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New York State Medicaid Managed Care
HIV Special Needs Plans
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

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Abbreviations Used in This Report

ART: Audit Review Table

BBA: Balanced Budget Act

BRFSS: Behavioral Risk Factor Surveillance System

B2H: Bridges to Health

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

DAC: Designation AIDS Centers

DANY: Doctors Across New York

DD: Developmental Disability

DOH: Department of Health, New York State

DOHMH: Department Of Health and Mental Hygiene, New York City

DSME: Diabetes Self-Management Education

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
IPCOS:	Integrated Palliative Care Outcomes Scale
IPRO:	Island Peer Review Organization
IS:	Information System
ISCA:	Information Systems Capabilities Assessment
MAT:	Medication Addiction 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
NYCIG:	New York Care Information Gateway
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

QARR: Quality Assurance Reporting Requirements

QAPI: Quality Assurance and Performance Improvement

RHIO: Regional Health Information Organization

RN: Registered Nurse

RY: Reporting Year

SDOH: Social Determinant of Health

SED: Serious Emotional Disturbance

SHIN-NY: Statewide Health Information Network for New York

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 Services[1] (CMS). Quality, as it pertains to an EQR, is defined in *42 CFR § 438.320 Definitions* as "the degree to which an MCP, PIHP[2], PAHP[3], or PCCM[4] entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that 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 Medicaid managed care (MMC) special needs plan (SNP) 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) 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.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf.

(i) **Validation[6] 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, member-level files, and reported rates to validate that performance measures were calculated according to DOH specifications.

(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*, *CFR 438.330* 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]

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 Demonstration[9] waiver. Section 1115 allow 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 Strategy[10] 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 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 the NYS Quality Assurance Reporting Requirements (QARR) measurement set, the Centers for Disease Control and Prevention's (CDC) 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 recognition of 2014 Level 3 and up, active sites (MMC)	69%	72%	70%	2022

Triple Aim	#	Goal	Metric (Population)	Baseline MY 2019	Year 1 Re-Measurement MY 2020	Target	Target Date
	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	2022
			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	▪ 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
			▪ 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	▪ 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	▪ 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: ▫ 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
			▫ 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: ▫ 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.)	▪ 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: ▫ 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	▪ 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
			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. ▪ 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: ▫ Environmental change strategies - 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 - 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: ▫ 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
			▫ 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	▪ 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	▪ 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
			▪ 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: ▫ 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	▪ 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: ▫ DOH Care at Home waivers for children with physical disabilities ▫ OMH Waiver for Children and Adolescents with Serious Emotional Disturbance

Triple Aim	#	Goal	Interventions
			▫ Office for 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	▪ 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	▪ 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 Statewide Health Information Network for 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.

Findings are reported for all MCPs that participated in the NYS MMC HIV SNP program in 2020.

IV. Corporate Profiles

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

Table 3: MCP Corporate Profiles

MCP	Name Used in this Report	Medicaid Managed Care Start Date	Total Medicaid Enrollment as of 12/2019[1]	NCQA Accreditation Rating[2] (as of 09/15/2021)
Amida Care, Inc.	Amida Care	04/15/03	7,705	Not Applicable
MetroPlus Health Plan, Inc. Special Needs Plan	MetroPlus SNP	02/14/03	4,334	Not Accredited
VNS Choice SNP	VNS Choice	12/23/11	2,964	Not Accredited

[1] Data Source: NYS OHIP Medicaid DataMart.
[2] Data for Amida Care was not found on the NCQA Accreditation website. For more detail on the MCPs' Accreditation ratings, please see https://reportcards.ncqa.org/health-plans.
MCP: managed care plan. NCQA: National Committee for Quality Assurance. SNP: special needs plan.

V. Findings and Conclusions 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). 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 one (1) PIP in a priority topic area of its choosing with the mutual agreement of the DOH and the EQRO, and consistent with *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

In 2020, the SNP MCPs continued with the PIPs that were initiated in 2019. Due to the COVID-19 public health emergency, these PIPs are extended through 2021. Amida Care's PIP focuses on improving mental health screening rates; MetroPlus SNP's PIP focuses on improving care transition post emergency department and inpatient care; and VNS Choice's PIP focuses on improving disease management for members with diabetes.

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 for MY 2020 are displayed for Amida Care, MetroPlus SNP, and VNS Choice in **Table 5**, **Table 6**, and **Table 7,** respectively.

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
Amida Care	Met	Met	Met	Met	Met	Met	Met	Met
MetroPlus SNP	Met	Met	Met	Met	Met	Met	Met	Met
VNS Choice	Met	Met	Met	Met	Met	Met	Met	Met

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

Table 5: Amida Care's PIP Indicator Rates, MY 2020

Indicator	Interim Rate MY 2020	Target/ Goal
Person Living with HIV Infection		
Screened annually for mental health (depression and anxiety)	13.2%	20%
Screened annually for substance use (alcohol or substance use disorder)	9.7%	16%
Screened annually for depression by chart review	34.5%	70%
Screened annually for anxiety by chart review[1]	Discontinued	25%
Follow-up within 30 days of a positive screening for depression[2]	21%	85%
Antidepressant medication dispending event	43%	85%
Visit with a primary care provider with a diagnosis of depression	83%	85%
Visit with a mental health provider with a diagnosis of depression	79%	85%
Screened annually for alcohol and substance misuse by chart review	18.7%	64%
Positive screens addressed by chart review	Not Available	73%

[1] Indicator was discontinued in MY 2020.
[2] Indicator was established in MY 2020.
MY: measurement year.

Table 6: MetroPlus SNP's PIP Indicator Rates, MY 2020

Indicator	Interim Rate MY 2020	Target/ Goal
HEDIS Follow-up After Hospitalization for Mental Illness – 7 Days	30.91%	38.63%
HEDIS Follow-up After Hospitalization for Mental Illness – 30 Days	43.64%	60.47%
HEDIS Follow-up After Emergency Department Visit for Mental Illness – 7 Days	27.63%	71.12%
HEDIS Follow-up After Emergency Department Visit for Mental Illness – 30 Days	39.47%	76.91%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence – 7 Days	15.45%	28.66%
HEDIS Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence – 30 Days	22.76%	33.09%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	61.54%	55.34%
HEDIS Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence	44.44%	36.33%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	14.55%	8.93%
HEDIS Follow-up After High-Intensity Care for Substance Use Disorder – 7 Days	32.97%	25.5%
HEDIS Follow-up After High-Intensity Care for Substance Use Disorder – 30 Days	54.95%	51.2%

MY: measurement year.

Table 7: VNS Choice's PIP Indicator Rates, MY 2020

Indicator	Interim Rate MY 2020	Target/ Goal
Diabetic members with an inpatient hospitalization	26.3%	20%
Diabetic members who received all tests	54.6%	56%
HEDIS Comprehensive Diabetes Care – HbA1c	95.6%	97%
HEDIS Comprehensive Diabetes Care – HbA1c control <8%[1]	63.9%	60%
HEDIS Comprehensive Diabetes Care – HbA1c poor control (>9%)[1]	28.7%	30%

[1] HEDIS measures with rolling data updates until April 2021 (to account for claims lag). This difference accounts for differing values in diabetic population.

MY: measurement year.

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 some portions of the ISCA are voluntary, there are some components that are required to support the execution of the mandatory EQR-related activities protocols.

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

Each MCP contracted with an 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.

NYS QARR 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 and NYS. The major areas of performance included in the 2020 QARR for the MMC HIV SNPs 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

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, prenatal 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 an NCQA-certified HEDIS vendor to collect data and to calculate rates for the performance measures. 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 audit review table (ART) to confirm that all the performance measures were reportable, and that calculation of these performance measures 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 Quality Compass® regional Medicaid benchmarks and analyzed rate-level trends to identify drastic changes in performance.

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 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.

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 seven of the applicable NCQA IS standards. HEDIS rates produced by the MCPs were reported to NCQA and DOH. **Table 8** displays the results of IS reviews for each MCP, as well as the name of the independent auditor for HEDIS MY 2020.

[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

Table 8: MCP Compliance with Information System 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
Amida Care	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
MetroPlus SNP	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
VNS Choice	Advent Advisory Group	Met	Met	Met	Met	Met	Met	Met

IS: information system; MCP: managed care plan; MY: measurement year; NCQA: National Committee for Quality Assurance.

QARR Performance Measure Results

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

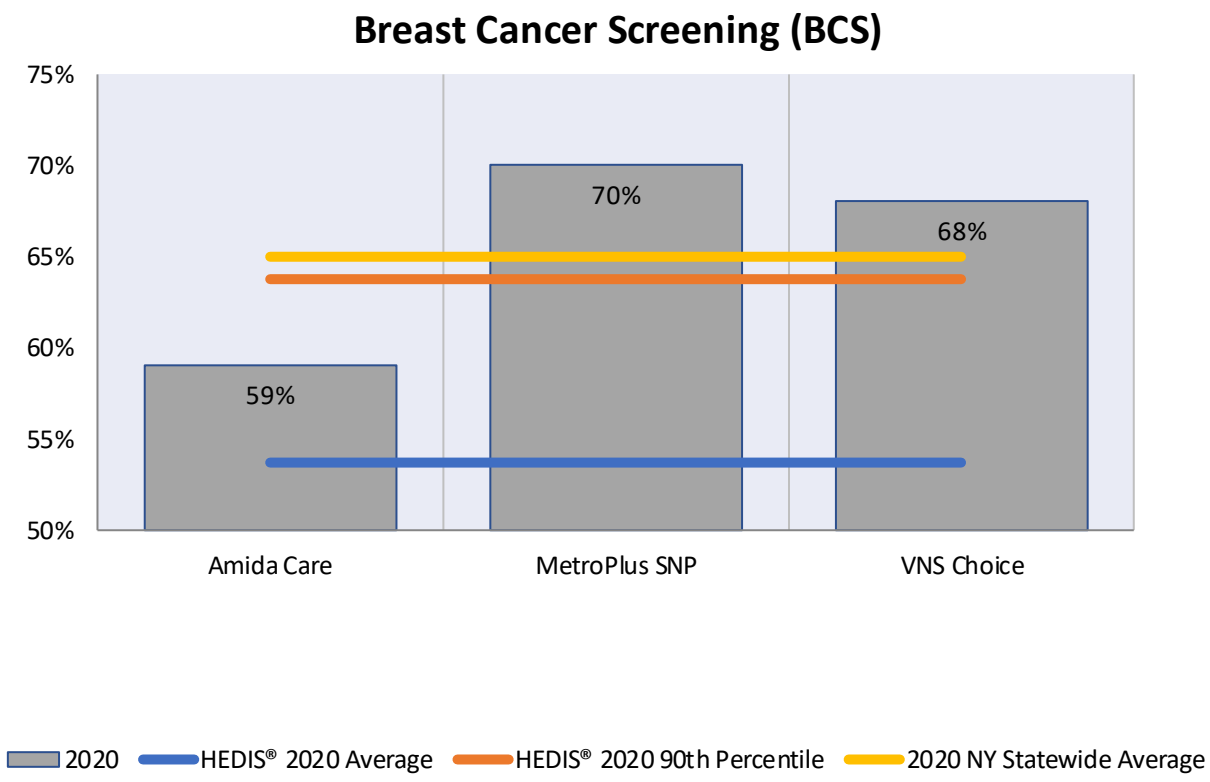
Effectiveness of Care: Preventive Care and Screenings

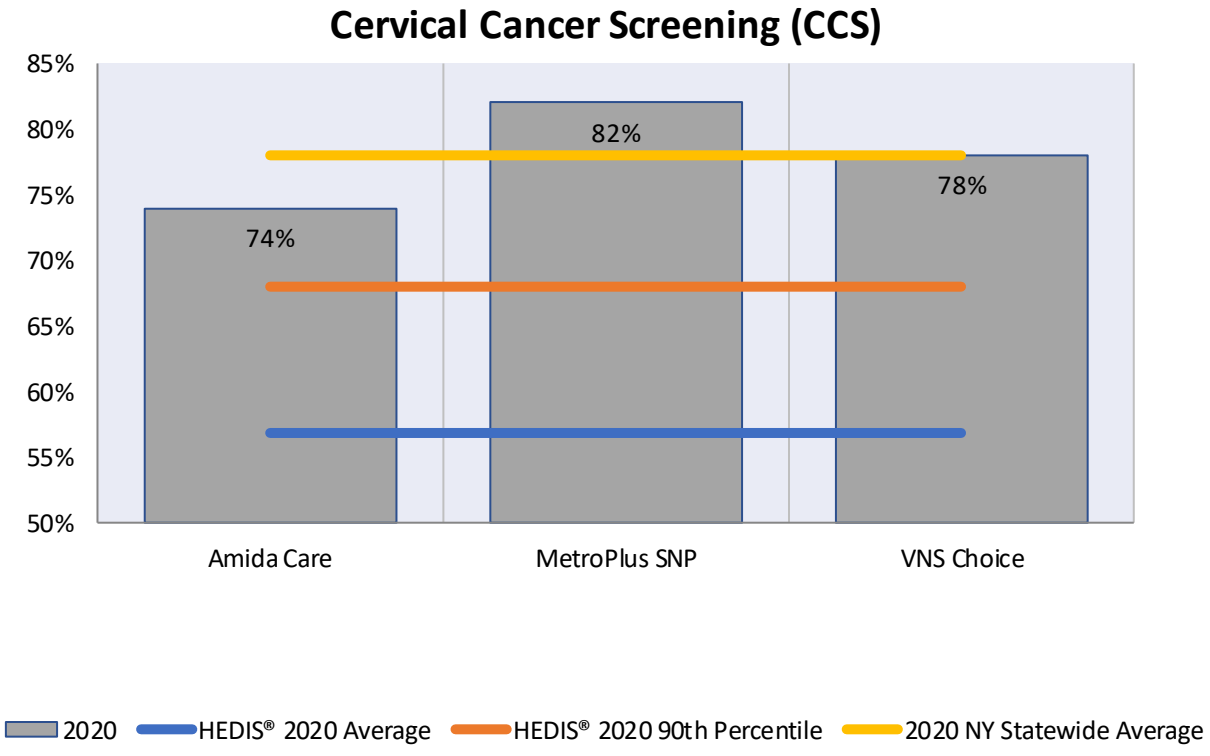
This domain of measures includes various indicators which are used to measure preventive care and screenings for several health issues. These indicators are used to evaluate how well the MCPs provided these services for their enrollees.

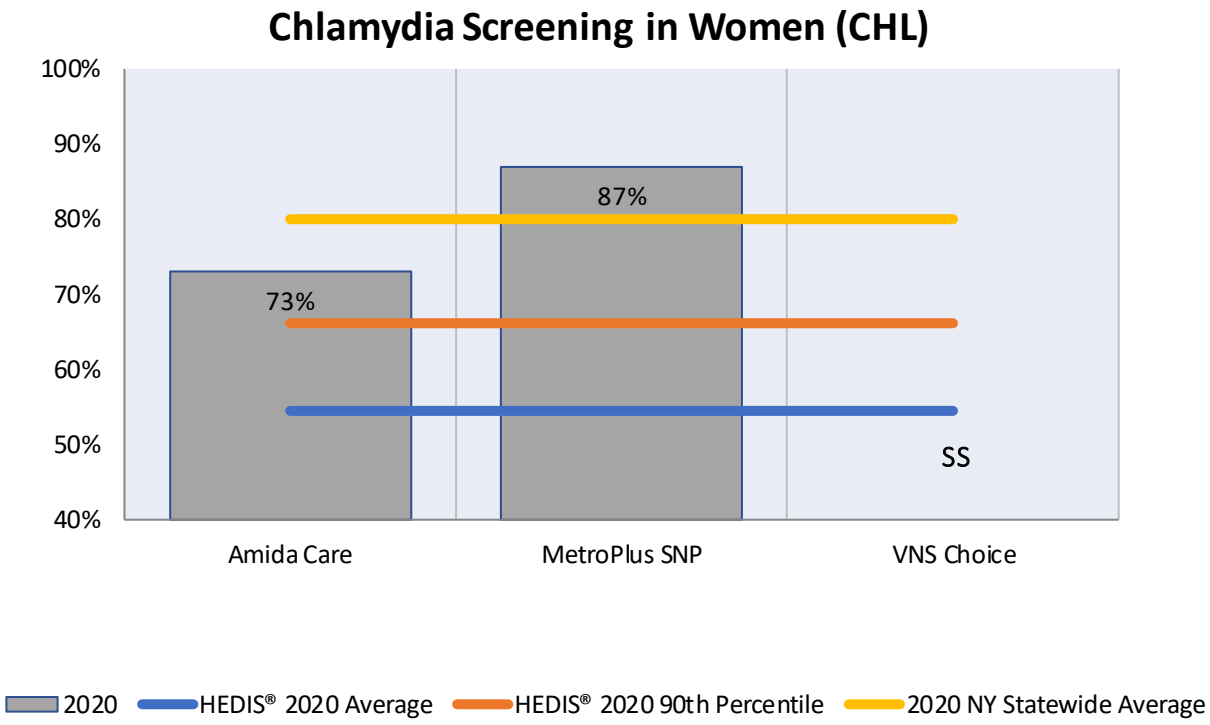
- Breast Cancer Screening – All of the MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 65% exceeded the national Medicaid average.
- Cervical Cancer Screening - All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 78% exceeded the national Medicaid average.
- Chlamydia Screening – Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 80% exceeded the national Medicaid average. *(Note: One (1) of the three MCPs had a sample size too small to report [less than 30 members] but is included in the calculation of the statewide average.)*
- Colorectal Cancer Screening – Two MCPs reported a rate that exceeded the statewide average rate of 60%. *(Note: National Medicaid benchmarks were not available for this measure.)*
- Flu Shots for Adults (Ages 18-64 Years)[12] – All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 74% exceeded the national Medicaid average.

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

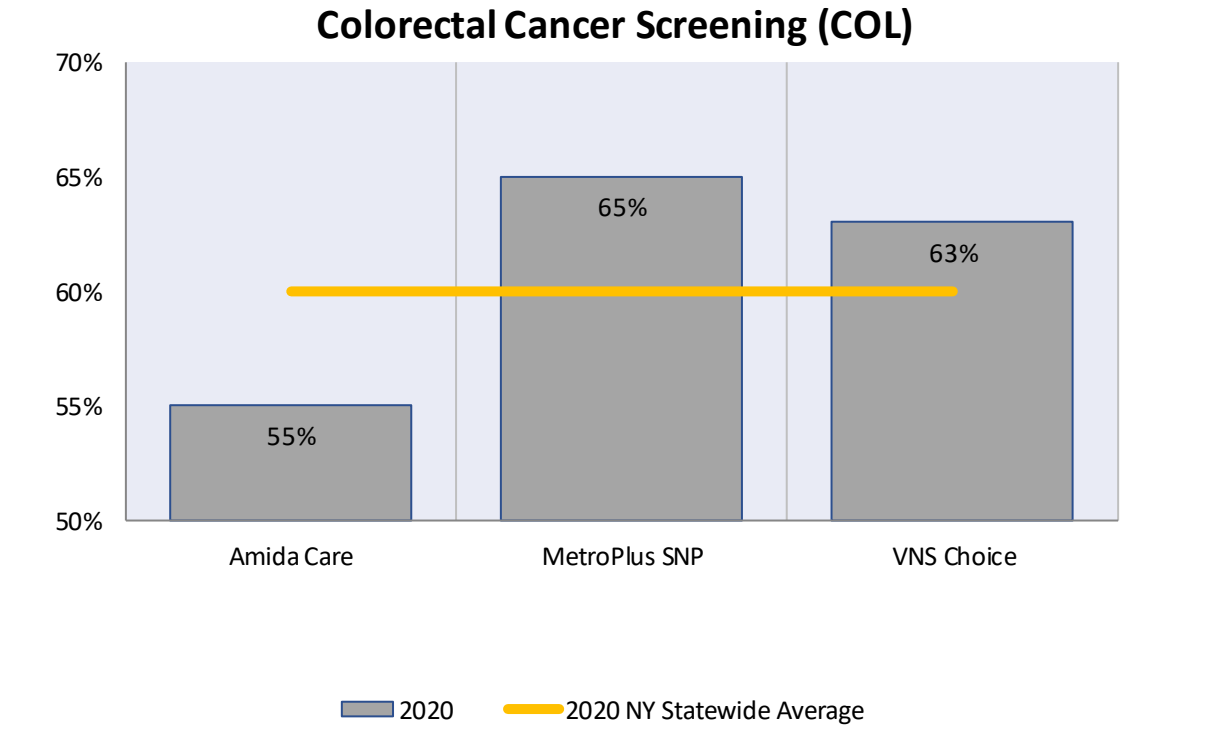
[12] The Flu Vaccinations for Adult rates presented in this section derive from the MY 2019 Adult CAHPS survey.


Breast Cancer Screening (BCS)
75%
70%
65%
60%
55%
50%
59%
70%
68%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

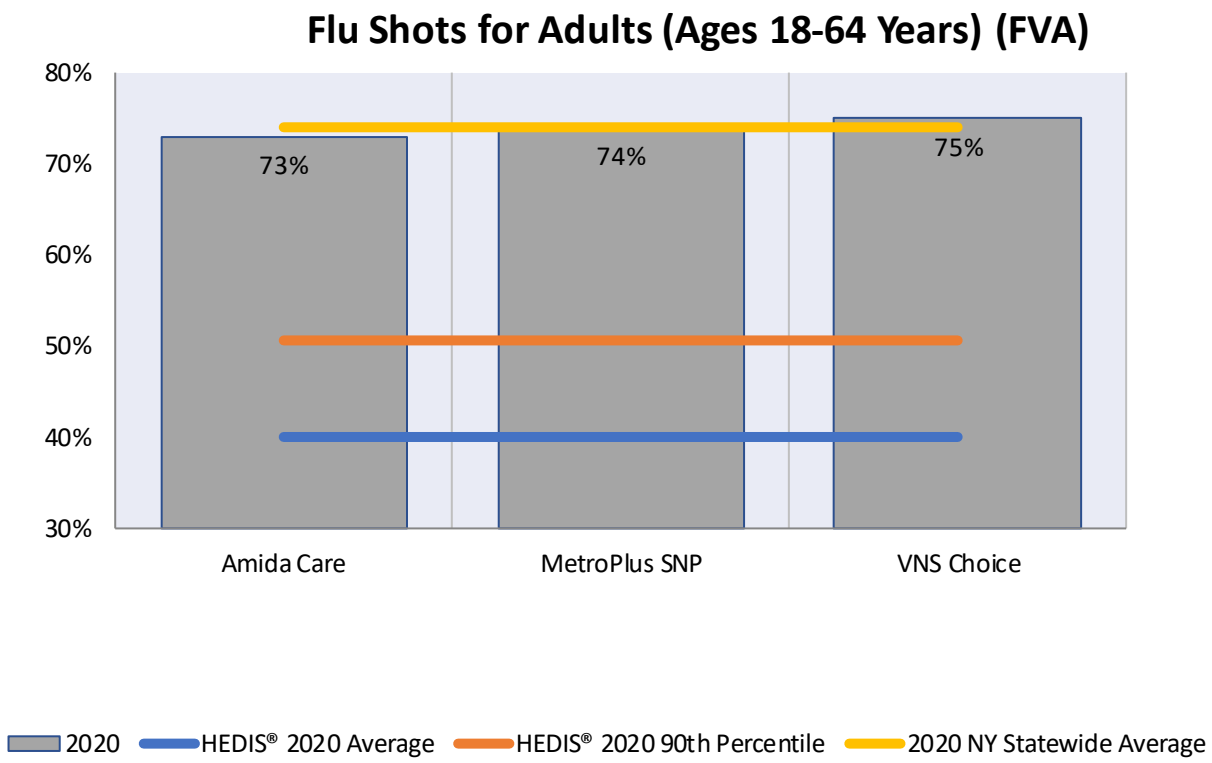

Cervical Cancer Screening (CCS)
85%
80%
75%
70%
65%
60%
55%
50%
74%
82%
78%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average



SS: Sample size too small to report.



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



Effectiveness of Care: Acute and Chronic Care

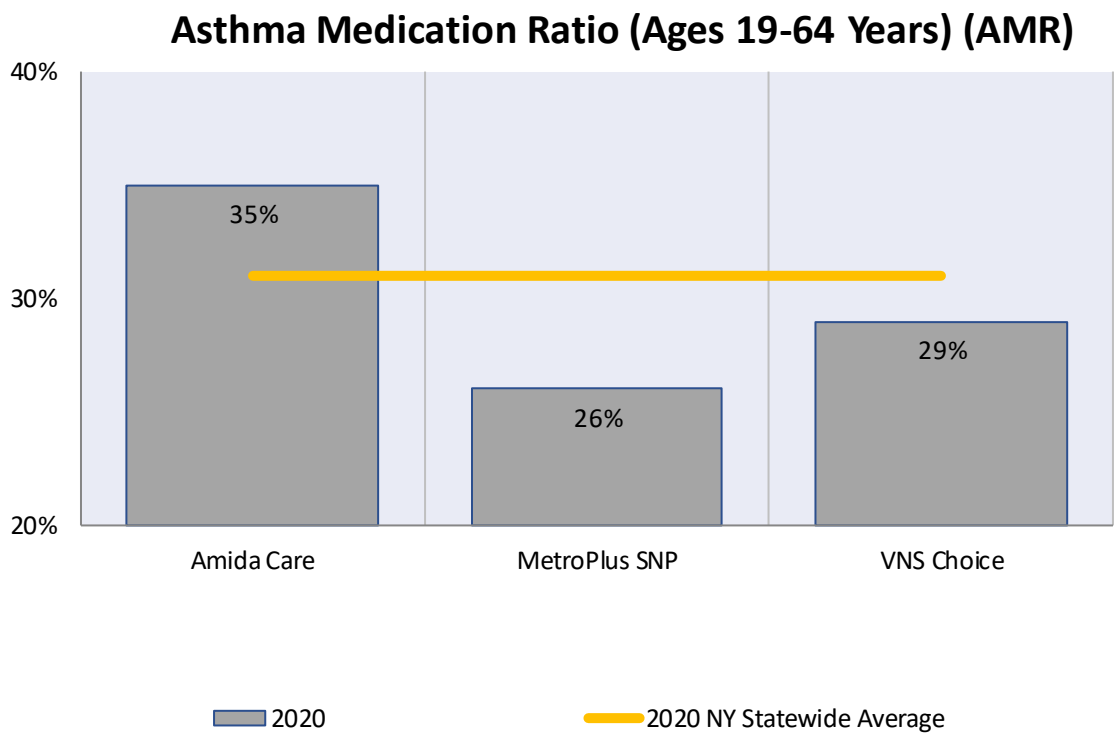
Measures included in this domain evaluate the health care services provided to MCP members who have acute and chronic medical conditions. These include respiratory, cardiovascular, and musculoskeletal diseases, as well as diabetes and HIV.

- Asthma Medication Ratio (Ages 19-64 Years) – One (1) of the three MCPs reported a rate that exceeded the statewide average rate of 31%. *(Note: National Medicaid benchmarks were not available for this measure.)*
- Comprehensive Diabetes Care
  - Blood Pressure Controlled (<140/90) – Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 63% exceeded the national Medicaid average.
  - Eye Exam – Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 55% exceeded the national Medicaid average.
  - HbA1c Testing – All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 95% exceeded the national Medicaid average.
  - HbA1c Control (<8%) – All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 65% exceeded the national Medicaid average.

- **Controlling High Blood Pressure –** Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCP rates exceeded the national Medicaid 90th percentile. The statewide average rate of 61% exceeded the national Medicaid average.
- **HIV Viral Load Suppression** – Two (2) of the three MCPs reported a rate that exceeded the NYS statewide average. *(Note: National Medicaid benchmarks were not available for this measure.)*
- **Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease**
  - **Corticosteroid –** All MCPs reported a rate that was below the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 64% did not meet the national Medicaid average.
  - **Bronchodilator –** All MCPs reported a rate that exceeded the national Medicaid average. All MCP rates met the national Medicaid 90th percentile. The statewide average rate of 96% exceeded the national Medicaid average.
- **Smoking Cessation**[13]
  - **Medications –** All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 86% exceeded the national Medicaid average.
  - **Strategies –** All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 78% exceeded the national Medicaid average.
- **Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease –** All of the MCPs reported a rate that were below the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 18% did not meet the national Medicaid average.
- **Statin Therapy for Patients with Cardiovascular Disease**
  - **Received Statin Therapy –** Two (2) of the three 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 78% met the national Medicaid average.
  - **Statin Adherence 80% –** All MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 84% exceeded the national Medicaid average.
- **Statin Therapy for Patients with Diabetes**
  - **Received Statin Therapy** – All 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 78% exceeded the national Medicaid average.
  - **Statin Adherence 80% –** All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 84% exceeded the national Medicaid average.

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

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



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

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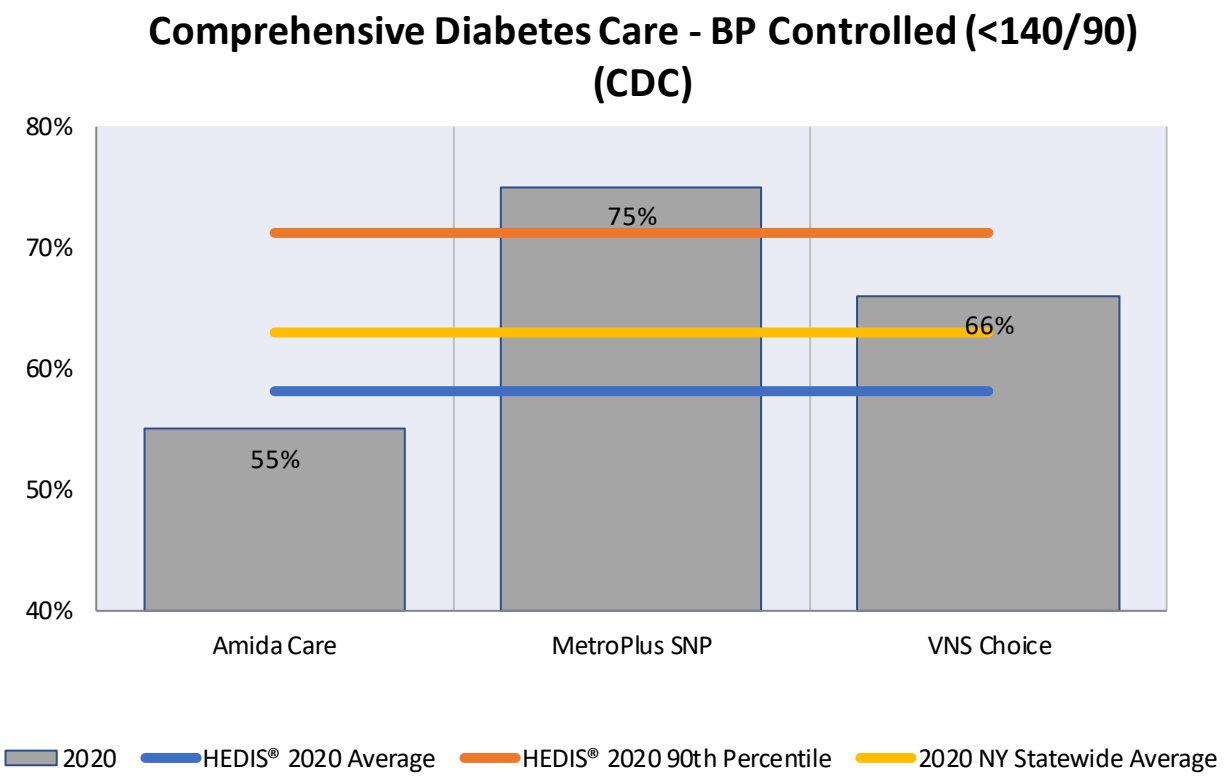
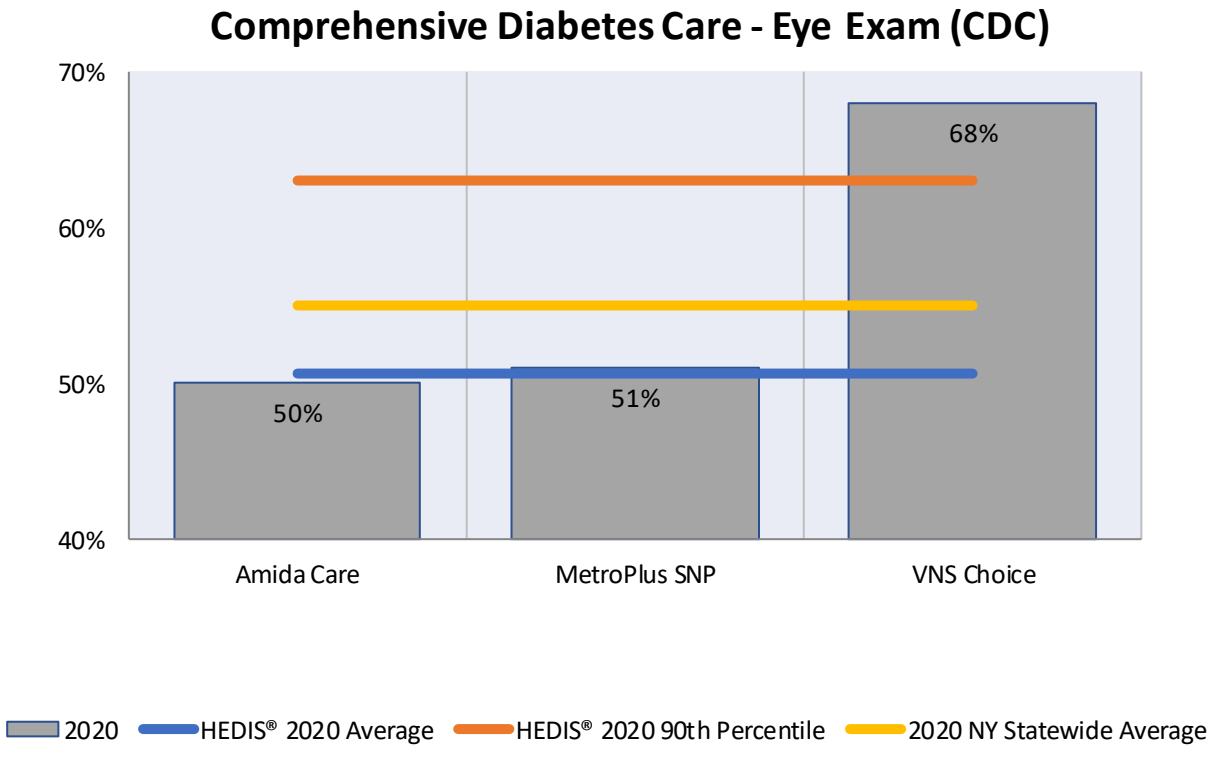
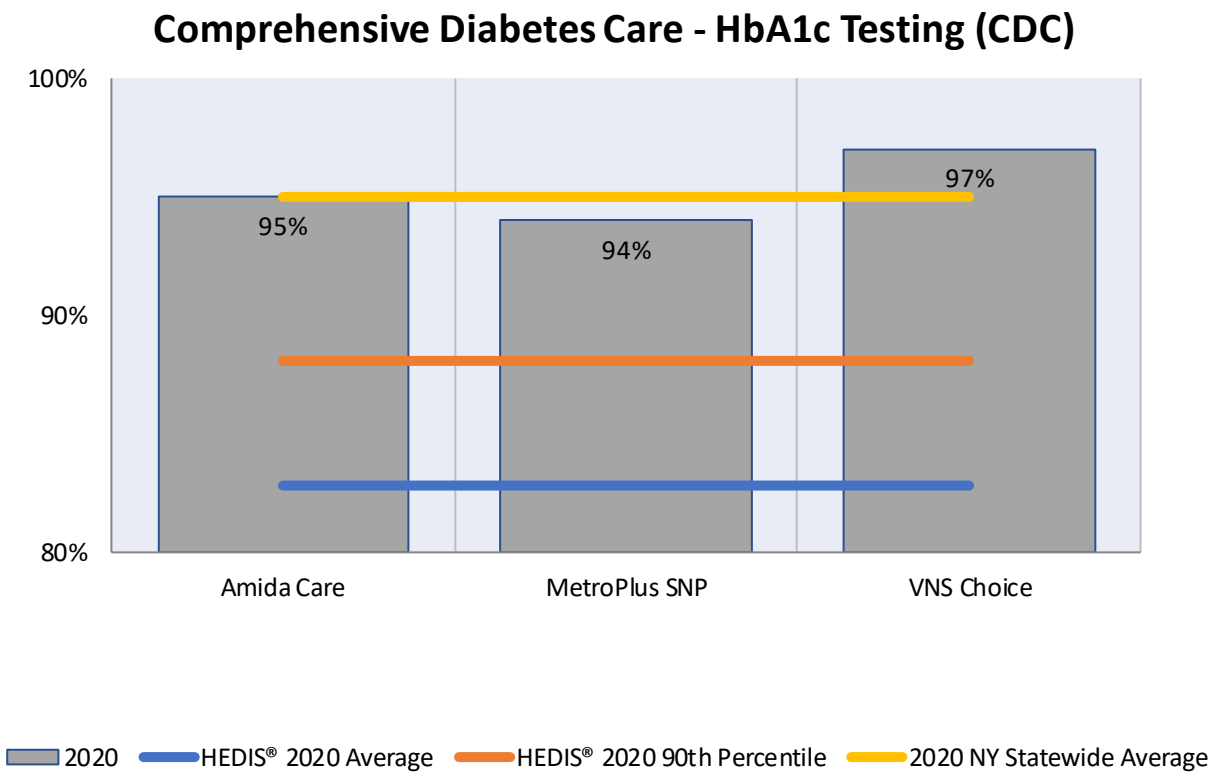
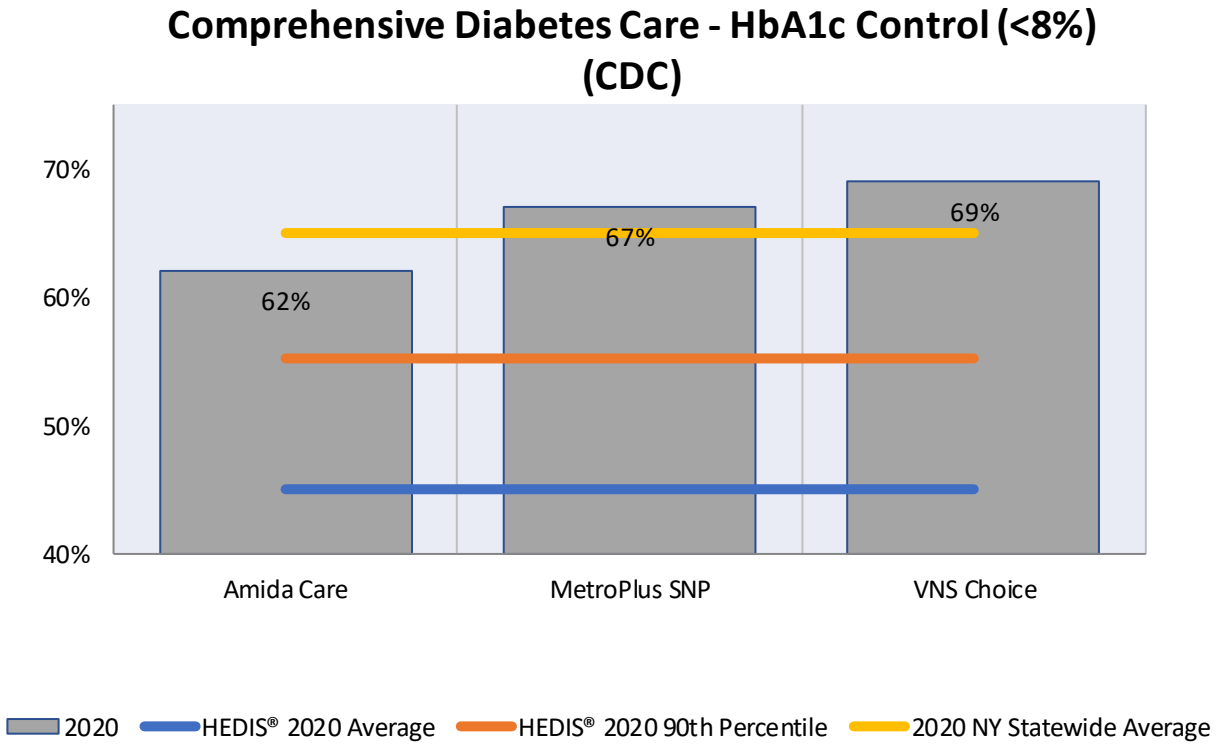
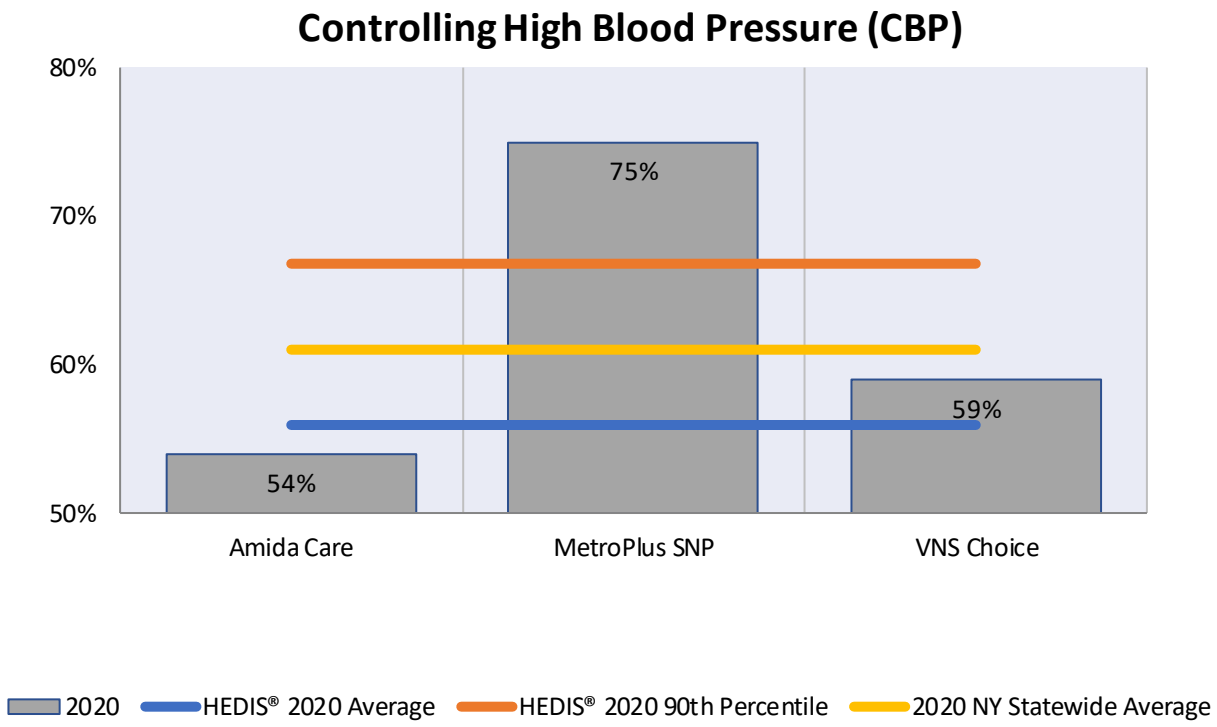
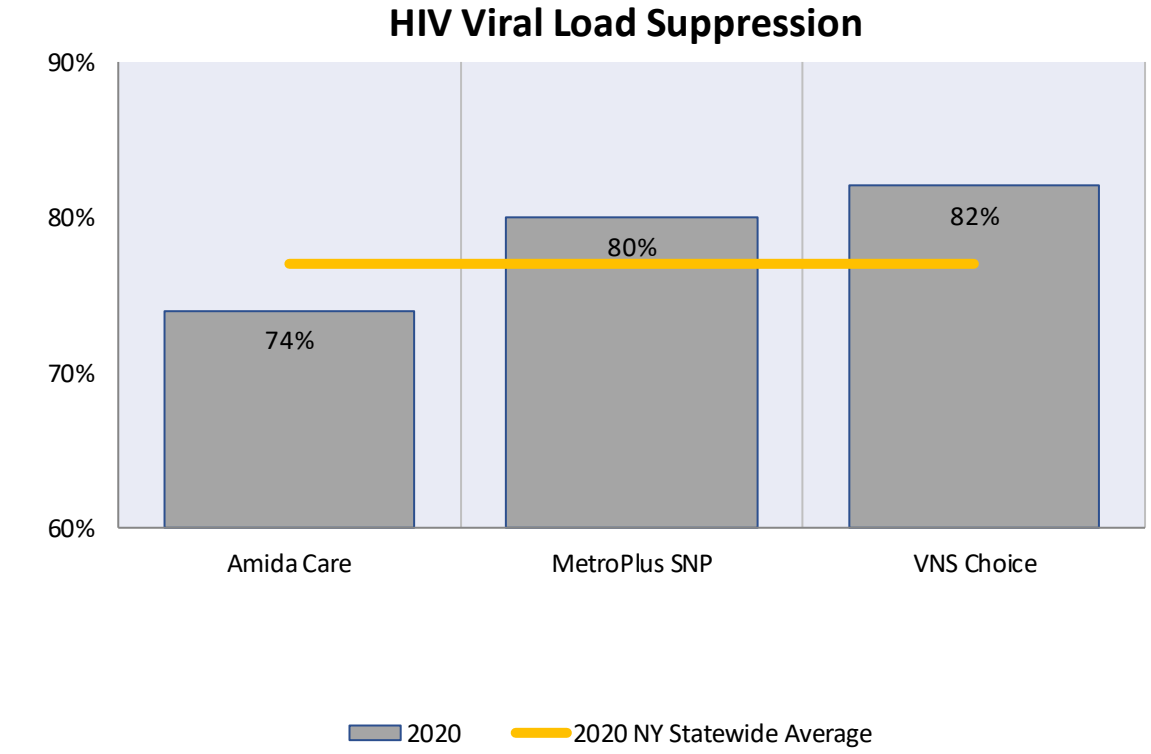

Comprehensive Diabetes Care - BP Controlled (<140/90) (CDC)
80%
70%
60%
50%
40%
75%
66%
55%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Comprehensive Diabetes Care - Eye Exam (CDC)
70%
60%
50%
40%
68%
50%
51%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

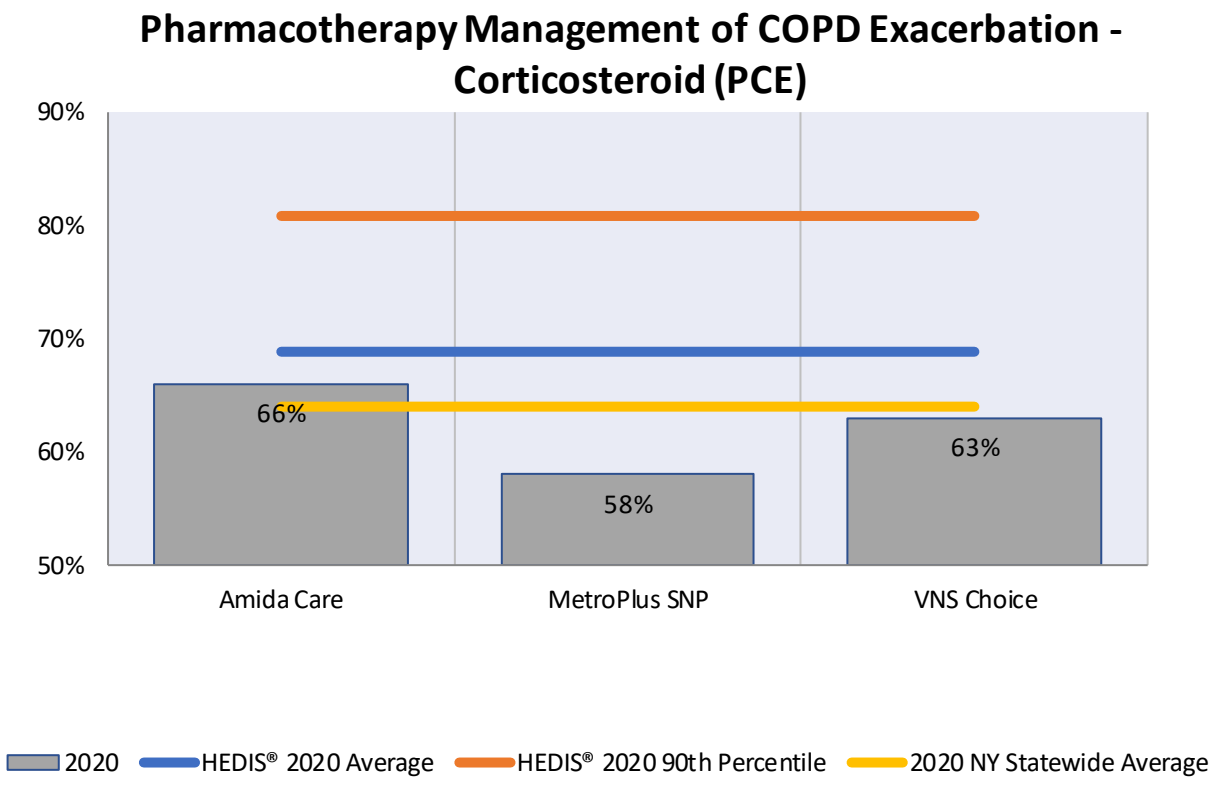

Comprehensive Diabetes Care - HbA1c Testing (CDC)
100%
90%
80%
95%
94%
97%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

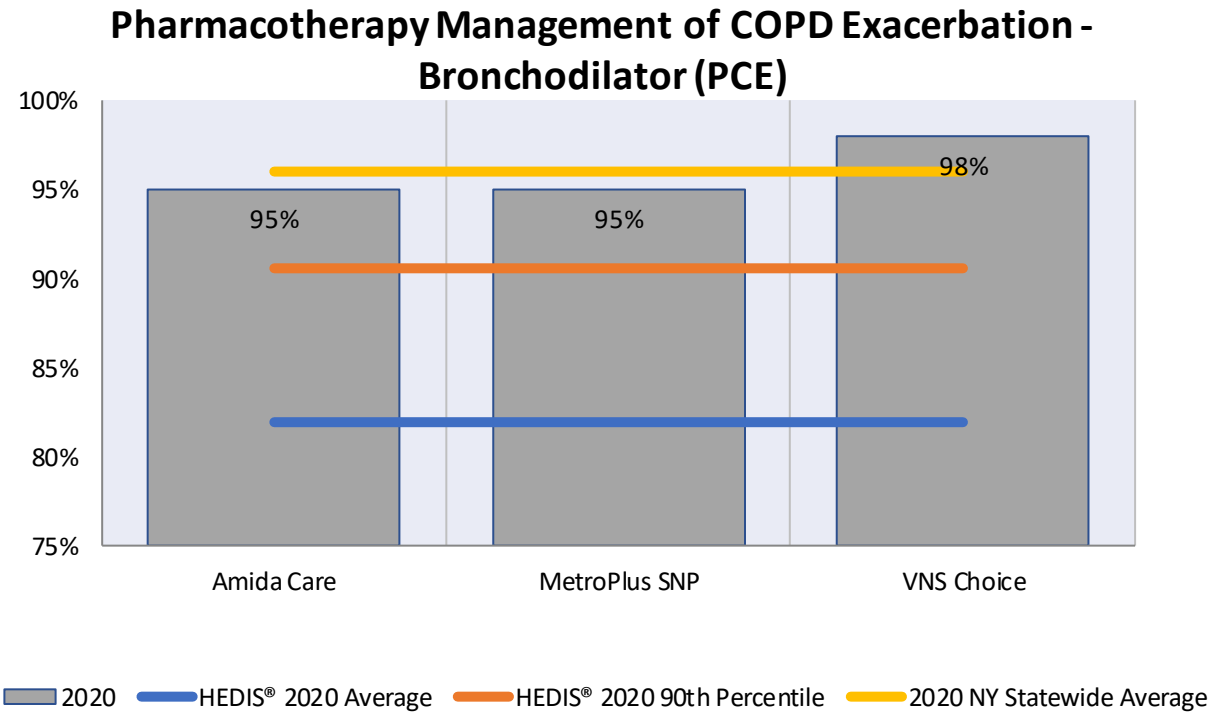

Comprehensive Diabetes Care - HbA1c Control (<8%) (CDC)
70%
60%
50%
40%
62%
67%
69%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

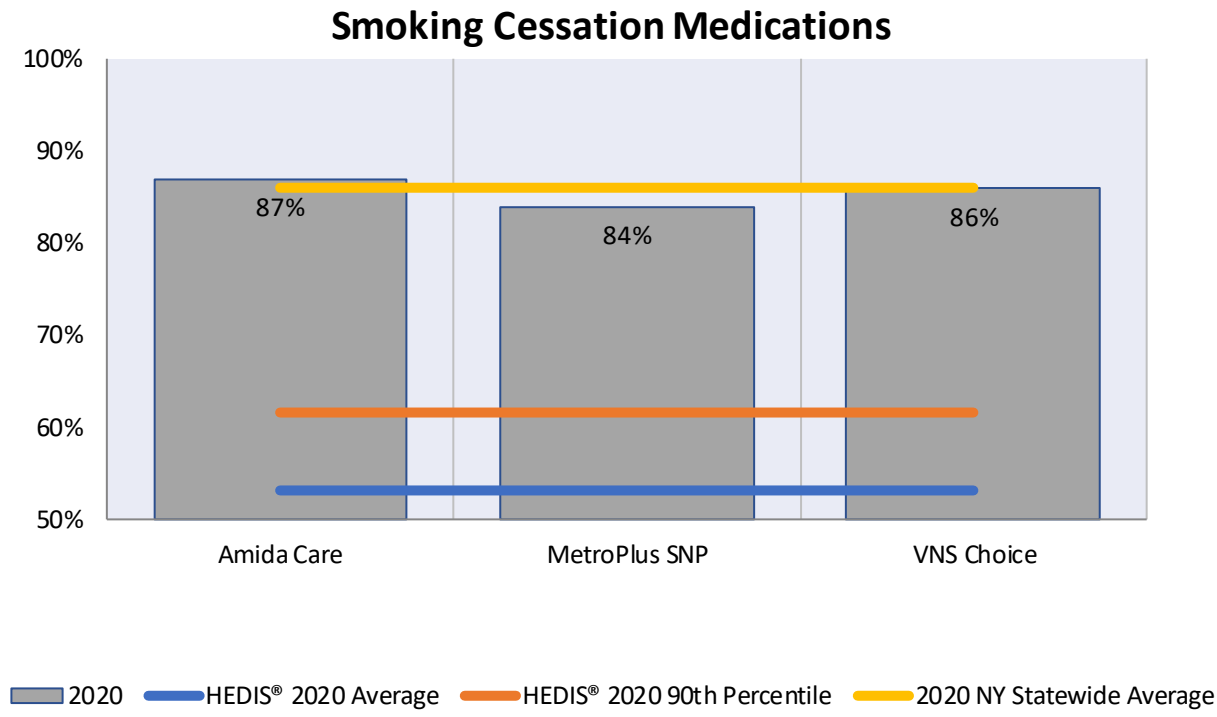


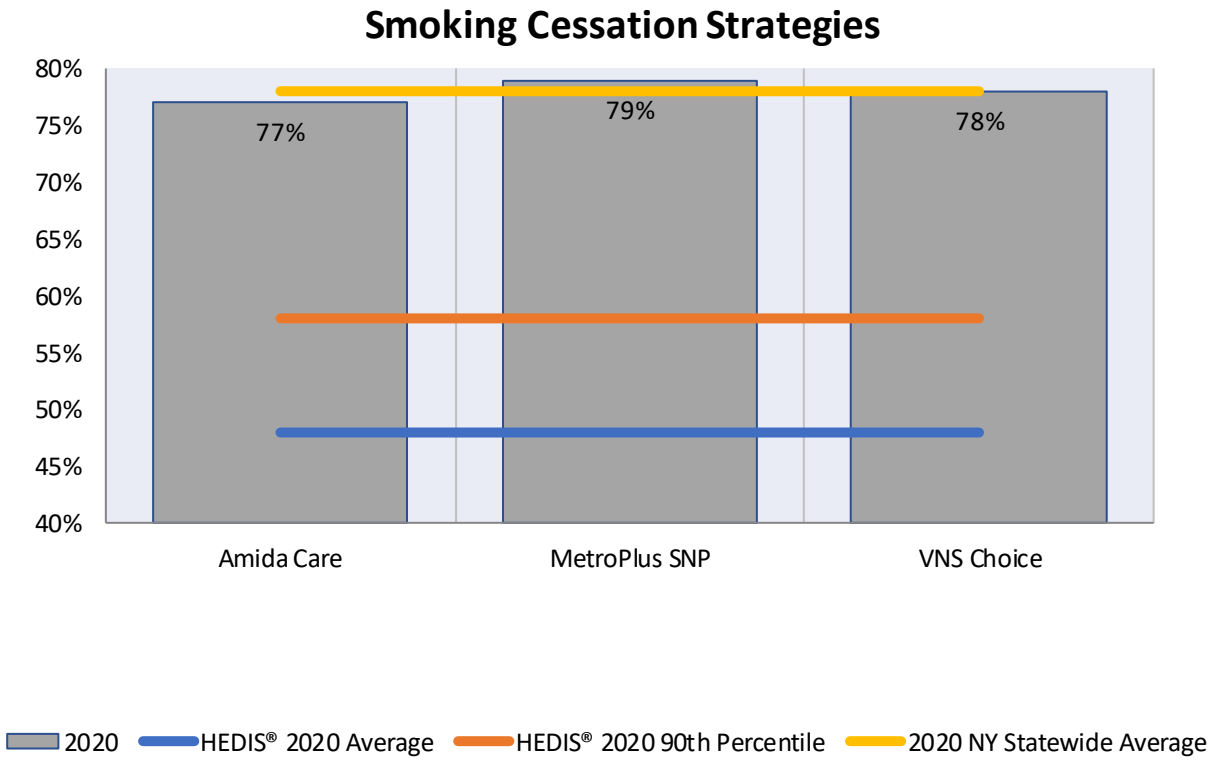


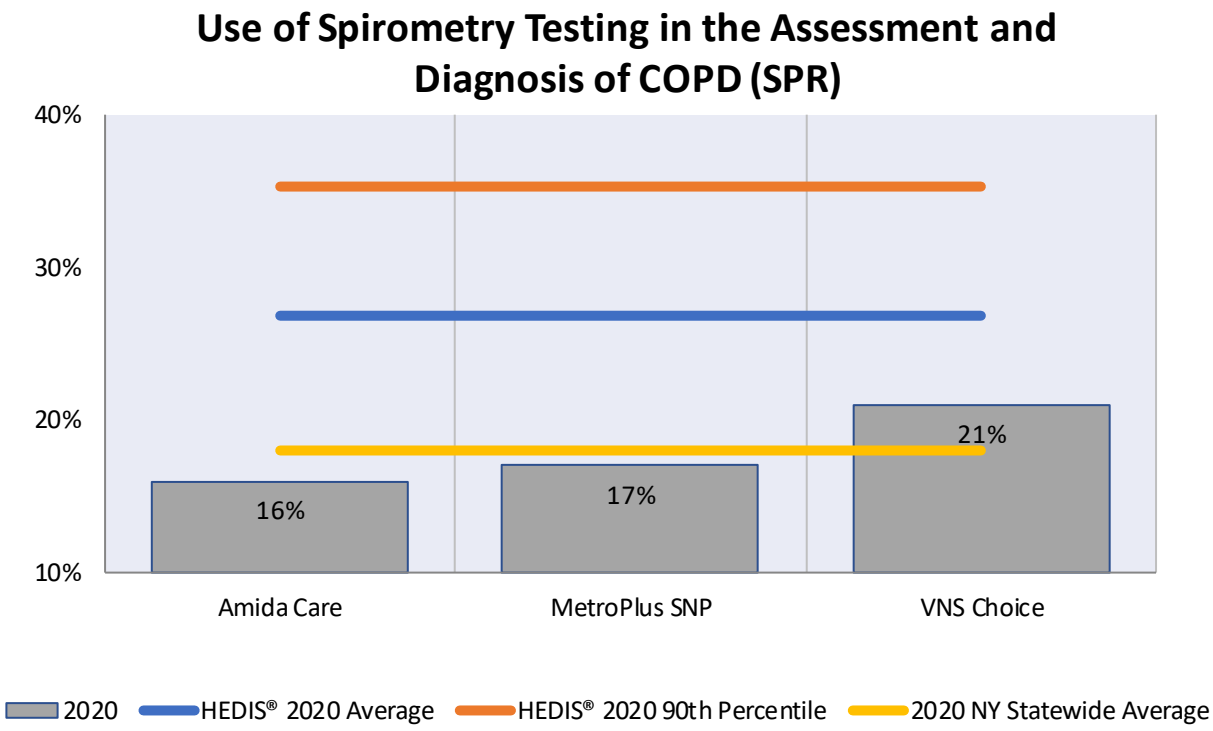
Note: National Medicaid benchmarks were not available for the HIV Viral Load Suppression measure.


Pharmacotherapy Management of COPD Exacerbation - Corticosteroid (PCE)
90%
80%
70%
60%
50%
66%
58%
63%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Pharmacotherapy Management of COPD Exacerbation - Bronchodilator (PCE)
100%
95%
90%
85%
80%
75%
95%
95%
98%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Smoking Cessation Medications
100%
90%
80%
70%
60%
50%
87%
84%
86%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Smoking Cessation Strategies
80%
75%
70%
65%
60%
55%
50%
45%
40%
77%
79%
78%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average



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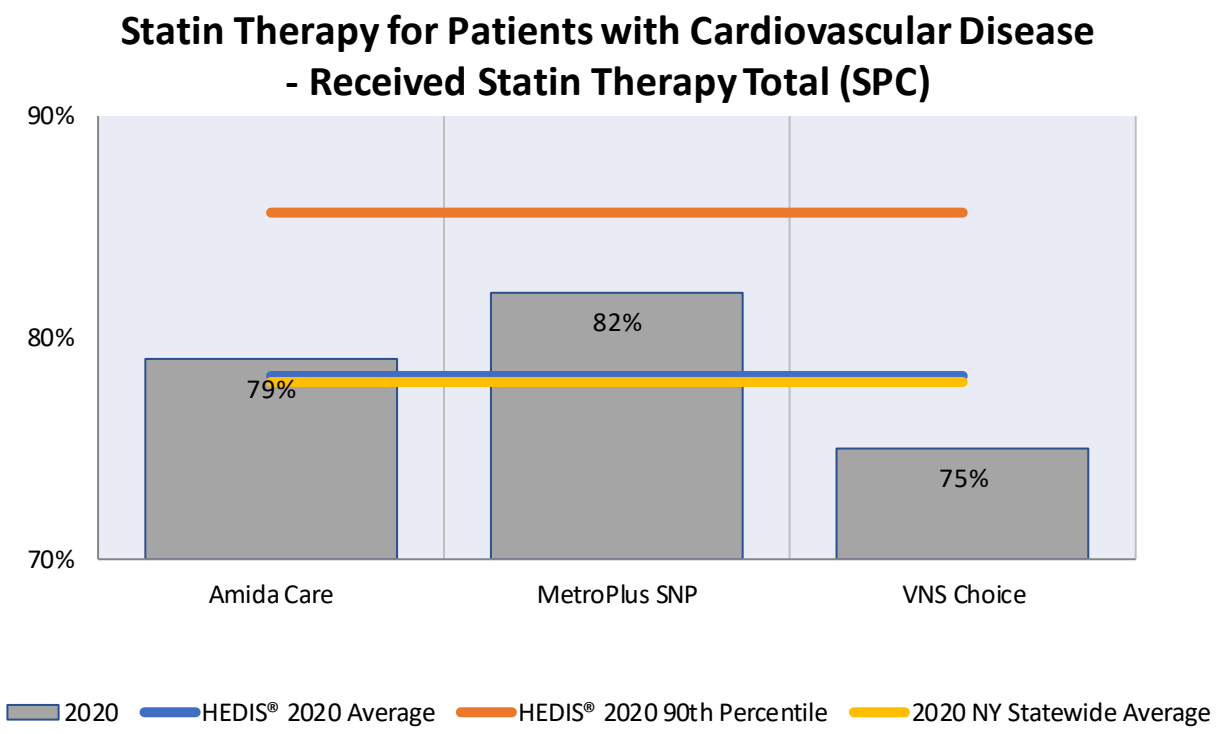
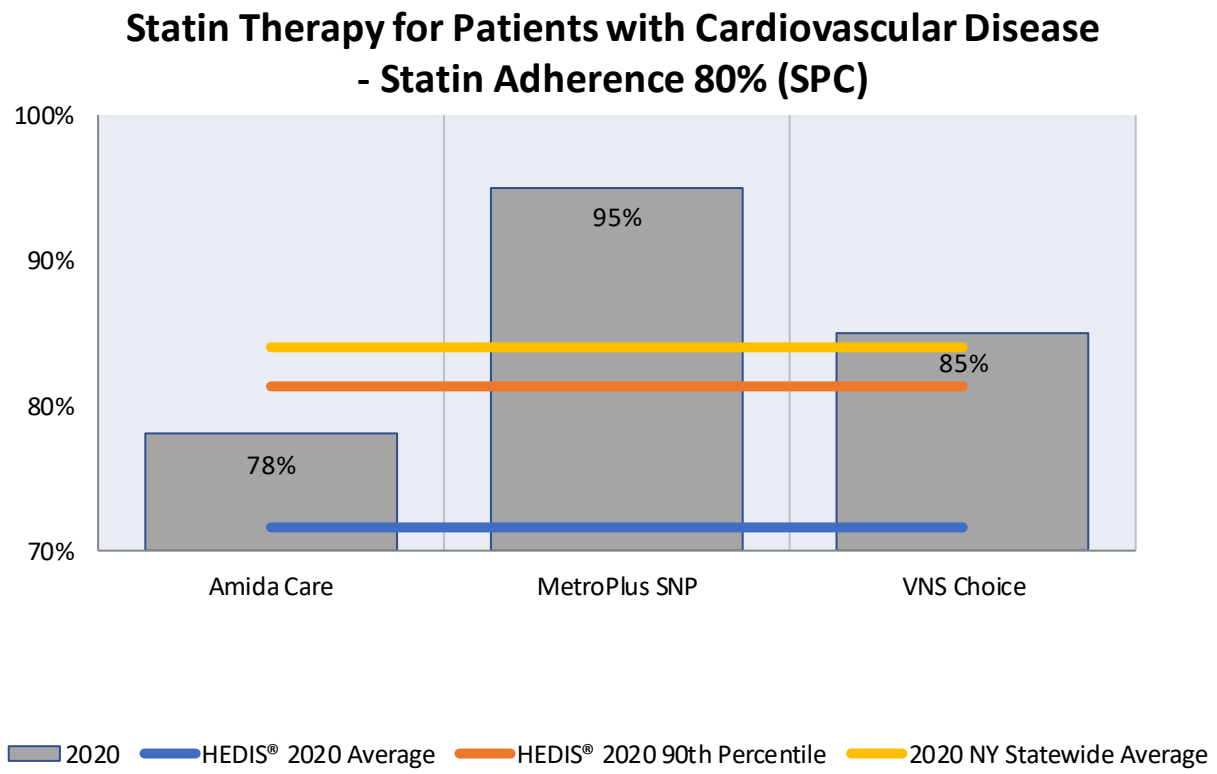
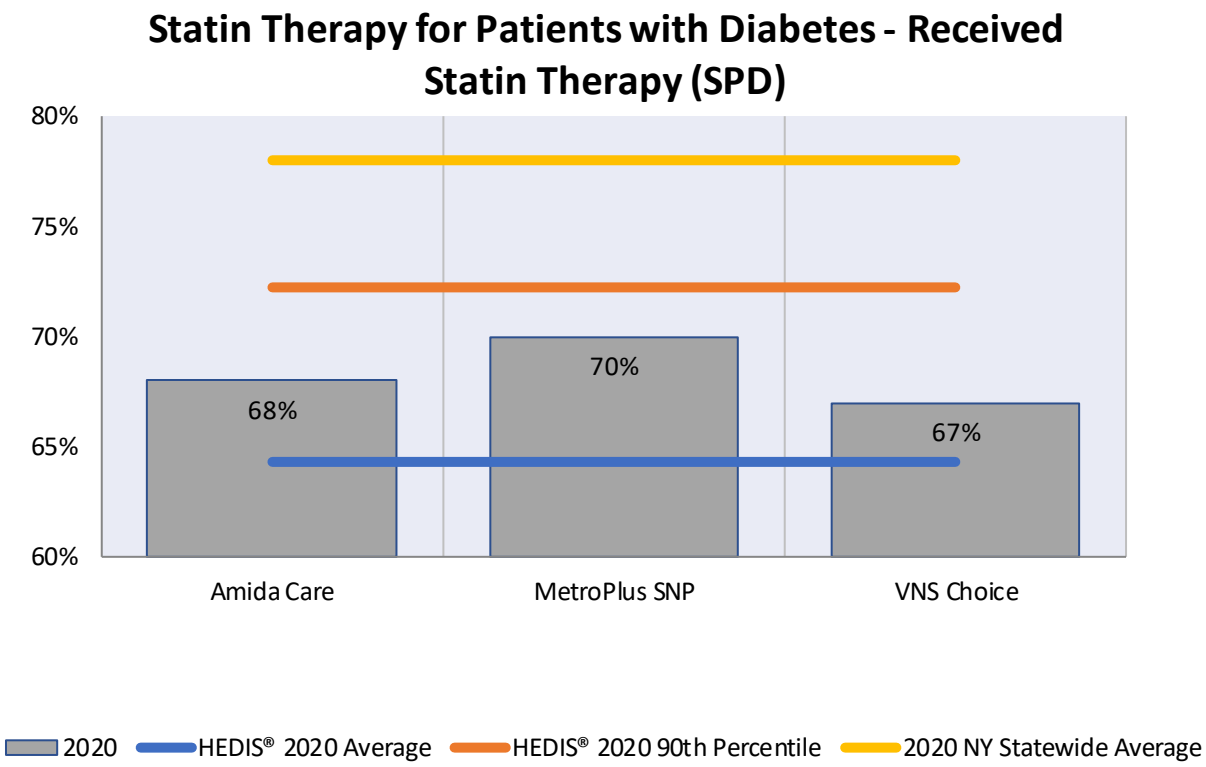
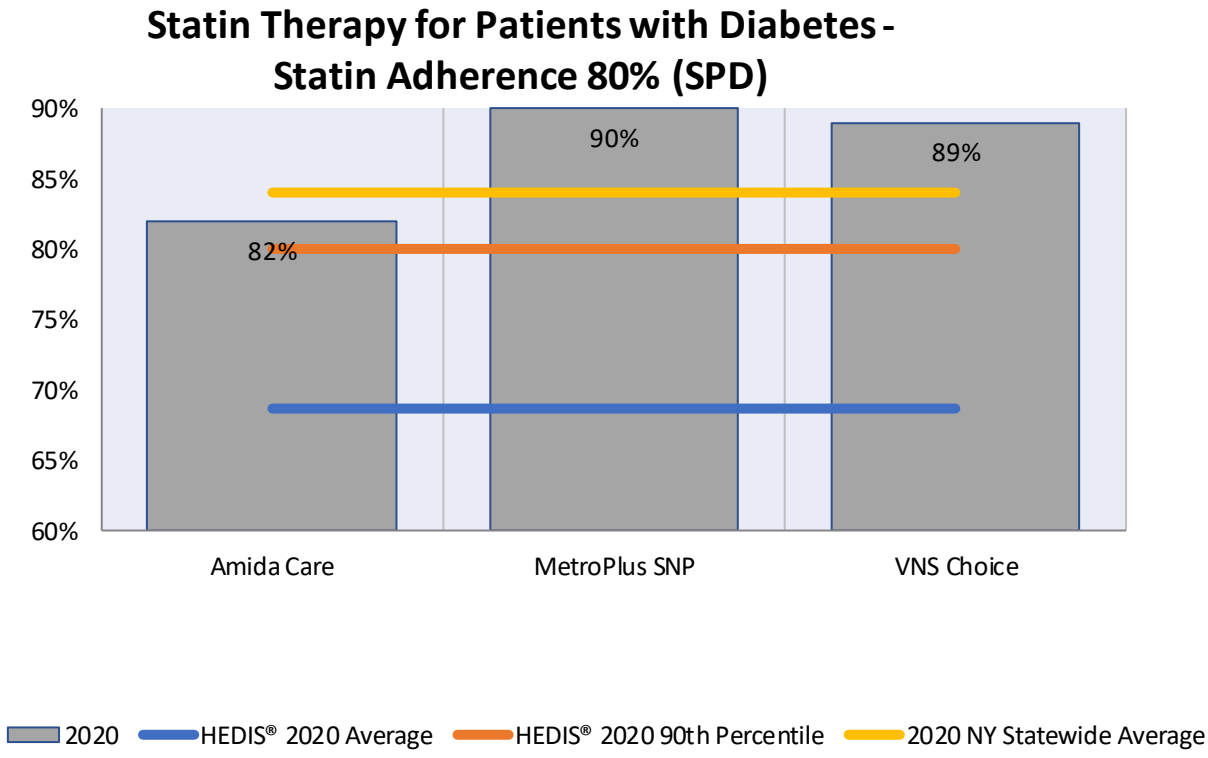

Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total (SPC)
90%
80%
70%
79%
82%
75%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (SPC)
100%
90%
80%
70%
78%
95%
85%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)
80%
75%
70%
65%
60%
68%
70%
67%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Statin Therapy for Patients with Diabetes - Statin Adherence 80% (SPD)
90%
85%
80%
75%
70%
65%
60%
82%
90%
89%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

Effectiveness of Care: Behavioral Health

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

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia – Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 58% did not meet the national Medicaid average.
- Antidepressant Medication Management
  - Acute Phase Treatment – Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 58% exceeded the national Medicaid average.
  - Continuation Phase Treatment – Two (2) of three MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 41% met the national Medicaid average.
- Diabetes Monitoring for People with Schizophrenia – One (1) MCP reported a rate that exceeded the national Medicaid average. The statewide average rate of 87% exceeded the national Medicaid average. *(Note: Two (2) of the three MCPs had a sample size too small to report [less than 30 members] but are included in the calculation of the statewide average.)*
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications – All MCPs reported a rate that exceeded the national Medicaid average. All MCPs exceeded the national Medicaid 90th percentile. The statewide average rate of 96% exceeded the national Medicaid average.
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 32% exceeded the national Medicaid average.
  - 30 Days – All MCPs reported a rate that exceeded the national Medicaid average. All 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 Emergency Department Visit for Mental Illness
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90th percentile. The statewide average rate of 47% exceeded the national Medicaid average.
  - 30 Days – Two (2) of the three 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 61% exceeded the national Medicaid average.
- Follow-up After High-Intensity Care for Substance Use Disorder
  - 7 Days – All MCPs reported a rate that exceeded the national Medicaid average. One (1) of the three MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 41% exceeded the national Medicaid average.
  - 30 Days – All MCPs reported a rate that exceeded the national Medicaid average. All MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 81% exceeded the national Medicaid average.

- Follow-Up After Hospitalization for Mental Illness
  - 7 Days – One (1) of three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 37% did not meet the national Medicaid average.
  - 30 Days – One (1) of the three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 58% met the national Medicaid average.
- Pharmacotherapy for Opioid Use Disorder – Two (2) of the three MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90th percentile. The statewide average rate of 31% exceeded the national Medicaid average.
- Risk of Continued Opioid Use
  - 15 Days – One (1) of the three MCPs reported a rate lower than the national Medicaid average, indicating better MCP performance. No MCP reported a rate lower than the national Medicaid 90th percentile. The statewide average rate of 11% was worse than the national Medicaid average. *(Note: A lower rate indicates better performance.)*
  - 31 Days – No MCP reported a rate lower than the national Medicaid average, indicating better national performance. The statewide average rate of 7% was worse than the national Medicaid average. *(Note: A lower rate indicates better performance.)*
- Use of Opioids at High Dosage – No MCP reported a rate lower than the national Medicaid average, indicating better national performance. The statewide average rate of 25% 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.

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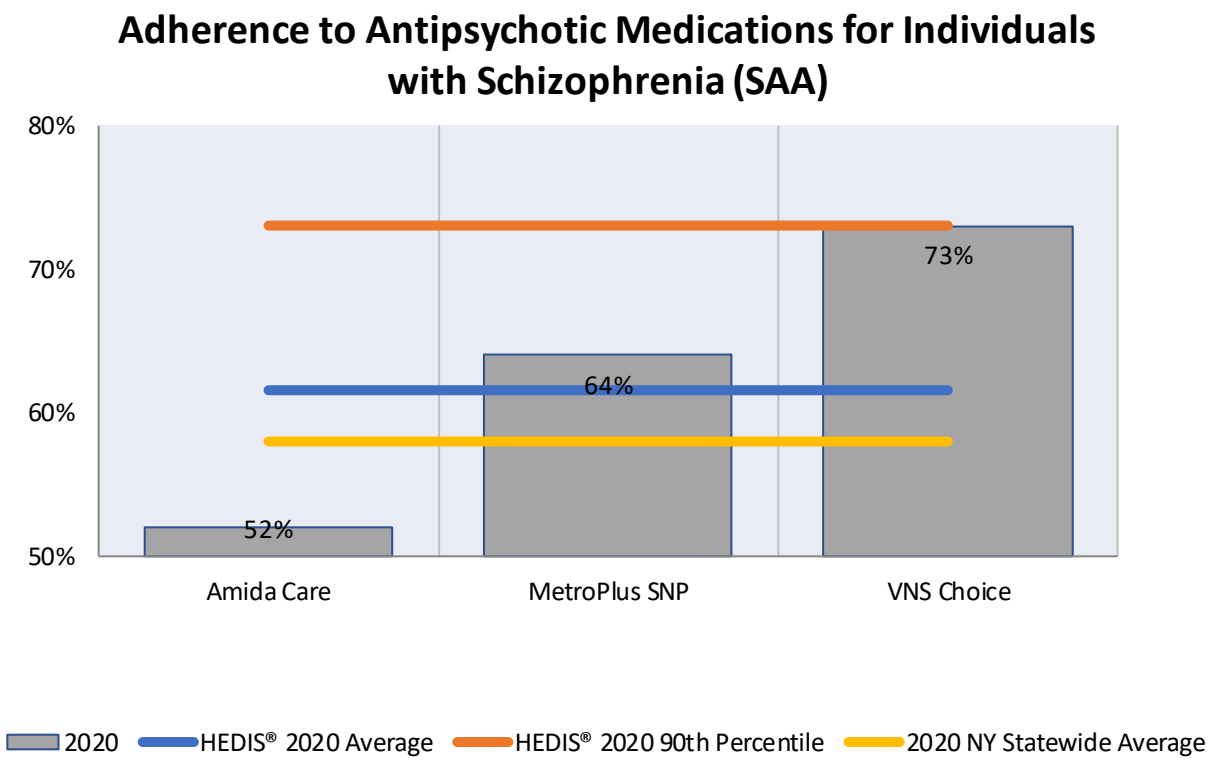

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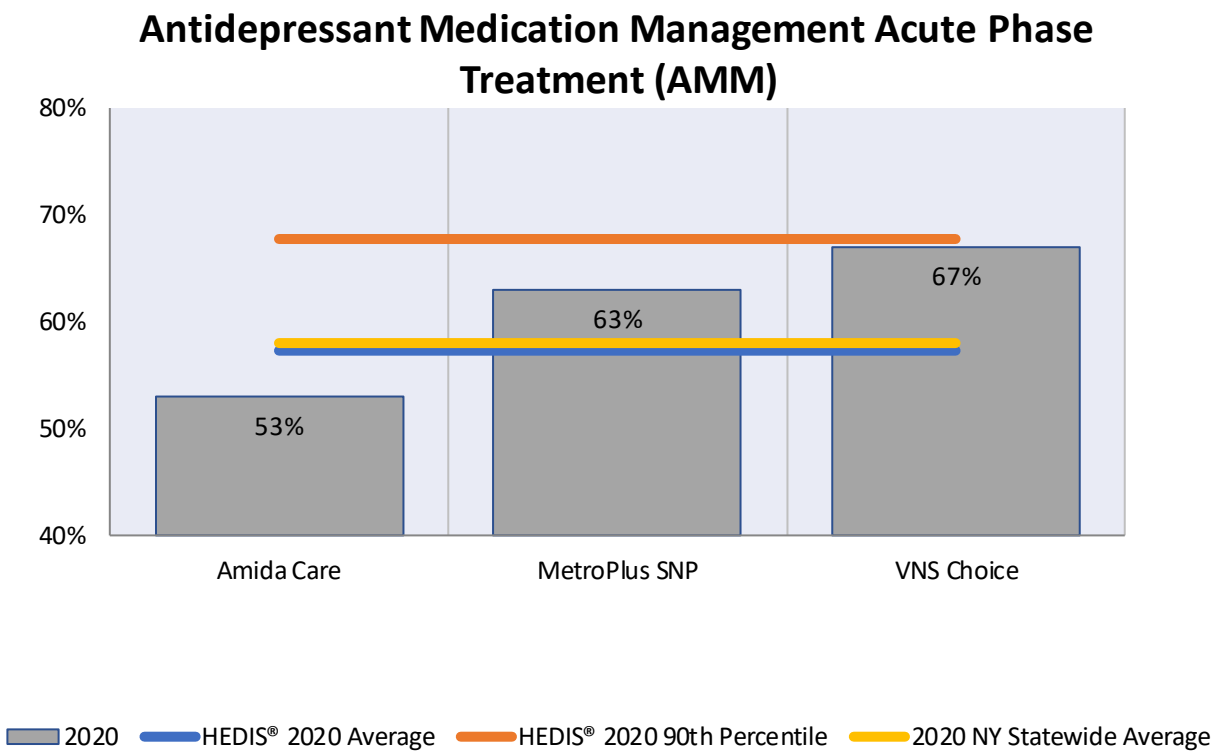
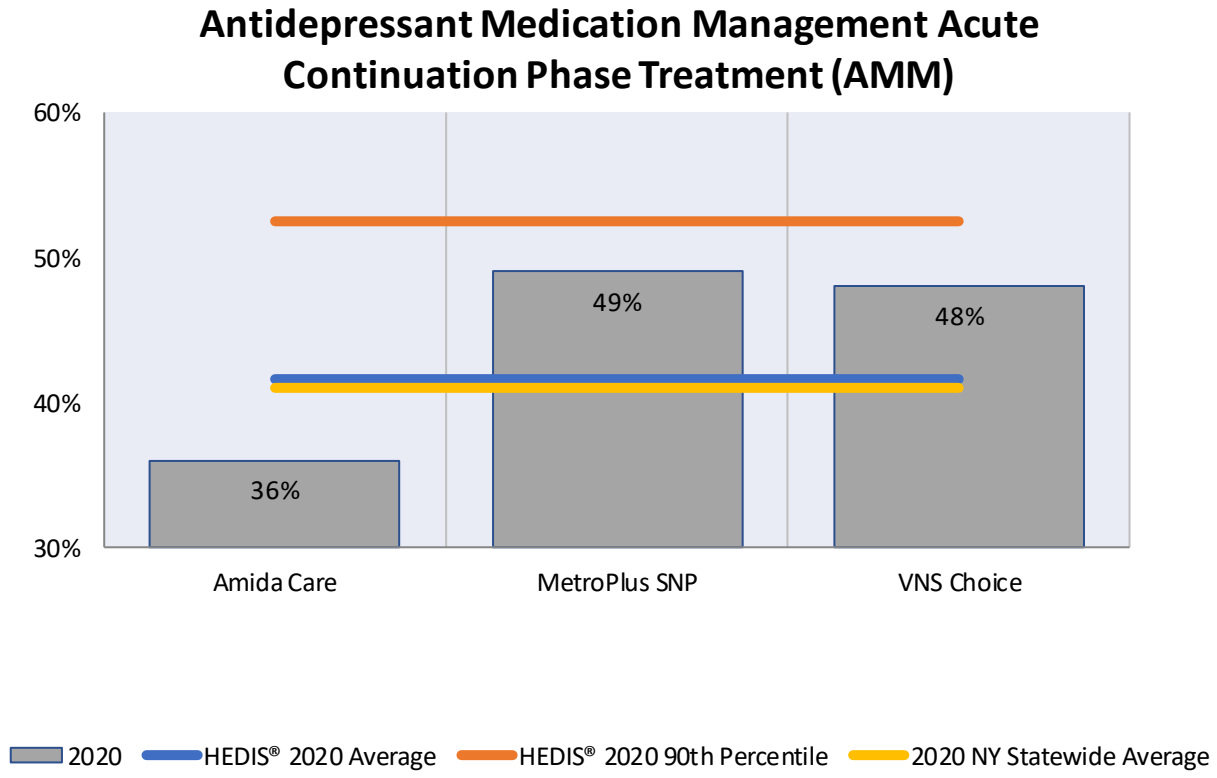
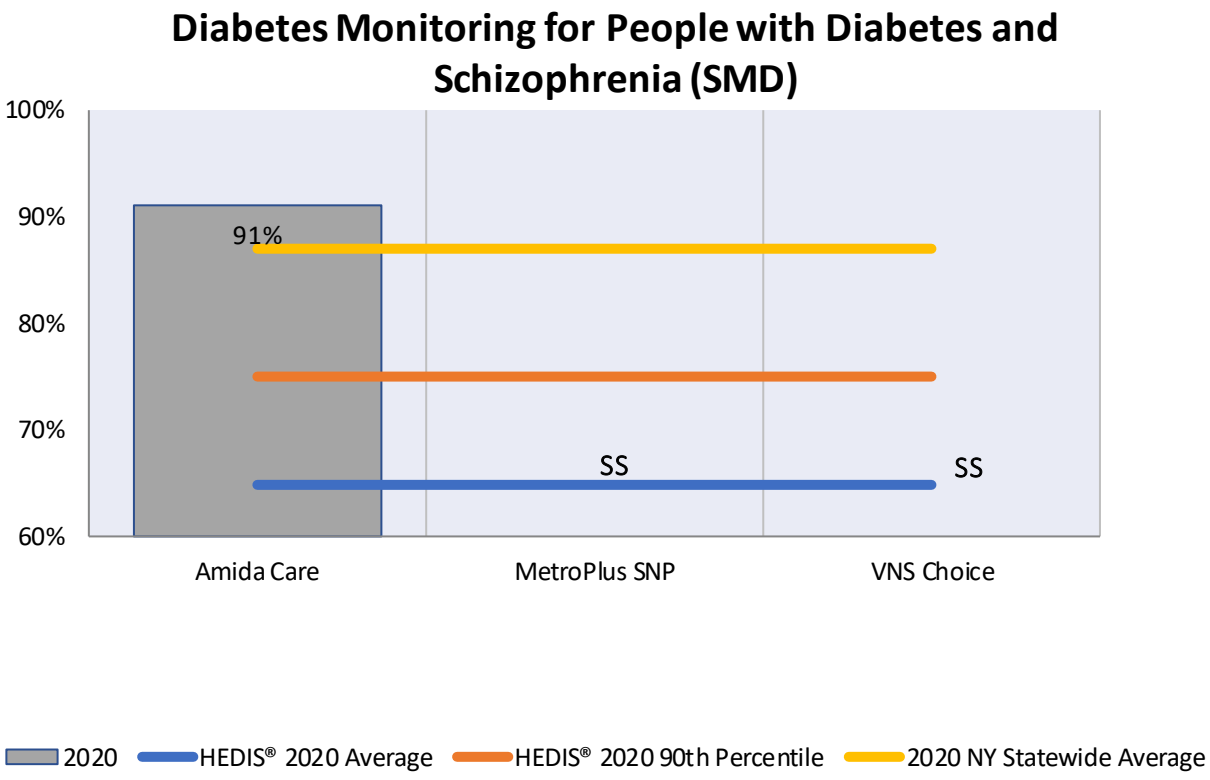
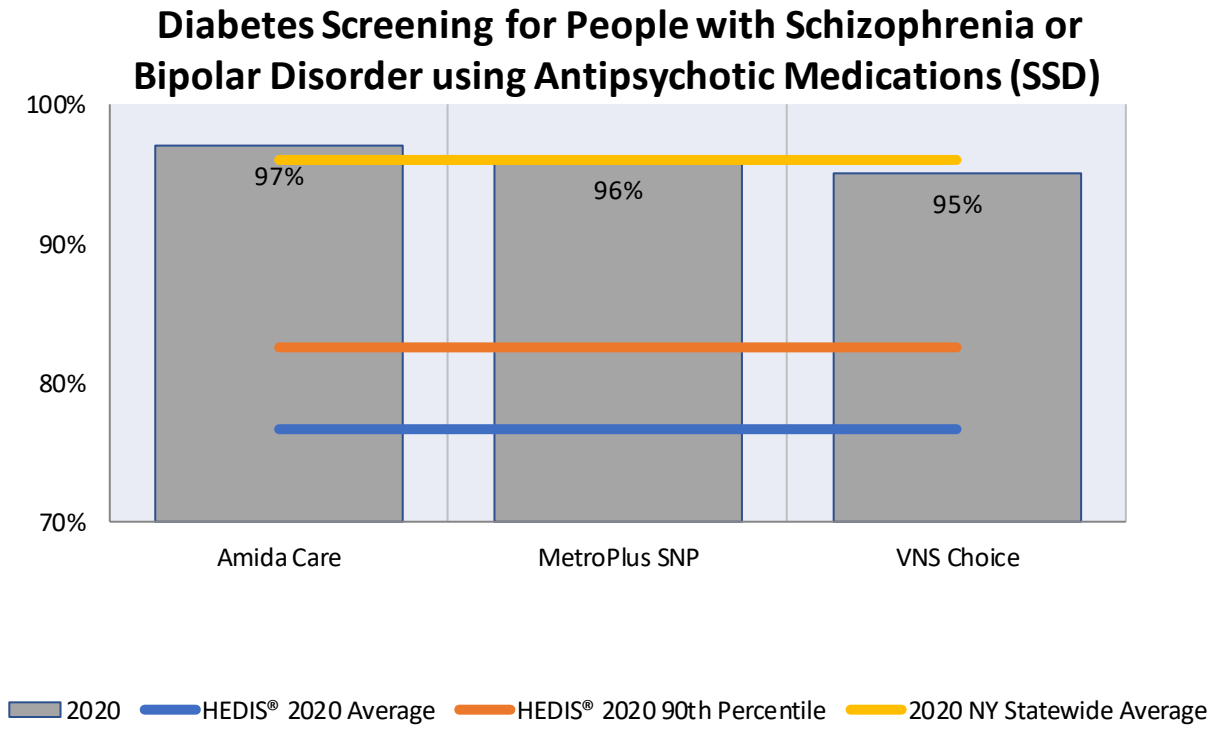
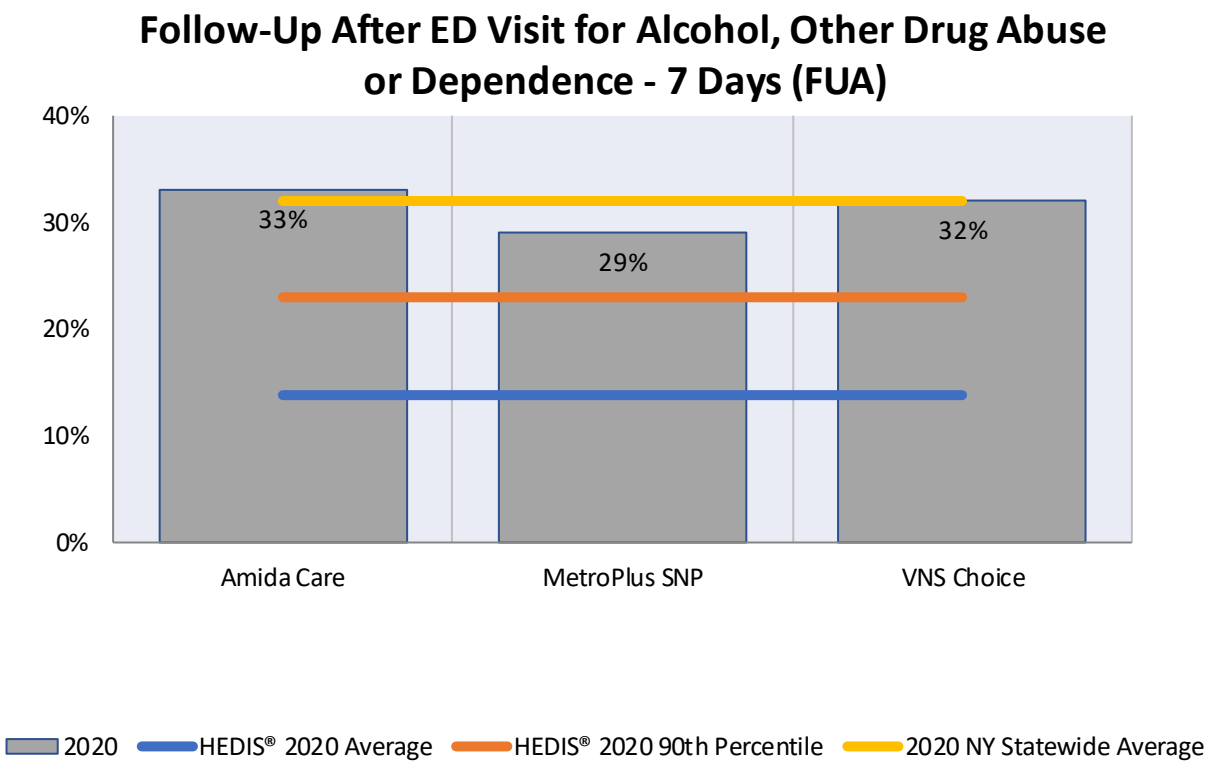

Antidepressant Medication Management Acute Phase Treatment (AMM)
80%
70%
60%
50%
40%
53%
63%
67%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

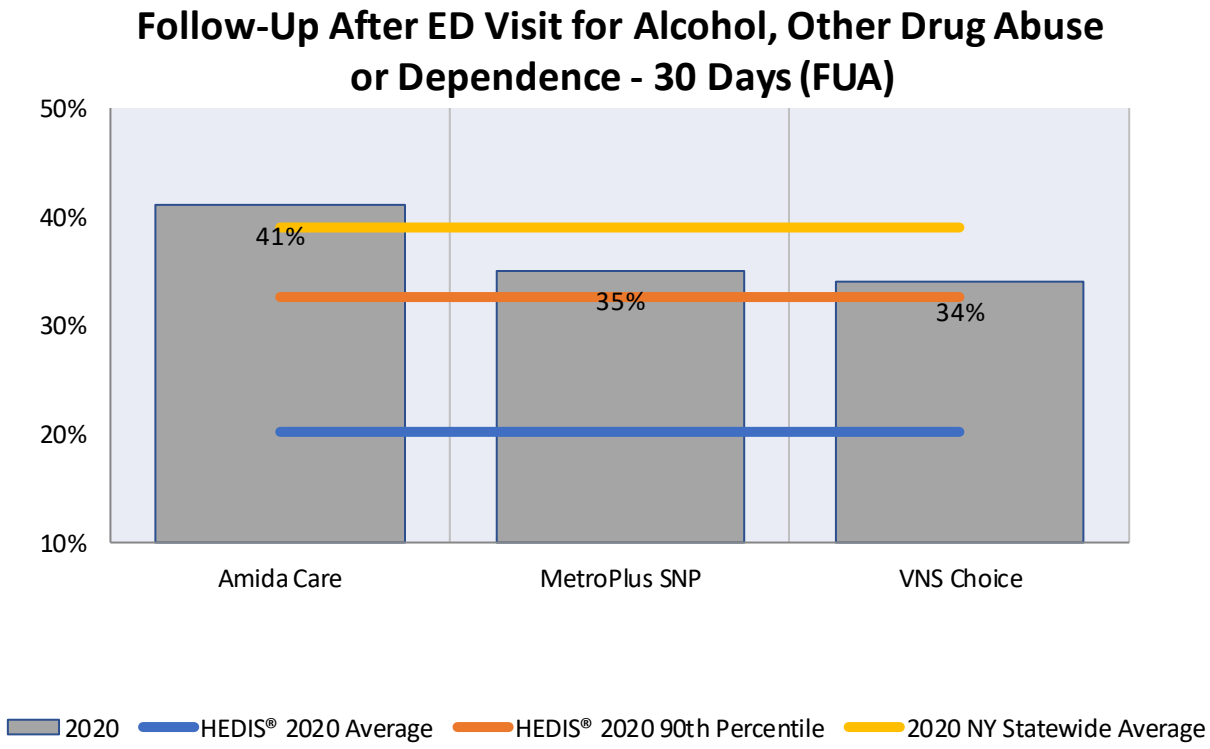

Antidepressant Medication Management Acute Continuation Phase Treatment (AMM)
60%
50%
40%
30%
36%
49%
48%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

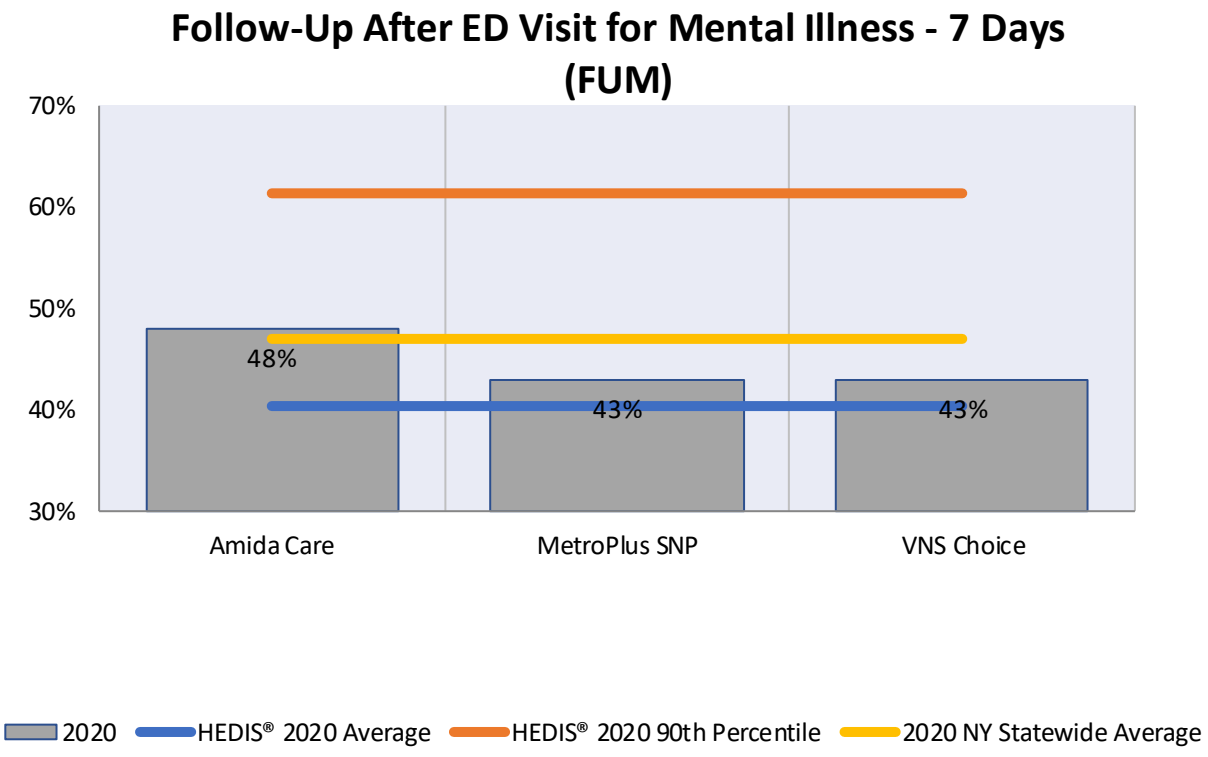


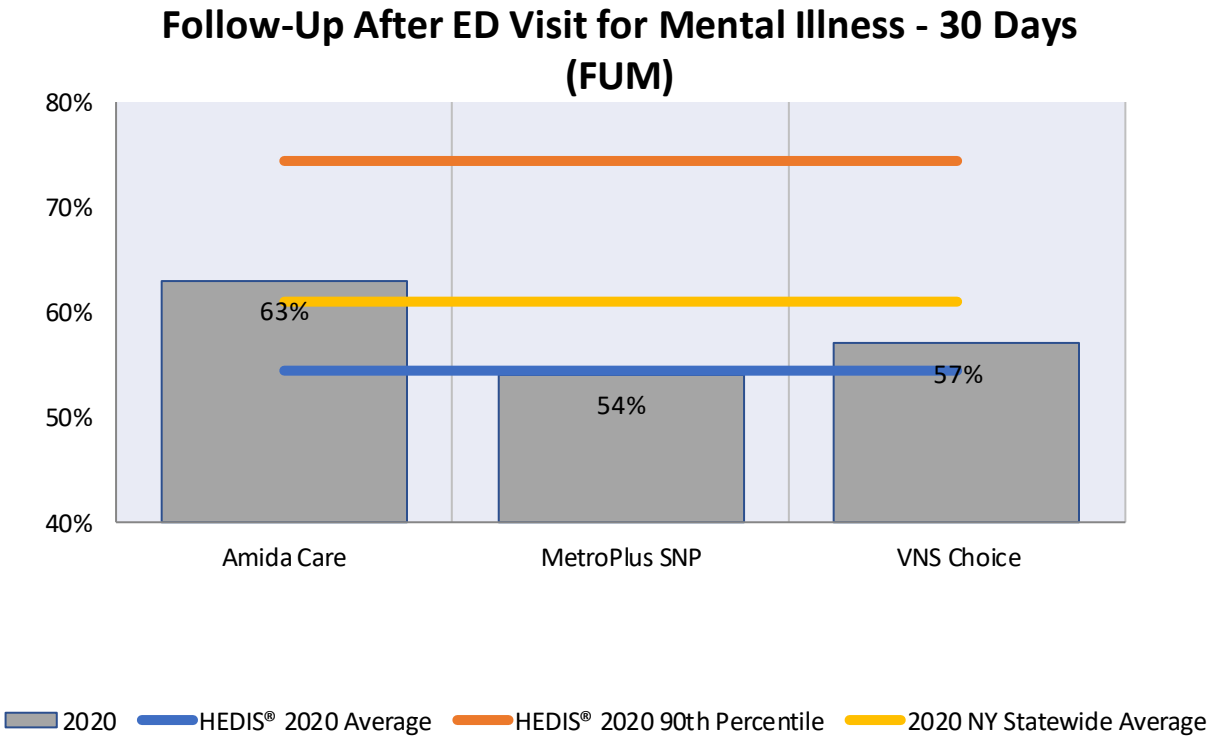
SS: Sample size too small to report

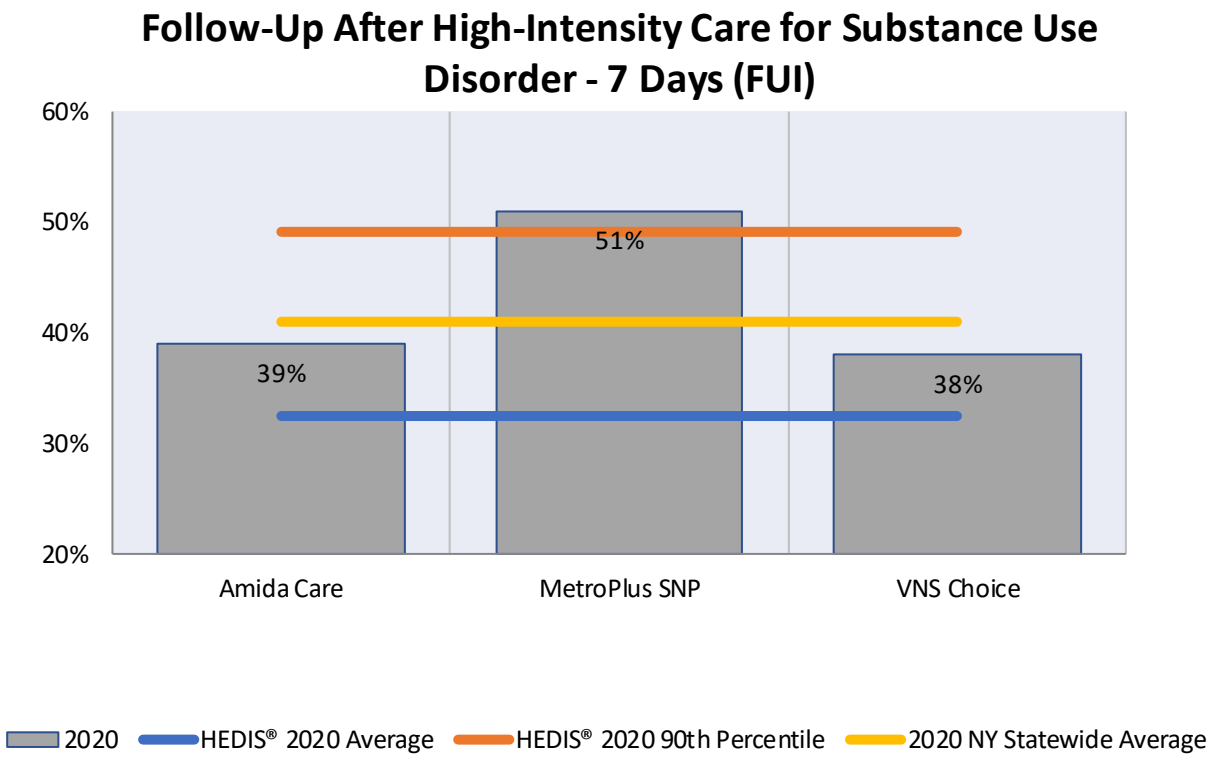


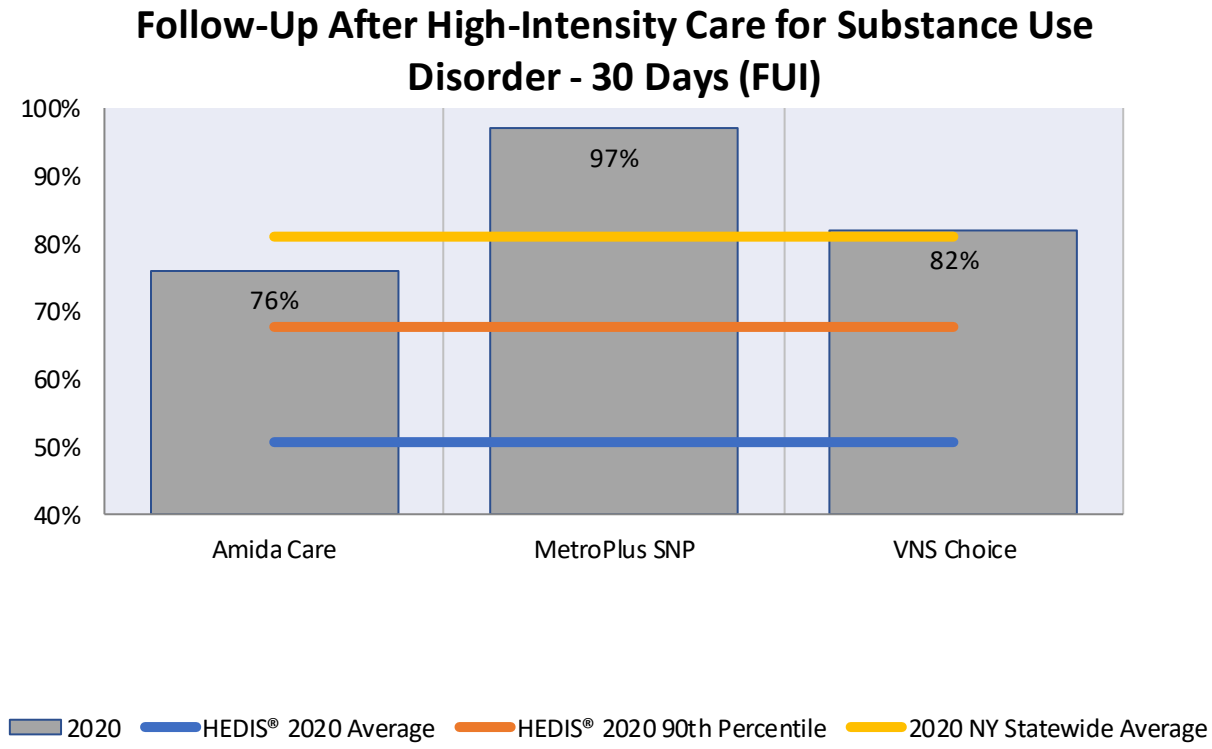

Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence - 7 Days (FUA)
40%
30%
20%
10%
0%
33%
29%
32%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

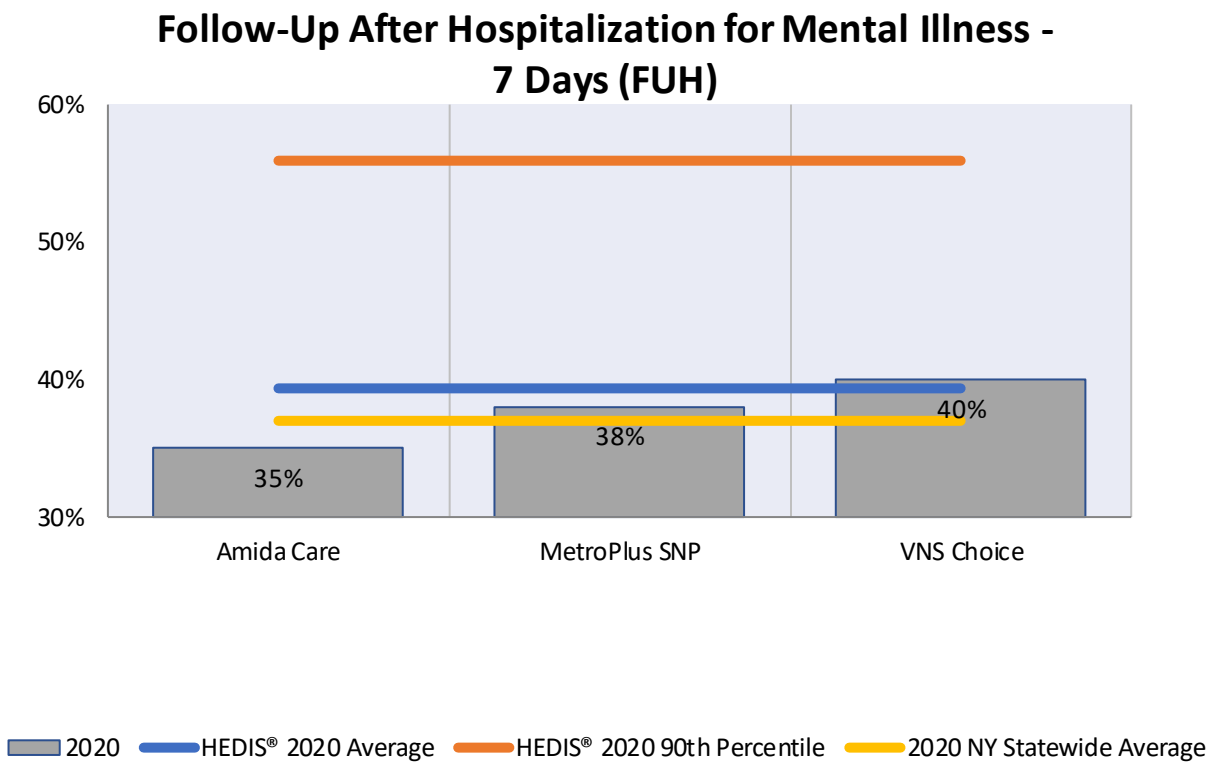

Follow-Up After ED Visit for Alcohol, Other Drug Abuse or Dependence - 30 Days (FUA)
50%
40%
30%
20%
10%
41%
35%
34%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

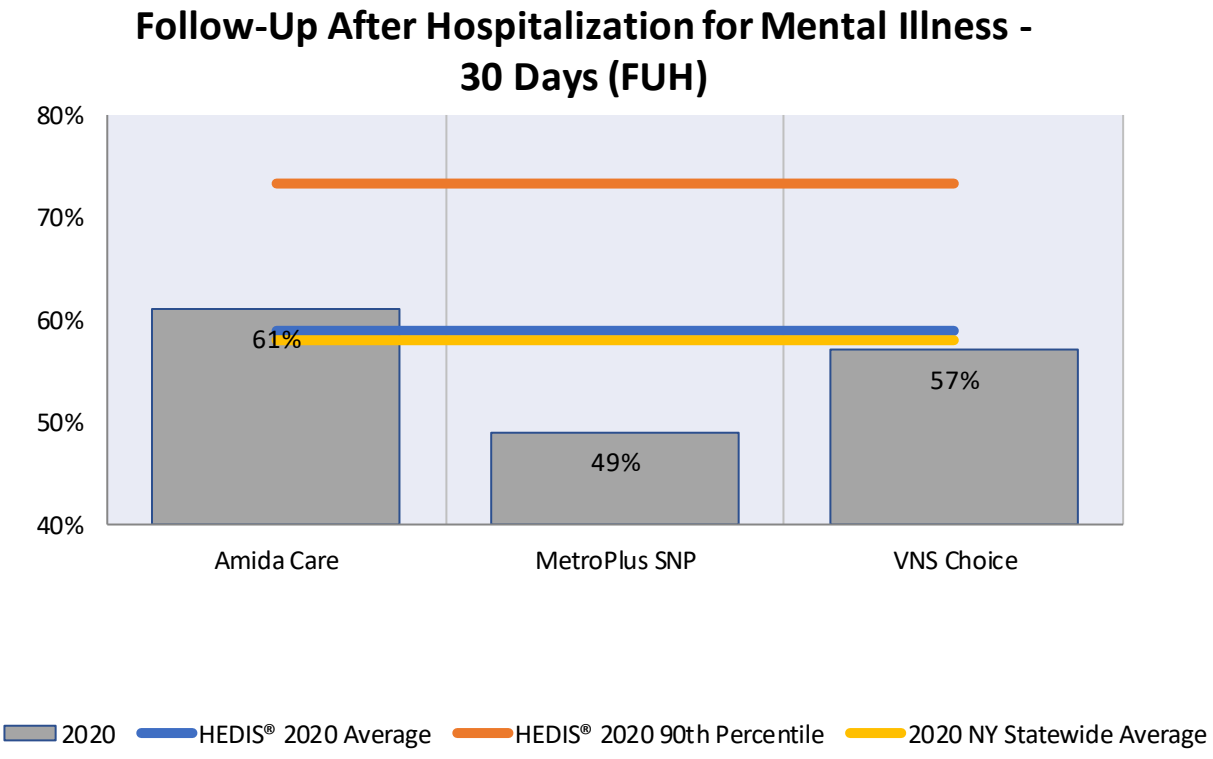

Follow-Up After ED Visit for Mental Illness - 7 Days (FUM)
70%
60%
50%
40%
30%
48%
43%
43%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

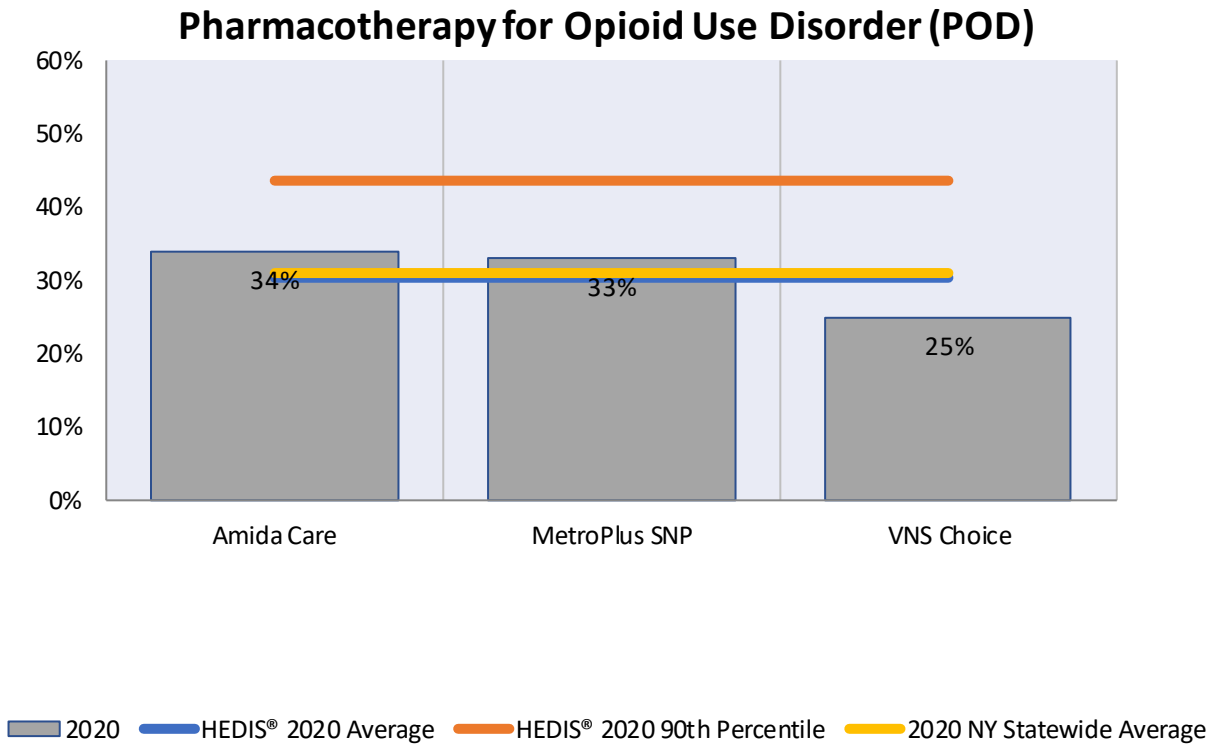

Follow-Up After ED Visit for Mental Illness - 30 Days (FUM)
80%
70%
60%
50%
40%
63%
54%
57%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (FUI)
60%
50%
40%
30%
20%
39%
51%
38%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Follow-Up After High-Intensity Care for Substance Use Disorder - 30 Days (FUI)
100%
90%
80%
70%
60%
50%
40%
76%
97%
82%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Follow-Up After Hospitalization for Mental Illness - 7 Days (FUH)
60%
50%
40%
30%
35%
38%
40%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Follow-Up After Hospitalization for Mental Illness - 30 Days (FUH)
80%
70%
60%
50%
40%
61%
49%
57%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average



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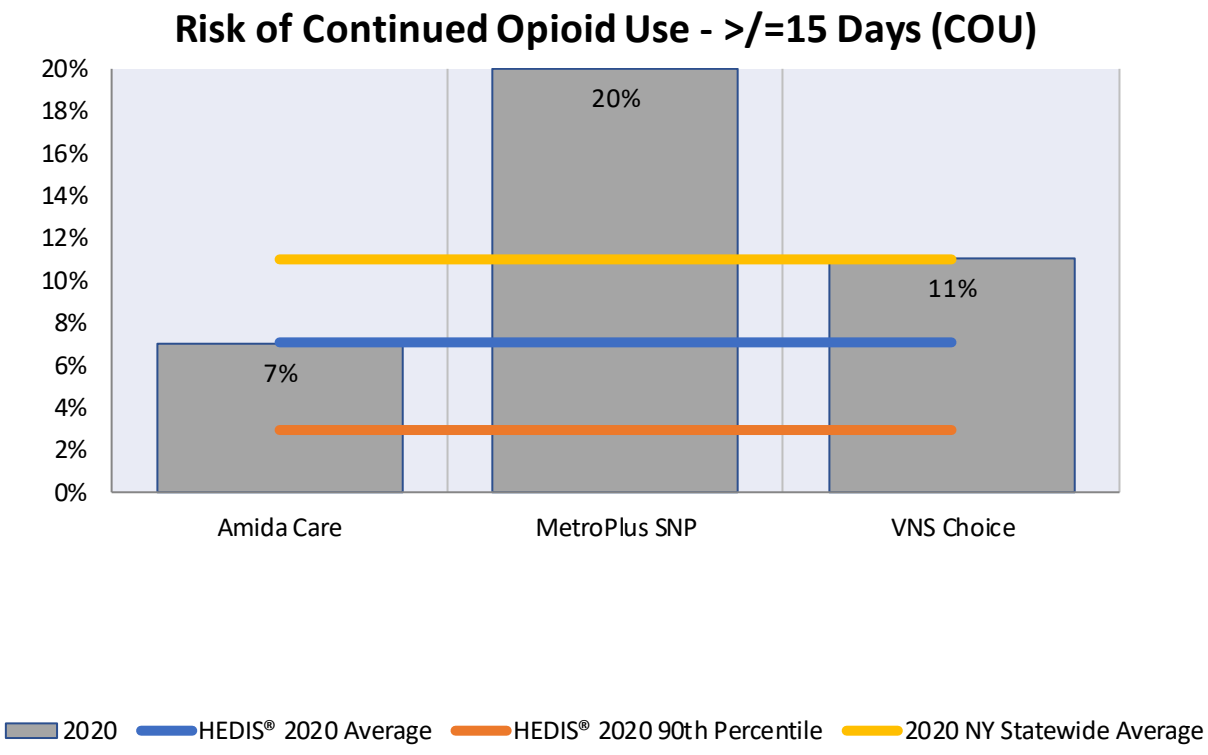
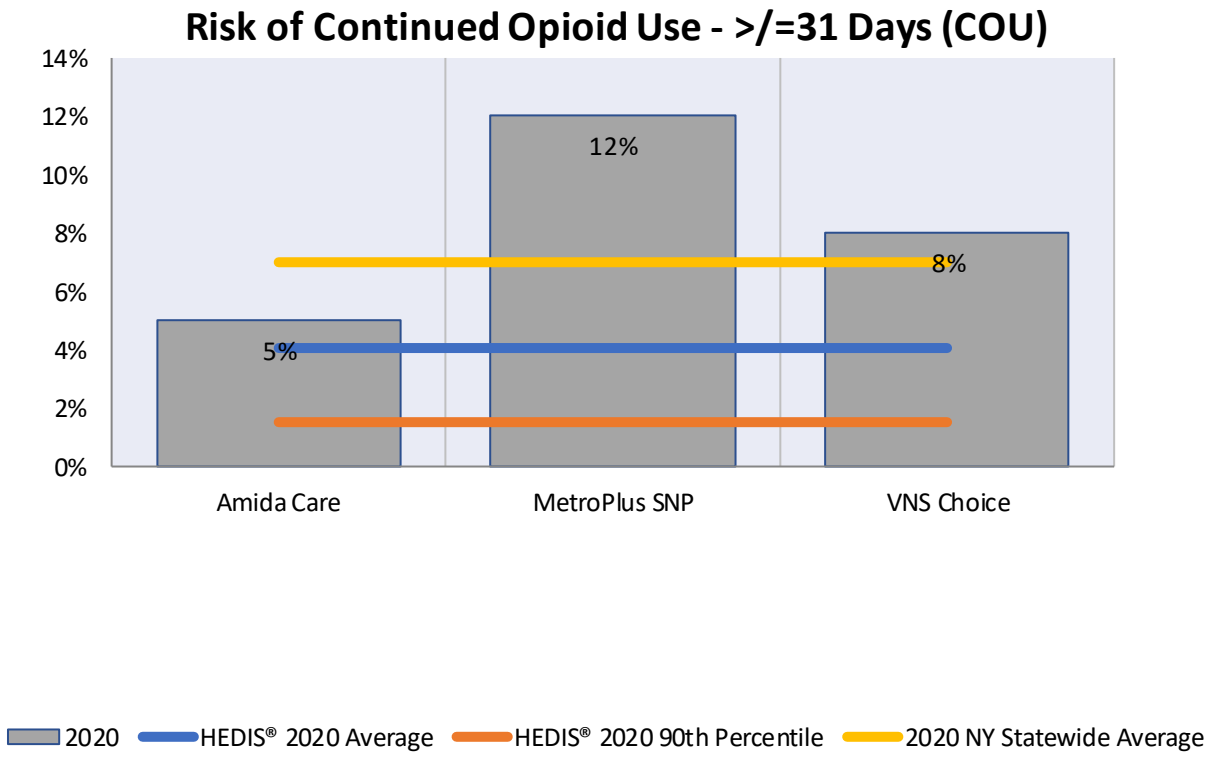
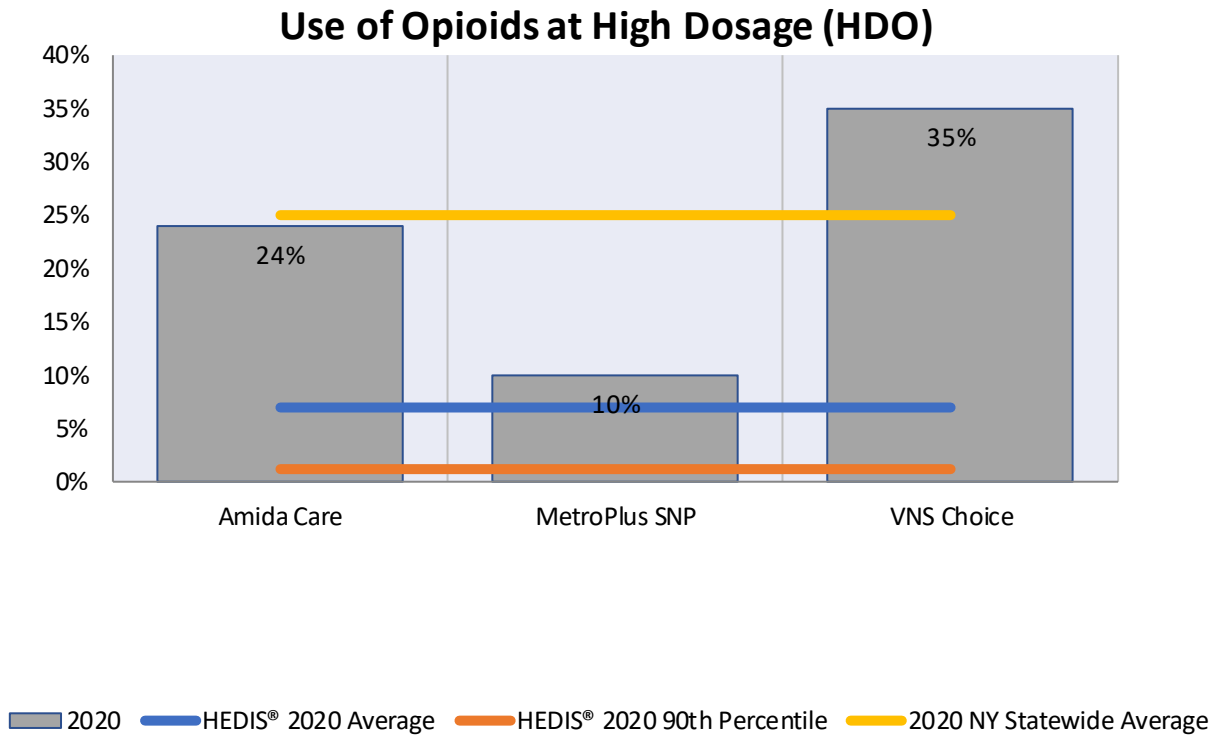




Note: A lower rate indicates better performance for the Risk of Continued Opioid Use measures.



Note: A lower rate indicates better performance for the Use of Opioids at High Dosage measure.

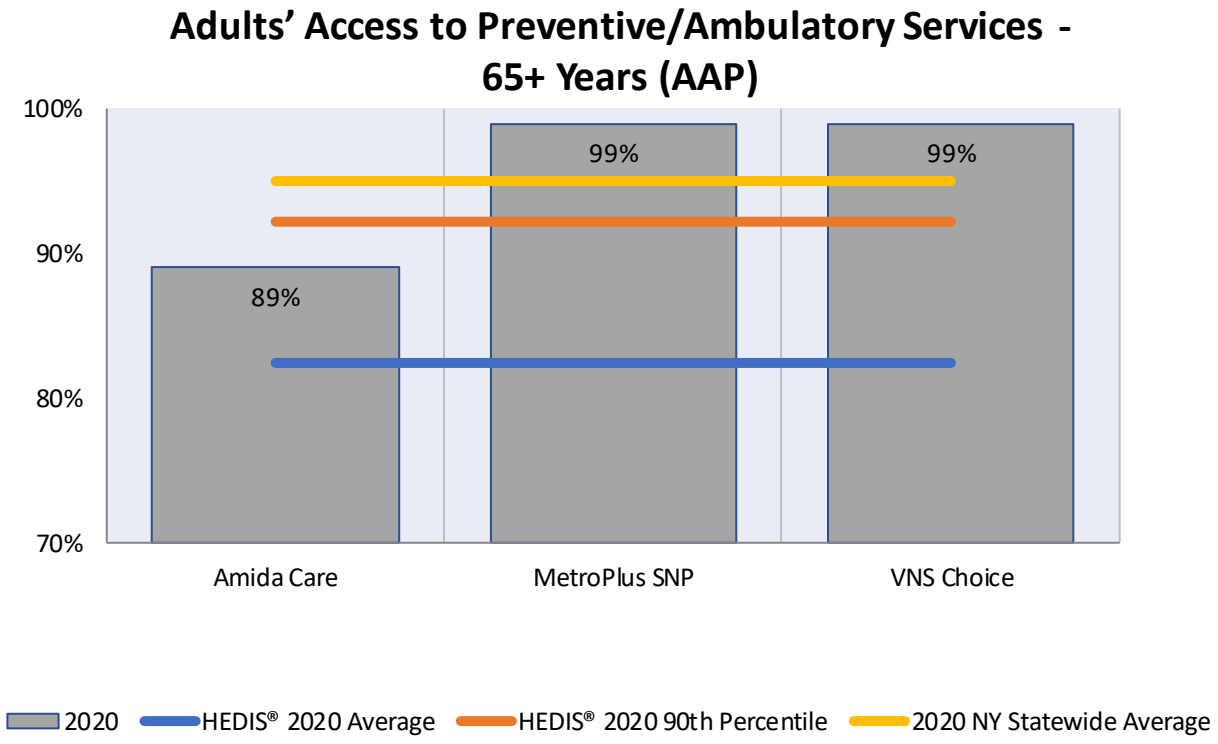
Access to Care

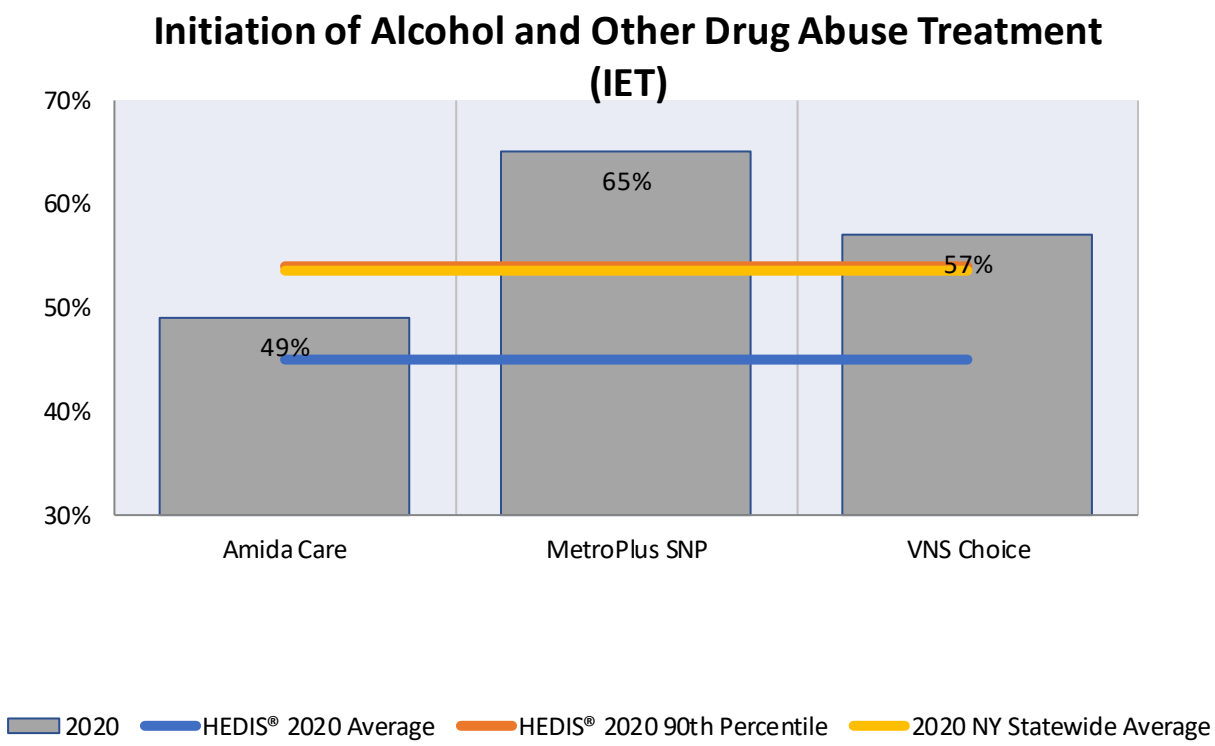
The measures in this section examine the percentage of children and adults who access certain services, including preventive services, prenatal and postpartum care, and dental services.

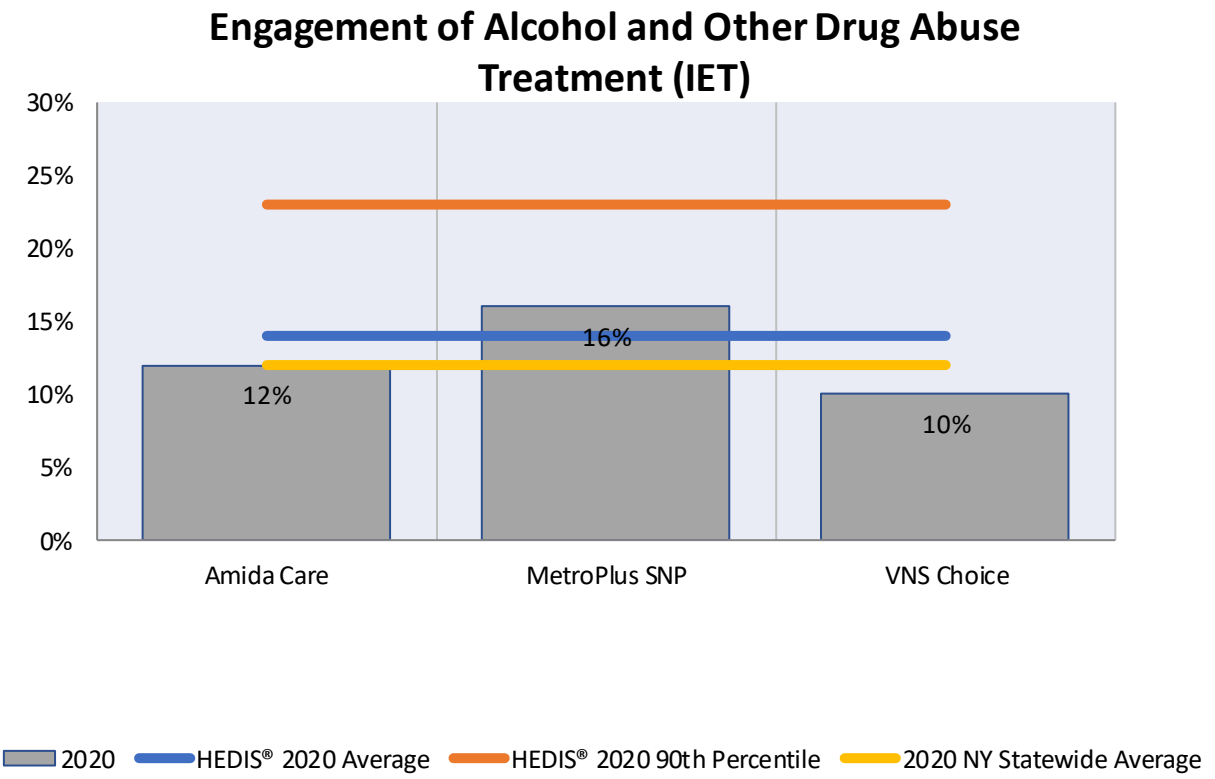
- Adults' Access to Preventive/Ambulatory Services
  - 65+ Years – All MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCPs reported a rate that exceeded the national Medicaid 90th percentile. The statewide average rate of 95% exceeded the national Medicaid average.
- Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment
  - Initiation of AOD Treatment – All MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the three MCPs reported a rate that met the national Medicaid 90th percentile. The statewide average rate of 54% exceeded the national Medicaid average. *(Note: The statewide average is the same rate as the national Medicaid 90th percentile.)*
  - Engagement of AOD Treatment – One (1) of the three 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 12% did not meet the national Medicaid average.
- Prenatal and Postpartum Care
  - Timeliness of Prenatal Care – The statewide average rate of 80% did not meet the national Medicaid average. *(Note: All three MCPs had a sample size too small to report [less than 30 members] but are included in the calculation of the statewide average.)*

- **Postpartum Care –** The statewide average rate of 65% did not meet the national Medicaid average. *(Note: All three MCPs had a sample size too small to report [less than 30 members] but are included in the calculation of the statewide 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. Graphs are not displayed for the Prenatal and Postpartum Care measures as all three MCP had small sample sizes.




Initiation of Alcohol and Other Drug Abuse Treatment (IET)
70%
60%
50%
40%
30%
65%
57%
49%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average


Engagement of Alcohol and Other Drug Abuse Treatment (IET)
30%
25%
20%
15%
10%
5%
0%
16%
12%
10%
Amida Care
MetroPlus SNP
VNS Choice
2020
HEDIS® 2020 Average
HEDIS® 2020 90th Percentile
2020 NY Statewide Average

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 EQR 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, 1 of 3 SNP MCPs was in compliance with all the standards of *42 CFR Part 438 Subpart D* and *42 CFR § 438.330.* MCP results for the operational survey activities conducted for MY 2019 and MY 2020 are presented by federal Medicaid standards in **Table 9**. In Table 9, 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 9: MCP Compliance with Federal Medicaid Standards, 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
Amida Care	MY 2019 Target	C	C	C	C	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
MetroPlus SNP	MY 2019 Target	C	C	C	NC	C	C	C	C	C	C	C
	MY 2020 Activity Pended[1]											
VNS Choice	MY 2019 Comprehensive	NC	C	C	C	C	C	NC	C	C	C	C
	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.

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 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 indicates whether the MCP's rate was statistically better than the statewide average rate (indicated by ▲) or whether the MCP's rate was statistically worse than the statewide average rate (indicated by ▼). An MCP statistically exceeding the statewide average rate for a measure was considered a strength during this evaluation, while an MCP rate reported statistically below the statewide average rate was considered an opportunity for improvement.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

This section displays 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 2019 EQR 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." IPRO requested that each MCP describe how its organization addressed the recommendations from the RY 2019 EQR Technical Report. MCP responses are reported in this section of the report.

Table 10 displays the assessment categories used by IPRO to describe MCP progress towards addressing the 2019 EQR recommendations.

Table 10: MCP Response to Recommendation Assessment Levels

Assessment Determinations and Definitions
Addressed
MCP's quality improvement response resulted in demonstrated improvement.
Partially Addressed
MCP's quality improvement response was appropriate; however, improvement is still needed.
Remains an Opportunity for Improvement
MCP's quality improvement response did not address the recommendation; improvement was not observed, or performance declined.

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.

Amida Care

Performance Improvement Project Findings

Table 11: Amida Care's PIP Summary, MY 2020

Amida Care's PIP Summary
PIP Title: Improving Screening Rates for Mental Health Disorders and Substance Use by Primary Care Providers for HIV SNP Enrollees **Validation Summary:** There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim Amida Care aims to effectively track and evaluate the behavioral health screening rates of its membership in the primary care setting, and in turn address any concerns or deficiencies with providers. Member-Focused 2020 Interventions ▪ Outreached to members identified by positive depression screening to encourage completing appointments and to facilitate the office visit if needed. Provider-Focused 2020 Interventions ▪ Collaborated with providers to understand the process of how members were screened for behavioral health concerns and how the process was monitored. ▪ Distributed quarterly data to providers including screening rates and members identified as needing a screening. ▪ Requested that providers share with the Amida Care, a monthly listing of members with a positive depression screening and that require a behavioral health contact. ▪ Provided feedback to provider clinical groups on assessment findings and discussed improvements to mental health and substance abuse screening and management practices. MCP-Focused 2020 Interventions ▪ Developed of a supplemental data submission process for providers.

Table 12: Amida Care's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Person Living with HIV Infection				
Screened annually for mental health (depression and anxiety)	5%	14.4%	13.2%	20%
Screened annually for substance use (alcohol or substance use disorder)	10%	11.5%	9.7%	16%
Screened annually for depression by chart review	Not Available	88%	34.5%	70%
Screened annually for anxiety by chart review[1]	Not Available	24%	Not Available	25%
Follow-up within 30 days of a positive screening for depression[2]	Not Available	Not Available	21%	85%
Antidepressant medication dispending event	Not Available	Not Available	43%	85%
Visit with a primary care provider with a diagnosis of depression	Not Available	Not Available	83%	85%
Visit with a mental health provider with a diagnosis of depression	Not Available	Not Available	79%	85%
Screened annually for alcohol misuse by chart review[3]	Not Available	53%	-	58%
Screened annually for substance misuse by chart review[3]	Not Available	59%	18.7%	64%
Positive screens addressed by chart review	Not Available	68%	Not Available	73%

[1] Indicator was discontinued in MY 2020.

[2] Indicator was established in MY 2020.

[3] In MY 2020 the rate for members being screened annually for alcohol and substance misuse were combined.

MY: measurement year.

Performance Measures Findings

Table 13: Amida Care's QARR Performance, MY 2018 – MY 2020

Domain/Measures	Amida Care MY 2018	Amida Care MY 2019	Amida Care MY 2020	SNP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings				
Breast Cancer Screening	64 ▼	65 ▼	59 ▼	65
Cervical Cancer Screening	75 ▼	75 ▼	74	78
Chlamydia Screening (Ages 16-24 Years)	Small Sample	68	73	80
Colorectal Cancer Screening	58 ▼	59 ▼	55 ▼	60
Flu Shots for Adults (Ages 18-64 Years)[2]		73	73	74
Effectiveness of Care: Acute and Chronic Care				
Asthma Medication Ratio (Ages 19-64 Years)	84	31	35 ▲	31
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg)	95	46 ▼	55 ▼	63
Comprehensive Diabetes Care – Eye Exam Performed	63	55	50	55
Comprehensive Diabetes Care – HbA1c Testing	Small Sample	95	95	95
Comprehensive Diabetes Care – HbA1c Control (<8%)	94	63	62	65
Comprehensive Diabetes Care – Nephropathy Monitor	55	95		
Controlling High Blood Pressure	42 ▼	52 ▼	54 ▼	61
HIV Viral Load Suppression[1]	98	76 ▼	74 ▼	77
Persistence of Beta-Blocker Treatment After a Heart Attack	38 ▲	Small Sample	Small Sample	85
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Bronchodilators	Small Sample	94	95	96
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Corticosteroids	93	67	66	64
Smoking Cessation Medications[2]		87	87	86
Smoking Cessation Strategies[2]		77	77	78
Spirometry Testing for Chronic Obstructive Pulmonary Disease	29	21	16	18
Statin Therapy for Patients with Cardiovascular Disease – Statin Therapy Received	74	81	79	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	79	77	78 ▼	84
Statin Therapy for Patients with Diabetes – Statin Therapy Received	64	65	68	78
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	76	79	82 ▼	84
Effectiveness of Care: Behavioral Health				

Domain/Measures	Amida Care MY 2018	Amida Care MY 2019	Amida Care MY 2020	SNP Statewide Average MY 2020
Adherence to Antipsychotic Medications for Schizophrenia	53	48 ▼	52 ▼	58
Antidepressant Medication Management – Effective Acute Phase	56	48 ▼	53 ▼	58
Antidepressant Medication Management – Effective Continuation Phase	43	34 ▼	36 ▼	41
Diabetes Monitoring for People with Diabetes and Schizophrenia	84	85	91	87
Diabetes Screening for Schizophrenia or Bipolar Disorder on Antipsychotic Medication	98	99	97	96
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	34 ▲	29	33	32
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	39	37	41	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days[3]	66	63 ▲	48	47
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days[3]	73	71 ▲	63	61
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days			39	41
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days			76 ▼	81
Follow-Up After Hospitalization for Mental Illness—7 Days	66	44	35	37
Follow-Up After Hospitalization for Mental Illness—30 Days	73	68	61	58
Pharmacotherapy for Opioid Use Disorder			34	31
Risk of Continued Opioid Use – 15 Days		9 ▼	7 ▼	11
Risk of Continued Opioid Use – 31 Days		5 ▼	5 ▼	7
Use of Opioids at High Dosage		26	24	25
Use of Opioids from Multiple Prescribers and Multiple Pharmacies			Not Available	Not Available
Access to Care				
Adults' Access to Preventive/Ambulatory Services 20-44 Years	93 ▼	92 ▼	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 45-64 Years	97 ▼	95 ▼	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 65+ Years	90 ▼	89 ▼	89 ▼	95
Initiation of Alcohol and Other Drug Abuse Treatment – 18+ Years[3]	70	69	49 ▼	54
Engagement of Alcohol and Other Drug Abuse Treatment – 18+ Years[3]	47 ▲	25	12	12
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	34	24	Not Available	Not Available
Timeliness of Prenatal Care[3]	Small Sample	Small Sample	Small Sample	80
Postpartum Care	Small Sample	Small Sample	Small Sample	65

Domain/Measures	Amida Care MY 2018	Amida Care MY 2019	Amida Care MY 2020	SNP Statewide Average MY 2020
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			Not Available	Not Available
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	9	13	Not Available	Not Available

Note: Grey shading indicates that the measure was not required for that measurement year.
[1] NYS specific measure.
[2] MY 2019 Adult CAHPS measure.
[3] Measure included in the NYS Quality Strategy.
MY: measurement year; SNP: special needs plan.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 14: Amida Care'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.

Assessment of MCP Follow-up on Prior Recommendations

Table 15: Amida Care's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
Amida Care should continue to conduct routine root cause analyses to determine factors contributing to its below average performance for the HEDIS®/QARR measures mentioned above. Amida Care should continue to develop initiatives to address the plan's homeless and transgender members. The MCP should also consider focusing on adults' access to preventative care, as all age groups performed below the statewide average in 2019. [Repeat recommendation.]	Amida Care's adult access to care rates has been declining year over year for several years. Although telehealth has been widely adopted during the MY 2020 Covid-19 pandemic, across service types of utilization was lower in MY 2020. This trend during the pandemic has been reported by other Health Plans as well. Completed MY 2021 rates will not be complete until end of the first quarter of 2022. But for claims of as 10/1/2021, the rates were still reported to be low at 89.9% for 7365 members. Root causes – lack of premium paid by NYS In MY 2019, Amida Care had 5934 total members in the adult access measure, with an annual rate of 94.2%. Of the 334 non-compliant members, 225 (or 67%) had one or more unpaid premium months by the DOH. For MY 2020, Amida Care had 6730 total members in the adult access measure with an annual rate of 93.2%. Of the 459 non-compliant members, 230 (or 50%) had unpaid premium months. As such, enrollment data integrity in the form of unpaid premium months would appear to a significant contributor to the declining access to care rate. In these instances, the member may be on the Amida Care roster and also on the roster of another health plan and therefore the claims for the member's care may be going to another health plan. Question of changing case mix across time: One continued hypothesis of the root causes of this that Amida Care's case mix has been changing. As indicated in the table below, an analysis of the access rates based on MY 2019 data indicated that "known	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	to be homeless at the time of enrollment" members have poorer access to outpatient care rates, whereas transgender member rates are better. The transgender member adult access to care rate (94.59%) was also better than the overall Amida Care adult population rate (93.71%) for MY 2020. Amida Care no longer has an official enrollment category for the homeless. Therefore, its capacity to reliably measure homelessness going forward is limited. However, the presence of homelessness and housing instability is suspected to still be a contributor to lack of consistent engagement in care. What has the MCP done or planned to do to address the recommendation? And When and how will this be accomplished? Amida Care's operations and information technology staff continue to work with the DOH on the problem of lack of premiums paid for members on enrollment rosters from the state. However, as of this writing, no methodology for remediating this problem and its range of impacts has been finalized. The readers of this report are asked to advocate for a solution to this problem as it likely to be seriously undermining Amida Care's capacity to appropriately manage the quality of care a cohort of members are receiving. Over the course of 2019, 2020 and 2021 a series of interventions have been put in place to improve the rate at which adult members access outpatient care: In 2019 and 2020 primary care visit rates with member level detail were on the monthly HIV quality of care report and the quarterly end the epidemic report which are distributed to 11 high volume VBP providers and reviewed at quarterly meetings. In August 2021, these reports were replaced with a new comprehensive gaps in care report (which combined the HIV and HEDIS gaps in care reports). And the reports began going out to more PCP locations. The report listed each member on the PCP location's panel and whether they had a PCP visit to date in the measurement year.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	A documented process was in place for providers to utilize the member level detail on the end the epidemic report to inform Amida Care when they are unable to reach a member despite outreach, and other statuses such as member moved out of state, member died, member in hospice and the like. Amida Care uses the report to take the appropriate next steps for each member, including conducting its own outreach and researching alternative contact information. In 2021, this process was to be replaced with a comprehensive primary care panel reconciliation process. As of 10/1/21, two primary care sites piloted that new process. The completion of this work is now being handled by a consultant hired as part of an ongoing strategic planning grant and their workgroup (The "SRI" workgroup.) In July and September 2021, lists of non-VBP members with multiple gaps in care (including the basic lack of a PCP visit gap) began being distributed to health navigator (for lost to care members) and care coordinator staff (for members engaged in care and due a case management assessment) to address with members. In 2020, a "Lost to Care" flag has been developed and is automatically applied to member records in the customer service and case management system (Sales Force/Team Connect) as the criteria is met. The flag is based on members not having claims for outpatient visits across time. The flag is used to identify members for work by the outreach unit (see below), and also for member services to know when a "Lost to Care" member is calling, so that additional topics can be covered on the call. Amida Care's health services department has a dedicated outreach unit aimed at putting "feet on the street" to locate and engage members overtime in treatment. The unit's community outreach was suspended in March 2020 due to the COVID-19 pandemic and the stay-at-home order. It resumed community-based outreach the first week of November 2021.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	Care alerts have also been placed in the customer service system indicating who is due for specific types of care so the Representatives can remind members and assist them in scheduling appointments where needed. Moreover, the healthy rewards program gives members a $25 pre-paid card award to member who have a primary care visit every 6 months. In October 2021, a mailing was sent to over 6,000 members enrolled in the healthy rewards program with an individualized message as to which gaps in care each had (inclusive of a PCP visit) that could be eligible for incentive dollars if filled by the end of the year. What are the expected outcomes or goals of the actions to be taken? The ultimate goal of the interventions above is to improve the rate at which members' access outpatient care, in particular with the aim of treatment adherence and viral load suppression in that the majority of Amida Care's members are HIV Positive. We also understand that primary care attendance is highly correlated with closure of preventive health and chronic condition gaps in care. As such, outpatient and primary care attendance ultimately improves member and Plan performance on HIV quality of care and QARR/HEDIS process and outcome measures. The primary care access rates are being trended for VBP providers as such high-volume provider improvement in the rates over time is being sought. The plan has been able to demonstrate that VBP provider outperform on preventive health and chronic medical condition measures the non-VBP Providers. And of the VBP providers, those that submit electronic medical record data files, outperform those that do not. As such, Amida Care in the fourth quarter of 2021 is approaching a small number of additional providers for inclusion in the VBP program and is requiring as part of inclusion in that program, the submission of electronic medical record data files. Furthermore, the engagement rate of "lost to care" members by the outreach unit and the customer service department, as well as participation in the healthy reward	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	program are being tracked in order to determine their effectiveness across time as well. If a recommendation made in RY 2017 was reissued in RY 2018, please indicate if actions taken as a response to the 2017 recommendation are still current and describe any new initiatives that have been implemented and/or planned. This is a repeat EQR finding and as per above, Amida Care acknowledges that its' HEDIS adult access to care rate has continued to decrease year over year. As noted above, we believe this is in part due 1) lack of premium paid members and with that state enrollment data integrity issues, and 2) to the types of members who are enrolling. In particular, the homeless have poorer access to care rates. Amida Care has increasingly tailored its programs to address this population by developing for example a "lost to care" flag applied to member records and by formation of a community-based outreach unit with resumption of feet community outreach in the fourth quarter of 2021. The week of November 1st, 2021, Amida Care health navigators, with appropriate protocols and personal protective equipment, resumed community outreach to attempt to locate and engage otherwise lost to care members who would not be reached during the pandemic by phone. A preliminary review of the first three weeks of data from those visits indicates the need to develop protocols when the member declines Health Navigator intervention, when the member reports to the health navigator having been recently engaged in care, and/or when the member reports being enrolled in another health plan despite being actively on the Amida Care roster. In addition to continuation of the interventions in place for 2019, 2020 and 2021 indicated above, in November 2021, the Aids Institute granted Amida Care $500,000 to provide outreach and incentives to members without a history of COVID-19 vaccination who are also lacking in viral load suppression. These members may also be less likely to be engaged in primary care.	

Strengths, Opportunities for Improvement and Recommendations

Table 16: Amida Care's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP - General	Amida Care's MY 2020 PIP passed PIP validation.			
PIP	One (1) of 11 performance indicator rates demonstrated improvement between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	Amida Care met all 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	Amida Care reported a MY 2020 rate for 1 measure related to asthma care that performed statistically better than the statewide average. Although not statistically significant, Amida Care reported MY 2020 rates for 4 measures that met or exceeded the statewide averages.	X	X	
Performance Measures – Behavioral Health	Amida Care reported MY 2020 rates for 2 measures related to risk of continued opioid use that performed statistically better than the statewide average. Although not statistically significant, Amida Care reported MY 2020 rates for 8 measures that met or exceeded the statewide averages.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	Amida Care was in compliance with 11 of 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	MY 2020 remeasurement rates did not meet the target rate. (Baseline rates were not available for 9 of the 11 PIP indicators.)	X	X	
Performance Measures – Prevention and Screenings	Amida Care reported MY 2020 rates for 2 measures related to cancer screening that performed statistically lower than the statewide average. These measures were reported significantly below the statewide average for 3 consecutive years.	X		
Performance Measures – Acute and Chronic Care	Amida Care reported MY 2020 rates for 5 measures related to hypertension management, HIV care, and statin therapy that performed statistically lower than the statewide average.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Behavioral Health	Amida Care reported MY 2020 rates for 4 measures related to behavioral health medication management and follow-up care that performed statistically lower than the statewide average.	X	X	
Performance Measures – Access to Other Services	Amida Care reported MY 2020 rates for 2 measures related to adult access to care and substance abuse treatment that performed statistically lower than the statewide average.	X	X	X
Compliance with Medicaid Standards	None.			
Recommendation				
PIP	The MCP should investigate additional interventions as these indicators did not meet the target goals.	X	X	
Performance Measures – Prevention and Screenings	The MCP should investigate interventions to improve members accessing cancer screenings.	X		
Performance Measures – Acute and Chronic Care	The MCP should investigate opportunities to improve the health of members with diabetes, HIV, and cardiovascular disease.	X	X	
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve follow-up care for members with a substance use disorder and improve access to medication management for members with depression or Schizophrenia.	X	X	
Performance Measures – Access to Other Services	The MCP should investigate opportunities to improve members access to preventive/ambulatory services and alcohol and drug abuse treatments.	X	X	X
Compliance with Medicaid Standards	None.			

MetroPlus SNP

Performance Improvement Project Findings

Table 17: MetroPlus SNP's PIP Summary, MY 2020

MetroPlus SNP'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.
Aim MetroPlus SNP aims to reduce subsequent emergency department visits and inpatient readmissions by improving care transitions after initial emergency department treatment and initial inpatient admissions. Member-Focused 2020 Interventions ▪ Enhanced inpatient discharge planning process to include member education on available services, social supports, and community resources; member connection to a peer-support specialist; and telephonic case management by Beacon that included education on medication addiction treatment (MAT) options. ▪ MetroPlus SNP field-based case managers educated members on the importance of aftercare treatment engagement, medication adherence, and the availability of home-based therapy services. ▪ Reconnected members with health home of enrollment and provided health home referrals to unlinked members. ▪ MetroPlus SNP field-based case managers referred homeless members and members with unstable housing to the MetroPlus internal housing specialist for housing assessments. ▪ Follow-up outreach regarding aftercare was conducted via text messaging for members identified as receiving emergency room department care. Provider-Focused 2020 Interventions ▪ Beacon medical directors collaborated with attending physicians to integrate MAT into the discharge planning process. ▪ Conducted quarterly trainings on the topics of care coordination and member consent. MCP-Focused 2020 Interventions ▪ Notified health homes of inpatient admissions to coordinate care and promote communication between the inpatient discharge team and the health home staff. ▪ MetroPlus SNP utilization management and case management staff worked with facility staff to address member needs during the discharge planning process. ▪ Monitored trends to determine the need for facility-specific interventions. ▪ Outreached to assertive community treatment teams managing member care with admission notifications and care consultation. ▪ Utilization management and care management staff rounded inpatient admissions for SUD with Beacon to determine the appropriateness of MAT. ▪ Case managers obtained executed member consent forms for inpatient SUD, and care coordination that includes treating providers and community and family support.

MetroPlus SNP'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.
▪ Developed and issued a tip sheet that highlighted the importance of member consent to care coordination to all SUD facilities. ▪ Metro Plus SNP requested regional health information organization (RHIO) connectivity with New York Care Information Gateway (NYCIG) to access emergency room data for plan members.

Table 18: MetroPlus SNP'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	35.63%	35.3%	30.91%	38.63%
HEDIS Follow-Up After Hospitalization for Mental Illness – 30 Days	57.47%	55.88%	43.64%	60.47%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 7 Days	68.12%	36.78%	27.63%	71.12%
HEDIS Follow-Up After Emergency Department Visit for Mental Illness – 30 Days	73.91%	52.87%	39.47%	76.91%
HEDIS Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence – 7 Days	25.66%	36.91%	15.45%	28.66%
HEDIS Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence – 30 Days	30.09%	48.99%	22.76%	33.09%
HEDIS Adherence to Antipsychotic Medications for Individuals with Schizophrenia	52.34%	57.00%	61.54%	55.34%
HEDIS Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	33.33%	33.1%	44.44%	36.33%
HEDIS Use of Pharmacotherapy for Alcohol Abuse or Dependence	5.93%	9.51 %	14.55%	8.93%
HEDIS Follow-Up after High-Intensity Care for Substance Use Disorder – 7 Days	22.5%	49.74%	32.97%	25.5%
HEDIS Follow-up after High-Intensity Care for Substance Use Disorder – 30 Days	48.2%	82.01%	54.95%	51.2%

MY: measurement year.

Performance Measures Findings

Table 19: MetroPlus SNP's QARR Performance, MY 2018 – MY 2020

Domain/Measures	MetroPlus SNP MY 2018	MetroPlus SNP MY 2019	MetroPlus SNP MY 2020	SNP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings				
Breast Cancer Screening	78 ▲	77 ▲	70 ▲	65
Cervical Cancer Screening	86 ▲	91 ▲	82 ▲	78
Chlamydia Screening (Ages 16-24 Years)	80	83	87	80
Colorectal Cancer Screening	72 ▲	72 ▲	65 ▲	60
Flu Shots for Adults (Ages 18-64 Years)[2]		74	74	74
Effectiveness of Care: Acute and Chronic Care				
Asthma Medication Ratio (Ages 19-64 Years)	30	31	26	31
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg)	77 ▲	78 ▲	75 ▲	63
Comprehensive Diabetes Care – Eye Exam Performed	62	62	51	55
Comprehensive Diabetes Care – HbA1c Testing	95	97	94	95
Comprehensive Diabetes Care – HbA1c Control (<8%)	66	71 ▲	67	65
Comprehensive Diabetes Care – Nephropathy Monitor	93	94		
Controlling High Blood Pressure	76 ▲	85 ▲	75 ▲	61
HIV Viral Load Suppression[1]	82	82 ▲	80 ▲	77
Persistence of Beta-Blocker Treatment After a Heart Attack	Small Sample	Small Sample	Small Sample	85
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Bronchodilators	94	92	95	96
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Corticosteroids	66	52 ▼	58	64
Smoking Cessation Medications[2]		84	84	86
Smoking Cessation Strategies[2]		79	79	78
Spirometry Testing for Chronic Obstructive Pulmonary Disease	24	26	17	18
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	71	70	82	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	83	79	95 ▲	84
Statin Therapy for Patients with Diabetes – Statin Received	64	70	70	78
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	81	80	90	84
Effectiveness of Care: Behavioral Health				

Domain/Measures	MetroPlus SNP MY 2018	MetroPlus SNP MY 2019	MetroPlus SNP MY 2020	SNP Statewide Average MY 2020
Adherence to Antipsychotic Medications for Schizophrenia	52	57	64	58
Antidepressant Medication Management – Effective Acute Phase	59	60	63	58
Antidepressant Medication Management – Effective Continuation Phase	42	42	49	41
Diabetes Monitoring for People with Diabetes and Schizophrenia	Small Sample	Small Sample	Small Sample	87
Diabetes Screening for Schizophrenia or Bipolar Disorder on Antipsychotic Medication	99	100	96	96
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	26	37	29	32
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	30	49 ▲	35	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days[3]	68	37 ▼	43	47
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days[3]	74	53	54	61
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days			51	41
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days			97 ▲	81
Follow-Up After Hospitalization for Mental Illness – 7 Days	68	35	38	37
Follow-Up After Hospitalization for Mental Illness – 30 Days	74	56	49	58
Pharmacotherapy for Opioid Use Disorder			33	31
Risk of Continued Opioid Use – 15 Days		21 ▲	20 ▲	11
Risk of Continued Opioid Use – 31 Days		12 ▲	12 ▲	7
Use of Opioids at High Dosage		10 ▲	10 ▲	25
Use of Opioids from Multiple Prescribers and Multiple Pharmacies			Not Available	Not Available
Access to Care				
Adults' Access to Preventive/Ambulatory Services 20-44 Years	93	96 ▲	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 45-64 Years	98	98 ▲	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 65+ Years	99	99	99 ▲	95
Initiation of Alcohol and Other Drug Abuse Treatment 18+ Years[3]	57	68	65 ▲	54
Engagement of Alcohol and Other Drug Abuse Treatment 18+ Years[3]	18 ▼	34	16	12
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	33	33	Not Available	Not Available
Timeliness of Prenatal Care[3]	Small Sample	Small Sample	Small Sample	80
Postpartum Care	Small Sample	Small Sample	Small Sample	65

Domain/Measures	MetroPlus SNP MY 2018	MetroPlus SNP MY 2019	MetroPlus SNP MY 2020	SNP Statewide Average MY 2020
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			Not Available	Not Available
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	6	10	Not Available	Not Available

Note: Grey shading indicates that the measure was not required for that measurement year.
[1] NYS specific measure.
[2] MY 2019 Adult CAHPS measure.
[3] Measure included in the NYS Quality Strategy.
MY: measurement year; SNP: special needs plan.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 20: MetroPlus SNP'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 review and interview, the MCP failed to complete a utilization review determination, provide written and phone notice with in three business days to the enrollee and the provider in 4 of 7 SNP Medicaid standard prior authorization cases. The MCP also failed to make a utilization review determination, provide written and phone notice with in one business day to the enrollee and provider in 2 of 5 SNP Medicaid concurrent cases. Specifically, the MCP was late in its determination process. The written notices (initial adverse determination) and phone notices to the member and the provider in the above cases were late.
- Based on interview and demonstration of the online provider manual functions, the MCP failed to ensure the provider links to utilization review policies for all delegates were in place and functioning. This issue was identified during the 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 Health Plex and Integra.

Assessment of MCP Follow-up on Prior Recommendations

Table 21: MetroPlus SNP's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Quality of Care		
Access to/Timeliness of Care		
MetroPlus SNP should work to address the citations received during the 2019 operational survey. The MCP should focus on improving the processes related to utilization review determinations.	MetroPlus Health Plan has addressed the issues related to utilization review determinations and continues to look for ways to enhance performance. MetroPlus Health has implemented the following improvement interventions as follows: ▪ Queues are reviewed each morning and cases are assigned based on regulatory timeframes. ▪ Staff has been fully trained on regulatory timeframes. ▪ Staff has been fully trained in letter requirements and are familiar with the model notices and know when and how to use the model notices to advise members and providers of a service determination. ▪ Workflow changes have been implemented to provide phone notices immediately after cases have been reviewed by the medical directors or nurse case managers. ▪ Updates have been made to our management system to ensure timely notifications. ▪ The authorization timeframe for certain inpatient admissions has been extended for all in-network and out-of-network admissions. ▪ There is ongoing monitoring of the medical director queue for timeliness. ▪ Additional staff has been hired to manage the growing case volume and meet regulatory timeframes. ▪ Staff continue to receive ongoing training on model notices and any relevant changes to benefits and the authorization process.	Addressed

Strengths, Opportunities for Improvement and Recommendations

Table 22: MetroPlus SNP's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	MetroPlus SNP's MY 2020 PIP passed PIP validation.			
PIP	Five (5) of 11 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	MetroPlus SNP met all requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	MetroPlus SNP reported MY 2020 rates for 3 measures related to cancer screening that performed statistically better than the statewide average.	X	X	
Performance Measures – Acute and Chronic Care	MetroPlus SNP reported MY 2020 rates for 4 measures related to diabetes care, hypertension, HIV care, and statin therapy for cardiovascular disease that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	MetroPlus SNP reported MY 2020 rates for 2 measures related to follow-up care after high intensity care for SUD and opioid use that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	MetroPlus SNP reported MY 2020 rates for 2 measures related to adult access to care and substance abuse treatment that performed statistically better than statewide average.	X	X	
Compliance with Medicaid Standards	MetroPlus SNP was in compliance with 10 of the 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	X
Opportunities for Improvement				
PIP	Six (6) of 11 rates did not meet the target rates between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Behavioral Health	MetroPlus SNP reported MY 2020 rates for 2 measures related to the risk of continued use of opioids that performed statistically worse than the statewide average.	X	X	
Compliance with Medicaid Standards	MetroPlus SNP was in noncompliance with CFR 438.210 during the MY 2019 operational survey.	X	X	X
Recommendation				

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
PIP	The MCP should continue interventions implemented under the PIP as these indicators have demonstrated performance improvement.	X	X	
Performance Measures	The MCP should continue its current interventions to improve members accessing quality healthcare services, as most rates performed well in MY 2020. Additionally, the MCP should consider implementing interventions that will reduce members risk of continued opioid use as these rates were significantly worse than the statewide average for two consecutive years.	X	X	
Compliance with Medicaid Standards	The MCP should investigate opportunities to address the noncompliance identified received during the MY 2019 operational survey conducted by the DOH.	X	X	X

VNS Choice

Performance Improvement Project Findings

Table 23: VNS Choice's PIP Summary, MY 2020

VNS Choice's PIP Summary
PIP Title: Disease Management in the Diabetic Population Validation Summary: There were no validation findings that indicate that the credibility was at risk for the PIP results.
Aim VNS Choice aims to decrease the number of members with uncontrolled diabetes and the number inpatient admissions among members with diabetes by improving disease management. Member-Focused 2020 Interventions ▪ Diabetic members identified as a "complex case" received telephonic outreach and referral to an endocrinologist. ▪ Implemented the STEPS incentive program which provided members with $25 for completing routine diabetic screenings. ▪ Educational materials educated members on diabetes self-management education (DSME), diabetes control, annual screenings, nutrition and exercise, and blood pressure control. ▪ Member outreach on medication adherence was conducted telephonically. ▪ The VNS Choice medical management team conducted member assessments and issued glucometers to encourage self-monitoring. Provider-Focused 2020 Interventions ▪ Notified providers of members who were non-compliant with prescribed medications. ▪ Worked with high-volume provider sites to close gaps in care through member referrals to nutrition counseling and referrals to DSME. ▪ Conducted onsite education for designated AIDS centers (DACs) and Select Health providers on PIP objectives and interventions. MCP-Focused 2020 Interventions ▪ Utilized claims data monitor the number of members with diabetes who attended nutrition classes, the number of members with diabetes who completed a visit with an endocrinologist, and the number of members who received DSME.

Table 24: VNS Choice's PIP Indicator Performance, MY 2018 – MY 2020

Indicator	Baseline Rate MY 2018	Interim Rate MY 2019	Interim Rate MY 2020	Target/ Goal
Diabetic members with inpatient hospitalization	25.2%	28.1%	26.3%[1]	20%
Diabetic members who received all tests	51.1%	52.1%	54.6%	56%
HEDIS Comprehensive Diabetes Care – HbA1c[2]	95.9%	95.6%	95.6%	97%
HEDIS Comprehensive Diabetes Care – HbA1c Control <8%[2]	55.5%	51.6%	63.9%	60%
HEDIS Comprehensive Diabetes Care – HbA1c Poor Control (>9%)[2]	35.0%	41.4%	28.7%	30%

[1] Preliminary rate displayed.

[2] HEDIS measures with rolling data updates until April 2021 (to account for claims lag). This difference accounts for differing values in diabetic population.

MY: measurement year.

Performance Measures Findings

Table 25: VNS Choice's QARR Performance, MY 2018 – MY 2020

Domain/Measures	VNS Choice MY 2018	VNS Choice MY 2019	VNS Choice MY 2020	SNP Statewide Average MY 2020
Effectiveness of Care: Prevention and Screenings				
Breast Cancer Screening	66	65	68	65
Cervical Cancer Screening	85	85	78	78
Chlamydia Screening (Ages 16-24 Years)	Small Sample	Small Sample	Small Sample	80
Colorectal Cancer Screening	66	66	63	60
Flu Shots for Adults (Ages 18-64 Years)[2]		75	75	74
Effectiveness of Care: Acute and Chronic Care				
Asthma Medication Ratio (Ages 19-64 Years)	29	26	29	31
Comprehensive Diabetes Care – Blood Pressure Controlled (<140/90 mm Hg)	62	62	66	63
Comprehensive Diabetes Care – Eye Exam Performed	55	57	68 ▲	55
Comprehensive Diabetes Care – HbA1c Testing	96	96	97	95
Comprehensive Diabetes Care – HbA1c Control (<8%)	55 ▼	55 ▼	69	65
Comprehensive Diabetes Care – Nephropathy Monitor	93	94		
Controlling High Blood Pressure	55	61	59	61
HIV Viral Load Suppression[1]	85 ▲	84 ▲	82 ▲	77
Persistence of Beta-Blocker Treatment After a Heart Attack	Small Sample	Small Sample	Small Sample	85
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Bronchodilators	96	95	98	96
Pharmacotherapy Management for Chronic Obstructive Pulmonary Disease Exacerbation – Corticosteroids	69	68	63	64
Smoking Cessation Medications[2]		86	86	86
Smoking Cessation Strategies[2]		78	78	78
Spirometry Testing for Chronic Obstructive Pulmonary Disease	29	19	21	18
Statin Therapy for Patients with Cardiovascular Disease – Statin Received	77	80	75	78
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80%	82	90	85	84
Statin Therapy for Patients with Diabetes – Statin Received	60	64	67	78

Domain/Measures	VNS Choice MY 2018	VNS Choice MY 2019	VNS Choice MY 2020	SNP Statewide Average MY 2020
Statin Therapy for Patients with Diabetes – Statin Adherence 80%	81	91 ▲	89	84
Effectiveness of Care: Behavioral Health				
Adherence to Antipsychotic Medications for Schizophrenia	72 ▲	73 ▲	73 ▲	58
Antidepressant Medication Management – Effective Acute Phase	59	68 ▲	67	58
Antidepressant Medication Management – Effective Continuation Phase	52	58 ▲	48	41
Diabetes Monitoring for People with Diabetes and Schizophrenia	Small Sample	Small Sample	Small Sample	87
Diabetes Screening for Schizophrenia or Bipolar Disorder on Antipsychotic Medication	99	100	95	96
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 7 Days	22	20	32	32
Follow-Up After Emergency Department Visit for Alcohol, Other Drug Abuse or Dependence – 30 Days	24	25 ▼	34	39
Follow-Up After Emergency Department Visit for Mental Illness – 7 Days[3]	40 ▼	23 ▼	43	47
Follow-Up After Emergency Department Visit for Mental Illness – 30 Days[3]	48 ▼	31 ▼	57	61
Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days			38	41
Follow-Up After High-Intensity Care for Substance Use Disorder – 30 Days			82	81
Follow-Up After Hospitalization for Mental Illness – 7 Days	40 ▼	36	40	37
Follow-Up After Hospitalization for Mental Illness – 30 Days	48 ▼	57	57	58
Pharmacotherapy for Opioid Use Disorder			25	31
Risk of Continued Opioid Use – 15 Days		10	11	11
Risk of Continued Opioid Use – 31 Days		7	8	7
Use of Opioids at High Dosage		33 ▼	35 ▼	25
Use of Opioids from Multiple Prescribers and Multiple Pharmacies			Not Available	Not Available
Access to Care				
Adults' Access to Preventive/Ambulatory Services 20-44 Years	97 ▲	96	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 45-64 Years	99 ▲	99	Not Available	Not Available
Adults' Access to Preventive/Ambulatory Services 65+ Years	100	100	99	95
Initiation of Alcohol and Other Drug Abuse Treatment 18+ Years [3]	68	56	57	54

Domain/Measures	VNS Choice MY 2018	VNS Choice MY 2019	VNS Choice MY 2020	SNP Statewide Average MY 2020
Engagement of Alcohol and Other Drug Abuse Treatment 18+ Years[3]	29	23	10	12
Initiation Pharmacotherapy upon New Episode of Opioid Dependence [1,3]	30	25	Not Available	Not Available
Timeliness of Prenatal Care[3]	Small Sample	Small Sample	Small Sample	80
Postpartum Care	Small Sample	Small Sample	Small Sample	65
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			Not Available	Not Available
Use of Pharmacotherapy for Alcohol Abuse or Dependence[1]	7	8	Not Available	Not Available

Note: Grey shading indicates that the measure was not required for that measurement year.

[1] NYS specific measure.

[2] MY 2019 Adult CAHPS measure.

[3] Measure included in the NYS Quality Strategy.

MY: measurement year; SNP: special needs plan.

Compliance with Medicaid and CHIP Managed Care Regulations Findings

Table 26: VNS Choice'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	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 self-disclosure from VNSNY Choice and record review, 10 of 16 Comprehensive Psychiatric Emergency Program (CPEP) claims were identified to be inappropriately denied by the MCP for no prior authorization.
- Based on record review and interview the MCP failed to ensure that the IAD decisions were reviewed by a physician in 6 of 10 Medicaid pre-authorization and concurrent cases. Specifically, the IAD in the above cases were made by a member of the "VNSNY utilization management team" in the Utilization Management Department. Based on record review and interview, the MCP also failed to ensure that the initial and the final adverse determination (FAD) decisions were reviewed by a physician in 4 of 8 Medicaid expedited appeal cases reviewed. Specifically, the IAD and FAD decisions were made by "RN UR Reviewers," and "RN Specialist Appeals Reviewers," in the VNSNY Utilization Management Department.
- Based on staff interview and review of the sampled provider contracts, VNS Choice failed to remove 4 of 55 providers with expired contracts from the network submission.

Assessment of MCP Follow-up on Prior Recommendations

Table 27: VNS Choice's Response to the Previous Year's Recommendations

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
Access to/Timeliness of Care		
Quality of Care		
VNS Choice should conduct a root cause analysis to determine factors contributing to its continued poor performance with diabetic members effectively managing their condition by reducing HbA1c levels. VNS should consider implementing interventions that target both members and providers.	VNSNY Choice continues to proactively monitor performance and identify opportunities to drive health outcomes for diabetic members. Throughout 2020 and 2021 the plan implemented several initiatives aimed towards improving diabetes self-management and reducing HbA1c level, including: (1) the distribution of provider non-adherence letters for members with diabetes, with the intent of driving provider engagement and discussions with members pertaining to treatment plans and medication adherence; (2) engaged members around leading a healthy life through DSME which was published in the Member Newsletter and website highlighting programs offered in the community and participating DACs; (3) established provider education cadence and developed reference materials that outlined best practices for addressing gaps in care. In addition, moving forward the plan; (4) will continue to incorporate member-level gaps in care indicators for the HEDIS/QARR diabetes measure in the FileMaker Pro, the case management platform utilized by medical management. This allowed for medical management and outreach teams to easily identify members with diabetes care gaps and assist with coordinating PCP/specialist appointments, reinforcing best practices for diabetes management including regular HbA1c testing, retinal eye examinations, nutrition, and other lifestyle changes. On a monthly basis the plan will refresh the FileMaker Pro gap indicators to ensure that members with an HbA1c > 9% are appropriately flagged for follow-up; (5) expand provider and lab vendor data sharing initiatives to improve plan access to member-level HbA1c results and inform clinical/non-clinical interventions; (6) the plan will continue to collaborate with PCPs and contracted lab vendors to coordinate mobile HbA1c testing in the community for diabetic members.	Partially Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	Monthly gaps in care reports are published to internal stakeholders, and targeted DACs/ HIV PCP specialist to monitor HEDIS diabetes care performance. The plan maintains regular meeting cadence with the high-volume DACs/ HIV PCP specialist to review care gaps, assess barriers and make recommendations/linkage to additional services, as necessary.	
VNS Choice should work to address the citations received during the 2019 operational survey and focused reviews. The MCP should focus on improving the processes related to provider contracts and identifying inappropriate claim denials.	Citation #1: Based on record review and staff interview, the plan delegated a management function, Fraud, Waste, and Abuse, to Blue Peak Advisors without submitting a management services contract to the DOH for review and approval. MCP Response: The plan has since updated its delegated vendor operations oversight policy and procedure detailing the process for obtaining DOH approval prior to entering into a management service agreement. As part of the contract initiation process within the contract management system, each business owner is required to answer a question as to whether a vendor is performing one or more delegated management services. If the question is answered in the affirmative, a reviewer from the delegated vendor operations departments is triggered into the workflow to review and ensure that the vendor fulfills all pre-delegated requirements. The compliance department conducts a final review to ensure the vendor the plan proposes to delegate management services is submitted to DOH for prior approval. The policy and procedure update was also shared with pertinent staff members to reinforce the workflow and the impacted staff received training on how to utilize the contract management system. Citation #2: Based on staff interview and review of the sampled provider contracts, VNS Choice failed to provide evidence that 1 of 55 providers included in the sample were sent an amendment to incorporate the requirements set forth by the 21st Century Cures Act. MCP Response: It is the plan's policy to ensure all contracted providers have incorporated the requirements set forth by the 21st Century Cures Act in the applicable contracts, including delegated entities' downstream contracts. Upon further review it was found that in November 2017, a communication was issued to the provider via the	Addressed

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	plan's pharmacy benefit manager's pharmacy services administrative organization LeaderNET, also known as Cardinal Health, which contained several updates including the 21st Century Cures Act. As part of the plan's process for monitoring whether the requirements outlined in the 21st Century Cures Act have been appropriately implemented the compliance department will select five providers from MedImpact's provider network each month to confirm all required documentation of regulatory changes can be produced within a one-week time-period. Audits will continue for a period of at least three months or until 100% compliance, whichever is later. Citations #3 & #4: Based on staff interview and review of the sampled provider contracts, VNS Choice failed to remove 4 out of 55 providers with expired contracts from the network submission. Based on staff interview and review of the sampled provider contracts, VNS failed to notify the Department of the termination of 4 institutional provider contracts. MCP Response: Upon further review, it was found that at the time of the network submission the plan and the four providers in question were operating with the understanding that the providers were participating in the plan's network. The templates used for provider #10H and #12H and the language in question are no longer in use by the plan. Additionally, the plan submitted new agreements to the DOH with provider #10H and #12H containing evergreen terms. The DOH approved the agreements on January 3, 2020. With respect to provider #8 and Provider #6, the plan submitted an independent provider association amendment that would extend the term through December 31, 2021. The plan received the attached notice from the DOH indicating that the amendment is under review and has been engaged in subsequent discussions with the DOH with respect to this amendment. Additionally, in May 2020, the plan conducted a review of all independent provider association contracts, which confirmed that there were no expired independent provider association contracts.	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	The plan's network contracting team uses a log to ensure that hospital contract terms are up to date. Additionally, VNS Choice's contract management system is slated to go live by August 1, 2020. All new hospital contracts will be managed within this new platform. The new system has functionality to set up 'alerts' for future terminations, which will notify all applicable parties that a future termination is approaching. In addition, the termination language in new hospital contracts is closely monitored for any changes or modifications. In August 2020, VNS Choice implemented a contract management system to send 'alerts' for contracts that are expiring. This alert system has been used as a checks and balance to avoid contracts expiring without notice. The plan maintains a dedicated policy and procedure that outlines the process for compliance with requirements as it pertains to contract provider contracts. Citations #5 & #6: Based on record review and interview the plan failed to ensure that the initial adverse determination (IAD) decisions were reviewed by a physician in 6 out of 10 Medicaid pre-authorization and concurrent cases reviewed. Based on record review and interview, the plan also failed to ensure that the initial and the final adverse determination decisions were reviewed by a physician in 4 out of 8 Medicaid expedited appeal cases reviewed. MCP Response: During the VNSNY Choice Health Plan (SelectHealth) operational survey conducted on November 18th through 21st, 2019 statements of deficiency were issued for the plan's failure to ensure that the IAD decisions were reviewed by a physician in 6 out of 10 Medicaid pre-authorization and concurrent cases reviewed and failure to ensure that the initial and the final adverse determination decisions were reviewed by a physician in 4 out of 8 Medicaid expedited appeal cases reviewed. These deficiencies were not reissued from 2018 or any other previous recommendation. The IAD were made by a member of the "VNSNY utilization management team" in the utilization management department. The plan acknowledged a misinterpretation of the Model Contract (Appendix F-3) and PHL §4900(2)(a) definition of a medical necessity	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	determination led to policies and processes in which requests with no clinical information to make determinations based on medically necessity were decisioned by the utilization management team rather than the plan's medical director. The rationale was that the medical director had no information to make a determination based on medical necessity. The plan revised policies and procedures to comply with the Model Contract (Appendix F-3) and PHL §4900(2)(a). The plan's director of care management implemented a plan of correction which included revising the service request review process, providing staff training, and updating the plan's written policies and procedures. The staff was trained on the new process, requiring all inpatient, outpatient, special needs facility, durable medical equipment, and out-of-network requests are sent to a licensed physician for a determination when the registered nurse is unable to make a determination regardless of the presence of clinical criteria on 1/3/2020, with an effective date of 1/6/2020. The revised written policies and procedures were approved by the plan's policy and procedure committee in March 2020. Monthly auditing of adverse determinations is completed to ensure adverse determinations are made by the licensed physicians. The initial and final adverse determination decisions were made by registered nurse (RN) utilization review reviewers and RN specialist appeals reviewers, in the VNSNY utilization management and grievance and appeals departments. The plan challenged the statement of deficiency citing its interpretation of PHL 4900 (2) definition of "clinical peer reviewer" as either (1) "a physician who possesses a current and valid non-restricted license to practice medicine" or (2) "a health care professional other than a licensed physician who, where applicable, possesses a current and valid non-restricted license, certificate or registration or, where no provision for a license, certificate or registration exists, is credentialed by the national accrediting body appropriate to the profession and is in the same profession and same or similar specialty as the health care provider who typically manages the medical condition or disease or provides the health care service or treatment under review." The plan asserted registered nurses are	

MY 2019 EQR Recommendation	MCP Response	IPRO's Assessment of MCP Response
	commonly responsible determining the appropriateness and level of personal care services required by a member, as well as monitoring the effectiveness of those services on an ongoing basis, and therefore are qualified to act a clinical peer reviewer for personal care services. On 6/3/2020, the DOH notified the plan its challenge was without merit and unacceptable. On 6/10/2020 and 6/24/2020 Plan staff received additional guidance and training that adverse determinations for all services including personal care services must be made by a licensed physician effective 8/1/2020. Written policies were revised on 6/24/2020 to include adverse determinations for personal care services must be determined by a licensed clinician. The plan successfully participated in a targeted operational survey on September 13 through 16, 2021. Areas with identified deficiencies in the 2019 full operational survey were reviewed with no findings. Citation #7: Based on self-disclosure from VNSNY Choice and record review, 10 of the 16 CPEP claims were identified to be inappropriately denied by the plan for no prior authorization. MCP Response: The plan can confirm that the impacted claims were reprocessed in December 2019 and in efforts to prevent incorrect CPEP denials moving forward, the plan has modified the criteria for the weekly report of denied CPEP claims to capture claims based on the applicable rate codes. The plan has also updated the open claim inventory report to include corresponding rate code(s) so that CPEP claims can be identified and routed to dedicated processors. The modified impact report was generated and identified two additional CPEP claims that required reprocessing. The processors received education on the proper handling of CPEP claims in February 2020. The plan will continue to monitor CPEP claims processing using the enhanced daily open claim inventory report as well as the denial report to ensure proper handling of these claims.	

Strengths, Opportunities for Improvement and Recommendations

Table 28: VNS Choice's Strengths, Opportunities for Improvement and EQR Recommendations for MY 2020

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Strengths				
PIP – General	VNS Choice's MY 2020 PIP passed PIP validation.			
PIP	Two (2) of 5 performance indicator rates exceeded the target rate between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – General	VNS Choice met all requirements to successfully report HEDIS data to NCQA and QARR data to the DOH.			
Performance Measures – Prevention and Screenings	Although not statistically significant, VNS Choice reported MY 2020 rates for 4 measures that met or exceeded the statewide averages.	X	X	
Performance Measures – Acute and Chronic Care	VNS Choice reported MY 2020 rates for 2 measures related to HIV care and diabetes care that performed statistically better than the statewide average.	X	X	
Performance Measures – Behavioral Health	VNS Choice reported a MY 2020 rate for 1 measure related to antipsychotic medication for schizophrenia that performed statistically better than the statewide average.	X	X	
Performance Measures – Access to Other Services	Although not statistically significant, VNS Choice reported MY 2020 rates for 2 measures that met or exceeded the statewide averages.	X	X	
Compliance with Medicaid Standards	VNS Choice was in compliance with 9 of the 11 federal Medicaid standards reviewed during the MY 2019 operational survey.	X	X	
Opportunities for Improvement				
PIP	Three (3) of 5 MY 2020 remeasure rates did not meet the target rate. One (1) indicator demonstrated a decline in performance between the baseline period and the MY 2020 remeasurement period.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Behavioral Health	VNS Choice reported a MY 2020 rate for 1 measure related to opioid use that performed statistically worse than the statewide average.	X	X	

EQR Activity	EQRO Assessment/Recommendation	Quality	Timeliness	Access
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	VNS Choice was in noncompliance with CFR 438.206 and CFR 438.228 during the MY 2019 operational survey.	X	X	X
Recommendation				
PIP	The MCP should investigate additional interventions as three of the five PIP indicators have not met the target goals.	X	X	
Performance Measures – Prevention and Screenings	None.			
Performance Measures – Acute and Chronic Care	None.			
Performance Measures – Behavioral Health	The MCP should investigate opportunities to improve the health of members who use opioids at high dosages.	X	X	
Performance Measures – Access to Other Services	None.			
Compliance with Medicaid Standards	The MCP should investigate opportunities to improve the areas which received a deficiency and routinely monitor the effectiveness of the interventions to ensure full compliance achieved during the next compliance review.	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