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New York State Health and Recovery Plan (HARP)
Medicaid Managed Care
2020 External Quality Review
Annual Technical Report
April 2022

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

ipro.org

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Abbreviations Used in This Report

ACPNY:	Advantage Care Physicians of New York
AOD:	Alcohol and Other Drug
ART:	Audit Review Table
BBA:	Balanced Budget Act
BMI:	Body Mass Index
BRFSS:	Behavioral Risk Factor Surveillance System
B2H:	Bridges to Health
CAHPS:	Consumer Assessment of Healthcare Providers and Systems
CAP:	Corrective Action Plan
CBO:	Community-Based Organization
CDC:	Centers for Disease Control and Prevention
CFR:	Code of Federal Regulations
CHP:	Child Health Plus (New York State Program)
CHIP:	Children’s Health Insurance Program (Federal Program)
CHW:	Community Health Worker
CMS:	Centers for Medicare and Medicaid Services
CPEP:	Comprehensive Psychiatric Emergency Program
COPD:	Chronic Obstructive Pulmonary Disease
COVID-19:	Coronavirus Disease 2019
CSC:	Customer Service Center
DANY:	Doctors Across New York
DAP:	Discharge Action Plan
DOH:	Department of Health, New York State
DOHMH:	Department Of Health and Mental Hygiene, New York City
DSRIP:	Delivery System Reform Incentive Payment
ED:	Emergency Department
EHR:	Electronic Health Record
EPSDT:	Early and Periodic Screening, Diagnostic and Treatment
EQR:	External Quality Review

EQRO:	External Quality Review Organization
FAD:	Final Adverse Determination
FAR:	Final Audit Report
FFS:	Fee-For-Service
FQHC:	Federally Qualified Health Center
HARP:	Health and Recovery Plan
HCBS:	Home and Community Based Services
HEDIS:	Healthcare Effectiveness Data and Information Set
HTN:	Hypertension
IAD:	Initial Adverse Determination
ICM:	Intensive Care Management
IPRO:	Island Peer Review Organization
IS:	Information System
ISCA:	Information Systems Capabilities Assessment
MAT:	Medication Assisted Treatment
MCP:	Managed Care Plan
MBC:	Midwifery Birth Center
MBCSC:	Medicaid Breast Cancer Selective Contracting
MIPS:	Merit-based Incentive Payment System
MLTC:	Managed Long-Term Care
MMC:	Medicaid Managed Care
MRSS:	Minimum Required Sample Size
MY:	Measurement Year
NCQA:	National Committee for Quality Assurance
NSDUH:	National Survey on Drug Use and Health
NY:	New York
NYACP:	New York Chapter of American College of Physicians
NYC:	New York City
NYCRR:	New York Codes Rules and Regulations
NYS:	New York State
OASAS:	Office of Addiction Services and Supports

OCFS: Office of Children and Family Services
OHIP: Office of Health Insurance Programs
OPWDD: Office for People with Developmental Disabilities
OQPS: Office of Quality and Patient Safety
OUD: Opioid Use Disorder
PAHP: Prepaid Ambulatory Health Plan
PCCM: Primary Care Case Management
PCMH: Patient-Centered Medical Home
PCP: Primary Care Provider/Practitioner
PHL: Public Health Law
PIHP: Prepaid Inpatient Health Plan
PIP: Performance Improvement Project
POC: Plan of Correction
PPO: Preferred Provider Organization
PNDS: Provider Network Data System
QARR: Quality Assurance Reporting Requirements
QAPI: Quality Assurance and Performance Improvement
OPMC: Office of Professional Misconduct
RHIO: Regional Health Information Organization
ROS: Rest of State
RY: Reporting Year
SDOH: Social Determinant of Health
SHIN-NY: Statewide Health Information Network for New York
SMI: Severe Mental Illness
SNP: Special Needs Plan
SOD: Statement of Deficiency
SPF: Strategic Prevention Framework
SUD: Substance Use Disorder
VBP: Value-Based Payment
YRBSS: Youth Risk Behavior Surveillance System

I. About This Report

Purpose of This Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care plans (MCPs) provide for an annual external, independent review of the quality outcomes, timeliness of and access to the services included in the contract between the state agency and the MCP. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCPs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCP. The states must further ensure that the EQRO has sufficient information to conduct this review, that the information be obtained from EQR-related activities and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services¹ (CMS). Quality, as it pertains to an EQR, is defined in *42 CFR § 438.320 Definitions* as “the degree to which an MCP, PIHP², PAHP³, or PCCM⁴ entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

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

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

Scope of This Report

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

¹ The Centers for Medicare and Medicaid Services website: <https://www.cms.gov/>

² Prepaid Inpatient Health Plan

³ Prepaid Ambulatory Health Plan

⁴ Primary Care Case Management

⁵ CMS External Quality Review Protocols website: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>.

- (i) **Validation⁶ of Performance Improvement Projects (Protocol 1)** – 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.
- (ii) **Validation of Performance Measures (Protocol 2)** – IPRO reviewed the Healthcare Effectiveness Data and Information Set (HEDIS) audit results provided by the MCPs’ National Committee for Quality Assurance (NCQA)-certified HEDIS compliance auditors, as well as MCP reported rates, member-level files, and DOH-calculated performance measure rates.
- (iii) **Review of Compliance with Medicaid and CHIP Standards (Protocol 3)** – The DOH conducted a review of MCP policies and procedures, provider contracts and member files to determine MCP compliance with federal and state Medicaid requirements. Specifically, this review assessed compliance with *42 CFR Part 438 Subpart D*, the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State Public Health Law (PHL)⁷ Article 44 and Article 49*, and *New York Codes Rules and Regulations (NYCRR) Part 98-Managed Care Organizations*.⁸
- (iv) **Conducting Focus Studies of Health Care Quality (Protocol 9)** – On behalf of the DOH, IPRO conducted a study to improve understanding of the level of care received by members who were identified as high-utilizers with a primary diagnosis of mental illness.

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

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

⁶ CMS defines validation at *42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

⁷ New York State Legislature Website: <http://public.leginfo.state.ny.us/navigate.cgi?NVMUO>

⁸ New York State New York Codes, Rules and Regulations Website: <https://regs.health.ny.gov/volume-2-title-10/content/subpart-98-1-managed-care-organizations>

II. Background

History of the New York State Medicaid Managed Care Program

The NYS MMC program began in 1997 when NYS received approval from CMS to implement a mandatory Medicaid managed care program through a Section 1115 Demonstration⁹ waiver. Section 1115 allowed for “demonstration projects” to be implemented in states to effect changes beyond routine medical care and focus on evidence-based interventions to improve the quality of care and health outcomes for members. The NYS Section 1115 Demonstration waiver project began with these goals:

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

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

New York State Medicaid Quality Strategy

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

New York State’s 2020-2022 Medicaid Quality Strategy¹⁰ focuses on achieving measurable improvement and reducing health disparities through ten high priority goals. Based on the Triple Aim framework, the state organized its goals by these aims: 1. improved population health, 2. improved quality of care, and 3. lower per capital cost. The NYS Medicaid quality strategy aims, and corresponding goals are:

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

⁹<https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>

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

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

- **Triple Aim 2: Improved quality of care**

Goal 6: Improve quality of substance use disorder (SUD) and opioid use disorder (OUD) treatment

Goal 7: Promote prevention with access to high quality care

Goal 8: Support members in their communities

Goal 9: Improve patient safety

- **Triple Aim 3: Lower per capital cost**

Goal 10: Pay for High-Value Care

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

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

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

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

Triple Aim	#	Goal	Metric (Population)	Baseline MY 2019	Year 1 Re-Measurement MY 2020	Target	Target Date
			recognition of 2014 Level 3 and up, active sites (MMC)				
	8	Support Members in Their Communities	Potentially avoidable hospitalizations for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection (MLTC)	2.76	No data due to COVID-19	2.7	2022
			Members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses such as high blood pressure or diabetes. (MLTC)	86%	No data due to COVID-19	87%	2022
	9	Improve Patient Safety	Appropriate treatment for upper respiratory infections (URI), 3 months-17 years (MMC, CHP)	94%	94%	95%	2022
			Appropriate treatment for URI, 18-64 Years (MMC, HARP, HIV-SNP)	72%	75%	73%	2022
	Lower per capital cost	10	Pay for High-Value Care	Potentially preventable admissions per 100,000 members (MMC)	1,153	847	1,124-1,181
Potentially preventable admission expenditures (MMC)				9.97	8.29	7.47-12.47	2022
Potentially preventable admissions per 100,000 members (MMC, FFS)				1,097	820	1,069-1,124	2022
Potentially preventable admission expenditures (MMC, FFS)				10.33	8.95	7.83-12.83	2022

¹ Baseline rate is from MY 2015-MY 2017.

² Baseline rate is from MY 2017-MY 2018.

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

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

Table 2: NYS Medicaid Quality Strategy Interventions

Triple Aim	#	Goal	Interventions
Improved Population Health	1	Improve Maternal health	<ul style="list-style-type: none"> ▪ Conduct an administrative and medical record analysis of NYS MMC and FFS members who were diagnosed with maternal sepsis to inform strategies to reduce maternal mortality and morbidity. The analysis will evaluate the characteristics, identification, and management of sepsis associated with pregnancy, delivery, postpartum, and post-abortion obstetrical states. Results will be used to identify women at risk for maternal sepsis and modifiable factors associated with maternal sepsis morbidity and mortality. ▪ Launch a NYS birth equity improvement project, aimed at addressing bias, racism, and disparities impacting maternal health through a birthing facility-based learning collaborative. ▪ Lead the NYS Perinatal Quality Collaborative to reduce pregnancy complications, improve maternal and neonatal outcomes, and reduce racial/ethnic and geographic disparities. ▪ Establish a perinatal data module to support access to perinatal outcome data through the State’s All Payer Database. ▪ Prioritize the public health focus of the NYS regional perinatal system through adoption of updated regulations that strengthen the role of regional perinatal centers, increase focus on obstetrical care, and incorporate birthing centers and midwifery birth centers (MBCs) into the system. ▪ Increase the number of MBCs statewide as a first level of care for low-risk pregnancies. ▪ Update standards for Medicaid providers who provide maternity care. ▪ Evaluate potential strategies for expanding access to childbirth education classes for pregnant individuals. ▪ Support the expansion of perinatal telehealth access, with a focus on rural hospitals and health care providers. ▪ Implement the recommendations of the NYS Postpartum Workgroup. ▪ Ensure postpartum home visits are available to all individuals on Medicaid who agree to have them.

Triple Aim	#	Goal	Interventions
			<ul style="list-style-type: none"> ▪ Work with maternal/perinatal infant community health collaboratives to expand and enhance community health worker services to address key barriers that impact maternal outcomes. ▪ Support a perinatal mood, anxiety, and depression education campaign.
	2	Ensure a Healthy Start	<ul style="list-style-type: none"> ▪ Continue 2019-2021 Kids Quality Agenda PIP that aims to increase blood lead testing and follow-up, newborn hearing screening and follow-up, and developmental screening. ▪ Continue to promote the use of fluoride varnish in the primary care setting. ▪ Develop tools and resources for fluoride varnish training at the local level through an Oral Health Workforce grant. ▪ Increase fluoride varnish application in the medical setting through public health detailing of pediatric and family medicine practitioners by local health departments.
	3	Promote Effective & Comprehensive Prevention and Management of Chronic Disease	<ul style="list-style-type: none"> ▪ Continue the National Diabetes Prevention Program as a covered benefit for NYS Child Medicaid/CHP members to address the increasing challenges of prediabetes and type 2 diabetes. ▪ Proceed with the integration of primary care and behavioral health services through a variety of mechanisms. ▪ Continue interventions of the NYS Asthma Control Program: <ul style="list-style-type: none"> ▫ Provide clinical and quality improvement resources and training to clinical sites to support the delivery of guidelines-based medical care, including working with health systems to develop and implement asthma templates into their electronic health record (EHR) systems to increase the meaningful use of health information technology. ▫ Engage home nursing agencies and community-based organization (CBOs) delivering home-based asthma services to provide training and resources to ensure in-home asthma services include multi-component approaches to asthma trigger reduction and self-management education for high-risk patients. ▫ Build cross-sector linkages between health, housing, and energy to advance NY’s “health across all policies” approach and integrate related initiatives into NY’s value-based payment (VBP) framework, in partnership with MCPs, to ensure sustainability. ▫ Promote evidence-based approaches to delivery of asthma-self management education across providers and settings (clinical, home, school, or community). ▫ Drive collaborations across settings (home, school, community, and clinical) to build bi-directional communication and referral systems structured to support care coordination for people with asthma.

Triple Aim	#	Goal	Interventions
			<ul style="list-style-type: none"> ▫ Partner with stakeholders to facilitate and promote environmental policies designed to support asthma control (e.g., smoke-free school grounds, anti-idling, and clean diesel policies), regionally and statewide. ▪ Continue partnership with NYS Primary Care Association and Community Health Center Association of NYS to: <ul style="list-style-type: none"> ▫ Support Federally Qualified Health Centers (FQHCs) in monitoring and tracking patient and population-level clinical quality measures for hypertension (HTN) prevalence, HTN control, and undiagnosed HTN. ▫ Support providers in the use of patient-/population-level HTN registries that are stratified by age, gender, race, and ethnicity. ▫ Support practices in implementing team-based approaches to care using patient HTN registries and electronic pre-visit planning tools. ▫ Support FQHCs in referring patients to home blood pressure monitoring with provider follow-up. ▫ Support FQHCs in implementing bi-directional referrals to community-based programs that support patients in their chronic disease self-management.
	4	Promote the Integration of Suicide Prevention in Health and Behavioral Healthcare Settings (Note: Goal #4 is new and therefore baseline data are not available for the selected metrics.)	<ul style="list-style-type: none"> ▪ NYS will be supporting the Zero Suicide model led by the Suicide Prevention Office at the Office of Mental Health. The Zero Suicide model approach calls for: <ul style="list-style-type: none"> ▫ A fundamental commitment from health system leadership to reduce suicide attempts and deaths among those receiving care. ▫ Systematic screening and assessment for the identification of those at-risk. ▫ Delivery of evidence-based interventions by a competent and caring workforce. ▫ Monitoring of those at risk between care episodes, especially care transitions. ▫ Data-driven quality improvement to track and measure progress. ▪ Major demonstration projects are underway in Article 31 licensed mental health clinics, inpatient psychiatric units, substance use disorder settings, Comprehensive Psychiatric Emergency Programs (CPEPs), medical emergency departments, and primary care.
	5	Prevent and Reduce Nicotine, Alcohol, and Substance Use Disorder	<ul style="list-style-type: none"> ▪ Provide a comprehensive smoking cessation benefit for all Medicaid enrollees without cost sharing, prior authorization requirements, or limits on quit attempts. Enrollees are allowed concurrent use of products (two or more medications at once). Medicaid also pays for over-the-counter nicotine patches, gum, and lozenges (with a prescription from a provider). ▪ Continue providing access to the New York State Smokers' Quitline. The NYS Smokers' Quitline serves as a clinician treatment extender in NYS's

Triple Aim	#	Goal	Interventions
			<p>population-level, evidence-based approach to cessation, which focuses on health system changes to increase the delivery of tobacco dependence treatment, especially for subpopulations with high smoking prevalence, including Medicaid enrollees. The free and confidential Quitline provides resources and technical assistance to assist Medicaid enrollees and other disparate populations in accessing and using cost-effective cessation benefits.</p> <ul style="list-style-type: none"> ▪ Implementation of evidence-based, strategic, culturally appropriate, and high-impact paid media campaigns targeted at tobacco-related disparate populations to prevent initiation, increase cessation, increase awareness and use of Medicaid tobacco cessation benefits and the Quitline, and prevent tobacco use relapse. ▪ Prevention of alcohol and substance use, misuse, and disorder through the Strategic Prevention Framework (SPF) which includes a five-step, data-driven planning process designed to guide state and local communities in the selection, implementation, and evaluation of effective, culturally responsive, and sustainable prevention activities. Interventions included are: <ul style="list-style-type: none"> ▫ Environmental change strategies <ul style="list-style-type: none"> - Policies (e.g., alcohol advertising restrictions, social host liability laws) - Enforcement (e.g., party patrols, compliance checks, sobriety checkpoints) - Media (e.g., social marketing campaign, media advocacy, social norms campaign) ▫ Community-based Substance Use Prevention Coalitions ▫ Family-focused prevention programming (e.g., Strengthening Families, Triple P - Positive Parenting Program) ▫ School-based prevention curricula <ul style="list-style-type: none"> - Universal (e.g., Too Good for Drugs, PAX Good Behavior Game, Guiding Good Choices, Positive Action, Life Skills Training, Second Step) and - Selective/Indicated (e.g., Teen Intervene, PreVenture). ▪ NYS supports many strategies to address the opioid crisis and reduce opioid use such as: <ul style="list-style-type: none"> ▫ Creation of policies ▫ Provider and member education ▫ Requirement of a written opioid treatment plan ▫ Encourage the use of non-opioid alternatives ▫ Increased access to drugs used for SUD treatment

Triple Aim	#	Goal	Interventions
			<ul style="list-style-type: none"> ▫ Participation in the CDC’s Prescription Drug Overdose Prevention initiative ▫ OUD/SUD screening in primary care practices through the Delivery System Reform Incentive Payment (DSRIP) program, and ▫ Mandatory prescriber education.
Improved Quality of Care	6	Improve Quality of Substance Use Disorder and Opioid Use Disorder Treatment	<ul style="list-style-type: none"> ▪ Initiatives focused on improving treatment access to high-quality evidence-based treatment for OUD and other SUD. These include learning collaboratives for prescribing professionals to encourage increased access to buprenorphine-waivered professionals across the state; regulatory changes that require medication for OUD in all Office of Addiction Services and Supports (OASAS) certified settings; and peers to provide linkage between levels of care and to connect people directly to care from emergency rooms or high intensity care. ▪ Expansion of take-home methadone dosing program. Providing weekly, bi-monthly, or monthly take home to patients who are stable will allow them to receive care in a more person-centered way, which should foster recovery and increase treatment retention.
	7	Promote Prevention with Access to High Quality Care	<ul style="list-style-type: none"> ▪ Use of patient centered medical homes to support the state’s goal of improving primary care and promoting the Triple Aim: improving health, lowering costs, and improving patients’ experience of care. ▪ Maximize workforce distribution by committing to consistent funding for Doctors Across New York (DANY). This will help to address workforce shortages with an annual cycle and predictable timeline for the application process and increase student exposure to rural and non-hospital settings through support of community rural training sites. ▪ Established the Rural Residency Program to encourage training of primary care physicians in rural areas by supporting the development of accredited, rural-based graduate medical education programs to help alleviate primary care workforce shortages and prepare physicians to deliver quality services in a networked, team-based, value-driven primary care model. ▪ Creation of a Provider Wellness Survey that will seek to both establish baseline levels of burnout among NYS providers and uncover how the COVID-19 pandemic has affected providers’ self-reported stress, burnout, and job satisfaction. Additionally, the survey gauges the extent to which meeting regulatory reporting requirements for clinicians increases clinician burdens and stress. Data will be shared between the DOH’s Office of Quality and Patient Safety (OQPS), New York Chapter of American College of Physicians (NYACP), and the Center for Health Workforce Studies.

Triple Aim	#	Goal	Interventions
			<ul style="list-style-type: none"> ▪ Promoting the use of community health workers (CHWs) to increase knowledge about the enrollee services and improve utilization among health care providers and agencies. ▪ Network adequacy analyses to ensure that MCPs operating in NYS have an adequate number and variety of health care providers in their networks to provide appropriate access to care for their enrollees, which includes being geographically accessible (meeting time/distance standards based on geographic location), being accessible for the disabled and promoting and ensuring the delivery of services in a culturally competent manner. ▪ Since 2009, NYS Medicaid has offered supplemental payments on claims for after-hours visits in ambulatory settings. When appropriate, providing care in office-based settings rather than the emergency department may reduce costs and improve care coordination. ▪ NYS Medicaid has expanded coverage of telehealth services to include: <ul style="list-style-type: none"> ▫ Additional originating and distant sites ▫ Additional telehealth applications (store-and-forward telemedicine and remote patient monitoring) ▫ Additional practitioner types ▪ Provide safe, reliable transportation through contracts with two professional transportation managers across 5 geographic regions to administer Medicaid’s transportation benefit. ▪ The DOH strongly encourages plans to participate in collaborative studies with a common theme. Examples of common-themed PIPs include Perinatal Care and The Kids Quality Agenda PIP for mainstream Medicaid plans; Inpatient Care Transitions and Care Transitions after Emergency Department (ED) and Inpatient Admissions for HARP plans; and Transitions of Care and ED/Hospitalization Reduction for MLTC plans. ▪ Focused clinical studies, conducted by the EQRO, usually involve medical record review, measure development, surveys, and/or focus groups. MCPs are typically required to participate in one focused clinical study a year. Studies are often population specific (MMC/HIV SNP, MLTC, HARP). Upon completion, the EQRO provides recommendations for improvement, to the DOH, plans, and providers. Past studies have addressed frailty indices, the provision of advanced directives, functional assessment inter-rater reliability, validation of vital statistics reporting, use of developmental screening tools, care transitions, and provision of prenatal care.

Triple Aim	#	Goal	Interventions
	8	Support Members in Their Communities	<ul style="list-style-type: none"> ▪ Increasing access to palliative care programs and hospice for persons with serious illnesses and life-threatening conditions can help ensure care and end-of-life planning needs are understood, addressed, and met prior to decisions to seek further aggressive care. ▪ Use of the Integrated Palliative Care Outcomes Scale (IPCOS) to measure access to palliative care services for patients most in need, not to evaluate the outcomes associated with palliative care interventions. ▪ Home and Community Based Services (HCBS) are designed to allow enrollees to participate in a vast array of habilitative services. They are based on the idea that state services, programs, and activities should be administered in the most integrated and least restrictive setting appropriate to a person’s needs. HCBS services include Managed Long-Term Care Services and Supports, Care Coordination, Skill Building, Family and Caregiver Support Services, Crisis and Planned Respite, Prevocational Services, Supported Employment Services, Community Advocacy and Support, Youth Support and Training, Non-Medical Transportation, Habilitation, Adaptive and Assistive Equipment, Accessibility Modifications, and Palliative Care. ▪ Nursing home transition and diversion waiver includes the following HCBS: Assistive Technology, Community Integration Counseling, Community Transitional Services, Congregate and Home Delivered Meals, Environmental Modifications Services, Home and Community Support Services, Home Visits by Medical Personnel, Independent Living Skills Training, Moving Assistance, Nutritional Counseling/Educational Services, Peer Mentoring, Positive Behavioral Interventions and Supports, Respiratory Therapy, Respite Services, Structured Day Program Services, and Wellness Counseling Service. ▪ Community first choice option waiver program is being phased in and includes the following HCBS: Assistive Technology; Activities of Daily Living and Instrumental Activities of Daily Living skill acquisition, maintenance, and enhancement; Community Transitional Services; Moving Assistance; Environmental Modifications; Vehicle Modifications; and Non-Emergency Transportation. ▪ Children’s home and community-based services program consolidates multiple 1915(c) children's waiver programs from different agencies, including: <ul style="list-style-type: none"> ▫ DOH Care at Home waivers for children with physical disabilities ▫ OMH Waiver for Children and Adolescents with Serious Emotional Disturbance

Triple Aim	#	Goal	Interventions
			<ul style="list-style-type: none"> ▫ Office of People with Developmental Disabilities (OPWDD) Care at Home waiver ▫ Office of Children and Family Services (OCFS) Bridges to Health (B2H) Serious Emotional Disturbance (SED) waiver, B2H Developmental Disability (DD) waiver, and B2H Medically Fragile waiver
	9	Improve Patient Safety	<ul style="list-style-type: none"> ▪ Improving appropriate use of antibiotics in outpatient healthcare settings to combat antibiotic resistance. Improvement in outpatient settings is done through targeted outreach to healthcare providers, development of clinician resources to support appropriate use of antibiotics, presentation of the data to clinicians to demonstrate the need for improvement, and the development of educational materials for patients. Additionally, collaborative efforts with stakeholders have helped promote the goal to reduce inappropriate antibiotic use. ▪ Ongoing analyses of Medicaid claims and pharmacy data include separate analysis of antibiotic prescribing for acute URI in pediatric and adult populations. Prescribing rates over time for each population by county of healthcare visit, in both tabular and map formats, have been made publicly available on the HealthDataNY website. Data are prepared and presented by county to provide local data for local action. Data is shared through broad public health messaging and direct presentation upon request of stakeholders. ▪ Acute care hospitals in NYS that provide care to patients with sepsis are required to develop and implement evidence-informed sepsis protocols which describe their approach to both early recognition and treatment of sepsis patients. In addition, hospitals were required to report to the DOH sufficient clinical data to calculate each hospital's performance on key measures of early treatment and protocol use. Each hospital submits clinical information on each patient with severe sepsis and/or septic shock to allow the DOH to develop a methodology to evaluate risk-adjusted mortality rates for each hospital. Risk adjustment permits comparison of hospital performance and takes into consideration the different mix of demographic and comorbidity attributes, including sepsis severity, of patients cared for within each hospital. ▪ Medicaid Breast Cancer Selective Contracting (MBCSC) policy was implemented in 2009 and mandates that Medicaid enrollees receive breast cancer surgery, i.e., mastectomy and lumpectomy procedures associated with a primary diagnosis of breast cancer, at high-volume hospital and ambulatory surgery centers. Research conducted by the DOH demonstrated improved five-year survival for patients receiving breast cancer surgery at high-volume facilities.

Triple Aim	#	Goal	Interventions
Lower per capital cost	10	Pay for High-Value Care	<ul style="list-style-type: none"> ▪ Medicaid reform and the move to value-based payments. This transformation promoted community-level collaboration and sought to reduce avoidable hospital use by 25 percent over the five-year demonstration period, while financially stabilizing the State's safety net providers. In just a few years, NYS has significantly moved its Medicaid program from almost exclusively FFS to primarily value-based payment strategies. ▪ NYS was the first state in the nation to require certain VBP arrangements to include Social Determinant of Health (SDOH) interventions and contractual agreements with one or more CBOs. Every VBP risk arrangement (56% of MMC expenditure) has a defined SDOH intervention and includes community-based human and social services organizations. ▪ NYS embarked on a core measure set strategy in 2018 which identifies the highest priorities for quality measurement and improvement and provides alignment with other national measurement sets such as the Merit-based Incentive Payment System (MIPS). ▪ Promote data sharing via the State Health Information Network-New York (SHIN-NY). The SHIN-NY "information highway" allows clinicians and consumers to make timely, fact-based decisions that can reduce medical errors, reduce redundant testing, and improve care coordination and quality. The successful implementation of the SHIN-NY is one of the drivers improving health care quality, reducing costs, and improving outcomes for all New Yorkers. Additionally, the SHIN-NY has been leveraged during the COVID-19 pandemic to support disease surveillance activities and assess hospital capacity. Work in this area continues and the SHIN-NY will become an important component in all DOH emergency preparedness initiatives. ▪ Reduce avoidable hospital use by 25% over five years through NYS's DSRIP program. This program has a formal evaluation plan and state-contract Independent Evaluator. The final Summative Evaluation is currently being completed, with preliminary results not yet published, but demonstrating significant progress was made towards the achievement of targets.

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

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

drivers of health such as PIPs, financial incentives, VBP, health information technology, and other department-wide quality initiatives.

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

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

Recommendations to the New York State Department of Health

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

- To fully comply with 42 CFR 438.340(b)(1), the DOH should consider updating the 2020-2022 Medicaid quality strategy to include NYS specific network adequacy and availability of services standards for Medicaid MCPs.
- To fully comply with 42 CFR 438.340(b)(8), the DOH should consider updating the 2020-2022 Medicaid quality strategy to include a description of the mechanism implemented by the DOH to identify persons needing long-term services and supports or persons with special health care needs.
- As data becomes available for newer metrics, the DOH should update the quality strategy to include baseline data and targets where applicable.
- To increase the transparency and overall understanding of state-led compliance review activities, the DOH should consider revising related policies and procedures, and technical methods of data collection and analysis.

Although quality rating protocols have not yet been issued by CMS, the DOH should include the results of its Consumer Guide Star Rating as a component of the annual EQR.

III. External Quality Review Activities

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

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

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 HARP MMC program in 2020.

IV. Corporate Profiles

The NYS HARP Medicaid MCPs manage physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs. In addition to the health services offered by mainstream MCPs, qualified HARP MCPs offer access to an enhanced benefit package consisting of home and community-based services (HCBS) designed to provide the individual with a specialized scope of support services not currently covered under the NYS mainstream MMC program.

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

Table 3: MCP Corporate Profiles

MCP	Name Used in this Report	Medicaid Managed Care Start Date	Product Line (s)	Total HARP Enrollment as of 12/2020 ¹	NCQA Accreditation Rating ² (as of 09/15/2021)
Affinity Health Plan, Inc.	Affinity	10/09/1986	Medicaid, CHP, HARP	5,892	Not Accredited
Capital District Physicians' Health Plan Inc.	CDPHP	04/30/1984	Medicaid, CHP, HARP, Commercial	4,339	Commercial and Medicaid—Accredited
Excellus Health Plan Inc.	Excellus	01/01/1998	Medicaid, CHP, HARP, Commercial	10,803	Commercial and Medicaid - Accredited
Healthfirst PHSP, Inc.	Healthfirst	08/30/1994	Medicaid, CHP, HARP	30,825	Not Accredited
HealthPlus HP, LLC	Empire BCBS HealthPlus	01/12/1996	Medicaid, CHP, HARP	7,636	Medicaid - Accredited
Health Insurance Plan of Greater New York, Inc.	HIP	Prior to 1991	Medicaid, CHP, HARP, Commercial	5,342	Commercial—Accredited
Independent Health Association, Inc.	IHA	07/01/1991	Medicaid, CHP, HARP, Commercial	2,734	Commercial—Accredited
MetroPlus Health Plan, Inc.	MetroPlus	06/15/1985	Medicaid, CHP, HARP	13,624	Not Accredited
Molina Healthcare of New York, Inc.	Molina	10/16/2013	Medicaid, CHP, HARP	3,926	Not Accredited
MVP Health Plan, Inc.	MVP	08/01/1997	Medicaid, CHP, HARP, Commercial	7,368	Commercial—Accredited
New York Quality Healthcare Cooperation	Fidelis Care	11/03/1993	Medicaid, CHP, HARP	49,474	Medicaid - Provisional
UnitedHealthcare of New York, Inc.	UHCCP	07/31/1987	Medicaid, CHP, HARP	10,453	Medicaid—Accredited

¹Data Source: NYS OHIP Medicaid DataMart.

²For more detail on the MCPs' accreditation ratings, please see <https://reportcards.ncqa.org/health-plans>.

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

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

Introduction

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

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

Validation of Performance Improvement Projects

Objectives

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

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

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

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

The DOH developed the Care Transitions after Emergency Department and Inpatient Admissions PIP to ensure successful transition to the community and prevent unnecessary readmission to detoxification and/or inpatient treatment. This PIP is a three-year PIP with implementation of interventions beginning in 2019 and continuing through 2021. While interventions were MCP-specific, the PIP focus areas were consistent across all MCPs and included the following performance indicators:

- 1) HEDIS Follow-up After Hospitalization for Mental Illness
- 2) HEDIS Follow-up After Emergency Department Visit for Mental Illness
- 3) HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence
- 4) HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- 5) HEDIS Follow-up After High Intensity Care for Substance Use Disorder
- 6) HEDIS Potentially Preventable Mental Health Related Readmission Rate
- 7) HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence
- 8) HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence

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

Technical Methods of Data Collection and Analysis

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

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCP's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCP's enrollment and generalizable to the MCP's total population.

4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is “real” improvement.
10. Assessment of whether the MCP achieved sustained improvement.

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

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

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

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

Description of Data Obtained

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

Conclusions and Findings

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

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

Table 4: MCP PIP Validation Findings, MY 2020

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

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

Table 5: MCP PIP Indicator Rates, MY 2020

HEDIS Indicator	Affinity	CDPHP	Empire BCBS HealthPlus	Excellus	Fidelis	Healthfirst	HIP	IHA	MetroPlus	Molina	MVP	UHCCP
Follow-Up After Hospitalization for Mental Illness – 7 Days	34%	57%	NA	NA	NA	64%	NA	59%	36%	33%	NA	50%
Follow-Up After Hospitalization for Mental Illness – 30 Days	64%	73%	NA	NA	NA	77%	NA	83%	61%	54%	NA	68%
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	39%	50%	NA	NA	NA	38%	NA	72%	27%	43%	47%	40%
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	53%	70%	NA	NA	NA	58%	NA	80%	46%	64%	70%	56%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	17%	26%	NA	NA	NA	26%	NA	30%	23%	25%	27%	27%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Day	22%	37%	NA	NA	NA	33%	NA	42%	29%	38%	36%	34%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	61%	68%	69%	NA	NA	66%	68%	71%	67%	68%	63%	61%
Follow-Up After High Intensity Care for Substance Use Disorder – 7 Days	33%	38%	NA	NA	NA	31%	NA	49%	40%	51%	NA	NA
Follow-Up After High Intensity Care for Substance Use Disorder – 30 Days	55%	66%	NA	NA	NA	53%	NA	76%	57%	72%	NA	NA
Potentially Preventable Mental Health Related Readmission Rate – 30 Days <i>(Lower rate indicates better performance.)</i>	NA	NA	NA	NA	NA	NA	NA	13%	NA	NA	NA	15%
Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	27%	42%	43%	NA	NA	29%	35%	27%	42%	44%	51%	35%
Use of Pharmacotherapy for Alcohol Abuse or Dependence	22%	17%	26%	NA	NA	13%	15%	21%	12%	15%	14%	18%

NA: An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

Validation of Performance Measures

Information Systems Capabilities Assessment

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

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

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

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

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

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

HEDIS Performance Measures

Objectives

Section 18.15 (a)(v) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract require each MCP to prepare and report QARR to the DOH. The 2020 QARR consisted of

measures developed by NCQA, CMS and NYS. The major areas of performance included in the 2020 QARR for the HARP MCPs were:

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

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

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

Technical Methods of Data Collection and Analysis

Each MCP contracted with a NCQA-certified 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, and reporting and documentation.

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

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

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

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

IPRO reviewed each MCP's FAR and ART to confirm that all the PMs were reportable, and that calculation of these PM aligned with DOH requirements. To assess the accuracy of the reported rates, IPRO recalculated rates using denominator and numerator data, compared MCP rates to NCQA 2021 Quality Compass® regional Medicaid benchmarks and analyzed rate-level trends to identify drastic changes in performance.

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

Description of Data Obtained

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

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

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

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

Conclusions and Findings

Validation of Performance Measures

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

Based on a review of the FARs issued by each MCP's independent auditor, IPRO found that the MCPs were determined to be *fully compliant* with all 7 of the applicable NCQA Information System (IS) standards. HEDIS rates produced by the MCPs were reported to NCQA and DOH. **Table 6** displays the results of IS reviews for each MCP, as well as the name of the independent auditor for HEDIS MY 2020.

Table 6: MCP Compliance with NCQA IS Standards

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

MCP: managed care plan. MY: measurement year.

QARR Performance Measure Results

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

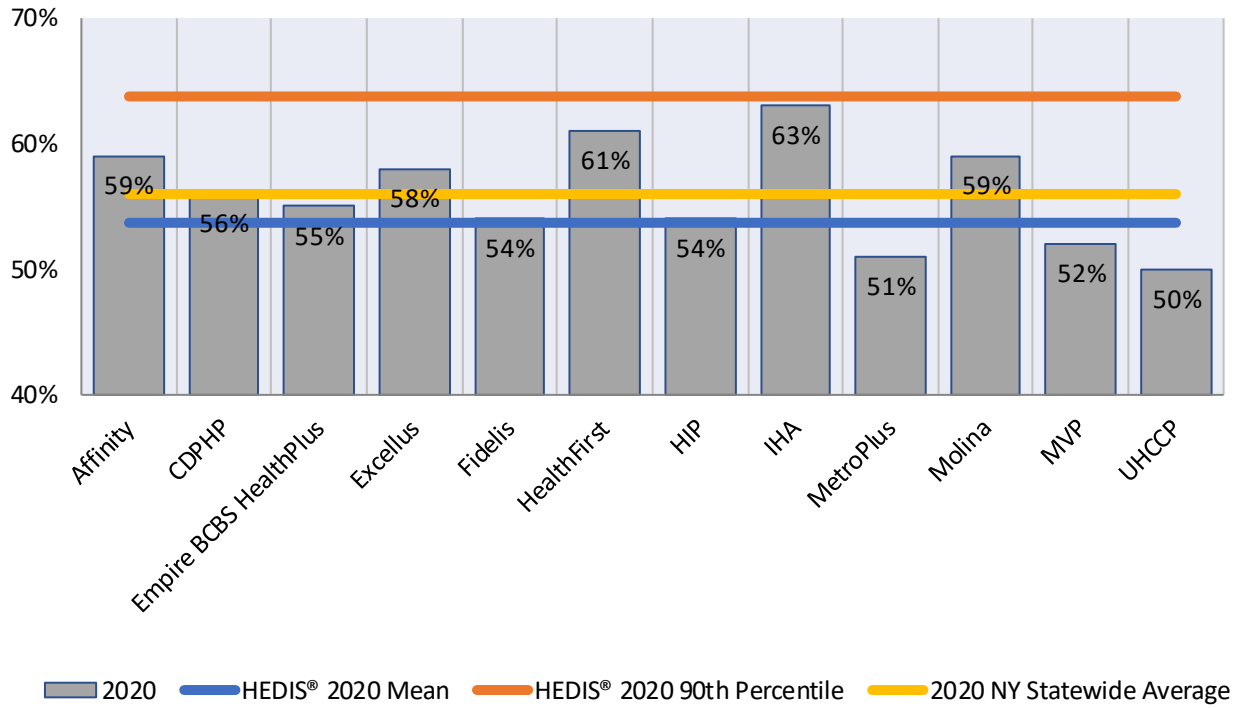
Effectiveness of Care: Preventive Care and Screenings

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

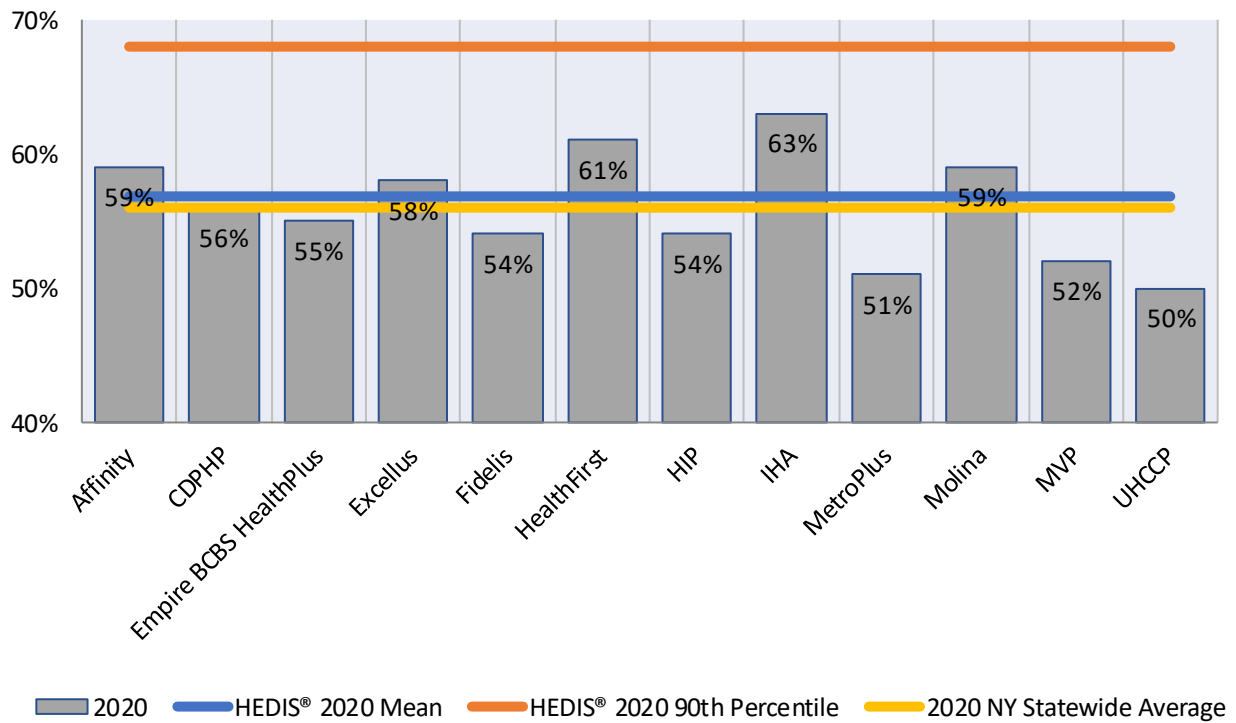
- **Breast Cancer Screening** – Nine (9) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 56% exceeded the national Medicaid average.
- **Cervical Cancer Screening** – Five (5) of the 12 MCPs reported a rate that exceeded the statewide average. No MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 56% met the national Medicaid average.
- **Chlamydia Screening** – Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 70% exceeded the national Medicaid average. *(Note: One (1) of the 12 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)*
- **Colorectal Cancer Screening** – Seven (7) of the 12 MCPs reported a rate that exceeded the statewide average rate of 55%. *(Note: There are no national benchmarks available for this measure.)*

HARP 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 2021 *Quality Compass* for MY 2020 are also displayed.

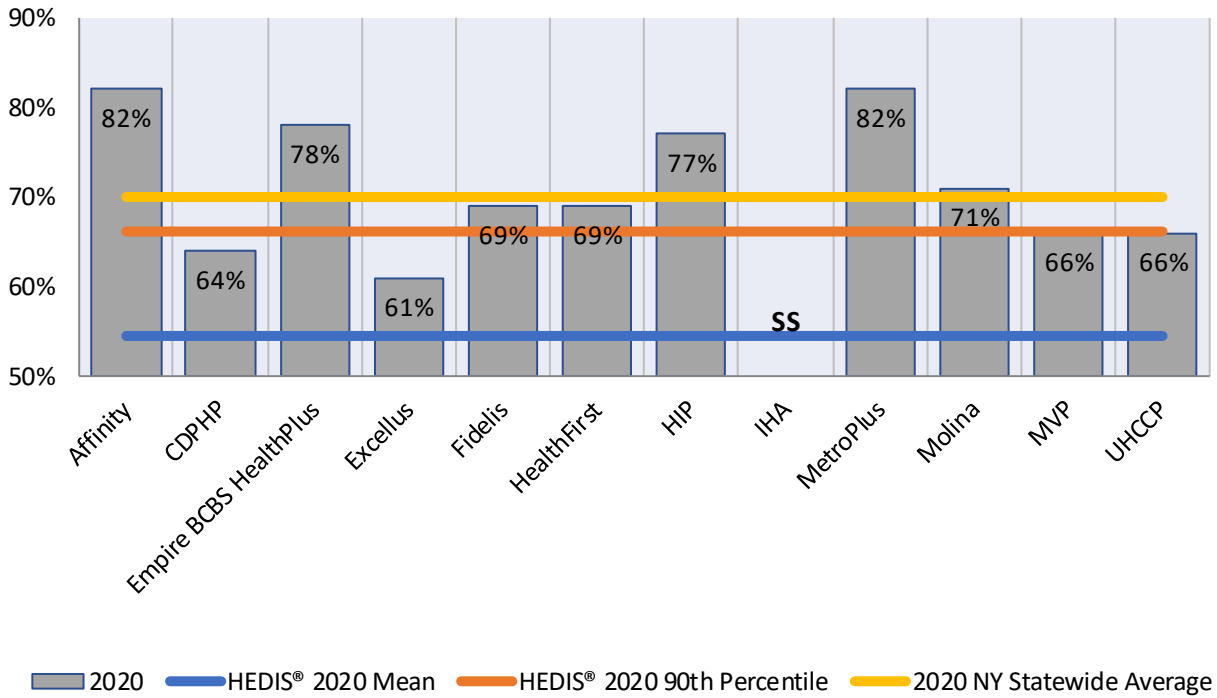
Breast Cancer Screening (BCS)



Cervical Cancer Screening (CCS)

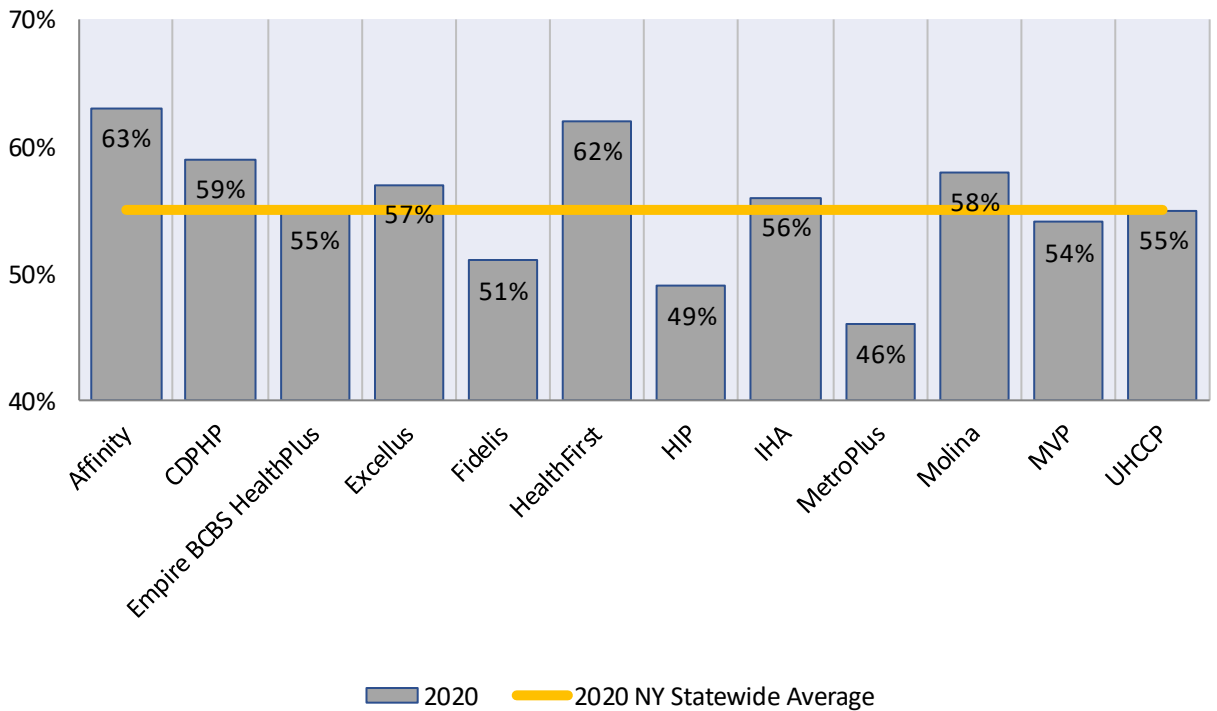


Chlamydia Screening in Women (CHL)



SS: sample size too small to report [less than 30 members] but they are included in the statewide average.

Colorectal Cancer Screening (COL)



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

Effectiveness of Care: Acute and Chronic Care

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

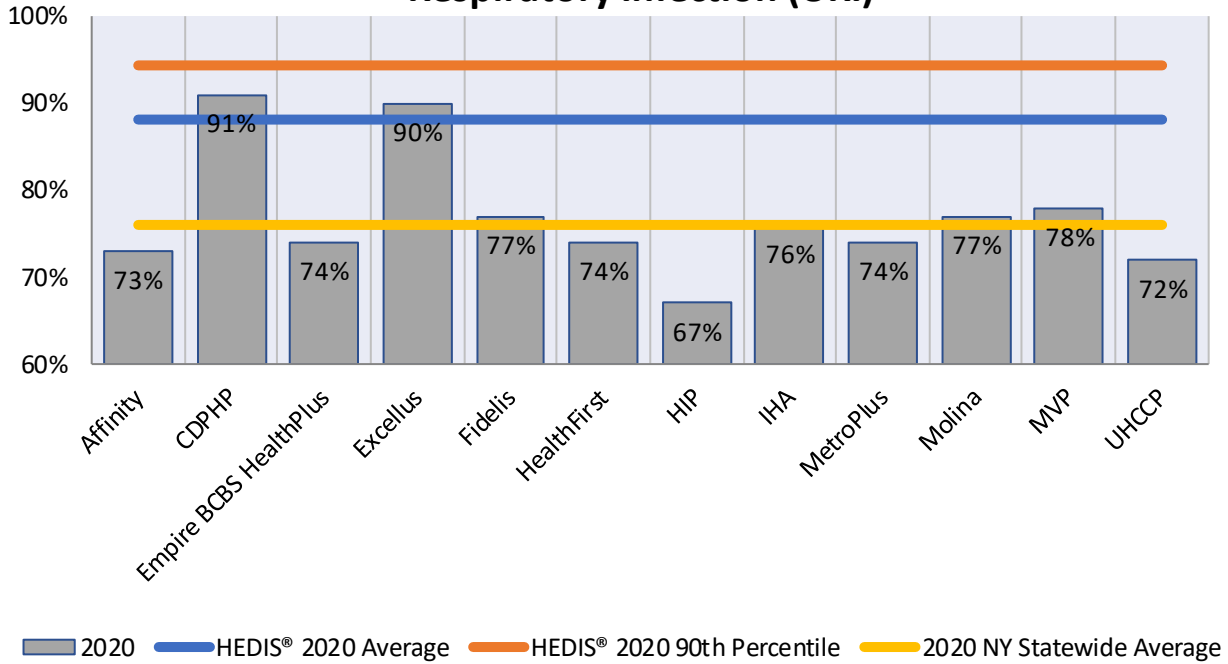
- **Appropriate Treatment for Children with Upper Respiratory Infection (URI)** – Two (2) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 76% did not meet the national Medicaid average.
- **Asthma Medication Ratio (Ages 19-64)** – All of the MCPs reported a rate that exceeded the statewide average rate of 40%. *(Note: There were no national benchmarks available for this measure.)*
- **Avoidance of Antibiotic Treatment in Adults (18-64) with Acute Bronchitis** – Four (4) of the 12 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 39% did not meet the national Medicaid average.
- **Comprehensive Diabetes Care**
 - **BP Controlled (<140/90)** – Eight (8) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 59% exceeded the national Medicaid average.
 - **Eye Exam** – Seven (7) of the 12 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 54% exceeded the national Medicaid average.
 - **HbA1c Testing** – Eight (8) of the 12 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 83% exceeded the national Medicaid average.
 - **HbA1c Control (<8%)** – Eight (8) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 12 MCP rates met the national Medicaid 90th percentile. The statewide average rate of 48% exceeded the national Medicaid average.
- **Controlling High Blood Pressure** – Nine (9) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 60% exceeded the national Medicaid average.
- **HIV Load Suppression** – All of the 12 MCPs reported a rate that exceeded the statewide average rate of 66%. *(Note: There are no national benchmarks available for this measure.)*
- **Pharmacotherapy Management of COPD**
 - **Bronchodilator** – Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 88% exceeded the national Medicaid average.
 - **Corticosteroid** – Eight (8) of the 12 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 70% did not meet the national Medicaid average.

- **Smoking Cessation¹²**
 - **Medications** – All 12 MCPs reported a rate that exceeded the national Medicaid average. The statewide average rate of 75% exceeded the national Medicaid average.
 - **Strategies** – All 12 MCPs reported a rate that exceeded the national Medicaid average. The statewide average rate of 67% exceeded the national Medicaid average.
- **Spirometry Testing in the Assessment and Diagnosis of COPD** – Nine (9) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 31% exceeded the national Medicaid average.
- **Statin Therapy for Patients with Cardiovascular Disease**
 - **Received Statin Therapy** – Four (4) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 78% met the national Medicaid average.
 - **Adherence 80%** – One (1) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 64% did not meet the national Medicaid average.
- **Statin Therapy for Patients with Diabetes**
 - **Received Statin Therapy** – Nine (9) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 66% did not meet the national Medicaid average.
 - **Adherence 80%** – Two (2) of the 12 MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 65% did not meet the national Medicaid average.
- **Testing for Pharyngitis** – No MCPs reported a rate that exceeded the national Medicaid average. The statewide average rate of 53% did not meet the national Medicaid average.
- **Use of Imaging Studies for Low Back Pain** – Seven (7) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average.

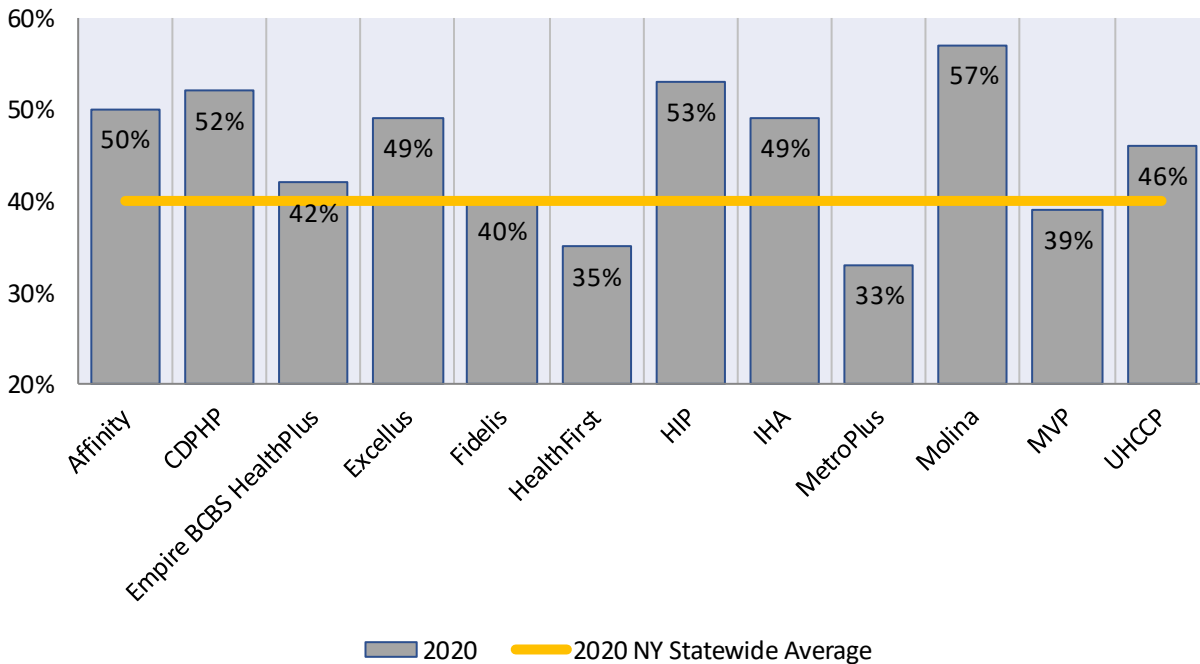
HARP MCP and statewide performance on the acute and chronic care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentile from the NCQA 2021 Quality Compass for MY 2020 are also displayed.

¹² The Smoking Cessation rates presented in this section derive from the MY 2019 Adult CAHPS survey.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

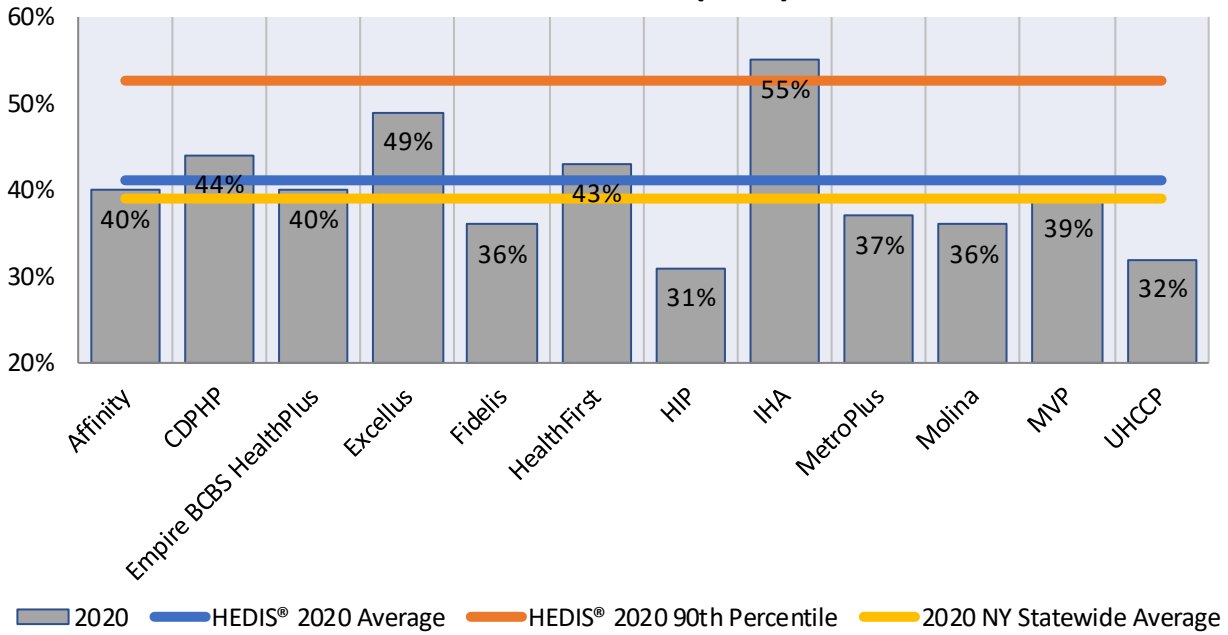


Asthma Medication Ratio (Ages 19-64) (AMR)

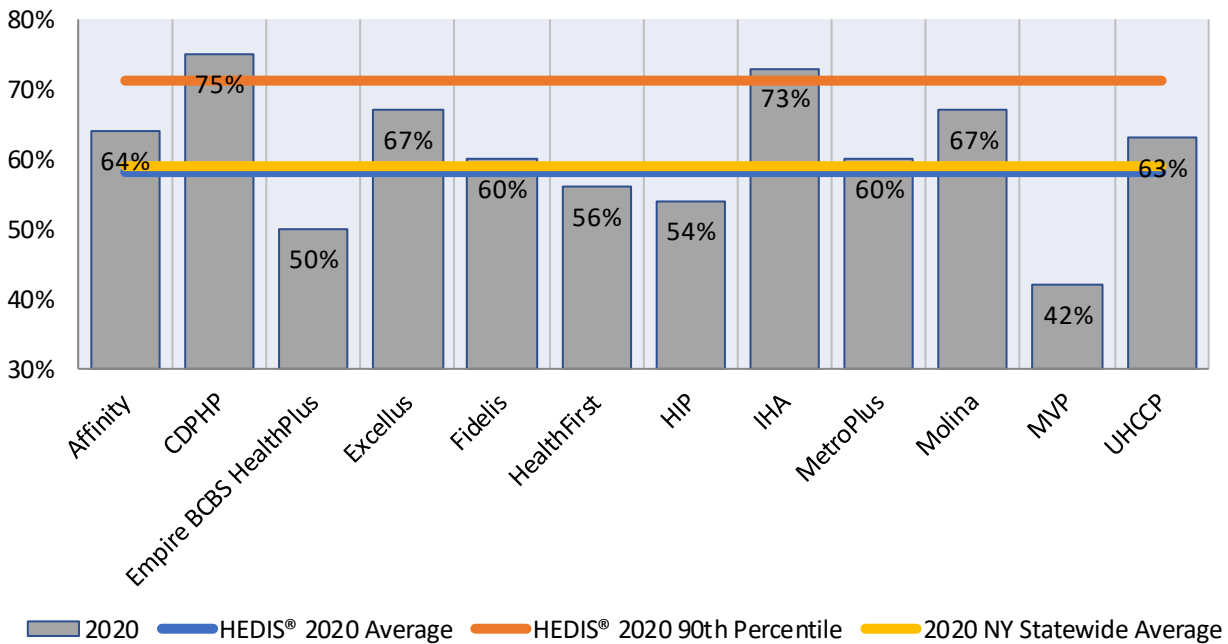


Note: National Medicaid benchmarks were not available for the Asthma Medication Ratio measure.

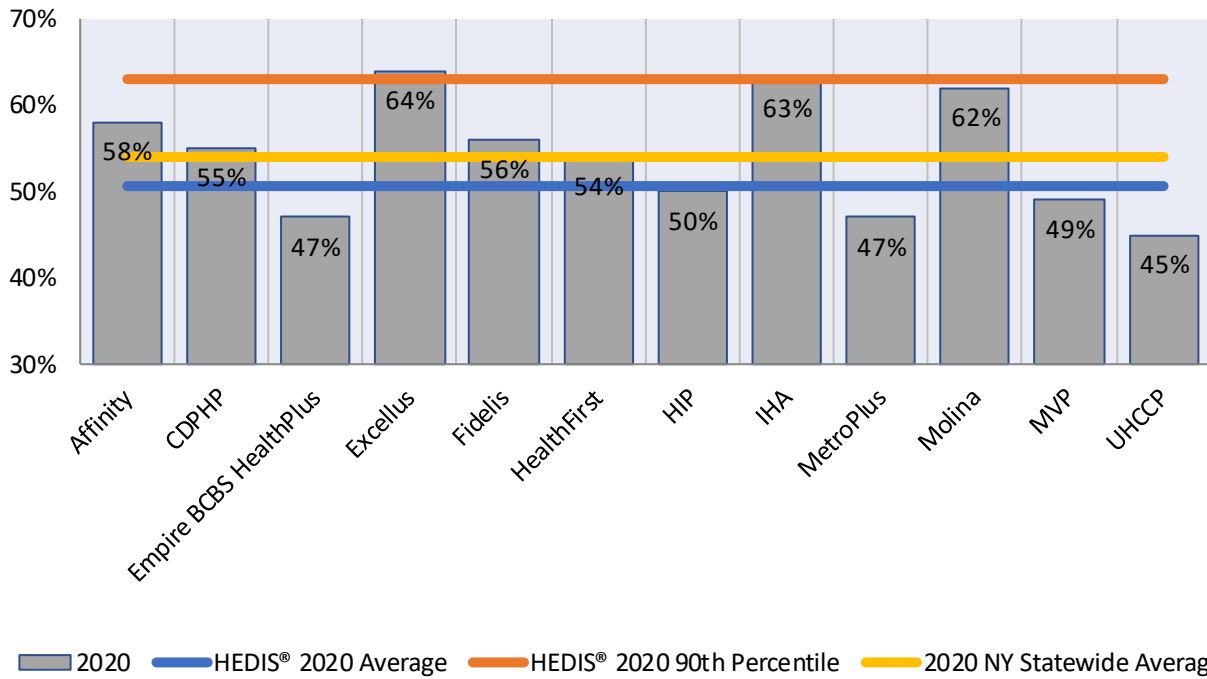
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)



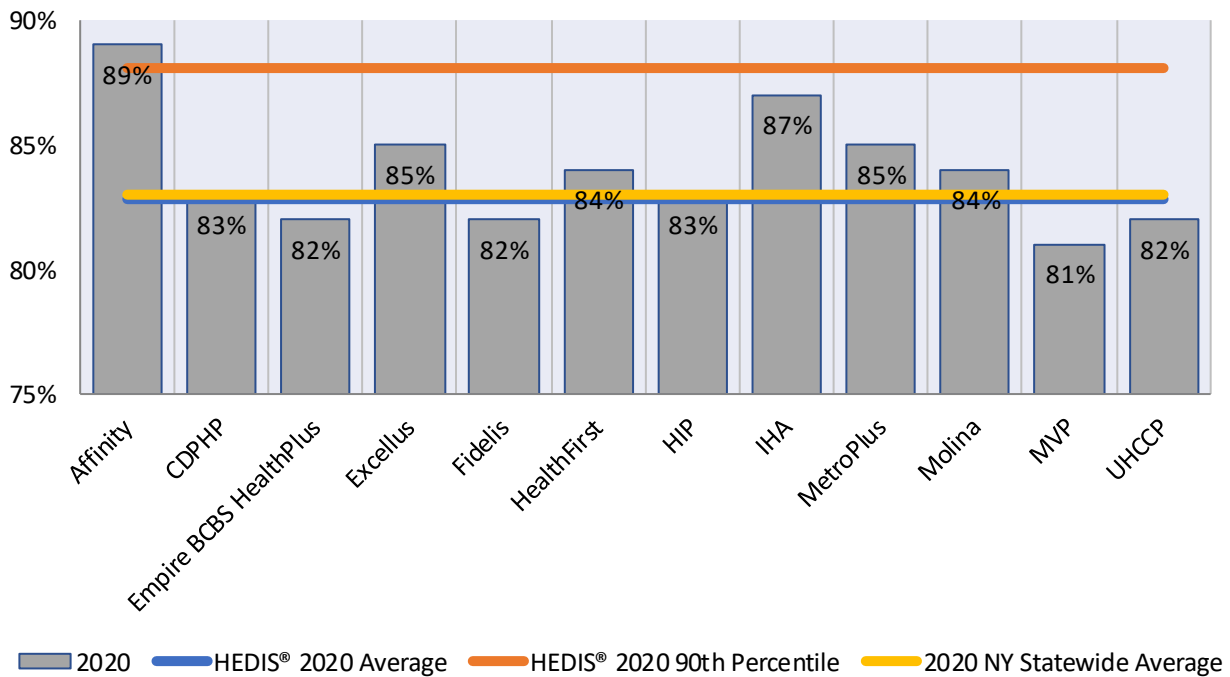
Comprehensive Diabetes Care - BP Controlled (<140/90) (CDC)



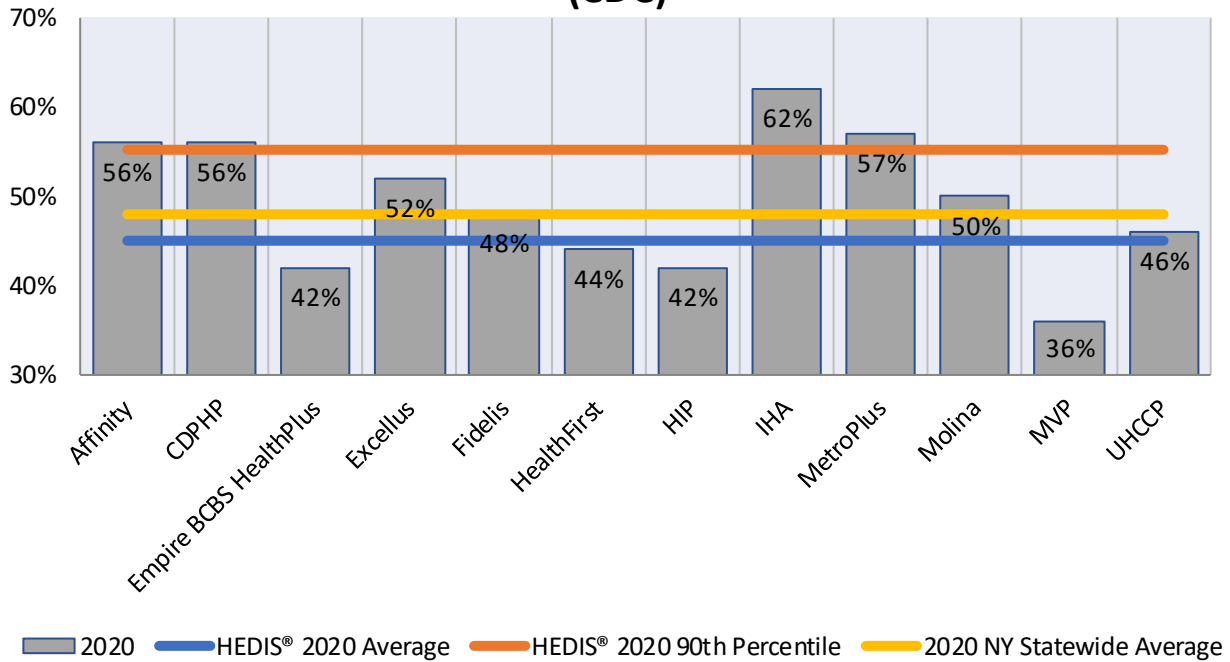
Comprehensive Diabetes Care - Eye Exam (CDC)



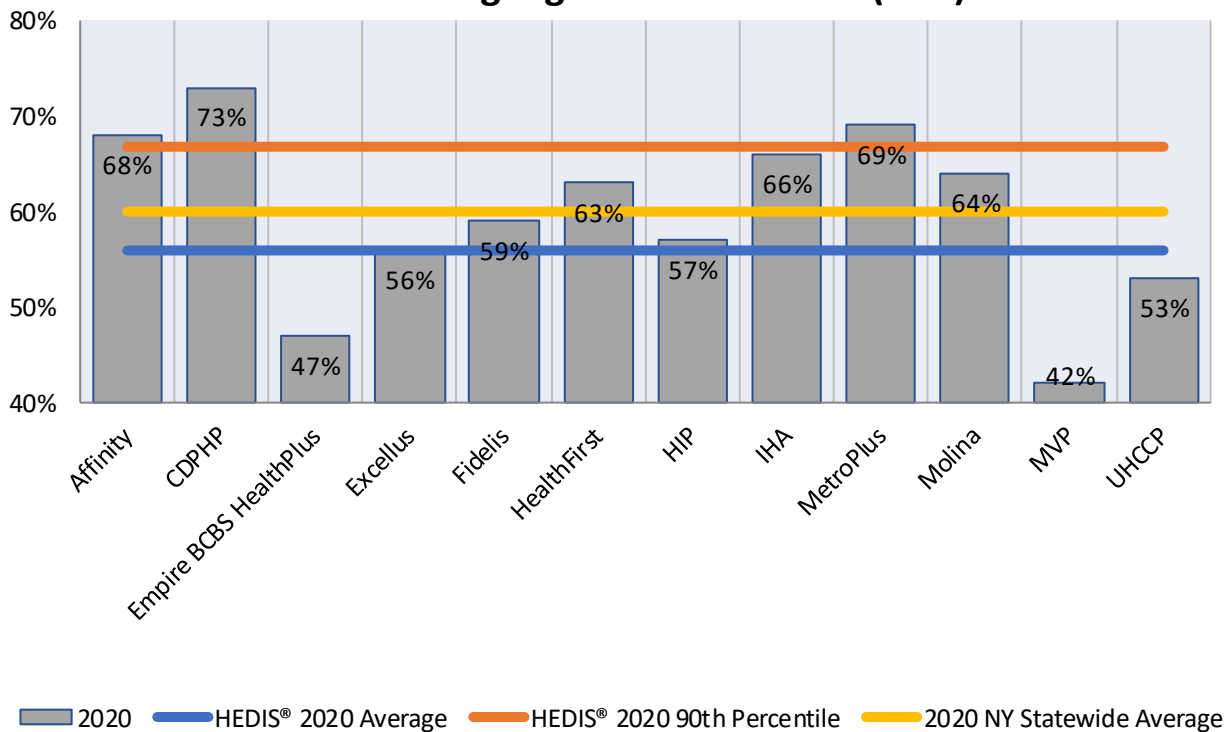
Comprehensive Diabetes Care - HbA1c Testing (CDC)



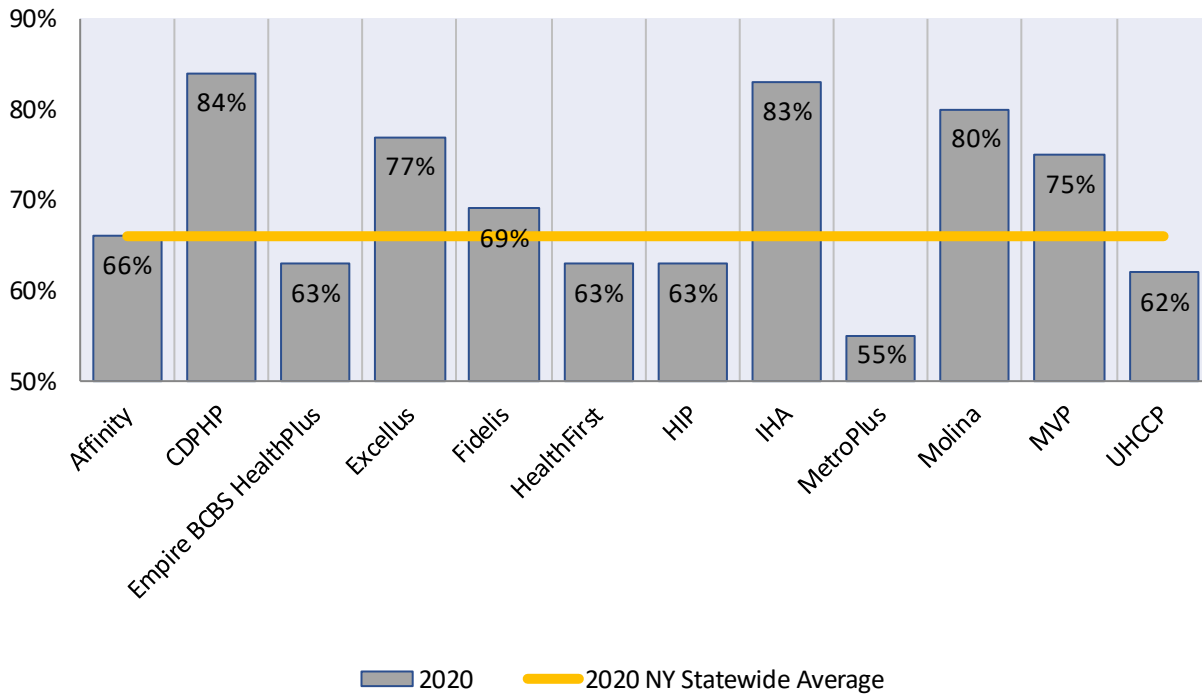
Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)



Controlling High Blood Pressure (CBP)

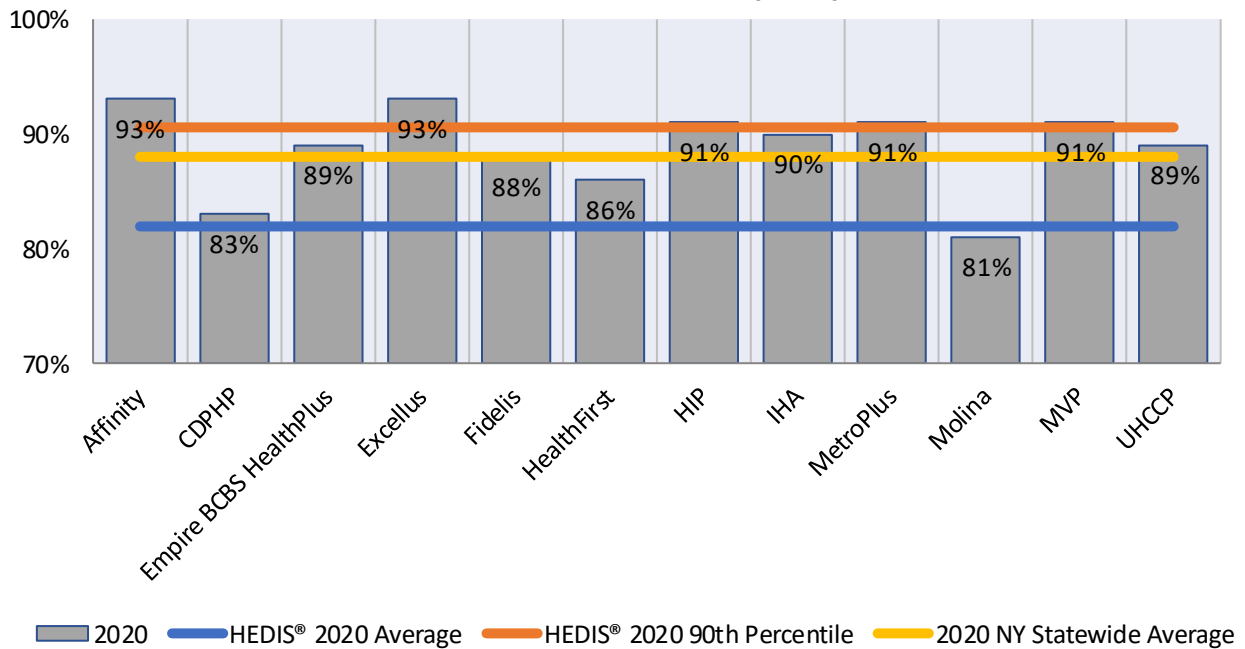


HIV Viral Load Suppression

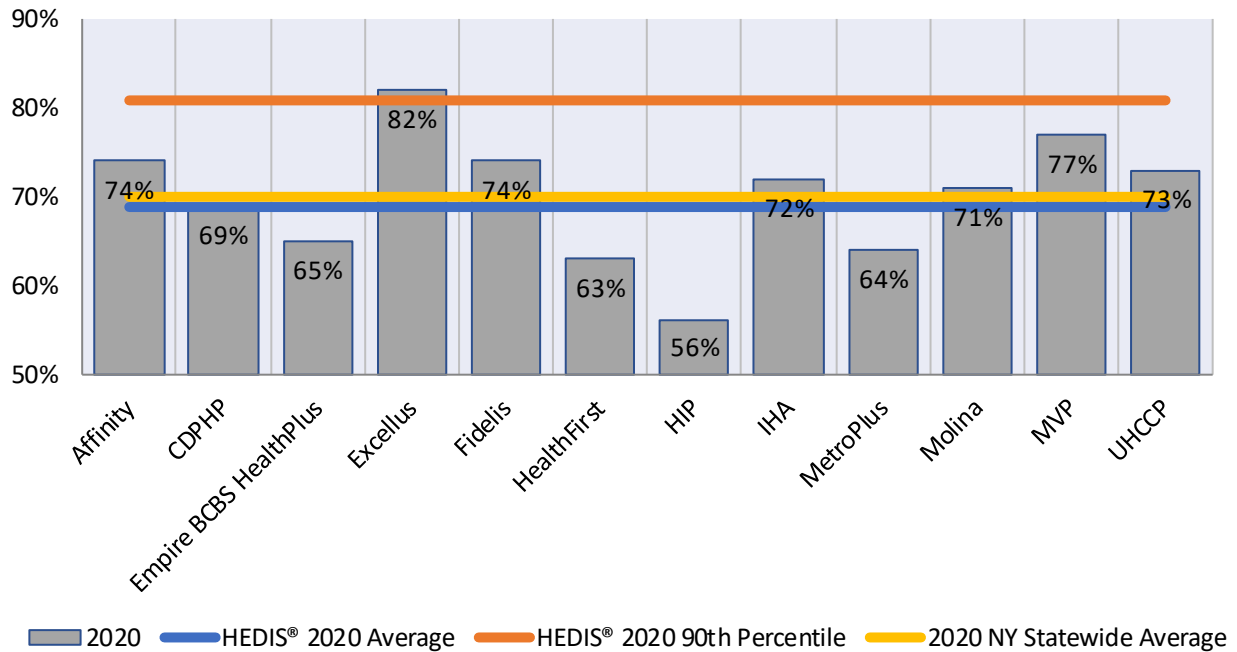


Note: National Medicaid benchmarks were not available for the HIV Viral Load Suppression measure.

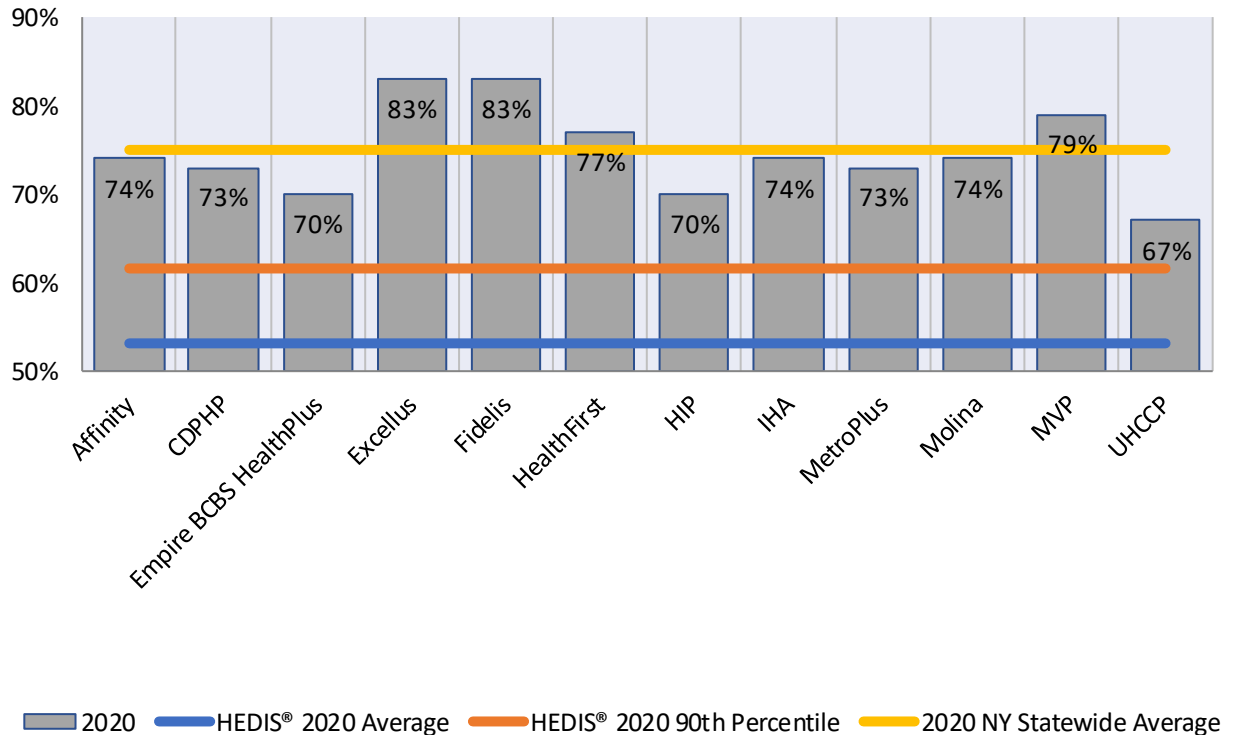
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator (PCE)



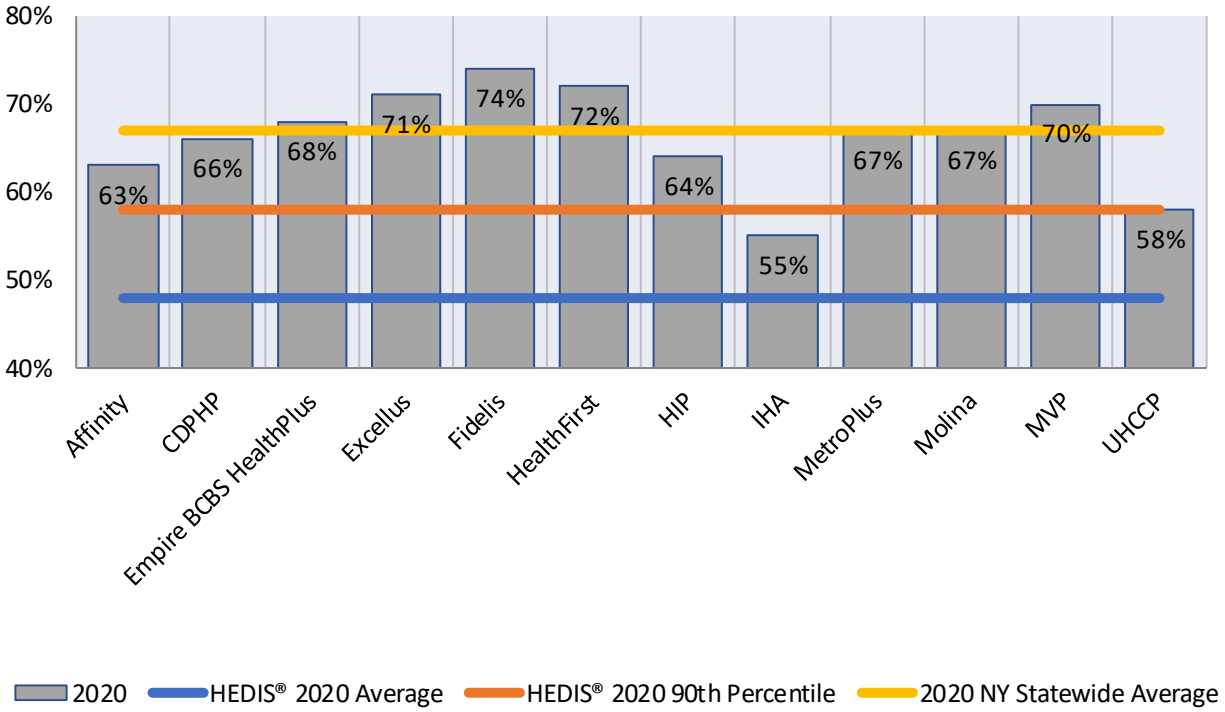
Pharmacotherapy Management of COPD Exacerbation - Corticosteroid (PCE)



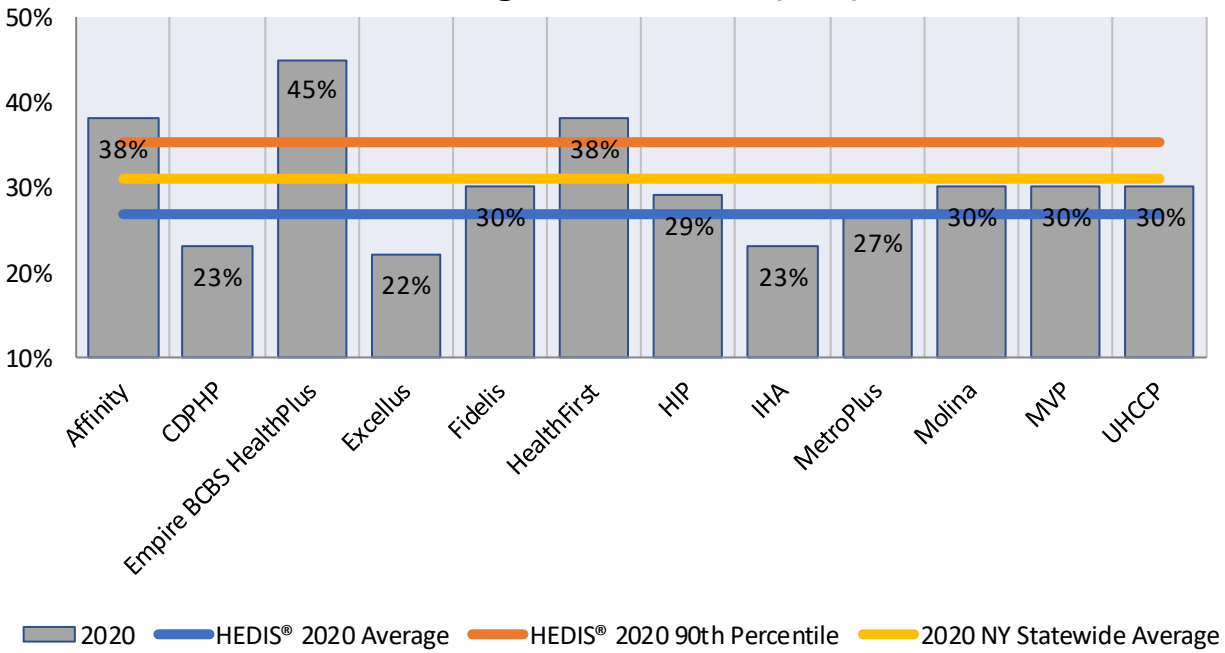
Smoking Cessation Medications



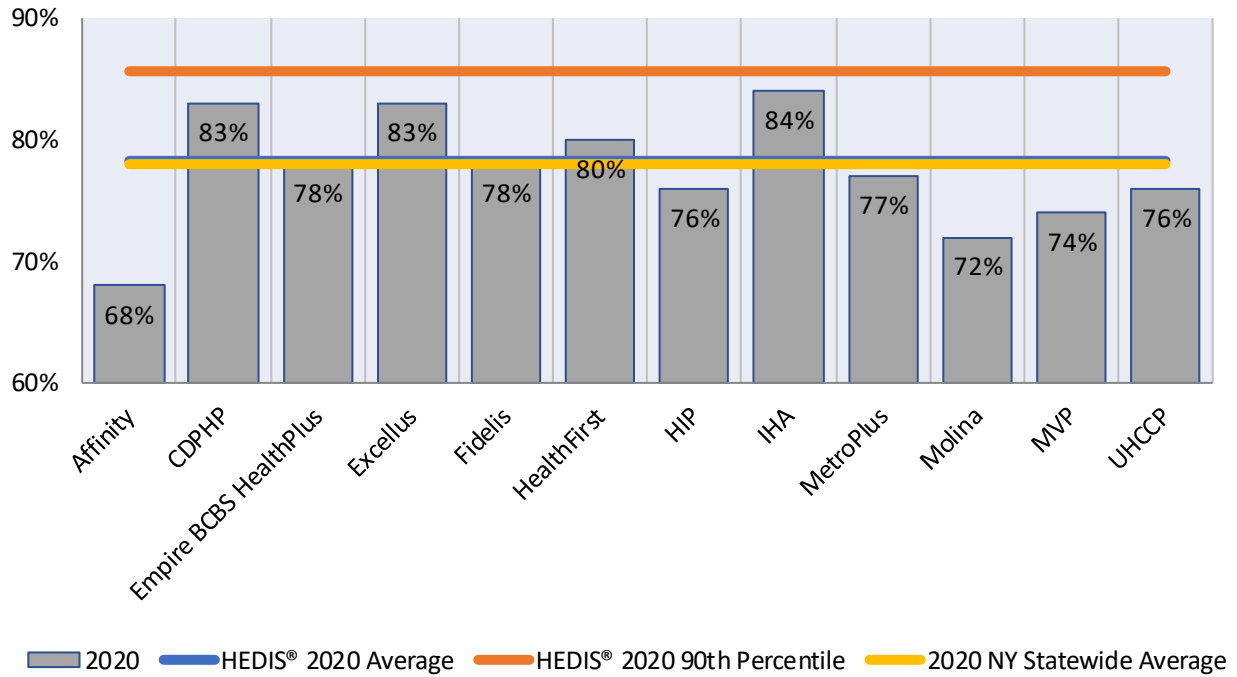
Smoking Cessation Strategies



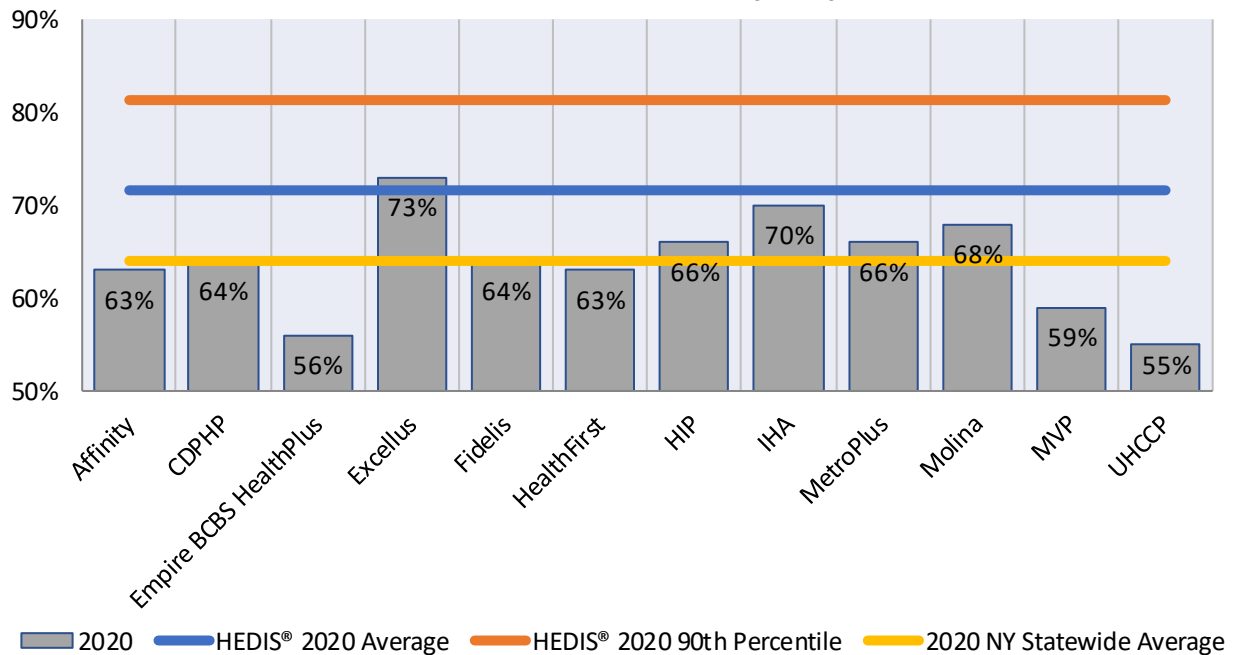
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



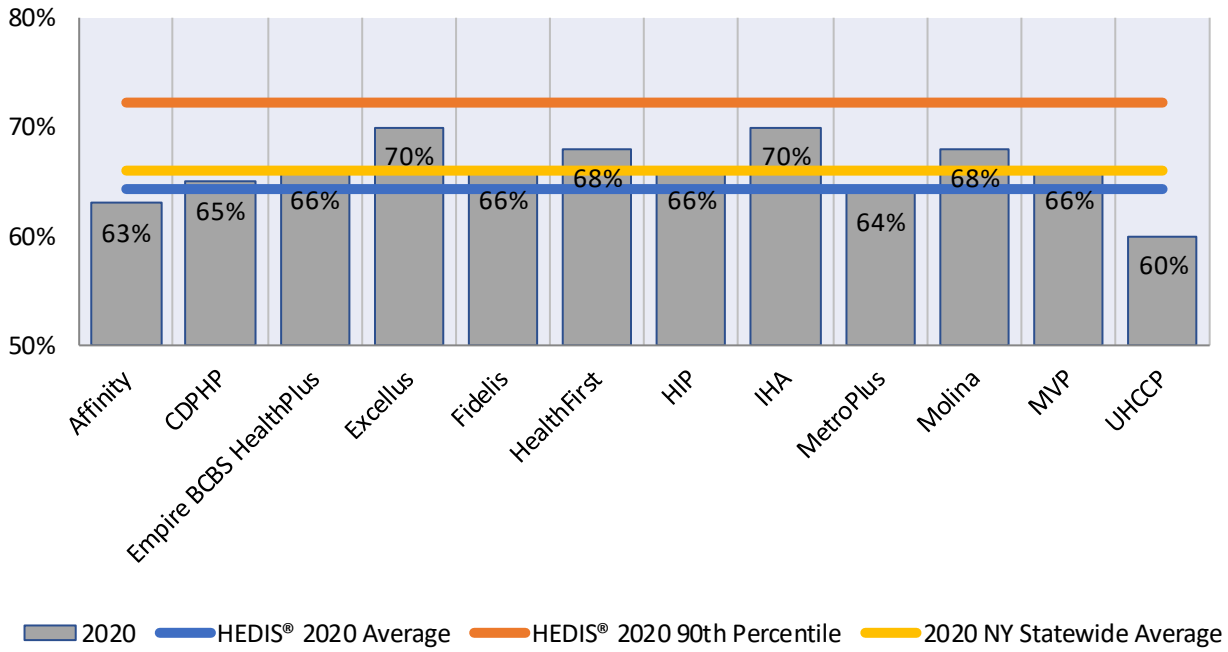
Statin Therapy for Patients with Cardiovascular Disease - Statin Therapy Received (SPC)



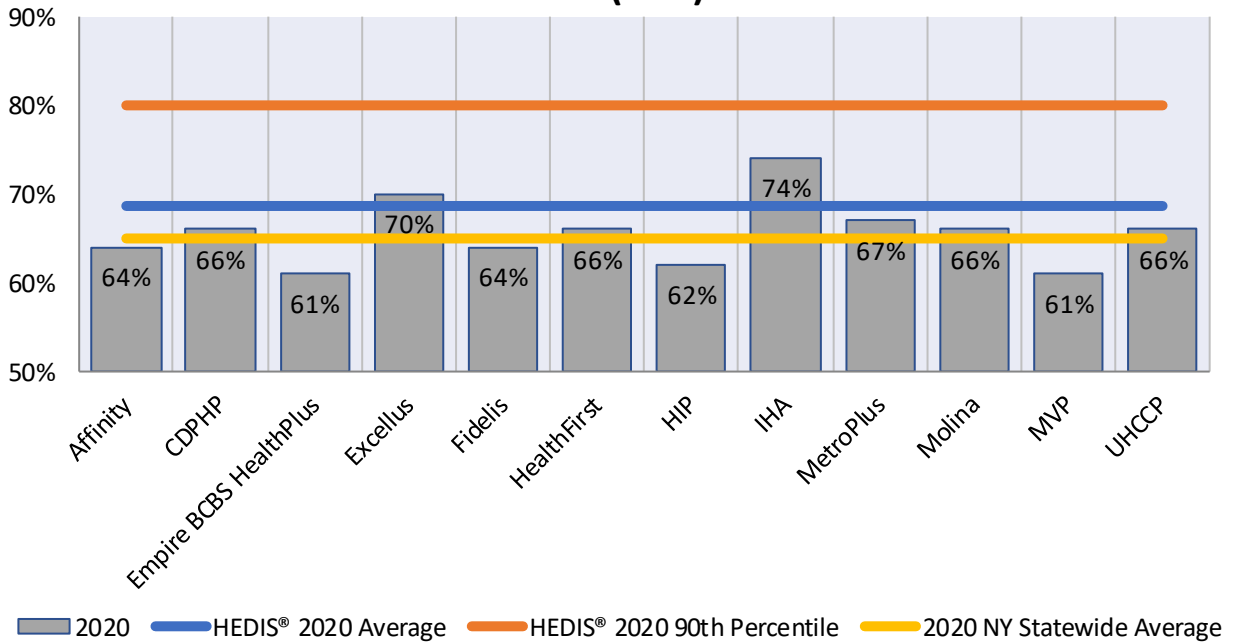
Statin Therapy for Patients with Cardiovascular Disease - Adherence 80% (SPC)



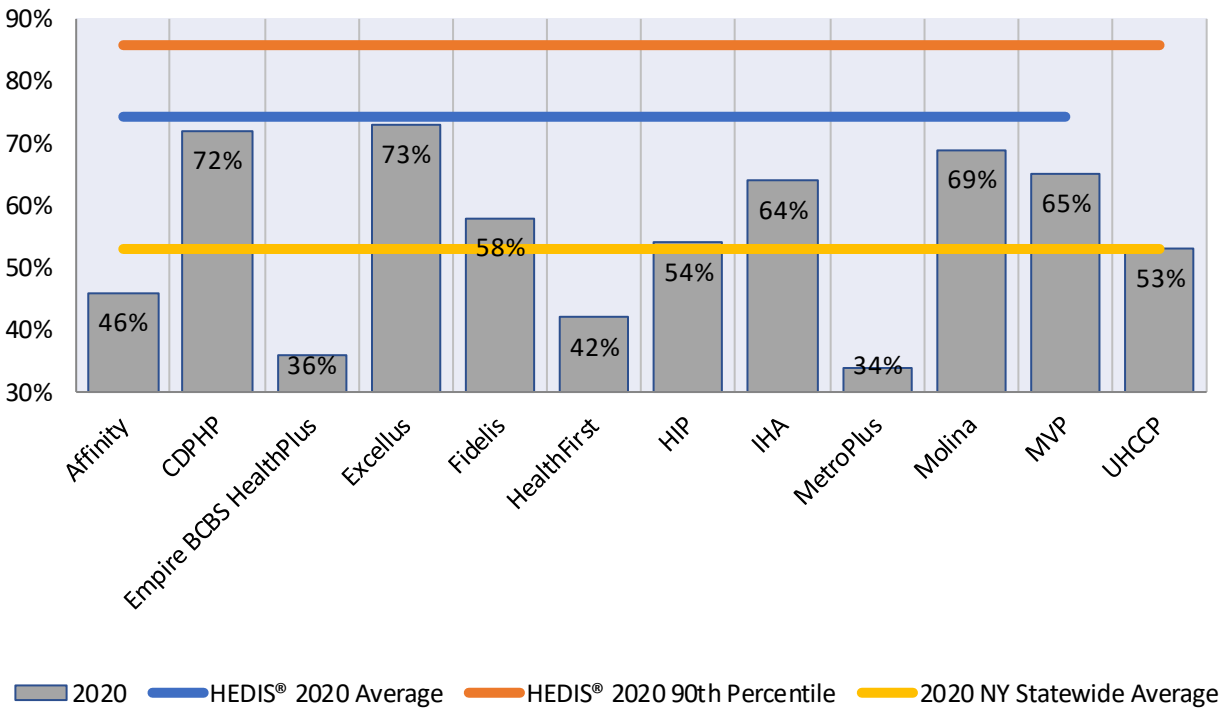
Statin Therapy for Patients with Diabetes - Statin Therapy Received (SPD)



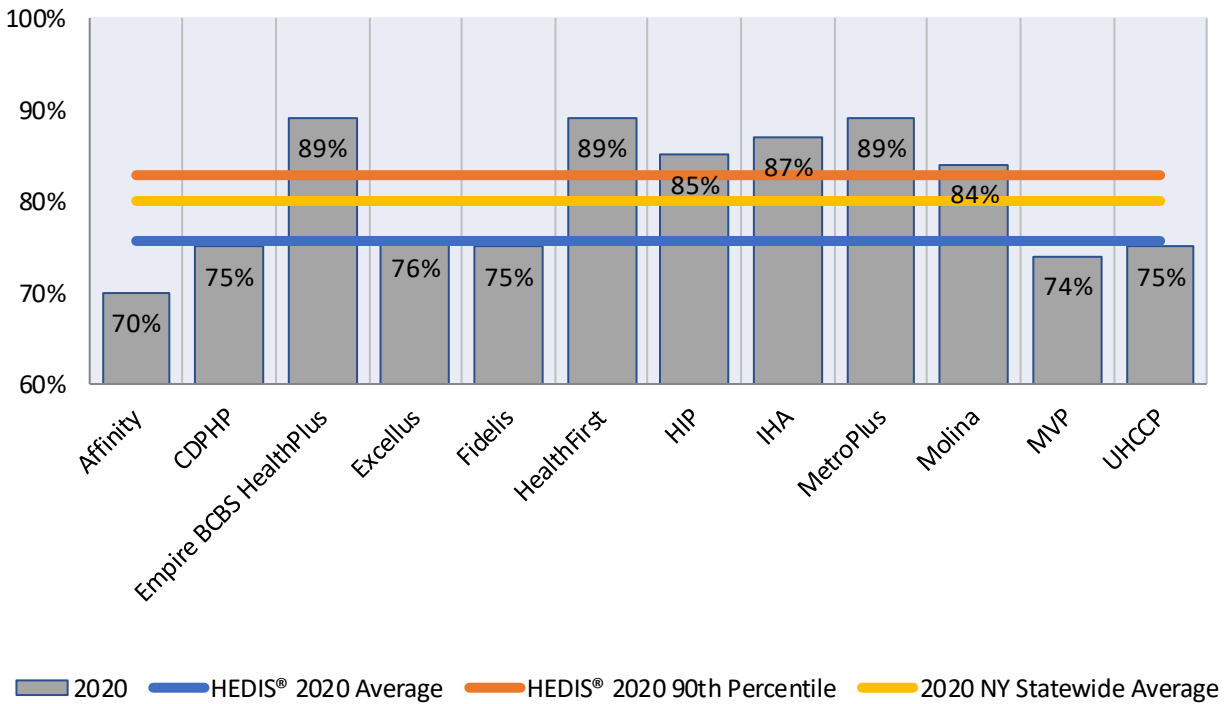
Statin Therapy for Patients with Diabetes - Adherence 80% (SPD)



Testing for Pharyngitis (CWP)



Use of Imaging Studies for Low Back Pain (LBP)



Effectiveness of Care: Behavioral Health

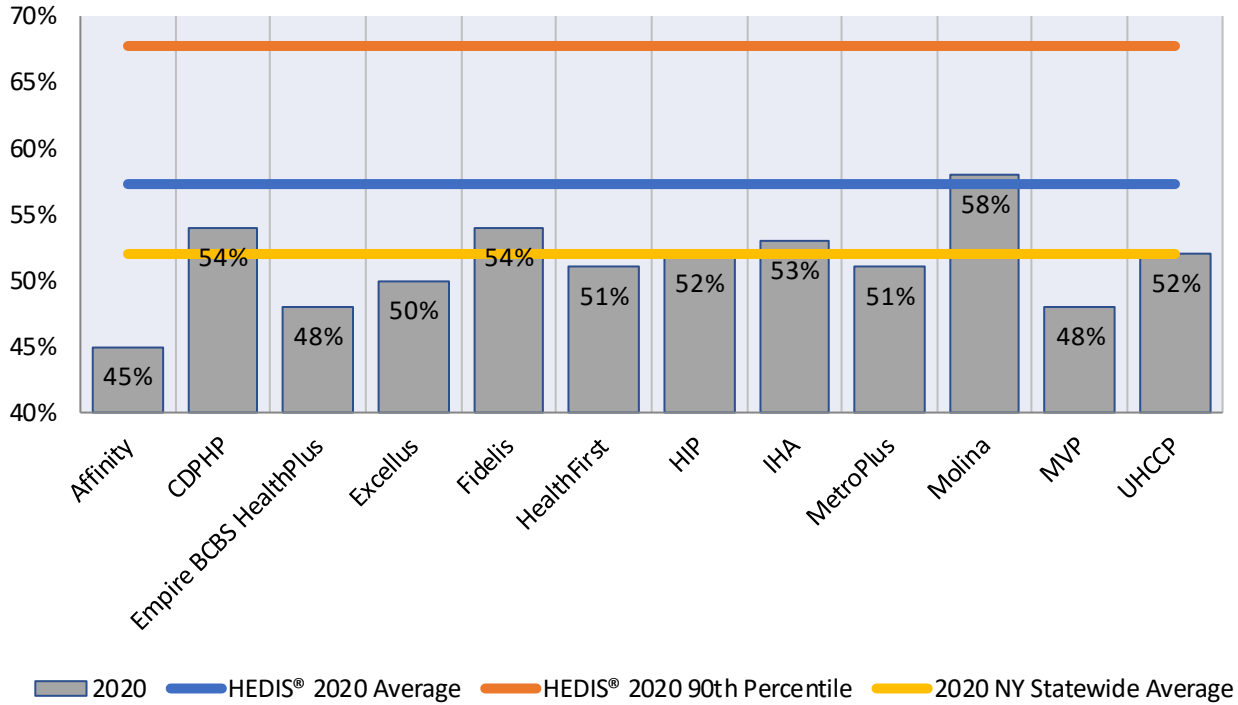
This section examines the health care services MCPs provide to members with behavioral health conditions.

- **Antidepressant Medication Management**
 - **Acute Phase Treatment** – One (1) of 12 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 52% did not meet the national Medicaid average.
 - **Continuation Phase Treatment** – Two (2) of 12 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 39% did not meet the national Medicaid average.
- **Antipsychotic Medications for Individuals with Schizophrenia** – All 12 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 69% exceeded the national Medicaid average.
- **Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia** – Five (5) of 12 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 78% did not meet the national Medicaid average. *(Note: Seven (7) of the 12 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)*
- **Diabetes Monitoring for People with Schizophrenia** – All 12 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 77% exceeded the national Medicaid average.
- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications** – No MCPs reported a rate that exceeded the national Medicaid average. No MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 72% did not meet the national Medicaid average.
- **Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence**
 - **7 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 30% exceeded the national Medicaid average.
 - **30 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid percentile. Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 39% exceeded the national Medicaid average.
- **Follow-Up After ED Visit for Mental Illness**
 - **7 Days** – Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid percentile. Three (3) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 51% exceeded the national Medicaid average.
 - **30 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid percentile. Five (5) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 69% exceeded the national Medicaid average.

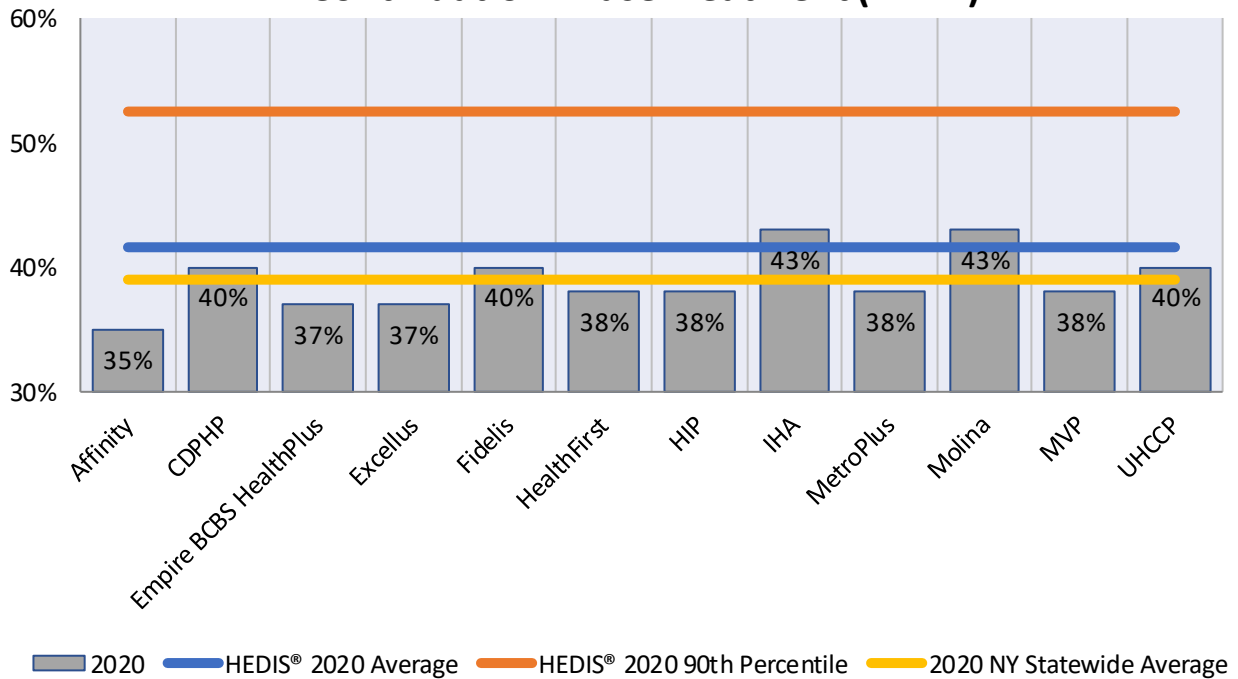
- **Follow-Up After High Intensity Care for Substance Use Disorder**
 - **7 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid percentile. Three (3) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 44% exceeded the national Medicaid average.
 - **30 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 74% exceeded the national Medicaid average.
- **Follow-up After Hospitalization for Mental Illness**
 - **30 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 77% exceeded the national Medicaid average.
 - **7 Days** – All 12 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 57% exceeded the national Medicaid average.
- **Pharmacotherapy for Opioid Use Disorder** – Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid percentile. No MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 37% exceeded the national Medicaid average.
- **Risk of Continued Opioid Use**
 - **15 Days** – No MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. The statewide average rate of 12% was worse than the national Medicaid average. (*Note: A lower rate indicates better performance.*)
 - **31 Days** - No MCPs reported a rate lower than the national Medicaid average. The statewide average rate of 9% was worse than the national Medicaid average. (*Note: A lower rate indicates better performance.*)
- **Use of Opioids at High Dosage** – Three (3) of the 12 MCPs reported a rate lower than the national Medicaid average, indicating a better MCP performance. The statewide average rate of 9% was worse than the national Medicaid average. (*Note: A lower rate indicates better performance.*)

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

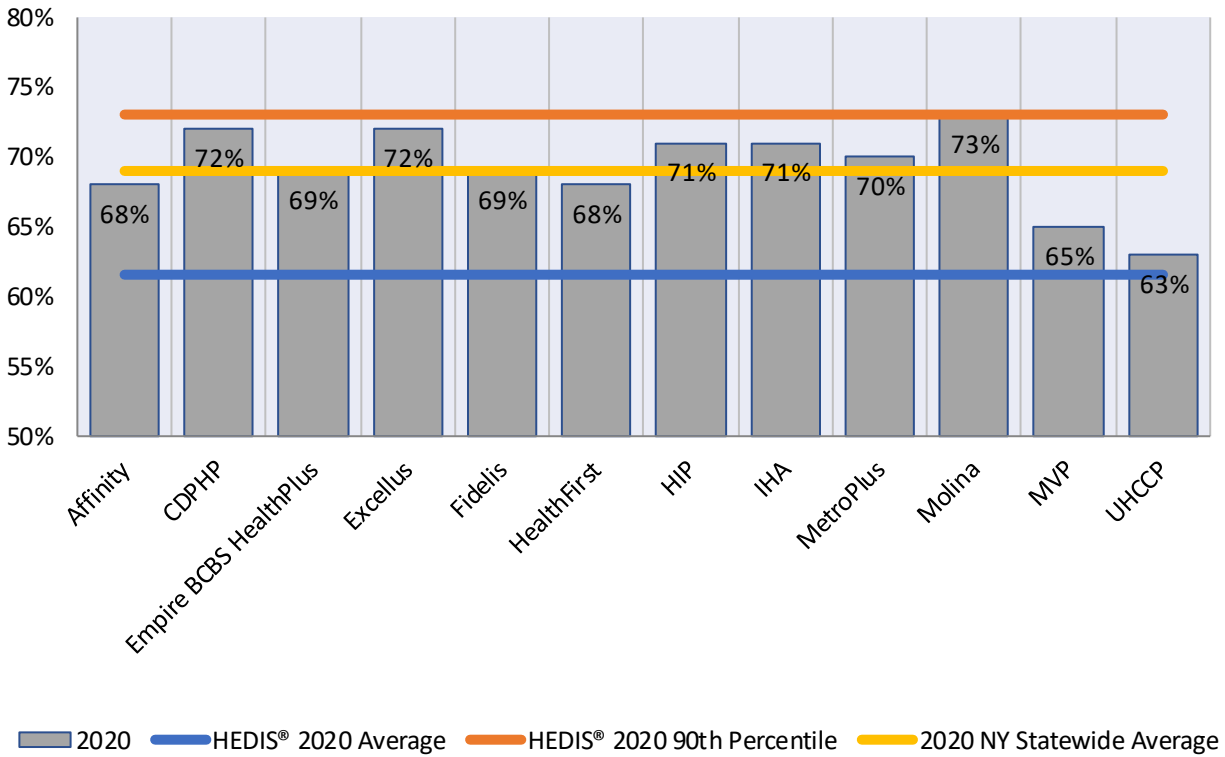
Antidepressant Medication Management Acute Phase Treatment (AMM)



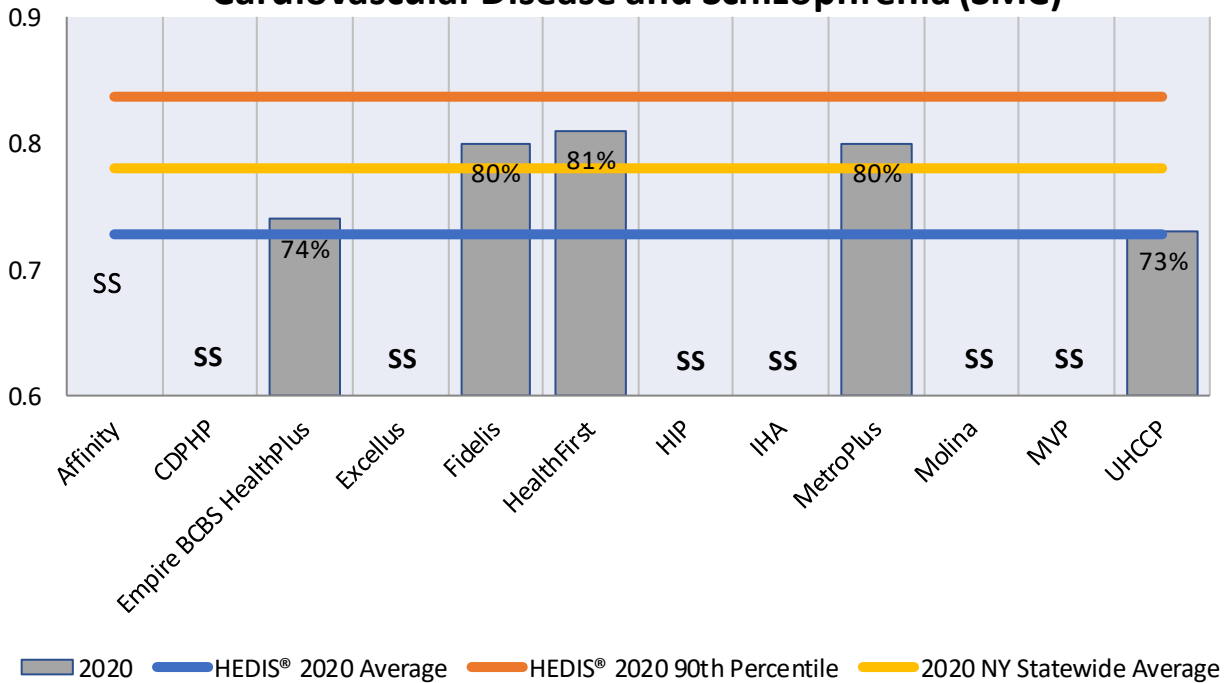
Antidepressant Medication Management Acute Continuation Phase Treatment (AMM)



Antipsychotic Medications for Schizophrenia (SAA)

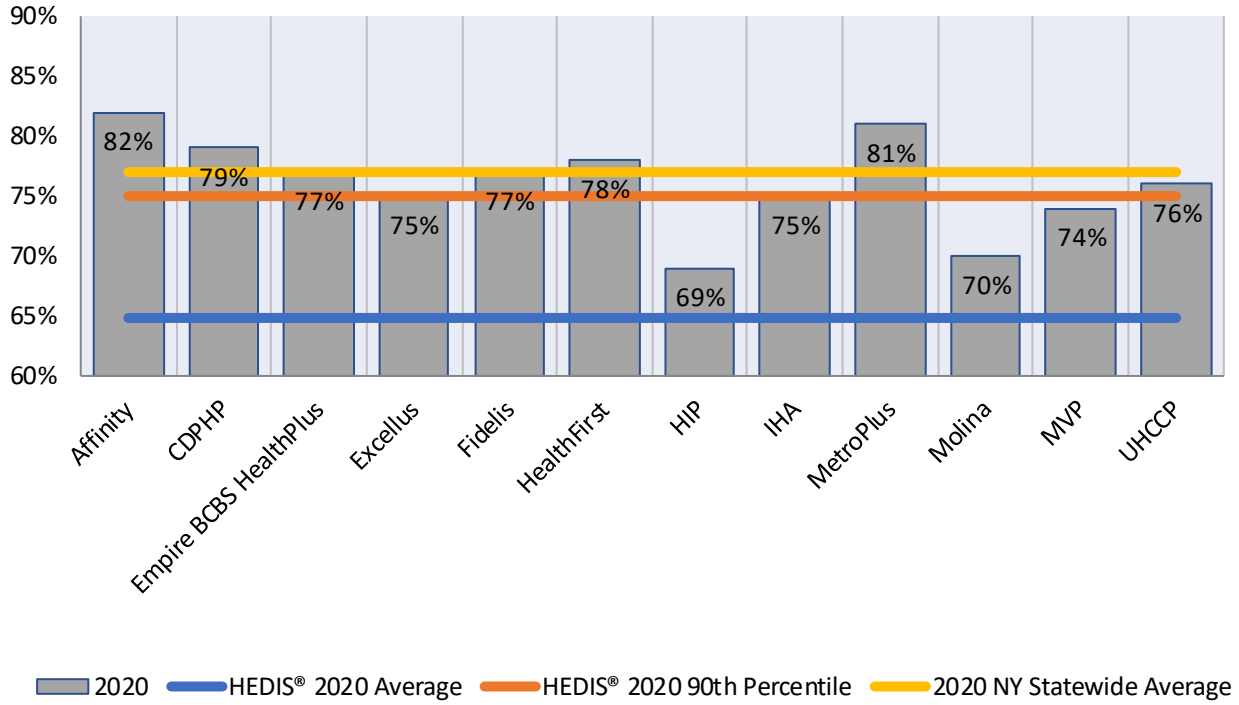


Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

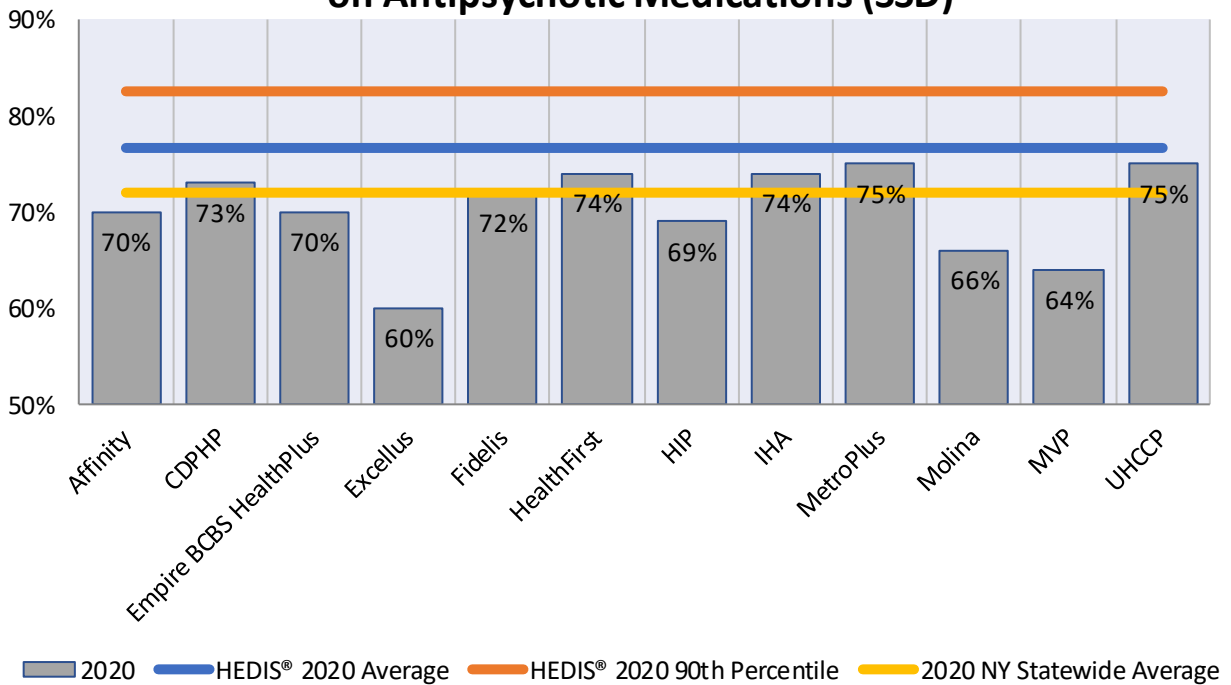


SS: sample size too small to report [less than 30 members] but they are included in the statewide average.

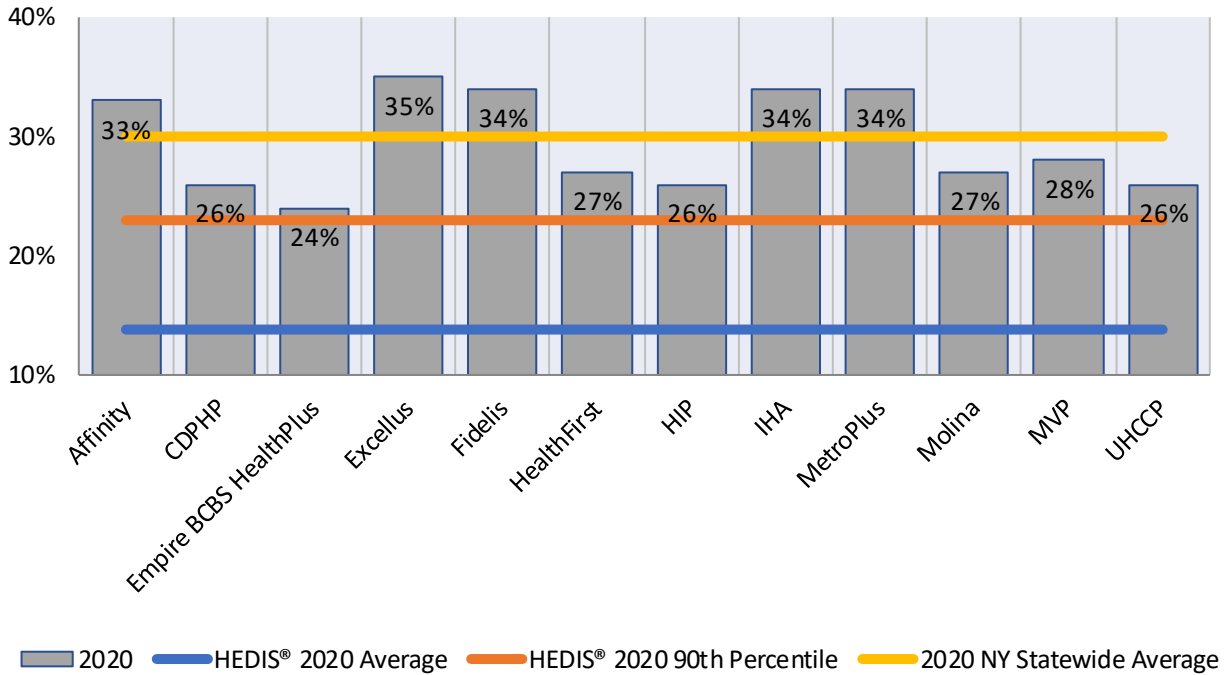
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)



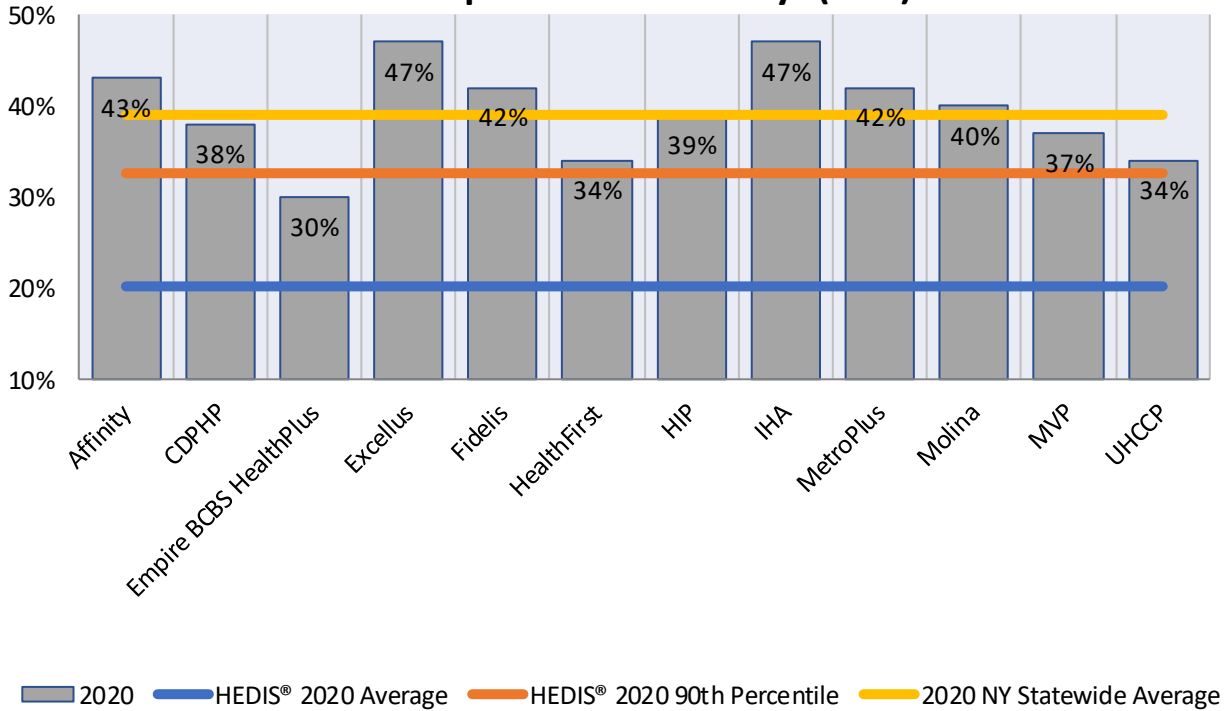
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications (SSD)



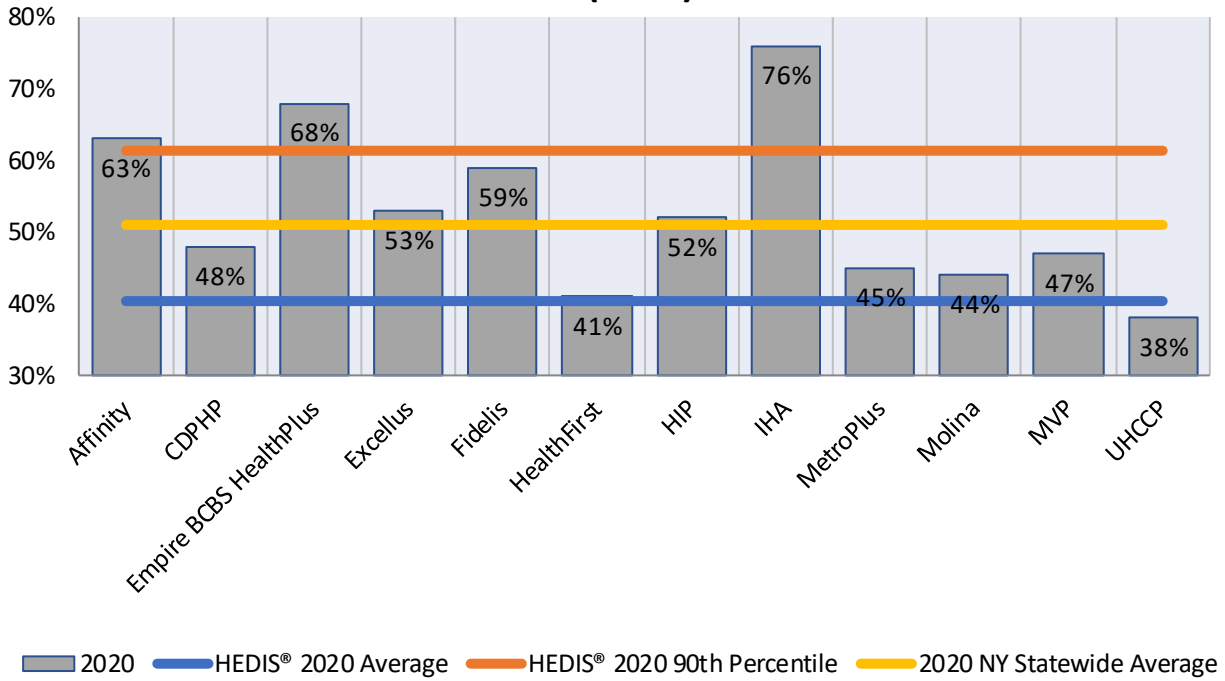
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence - 7 Days (FUA)



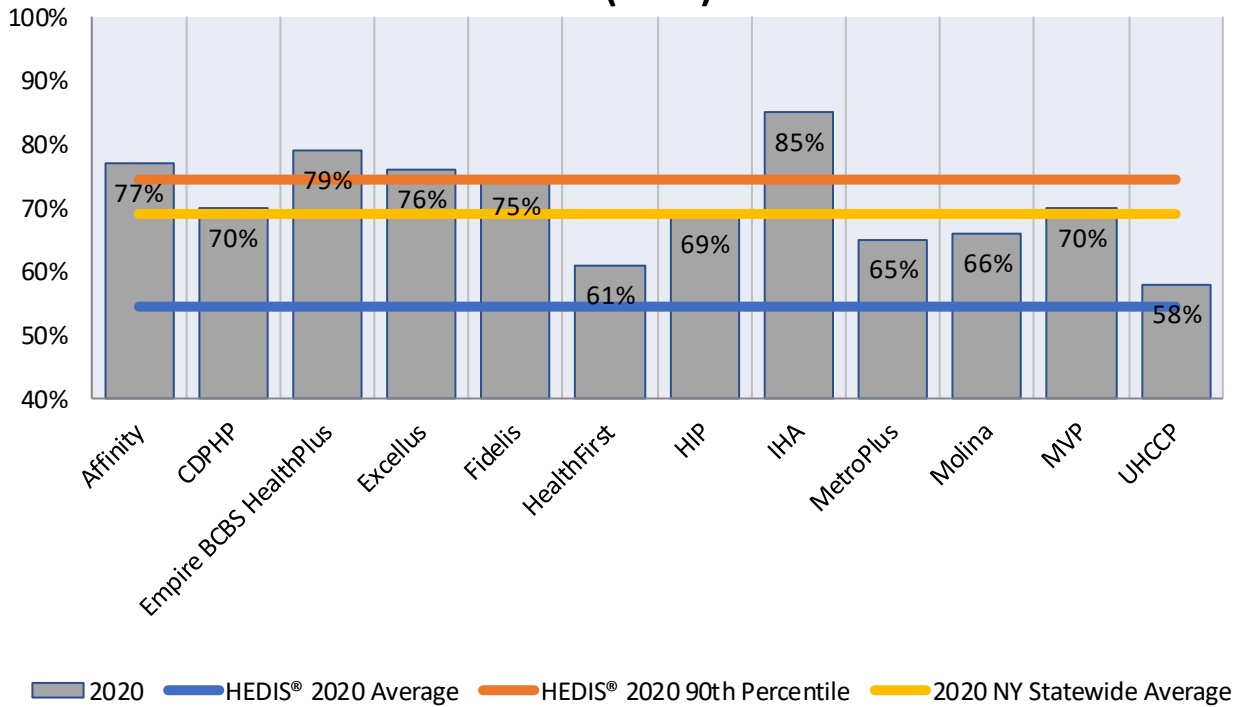
Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence - 30 Days (FUA)



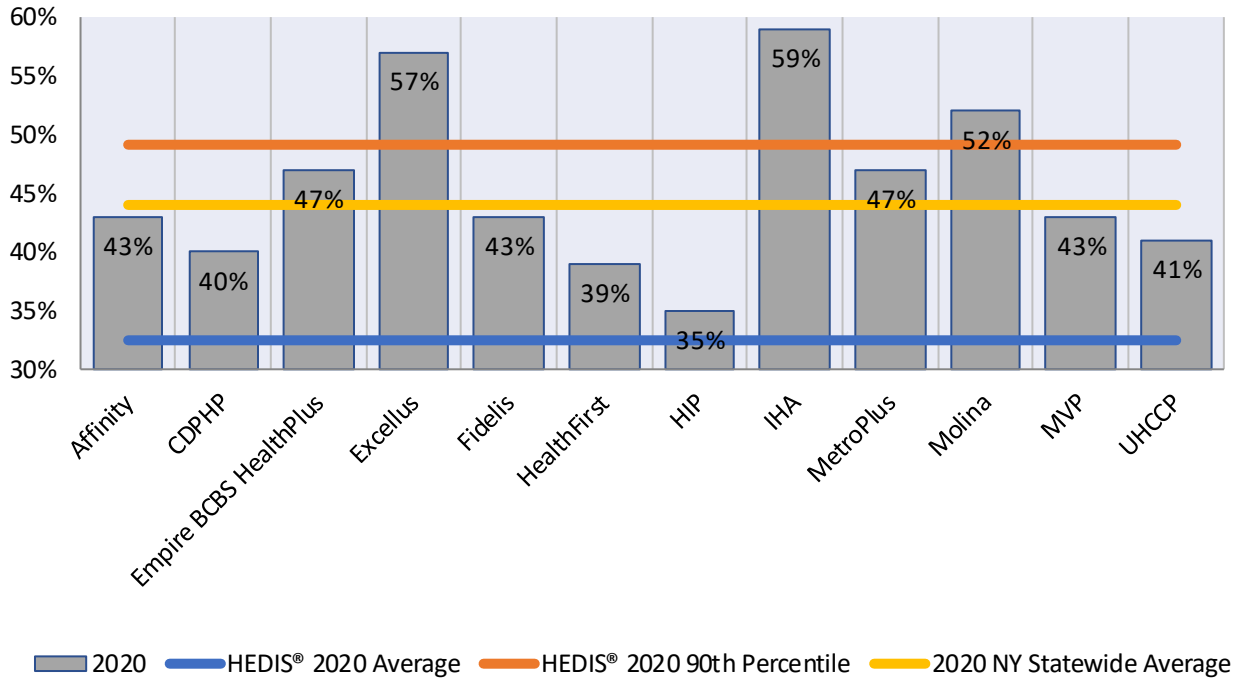
Follow-Up After ED Visit for Mental Illness - 7 Days (FUM)



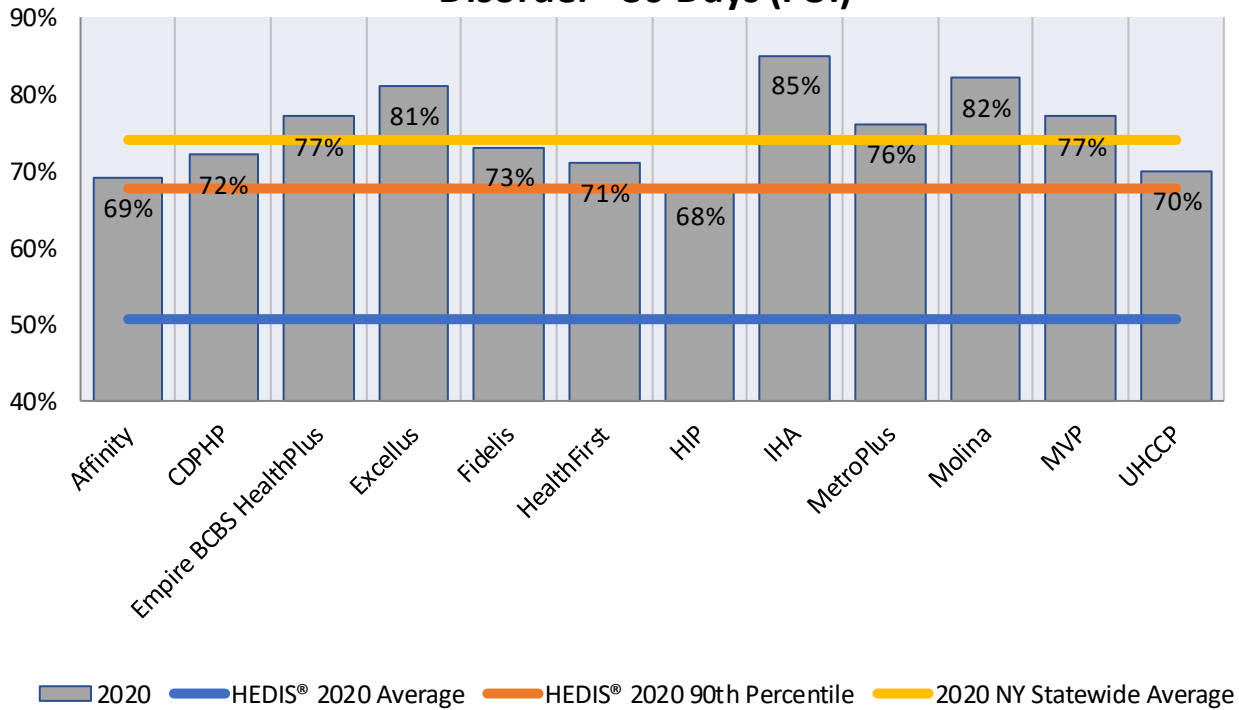
Follow-Up After ED Visit for Mental Illness - 30 Days (FUM)



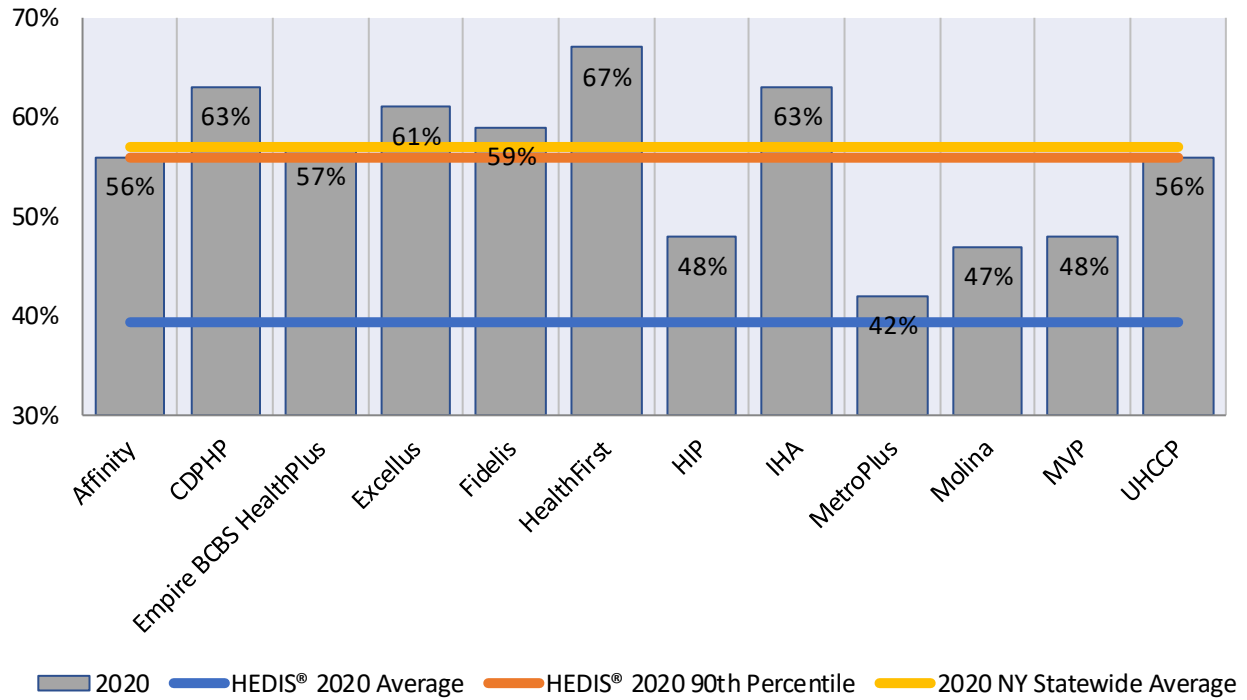
Follow-Up After High Intensity Care for Substance Use Disorder - 7 Days (FUI)



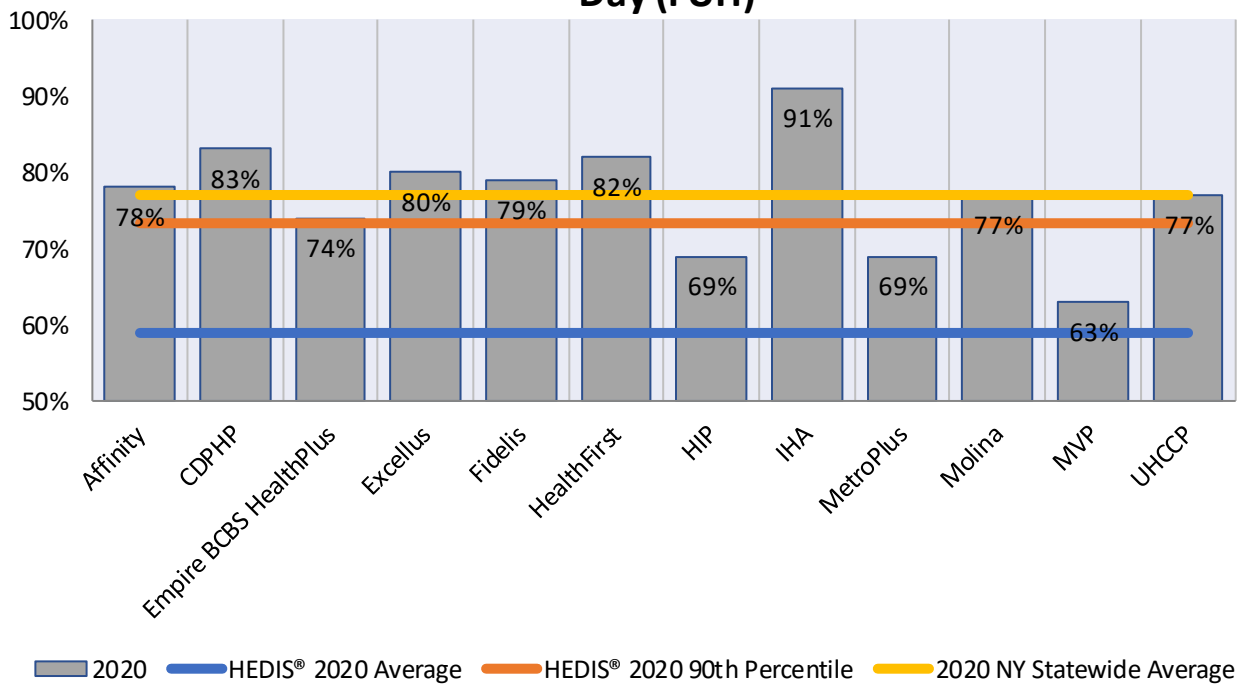
Follow-Up After High Intensity Care for Substance Use Disorder - 30 Days (FUI)



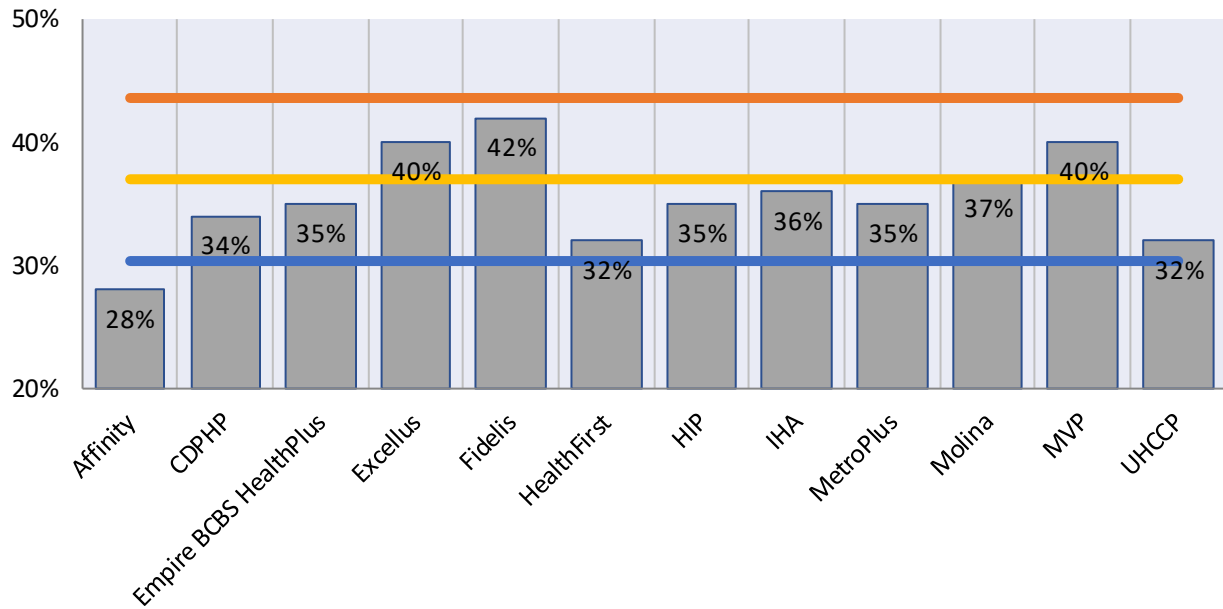
Follow-Up After Hospitalization for Mental Illness - 7 Day (FUH)



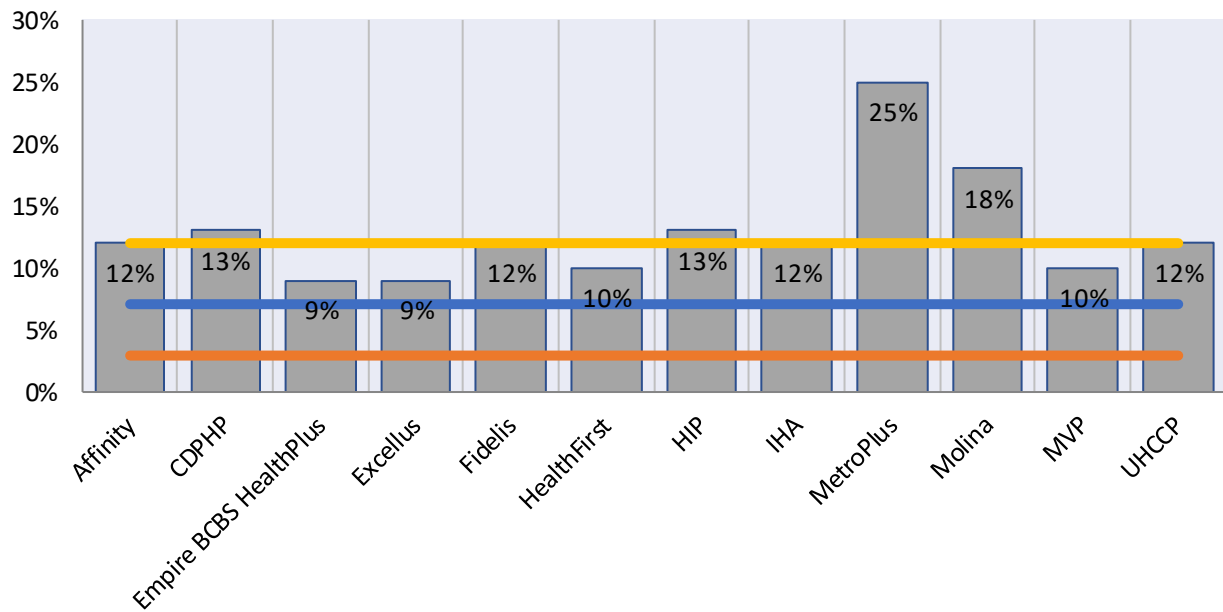
Follow-Up After Hospitalization for Mental Illness - 30 Day (FUH)



Pharmacotherapy for Opioid Use Disorder (POD)



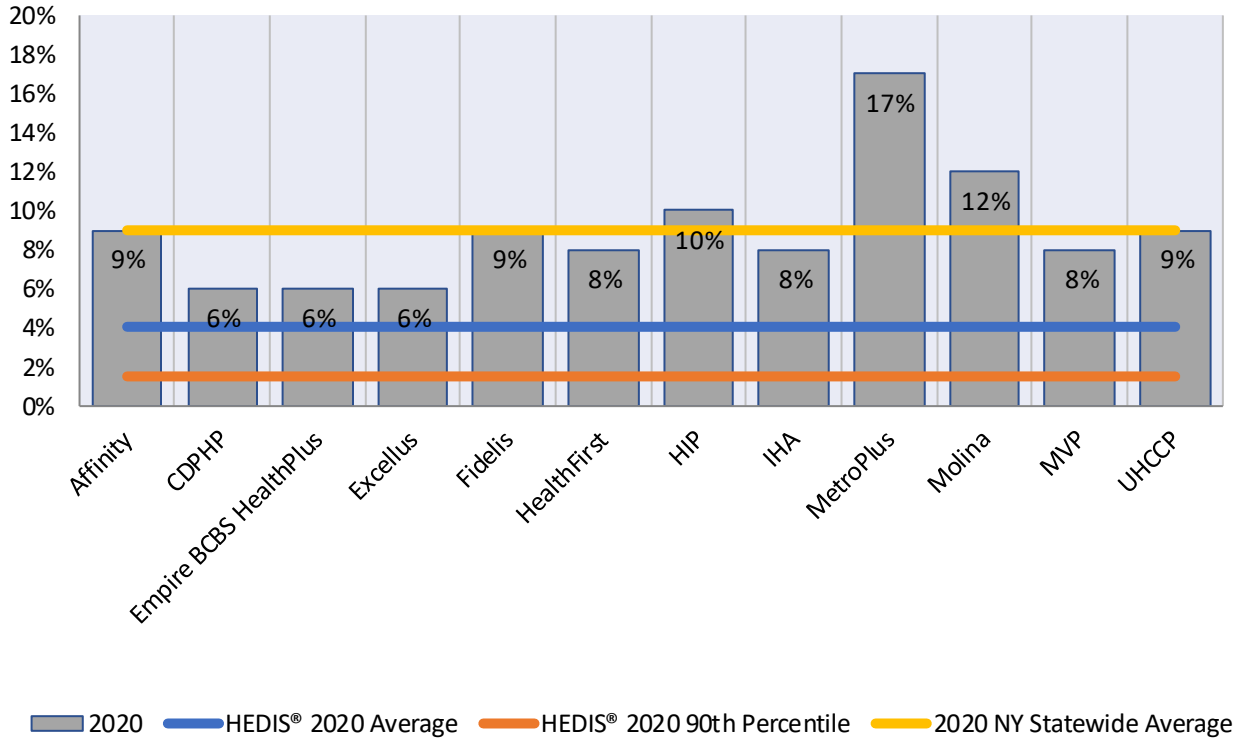
Risk of Continued Opioid Use - 15 Days (COU)



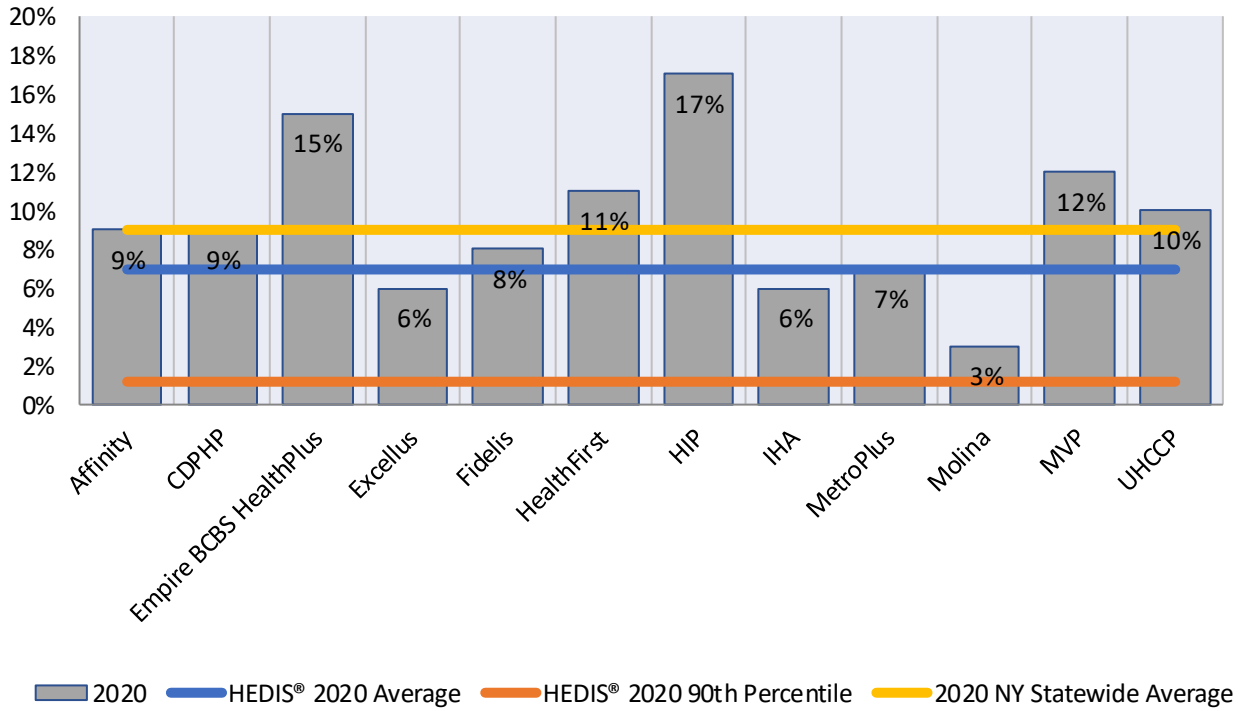
2020
 HEDIS® 2020 Average
 HEDIS® 2020 90th Percentile
 2020 NY Statewide Average

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

Risk of Continued Opioid Use - 31 Days (COU)



Use of Opioids at High Dosage (HDO)



Note: A lower rate indicates better performance for the Risk of Continued Opioid Use and Use of Opioids at High Dosage measures.

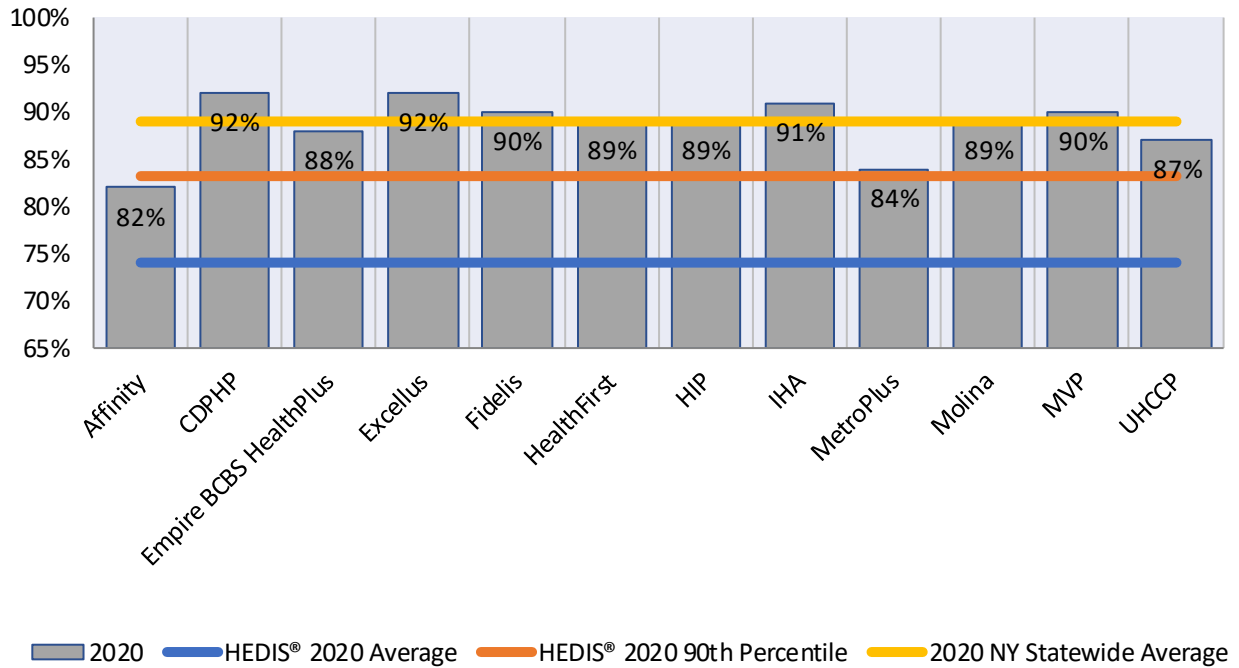
Access to Care

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

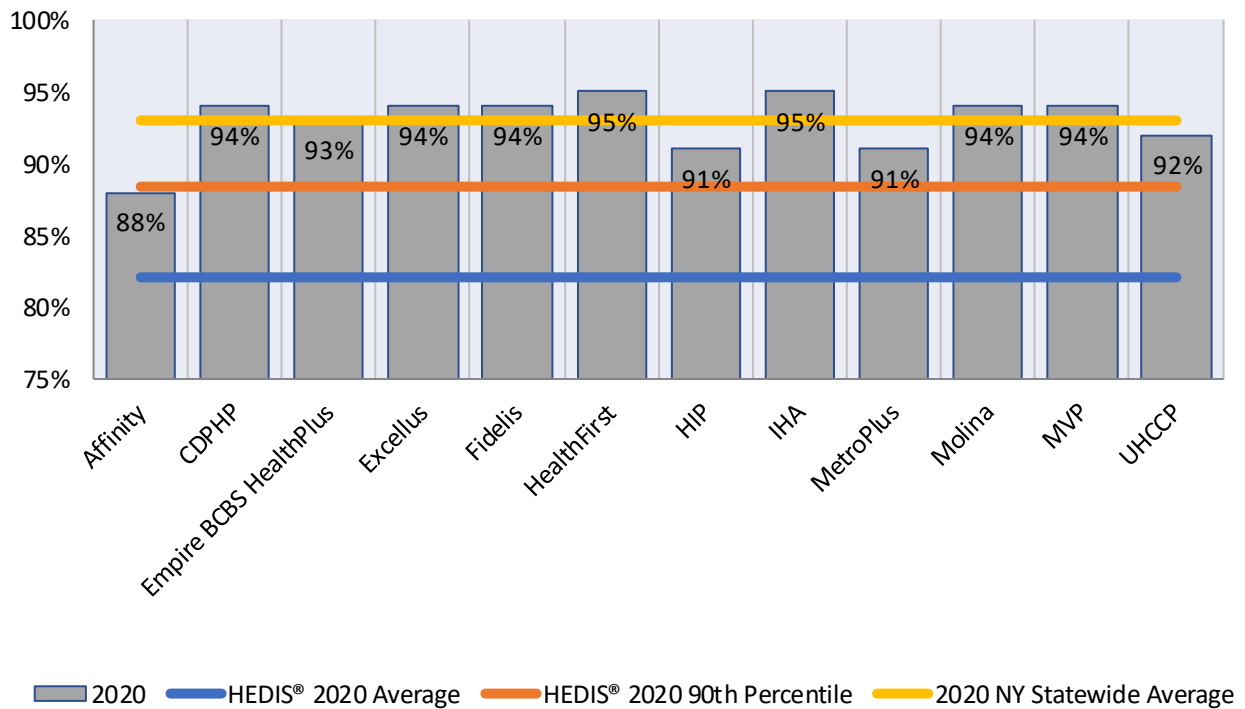
- **Adults' Access to Preventive/Ambulatory Services**
 - **20-44 Years** – All MCPs reported a rate that exceeded the national Medicaid average. Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 89% exceeded the national Medicaid average.
 - **45-64 Years** – All MCPs reported a rate that exceeded the national Medicaid average. Eleven (11) of the 12 MCPs rates exceeded national Medicaid 90th percentile. The statewide average rate of 93% exceeded the national Medicaid average.
 - **65+ Years** – All MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 12 MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 93% exceeded the national Medicaid average.
- **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment**
 - **Initiation of Alcohol and Other Drug Use** – Ten (10) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 12 MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 57% exceeded the national Medicaid average.
 - **Engagement of Alcohol and Other Drug Use** – Eleven (11) of the 12 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 12 MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 22% exceeded the national Medicaid average.
- **Prenatal and Postpartum Care**
 - **Timeliness of Prenatal Care** – Three (3) of the 12 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 12 MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 79% did not meet the national Medicaid average.
 - **Postpartum Care** – No MCP reported a rate that met the national Medicaid average. The statewide average rate of 65% did not meet the national Medicaid average.

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

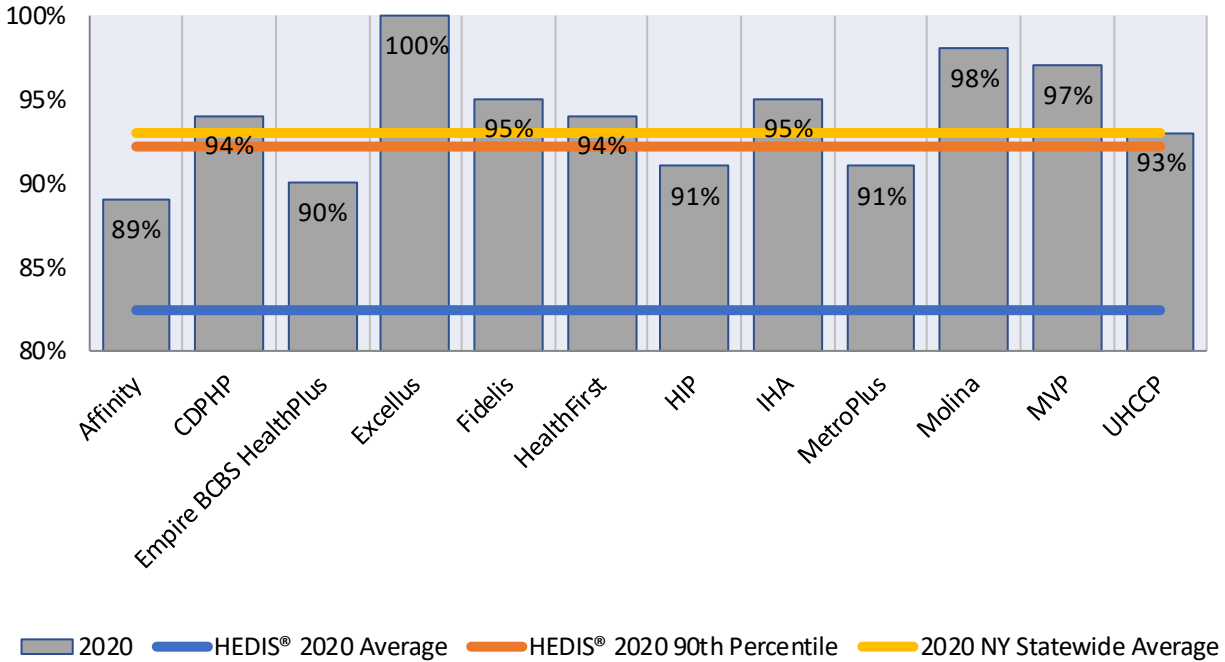
Adults' Access to Preventive/Ambulatory Services (AAP) 20-44 Years



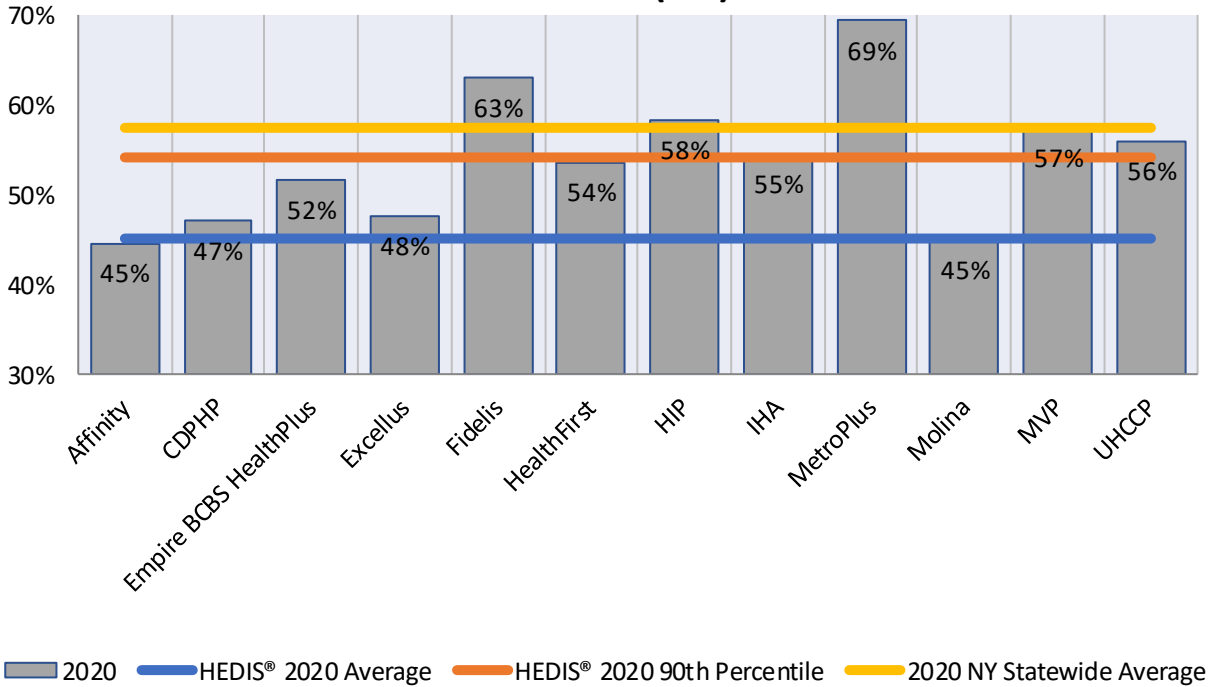
Adults' Access to Preventive/Ambulatory Services (AAP) 45-64 Years



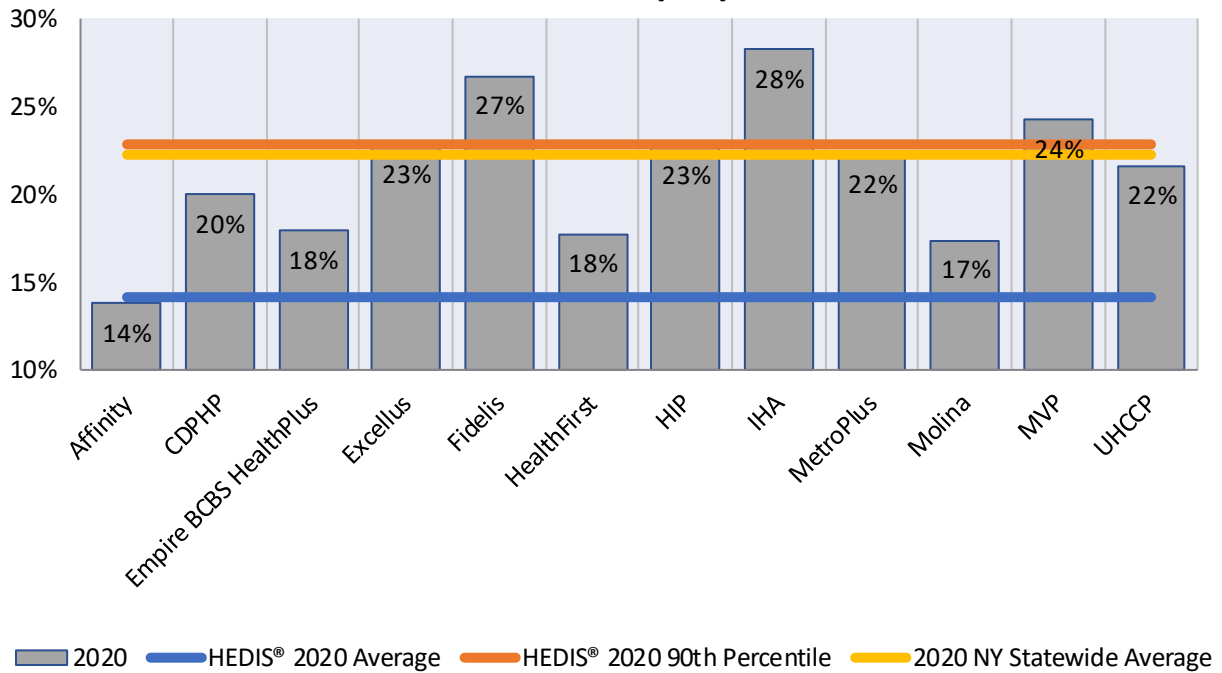
Adults' Access to Preventive/Ambulatory Services (AAP) 65+ Years



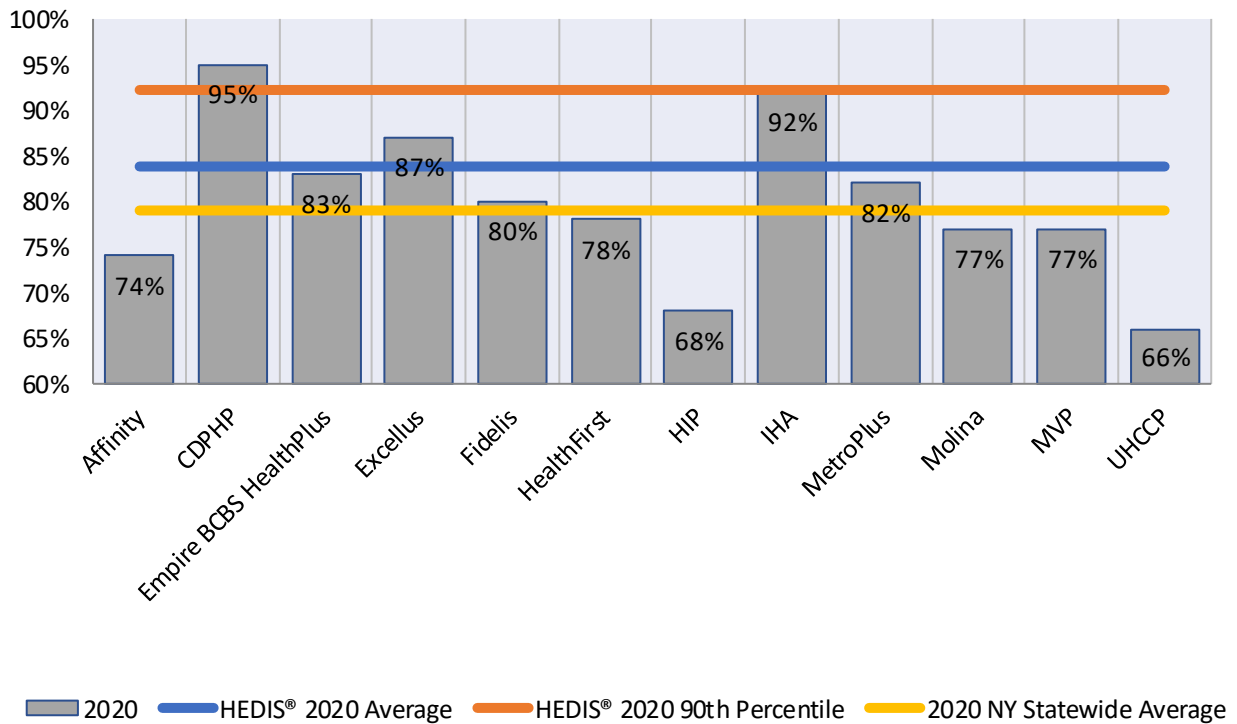
Initiation of Alcohol and Other Drug Abuse - Total - 18+ Years (IET)



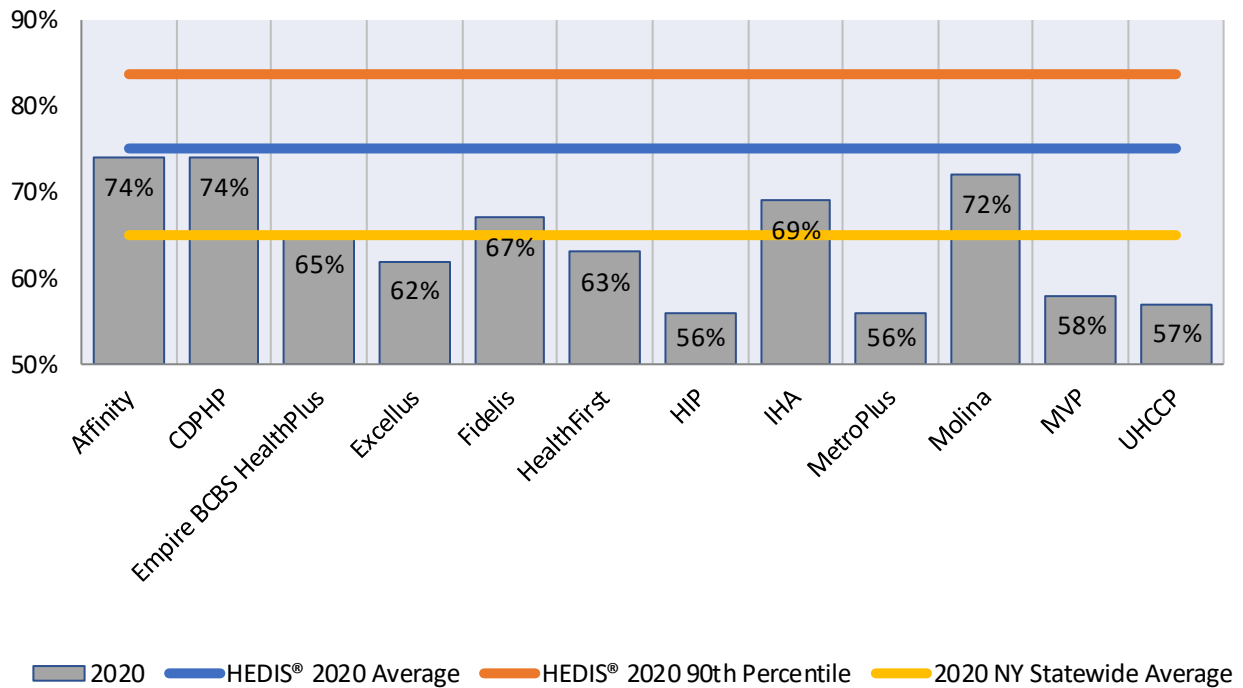
Engagement of Alcohol and Other Drug Abuse - Total - 18+ Years (IET)



Timeliness of Prenatal Care (PPC)



Postpartum Care (PPC)



Perinatal Care (DOH-Calculated Measures)

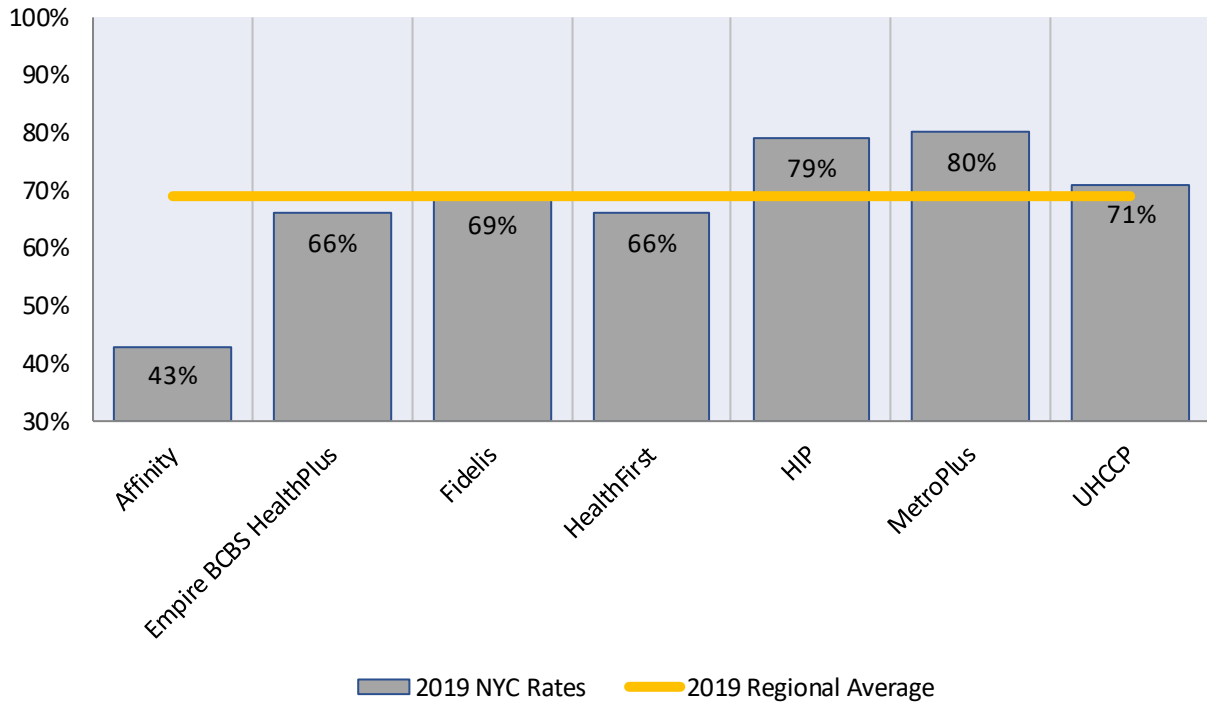
Certain QARR perinatal care measures are calculated by the DOH using birth data submitted by the MCPs, and from DOH's Vital Statistics Birth File. Since some health events, such as low birth weight births and cesarean deliveries do not occur randomly across all MCPs, risk adjustment is used to remove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

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

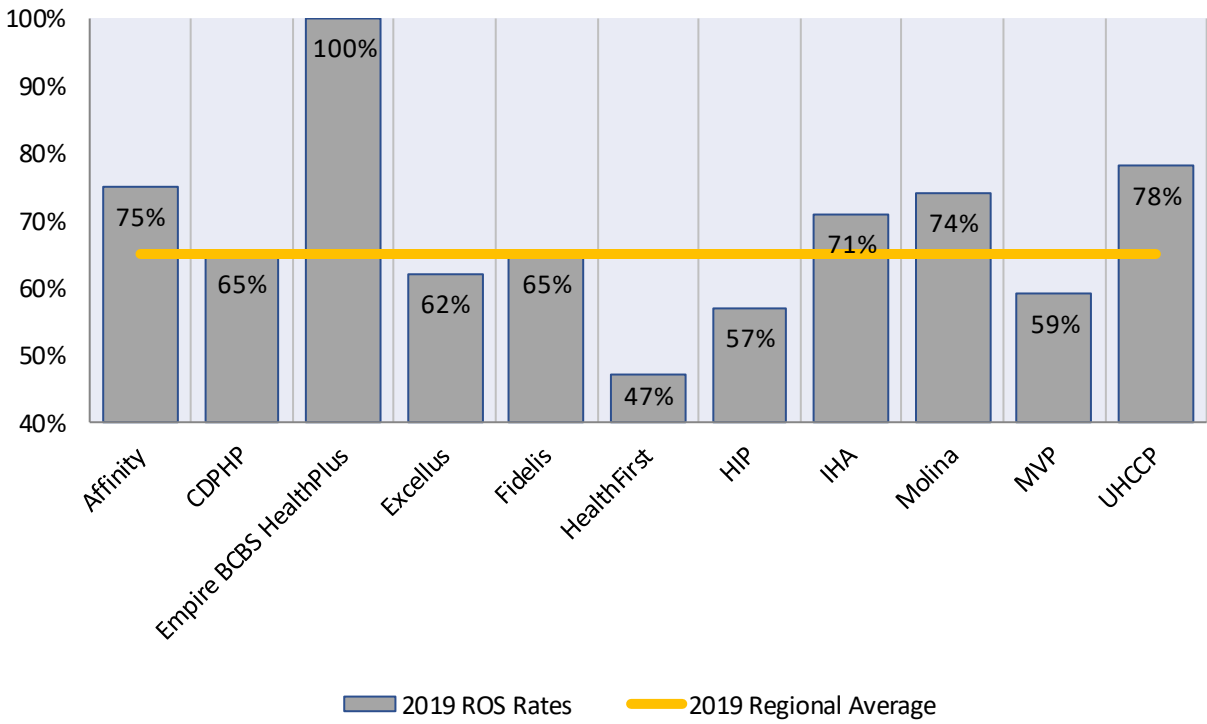
- **Prenatal Care in the First Trimester**
 - Four (4) of the 7 MCPs reported a rate that exceeded the NYC regional average.
 - Seven (7) of the 11 MCPs reported a rate that exceeded the ROS regional average.
- **Vaginal Birth After Cesarean**
 - Two (2) of the 7 MCPs reported a rate that exceeded the NYC regional average.
 - Four (4) of the 9 MCPs reported a rate that exceeded the ROS regional average.

MCP perinatal care rates calculated by the DOH for the NYC and ROS regions are displayed in the graphs that immediately follow. The graphs also display the MCPs' performance against the regional averages.

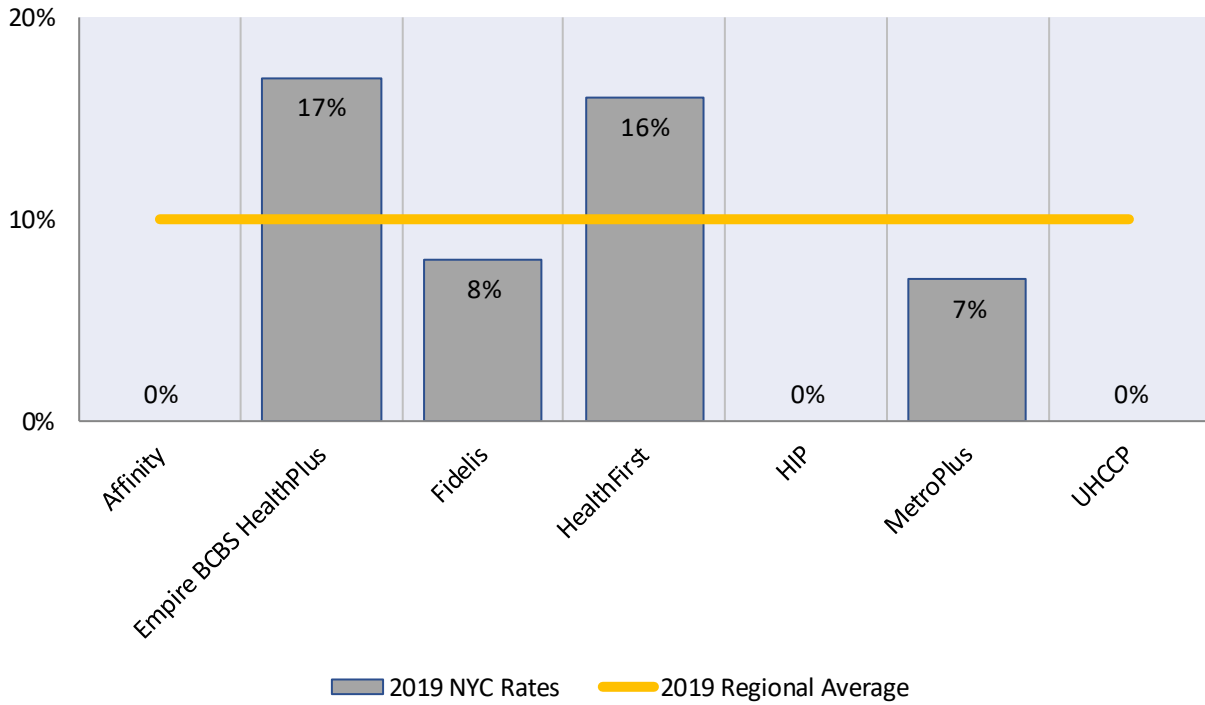
Prenatal Care in the First Trimester - NYC



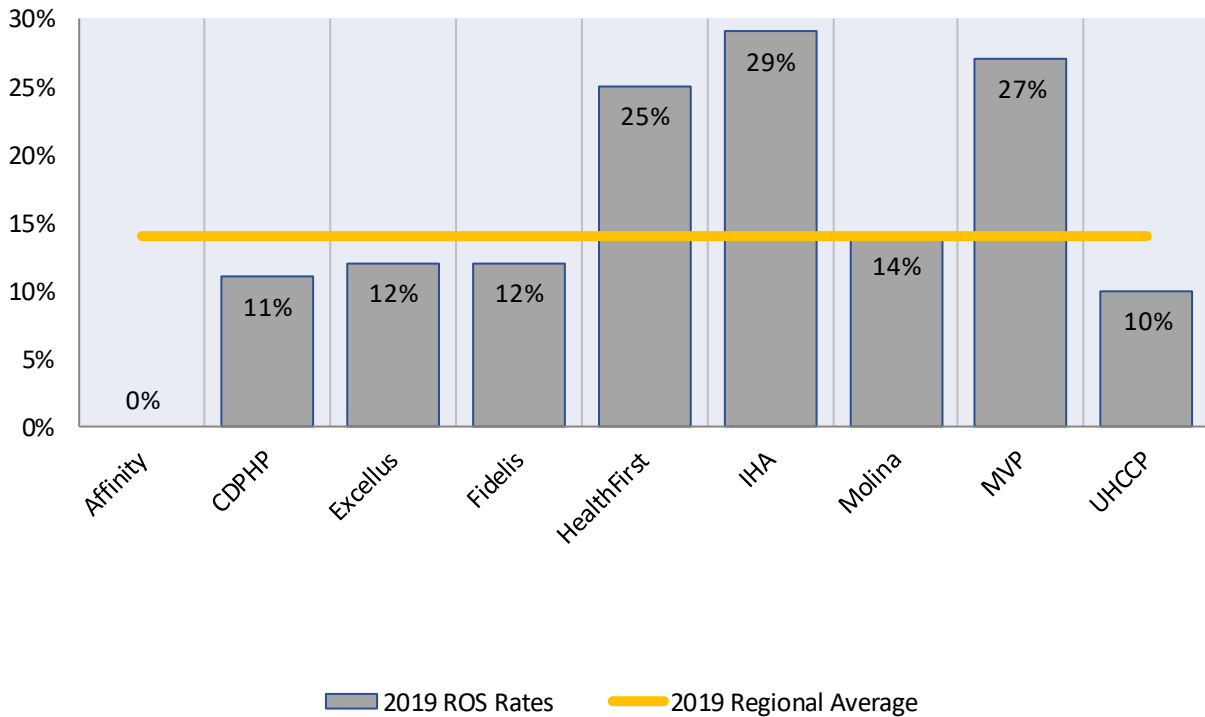
Prenatal Care in the First Trimester - ROS



Vaginal Birth After Cesarean - NYC



Vaginal Birth After Cesarean - ROS



Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

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

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

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

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

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

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

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

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

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

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

Technical Methods of Data Collection and Analysis

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

Pre-Onsite Visit Phase

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

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

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

Onsite Visit Phase

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

Post-Onsite Visit Phase

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

Description of Data Obtained

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

Conclusions and Findings

In 2019, 5 of 12 HARP MCPs were in compliance with all the standards of *42 CFR Part 438 Subpart D* and *42 CFR § 438.330*, while 1 of 4 MCPs was in compliance with all the standards in 2020. MCP results for the operational survey activities conducted for MY 2019 and MY 2020 are presented by federal Medicaid standards in **Table 7**. In Table 7, a “C” indicates that the MCP was in compliance with all standard requirements and an “NC” indicates that the MCP was not in compliance with at least one standard requirement. The details for each “NC” designation are presented in the MCP-level in **Section VI** of this report.

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

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

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

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

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

Focus Study of Health Care Quality

Objectives

The DOH and IPRO conducted a study to improve understanding of the services provided as part of intensive care management (ICM), as well as the impact of these ICM services on key outcomes, including emergency department visits and inpatient hospitalizations among high-service utilizers who have severe mental illness (SMI).

The study aimed to examine the quality and extent of care management provided to eligible ICM and non-ICM members; to determine the impact of ICM intervention on emergency department and hospitalization utilization (including readmissions); and to compare rates for follow-up care received after hospitalizations between ICM and non-ICM members.

Technical Methods of Data Collection and Analysis

In July 2019, IPRO requested that each MCP submit care management and utilization review documentation for the members in the sample. Documentation encompassed the index (or index-eligible) admission through 60 days post discharge. IPRO received documentation for a total of 240 members. From that original sample of 240, 43 records were excluded leaving final sample size of 197 member records.

All reviewers received a structured, 2-hour training on the data collection tool and data abstraction process. Further, all records were redacted to preserve member confidentiality and reduce reviewer bias.

A record abstraction tool designed and developed by IPRO according to both the *Hospital Discharge Planning and Transition to Outpatient Psychiatric Care Medical Record Review Guidelines* and the DOH's *Health Plan Care Management Assessment Reporting Tool* captured the following data elements: member demographics, hospitalization data, performance opportunity project¹³ milestones (achievement of in-person visits that occurred at specific timeframes post-discharge), and care management interventions.

IPRO conducted both univariate and multivariate analyses to describe the study population in terms of demographic and clinical characteristics, as well as to identify factors associated with key outcome measures. The initial analysis compared the ICM and non-ICM populations. The groups were compared across the following factors: demographic, clinical, and behavioral health characteristics; health home engagement/enrollment; care management information; follow-up rates; and emergency department/hospitalization rates.

To test for differences in proportions, chi-square tests and Fisher's exact tests were used for the comparative analyses on dichotomous data (i.e., yes/no variables). Associations were examined between demographic and clinical factors with key outcomes using chi-squares and Fisher's exact tests. Lastly, associations were also tested between receipt of care management interventions and emergency department and hospital utilization, follow-up at 7- and 30-days, and achievement of milestones. Multiple regression analyses were then performed to evaluate predictors of the key study outcomes.

¹³The DOH, OMH, OASAS are conducting a performance opportunity project (POP) for the Medicaid MCPs that aims to improve health outcomes for members with high utilization rates and diagnosed with mental illness by facilitating the transition of care between inpatient and outpatient settings. The focus study conducted by IPRO and described in this section of the report, was conducted as part of the POP led by OMH.

Description of Data Obtained

The final study report produced by IPRO was the data source for the annual EQR. The report included information on sampling, abstraction methodology, indicator descriptions, and data analysis plan. The results of the study were enumerated by numerator and denominator counts and calculated rates.

Conclusions and Findings

The study revealed that, despite few differences between services received by those in the ICM and those in the non-ICM group, overall, receipt of appropriate services was low in both groups.

There were no significant differences observed between members in the ICM group and non-ICM group with respect to inpatient or emergency department utilization. IPRO identified factors associated with increased utilization, including homelessness, current alcohol use, and current substance use. Factors associated with an increased likelihood of timely follow-up were also identified, such as having multiple chronic conditions or being enrolled in a health home.

Significant differences were observed between ICM and non-ICM populations in the frequency of care management discussions and recorded consent, the frequency with which discharge documentation was sent to providers or other relevant parties, the frequency with which transition plans for discharge were documented, and the frequency with which crisis or safety plans were created. Evidence of 7-day follow-up was observed for 31%, while evidence of 30-day follow-up was observed for 41%. The difference between the ICM and non-ICM populations was statistically significant for 30-day follow-up. **Table 8** displays study results by indicators for both populations.

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Table 8: Focus Study Indicator Results

Indicator	Non-ICM (n=86)		ICM (n=111)		Total (n=197)	
	n	%	n	%	n	%
Care Management Consent						
Yes, discussed and agreed	16	19%	39	35%	55	28%
Yes discussed, no consent	22	26%	38	34%	60	30%
No discussion regarding care management	46	53%	31	28%	77	39%
Referral made; care management declined	2	2%	3	3%	5	3%
Presence of Discharge Summary						
Yes	40	47%	58	52%	98	50%
No	46	53%	53	48%	99	50%
Evidence of Care Coordination in Discharge Summary Documentation						
Yes	32	37%	53	48%	85	43%
No	54	63%	58	52%	112	57%
Discharge Documentation Sent to the Provider or Other Pertinent Party						
Yes, sent	24	28%	47	42%	71	36%
No, not sent	62	72%	64	58%	126	64%
Care Management Assessment Conducted						
Yes	7	8%	30	27%	37	19%
No	79	92%	81	73%	160	81%
Evidence of 7-Day Follow-Up						
Yes	22	26%	40	36%	62	31%
No	64	74%	71	64%	135	69%
Evidence of 30-Day Follow-Up						
Yes	28	33%	52	47%	80	41%
No	58	67%	59	53%	117	59%
Transition Plan for Discharge						
Yes	59	69%	90	81%	149	76%
No	27	31%	21	19%	48	24%
Transition Plan Includes Medication List						
Yes	59	100%	89	99%	148	99%
No	0	0%	1	1%	1	1%
Advanced Directive Completed						
Yes	0	0%	2	2%	2	1%
No	86	100%	109	98%	195	99%
Crisis/Safety Plan Completed						
Yes	24	28%	49	44%	73	37%
No	62	72%	62	56%	124	63%
Contacted Family Member/Support Person						
Yes	34	40%	52	47%	86	44%
No	52	60%	59	53%	111	56%

N: denominator; ICM: intensive care management; CM: care management.

VI. MCP-Level Reporting

Introduction

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

- EQR Mandatory Activity 1: PIPs
- EQR Mandatory Activity 2: Performance Measures
- EQR Mandatory Activity 3: Compliance with Medicaid and CHIP Standards
- MCP Follow-Up on 2019 EQR Recommendations

Performance Improvement Project Findings

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

Performance Measures Findings

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

Compliance with Medicaid and CHIP Managed Care Regulations Findings

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

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 effectively addressed the recommendations for QI made by the EQRO during the previous year’s EQR.” This report marks the commencement of the HARP MCP annual EQR technical report and therefore there were no 2019 EQR recommendations for the HARP MCPs to follow-up on.

Strengths, Opportunities for Improvement and 2020 EQR Recommendations

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

- **Quality** is the extent to which an MCP increases the likelihood of desired health outcomes for enrollees through its structural and operational characteristics and through health care services provided, which are consistent with current professional knowledge.

- **Timeliness** is the extent to which care and services are provided within the periods required by the New York State model contract with MCPs, federal regulations, and as recommended by professional organizations and other evidence-based guidelines.
- **Access** is the timely use of personal health services to achieve the best possible health outcomes.

Affinity

Performance Improvement Project Findings

Table 9: Affinity's PIP Summary, MY 2020

Affinity's PIP Summary
<p>PIP Title: HARP Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Affinity aims to implement streamlined consent forms, provider facility education, enhanced outreach to members, and an incentive program.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Conducted in-person outreach to members with high-utilization rates prior to, during, or after discharge. Social workers encouraged members to engage with their health homes, assisted with the scheduling of follow-up care, and educated members on benefits of attending the follow-up visit.Conducted enhanced outreach to all members who recently discharged from an inpatient facility.Implemented an incentive program for all members who recently discharged from an inpatient facility to encourage accessing follow-up care within seven days of discharge with a mental health provider, substance abuse provider, or alcohol or other drug (AOD)-specific provider.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Partnered with four health homes to engage with members with high-utilization rates who had an emergency department visit or discharge from an inpatient facility. Outreach was conducted within three days of the event with the goal of encouraging members to attend follow-up visits within seven days of discharge.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Implemented processes that ensured consistent and timely receipt of data for members with a recent emergency department visit.

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

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020 ³	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	54.68%	58.93% ²	33.96%	60.20%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	76.30%	79.91% ²	63.88%	79.31%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	53.33%	61.47%	38.95%	64.00%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	70.22%	75.58%	52.74%	79.00%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	27.12%	22.07%	16.87%	31.00%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	44.10%	42.97%	22.43%	48.00%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	68.03%	68.22%	60.74%	73.00%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	27.2%	35.56%	33.26%	28.00%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	52.7%	65.82%	54.83%	57.00%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ⁴	15.84%	19.62%	Not Available ¹	Not Available
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	24.19%	28.18%	26.67%	30.92%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	10.87%	11.83%	22.20%	12.15%

¹ An enhanced rate was not available, and the plan chose not to report the unenhanced rate.

² OQPS Division of Quality Measurement enhanced rate.

³ Reflects preliminary data.

⁴ Lower rate indicates better performance.

Performance Measures Findings

Table 11: Affinity's QARR Performance, MY 2020

Domain/Measures	Affinity MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	59	56
Cervical Cancer Screening	72	66
Chlamydia Screening (Ages 16-24 Years)	82	70
Colorectal Cancer Screening	63	55
Flu Shots for Adults (Ages 18-64 Years) ²	57	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	73	76
Asthma Medication Ratio (Ages 19-64 Years) ³	50 ▲	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	40	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	64 ▲	59
Comprehensive Diabetes Care – Eye Exam Performed ³	58	54
Comprehensive Diabetes Care – HbA1c Testing ³	89 ▲	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	56	48
Controlling High Blood Pressure ³	68 ▲	60
HIV Viral Load Suppression ¹	66	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	93	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	74	70
Smoking Cessation Medications ²	74	75
Smoking Cessation Strategies ²	63	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	38	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	68	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	63	64
Statin Therapy for Patients with Diabetes – Statin Received	63	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	64	65
Use of Imaging Studies for Low Back Pain	70	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	45	52
Antidepressant Medication Management – Effective Continuation Phase	35	39
Antipsychotic Medications for Schizophrenia	68	69

Domain/Measures	Affinity MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Small Sample	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	70	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	82 ▲	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	33	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	43	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	63 ▲	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	77 ▲	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	43	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	69	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	56	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	78	77
Pharmacotherapy for Opioid Use Disorder	28	37
Risk of Continued Opioid Use – 15 Days	12	12
Risk of Continued Opioid Use – 31 Days	9	9
Use of Opioids at High Dosage	9	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	82	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	88	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	89	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	45 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	14 ▼	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Timeliness of Prenatal Care ³	74	79
Postpartum Care ³	74	65
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

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

Region/Measures	Affinity MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	43%	69%
Vaginal Birth After Cesarean	0%	10%
Rest of State		
Prenatal Care in the First Trimester	75%	65%
Vaginal Birth After Cesarean	0%	14%

Table 13: Affinity's QARR Behavioral Health Performance, MY 2019

Measure	Affinity MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	29	29
No Arrests in the Past Year	97	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	14 ▼	17
Stable Housing Status	93	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 14: Affinity's Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2020 Results

- Based on staff interview and review of the initial adverse determination notices, Affinity received a repeat citation regarding the failure of its delegates, DentaQuest and EviCore, to include instructions on how to initiate an external appeal. This was evident in 2 of 7 CHP pre-authorizations cases, 2 of 2 commercial/CHP standard appeals cases, and 2 of 2 commercial/CHP expedited appeal utilization review cases. Specifically, the notice did

not include the phone number that the enrollee may contact Affinity to request an external appeal application and instructions.

- Based on staff interview and review of the initial adverse determination (IAD) notices, Affinity, and its delegate, EviCore, failed to include the required timeframe to resolve an expedited appeal within 72 hours of receipt of request. This was evident in 2 of 7 CHP preauthorization utilization review cases reviewed.

Strengths, Opportunities for Improvement and Recommendations

Table 15: Affinity’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Affinity’s MY 2020 PIP passed PIP validation.			
PIP	Two (2) of 11 performance indicator rates exceeded the target rate between the baseline period and the remeasurement period.	X	X	
Performance Measures – General	Affinity met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	Although not statistically significant, Affinity’s rates were reported above the statewide average in MY 2020.	X		
Performance Measures – Acute and Chronic Care	Affinity reported MY 2020 rates for 4 measures related to diabetes care, asthma care, and hypertension that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	Affinity reported MY 2020 rates for 3 measures related to follow-up care after emergency department visit and diabetes screenings for members on antipsychotic medications that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR Behavioral Health	None.			
Compliance with Medicaid Standards	Affinity was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X
Opportunities for Improvement				
PIP	Nine (9) of 11 performance indicator rates did not meet the target rate between the baseline period and the remeasurement period.	X	X	
Performance Measures –	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Prevention and Screenings				
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Behavioral Health	Affinity reported a MY 2020 rate for 1 measure related to home and community based services that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Affinity reported MY 2020 rates for 2 measures related alcohol and substance abuse treatment that performed statistically lower than the statewide average.		X	X
Performance Measures – QARR Behavioral Health	Affinity reported a MY 2020 rate for 1 measure Home and Community Based Services that performed statistically lower than the statewide average.	X		
Compliance with Medicaid Standards	Affinity was in noncompliance with 42 CFR 438.228 during the MY 2020 operational review.	X	X	X
Recommendations				
PIP	As indicated in Affinity’s HARP PIP Interim 2 report, the findings demonstrate that the HARP population is not fully engaged in care and there is significant room for improvement in Follow-up after hospitalization. The MCP should continue with the changes put in place in October 2020 which includes improvements to member outreach initiatives and the creation of a monthly workgroup. The MCP should consider conducting a member satisfaction survey to determine additional barriers to members accessing Follow-up appointments.	X		
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	Affinity demonstrates an opportunity to improve members’ access to certain behavioral health services. In 2020, Affinity’s low rate of members accessing alcohol and drug abuse treatments might be directly affected by the low percentage of members being assessed for home and community-based services. Affinity	X		X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – QARR: Behavioral Health Performance Measures – Access to Other Services	should evaluate its current behavioral health case management program to evaluate member outreach and participation. Additionally, Affinity would benefit from evaluating its provider network to identify inadequacies that could be affecting members accessing substance abuse treatments. The MCP could assess if advancements in telehealth technologies would benefit these provider types and provide resources to support implementation.			
Compliance with Medicaid Standards	The MCP should investigate opportunities to ensure appeal policies and procedures are being followed by its delegates DentaQuest and EviCore.	X	X	X

Performance Improvement Project Findings

Table 16: CDPHP’s PIP Summary, MY 2020

CDPHP’s PIP Summary
<p>PIP Title: Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>CDPHP aims to conduct member education and implement an incentive program, support post-discharge visits, promote MAT, and use their regional health information organization (RHIO) to inform member outreach.</p> <p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Promoted bridge visits from local inpatient mental health facilities post-discharge. ▪ Case managers attended follow-up discharge appointments with members readmitted within 30 days. ▪ Educated readmitted members with the teach-back method. ▪ Offered \$50 gift card incentive to members who completed three continuous months of antipsychotics. ▪ Case managers discussed health home program benefits and provided warm handoffs to interested members. <p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Case managers requested that hospital staff offer medical assistance treatment (MAT) during utilization reviews and discharge planning. <p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Created a list received from the RHIO identifying members who visited the emergency department for a diagnosis of mental illness to inform member outreach.

Table 17: CDPHP's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	54% ²	65% ²	57%	66.51%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	77% ²	80% ²	73%	95.03%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	41%	42%	50%	50.16%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	61%	67%	70%	78.69%
HEDIS Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	31%	34%	26%	38.27%
HEDIS Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	38%	42%	37%	47.82%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	65%	71%	68%	85.09%
HEDIS Follow-up After High-Intensity Care for Substance Use Disorder – 7 Days	28% ²	38% ²	38%	29%
HEDIS Follow-up After High-Intensity Care for Substance Use Disorder – 30 Days	60% ²	72% ²	66%	60%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ³	19%	16%	Not Available ¹	16.25%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	Not Available	36%	42%	47.82%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	17%	17%	23.90%

¹ An enhanced rate was not available, and the plan chose not to report the unenhanced rate.

² OQPS Division of Quality Measurement enhanced rate.

³ Lower rate indicates better performance.

Performance Measures Findings

Table 18: CDPHP's QARR Performance, MY 2020

Domain/Measures	CDPHP MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	56	56
Cervical Cancer Screening	70	66
Chlamydia Screening (Ages 16-24 Years)	64	70
Colorectal Cancer Screening	59	55
Flu Shots for Adults (Ages 18-64 Years) ²	51	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	91	76
Asthma Medication Ratio (Ages 19-64 Years) ³	52 ▲	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	44	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	75	59
Comprehensive Diabetes Care – Eye Exam Performed ³	55	54
Comprehensive Diabetes Care – HbA1c Testing ³	83	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	56	48
Controlling High Blood Pressure ³	73 ▲	60
HIV Viral Load Suppression ¹	84 ▲	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	83	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	69	70
Smoking Cessation Medications ²	73	75
Smoking Cessation Strategies ²	66	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	23	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	83	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	64	64
Statin Therapy for Patients with Diabetes – Statin Received	65	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	66	65
Use of Imaging Studies for Low Back Pain	75	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	54	52
Antidepressant Medication Management – Effective Continuation Phase	40	39
Antipsychotic Medications for Schizophrenia	72	69

Domain/Measures	CDPHP MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Small Sample	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	73	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medicationss	79	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	26	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	38	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	48	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	70	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	40	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	72	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	63	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	83	77
Pharmacotherapy for Opioid Use Disorder	34	37
Risk of Continued Opioid Use – 15 Days	13	12
Risk of Continued Opioid Use – 31 Days	6	9
Use of Opioids at High Dosage	9	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	92	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	94	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	94	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	47 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	20	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Timeliness of Prenatal Care ³	95 ▲	79
Postpartum Care ³	74	65
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 19: CDPHP’s QARR Perinatal Care Rates, MY 2019

Region/Measures	CDPHP MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	43%	69%
Vaginal Birth After Cesarean	0%	10%
Rest of State		
Prenatal Care in the First Trimester	75%	65%
Vaginal Birth After Cesarean	0%	14%

Table 20: CDPHP’s QARR Behavioral Health Rates, MY 2019

Measure	CDPHP MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	29	29
No Arrests in the Past Year	97	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	14 ▼	17
Stable Housing Status	93	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

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

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

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

Summary of MY 2019 Results

- Based on staff interview and review of the CHP IAD and final adverse determination (FAD) notices, CDPHP failed to ensure its delegate, Delta Dental, provided clinical rationale explanations that included the term “not medically necessary” or enrollee-specific information in 6 of 10 CHP pre-authorization cases.

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

Strengths, Opportunities for Improvement and Recommendations

Table 22: CDPHP’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	CDPHP’s Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	CDPHP’s MY 2020 PIP passed PIP validation.			
PIP	Two (2) of 11 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	CDPHP met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Although not statistically significant, CDPHP reported rates that met or exceeded the statewide averages in MY 2020.	X		
Performance Measures – Acute and Chronic Care	CDPHP reported MY 2020 rates for 3 measures related to respiratory conditions, diabetes care, hypertension and HIV that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	Although not statistically significant, CDPHP reported 10 rates that met or exceeded the statewide averages in MY 2020.	X		
Performance Measures – Access to Other Services	CDPHP reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than statewide average.		X	X
Performance Measures – QARR: Behavioral Health	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Compliance with Medicaid Standards	CDPHP was in compliance with 9 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X
Opportunities				
PIP	Nine (9) of 11 performance indicator rates did not meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures– Prevention and Screening	None.			
Performance Measures– Acute and Chronic Care	None.			
Performance Measures– Effectiveness of Care: Behavioral Health	None.			
Performance Measures– Access to Other Services	CDPHP reported a MY 2020 rate for 1 measure related to drug dependence treatment that performed statistically lower than the statewide average.			X
Performance Measures– QARR: Behavioral Health	CDPHP reported a MY 2020 rate for 1 measure related home and community-based services that performed statistically lower than the statewide average.	X	X	
Compliance with Medicaid Standards	CDPHP was in noncompliance with 42 CFR 438.206 and 438.228 during the MY 2020 operational survey.	X	X	X
Recommendations				
PIP	CDPHP should continue conducting routine evaluations of the interventions associated with the 2019-2021 PIP. As indicated in the HARP PIP interim 2 report, the MCP has made multiple changes to data collection processes including supplementing manual reporting rates with HEDIS data, revising intervention tracking methods, and updates to data collection software. The MCP should also consider conducting member satisfaction surveys to identify additional barriers to members accessing Follow-up care.	X		
Performance Measures–	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Prevention and Screening				
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	None.			
Performance Measures - Access to Other Services Performance Measures – QARR: Behavioral Health	CDPHP demonstrates an opportunity to improve members’ access to certain behavioral health services. In 2020, CDPHP’s low rate of members accessing alcohol and drug abuse treatments could be directly affected by the low percentage of members being assessed for home and community-based services. CDPHP should evaluate its current behavioral health case management program to evaluate member outreach and participation. Additionally, CDPHP would benefit from evaluating its provider network to identify inadequacies that could be affecting members accessing substance abuse treatments. The MCP could assess if advancements in telehealth technologies would benefit these provider types and provide resources to support implementation.	X		X
Compliance with Medicaid Standards	The MCP should investigate opportunities to improve the areas in which noncompliance was identified and routinely monitor the effectiveness of the interventions to ensure full compliance achieved during the next compliance review.	X	X	X

Empire BCBS HealthPlus

Performance Improvement Project Findings

Table 23: Empire BCBS HealthPlus’s PIP Summary, MY 2020

Empire BCBS HealthPlus’ PIP Summary
<p>PIP Title: HARP Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Empire BCBS HealthPlus aims to implement real-time data collection, obtain RHIO consent, collaborate with providers to facilitate robust discharge planning, increase inpatient providers using MAT, and increase prescription adherence.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Identified members that kept their 7-day post-discharge appointment through claims reports.▪ Utilized the SICONNECT (Staten Island Hospital’s discharge resource system) to ensure resources were utilized by members seven days post-discharge.▪ Reminded members to fill/refill medications and addressed any barriers to prescription filling through telephonic outreach by case managers.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Identified facilities that were underperforming in Discharge Action Plan (DAP) completion and provided them with the areas of deficiency of their DAPs.▪ Contacted aftercare providers pre-discharge to confirm member’s discharge plan.▪ Collaborated with inpatient and outpatient providers to encourage members to consent to case coordination.▪ Educated providers on the benefits of MAT in a training offered via telephone or email.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Utilized real-time emergency room reports, claims reports, and CPEP notifications to identify FUM/FUAs events for timely case coordination outreach.

Table 24: Empire BCBS HealthPlus’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	50.63%	54.49%	Not Available ¹	66.6%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	66.55%	74.40%	Not Available ¹	80.6%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	64.21%	72.10%	Not Available ¹	75.2%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	80.88%	84.35%	Not Available ¹	86.8%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	26.27%	24.32%	Not Available ¹	36.2%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	32.97%	31.08%	Not Available ¹	43.9%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	68.8%	71.64%	68.91% ²	72.8%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	26.2%	43.13%	Not Available ¹	46.2%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	53.5%	72.6%	Not Available ¹	76.5%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ³	16.94%	19.4%	Not Available ¹	15.5%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	32.24%	36.18%	43.23% ²	40.2%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	10.41%	14.99%	25.63% ²	18.4%

¹ An enhanced rate was not available, and the plan chose not to report the unenhanced rate.

² Reflects preliminary data.

³ Lower rate indicates better performance.

Performance Measures Findings

Table 25: Empire BCBS HealthPlus's QARR Performance, MY 2020

Domain/Measures	Empire BCBS HealthPlus MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	55	56
Cervical Cancer Screening	62	66
Chlamydia Screening (Ages 16-24 Years)	78	70
Colorectal Cancer Screening	55	55
Flu Shots for Adults (Ages 18-64 Years) ²	45 ▼	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	74	76
Asthma Medication Ratio (Ages 19-64 Years) ³	42	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	40	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	50	59
Comprehensive Diabetes Care – Eye Exam Performed ³	47 ▼	54
Comprehensive Diabetes Care – HbA1c Testing ³	82	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	42 ▼	48
Controlling High Blood Pressure ³	47 ▼	60
HIV Viral Load Suppression ¹	63	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	89	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	65	70
Smoking Cessation Medications ²	70	75
Smoking Cessation Strategies ²	68	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	45 ▲	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	78	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	56	64
Statin Therapy for Patients with Diabetes – Statin Received	66	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	61	65
Use of Imaging Studies for Low Back Pain	89	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	48	52
Antidepressant Medication Management – Effective Continuation Phase	37	39
Antipsychotic Medications for Schizophrenia	69	69

Domain/Measures	Empire BCBS HealthPlus MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	74	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	70	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	77	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	24 ▼	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	30 ▼	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	68 ▲	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	79 ▲	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	47	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	77	74
Follow-Up After Hospitalization for Mental Illness— 7 Days	57	57
Follow-Up After Hospitalization for Mental Illness— 30 Days	74	77
Pharmacotherapy for Opioid Use Disorder	35	37
Risk of Continued Opioid Use – 15 Days	9	12
Risk of Continued Opioid Use – 31 Days	6	9
Use of Opioids at High Dosage	15 ▼	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	88	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	93	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	90	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	52 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	18 ▼	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Timeliness of Prenatal Care ³	83	79
Postpartum Care ³	65	65
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹NYS specific measure

² MY 2019 Adult CAHPS measure

³Measure included in the NYS Quality Strategy

Table 26: Empire BCBS HealthPlus’s QARR Perinatal Care Rates, MY 2019

Region/Measures	Empire BCBS HealthPlus MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	66%	69%
Vaginal Birth After Cesarean	17%	10%
Rest of State		
Prenatal Care in the First Trimester	100%	65%
Vaginal Birth After Cesarean	No Data to Report	14%

Table 27: Empire BCBS HealthPlus’s QARR Behavioral Health Rates, MY 2019

Measure	Empire BCBS HealthPlus MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	27	29
No Arrests in the Past Year	97	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	16	17
Stable Housing Status	91	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 28: Empire BCBS HealthPlus’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

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

Strengths, Opportunities for Improvement and Recommendations

Table 29: Empire BCBS HealthPlus’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	Empire BCBS HealthPlus’s Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	Empire BCBS HealthPlus’s MY 2020 PIP passed PIP validation.			
PIP	Two (2) of 11 performance indicator rates had an improvement between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Empire BCBS HealthPlus met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	Empire BCBS HealthPlus reported a MY 2020 rate for 1 measure related to COPD that performed statistically better than the statewide average.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	Empire BCBS HealthPlus reported MY 2020 rates for 2 measures related to emergency room follow-up care that performed statistically better than the statewide average.	X	X	
Performance Measures - Access to Other Services	Although not statistically significant, Empire BCBS HealthPlus reported MY 2020 rates for 3 measures that met or exceeded the statewide averages.	X		
Performance Measures – QARR: Behavioral Health	Although not statistically significant, Empire BCBS HealthPlus reported a MY 2020 rate for 1 measure that met the statewide average.	X		
Compliance with Medicaid Standards	Empire BCBS HealthPlus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP	None of the MY 2020 remeasurement rates met the target rate.	X	X	
Performance Measures – Prevention and Screening	Empire BCBS HealthPlus reported a MY 2020 rate for 1 measure related to immunizations that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Empire BCBS HealthPlus reported MY 2020 rates for 3 measures related to diabetes care and hypertension that performed statistically lower than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	Empire BCBS HealthPlus reported MY 2020 rates for 3 measures related to emergency room follow-up care and opioid use that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	Empire BCBS HealthPlus reported MY 2020 rates for 2 measures related to alcohol and substance abuse treatment that performed statistically lower than the statewide average.	X	X	X
Performance Measures – QARR: Behavioral Health	Although not statistically significant, Empire BCBS HealthPlus reported MY 2020 rates for 3 measures that below the statewide averages.	X		
Compliance with Medicaid Standards	Empire BCBS HealthPlus was in noncompliance with CFR 438.214 during the MY 2019 operational survey.	X	X	X
Recommendations				
PIP	The MCP demonstrates an opportunity for improvement with members accessing alcohol and other drug abuse treatment. This could be directly affected by the low performing PIP interventions targeting the Follow-up after ED visit for alcohol and other drug dependence indicator. The MCP should consider routinely investigating the barriers to members accessing behavioral health services. The MCP should also consider implementing changes to the data collection process to improve inaccurate and inconsistent data received from other resources.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve adults receiving the flu immunization.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes and hypertension.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures– Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to improve follow-up care for members with substance abuse disorders.	X	X	
Performance Measures– Access to Other Services	The MCP should investigate opportunities to improve members access to alcohol and substance abuse treatments.	X	X	X
Performance Measures– QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X

Excellus

Performance Improvement Project Findings

Table 30: Excellus’s PIP Summary, MY 2020

Excellus Health Plan’s PIP Summary
<p>PIP Title: Transitions of Care Improvement for Mental Health and Substance Use Services</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Excellus aims to implement telephonic outreach within three business days of discharge from inpatient mental health services and within five business days from inpatient substance use services, implement timely notification of members’ emergency department discharges for mental health or substance use, and identify key barriers in the inpatient and emergency department discharges process.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Outreached to members to discuss transition process expectations within three business days post-discharge for mental health and seven business days for substance use.▪ Outreached to members with emergency department discharges within two business days post-discharge.▪ Members with an emergency room primary substance use diagnoses and no health home enrollment were linked to an OASAS peer engagement specialist.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Enhanced the identification process for members at-risk for readmission.▪ Developed and implemented a clinical bridge program.▪ Conducted targeted medical record reviews for members non-compliant for 7-day and 30-day follow-up care post discharge to verify barriers to treatment.

Table 31: Excellus’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	51.02%	58.75%	Not Available ¹	59.1%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	77.14%	77.15%	Not Available ¹	89.3%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	49.42%	76.09%	Not Available ¹	57.21%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	73.44%	86.76%	Not Available ¹	85%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	18.86%	35.34%	Not Available ¹	21.8%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	28.42%	45.30%	Not Available ¹	32.9%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	68%	69.33%	Not Available ¹	78.7%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	35.9%	59.53%	Not Available ¹	41.6%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	64.3%	81.72%	Not Available ¹	74.4%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	14.12%	14.75%	Not Available ¹	16.3%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	34.85%	39.01%	Not Available ¹	43%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	18.73%	19.25%	Not Available ¹	21.2%

¹ An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

² Lower rate indicates better performance.

Performance Measures Findings

Table 32: Excellus’s QARR Performance, MY 2020

Domain/Measures	Excellus MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	58	56
Cervical Cancer Screening	65	66
Chlamydia Screening (Ages 16-24 Years)	61	70
Colorectal Cancer Screening	57	55
Flu Shots for Adults (Ages 18-64 Years) ²	52	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	90	76
Asthma Medication Ratio (Ages 19-64 Years) ³	49 ▲	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	49	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	67	59
Comprehensive Diabetes Care – Eye Exam Performed ³	64 ▲	54
Comprehensive Diabetes Care – HbA1c Testing ³	85	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	52	48
Controlling High Blood Pressure ³	56	60
HIV Viral Load Suppression ¹	77 ▲	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	93	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	82 ▲	70
Smoking Cessation Medications ²	83 ▲	75
Smoking Cessation Strategies ²	71	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	22	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	83	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	73	64
Statin Therapy for Patients with Diabetes – Statin Received	70 ▲	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	70	65
Use of Imaging Studies for Low Back Pain	76	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	50	52
Antidepressant Medication Management – Effective Continuation Phase	37	39
Antipsychotic Medications for Schizophrenia	72	69

Domain/Measures	Excellus MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	SS	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	60 ▼	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	75	77
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	35 ▲	30
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	47 ▲	39
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	53	51
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	76 ▲	69
Follow-Up After Hospitalization for Mental Illness – 7 Days	57 ▲	44
Follow-Up After Hospitalization for Mental Illness – 30 Days	81 ▲	74
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	61	57
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	80	77
Pharmacotherapy for Opioid Use Disorder	40	37
Risk of Continued Opioid Use – 15 Days	9 ▼	12
Risk of Continued Opioid Use – 31 Days	6 ▼	9
Use of Opioids at High Dosage	6 ▲	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	92	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	94	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	100	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	48 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	23	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	62	65
Timeliness of Prenatal Care ³	87	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 33: Excellus’s QARR Perinatal Care Rates, MY 2019

Region/Measures	Excellus MY 2019	HARP Regional Average MY 2019
Rest of State		
Prenatal Care in the First Trimester	62%	65%
Vaginal Birth After Cesarean	12%	14%

Table 34: Excellus’ QARR Behavioral Health Rates, MY 2019

Measure	Excellus MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	31	29
No Arrests in the Past Year	95	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	17	17
Stable Housing Status	98 ▲	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 35: Excellus’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

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

Strengths, Opportunities for Improvement and Recommendations

Table 36: Excellus’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	Excellus’s Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	Excellus’s MY 2020 PIP passed PIP validation.			
PIP	Five (5) of the 11 performance indicator rates exceeded target rates between the baseline period and the MY 2019 remeasurement period.	X	X	
Performance Measures– General	Excellus met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures– Prevention and Screenings	Although not statistically significant, Excellus reported MY 2020 rates for 3 measures that met or exceeded the statewide average.	X		
Performance Measures– Acute and Chronic Care	Excellus reported MY 2020 rates for 6 measures related to respiratory care, diabetes care, COPD, smoking cessation, and statin therapy that performed statistically better than the statewide average.	X	X	
Performance Measures– Effectiveness of Care: Behavioral Health	Excellus reported MY 2020 rates for 8 measures related to emergency room follow-up care for substance abuse, and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures– Access to Other Services	Excellus reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically better than statewide average.		X	X
Performance Measures– QARR: Behavioral Health	Excellus reported a MY 2020 rate for 1 measure related to Stable Housing Status that performed statistically better than statewide average.	X		
Compliance with Medicaid Standards	Excellus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	Six (6) of the 11 performance indicator rates did not meet target rates between the baseline period and the MY 2019 remeasurement period. There were no MY 2020 rates available.	X	X	
Performance Measures–	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Prevention and Screenings				
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	Excelsus reported a MY 2020 rate for 1 measure related to diabetes monitoring for people with Schizophrenia that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Excelsus reported a MY 2020 rates for 1 measure related to drug dependence treatment that performed statistically lower than the statewide average.	X	X	X
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	Excelsus was in noncompliance with CFR 438.228 during the MY 2019 operational survey.	X	X	X
Recommendations				
PIP	The MCP demonstrates an opportunity for improvement regarding the 2019-2021 PIP indicators. As indicated in the HARP PIP Interim Year 2 report, Covid-19 contributed negatively or restricted several interventions to achieve full impact as originally planned. The MCP should consider routinely investigating the barriers to members accessing behavioral health services. The MCP should also consider implementing changes to the data collection process to improve inaccurate and inconsistent data received from Health Homes.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to improve the health of diabetic members with Schizophrenia.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to alcohol and other drug abuse treatments.	X		X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X

Fidelis Care

Performance Improvement Project Findings

Table 37: Fidelis Care’s PIP Summary, MY 2020

Fidelis Care’s PIP Summary
<p>PIP Title: Improving HARP Behavioral Health Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Fidelis aims to improve the discharge process, facilitate communication between the inpatient and outpatient settings, and ensure medication adherence.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Identified new high-risk members monthly and instructed these members on how to contact the HARP case management department and educated them on the benefits of the card accompany the member card and requesting that they always carry it with them.▪ Identified newly enrolled members with diagnoses of opioid dependence diagnosis or alcohol abuse or dependence disorder and educated them on the benefits of MAT and giving them the contact of their HARP case management to discuss any questions.▪ Conducted followed-up calls to high-risk members to conduct needs assessments and to provide education on the benefit package and how to access services.▪ Implemented a member incentive initiative to improve follow-up care for emergency department visits and inpatient stays related to mental illness and substance and alcohol abuse.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Informed high-volume outpatient substance abuse treatment provides of the availability and benefits of MAT.▪ Provided high-volume behavioral health inpatient and emergency department facilities a 6-panel pamphlet on the importance of care transition planning and how Fidelis can be used to support the transition process.▪ Engaged with providers to identify opportunities to collaborate and to generate ideas on how to improve the care transition process.▪ Provided health homes with real-time notifications of member emergency department visits and encouraged the provider to reach out to the member and/or to meet the member at the emergency room facility.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Conducted weekly interdisciplinary rounds to review high-risk members actively admitted in a behavioral health emergency department or inpatient setting and members in a 30-day readmission.▪ Daily reports of rejected psychotropic medication claims were utilized by the MCP’s pharmacy team to collaborate with prescribers, pharmacists, and the members around appropriate medication treatment.▪ Maintained the expedited process for referring members to health homes.

Table 38: Fidelis Care’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	59.87%	59.34%	Not Available ¹	63.87%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	78.54%	79.19%	Not Available ¹	82.54%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	64.4%	63.4%	Not Available ¹	67.4%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	78.9%	77.6%	Not Available ¹	81.9%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	34.3%	34.7%	Not Available ¹	36.3%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	43.0%	44.4%	Not Available ¹	45.0%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	65.7%	66.9%	Not Available ¹	68.7%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	29.1%	41.26%	Not Available ¹	32.1%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	58.9%	74.78%	Not Available ¹	61.9%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	17.55%	16.99%	Not Available ¹	17.9%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	36.2%	36.6%	Not Available ¹	39.2%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	16.7%	17.7%	Not Available ¹	19.7%

¹ An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

² Lower rate indicates better performance.

Performance Measures Findings

Table 39: Fidelis Care's QARR Performance, MY 2020

Domain/Measures	Fidelis Care's MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	54 ▼	56
Cervical Cancer Screening	68	66
Chlamydia Screening (Ages 16-24 Years)	69	70
Colorectal Cancer Screening	51	55
Flu Shots for Adults (Ages 18-64 Years) ²	56	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	77	76
Asthma Medication Ratio (Ages 19-64 Years) ³	40	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	60	59
Comprehensive Diabetes Care – Eye Exam Performed ³	56	54
Comprehensive Diabetes Care – HbA1c Testing ³	82	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	48	48
Controlling High Blood Pressure ³	59	60
HIV Viral Load Suppression ¹	69	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	88	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	74 ▲	70
Smoking Cessation Medications ²	83 ▲	75
Smoking Cessation Strategies ²	74	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	30	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	78	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	64	64
Statin Therapy for Patients with Diabetes – Statin Received	66	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	64	65
Use of Imaging Studies for Low Back Pain	75	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	54 ▲	52
Antidepressant Medication Management – Effective Continuation Phase	40	39
Antipsychotic Medications for Schizophrenia	69	69

Domain/Measures	Fidelis Care's MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	80	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	72	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	77	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	34 ▲	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	42 ▲	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	59 ▲	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	75 ▲	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	43	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	73	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	59	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	79	77
Pharmacotherapy for Opioid Use Disorder	42 ▲	37
Risk of Continued Opioid Use – 15 Days	12	12
Risk of Continued Opioid Use – 31 Days	9	9
Use of Opioids at High Dosage	8	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	90	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	94	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	95	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	63 ▲	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	27 ▲	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Timeliness of Prenatal Care ³	80	79
Postpartum Care ³	67	65
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 40: Fidelis Care’s QARR Perinatal Care Rates, MY 2019

Measure	Fidelis Care MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	69%	69%
Vaginal Birth After Cesarean	8%	10%
Rest of State		
Prenatal Care in the First Trimester	65%	65%
Vaginal Birth After Cesarean	12%	14%

Table 41: Fidelis Care’s QARR Behavioral Health Rates, MY 2019

Measure	Fidelis Care MY 2019	HARP Statewide Average MY 2020
Employed, Seeking Employment or Enrolled in a Formal Education Program	28	29
No Arrests in the Past Year	95 ▼	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	16 ▼	17
Stable Housing Status	94 ▲	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 42: Fidelis’s Operational Survey Results, MY 2019 and MY 2020

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

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

Strengths, Opportunities for Improvement and Recommendations

Table 43: Fidelis Care’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Fidelis Care’s MY 2020 PIP passed PIP validation.			
PIP	Ten (10) of 12 performance indicator rates had an improvement in rates between the baseline period and the MY 2019 remeasurement period.	X	X	
Performance Measures– General	Fidelis Care met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures– Prevention and Screenings	Although not statistically significant, Fidelis Care reported MY 2020 rates for 2 measures that met or exceeded the statewide averages.	X		
Performance Measures– Acute and Chronic Care	Fidelis Care reported MY 2020 rates for 2 measures related to COPD and smoking cessation that performed statistically better than the statewide average.	X	X	
Performance Measures– Effectiveness of Care: Behavioral Health	Fidelis Care reported MY 2020 rates for 7 measures related to antidepressant medication management, follow-up care, and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures– Access to Other Services	Fidelis Care reported MY 2020 rates for 2 measures related to substance abuse treatment that performed statistically better than statewide average.		X	X
Performance Measures– QARR: Behavioral Health	Fidelis Care reported a MY 2020 rate for 1 measure related to housing status that performed statistically better than statewide average.	X		
Compliance with Medicaid Standards	Fidelis Care was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Opportunities for Improvement				
PIP	Five (5) performance indicator rates did not meet the target rate between the baseline period and the MY 2019 remeasurement period. There were no MY 2020 rates available.	X	X	
Performance Measures– Prevention and Screening	Fidelis Care reported a MY 2020 rate for 1 measure related to breast cancer screening that performed statistically lower than the statewide average.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	None.			
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	Fidelis Care reported a MY 2020 rate for 1 measure related to home and community-based services that performed statistically lower than the statewide average.	X	X	
Compliance with Medicaid Standards	None.			
Recommendations				
PIP	Regarding the Fidelis’ 2019-2021 PIP, the MCP indicated in the HARP PIP Interim 2 report there was a decline in performance for half of the follow-up measures. The MCP believes this is due to the COVID pandemic, as many of the interventions were put on hold in 2020 to support members and providers through the pandemic. The MCP should consider routinely investigating the barriers to members accessing behavioral health services. The MCP should also consider implementing changes to the PIP data collection process to improve inaccurate and inconsistent data received from providers.	X		
Performance Measures – Prevention and Screening	The MCP should continue interventions implemented to improve members accessing breast cancer screenings.	X		X
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	None.			
Performance Measures – Access to Other Services	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – QARR: Behavioral Health	The MCP should investigate opportunities to improve members access to home and community-based services.	X		X
Compliance with Medicaid Standards	None.			

Performance Improvement Project Findings

Table 44: Healthfirst's PIP Summary, MY 2020

Healthfirst's PIP Summary
<p>PIP Title: Improving Care Transitions for HARP Behavioral Health High Utilizers</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Healthfirst aims to enhance care coordination and discharge planning with inpatient detox and rehab facilities, increase the number of HARP members enrolled in a health home after an inpatient admission or emergency room visit for behavioral health, and create an information gathering process to support member outreach initiatives.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Conducted targeted education for members identified as non-compliant for appropriate medication management.Conducted member outreach within two business days of emergency department discharge for mental illness or substance abuse.Facilitated member health home enrollment post-discharge.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Conducted case shaping calls with facility staff.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">Case management agencies received notifications from the MCP when a client of the case management agency was identified as having an emergency department event or inpatient stay related to mental illness or substance abuse.

Table 45: Healthfirst’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	73.43% ¹	69.40% ¹	63.63%	76%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	86.40% ¹	84.03% ¹	77.28%	89%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	64.76% ¹	37.61% ¹	38.3%	68%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	78.88% ¹	61.41% ¹	57.86%	83%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	30.43% ¹	27.03% ¹	25.54%	32%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	38.19% ¹	34.61% ¹	32.8%	40%
HEDIS Adherence to antipsychotic medications for individuals with schizophrenia	67.12% ¹	68.07% ¹	66.12%	70%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	26.70% ¹	36.74% ¹	30.86%	28%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	54.30% ¹	69.56% ¹	52.77%	57%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	19.88% ¹	18.65% ¹	Not Available	21%
HEDIS Initiation of pharmacotherapy upon new episode of opioid dependence	27.62%	27.17%	29.43%	29%
HEDIS Use of pharmacotherapy for alcohol abuse or dependence	11.04%	13.04%	13.25%	12%

¹ OQPS Division of Quality Measurement enhanced rate.

² Lower rate indicates better performance.

Performance Measures Findings

Table 46: Healthfirst’s QARR Performance, MY 2020

Domain/Measures	Healthfirst MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	61 ▲	56
Cervical Cancer Screening	68	66
Chlamydia Screening (Ages 16-24 Years)	69	70
Colorectal Cancer Screening	62	55
Flu Shots for Adults (Ages 18-64 Years) ²	48	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	74	76
Asthma Medication Ratio (Ages 19-64 Years) ³	35 ▼	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	43	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	56	59
Comprehensive Diabetes Care – Eye Exam Performed ³	54	54
Comprehensive Diabetes Care – HbA1c Testing ³	84	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	44	48
Controlling High Blood Pressure ³	63	60
HIV Viral Load Suppression ¹	63	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	86	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	63 ▼	70
Smoking Cessation Medications ²	77	75
Smoking Cessation Strategies ²	72	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	38 ▲	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	80	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	63	64
Statin Therapy for Patients with Diabetes – Statin Received	68	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	66	65
Use of Imaging Studies for Low Back Pain	89	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	51	52
Antidepressant Medication Management – Effective Continuation Phase	38	39
Antipsychotic Medications for Schizophrenia	68	69

Domain/Measures	Healthfirst MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	81	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	74	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	78	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	27 ▼	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	34 ▼	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	41 ▼	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	61 ▼	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	39 ▼	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	71 ▼	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	67 ▲	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	82 ▲	77
Pharmacotherapy for Opioid Use Disorder	32 ▼	37
Risk of Continued Opioid Use – 15 Days	10 ▼	12
Risk of Continued Opioid Use – 31 Days	8	9
Use of Opioids at High Dosage	11 ▼	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	89	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	95	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	94	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	54 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	18 ▼	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Timeliness of Prenatal Care ³	78	79
Postpartum Care ³	63	65
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 47: Healthfirst’s QARR Perinatal Care Rates, MY 2019

Region/Measures	Healthfirst MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	66%	69%
Vaginal Birth After Cesarean	16%	10%
Rest of State		
Prenatal Care in the First Trimester	47%	65%
Vaginal Birth After Cesarean	25%	14%

Table 48: Healthfirst’s QARR Behavioral Health Rates, MY 2019

Measure	Healthfirst MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	27	29
No Arrests in the Past Year	97 ▲	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	20 ▲	17
Stable Housing Status	90 ▼	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 49: Healthfirst’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

- Based on staff interview and record review of the commercial/CHP standard utilization review appeals, Healthfirst and its delegate, DentaQuest, failed to send the member a written acknowledgment letter after filing for an appeal. This was evident in 4 of 10 commercial standard appeal cases reviewed.
- Based on staff interview and record review, Healthfirst failed to ensure that acknowledgement notices for Medicaid complaints were sent to the members timely. This was evident for 3 of 22 cases. Healthfirst staff stated that they had staffing and computer systems issues.
- Based on staff interview and record review, the Healthfirst failed to ensure that Medicaid Complaints resolution notices were sent to the members timely, according to regulatory guidance. This was evident for 3 of 22 cases. Healthfirst staff stated they had staffing and computer system issues.
- Based on staff interview and record review, Healthfirst failed to ensure that a DentaQuest commercial complaint appeal resolution notice was sent timely, in accordance with the regulatory guidance. Specifically, on July 27, 2018, a complaint appeal was filed with the MCP. The “Child HealthPlus Appeal of Complaint Resolution Notice” was dated November 7, 2018. This was evident in 1 of 2 cases. Healthfirst staff stated they had staffing and computer system issues.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst failed to provide adequate oversight of delegated management functions (utilization review), by allowing an unregistered utilization review agent, Prest and Associates, to perform utilization review on behalf of Healthfirst.
- Based on staff interview and record review of the final adverse determination notice, Healthfirst and its delegate, Orthonet, did not provide phone notice to the member and the provider, that additional information was needed to make a determination. This was evident in 3 out of 11 Medicaid expedited appeal cases.
- Based on staff interview and record review of the Medicaid expedited appeals, Healthfirst did not issue the final adverse determination notice within 24 hours of the determination to the member. This was evident in 3 of 11 Medicaid expedited appeal cases.
- Based on record review and staff interview, Healthfirst failed to ensure that a written acknowledgement notice was sent to a member. Specifically, on July 27, 2018, a complaint was filed with the MCP. There was no evidence of an acknowledgement notice provided. This was evident in 2 of 2 DentaQuest commercial complaint appeal cases.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated the utilization review activities for behavioral health benefits to an organization identified as Prest and Associates. This organization was not a registered utilization review agent approved by the DOH at the time of the determination.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated a management function (utilization review), to Prest and Associates without submitting a management services contract to the DOH for prior approval.
- Based on staff interview and record review, the Healthfirst failed to ensure that commercial grievance resolution notices for denial of non-covered benefits were sent to the members timely, in accordance with the regulatory guidance. This was evident for 5 of 35 cases.

Strengths, Opportunities for Improvement and Recommendations

Table 50: Healthfirst’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Healthfirst’s MY 2020 PIP passed PIP validation.			
PIP	Two (2) of 11 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Healthfirst met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	Healthfirst reported a MY 2020 rate for 1 measure related to breast cancer screenings that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	Healthfirst reported a MY 2020 rate for 1 measure related COPD that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	Healthfirst reported MY 2020 rates for 2 measures related to follow-up care after hospitalization and risk of continued use of opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	Healthfirst reported a MY 2020 rate for 1 measure related to home/community-based services that performed statistically better than the statewide average.	X		
Compliance with Medicaid Standards	Healthfirst was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	Nine (9) performance indicator rates did not meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	Healthfirst reported MY 2020 rates for 2 measures related to asthma medication and COPD that performed statistically lower than the statewide average.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Effectiveness of Care: Behavioral Health	Healthfirst reported MY 2020 rates for 8 measures related to follow-up care and opioid use that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Healthfirst reported MY 2020 rates for 2 measures related to alcohol and other drug abuse treatment that performed statistically lower than the statewide average.	X		X
Performance Measures – QARR: Behavioral Health	Healthfirst reported a MY 2020 rate for 1 measure related to members’ access to stable housing that performed statistically lower than the statewide average.	X		
Compliance with Medicaid Standards	Healthfirst was in noncompliance with CFR 438.228 during the MY 2019 operational survey.	X	X	X
Recommendations				
PIP	As indicated in the MCP’s 2019-2021 HARP PIP Interim 2 report, COVID-19 had a significant impact on face-to-face services in the community, which made follow-up care after a hospitalization or Emergency Department visit challenging. Healthfirst should consider re-evaluating its current interventions to assist with these challenges. The MCP should consider conducting root cause analysis to identify barriers to members accessing follow-up appointments after an emergency department visit for mental illness or substance abuse. The MCP’s low rate of members having a stable housing status could be directly affecting members seeking follow-up care. Therefore, implementing interventions targeting the social determinants of health would be beneficial to members during the pandemic.	X		
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with asthma and COPD.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to improve follow-up care for members with mental illness and substance abuse disorders.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to alcohol and drug abuse treatments.	X		X
Performance Measures – QARR: Behavioral Health	The MCP should investigate opportunities to improve members access to stable housing options.	X	X	
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X

HIP

Performance Improvement Project Findings

Table 51: HIP's PIP Summary, MY 2020

HIP's PIP Summary
<p>PIP Title: Improve Performance of Care Transitions and Reducing Readmissions after an Emergency Department and/or Inpatient Hospitalization for a Psychiatric or Substance Use Related Condition.</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>HIP aims to establish robust partnerships with behavioral health vendors, Beacon Health Options and University Behavioral Associates, and high-volume provider groups including Advantage Case Physicians (ACPNY). HIP also aims to share data within the health home networks; provide training to health home staff, case management agencies, hospitals, community providers and members; and to connect members diagnosed with schizophrenia, cardiovascular conditions and/or diabetes to community primary care providers (PCPs).</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Conducted care transitions training sessions targeted at low performing hospitals, health homes, case management agencies, community mental health providers, and substance use providers.▪ Connected members and their families to the OASAS Family Support Navigator Program and/or to an OASAS peer engagement specialist.▪ Referred members to transportation resources.▪ Upon the event of a missed refill, education on the importance of medication adherence was conducted by telephone for the member.▪ Members with cardiovascular diseases, diabetes, and/or schizophrenia received educational outreach upon discharge from a hospital or facility for a psychiatric or substance use disorder.▪ ACPNY performed LDL-C and/or HbA1c screens for members discharged from the hospital or emergency department for mental illness and/or substance abuse.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Partnered with health home networks to coordinate care management for members discharged from the hospital or emergency department with a psychiatric or substance use condition.▪ Reminded providers on the importance of member compliance with appropriate medication management.▪ Issued alerts notifying health homes of member emergency department visits, admissions, and/or discharges.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Partnered with Beacon Health Options and University Behavioral Health Associates to capture percentage of supplemental data/charts submitted to the plan's Quality Department.▪ Partnered with ACPNY to ensure members within their network, discharged from the hospital/emergency department with an opioid diagnosis receives immediate referral to outpatient MAT.

Table 52: HIP’s PIP Indicator Performance

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	48.80% ¹	44.91% ¹	Not Available ²	52.90%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	72.65% ¹	71.31% ¹	Not Available ²	74.26%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	61.42% ¹	60.99% ¹	Not Available ²	68.18%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	76.85% ¹	77.75% ¹	Not Available ²	81.82%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	27.58% ¹	26.16% ¹	Not Available ²	30.89%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	36.21% ¹	34.23% ¹	Not Available ²	38.89%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	65.08%	65.76%	68.32% ³	70.32%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	21.70% ¹	38.33% ¹	Not Available ²	41.90%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	49.25% ¹	65.31% ¹	Not Available ²	67.20%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ⁴	16.53%	16.72%	Not Available	12.81%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	29.86%	32.45%	35.05% ³	45.67%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	14.99%	14.67%	15.01% ³	17.04%

¹ OQPS Division of Quality Measurement enhanced rate.

² An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

³ Reflects preliminary data.

⁴ Lower rate indicates better performance.

Performance Measures Findings

Table 53: HIP's QARR Performance, MY 2020

Domain/Measures	HIP MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	54	56
Cervical Cancer Screening	58 ▼	66
Chlamydia Screening (Ages 16-24 Years)	77	70
Colorectal Cancer Screening	49	55
Flu Shots for Adults (Ages 18-64 Years) ²	57	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	67	76
Asthma Medication Ratio (Ages 19-64 Years) ³	53 ▲	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	31	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	54	59
Comprehensive Diabetes Care – Eye Exam Performed ³	50	54
Comprehensive Diabetes Care – HbA1c Testing ³	83	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	42 ▼	48
Controlling High Blood Pressure ³	57	60
HIV Viral Load Suppression ¹	63	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	55	85
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	91	88
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	56	70
Smoking Cessation Medications ²	70	75
Smoking Cessation Strategies ²	64	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	29	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	76	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	66	64
Statin Therapy for Patients with Diabetes – Statin Received	66	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	62	65
Use of Imaging Studies for Low Back Pain	85	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	52	52
Antidepressant Medication Management – Effective Continuation Phase	38	39

Domain/Measures	HIP MY 2020	HARP Statewide Average MY 2020
Antipsychotic Medications for Schizophrenia	71	69
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	SS	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	69	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	69 ▼	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	26	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	39	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	52	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	69	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	35 ▼	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	68	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	48 ▼	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	69 ▼	77
Pharmacotherapy for Opioid Use Disorder	35	37
Risk of Continued Opioid Use – 15 Days	13	12
Risk of Continued Opioid Use – 31 Days	10	9
Use of Opioids at High Dosage	17 ▼	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	89	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	91	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	91	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	58	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	23	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	Small Sample	65
Timeliness of Prenatal Care ³	Small Sample	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹NYS specific measure

² MY 2019 Adult CAHPS measure

³Measure included in the NYS Quality Strategy

Table 54: HIP’s QARR Perinatal Care Rates, MY 2019

Region/Measures	HIP MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	79%	69%
Vaginal Birth After Cesarean	0%	10%
Rest of State		
Prenatal Care in the First Trimester	57%	65%

Table 55: HIP’s QARR Behavioral Health Rates, MY 2019

Measure	HIP MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	30	29
No Arrests in the Past Year	97	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	17	17
Stable Housing Status	95	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 56: HIP’s Operational Survey Results, MY 2019 and MY 2020

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

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

Strengths, Opportunities for Improvement and Recommendations

Table 57: HIP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	HIP's MY 2020 PIP passed PIP validation.			
PIP	Although none of the MY 2020 remeasurement rates met their target rates, 2 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures - General	HIP met all the requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	Although not statistically significant, HIP reported MY 2020 rates for 2 measures that met or exceeded the statewide average.	X		
Performance Measures – Acute and Chronic Care	HIP reported MY 2020 rates for 1 measure related to asthma medication that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	Although not statistically significant, HIP reported MY 2020 rates for 7 measures that met or exceeded the statewide average.	X		
Performance Measures – Access to Other Services	Although not statistically significant, HIP reported MY 2020 rates for 2 measures that met or exceeded the statewide average.	X		
Performance Measures – QARR: Behavioral Health	Although not statistically significant, HIP reported MY 2020 rates for 4 measures that met or exceeded the statewide average.	X		
Compliance with Medicaid Standards	HIP was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2020 operational review.	X	X	X
Opportunities for Improvement				
PIP	None of the MY 2020 remeasurement rates for the 11 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screening	HIP reported a MY 2020 rate for 1 measure related to cervical cancer screening that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	HIP reported a MY 2020 rate for 1 measure related to diabetes that performed statistically lower than the statewide average.	X	X	
Performance Measures – Effectiveness of	HIP reported MY 2020 rates for 5 measures related to diabetes screen for schizophrenia or bipolar disorder on antipsychotic medications, follow-up after high intensity care, follow-up	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Care: Behavioral Health	after hospitalization and opioid use and treatment that performed statistically lower than the statewide average.			
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	None.			
Recommendations				
PIP	The MCP demonstrates an opportunity to improve members accessing follow-up care after receiving behavioral health services. The MCP has implemented many interventions during the 2019-2021 PIP targeting these measures and should routinely evaluate if these interventions are effective in improving members access to follow-up care. The MCP should consider implementing changes to the data collection process to improve inaccurate and inconsistent data received from other resources.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve members accessing cervical cancer screening.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to improve follow-up care for members after hospitalization for mental illness and substance use disorders.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	None.			

IHA

Performance Improvement Project Findings

Table 58: IHA’s PIP Summary, MY 2020

IHA’s PIP Summary
<p>PIP Title: HARP Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>IHA aims to improve case management interventions, identify members eligible for services, and educate and encourage providers to utilize MAT.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Conducted HCBS assessments for eligible members.▪ Enrolled members in case management services through health homes and health home referrals.▪ Post-discharge member outreach was conducted by the Beacon Health Options’s case management team.▪ Followed-up with members discharged from rehab or a detox facility to verify that member was aware of the available MAT services.▪ Members identified as non-compliant for appropriate antipsychotic medication management were outreached to by Beach Health Options.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Providers were educated on available MAT services and were encouraged to offer these services to members.▪ Engaged with high-volume SUD facilities.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Evaluated barriers to executing effective case management for members identified as receiving behavioral health services.

Table 59: IHA’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	57.14% ¹	56.69% ¹	59.2%	63.4%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	84.87% ¹	81.9% ¹	82.5%	83.7%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	71.1%	51.8%	72%	80%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	80%	64.7%	80%	92%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	28.3%	24%	30.4%	33.3%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	36.7%	32.3%	42.4%	45%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	67.8%	67.4%	70.6%	71.1%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	37.9% ¹	41.41% ¹	48.9%	50%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	65.2% ¹	77.97% ¹	76.3%	78%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	11.11% ¹	13.79% ¹	13.3%	15%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	25.9%	29%	26.7%	53.6%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	18.3%	17.9%	20.6%	23.0%

¹ OQPS Division of Quality Measurement enhanced rate.

² Lower rate indicates better performance.

Performance Measures Findings

Table 60: IHA's QARR Performance, MY 2020

Domain/Measures	IHA MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	63 ▲	56
Cervical Cancer Screening	65	66
Chlamydia Screening (Ages 16-24 Years)	Small Sample	70
Colorectal Cancer Screening	56	55
Flu Shots for Adults (Ages 18-64 Years) ²	60 ▲	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	76	76
Asthma Medication Ratio (Ages 19-64 Years) ³	49	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	55	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	73	59
Comprehensive Diabetes Care – Eye Exam Performed ³	63 ▲	54
Comprehensive Diabetes Care – HbA1c Testing ³	87 ▲	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	62 ▲	48
Controlling High Blood Pressure ³	66 ▲	60
HIV Viral Load Suppression ¹	83 ▲	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	90	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	72	70
Smoking Cessation Medications ²	74	75
Smoking Cessation Strategies ²	55 ▼	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	23	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	84	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	70	64
Statin Therapy for Patients with Diabetes – Statin Received	70	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	74	65
Use of Imaging Studies for Low Back Pain	87	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	53	52
Antidepressant Medication Management – Effective Continuation Phase	43	39
Antipsychotic Medications for Schizophrenia	71	69

Domain/Measures	IHA MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Small Sample	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	74	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	75	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	34	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	47	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	76 ▲	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	85	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	59 ▲	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	85 ▲	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	63	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	91 ▲	77
Pharmacotherapy for Opioid Use Disorder	36	37
Risk of Continued Opioid Use – 15 Days	12	12
Risk of Continued Opioid Use – 31 Days	8	9
Use of Opioids at High Dosage	6	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	91	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	95	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	95	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	55	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	28	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	Small Sample	65
Timeliness of Prenatal Care ³	Small Sample	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 61: IHA’s QARR Perinatal Care Rates, MY 2019

Region/Measures	IHA MY 2019	HARP Regional Average MY 2019
Rest of State		
Prenatal Care in the First Trimester	71%	65%
Vaginal Birth After Cesarean	29%	14%

Table 62: IHA’s QARR Behavioral Health Rates, MY 2019

Measure	IHA MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	26	29
No Arrests in the Past Year	96	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	13 ▼	17
Stable Housing Status	98 ▲	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 63: IHA’s Operational Survey Results, MY 2019 and MY 2020

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

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

Strengths, Opportunities for Improvement and Recommendations

Table 64: IHA’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	IHA’s MY 2020 PIP passed PIP validation.			
PIP	Although none of the MY 2020 remeasurement rates met their target rates, 9 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures - General	IHA met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screening	IHA reported MY 2020 rates for 2 measures related to breast cancer screening and flu shots that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	IHA reported MY 2020 rates for 4 measures related to diabetes, hypertension, and HIV that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	IHA reported MY 2020 rates for 5 measures related to follow-care after emergency room care for substance abuse and mental illness, and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	IHA reported a MY 2020 rate for 1 measure related to stable housing status that performed statistically better than the statewide average.	X		
Compliance with Medicaid Standards	IHA was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Opportunities for Improvement				
PIP	None of the MY 2020 remeasurement rates for the 11 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	IHA reported a MY 2020 rate for 1 measure related to smoking cessation that performed statistically lower than the statewide average.	X	X	
Performance Measures – Effectiveness of	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Care: Behavioral Health				
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	IHA reported a MY 2020 rate for 1 measure related to home and community-based services that performed statistically lower than the statewide average.	X	X	
Compliance with Medicaid Standards	None.			
Recommendations				
PIP	Regarding the MCP’s 2019-2021 HARP PIP Interim 2 results, the MCP had identified challenges with data collection, member participation with Medicaid Assisted Treatment, member engagement both telephonically and face-to-face communications. IPRO recommends that the MCP continues with its current interventions put in place to address these challenges. While the MCP’s rates have not reached its goal rates in MY 2020, most of the PIP indicators are trending upwards. The MCP should also consider implementing changes to the data collection process to improve inaccurate and inconsistent data received from other resources.	X	X	
Performance Measures – Prevention and Screening	None.			
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members who are smokers.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	None.			
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	The MCP should investigate opportunities to improve members access to home and community-based services.	X	X	
Compliance with Medicaid Standards	None.			

Performance Improvement Project Findings

Table 65: MetroPlus’s PIP Summary, MY 2020

MetroPlus’ PIP Summary
<p>PIP Title: Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>MetroPlus aims to increase the number of member referrals to home-based therapy; increase health home enrollment; obtain timely member emergency room admission information to facilitate coordination of aftercare; increase the number of members visited while in an inpatient facility by a field-based case manager who facilitates continuity of care post-discharge; increase the number of members who receive MAT services; improve member adherence to pharmacotherapy; and obtain consent from SUD members to provide enhanced care coordination.</p> <p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Conducted onsite discharge planning visits to members during inpatient stays. Members were educated on available services, social supports, and community resources during the visit. ▪ Connected members to health homes. ▪ Facilitated coordination between the member and the health home of enrollment at the time of admission. ▪ Members identified with housing insecurities received a housing assessment referral. ▪ Connected members to peer support specialists to prior to discharge. ▪ Educated members on the importance of aftercare treatment and available home-based therapy services. <p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Coordinated with facilities during the discharge planning process to member needs were effectively addressed and to encourage integration of MAT services into the discharge plan when appropriate. ▪ Conducted quarterly provider education sessions on appropriate case coordination and the importance of obtaining member consent for care coordination services. <p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none"> ▪ Notifications of member inpatient admission were sent to the health home of enrollment to trigger the initiation of care coordination. ▪ Established access to RHIOs to obtain real-time information on member emergency department use. ▪ The process for identifying members with high-utilization rates and reporting these members to case managers and health homes was established.

Table 66: MetroPlus’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020 ¹	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	43.83%	42.68%	35.76%	46.83%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	69.72%	69.28%	61.04%	72.72%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	66.09%	42.54%	26.95%	69.09%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	81.03%	64.65%	45.99%	84.03%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	29.6%	34.81%	22.58%	32.6%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	36.73%	43.04%	28.93%	39.73%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64.66%	63.35%	66.71%	67.66%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	28.9%	38.4%	39.57%	31.90%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	60.1%	71.69%	57.18%	63.1%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	21.03%	19.25%	Not Available	18.03%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	37.56%	37.8%	41.57%	40.56%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	10.03%	12.59%	12.17%	13.03%

¹ Reflects preliminary rate based on November 2020 data.

² A lower rate indicates better performance.

Performance Measures Findings

Table 67: MetroPlus’s QARR Performance, MY 2020

Domain/Measures	MetroPlus MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	51 ▼	56
Cervical Cancer Screening	63	66
Chlamydia Screening (Ages 16-24 Years)	82	70
Colorectal Cancer Screening	46	55
Flu Shots for Adults (Ages 18-64 Years) ²	50	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	74	76
Asthma Medication Ratio (Ages 19-64 Years) ³	33 ▼	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	37	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	60	59
Comprehensive Diabetes Care – Eye Exam Performed ³	47 ▼	54
Comprehensive Diabetes Care – HbA1c Testing ³	85	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	57 ▲	48
Controlling High Blood Pressure ³	69 ▲	60
HIV Viral Load Suppression ¹	55 ▼	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	91	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	64	70
Smoking Cessation Medications ²	73	75
Smoking Cessation Strategies ²	67	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	27	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	77	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	66	64
Statin Therapy for Patients with Diabetes – Statin Received	64	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	67	65
Use of Imaging Studies for Low Back Pain	89	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	51	52
Antidepressant Medication Management – Effective Continuation Phase	38	39
Antipsychotic Medications for Schizophrenia	70	69

Domain/Measures	MetroPlus MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	80	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	75	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	81 ▲	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	34 ▲	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	42	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	45 ▼	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	65	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	47 ▲	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	76	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	42 ▼	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	69 ▼	77
Pharmacotherapy for Opioid Use Disorder	35	37
Risk of Continued Opioid Use – 15 Days	25 ▲	12
Risk of Continued Opioid Use – 31 Days	17 ▲	9
Use of Opioids at High Dosage	7	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	84	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	91	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	91	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	69 ▲	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	22	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	56	65
Timeliness of Prenatal Care ³	82	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 68: MetroPlus’s QARR Perinatal Care Rates, MY 2019

Region/Measures	MetroPlus MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	80%	69%
Vaginal Birth After Cesarean	7%	10%

Table 69: MetroPlus’s QARR Behavioral Health Rates, MY 2019

Measure	MetroPlus MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	28	29
No Arrests in the Past Year	97	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	17	17
Stable Housing Status	85 ▼	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 70: MetroPlus’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

- Based on interview and demonstration of the online provider manual functions, MetroPlus failed to ensure the provider links to utilization review policies for all delegates were in place and functioning. This issue was identified during the comprehensive operational survey and the POC did not include auditing or monitoring.

The issue was not identified until demonstrating to the surveyor on April 9, 2019. The delegates whose links were not functioning were HealthPlex and Integra.

- Based on review and interview, MetroPlus failed to make a utilization review determination, provide written and phone notice with in three business days of receipt of the necessary information, to the enrollee and the provider in 4 of 7 Medicaid standard prior authorization cases. Specifically, the MCP was late in its determination process. The written notices (IAD) and phone notices to the member and the provider in the above cases were late.

Strengths, Opportunities for Improvement and Recommendations

Table 71: MetroPlus’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	MetroPlus’s MY 2020 PIP passed PIP validation.			
PIP	Two (2) of the 11 rates of the MY 2020 remeasurement rates exceeded their target rates.	X	X	
Performance Measures - General	MetroPlus met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	Although not statistically significant, MetroPlus reported a MY 2020 rate for 1 measure that exceeded the statewide average.	X		
Performance Measures – Acute and Chronic Care	MetroPlus reported MY 2020 rates for 2 measures related diabetes care and hypertension that performed statistically better than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	MetroPlus reported MY 2020 rates for Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medicationss, Follow-Up After Emergency Department Visit, and Follow-Up after High Intensity Care for Substance Use Disorder that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	MetroPlus reported MY 2020 rates for 1 measure related to substance abuse treatment that performed statistically better than the statewide average.	X		X
Performance Measures – QARR: Behavioral Health	Although not statistically significant, MetroPlus reported MY 2020 rates for 2 measures that met or exceeded the statewide average.	X		
Compliance with Medicaid Standards	MetroPlus was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational review.	X	X	X
Opportunities for Improvement				
PIP	Nine (9) of the 11 MY 2020 remeasurement rates did not meet the target.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Prevention and Screening	MetroPlus reported MY 2020 rates for 1 measure related to breast cancer screening that performed statistically lower than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	MetroPlus reported MY 2020 rates for 3 measures related to asthma, diabetes care, and HIV that performed statistically lower than the statewide average.	X	X	
Performance Measures – Effectiveness of Care: Behavioral Health	MetroPlus reported a MY 2020 rate for 5 measures related to follow-up care after ED, hospitalization for mental illness, and risk of continued opioid use that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	MetroPlus reported a MY 2020 rate for 1 measure related to stable housing status that performed statistically lower than the statewide average.	X		
Compliance with Medicaid Standards	MetroPlus was in noncompliance with CFR 438.210 during the MY 2019 operational review.	X	X	X
Recommendations				
PIP	Regarding the MCP’s 2019-2020 HARP PIP Interim 2 results, MetroPlus identified challenges with improving members’ access to follow-up behavioral health care such as COVID-19 affecting field-based case management interventions, reduction in case management staff, and data collection. The MCP should be continuously re-evaluating the interventions to determine its effectiveness. The MCP should also consider implementing changes to the data collection process to improve inaccurate and inconsistent data received from other resources.	X	X	
Performance Measures – Prevention and Screening	The MCP should investigate opportunities to improve breast cancer screenings.	X	X	
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with asthma, diabetes, and HIV.	X	X	
Performance Measures – Effectiveness of	The MCP should investigate opportunities to improve follow-up care for members after an ED visit or hospitalization for mental illness.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Care: Behavioral Health	Additionally, the MCP should investigate opportunities to reduce members risk of continued opioid use.			
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	The MCP should investigate opportunities to improve members access to stable housing.	X	X	
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2019 operational survey conducted by the DOH.	X	X	X

Molina

Performance Improvement Project Findings

Table 72: Molina’s PIP Summary, MY 2020

Molina’s PIP Summary
<p>PIP Title: Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>Molina aims to improve transition of care after emergency department visits or hospital admissions among members diagnosed with mental illness and substance use disorder.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Case managers outreached monthly to members with schizophrenia who are non-adherent with their medication treatment plan based on the monthly non-adherent report.▪ Case managers worked with members to remove barriers, ensure PCP appointment attendance, engage in case management and medication adherence.▪ A discharge action score card was completed for every member discharged from an inpatient mental health or substance abuse admission. This assessed aftercare needs and referrals for appointments and SDOH such as housing, PCP appointments, specialist appointments, food, and housing insecurities, and prompted providers to include these referrals in their discharge planning process.▪ Members were offered a \$25 gift card incentive for a wellness visit. Requests for gift cards were tracked.▪ Contacted members to encourage PCP follow-up, discuss their last visit, and updated the member’s PCP assignment in their internal system as needed.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Educated Molina’s high-volume integrated mental health and substance abuse provider on the need to ensure scheduled appointments with a therapist and ensure appointments are provided.▪ Case managers called members to confirm knowledge of their appointments and quality department staff called the providers to verify appointments. This outreach was tracked and reviewed monthly. A behavioral health provider relations representative also made monthly provider visits to educate and provide feedback.▪ Quality specialists and case managers followed up with members discharged from the emergency department and/or inpatient hospital admissions due to mental illness/SUD to ensure continuity of case was occurring and to offer telehealth option for follow-up appointments.▪ Nurse practitioners conducted home visits to provide follow-up visits and additional services as needed among members discharged from emergency department and/or inpatient hospital admissions due to SUD.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Partnered with and educated Molina’s health homes and community partners on the need to ensure scheduled appointments with a therapist are held following inpatient and emergency department visits for substance use or mental health.

Molina's PIP Summary

PIP Title: Care Transitions after Emergency Department and Inpatient Admissions

Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.

- Implemented process improvement for documentation and discharge plans by creating a SharePoint with a single point of access for multiple internal staff and their case manager vendor, Monroe Plan, utilizing information from external inpatient collaborators such as State University of New York Upstate Medical University, Kaleida, ECMC, St Joseph's and Crouse hospitals.

Table 73: Molina’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	48.84%	59.32%	33.33%	52.00%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	78.05%	79.66%	53.85%	68.00%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	44.74%	22.30%	42.54%	52.00%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	67.54%	47.48%	63.60%	68.50%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	18.90%	22.66%	25.18%	31.43%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	26.77%	34.38%	37.77%	43.52%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	64.14%	68.51%	67.93%	70.92%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	36.10%	47.62%	50.51%	51.10%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	59.00%	69.05%	72.01%	80.00%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ²	18.48%	24.56%	Not Available ¹	Not Available
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	45.10%	47.97%	44.06%	48.00%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	7.49%	9.15%	14.97%	18%

¹ An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

² Lower rate indicates better performance.

Performance Measures Findings

Table 74: Molina's QARR Performance, MY 2020

Domain/Measures	Molina MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	59	56
Cervical Cancer Screening	65	66
Chlamydia Screening (Ages 16-24 Years)	71	70
Colorectal Cancer Screening	58	55
Flu Shots for Adults (Ages 18-64 Years) ²	50	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	77	76
Asthma Medication Ratio (Ages 19-64 Years) ³	57 ▲	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	67	59
Comprehensive Diabetes Care – Eye Exam Performed ³	62 ▲	54
Comprehensive Diabetes Care – HbA1c Testing ³	84	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	50	48
Controlling High Blood Pressure ³	64	60
HIV Viral Load Suppression ¹	80	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	81	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	71	70
Smoking Cessation Medications ²	74	75
Smoking Cessation Strategies ²	67	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	30	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	72	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	68	64
Statin Therapy for Patients with Diabetes – Statin Received	68	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	66	65
Use of Imaging Studies for Low Back Pain	84	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	58	52
Antidepressant Medication Management – Effective Continuation Phase	43	39
Antipsychotic Medications for Schizophrenia	73	69

Domain/Measures	Molina MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Small Sample	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	66	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	70 ▼	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	27	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	40	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	44	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	66	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	52 ▲	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	82	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	47	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	77	77
Pharmacotherapy for Opioid Use Disorder	37	37
Risk of Continued Opioid Use – 15 Days	18 ▲	12
Risk of Continued Opioid Use – 31 Days	12	9
Use of Opioids at High Dosage	3 ▲	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	89	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	94	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	98	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	45 ▼	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	17 ▼	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	72	65
Timeliness of Prenatal Care ³	77	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹NYS specific measure

² MY 2019 Adult CAHPS measure

³Measure included in the NYS Quality Strategy

Table 75: Molina’s QARR Perinatal Care Rates, MY 2019

Region/Measures	Molina MY 2019	HARP Regional Average MY 2019
Rest of State		
Prenatal Care in the First Trimester	74%	65%
Vaginal Birth After Cesarean	14%	14%

Table 76: Molina’s QARR Behavioral Health Rates, MY 2019

Measure	Molina MY 2019	HARP Statewide Average MY 2020
Employed, Seeking Employment or Enrolled in a Formal Education Program	28	29
No Arrests in the Past Year	96	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	19 ▲	17
Stable Housing Status	99 ▲	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 77: Molina’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

- Based on staff interview and review of the Molina Provider Manual and associated materials, Molina failed to update the Provider Manual and associated materials to include/communicate required information to the MCP’s providers.

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

Strengths, Opportunities for Improvement and Recommendations

Table 78: Molina’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	Molina’s MY 2020 PIP passed PIP validation.			
PIP	Although none of the MY 2020 remeasurement rates met their target rates, 6 performance indicators demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures - General	Molina met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	Although not statistically significant, Molina reported MY 2020 rates for 3 measures that met or exceeded the statewide average.	X		
Performance Measures – Acute and Chronic Care	Molina reported MY 2020 rates for 2 measures related to asthma medication and diabetes care performed statistically better than the statewide average.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	Molina reported MY 2020 rates for 2 measures related to follow-up care for substance abuse and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	Although not statistically significant, Molina reported MY 2020 rates for 5 measures that met or exceeded the statewide averages.	X		X
Performance Measures – QARR: Behavioral Health	Molina reported MY 2020 rates for 2 measures related to home and community-based services and stable housing status that performed statistically better than the statewide average.	X		
Compliance with Medicaid Standards	Molina was in compliance with 10 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	None of the MY 2020 remeasurement rates for the 11 performance indicators met the target.	X	X	
Performance Measures –	None.			

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Prevention and Screenings				
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	Molina reported MY 2020 rates for 2 measures related to diabetes screening for members on antipsychotic medications and opioid use that performed statistically worse than the statewide average.	X		
Performance Measures – Access to Other Services	Molina reported a MY 2020 rate for 1 measure related to alcohol and other drug abuse treatment that performed statistically lower than the statewide average.	X		
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	Molina was in noncompliance with CFR 438.210 during the MY 2019 operational survey.	X	X	X
Recommendations				
PIP	Molina demonstrates an opportunity for improvement with some 2020 PIP indicators. As indicated in the MCP’s 2019-2021 HARP PIP Interim 2 report, the plan identified the COVID pandemic and the acquisition of YourCare members as some of the challenges affecting the performance rates. The MCP should routinely evaluate its current interventions to determine its effectiveness and adjust as needed to improve members access to follow-up behavioral health care.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to reduce members use of opioids and improve diabetes screenings for members on antipsychotic medications.	X		
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members’ access to alcohol and drug abuse treatments.	X		X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the compliance review conducted by the DOH.	X	X	X

MVP

Performance Improvement Project Findings

Table 79: MVP's PIP Summary, MY 2020

MVP's PIP Summary
<p>PIP Title: Care Transitions after Emergency Department and Inpatient Admissions for HARP Members with Mental Illness and Substance Use Disorder</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>MVP aims to improve discharge plans to be comprehensive and patient-centered; and to include needed post-discharge follow-up, community supports, and medication reconciliation. MVP also aims to facilitate communication and coordination between inpatient providers, community providers, members, health homes and MCP case management.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Ensured a follow-up visit for AOD treatment was in place prior to discharge and scheduled to occur within 14 days of the discharge.▪ Members not enrolled in a health home with an emergency department visit for substance abuse or mental illness received post-discharge received outreach for follow-up care coordination; education on health homes, case management and HCBS services; and to provide care coordination.▪ Members identified as non-compliant with appropriate medication management for two or more months were engaged by telephone to identify and address barriers to appropriate medication management.▪ Promoted the MCP's telehealth program which offers behavioral health services with licensed mental health professionals on an urgent and/or continuous basis.▪ Educated members on the importance of consent for coordination of care between the MCP and the health home. Targeted outreach to members who declined to consent care coordination between the MCP and the health home was conducted, and included education on the benefits of care coordination, available HCBS services, and the need to schedule follow-up care within seven days of discharge.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Discharge planning and confirmation of member involvement were conducted during medical necessity reviews between the MCP and the facility.▪ Provided the member's PCP and/or behavioral health provider with information from the member's aftercare plan.▪ Discharge medication lists were sent to PCPs and/or behavioral health providers by the inpatient facility.▪ Coordinated the reporting of emergency room census logs with two days of admission by the top five to ten facilities for high-volume emergency department admissions.▪ Daily reporting to health homes of members discharged from inpatient hospitalization▪ Provided health homes a daily report of members enrolled in a health home who were discharged from an inpatient hospitalization or had an emergency department alert in HIXNY for SUD or SMI.

MVP's PIP Summary

PIP Title: Care Transitions after Emergency Department and Inpatient Admissions for HARP Members with Mental Illness and Substance Use Disorder

Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.

- MVP's pharmacy team identified members prescribed an anti-psychotic that did not fill their last prescription in 30 or more days and notified their prescribing physicians via letter advising the member has been non-adherent.
- Ran a monthly report to identify members eligible for health home and HCBS and send referrals to the health home for member outreach.

MCP-Focused 2020 Interventions

- Implemented process of conducting medication reconciliation at the time of admission and upon discharge.
- Designed literature to promote health home enrollment and HCBS.
- Directly contacted members who had five or more emergency department visits within 60 days and are being prescribed MAT to assist with coordination of case and to determine the need for intensive case management.

Table 80: MVP’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	56% ²	50% ²	Not Available ¹	60%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	76% ²	69% ²	Not Available ¹	80%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	54% ²	82%	47%	74%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	74% ²	89%	70%	80%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	24% ²	40%	27%	40%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	30% ²	49%	36%	50%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	69%	66% ²	63%	74%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	24.3% ²	41% ²	Not Available ¹	42%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	58% ²	66% ²	Not Available ¹	70%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ³	19% ²	17% ²	Not Available ¹	15%
HEDIS Initiation of pharmacotherapy upon new episode of opioid dependence	32%	44% ²	51%	52%
HEDIS Use of pharmacotherapy for alcohol abuse or dependence	12%	15%	14%	17%

¹ An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

² OQPS Division of Quality Measurement enhanced rate.

³ Lower rate indicates better performance.

Performance Measures Findings

Table 81: MVP's QARR Performance, MY 2020

Domain/Measures	MVP MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	52	56
Cervical Cancer Screening	63	66
Chlamydia Screening (Ages 16-24 Years)	66	70
Colorectal Cancer Screening	54	55
Flu Shots for Adults (Ages 18-64 Years) ²	59	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	78	76
Asthma Medication Ratio (Ages 19-64 Years) ³	39	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	39	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	42	59
Comprehensive Diabetes Care – Eye Exam Performed ³	49 ▼	54
Comprehensive Diabetes Care – HbA1c Testing ³	81	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	36 ▼	48
Controlling High Blood Pressure ³	42 ▼	60
HIV Viral Load Suppression ¹	75	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	91	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	77	70
Smoking Cessation Medications ²	79	75
Smoking Cessation Strategies ²	70	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	30	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	74	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	59	64
Statin Therapy for Patients with Diabetes – Statin Received	66	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	61	65
Use of Imaging Studies for Low Back Pain	74	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	48	52
Antidepressant Medication Management – Effective Continuation Phase	38	39
Antipsychotic Medications for Schizophrenia	65	69

Domain/Measures	MVP MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Small Sample	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	64	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	74	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	28	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	37	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	47	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	70	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	43	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	77	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	48 ▼	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	63 ▼	77
Pharmacotherapy for Opioid Use Disorder	40	37
Risk of Continued Opioid Use – 15 Days	10	12
Risk of Continued Opioid Use – 31 Days	8	9
Use of Opioids at High Dosage	12 ▼	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	90	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	94	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	97	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	57	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	24	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	58	65
Timeliness of Prenatal Care ³	77	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 82: MVP’s QARR Perinatal Care Rates, MY 2019

Region/Measures	MVP MY 2019	HARP Regional Average MY 2019
Rest of State		
Prenatal Care in the First Trimester	59%	65%
Vaginal Birth After Cesarean	27%	14%

Table 83: MVP’s QARR Behavioral Health Rates, MY 2019

Measure	MVP MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	31	29
No Arrests in the Past Year	95	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	15 ▼	17
Stable Housing Status	96 ▲	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 84: MVP’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2020 Results

- Based on staff interview and review of sampled hospital contracts, MVP failed to notify the DOH 45 days in advance of 3 of 65 contracts that were set to expire.
- Based on staff interview and review of the external appeal instructions and application, MVP failed to issue current external appeal instructions and application forms to enrollees in 4 of 16 Medicaid standard and expedited appeals, and 4 of 15 commercial/CHP standard and expedited appeals.

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

Strengths, Opportunities for Improvement and Recommendations

Table 85: MVP’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	MVP’s MY 2020 PIP passed PIP validation.			
PIP	Although none of the MY 2020 remeasurement rates met their target rates, 1 performance indicator demonstrated improvement from the baseline period to the MY 2020 remeasurement period.	X	X	
Performance Measures- General	MVP met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	Although not statistically significant, MVP reported MY 2020 rates for 8 measures that met or exceeded the statewide averages.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	None.			
Performance Measures – Access to Other Services	Although not statistically significant, MVP reported MY 2020 rates for 4 measures that met or exceeded the statewide averages.	X		
Performance Measures – QARR: Behavioral Health	MVP reported MY 2020 rates for 1 measure related to stable housing that performed statistically better than the statewide average.	X		
Compliance with Medicaid Standards	MVP was in compliance with 8 of 11 federal Medicaid standards reviewed during the MY 2020 operational survey.	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Opportunities for Improvement				
PIP	None of the MY 2020 remeasurement rates for the 11 performance indicators met the target.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	MVP reported MY 2020 rates for 3 measures related to diabetes care and hypertension that performed statistically lower than the statewide average.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	MVP reported MY 2020 rates for 3 measures related to for Follow-Up After Hospitalization and Use of Opioids that performed statistically worse than the statewide average.	X	X	
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	MVP reported a MY 2020 rate for 1 measure related to home and community-based services that performed statistically lower than the statewide average.	X		
Compliance with Medicaid Standards	MVP was in noncompliance with CFR 438.206, 438.214 and 438.228 during the MY 2020 operational survey.	X	X	X
Recommendation				
PIP	MVP demonstrates opportunities for improvement with the interventions implemented under the PIP as these indicators have not met target goals.	X		
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes and hypertension.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	The MCP should investigate opportunities to improve follow-up care after hospitalization for mental illness and members’ use of opioids.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	The MCP should investigate opportunities to improve members access to home and community-based services.	X		X
Compliance	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the MY 2020 operational survey conducted by the DOH.	X	X	X

UHCCP

Performance Improvement Project Findings

Table 86: UHCCP's PIP Summary, MY 2020

UHCCP's PIP Summary
<p>PIP Title: Care Transitions after Emergency Department and Inpatient Admissions</p> <p>Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.</p>
<p><u>Aim</u></p> <p>UHCCP aims to implement timely clinical case management interventions and improve education, communication, and discharge planning.</p>
<p><u>Member-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Developed and implemented a member incentive program for inpatient mental health and SUD follow-up post discharge.▪ Referred members to transitional providers upon inpatient mental health admission.
<p><u>Provider-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Met with high-volume health homes to identify and address barriers to member enrollment.
<p><u>MCP-Focused 2020 Interventions</u></p> <ul style="list-style-type: none">▪ Obtained timely information on members present in the emergency department through their RHIO, Healthix.▪ Reviewed allocation of staffing to support expansion of the “against medical advice” project to the top five high-volume detox facilities with high against medical advice rates.▪ Added additional providers to the UHCCP's Transitional/Home Visit program.

Table 87: UHCCP’s PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-Up After Hospitalization for Mental Illness – 7 Days	63.4% ¹	57.9% ¹	50.29%	60%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	79.7% ¹	75.4% ¹	67.96%	78%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	44.76%	44.3%	40.27%	52%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	66.05%	44.38%	56.35%	73%
HEDIS Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence – 7 Days	19.66%	25.5%	26.85%	30%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Days	26.69%	31.22%	33.84%	40%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	52.69%	61.44%	60.71%	63%
HEDIS Follow-Up After High-Intensity Care for Substance Use Disorder –7 Days	26.6%	35.6%	Not Available ²	40%
HEDIS Follow-Up After high-Intensity Care for Substance Use Disorder – 30 Days	52.1%	64%	Not Available ²	70%
HEDIS Potentially Preventable Mental Health Related Readmission Rate – 30 Days ³	Not Available	19.1% ¹	15.23% ¹	29.1
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	29.78%	35.85%	35.35%	40%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	16.54%	17.40%	17.57%	Not Available

¹ An enhanced rate was not available and the MCP chose not to report the unenhanced rate.

² OQPS Division of Quality Measurement enhanced rate.

³ Lower rate indicates better performance.

Performance Measures Findings

Table 88: UHCCP's QARR Performance, MY 2020

Domain/Measures	UHCCP MY 2020	HARP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings		
Breast Cancer Screening	50 ▼	56
Cervical Cancer Screening	60 ▼	66
Chlamydia Screening (Ages 16-24 Years)	66	70
Colorectal Cancer Screening	55	55
Flu Shots for Adults (Ages 18-64 Years) ²	41 ▼	52
Effectiveness of Care: Acute and Chronic Care		
Appropriate Treatment for Upper Respiratory Infection (18-64 Years) ³	72	76
Asthma Medication Ratio (Ages 19-64 Years) ³	46	40
Avoidance of Antibiotics for Adults with Acute Bronchitis	32	39
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg) ³	63	59
Comprehensive Diabetes Care – Eye Exam Performed ³	45 ▼	54
Comprehensive Diabetes Care – HbA1c Testing ³	82	83
Comprehensive Diabetes Care – HbA1c Control (<8%) ³	46	48
Controlling High Blood Pressure ³	53 ▼	60
HIV Viral Load Suppression ¹	62	66
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Bronchodilators	89	88
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease – Corticosteroids	73	70
Smoking Cessation Medications ²	67	75
Smoking Cessation Strategies ²	58	67
Spirometry Testing for Chronic Obstructive Pulmonary Disease	30	31
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	76	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	55	64
Statin Therapy for Patients with Diabetes – Statin Received	60 ▼	66
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	66	65
Use of Imaging Studies for Low Back Pain	75	80
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management – Effective Acute Phase	52	52
Antidepressant Medication Management – Effective Continuation Phase	40	39
Antipsychotic Medications for Schizophrenia	63 ▼	69

Domain/Measures	UHCCP MY 2020	HARP Statewide Average MY 2020
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	73	78
Diabetes Monitoring for People with Diabetes and Schizophrenia	75	72
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications	76	77
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	26	30
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	34 ▼	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days ³	38 ▼	51
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days ³	58 ▼	69
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days	41	44
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days	70 ▼	74
Follow-Up After Hospitalization for Mental Illness – 7 Days	56	57
Follow-Up After Hospitalization for Mental Illness – 30 Days	77	77
Pharmacotherapy for Opioid Use Disorder	32 ▼	37
Risk of Continued Opioid Use – 15 Days	12	12
Risk of Continued Opioid Use – 31 Days	9	9
Use of Opioids at High Dosage	10	9
Use of Opioids from Multiple Providers	Not Available	Not Available
Access / Availability of Care		
Adults' Access to Preventive/Ambulatory Services 20-44 Years	87	89
Adults' Access to Preventive/Ambulatory Services 45-64 Years	92	93
Adults' Access to Preventive/Ambulatory Services 65+ Years	93	93
Access to Other Services		
Initiation of Alcohol and Other Drug Abuse Treatment ³	56	57
Engagement of Alcohol and Other Drug Abuse Treatment ³	22	22
Initiation Pharmacotherapy upon New Episode of Opioid Dependence ³	Not Available	Not Available
Postpartum Care ³	57	65
Timeliness of Prenatal Care ³	66 ▼	79
Use of Pharmacotherapy for Alcohol Abuse or Dependence	Not Available	Not Available

¹ New York State specific measure.

² MY 2019 Adult CAHPS measure.

³ Measure included in the New York State Medicaid Quality Strategy.

Table 89: UHCCP’s QARR Perinatal Care Rates, MY 2019

Region/Measures	UHCCP MY 2019	HARP Regional Average MY 2019
New York City		
Prenatal Care in the First Trimester	71%	69%
Vaginal Birth After Cesarean	0%	10%
Rest of State		
Prenatal Care in the First Trimester	78%	65%
Vaginal Birth After Cesarean	10%	14%

Table 90: UHCCP’s QARR Behavioral Health Rates, MY 2019

Measure	UHCCP MY 2019	HARP Statewide Average MY 2019
Employed, Seeking Employment or Enrolled in a Formal Education Program	34 ▲	29
No Arrests in the Past Year	94 ▼	96
Percentage of Members Assessed for Home and Community Based Services Eligibility	16	17
Stable Housing Status	92	93

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 91: UHCCP’s Operational Survey Results, MY 2019 and MY 2020

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

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

Summary of MY 2019 Results

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

Strengths, Opportunities for Improvement and Recommendations

Table 92: UHCCP’s Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
NCQA Accreditation	UHCCP’s Medicaid program achieved NCQA Accreditation.	X	X	X
PIP – General	UHCCP’s MY 2020 PIP passed PIP validation.			
PIP	One (1) of 11 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures - General	UHCCP met all IS requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	Although not statistically significant, UHCCP reported MY 2020 rates for 5 measures that met or exceeded the statewide averages.	X		
Performance Measures – Effectiveness of Care: Behavioral Health	UHCCP reported MY 2020 rates for 2 measures related to employment status and no arrests in the past year that performed statistically better than the statewide average.	X		
Performance Measures – Access to Other Services	None.			
Performance Measures – QARR: Behavioral Health	UHCCP reported MY 2020 rates for 2 measures related to employment status and no arrests in the past year that performed statistically better than the statewide average.	X		

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Compliance with Medicaid Standards	UHCCP was in compliance with 7 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	Ten (10) of 11 performance indicator rates did not meet the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures– Prevention and Screening	UHCCP reported MY 2020 rates for 3 measures related to cancer screenings and flu shots that performed statistically lower than the statewide average.	X	X	
Performance Measures– Acute and Chronic Care	UHCCP reported MY 2020 rates for 3 measures related to diabetes care, hypertension, and statin therapy that performed statistically lower than the statewide average.	X	X	
Performance Measures– Effectiveness of Care: Behavioral Health	UHCCP reported MY 2020 rates for 6 measures related to antipsychotic medications, follow-up care after emergency room care for substance abuse and mental illness that performed statistically lower than the statewide average.	X	X	
Performance Measures– Access to Other Services	UHCCP reported a MY 2020 rate for 1 measure related to prenatal care that performed statistically lower than the statewide average.		X	X
Performance Measures– QARR: Behavioral Health	None.			
Compliance with Medicaid Standards	UHCCP was in noncompliance with CFR 438.206, CFR 438.210, CFR 438.228, and CFR 438.330 during the MY 2019 operational survey.	X	X	X
Recommendations				
PIP Performance Measures– Effectiveness of Care: Behavioral Health	The MCP demonstrates opportunities to improve the performance rates for HEDIS®/QARR behavioral health measures. The MCP should conduct routine root cause analysis to determine barriers to HARP members accessing follow-up appointments after an emergency department visit for mental illness or substance abuse. As indicated in UHC’s HARP PIP Interim 2 report, there were multiple challenges identified associated with data collection. UHC should continue with its current interventions that were created to address these issues such as removal of a transitional provider, resubmission of claims, creation of a daily report of emergency room admission	X	X	X

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
	triggered by data received from a RHIO and increasing member engagement.			
Performance Measures – Prevention and Screenings	The MCP should continue interventions implemented to improve members access to cancer screenings and flu immunizations.	X		X
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with hypertension and diabetes.	X		
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve women’s’ access to prenatal care.	X		X
Compliance with Medicaid Standards	The MCP should ensure its compliance with Medicaid standards by addressing the noncompliance identified during the compliance review conducted by the DOH.	X	X	X

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

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

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

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Effectiveness of Care	Survey	Flu Vaccinations for Adults Ages 18 - 64	FVA	Required	Required	Required	CAHPS 5.0H
Effectiveness of Care	Administrative	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Emergency Department Visit for Mental Illness	FUM	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After High-Intensity Care for Substance Use Disorder	FUI	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up After Hospitalization for Mental Illness	FUH	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	Follow-Up Care for Children Prescribed ADHD Medication	ADD	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Administrative	International Normalized Ratio Monitoring	INR	Not Required	Not Required	Not Required	QRS 2020
Effectiveness of Care	Administrative/Hybrid	Immunizations for Adolescents	IMA	Required	Required	Not Required	HEDIS 2020-2021
Effectiveness of Care	Survey	Medical Assistance with Smoking and Tobacco Use Cessation	MSC	Required	Required	Required	CAHPS 5.0H
Effectiveness of Care	Administrative	Kidney Health Evaluation for Patients With Diabetes	KED	Required	Required	Required	HEDIS 2020-2021
Effectiveness of Care	Administrative/Hybrid	Lead Screening in Children	LSC	Required	Required	Not Required	HEDIS 2020-2021

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

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Effectiveness of Care	Administrative/ Hybrid	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	WCC	Required	Required	Not Required	HEDIS 2020-2021
Experience of Care	Survey	CAHPS Health Plan Survey 5.0H Adult Version	CPA	Not Required	Not Required	Not Required	HEDIS 2020-2021
Experience of Care	Survey	CAHPS Health Plan Survey 5.0H Child Version	CPC	Required	Not Required	Not Required	HEDIS 2020-2021
Experience of Care	Survey	QHP Enrollee Experience Survey		Not Required	Not Required	Not Required	QRS 2020
Health Plan Descriptive Information	Electronic	Enrollment by Product Line	ENP	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Adult Immunization Status	AIS-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Breast Cancer Screening	BCS-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Colorectal Cancer Screening	COL-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Depression Remission or Response for Adolescents and Adults	DRR-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	Required	Required	Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Follow-Up Care for Children Prescribed ADHD Medication	ADD-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Postpartum Depression Screening and Follow-Up	PDS-E	2021	2021	2021	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Prenatal Depression Screening and Follow-Up	PND-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Prenatal Immunization Status	PRS-E	Required	Required	Required	HEDIS 2020-2021

Domain	Method	Measure Name	Alpha Name	Medicaid	HIV SNP	HARP	Specifications
Measures Collected Using Electronic Clinical Data Systems	Electronic	Unhealthy Alcohol Use Screening and Follow-up	ASF-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
Measures Collected Using Electronic Clinical Data Systems	Electronic	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	DMS-E	Not Required	Not Required	Not Required	HEDIS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Employed, Seeking Employment or Enrolled in a Formal Education Program		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Stable Housing Status		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	No Arrests in the Past Year		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Percentage of members Assessed for Home and Community Based Services		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Behavioral Health Measures	Administrative	Potentially Preventable Mental Health Related Readmission Rate 30 Days		Not Required	Not Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Prenatal Care in the First Trimester		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Risk-Adjusted Low Birth Weight		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Risk-Adjusted Primary C-Section		Required	Required	Required	NYS 2020-2021
NYS-Specific Prenatal Care Measures	Administrative	Vaginal Births after C-Section		Required	Required	Required	NYS 2020-2021
Use of Services	Administrative	Child and Adolescent Well-Care Visits	WCV	Required	Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Acute Hospital Utilization	AHU	Not Required	Not Required	Not Required	HEDIS 2020-2021
Use of Services	Administrative	Ambulatory Care	AMB	Required	Required	Required	HEDIS 2020-2021

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

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