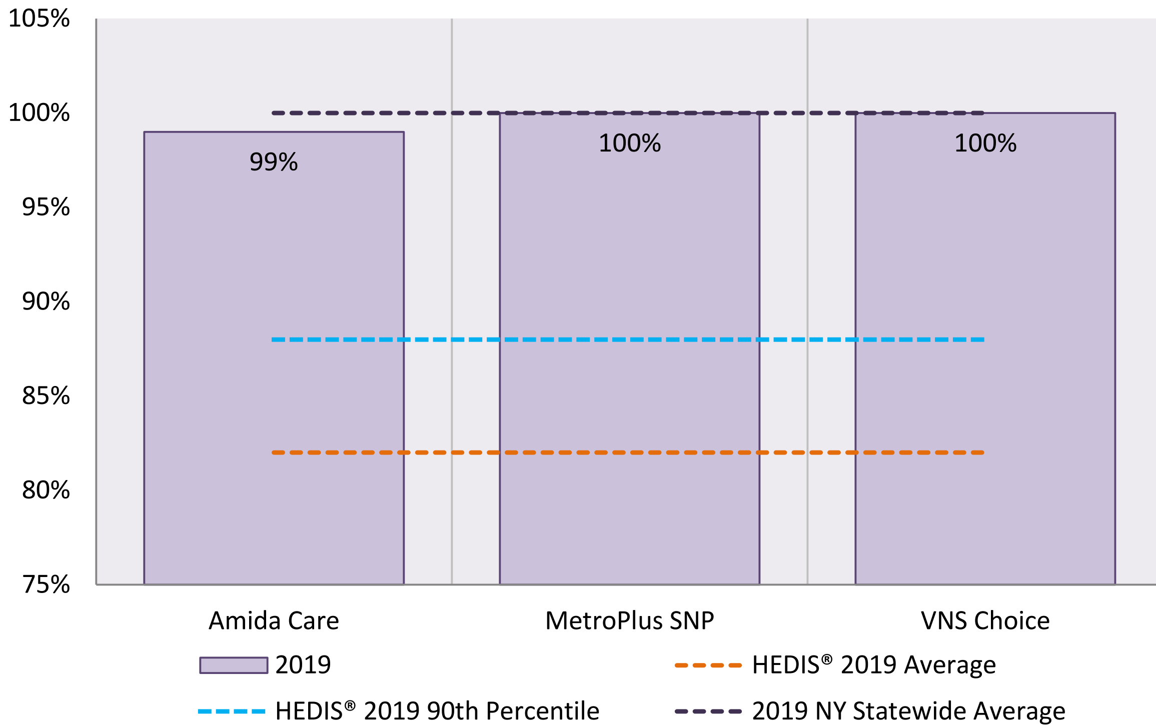
MCP and statewide performance on behavioral health measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA *Quality Compass* for MY 2019 are also displayed.

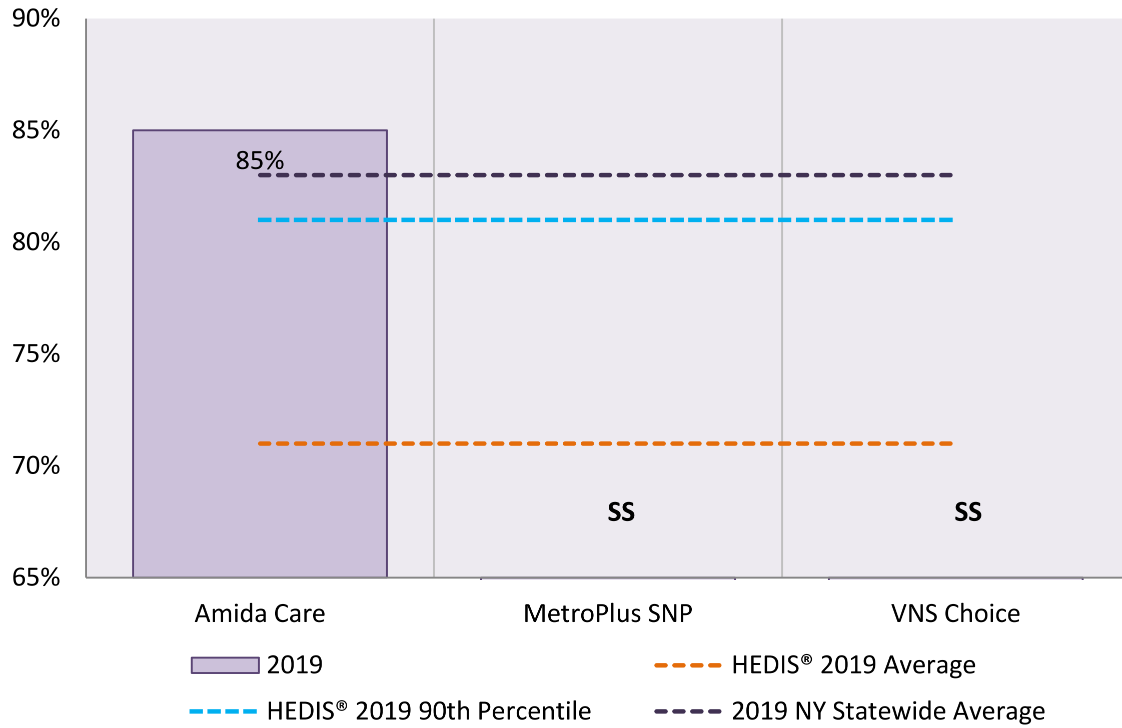

Antidepressant Medication Management Acute Phase Treatment
70%
65%
60%
55%
50%
45%
40%
68%
60%
48%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

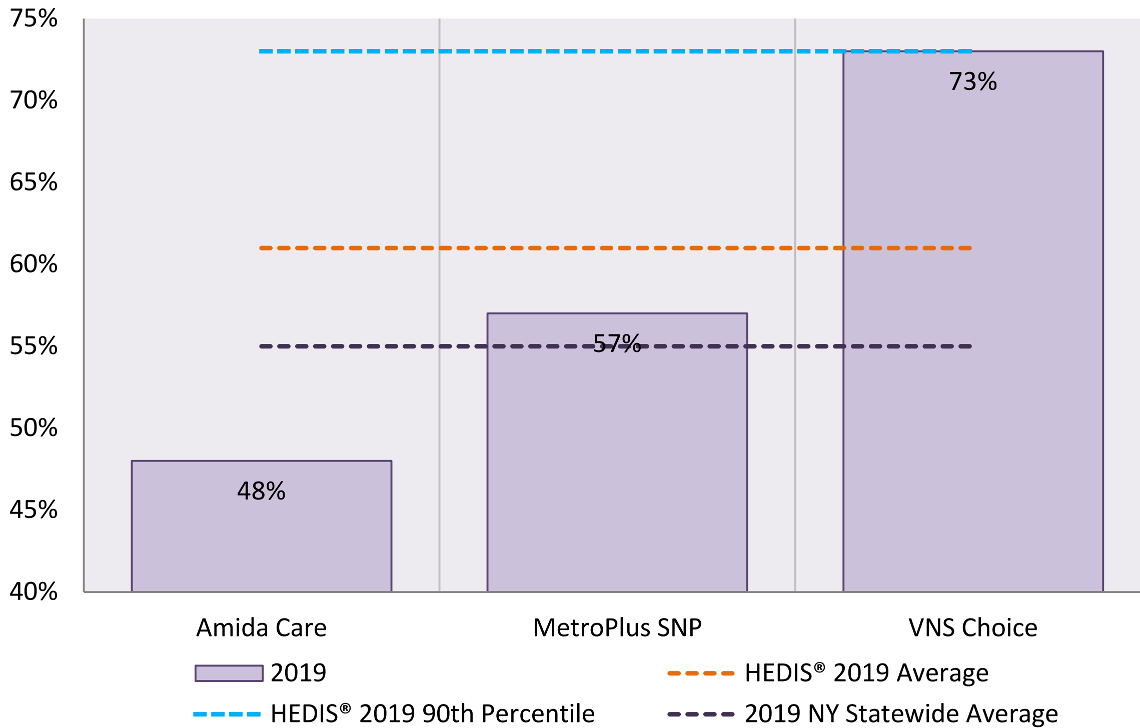

Antidepressant Medication Management Acute Continuation Phase Treatment
60%
55%
50%
45%
40%
35%
30%
58%
42%
34%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Follow-Up After Hospitalization for Mental Illness - 7 Days
55%
50%
45%
40%
35%
30%
44%
35%
36%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Follow-Up After Hospitalization for Mental Illness - 30 Days
75%
70%
65%
60%
55%
50%
68%
56%
57%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications
105%
100%
95%
90%
85%
80%
75%
99%
100%
100%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Diabetes Monitoring for People with Diabetes and Schizophrenia
90%
85%
80%
75%
70%
65%
85%
SS
SS
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average



Access to and Timeliness of Care

The utilization performance measures used to assess access to and timeliness of care are all HEDIS measures. National Medicaid benchmarks used to assess MCP and statewide performance originate from the NCQA 2020 *Quality Compass* for Medicaid (national – all LOBs excluding PPOs and EPOs). For measures not included in the NCQA 2020 *Quality Compass* for MY 2019, statewide performance was used as the benchmark.

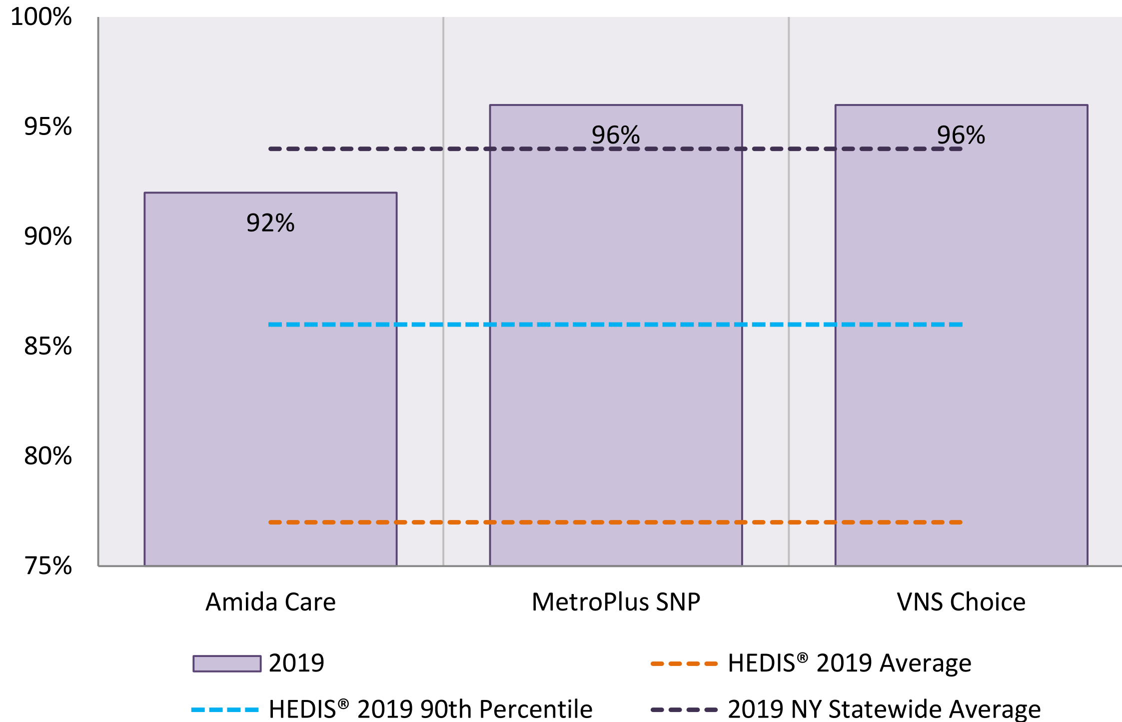
Access to Care

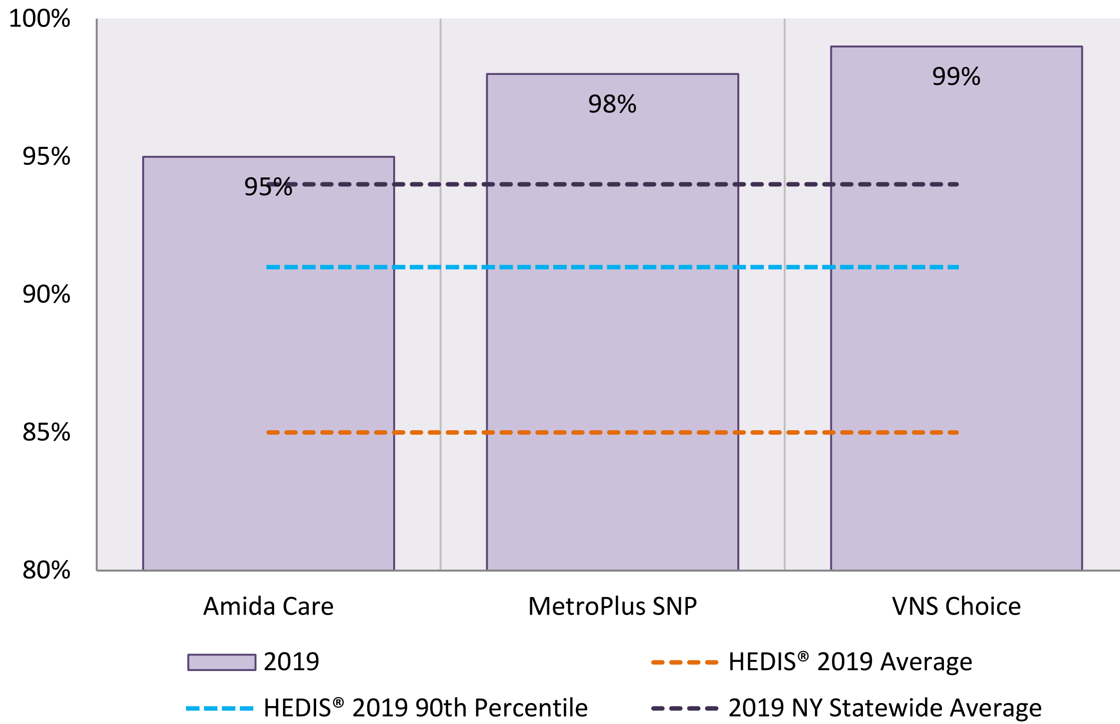
General observations:

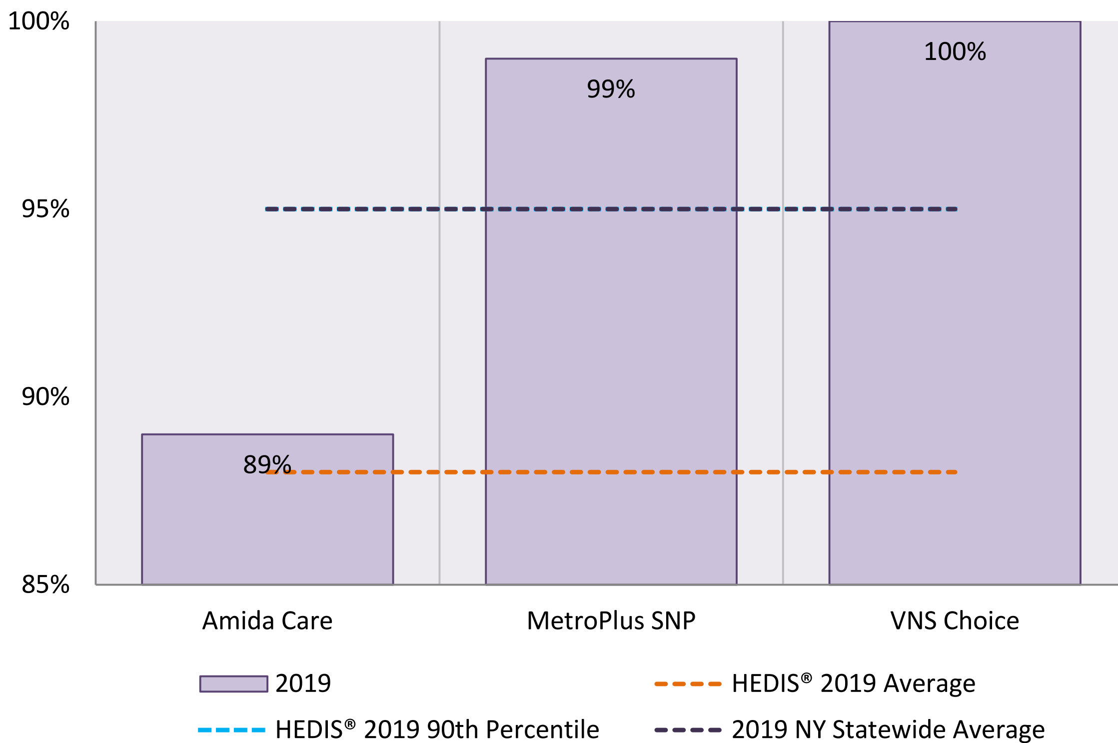
- **Adults' Access to Preventive/Ambulatory Services:**
  - **20-44 Years –** All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 94% exceeded the national Medicaid average.
  - **45-64 Years –** All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates exceeded national Medicaid 90th percentile. The statewide average rate of 97% exceeded the national Medicaid average.
  - **65+ Years –** All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates met the national Medicaid 90th percentile. The statewide average rate of 95%

exceeded the national Medicaid average. *(Note: The rates for the national Medicaid 90th percentile and the NY Statewide average had the same value of 95%.)*

MCP and statewide performance on access to care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.




Adults' Access to Preventive/Ambulatory Services 45-64 Years
100%
95%
90%
85%
80%
95%
98%
99%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average


Adults' Access to Preventive/Ambulatory Services 65+ Years
100%
95%
90%
85%
89%
99%
100%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 NY Statewide Average

Review of Compliance with Medicaid and CHIP Managed Care Regulations

Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards

To assess MCP compliance with federal and state Medicaid standards, the NYSDOH conducts a full operational survey, every two years, of MCP compliance with the standards in *Title 42 CFR Part 438 Subpart D*, *Title 42 CFR § 438.330,* the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State PHL Article 44* and *Article 49*, and *NYCRR Part 98-Managed Care Organizations*. The results of the most recent operational survey, including the number of deficiencies and/or citations received by the MCP, are presented by federal Medicaid standards in **Table 3**. Deficiencies represent a failure to comply with these standards. Each deficiency can result in multiple citations to reflect each standard with which the MCPs were not in compliance.

One (1) of the three (3) MCPs were fully compliant with the standards of *Title 42 CFR Part 438 Subpart D* and *Title 42 CFR § 438.330.*

Detailed findings for the MCPs that were not fully compliant are in **Section VI** of this report.

Detailed information on the objectives, technical methods of data collection and description of data collected is available in **Appendix IX**.

Table 3: Evaluation 42 CFR Part 438 Subpart D and QAPI Standards

Part 438 Subpart D and QAPI Standards	Amida Care	MetroPlus SNP	VNS NY
438.206: Availability of Services	Met	Met	D=1, C=1
438.207: Assurances of adequate capacity and services	Met	Met	Met
438.208: Coordination and continuity of care	Met	Met	Met
438.210: Coverage and authorization of services	Met	D=1, C=2	Met
438.214: Provider selection	Met	Met	Met
438.224: Confidentiality	Met	Met	Met
438.228: Grievance and appeal system	Met	Met	D=2, C=3
438.230: Sub-contractual relationships and delegation	Met	Met	Met
438.236: Practice guidelines	Met	Met	Met
438.242: Health information systems	Met	Met	Met
438.330: Quality assessment and performance improvement program	Met	Met	Met

[1] Since each deficiency can result in multiple citations, the number of deficiencies and the number of citations may differ.

C: citation. D: deficiency.

Evaluation of MCP Compliance with NYS Operational Standards

In addition to the full operational survey conducted every two years, the NYSDOH also conducts several focused reviews as part of the monitoring of structure and operation standards. The focused review types are summarized in **Table 4**. The MCPs are required to submit plans of correction in response to deficiencies identified in any of these reviews.

Table 4: 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 MCP provider and management agreements.
Disciplined/Sanctioned Providers	Survey of the Provider Network Data System (PNDS) to ensure providers that have been identified as having their licenses revoked or surrendered, or otherwise sanctioned, are not listed as participating with the MCP.
Medicaid Encounter Data System	Citations reflecting non-compliance with requirements to report MCP encounter data to the NYSDOH.
Member Services Phone Calls	Telephone calls are placed to Member Services by area office 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 MCPs' web-based provider directory to assess accuracy and required content.
Provider Network	Quarterly review of PNDS 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 MCP QARR data to the NYSDOH.
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.

MCP: managed care plan. MMC: Medicaid managed care. NYSDOH: New York State Department of Health. PCP: primary care provider/practitioner. QARR: Quality Assurance Reporting Requirements. SOD: statement of deficiency.

Table 5 reflects the total number of citations received by each MCP for the most current operational survey, as well as from the focused reviews conducted in 2019. There were a total eight operational citations and two focused review citations. All of the MCPs received at least two citations for their performance on the operational and focused reviews.

Table 5: Summary of Citations for Compliance with NYS Standards —2019

MCP	Operational Citations	Focused Review Citations	Total Citations
Amida Care	0	2	2
MetroPlus SNP	3	0	3
VNS Choice	12	3	15
Statewide Total	**15**	**5**	**20**

MCP: managed care plan. NYS: New York State.

Administration or Validation of Quality of Care Surveys

Member Satisfaction

The NYSDOH sponsors a member experience survey every other year for adults enrolled in a Medicaid MCP. The results from this biannual survey are used to determine variation in member satisfaction among the MCPs. The CAHPS surveys ask consumers and patients to report on and evaluate their experiences accessing healthcare provided under the NYS HIV SNP MMC program.

IPRO subcontracted with DataStat, Inc., a certified-NCQA CAHPS vendor, who conducted the survey on behalf of the NYSDOH using the CAHPS 5.0H Adult Medicaid survey. The survey included the 15 MCPs with a sample of 2,000 adults per plan. Prior to the vendor preparing the sample, IPRO validated the sample frame provided by the NYSDOH. Questionnaires were sent to 30,000 members following a mail only methodology during the period October 3, 2019, through December 31, 2019, using a standardized survey procedure and questionnaire. Statewide, a total of 1,297 responses were received resulting in a 21.7% response rate.

The CAHPS® 5.0H survey uses a 0-10 rating for assessing overall experience with personal doctors, specialists, health care and health plans. In the four ratings graphs, proportions of respondents assigning ratings of "8", "9", or "10" are reported as achievement scores. Questions that relate to the same broad domain of performance are grouped together for the purpose of reporting. For example, the domain Getting Care Quickly includes questions about how soon appointments were scheduled. Composite achievement scores reflect responses of "Usually" or "Always" for the first four composites. Responses of "Yes" are considered achievements for the Shared Decision Making composite.

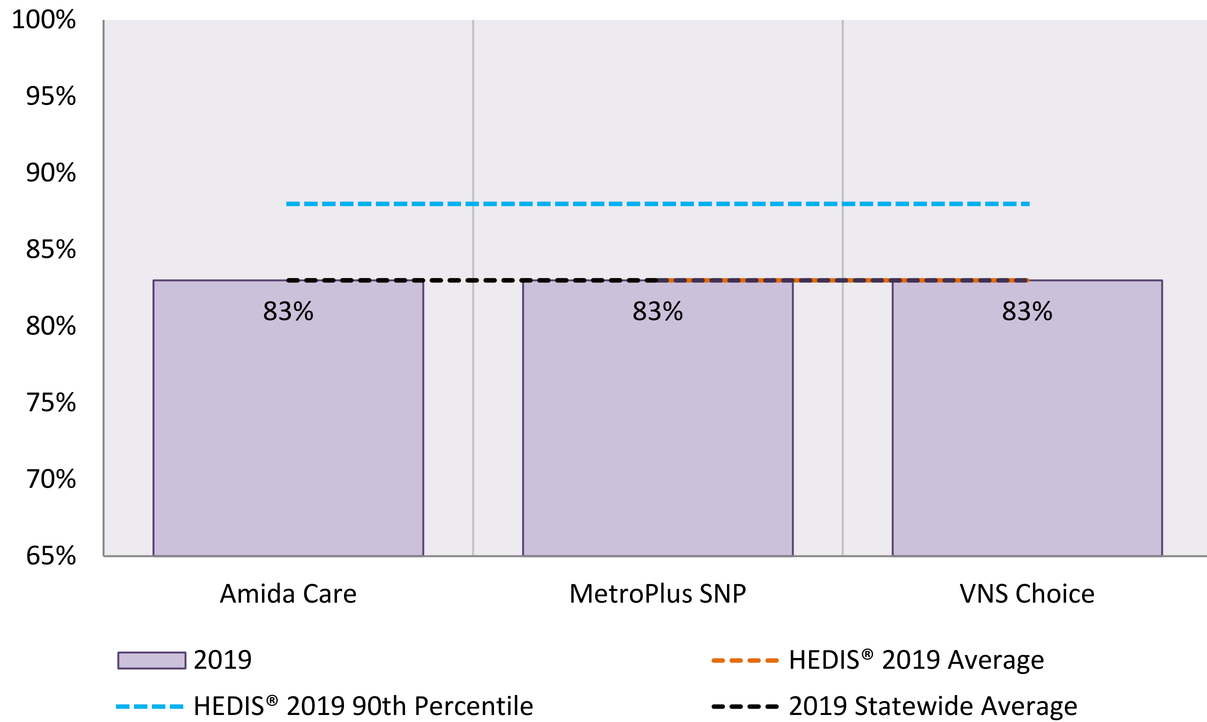
MCP results are presented in **Section VI** of this report. General observations include:

- **Getting Care Needed –** All three (3) MCPs achieved a score that met the national Medicaid average score. No MCP score met the national Medicaid 90th percentile. The statewide average score of 83% met the national Medicaid average. (*Note: The rates for the national Medicaid average and the NY Statewide Average had the same value of 83 %.)*
- **Getting Care Quickly –** All three (3) MCPs achieved a score that exceeded the national Medicaid average. One (1) of the three (3) MCP scores exceeded the national Medicaid 90th percentile. The statewide average score of 86% exceeded the national Medicaid average.
- **Customer Service –** Two (2) of the three (3) MCPs achieved a score that exceeded the national Medicaid average. One (1) of the three (3) MCP scores met the national Medicaid 90th percentile. The statewide average score of 90% exceeded the national Medicaid average.
- **Coordination of Care –** Two (2) of the three (3) MCPs achieved a score that exceeded the statewide average score of 87%. *(Note: There are no national benchmarks for this measure.)*
- **Collaborative Decision Making –** Two (2) of the three (3) MCPs achieved a score that exceeded the statewide average score of 84%. *(Note: There are no national benchmarks for this measure.)*
- **Rating of Personal Doctor –** All three (3) MCPs achieved a score that exceeded the national Medicaid average. Two (2) of the three (3) MCP scores exceeded the national Medicaid 90th percentile. The statewide average score of 88% exceeded the national Medicaid average. (*Note: The*

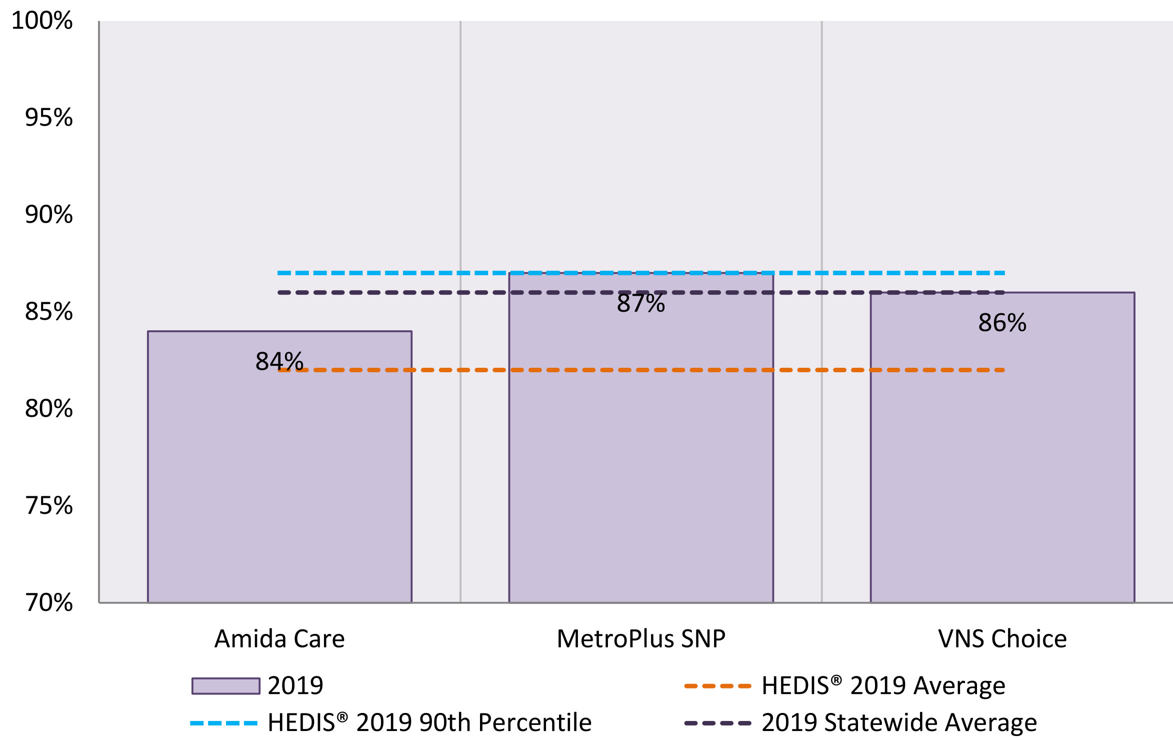
rates for the national Medicaid 90th percentile and the NY Statewide Average had the same value of 88 %.)

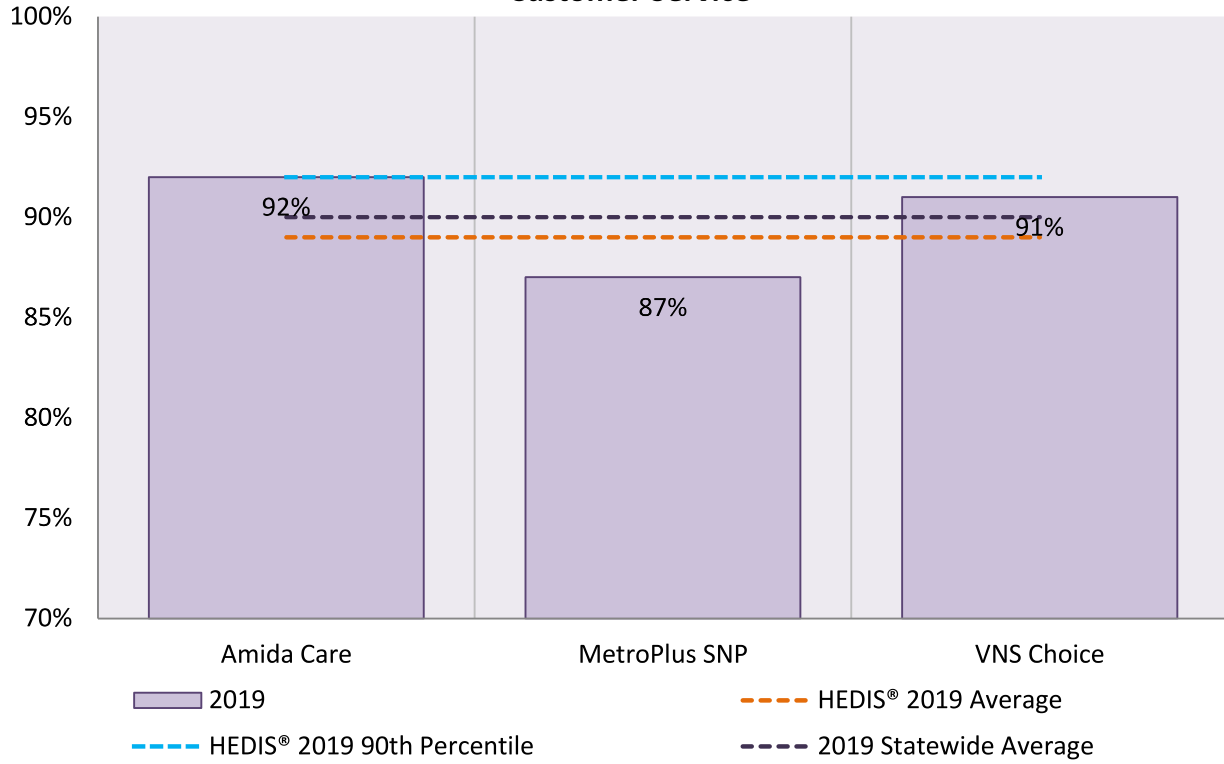
- **Rating of Specialist –** None of the three (3) MCPs achieved a score that exceeded the national Medicaid average. No MCP score met the national Medicaid 90th percentile. The statewide average score of 79% did not meet the national Medicaid average.
- **Rating of Overall Healthcare –** All three (3) MCPs achieved a score that exceeded the national Medicaid average. No MCP score met the national Medicaid 90th percentile. The statewide average score of 78% exceeded the national Medicaid average.
- **Satisfaction with Provider Communication –** All three (3) MCPs achieved a score that exceeded the national Medicaid average. No MCP score met the national Medicaid 90th percentile. The statewide average score of 78% did not meet the national Medicaid average.
- **Rating of Counseling/Treatment –** Two (2) of the three (3) MCPs achieved a score that exceeded the statewide average score of 65%. *(Note: There are no national benchmarks for this measure.)*
- **Rating of Health Plan –** All of three (3) MCPs achieved a score that exceeded the national Medicaid average. One (1) of the three (3) MCP scores met the national Medicaid 90th percentile. The statewide score of 82% exceeded the national Medicaid average.
- **Rating of Health Plan-High Users –** One (1) of the three (3) MCPs achieved a score that exceeded the statewide average score of 82%. *(Note: There are no national benchmarks for this measure.)*
- **Wellness Discussion –** Two (2) of the three (3) MCPs achieved a score that met the statewide average score of 84%. *(Note: There are no national benchmarks for this measure.)*
- **Getting Needed Counseling/Treatment –** One (1) of the three (3) MCPs achieved a score that exceeded the statewide average score of 78%. *(Note: There are no national benchmarks for this measure.)*
- **Recommend Plan to Others –** One (1) of the three (3) MCPs achieved a score that exceeded the statewide average score of 91%. *(Note: There are no national benchmarks for this measure.)*
- **Advising Smokers to Quit -** One (1) of the three (3) MCPs achieved a score that exceeded the statewide average score of 94%. *(Note: There are no national benchmarks for this measure.)*
- **Flu Vaccination for Adults Ages 18-64** - One (1) of the three (3) MCPs achieved a score that exceeded the statewide average score of 74%. *(Note: There are no national benchmarks for this measure.)*

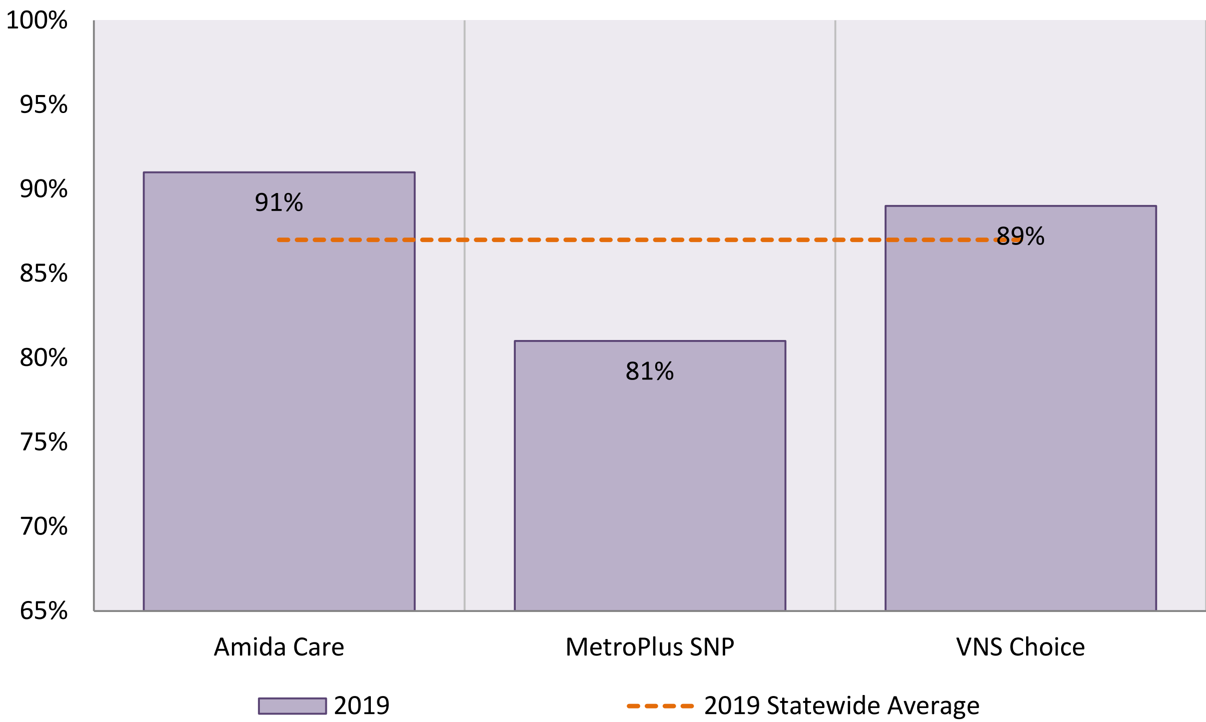
MCP and statewide performance on member satisfaction measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.

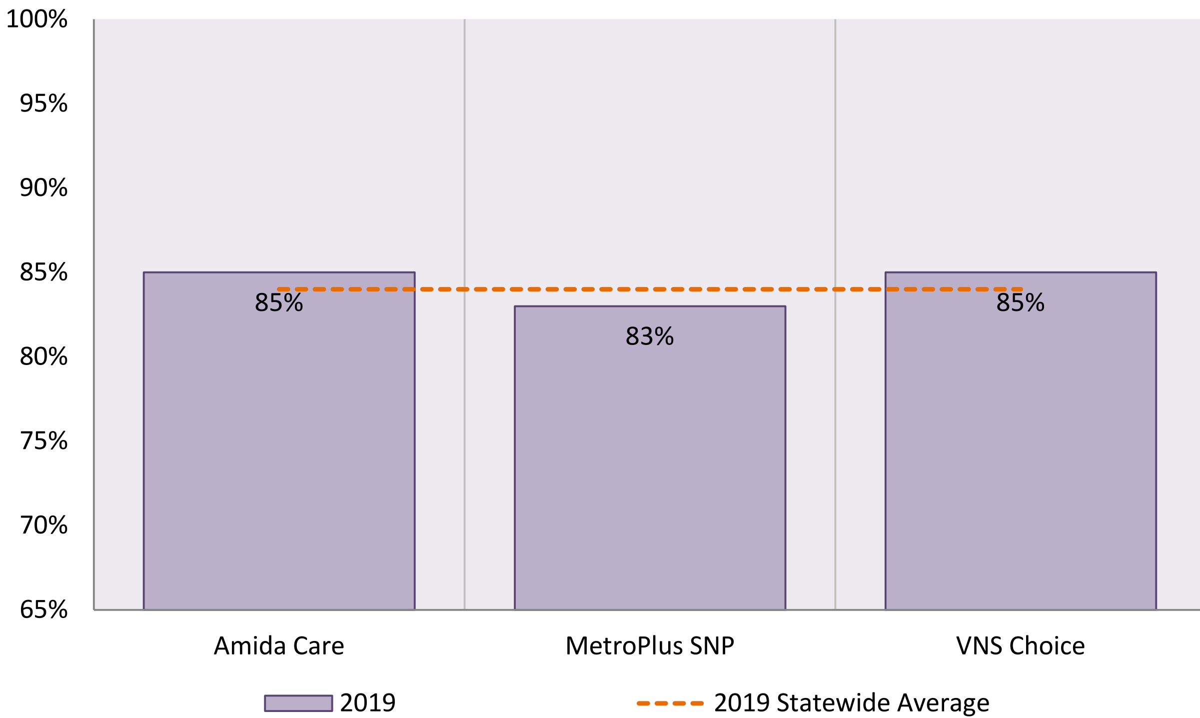


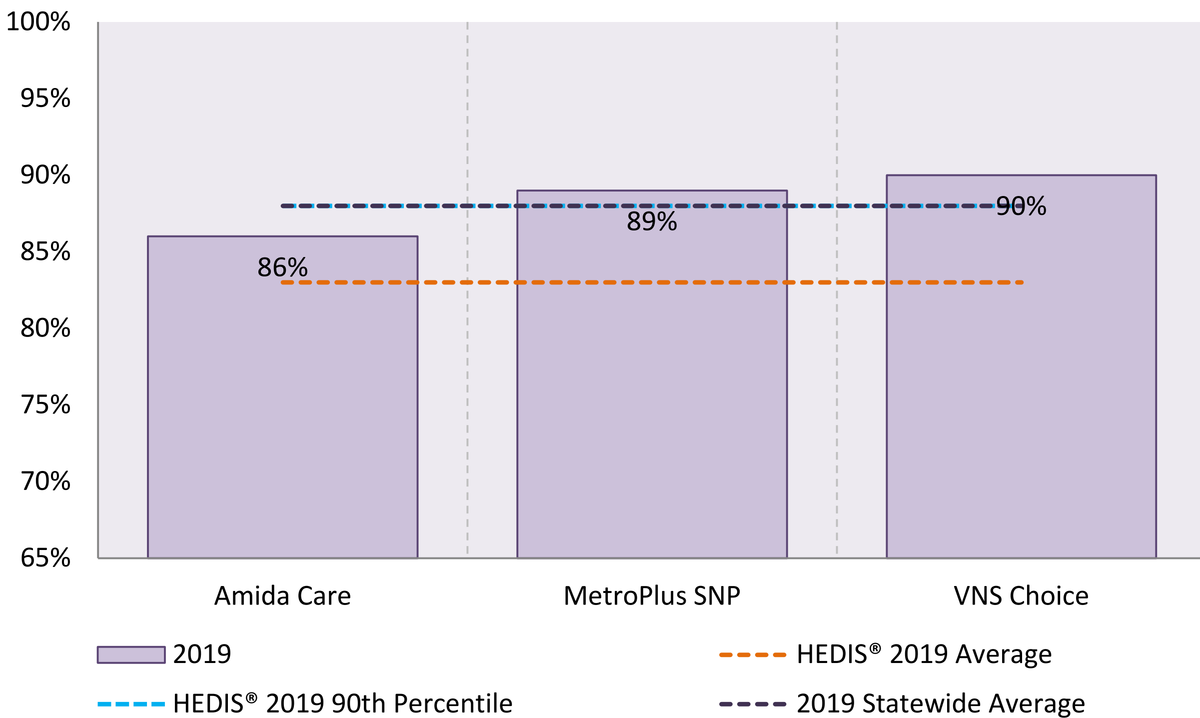
Getting Care Needed
100%
95%
90%
85%
80%
75%
70%
65%
83%
83%
83%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

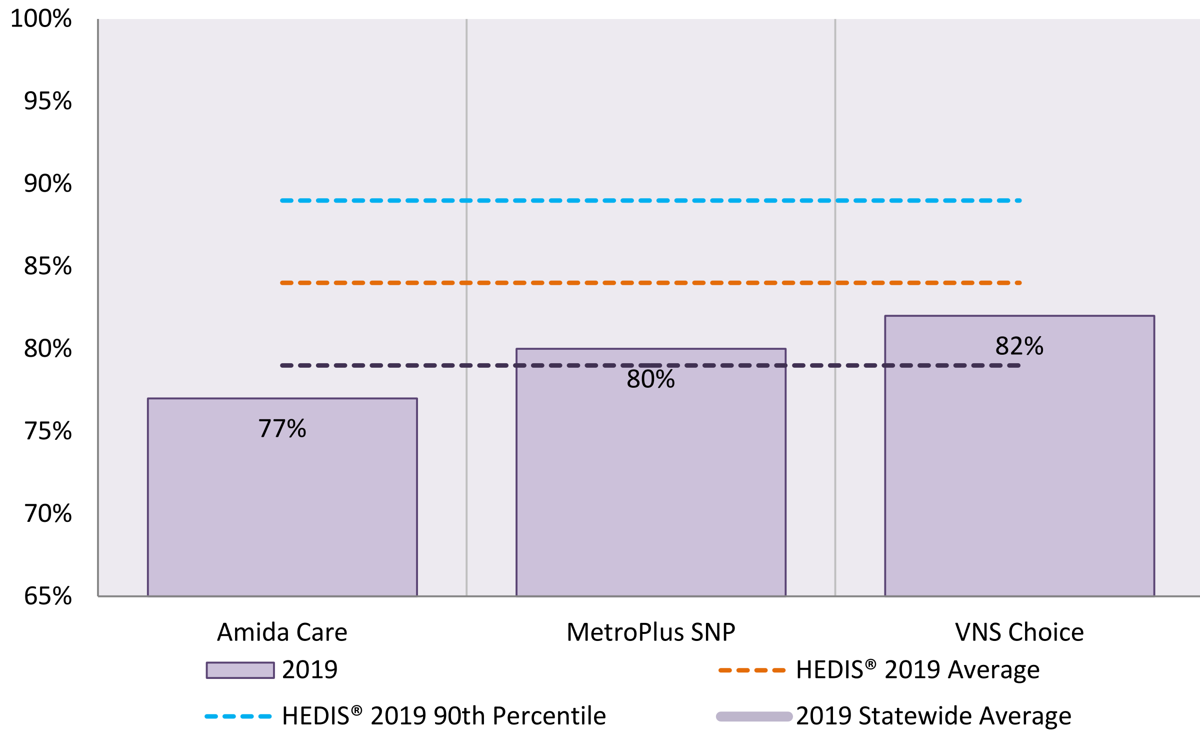

Getting Care Quickly
100%
95%
90%
85%
80%
75%
70%
84%
87%
86%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

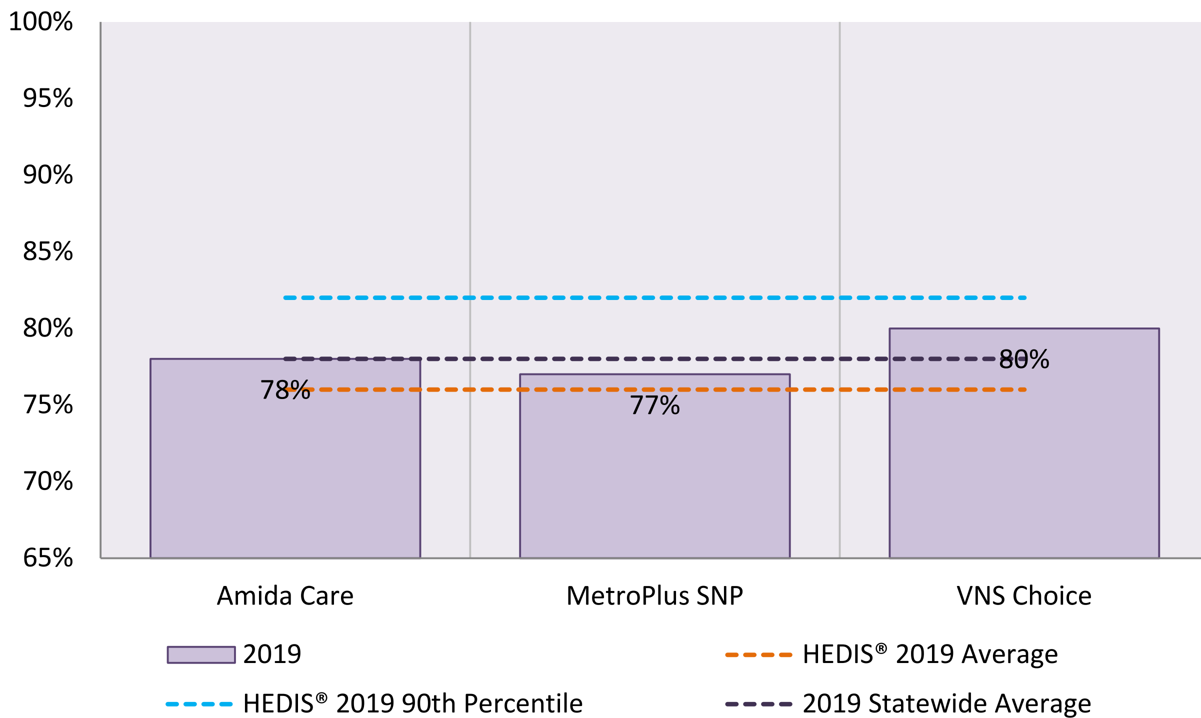

Customer Service
100%
95%
90%
85%
80%
75%
70%
92%
87%
91%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

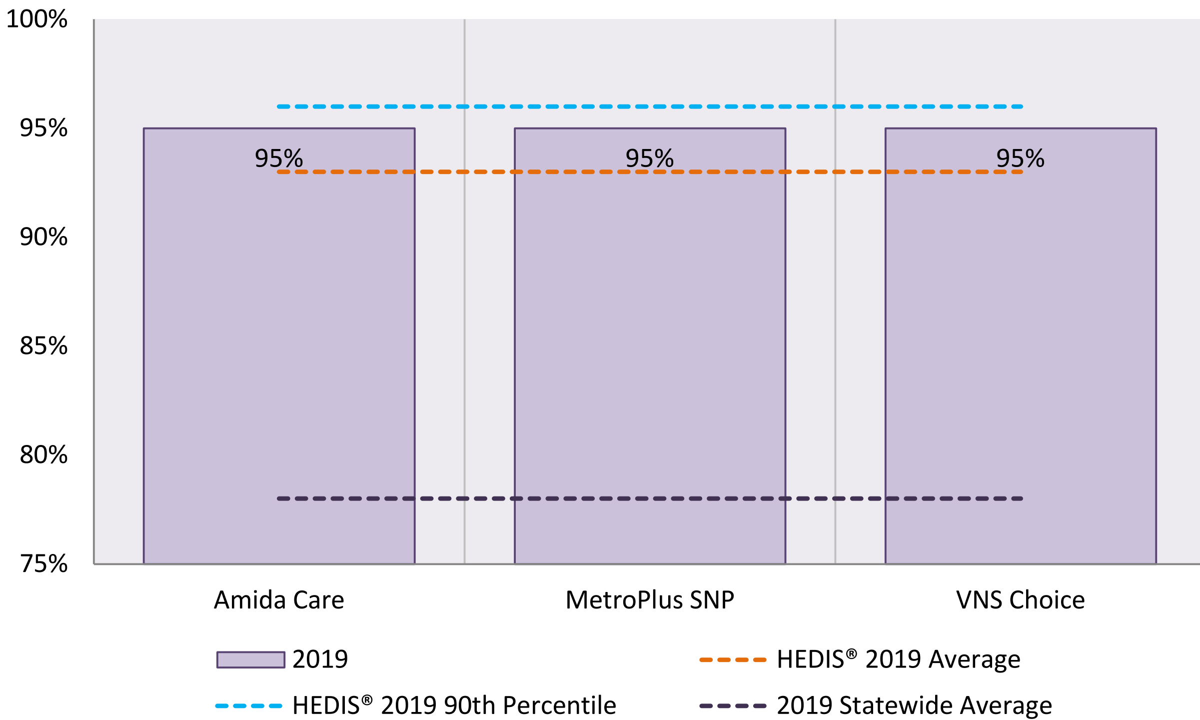

Coordination of Care
100%
95%
90%
85%
80%
75%
70%
65%
91%
81%
89%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average

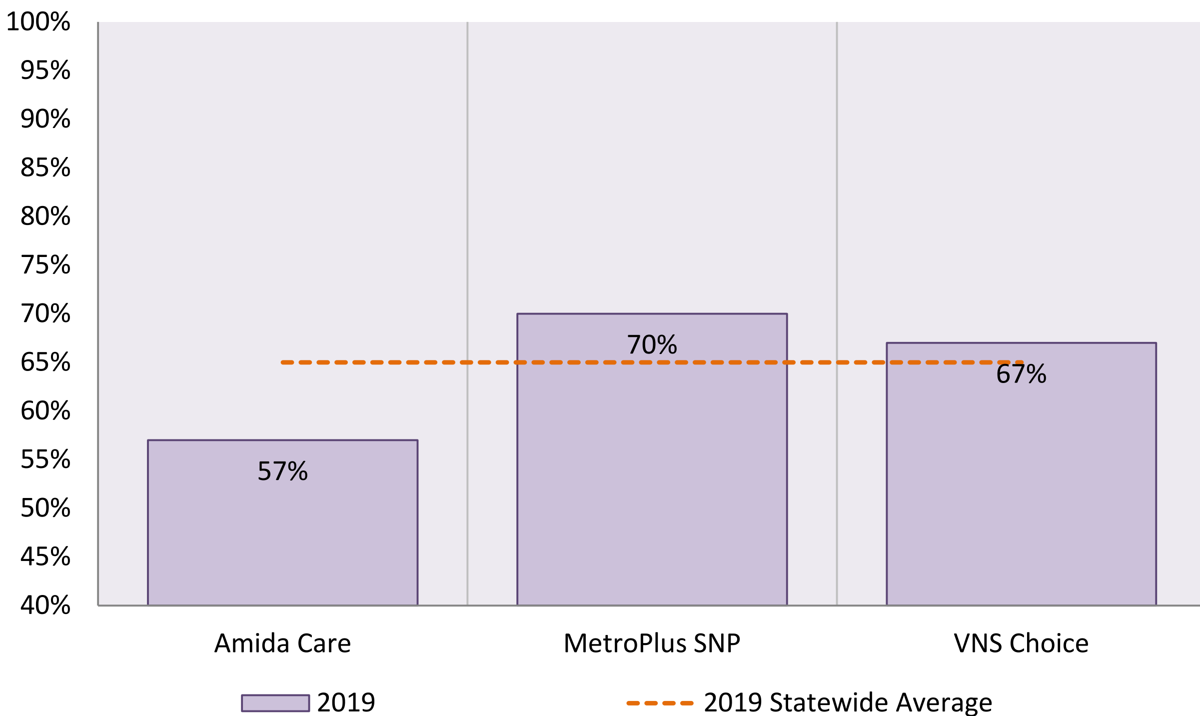

Collaborative Decision Making
100%
95%
90%
85%
80%
75%
70%
65%
85%
83%
85%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average

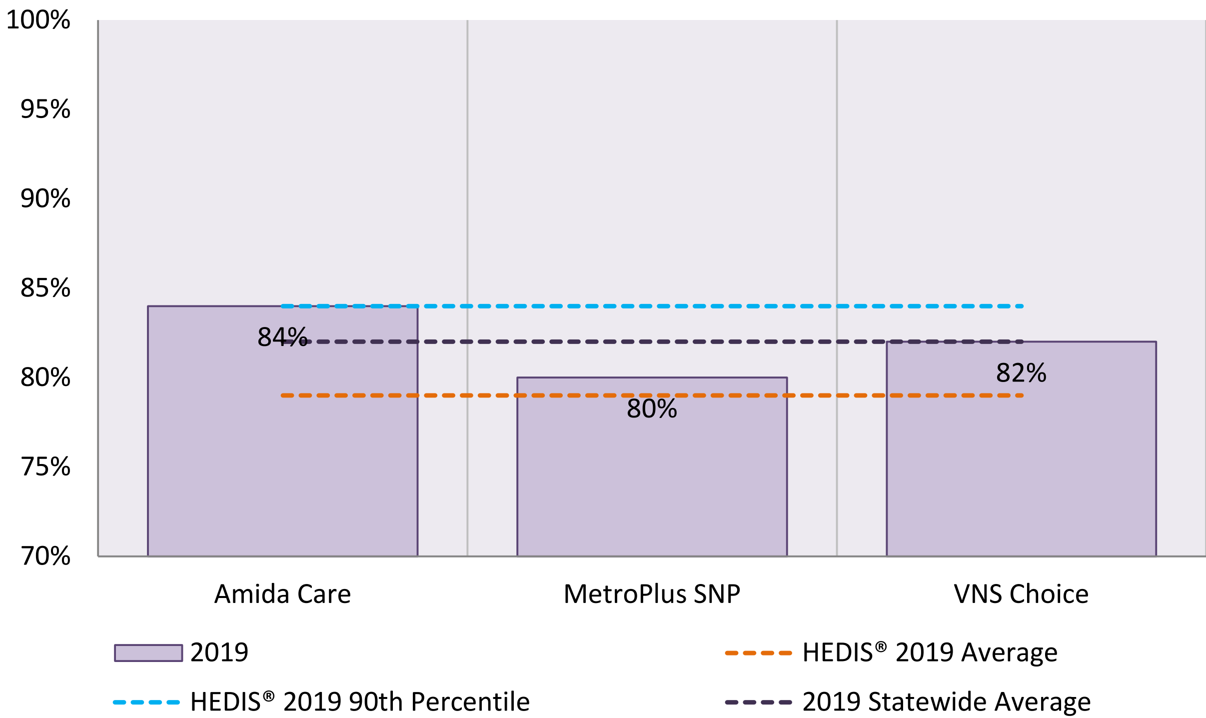

Rating of Personal Doctor
100%
95%
90%
85%
80%
75%
70%
65%
86%
89%
90%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

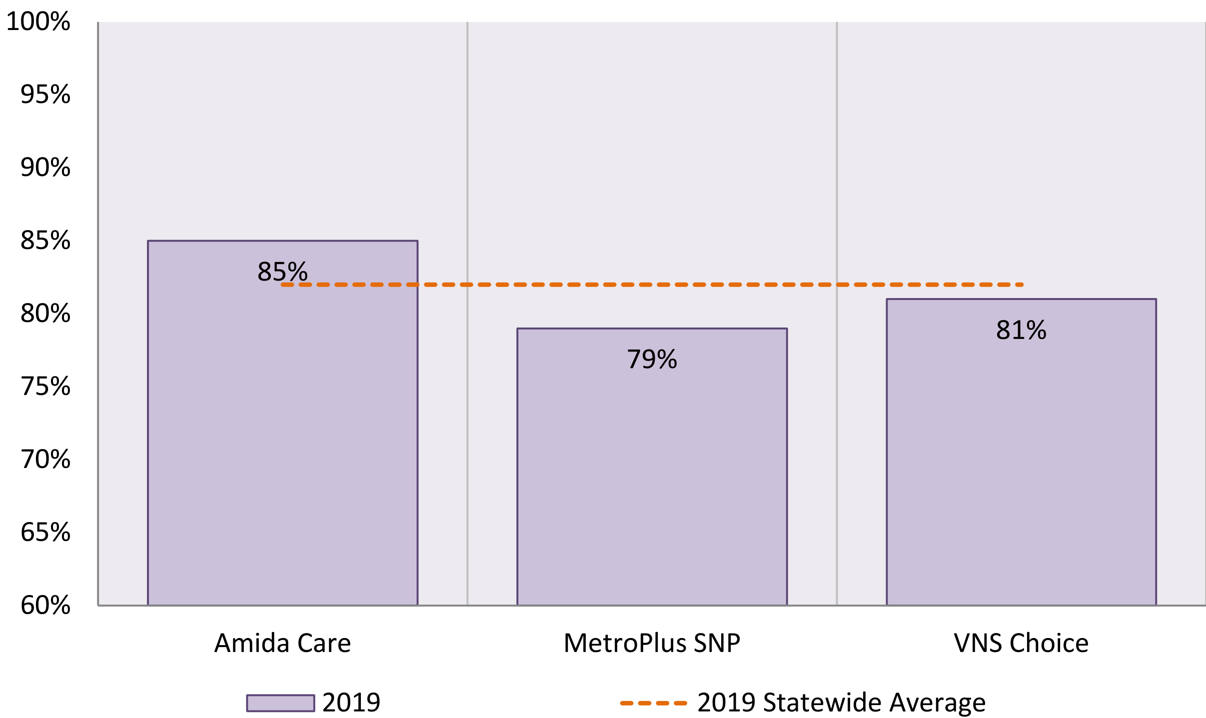

Rating of Specialist
100%
95%
90%
85%
80%
75%
70%
65%
77%
80%
82%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

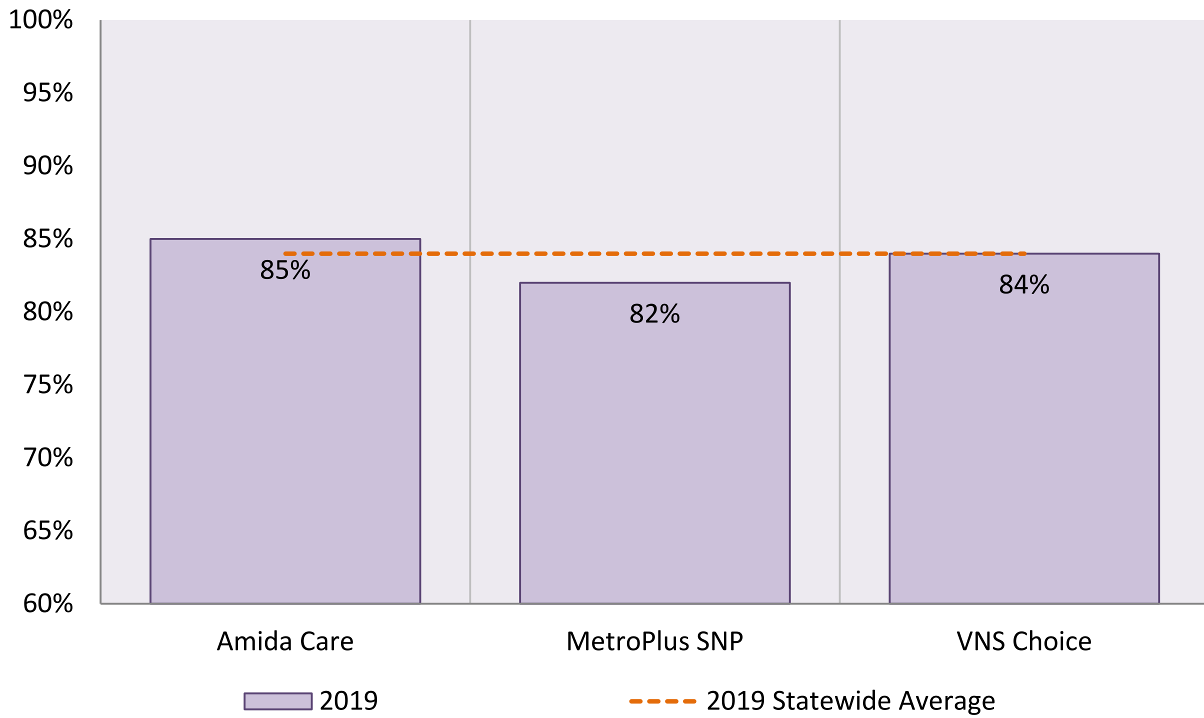

Rating of Overall Healthcare
100%
95%
90%
85%
80%
75%
70%
65%
78%
77%
80%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

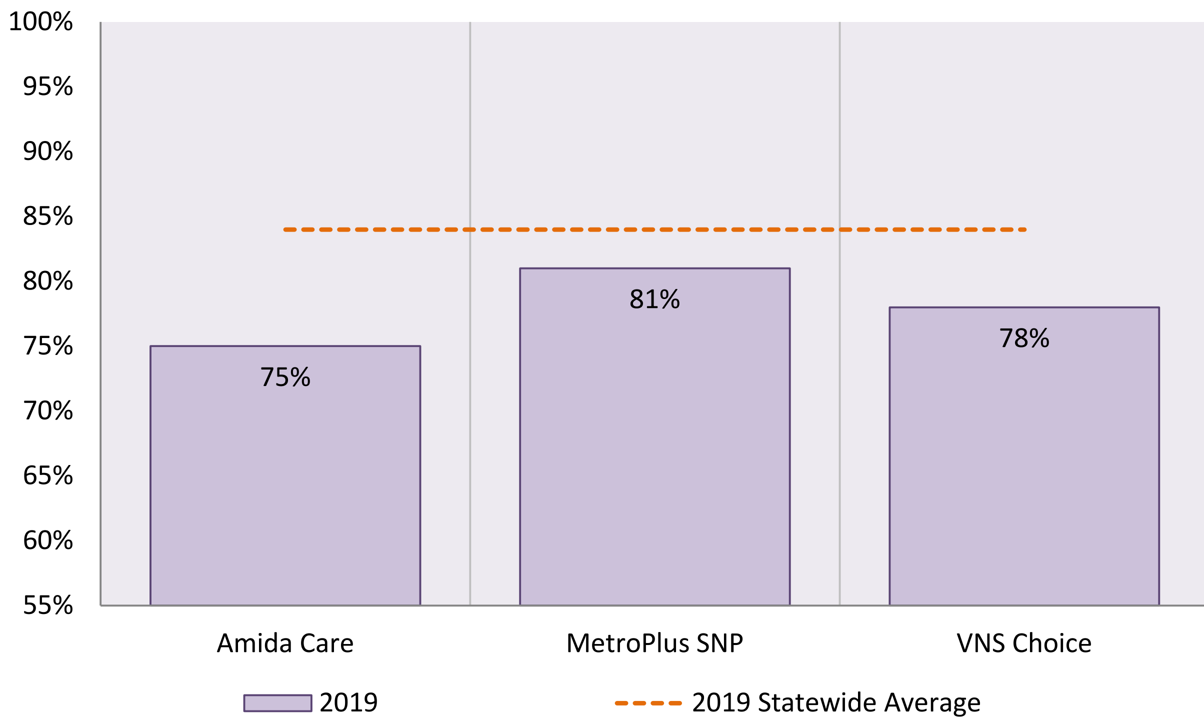

Satisfaction with Provider Communication
100%
95%
90%
85%
80%
75%
95%
95%
95%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

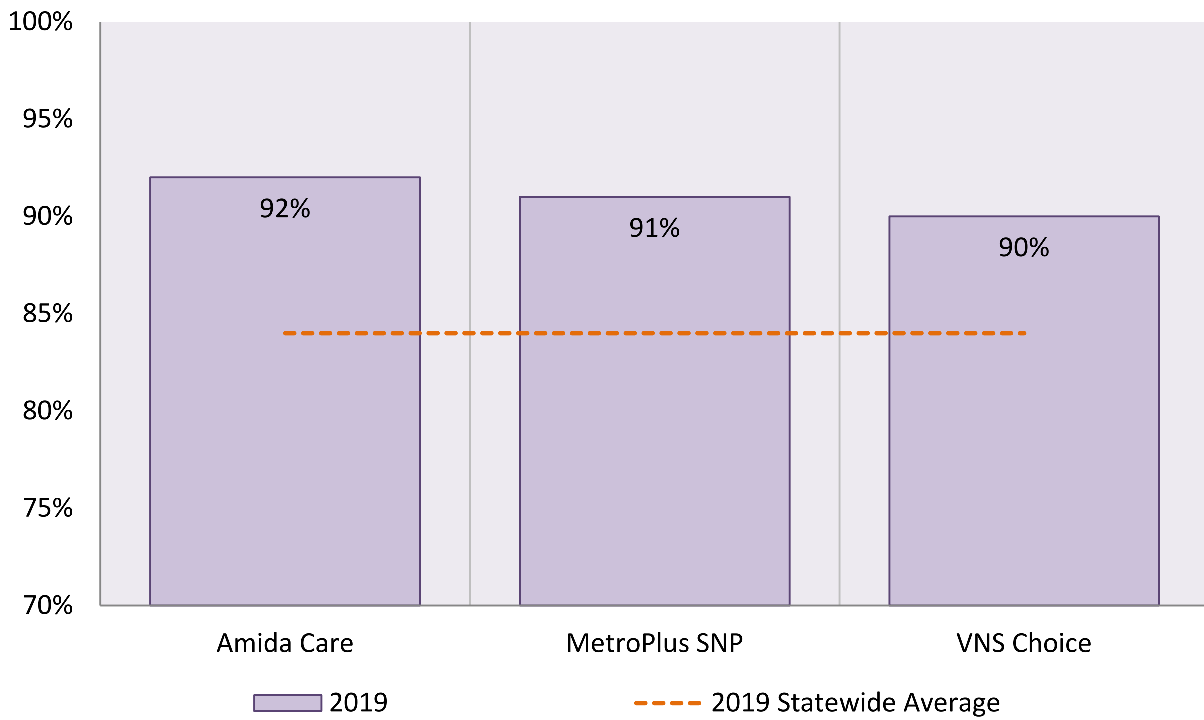

Rating of Counseling/Treatment
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
45%
40%
57%
70%
67%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average

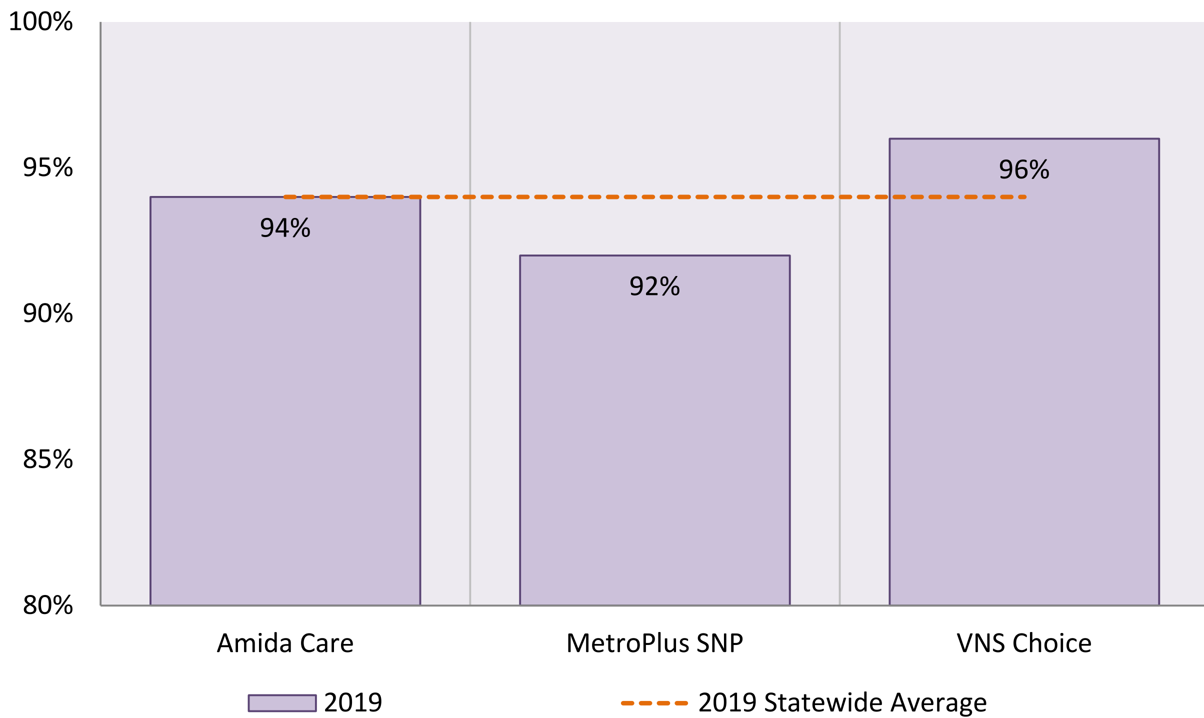

Rating of Health Plan
100%
95%
90%
85%
80%
75%
70%
84%
80%
82%
Amida Care
MetroPlus SNP
VNS Choice
2019
HEDIS® 2019 Average
HEDIS® 2019 90th Percentile
2019 Statewide Average

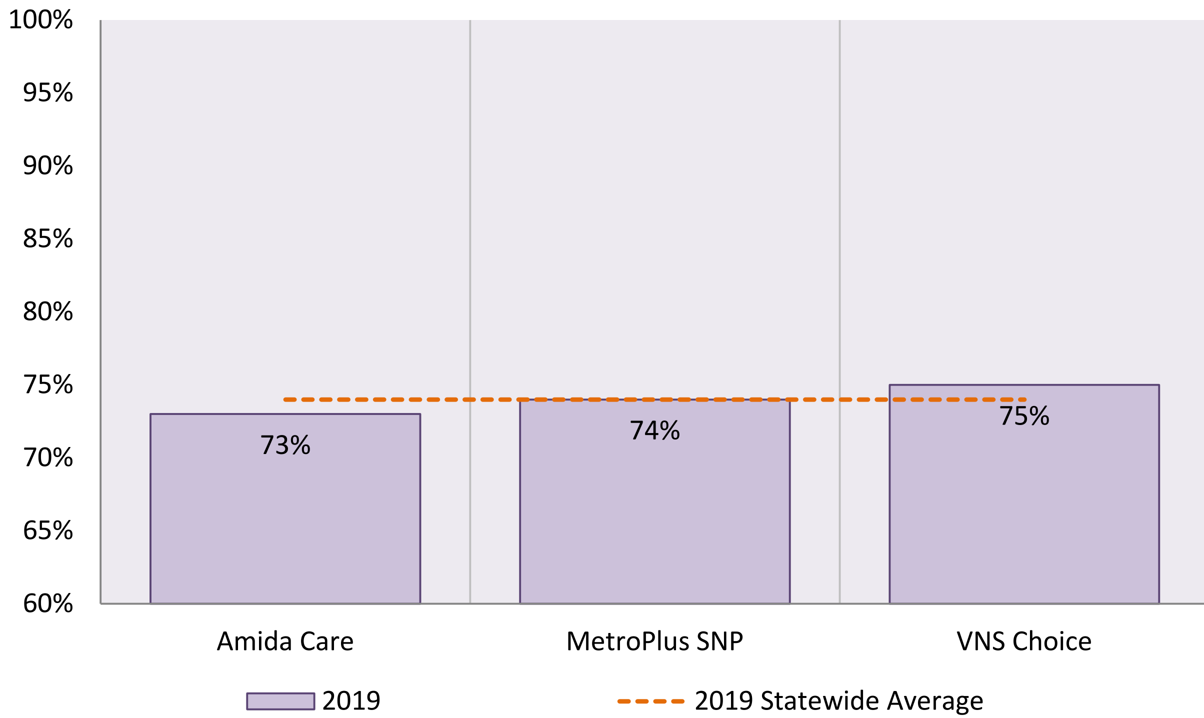

Rating of Health Plan - High Users
100%
95%
90%
85%
80%
75%
70%
65%
60%
85%
79%
81%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average


Wellness Discussion
100%
95%
90%
85%
80%
75%
70%
65%
60%
85%
82%
84%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average


Getting Needed Counseling/Treatment
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
75%
81%
78%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average


Recommend Plan to Others
100%
95%
90%
85%
80%
75%
70%
92%
91%
90%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average


Advising Smokers to Quit
100%
95%
90%
85%
80%
94%
92%
96%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average


Flu Vaccinations for Adults Ages 18-64
100%
95%
90%
85%
80%
75%
70%
65%
60%
73%
74%
75%
Amida Care
MetroPlus SNP
VNS Choice
2019
2019 Statewide Average

Conclusions

The NYS quality strategy aligns with CMS's requirements and provides a framework for MCPs to follow while aiming to achieve improvements in the quality of, timeliness of and access to care. In addition to conducting the required EQR activities, NYS's quality strategy includes state- and MCP-level activities that expand upon the tracking, monitoring and reporting of performance as it relates to the Medicaid service delivery system.

In addition to requiring participating MCPs to meet federal Medicaid standards, NYS also requires these MCPs to meet rules and regulations that push the MCPs to go beyond the minimum standards of care. The NYS MMC program aims to improve health outcomes and increase health equity for Medicaid enrollees, and for all New Yorkers, through a variety of programs that target populations with specific healthcare needs.

The overall results of the EQR activities included in this report, indicate that the NYSDOH actively holds the MCPs accountable in achieving the goals in the state's quality strategy.

Recommendations to the NYSDOH

While revamping the quality strategy, IPRO recommends that the NYSDOH consider the following:

- Approaches to collaborating with community based organizations to promote preventive screenings, immunizations and the management of chronic conditions.
- Promotion of integrated care for mother and baby to address maternal and infant mortality.
- A recommitment to addressing disparities in health outcomes.
- Identification of resources to expand telehealth across the state.
- Promotion of pharmacotherapy to treat obesity.
- Combat the long-term effects of NYS being an epicenter of Coronavirus disease of 2019 (COVID-19).
- Approaches to improving the quality and breadth of the statewide Medicaid provider network.

VI. MCP-Level Reporting

Introduction

Performance Improvement Project Findings

This section displays the MCP's 2019 PIP topic, summary of interventions and results achieved. The corresponding tables display performance indicators, baseline rates, interim rates, and targets/goals.

Performance Measures Findings

This section displays the MCP-level HEDIS/QARR performance rates for MY 2017, 2018, and 2019, as well as the statewide average rates for MY 2019. The corresponding tables indicates whether the MCP's rate was statistically better than the statewide average rate (indicated by ▲) or whether the MCP's rate was statistically worse than the statewide average rate (indicated by ▼). An MCP statistically exceeding the statewide average rate for a measure was considered a strength during this evaluation, while an MCP rate reported statistically below the statewide average rate was considered an opportunity for improvement.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

This section displays the total number of deficiencies and citations received by an MCP for the most current operational survey, as well as specific findings from the operational survey. This section also includes the number of citations received by an MCP for the focused reviews conducted in 2019. (Note: Since each deficiency can result in multiple citations, the number of deficiencies and the number of citations may differ.) An MCP achieving full compliance with federal Medicaid standards and/or NYS standards was considered a strength during this evaluation, while non-compliance with a standard was considered an opportunity for improvement.

Quality of Care Survey Findings – Member Satisfaction

This section displays the MCP-level CAHPS performance for 2019. The corresponding tables display the satisfaction domains, individual supplemental questions, MCP scores, and the statewide average scores for MYs 2015, 2017, and 2019. The table also indicates whether the MCP's score was significantly better than the statewide average score (indicated by ▲) or whether the MCP's score was significantly worse than the statewide average score (indicated by ▼). An MCP scoring statistically better than the statewide average score for a satisfaction domain was considered a strength during this evaluation, while an MCP score statistically worse than the statewide average score was considered an opportunity for improvement.

Assessment of MCP Follow-up on Prior Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each annual technical report include "an assessment of the degree to which each MCP. PIHP, PAHP, or PCCM entity has addressed effectively the recommendations for QI made by the EQRO during the previous year's EQR." IPRO requested that each MCP describe how its organization addressed the recommendations from the RY 2018 EQR Technical Report. MCP responses are reported in this section of the report.

Amida Care, Inc.

Performance Improvement Project Findings

IPRO's validation of Amida Care's 2019 PIP confirmed its alignment with the CMS EQR P*rotocol 1. Validation of Performance Improvement Projects.*

Amida Care aimed to effectively track and evaluate the behavioral health screening rates of its membership in the primary care setting, and in turn address any concerns or deficiencies with providers. The following interventions were implemented in 2019:

Member-Focused Interventions:

- Outreached to members identified by a positive depression screening to encourage completing appointments and to facilitate the office visit if needed.

Provider-Focused Interventions:

- Collaborated with providers to understand the process of how members were screened for behavioral health concerns and how the process was monitored.
- Distributed quarterly data to providers including screening rates and members identified as needing a screening.
- Requested that providers share with the Amida Care, a monthly listing of members with a positive depression screening and that require a behavioral health contact.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
PLWH screened annually for MH (depression and anxiety)	5%	14.4%	20%
PLWH screened annually for SU (alcohol or substance use disorder)	10%	11.5%	16%
PLWH screened annually for depression by chart review	NA	88%	90%
PLWH screened annually for anxiety by chart review	NA	17%	225
Positive screens addressed by chart review	NA	80%	80%
PLWH screened annually for alcohol misuse by chart review	NA	53%	58%
PLWH screened annually for substance misuse by chart review	NA	59%	64%
Positive screens addressed by chart review	NA	68%	73%
Members referred for BH care manager or other BH provider and complete contact within 120 days	NA	N/A	35%

NA: not available during the production of this report.

Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that Amida Care met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Effectiveness of Care: Prevention and Screenings				
Adult BMI Assessment	74	74 ▼	74 ▼	**85**
Breast Cancer Screening	66	64 ▼	65 ▼	**69**
Colorectal Cancer Screening	56 ▼	58 ▼	59 ▼	**65**
Chlamydia Screening (Ages 16-24)	*SS*	*SS*	68	**74**
Effectiveness of Care: Acute and Chronic Care				
Spirometry Testing for COPD	22	29	21	**22**
Pharmacotherapy Management for COPD—Bronchodilators	*SS*	*SS*	94	**94**
Pharmacotherapy Management for COPD—Corticosteroids	96	93	67	**64**
Medication Management for People with Asthma 50% (Ages 19-64)	57	70	77 ▼	**82**
Asthma Medication Ratio (Ages 19-64)	81	84	31	**30**
Persistence of Beta-Blocker Treatment After a Heart Attack	41 ▲	38 ▲	*SS*	
CDC—HbA1c Testing	*SS*	*SS*	95	**96**
CDC—HbA1c Control (<8%)	94	94	63	**63**
CDC—Eye Exam Performed	60 ▲	63	55	**58**
CDC—Nephropathy Monitor	48	55	95	**94**
CDC—BP Controlled (<140/90 mm Hg)	93	95	46 ▼	**59**
Monitor Patients on Persistent Medications—Total Rate	51	43 ▼		
HIV Viral Load Suppression[1]	99	98	76 ▼	**80**
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	58	56	48 ▼	**55**
Antidepressant Medication Management—Effective Continuation Phase	41	43	34 ▼	**41**
Follow-Up After Hospitalization for Mental Illness—30 Days	NV	73	68	**63**
Follow-Up After Hospitalization for Mental Illness—7 Days	NV	66	44	**41**
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	99	98	99	**100**

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Diabetes Monitoring for People with Diabetes and Schizophrenia	92	84	85	**83**
Antipsychotic Medications for Schizophrenia	56	53	48 ▼	**55**
Access to Care				
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	97 ▲	93 ▼	92 ▼	**94**
45-64 Years	99	97 ▼	95 ▼	**97**
65+ Years	98	90 ▼	89 ▼	**95**

Note: Rows shaded in grey were not required to be reported.
NV: Not Valid. The MCP submitted invalid data for the reporting year.
[1]NYS specific measure

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Evaluation of Part 438 Subpart D and QAPI Standards

The NYS operational survey determined that Amida Care was fully compliant with 11 federal Medicaid requirements reviewed.

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

Evaluation of MCP Compliance with NYS Operational Standards

The NYS focused reviews determined that Amida Care was in compliance with 13 of the 14 categories. The category in which Amida Care was not compliant was Organization and Management (1 citation). For the operational survey, Amida Care was in compliance with all 14 categories.

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	Contracts	2
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	0		
Utilization Review	0	0		
Total	**0**	**2**		

Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	Amida Care	Statewide Average	Amida Care	Statewide Average	Amida Care	Statewide Average
			Medicaid			
Advising Smokers to Quit	92	**91**	91	**92**	94	**94**
Flu Shots for Adults Ages 18-64	72	**74**	73	**74**	73	**74**
Coordination of Care[1]	84	**87**	91	**89**	91	**87**
Customer Service[1]	90	**89**	92	**90**	92	**90**
Getting Care Needed[1]	81	**82**	81	**80**	83	**83**
Getting Needed Counseling/Treatment	75	**79**	75	**77**	75	**78**
Getting Care Quickly[1]	85	**86**	89 ▲	**86**	84	**86**
Rating of Counseling/Treatment	62	**63**	63	**64**	57 ▼	**65**
Rating of Healthcare	74	**77**	77	**79**	78	**78**
Rating of Health Plan	78	**77**	80	**79**	84	**82**

Measure	2015		2017		2019	
	Amida Care	Statewide Average	Amida Care	Statewide Average	Amida Care	Statewide Average
	Medicaid					
Rating of Health Plan—High Users	76	**76**	77	**79**	85	**82**
Recommend Plan to Family/Friends	90	**89**	89	**90**	92	**91**
Satisfaction with Personal Doctor[1]	87	**89**	87	**88**	86	**88**
Satisfaction with Specialist	74	**75**	77	**79**	77	**79**
Satisfaction with Provider Communication[1]	93	**94**	93	**93**	95	**95**
Shared Decision Making[1]	85	**83**	83	**84**	85	**84**
Wellness Discussion	85	**84**	84	**84**	85	**84**

[1]These indicators are composite measures.

Strengths, Opportunities for Improvement and Recommendations

Strengths:

- In regards to Amida Care's Compliance with NYS Operational Standards and federal Medicaid requirements, the NYS operational survey determined that the MCP was in compliance with all categories reviewed.

Opportunities for Improvement:

- In the HEDIS®/QARR prevention and screening domain, Amida Care continues to demonstrate opportunities for improvement for the *Adult BMI Assessment, Breast Cancer Screening,* and *Colorectal Cancer Screening* measures.
- In the HEDIS®/QARR acute and chronic care domain, Amida Care had rates significantly worse than the statewide average for three consecutive years for the *HIV Viral Load Suppression* measure. In 2019, Amida Care had rates significantly worse than the statewide average for the *Medication Management for People with Asthma 50% (Ages 19-64)* and *CDC—BP Controlled (<140/90 mm Hg)* measures.
- Regarding behavioral health measures, Amida Care demonstrates an opportunity for improvement for the *Antidepressant Medication Management—Acute and Continuation Phases* and the *Antipsychotic Medications for Schizophrenia* measures.
- Amida Care continues to demonstrate an opportunity for improvement in regard to the Access of Care measures. Amida Care's rates have been reported significantly worse than the statewide average for the all of the age groups under the *Adults' Access to Preventive/Ambulatory Health Services* measure.
- In 2019, Amida Care's rate for the *Rating of Counseling/Treatment* Adult CAHPS® measure was reported significantly worse than the statewide average.

- Amida Care demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the focused review surveys related to Contracts under the Organization and Management category.

Recommendations:

- Amida Care should continue to conduct routine root cause analyses to determine factors contributing to its below average performance for the HEDIS®/QARR measures mentioned above. Amida Care should continue to develop initiatives to address the plan's homeless and transgender members. The MCP should also consider focusing on adults' access to preventative care, as all age groups performed below the statewide average in 2019. [Repeat recommendation.]

Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
Quality of Care	
The MCP should conduct root cause analyses to determine factors contributing to its below average performance for the HEDIS®/QARR measures mentioned above and develop initiatives to address identified factors. The MCP should focus on adults' access to preventative care as all age groups performed below average in 2018. The MCP could consider implementing interventions that target both members and providers. [Repeat recommendation.]	**A. Trend in Performance** Amida Care's Adult Access to Care Rates has been declining year over year for several years as indicated in the table above. B. **Root Causes** One of leading hypothesis of the root causes of this that Amida Care's case mix has been changing particularly related to increases in homeless members and transgender members. As indicated in the table below, an analysis of the access rates based on MY2019 data indicated that "known to be homeless at the time of enrollment" members have poorer access to outpatient care rates, whereas transgender member rates are better. It should be noted that unfortunately Amida Care is anticipating low rates for Measurement Year (MY) 2020 due to the COVID-19 Pandemic and the Stay at Home Order. Although Telehealth has been widely adopted, across service types utilization was lower in MY2020. This trend has been reported by other Health Plans as well. C. **What has the MCP done or planned to do to address the recommendation? And When and how will this be accomplished?** Over the course of 2019 and 2020 a series of interventions have been put in place to improve the rate at which adult members access outpatient care: • Primary Care Visit Rates with member level detail are on the Monthly HIV Quality of Care Report and the

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	Quarterly End the Epidemic Report which are distributed to 11 high volume Value-based Program providers and reviewed at quarterly meetings. • A documented process is in place for Providers to utilize the member level detail on the End the Epidemic Report to inform Amida Care when they are unable to reach a member despite outreach, and other statuses such as member moved out of state, member died, member in hospice and the like. Amida Care uses the report to take the appropriate next steps for each member, including conducting its own outreach and researching alternative contact information. In 2021, this process will be replaced with a comprehensive primary care panel reconciliation process. • A "Lost to Care" Flag has been developed and is automatically applied to member records in the Customer Service and Case Management System (Sales Force/Team Connect) as the criteria is met. The flag is based on members not having claims for Outpatient visits across time. The flag is used to identify members for work by the Outreach Unit (see below), and also for Member Services to know when a "Lost to Care" member is calling, so that additional topics can be covered on the call. • Amida Care's Health Services Department has a dedicated Outreach Unit aimed at putting "feet on the street" to locate and engage members overtime in treatment. The Unit's community outreach was suspended in March 2020 due to the COVID-19 Pandemic and the Stay at Home Order. But plans are underway to have the staff vaccinated so that in person work with Members can resume. • Care Alerts have also been placed in the Customer Service System indicating who is due for specific types of care so the Representatives can remind members and assist them in scheduling appointments where needed. • Moreover, Healthy Rewards Program gives members a $25 pre-paid card award to member who have a primary care visit every 6 months. D. **What are the expected outcomes or goals of the actions to be taken?** The ultimate goal of the interventions above is to improve the rate at which members' access outpatient

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	care; in particular with the aim of treatment adherence and viral load suppression in that the majority of Amida Care's members are HIV Positive. We also understand that primary care attendance is highly correlated with closure of preventive health and chronic condition gaps in care. As such, outpatient and primary care attendance ultimately improves member and Plan performance on HIV Quality of Care and QARR/HEDIS process and outcome measures. The Primary Care access rates are being trended for VBP Providers as such high volume provider improvement in the rates over time is being sought. Furthermore, the Engagement Rate of "lost to care" members by the Outreach Unit and the Customer Service Department, as well as participation in the Healthy Reward Program are being tracked in order to determine their effectiveness across time as well. E. **If a recommendation made in Reporting Year 2017 was reissued in Reporting Year 2018, please indicate if actions taken as a response to the 2017 recommendation are still current, and describe any new initiatives that have been implemented and/or planned.** This is a repeat EQR finding and as per above, Amida Care acknowledges that its' HEDIS Adult Access to Care Rate has continued to decrease year over year. As noted above, we believe this is in part due to the types of members who are enrolling. In particular, the homeless have poorer access to care rates. Amida Care has increasingly tailored its programs to address this population by developing for example a "lost to care" flag applied to member records and by formation of a Community based Outreach Unit. In addition to continuation of the active interventions in place for 2019 and 2020 indicated above, Amida Care has been monitoring telehealth utilization, and performed in Spring 2020 COVID Exposure Prevention Member Outreach, and is now performing a COVID-19 Vaccination Outreach Campaign. Moreover, December 2020 through February 2021, Amida Care conducted an in home lab pilot with Bio-reference Labs where-in in-home lab draws were offered to a cohort of members over-due for 4 or more labs. One of the primary

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	learnings from the pilot is that the majority of the members were unable to be reached to schedule the in-home appointment and/or were "Lost to Care". With PPE and staff receiving the COVID-19 vaccination, Amida Care's Community Outreach staff are hoping to return to field based work soon to locate and engaging members. Multi-variate analyses are in the process of being completed which will inform our Staff about the members at greatest risk, and the health issues with which they are most in need of assistance, so that our care management interventions can be more focused and hopefully more effective in improving health outcomes.
Access to/Timeliness of Care	
With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP 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; provider portal notifications, quarterly provider newsletters and fax blasts.	**What has the MCP done or planned to do to address the recommendation?** The Network Operations staff has been sending quarterly e-blast reminders to providers educating them of the Access and Availability standards and the importance of providing access to our members. We are also in the process of starting a Secret Shopper program effective 4/1/2021 to ensure that providers are being compliant with the Access and Availability Standards. **When and how will this be accomplished?** The Secret Shopper program calls will begin 4/1/2021. **What are the expected outcomes or goals of the actions to be taken?** Due to COVID environment, we are expecting providers to divert their members to utilizing telehealth services in lieu of an office visit which might result in low compliance rate. If a member calls the provider to schedule a visit, they may be directed to schedule time for a telehealth visit which may not result in same day and may direct them to the Emergency Room. **What is the MCP's process for monitoring the actions to determine their effectiveness?** The effectiveness of the outcomes of our actions will be tracked and evaluated by the Senior Director of Network Operations. Monthly monitoring efforts will be done to capture any immediate issues so they can

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	be addressed. For providers who have failed to comply with standards, they will be notified; educated of requirements and closely monitored until compliance is reached. **If a recommendation made in Reporting Year 2017 was reissued in Reporting Year 2018, please indicate if actions taken as a response to the 2017 recommendation are still current, and describe any new initiatives that have been implemented and/or planned.** We continue to remind providers of the standard Access and Availability requirements through various communications such as email blasts; during onboarding into our network; and the distribution of the Provider Manual

MetroPlus Health Plan, Inc. Special Needs Plan

Performance Improvement Project Findings

IPRO's validation of MetroPlus SNP's 2019 PIP confirmed its alignment with the CMS EQR P*rotocol 1. Validation of Performance Improvement Projects.*

MetroPlus SNP aimed to reduce subsequent emergency department (ED) visits and inpatient admissions by improving care transitions from ED visits and inpatient admissions to community care, and from inpatient psychiatric care to SUD detoxification or inpatient SUD rehabilitation to a lower level of care. The following interventions were implemented in 2019:

Member-Focused Interventions:

- Educated members on available services, social supports and community resources as a part of their discharge plan while on the inpatient unit.
- Field based case managers (FBCM) educated members on the importance of engaging in aftercare treatment, medication adherence and introduced members to Home Based Therapy (HBT) services that are available.
- Linked members to the Health Homes (HH) of enrollment or referred members if they were not enrolled.
- Field based case managers referred members who were homeless or lacked stable housing to the MetroPlus internal housing specialist for a housing assessment.
- Established the process of connecting a peer-support specialist and to a member prior to the member being discharged from the hospital.

Provider-Focused Interventions:

- Beacon medical directors interfaced with attending physicians to integrate medication addiction treatment (MAT) into the discharge plan.
- Conducted quarterly webinar trainings on the topics of care coordination and member consent.

MCP-Focused Interventions:

- Notifying health homes of inpatient admissions in an attempt to coordinate care and promote communication between the inpatient discharge team and the health home staff.
- UM staff and case management Staff (when applicable) work with facilities to address member needs during discharge planning, submit any inpatient discharge plans that are deemed inadequate to meet the member needs or is scheduled for an appointment outside of the 7 days as a quality of care issue.
- Monitor facility trends and the need for facility-specific interventions.
- Outreaching to the ACT Team responsible for the member's care to notify them of the admission and consult on their case while focusing on interventions to address barriers to treatment, utilization of MAT and address social determinants.
- UM/CM staff rounded cases of SUD inpatient admissions with Beacon medical directors to discuss the utilization of MAT as a treatment option.

- Beacon medical staff provided information and education on MAT to SUD inpatient and outpatient facilities.
- Field-based CM's and MP Onsite CM's obtained consent from members receiving inpatient SUD during their inpatient stay.
- Sending out a tip sheet to all SUD facilities regarding the importance of member consent to coordination of care on a biannual basis.
- RHIO's Metro Plus established connectivity with NYCIG to obtain ER data on membership and members were outreached via text messages regarding their ER visit and contact information to follow-up aftercare.
- Field-based CM's and Peer Supports meet with members while on the inpatient unit to develop a discharge plan with them.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Metro Plus Partners HIV/SNP			
HIV/SNP 7 Day FUH	NR	33.33%	36.33%
HIV/SNP 30 Day FUH	NR	47.83%	50.83%
HIV/SNP 7 Day FUM	68.12%	31.03%	71.12%
HIV/SNP 30 Day FUM	73.91%	47.13%	76.91%
HIV/SNP 7 Day FUA	25.66%	20.13%	28.66%
HIV/SNP 30 Day FUA	30.09%	28.19%	33.09%
Adherence to antipsychotic medications for individuals with schizophrenia	52.34%	57.0%	55.34%
Initiation of pharmacotherapy upon new episode of opioid dependence	33.33%	33.33%	36.33%
Use of pharmacotherapy for alcohol abuse or dependence	5.93%	9.51%	8.93%
Follow-up after high-intensity care for substance use disorder (FUI) – 7 days	28.1%	30.69%	31.1%
Follow-up after high-intensity care for substance use disorder (FUI) – 30 days	54.1%	47.09%	57.1%

Performance Measures Findings

The 2020 HEDIS Final Audit Report produced by Aqurate Health Data Management, Inc. indicated that MetroPlus SNP met all of the requirements to successfully report HEDIS measures.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Effectiveness of Care: Prevention and Screenings				
Adult BMI Assessment	91 ▲	94 ▲	99 ▲	**85**
Breast Cancer Screening	73 ▲	78 ▲	77 ▲	**69**
Colorectal Cancer Screening	67 ▲	72 ▲	72 ▲	**65**
Chlamydia Screening (Ages 16-24)	77	80	83	**74**
Effectiveness of Care: Acute and Chronic Care				
Spirometry Testing for COPD	40 ▲	24	26	**22**
Pharmacotherapy Management for COPD—Bronchodilators	91	94	92	**94**
Pharmacotherapy Management for COPD—Corticosteroids	54	66	52 ▼	**64**
Medication Management for People with Asthma 50% (Ages 19-64)	81	81	88 ▲	**82**
Asthma Medication Ratio (Ages 19-64)	36	30	31	**30**
Persistence of Beta-Blocker Treatment After a Heart Attack	*SS*	*SS*	*SS*	
CDC—HbA1c Testing	96	95	97	**96**
CDC—HbA1c Control (<8%)	67 ▲	66	71 ▲	**63**
CDC—Eye Exam Performed	53	62	62	**58**
CDC—Nephropathy Monitor	93	93	94	**94**
CDC—BP Controlled (<140/90 mm Hg)	70 ▲	77 ▲	78 ▲	**59**
Monitor Patients on Persistent Medications—Total Rate	97 ▼	98		
HIV Viral Load Suppression[1]	80	82	82 ▲	**80**
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	64	59	60	**55**
Antidepressant Medication Management—Effective Continuation Phase	45	42	42	**41**
Follow-Up After Hospitalization for Mental Illness—30 Days	56	74	56	**63**
Follow-Up After Hospitalization for Mental Illness—7 Days	37	68	35	**41**

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	99	99	100	**100**
Diabetes Monitoring for People with Diabetes and Schizophrenia	*SS*	*SS*	*SS*	**83**
Antipsychotic Medications for Schizophrenia	60	52	57	**55**
Access to Care				
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	95 ▼	93	96 ▲	**94**
45-64 Years	98	98	98 ▲	**97**
65+ Years	99	99	99	**95**

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure
SS: Sample size too small to report (less than 30 members), but included in the statewide average.
[1]NYS specific measure

Measure	2015		2017		2019	
	MetroPlus SNP	Statewide Average	MetroPlus SNP	Statewide Average	MetroPlus SNP	Statewide Average
			Medicaid			
Advising Smokers to Quit	91	**91**	91	**92**	92	**94**
Coordination of Care[1]	89	**87**	85	**89**	81	**87**
Customer Service[1]	90	**89**	88	**90**	87	**90**
Flu Shots for Adults Ages 18-64	74	**74**	73	**74**	74	**74**
Getting Care Needed[1]	83	**82**	79	**80**	83	**83**
Getting Needed Counseling/Treatment	84 ▲	**79**	79	**77**	81	**78**
Getting Care Quickly[1]	89	**86**	82 ▼	**86**	87	**86**
Rating of Counseling/Treatment	64	**63**	67	**64**	70	**65**
Rating of Healthcare	77	**77**	82	**79**	77	**78**
Rating of Health Plan	80	**77**	80	**79**	80	**82**
Rating of Health Plan—High Users	79	**76**	80	**79**	79	**82**
Recommend Plan to Family/Friends	91	**89**	91	**90**	92	**91**

Measure	2015		2017		2019	
	MetroPlus SNP	Statewide Average	MetroPlus SNP	Statewide Average	MetroPlus SNP	Statewide Average
			Medicaid			
Satisfaction with Personal Doctor[1]	91	**89**	87	**88**	89	**88**
Satisfaction with Provider Communication[1]	95	**94**	93	**93**	95	**95**
Satisfaction with Specialist	74	**75**	81	**79**	80	**79**
Shared Decision Making[1]	83	**83**	84	**84**	83	**84**
Wellness Discussion	84	**84**	87	**84**	85	**84**

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Evaluation of Part 438 Subpart D and QAPI Standards

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	D=1, C=2
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on review and interview, the MCP failed to complete a utilization review determination, provide written and phone notice with in (3) business days to the enrollee and the provider in 4 out of 7 SNP Medicaid Standard Prior Authorization cases reviewed. The MCP also failed to make a utilization review determination, provide written and phone notice with in (1) business day to the enrollee and provider in 2 out of 5 SNP Medicaid Concurrent cases reviewed. Specifically, the MCP was late in its determination process. The written notices (initial adverse determination) and phone notices to the member and the provider in the above cases were late.
- Based on interview and demonstration of the online provider manual functions, the MCP failed to ensure the provider links to utilization review policies for all delegates were in place and functioning. This issue was identified during the full operational survey and the plan of correction

did not include auditing or monitoring. The issue was not identified until demonstrating to the surveyor on April 9, 2019. The delegates whose links were not functioning were: Health Plex and Integra.

The NYS operational survey determined that MetroPlus SNP was in compliance with 12 of the 14 categories. The categories in which MetroPlus SNP was not compliant were Service Delivery Network (1 citation) and Utilization Review (2 citations). For the focused review, MetroPlus SNP was in compliance with all 14 categories.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	1	0
Utilization Review	2	0
Total	**3**	**0**

Strengths, Opportunities for Improvement and Recommendations

Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, MetroPlus SNP had rates significantly better than the statewide average for three consecutive years for the *Adult BMI Assessment, Breast Cancer Screening*, and *Colorectal Cancer Screening* measures.
- In the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, MetroPlus SNP had rates significantly better than the statewide average for three consecutive years for the *CDC—BP Controlled (<140/90 mm Hg)* measure. In 2019, MetroPlus SNP had rates significantly better than the statewide average for the *Medication Management for People with Asthma 50% (Ages 19-64), CDC—HbA1c Control (<8.0%),* and *HIV Viral Load Suppression* measures.
- In regard to the HEDIS®/QARR Access to Care measures, MetroPlus SNP's rate for the *Adults' Access to Preventive/Ambulatory Services (AAP) – Ages 20-44 Years and 45-64 Years* were reported significantly better than the statewide average.

- In regards to MetroPlus SNP's compliance with NYS operational standards the NYS focused review determined that the MCP was in compliance with all categories reviewed.

Opportunities for Improvement:

- In the HEDIS®/QARR Acute and Chronic Care domain, MetroPlus SNP had rates significantly worse than the statewide average for the *Pharmacotherapy Management for COPD—Corticosteroids* measure.
- MetroPlus SNP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 3 citations from the operational review surveys related to Service Delivery Network and Utilization Review.

Recommendations:

- MetroPlus SNP should work to address the citations received during the 2019 operational survey. The MCP should focus on improving the processes related to utilization review determinations.

Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
Quality of Care ***Access to/Timeliness of Care***	
With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Additionally, reminders to providers should be given through existing provider communications such as; provider portal notifications, quarterly provider newsletters and fax blasts.	The Plan continues to evaluate its Primary Care and OB/GYN specialty network with the goal of improving After-Hour Access for all members. In 2019, the Plan transitioned it's After-Hours Access to Care survey vendor from AllTran to SPH Analytics. MetroPlusHealth changed survey vendors to improve the survey's scope including reach rate and improved reporting back to the Plan. SPH administers Provider Access Surveys for Routine, Urgent, Non-Urgent, and After-Hours Access on behalf of MetroPlusHealth using live agent phone calls. The Plan formally assesses its performance for accessibility for After-Hours Access quarterly with reporting oversight by Network Relations. Network Relations consistently engages with providers to ensure that service delivery is aligned with Access and Availability Standards across the network. The Data Integrity Unit, a Unit within Network Relations continues to establish projects and initiatives that facilitate After-Hours Availability with providers. This includes access to care educational campaigns and IPRO Survey Results Verifications that aided in

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	identifying providers who did not meet access to care standards. In 2019, a total of 341 providers were surveyed for After-Hours Access to Care Standards of which 72.14% complied. Beginning 3rd quarter of 2020, MetroPlusHealth began reporting these trends on a quarterly basis. Non-compliant and unreachable providers who are identified by SPH Analytics are re-surveyed and re-educated; visual verifications are conducted for providers who cannot be surveyed telephonically. Visual Verifications that result in service location closures or provider updates are processed to the Credentialing Department for review; providers who are reached are educated on Access to Care Standards. Access to Care compliance trends are reported to the Quality Management and Quality Assurance Committees for review. Non-compliant providers are re-educated on After-Hours Access to Care Standards and are sent an *After-Hours Access to Care Plan of Correction* with; review and approval of correction are conducted by Network Relations. Providers found to be non-compliant are added to the file that is sent to SPH for ongoing monitoring for a minimum of 6 months; continued non-compliance are sent to the Contracting Department for contract review. Additionally, to further improve member access to After-Hours Care MetroPlusHealth has significantly improved the size of its Urgent Care network of providers adding over 140 locations within the service area. In April 2020, the Plan implemented its urgent care telehealth program through Amwell. MetroPlusHealth expedited this rollout to provide critical access to care for its membership, which was greatly impacted by the pandemic. The Plan leveraged an innovative multichannel engagement campaign which included fax blasts, email, direct mail, and office visits to swiftly inform providers of the availability of the new telehealth program and provided education on how to utilize the program. Network Relations also continues to educate providers on updating their demographic information and After-Hours Accessibility for members through multiple

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	avenues which include office visits, email notifications, provider newsletters, MetroPlusHealth website, provider portal, and annual mailings. As always, Network Relations ensures that the Plan's providers remain active, educated, and updated so that we can offer our members the best service possible.

VNSNY Choice SelectHealth Special Needs Plan

Performance Improvement Project Findings

IPRO's validation of VNS NY Choice SelectHealth SNP's 2019 PIP confirmed its alignment with the CMS EQR P*rotocol 1. Validation of Performance Improvement Projects.*

VNS NY Choice SelectHealth aimed to improve disease management thereby decreasing the percent of SelectHealth members with uncontrolled diabetes and the percent of SelectHealth members with an inpatient hospitalization among the diabetic population from baseline to final measurement." The following interventions were implemented in 2019:

<u>Member-Focused Interventions:</u>

- Diabetic members identified as complex cases, who were successfully outreached via telephone by Medical Management team are offered a referral to Endocrinologist
- Members were mailed the SelectHealth member incentive letter informing them of the STEPS incentive program.
- Stay Healthy flyer mailed to diabetic population annually, educating diabetic members on maintaining HbA1c level <7, annual testing, nutrition, exercise, and controlling blood pressure.
- Member Newsletter highlighting DSME and nutrition programs to encourage member self-monitoring/management.
- Outreach telephonically to assess reason for medication non-adherence and provides education on medication adherence importance.
- Members are outreached and assessed by Medical Management Team and provided with a glucometer (as needed) to appropriately self-monitor diabetes.

<u>Provider-Focused Interventions:</u>

- Providers outreached via mailings and telephone to inform them of patients who are non-adherent with diabetes medications.
- Educating DAC/SH providers onsite about the diabetes management PIP followed by monthly touch base calls to track status of gap closure/targeted interventions for members with uncontrolled DM.
- Targeting members with uncontrolled DM and working with targeted/largest SH providers/DACs to close gaps in care by referring members to nutrition counseling.
- Identifying members with uncontrolled DM and working with largest SH providers/DACs to close gaps in care by referring members to DSME.

<u>MCP-Focused Interventions:</u>

- Medical Management team referred diabetic members identified as a complex case to an Endocrinologist specialist for a more targeted disease management approach.
- Review of claims data to assess the number of members with diabetes who attended nutrition classes.
- Review of claims data to assess the number of members who received Diabetes Self-Management Education (DSME).

- Medical Managers assigned to targeted/largest DACs, who attended onsite meeting and met provider outreach staff to collaborate so that everyone on all care teams can improve member outreach success.
- Review of claims data once annually to assess the number of members who had a visit with an endocrinologist in the measurement year.
- Collaborating with SH providers/DACS to target uncontrolled members (HbA1c >9) for direct referral to endocrinologists.

Indicator	Baseline Rate	Interim Rate	Target/ Goal
Diabetic members with inpatient hospitalization in 2018	25.2%	28.1%	20%
Diabetic members who received all tests in 2018	51.1%	52.1%	56%
Diabetic members who received HbA1c test in 2018	95.9%	95.6%	97%
Diabetic members with HbA1c control <8% in 2018	55.5%	51.6%	60%
Diabetic members with poor HbA1c control (>9%) in 2018	35.0%	41.4%	30%

Performance Measures Findings

The 2020 HEDIS Final Audit Report produced by Advent Advisory Group indicated that VNS Choice met all of the requirements to successfully report HEDIS measures.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Effectiveness of Care: Prevention and Screenings				
Adult BMI Assessment	67 ▼	89 ▲	89 ▲	**85**
Breast Cancer Screening	66	66	65	**69**
Colorectal Cancer Screening	63	66	66	**65**
Chlamydia Screening (Ages 16-24)	*SS*	*SS*	*SS*	**74**
Effectiveness of Care: Acute and Chronic Care				
Spirometry Testing for COPD	21	29	19	**22**
Pharmacotherapy Management for COPD—Bronchodilators	92	96	95	**94**
Pharmacotherapy Management for COPD—Corticosteroids	73 ▲	69	68	**64**
Medication Management for People with Asthma 50% (Ages 19-64)	82	85	85	**82**
Asthma Medication Ratio (Ages 19-64)	29 ▼	29	26	**30**
Persistence of Beta-Blocker Treatment After a Heart Attack	*SS*	*SS*	*SS*	
CDC—HbA1c Testing	94	96	96	**96**
CDC—HbA1c Control (<8%)	13 ▼	55 ▼	55 ▼	**63**

Measure	Medicaid/CHP 2017	2018	2019	2019 SWA
CDC—Eye Exam Performed	49	55	57	**58**
CDC—Nephropathy Monitor	91	93	94	**94**
CDC—BP Controlled (<140/90 mm Hg)	19 ▼	62	62	**59**
Monitor Patients on Persistent Medications—Total Rate[2]	99	99		
HIV Viral Load Suppression[1]	83 ▲	85 ▲	84 ▲	**80**
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	70	59	68 ▲	**55**
Antidepressant Medication Management—Effective Continuation Phase	54	52	58 ▲	**41**
Follow-Up After Hospitalization for Mental Illness—30 Days	72	48 ▼	57	**63**
Follow-Up After Hospitalization for Mental Illness—7 Days	42	40 ▼	36	**41**
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	96	99	100	**100**
Diabetes Monitoring for People with Diabetes and Schizophrenia	*SS*	*SS*	*SS*	**83**
Antipsychotic Medications for Schizophrenia	61	72 ▲	73 ▲	**55**
Access to Care				
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	96	97 ▲	96	**94**
45-64 Years	99	99 ▲	99	**97**
65+ Years	100	100	100	**95**

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure
[1]NYS specific measure
[2]2019 rates for this measure was unavailable at the time of the report

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Evaluation of Part 438 Subpart D and QAPI Standards

The NYS operational survey determined that VNS Choice was fully compliant with seven of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	D=1, C=1
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	D=2, C=3
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on self-disclosure from VNSNY Choice and record review, 10 of the 16 Comprehensive Psychiatric Emergency Program (CPEP) claims were identified to be inappropriately denied by the MCP for no prior authorization.
- Based on record review and interview the MCP failed to ensure that the initial adverse determination (IAD) decisions were reviewed by a physician in 6 out of 10 Medicaid pre-authorization and concurrent cases reviewed. Specifically, the initial adverse determinations in the above cases were made by a member of the "VNSNY utilization management team" in the Utilization Management Department. Based on record review and interview, the MCP also failed to ensure that the initial and the final adverse determination decisions were reviewed by a physician in 4 out of 8 Medicaid expedited appeal cases reviewed. Specifically, the initial and final adverse determination decisions were made by "RN UR Reviewers," and "RN Specialist Appeals Reviewers," in the VNSNY Utilization Management Department.
- Based on staff interview and review of the sampled provider contracts, VNS Choice failed to remove 4 out of 55 providers with expired contracts from the network submission.

Evaluation of MCP Compliance with NYS Operational Standards

The NYS operational survey determined that VNS Choice was in compliance with 10 of the 14 categories. The categories in which VNS Choice was not compliant were; Organization and Management (6 citations), Service Delivery Network (4 citations) and Utilization Review (2 citations). For the focused review, VNS Choice was in compliance with 13 of the 14 categories. The categories in which VNS Choice was not complaint were; Service Delivery Network (3 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	6	0		
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	4	3	Contracts	3
Utilization Review	2	0		
Total	**12**	**3**		

Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	VNS Choice	Statewide Average	VNS Choice	Statewide Average	VNS Choice	Statewide Average
			Medicaid			
Advising Smokers to Quit	89	**91**	95	**92**	96	**94**
Coordination of Care[1]	88	**87**	92	**89**	89	**87**
Customer Service[1]	88	**89**	92	**90**	91	**90**
Flu Shots for Adults Ages 18-64	76	**74**	77	**74**	75	**74**
Getting Needed Counseling/Treatment	77	**79**	77	**77**	78	**83**
Getting Care Needed[1]	83	**82**	82	**80**	83	**78**
Getting Care Quickly[1]	86	**86**	86	**86**	86	**86**
Rating of Counseling/Treatment	64	**63**	63	**64**	67	**65**
Rating of Healthcare	78	**77**	78	**79**	80	**78**
Rating of Health Plan	73 ▼	**77**	79	**79**	82	**82**
Rating of Health Plan—High Users	74	**76**	79	**79**	81	**82**
Recommend Plan to Family/Friends	85 ▼	**89**	91	**90**	90	**91**
Satisfaction with Personal	88	**89**	90	**88**	90	**88**

Measure	2015		2017		2019	
	VNS Choice	Statewide Average	VNS Choice	Statewide Average	VNS Choice	Statewide Average
Medicaid						
Doctor[1]						
Satisfaction with Provider Communication[1]	95	**94**	94	**93**	95	**95**
Satisfaction with Specialist	76	**75**	78	**79**	82	**79**
Shared Decision Making[1]	81	**83**	84	**84**	85	**84**
Wellness Discussion	84	**84**	83	**84**	84	**84**

Strengths, Opportunities for Improvement and Recommendations

Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, VNS Choice had a rate significantly better than the statewide average for the *Adult BMI assessment* measure.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, VNS Choice had rates for *HIV Viral Load Suppression* significantly better than the statewide average for three consecutive years.
- In 2019, VNS Choice's performance rates for the following behavioral health HEDIS®/QARR measures were significantly better than the statewide average: *Antidepressant Medication Management—Effective Acute & Continuation Phase Treatments* and *Antipsychotic Medications for Schizophrenia.*

Opportunities for Improvement:

- In the HEDIS®/QARR Acute and Chronic Care domain, VNS Choice had rates for *CDC—HbA1c Control (<8.0%)* significantly worse than the statewide average for at least three consecutive years.
- VNS Choice demonstrates an opportunity for improvement in regard to compliance with NYS standards and federal regulations. VNS Choice received 12 citations from the operational survey and 3 citations from the focused review surveys.

Recommendations:

- VNS Choice should conduct a root cause analysis to determine factors contributing to its continued poor performance with diabetic members effectively managing their condition by reducing HbA1c levels. VNS should consider implementing interventions that target both members and providers.
- VNS Choice should work to address the citations received during the 2019 operational survey and focused reviews. The MCP should focus on improving the processes related to provider contracts and identifying inappropriate claim denials.

Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
Quality of Care	
The MCP should conduct root cause analyses to determine factors contributing to its below average performance for the HEDIS®/QARR measures mentioned above and develop initiatives to address identified factors. The MCP could consider implementing interventions that target both members and providers.	As part of the ongoing quality improvement efforts, VNSNY CHOICE SelectHealth conducted a root cause analyses to identify factors that drove low performance for the HEDIS/QARR asthma medication ratio measure and identified opportunities to better engage members and providers to improve health outcomes for members with persistent asthma. 1. In collaboration with Business Intelligence & Analytics, Pharmacy, Marketing and Quality Management non-adherent list will be mailed to the primary care physicians of members in the Asthma Medication Ratio denominator. The mailing, scheduled to be distributed twice annually, will include all provider attributed members with an asthma medication ratio of <.5 and recommendations that the member be scheduled for a follow-up appointment regarding asthma treatment and maintenance. 2. The Clinical Quality team will continue to share gaps in care reports with engaged SelectHealth primary care and Designated AIDS Centers (DAC) and expand provider education to include appropriate coding and medical record documentation of diagnosis and treatment of persistent asthma, sharing/re-enforcing member education on prevention, and the importance of long-term controller medications. Non-adherent member rosters will be reviewed during monthly gaps in care status calls to identify members for targeted outreach and asthma care coordination. 3. In addition, the team will develop member education on asthma medication maintenance options and appropriateness, blister packaging/home deliveries of medications, and self-management tips including holistic techniques to avoid triggers and reduce the incidence of asthma attacks for inclusion in the member newsletter and other member education materials.
Access to/Timeliness of Care	
With the MCP's appointment rate below the	To address the Access and Availability deficiency

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
75% threshold for Primary Care and OB/GYN providers during After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP 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; provider portal notifications, quarterly provider newsletters and fax blasts.	identified from the survey, the Plan implemented directory survey outbound call to verify provider information. and make updates to the provider data where necessary. The process currently involves outbound calls completed by the shared services call center, in which the provider responses are then verified by a Provider Reconciliation Specialist (position currently needs to be filled). Calls and reconciliation updates are recorded in Salesforce, the VNSNY CHOICE Customer Relationship Management platform (CRM). The outreach and reconciliation processes are designed to improve the quality of the provider records.

VII. Appendix A: Validation of Performance Improvement Projects

Objectives

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

Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(i) mandates that the state or an external quality review organization (EQRO) must validate the PIPs that were underway during the preceding twelve (12) months. On behalf of the New York State Department of Health (NYSDOH) Island Peer Review Organization (IPRO) performed this activity for the calendar year (CY) 2019 PIPs. The CY 2019 PIP assessments were conducted using tools developed by IPRO, the EQRO, and consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) *Protocol 1. Validation of Performance Improvement Projects*.

For each PIP, a review of the PIP design and methodology was conducted based on the following ten (10) elements:

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

Technical Methods of Data Collection

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

Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

Data Aggregation and Analysis

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

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

VIII. Appendix B: Validation of Performance Measures

Objectives

Title 42 CFR § 438.358 Activities related to external quality review (2)(b)(1)(ii) mandates that the state or an external quality review organization (EQRO) must validate the PMs that were calculated during the preceding twelve (12) months. On behalf of the NYSDOH, Island Peer Review Organization (IPRO) performed this activity for RY 2019. The validation activity was conducted in alignment with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) *Protocol 2. Validation of Performance Measures*. The primary objectives of the PM validation process were to:

- Evaluate the MCP methodology for PM rate calculation.
- Determine the accuracy of the PM rates calculated and reported by the MCP.

Technical Methods of Data Collection

Each MCP contracted with a National Committee of Quality Assurance (NCQA)-certified Health Effectiveness (HEDIS®) vendor to collect data and to calculate rates for the PMs. Each MCP also contracted with an NCQA-certified HEDIS compliance auditor to determine if the MCP has the capabilities for processing medical, member, and provider information as a foundation for accurate and automated performance measurement. The audit addressed the MCP's:

- Information practices and control procedures.
- Sampling methods and procedures.
- Compliance with HEDIS specifications.
- Analytic file production.
- Reporting and documentation.

The HEDIS Compliance Audit™ consists of two (2) sections:

1) Information Systems Capabilities: An assessment of the information systems capabilities for collecting, sorting, analyzing, and reporting health information.
2) HEDIS Specification Standards: An assessment of MCP compliance with reporting practices and HEDIS specifications.

IPRO requested copies of the auditor-submitted final HEDIS compliance audit report, calculated rates, and member-level files.

Description of Data Obtained

For each MCP, IPRO obtained a copy of the 2020 HEDIS CY 2019 final audit report (FAR) and a locked copy of the 2020 HEDIS CY 2019 audit review table (ART). The MCP's NCQA-certified HEDIS compliance auditor produced both information sources.

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

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

Data Aggregation and Analysis

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

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

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

IX. Appendix C: Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

States contracting Medicaid MCPs are required by CMS to assess MCP compliance with federal Medicaid standards.

Title 42 CFR § 438.358 Activities related to external quality review (b)(1)((iii) states that a review of an MCP's compliance with requirements established by the New York State Department of Health (NYSDOH) to comply with the standards of *Title 42 Part 438 Managed Care Subpart D* and the standards of *Title 42 CFR § 438.330* is a mandatory external quality review (EQR) activity. Further, the state, its agent, or the EQRO must conduct this review within the previous three (3)-year period.

NYSDOH conducts a full monitoring review of the MCPs' compliance with structure and operation standards once every two years.

Technical Methods of Data Collection

The full monitoring review consists of an operational survey. The on-site component includes review of the following: policies 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 MCP Operational Surveys". The NYSDOH retains the option to deem compliance with standards for credentialing and re-credentialing, quality assurance/improvement, and medical record review.

"Deficiencies" represent a failure to comply with these standards. Each deficiency can result in multiple "citations" to reflect each standard with which the MCPs were not in compliance.

An operational survey consists of two components: pre-survey request and review of documents submitted by the MCP and an on-site review at the MCP's corporate offices to review additional documents and complete various staff interviews. Each comprehensive survey is considered a full operational review of the MCP and includes multiple components for review. Survey Tools have been developed for each component and are assigned to the staff with the subject matter expertise. The Comprehensive Operational survey includes a review of the following components:

- Organization and Management
- Service Delivery
- Fraud, Waste, Abuse, and Program Integrity
- Management Information Systems
- Medicaid Contract
- Member Services
- Utilization Review Management

- Complaints and Grievances, Non-UR
- Behavioral Health Services
- Person Centered Care Management
- Quality Initiatives Quality Assurance, Quality Improvement

A Target Operational Survey is conducted as a follow-up during the next year. This review is multi-focused and includes one or more of the following:

- Evaluation of changes to the MCP: board of directors, officers, organizational changes, modification to the MCP's utilization review and/or quality programs.
- Evaluation of the approved Plan of Correction, (POC) to ensure the POC has been implemented and the noncompliance identified during the Comprehensive Operational Survey has been corrected.
- If the MCP was subject to complaints, was found to be deficient through focus surveys, or has undergone operational changes during the past year, a review of these areas is conducted during the target survey.

The Team Leader completes an assessment of the previous comprehensive survey results to determine if compliance with the POC can be measured through a desk audit or if an on-site visit is required. If the MCP was deficient in the areas of complaints and grievances, service delivery, utilization review, and/or quality assurance; or if major operational issues are identified through complaints or by DOH Central Office, the Target survey should be completed with an on-site visit.

Description of Data Obtained

The Team Leader is responsible for obtaining completed survey tools and documentation from survey team members. A complete record of the survey must be retained for the purpose of potential need to review for scheduled surveys, potential audit(s), and requests for information as follows:

1. All citation documentation, SOD, SOF and POCs with approval letters must be maintained for a period of 10 years.
2. The completed Operational Survey Tool, interview notes, checklists, notes for review of notice letters, UR processes, credentialing or contracts, and other records of evaluation must be maintained for a period of 6 years.
3. MCP policies and procedures, handbooks, manuals, or other plan materials collected and evaluated during the survey must be maintained until the next comprehensive operational survey and replaced with updated materials, so a current document is maintained. If, at that time, the MCP has attests that there are no changes to a specific document, the material will be retained as part of the next survey's record.

Data Aggregation and Analysis

The Monitoring Review Report documents any data obtained and deficiencies cited in the survey tools. Any statements of deficiencies (SODs) are submitted to the MCPs after the monitoring review, and the MCPs are 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 MCPs are required to resubmit. Ultimately, all MCPs 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 MCPs to ensure that all deficiencies or issues from the operational survey have been remedied.

X. Appendix D: Administration or Validation of Quality of Care Surveys

Objectives

The NYSDOH sponsors a member experience survey every other year for adults enrolled in Medicaid managed care plans. The Department uses the results from this biannual survey to determine variation in member satisfaction among the plans.

Technical Methods of Data Collection

IPRO subcontracted with DataStat, Inc., a certified-NCQA CAHPS vendor, conducted the survey on behalf of the NYSDOH using the CAHPS 5.0H Adult Medicaid survey. The survey included the 15 MCPs with a sample of 2,000 adults per plan. Prior to the vendor preparing the sample, IPRO validated the sample frame provided by the NYSDOH. Questionnaires were sent to 30,000 members following a mail only methodology during the period October 3, 2019, through December 31, 2019, using a standardized survey procedure and questionnaire. Statewide, a total of 1,297 responses were received resulting in a 21.7% response rate.

The instrument selected for the survey, the CAHPS® 5.0H Adult Medicaid core survey, was developed and tested nationally for use in assessing the performance of health plans. The majority of questions addressed domains of member experience such as getting care quickly, doctor communication, overall satisfaction with health care and health plan. The questionnaire was expanded to include 22 supplemental questions of particular interest to the NYSDOH. Rounding out the questionnaire was a set of questions collecting demographic data.

Adults who were current members of a NYSDOH Medicaid managed care plan, ages 18 to 64, as of September 2019 and who had been enrolled for five out of the last six months were eligible to be randomly selected for the survey. Respondents were surveyed in English or Spanish. The survey was administered over a 12 week period using a mail only three wave protocol. The protocol consisted of a first questionnaire packet and reminder postcard to all selected members, followed by a second questionnaire packet to individuals who had not responded to the initial mailings.

Description of Data Obtained

Member and caretaker responses were obtained using the standardized CAHPS survey tool. DataStat received de-identified member data results from each of the MCP's in order to calculate the data provided in the CAHPS reports.

Data Aggregation and Analysis

Member responses to questionnaire items are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. Since achievement scores for questions represent the proportion of respondents who indicate a positive experience, the lower the achievement score, the greater the need for improvement. See the Responses by Question section for assignment of achievement responses for each question. In general, somewhat positive responses are included with positive responses as achievements. For example, a response of "Usually" or "Always" to the question "How often did you get an appointment for health care at a doctor's office or clinic as soon as you needed?" is considered an achievement, as are responses of "8", "9", or "10" to rating questions.