New Jersey Department of Human Services
Division of Medical Assistance and Health Services

FIDE SNP and MLTSS

External Quality Review
Annual Technical Report

Review Period: January 1, 2023–December 31, 2023
(2023–2024 Review Cycle)

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I. Executive Summary

Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with Managed Care Organizations (MCOs) 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 MCO. *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 MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. 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 (CMS). Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as "the degree to which an MCO, prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) 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 of, timeliness of, and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

The Medicare Dual Eligible Subset – Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) program, administered by the New Jersey (NJ) Department of Human Services, Division of Medical Assistance and Health Services (DMAHS), provides comprehensive health services to beneficiaries who are eligible for Medicare Part A and B and who are also eligible for enrollment into Medicaid Managed Care (MMC) benefits. DMAHS is responsible for overseeing compliance of the FIDE SNPs in the State of New Jersey. The Centers for Medicare & Medicaid Services (CMS) requires that an independent, external review using established protocols be performed to ensure that FIDE SNPs meet quality and compliance standards in accordance with the Balanced Budget Act (BBA) of 1997.

The current review was undertaken by IPRO, the External Quality Review Organization (EQRO) acting on behalf of DMAHS, to evaluate each FIDE SNP's operations and to determine their compliance with the regulations in the BBA governing MMC programs, as set forth in section 1932 of the Social Security Act and *Title 42 of the Code of Federal Regulations (CFR), part 438* et seq. and with State contractual requirements.

Five FIDE SNPs, namely Aetna Assure Premier Plus (AAPP), Amerivantage Dual Coordination (AvDC), Horizon NJ TotalCare (HNJTC), UnitedHealthcare Dual Complete ONE (UHCDCO), and WellCare Dual Liberty (WCDL) participated in the FIDE SNP Program in 2023. The total FIDE SNP enrollment in AAPP, AvDC, HNJTC, UHCDCO and WCDL as of 12/01/2023 was 88,264 which is an increase from 78,818 FIDE SNP members from 12/01/2022.

Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the three mandatory and two optional EQR activities that were conducted during the review period. External quality review (EQR) activities conducted during January 2023–December 2023 included Annual Assessment of MCO operations, performance measure (PM) validation, validation of performance improvement projects (PIPs), DMAHS encounter data validation, and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

It should be noted that Protocol 4, Validation of Network Adequacy (NAV) was finalized in the CMS *External Quality Review (EQR) Protocols* published in February 2023. CMS advised that, starting February 2024, States and EQROs must begin using Protocol 4 to conduct the NAV activity. Results from the NAV activity, conducted in accordance with Protocol 4, must be included in EQR technical reports due to CMS on April 30, 2025. The updated protocols also states that an "Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4." As set forth in *Title 42 CFR Section § 438.358 Activities related to external quality review (b)(1)*, the EQR activities conducted during this review period were:

- *CMS Mandatory Protocol 1*: **Validation of Performance Improvement Projects (PIPs)** – This activity validates that MCO performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- *CMS Mandatory Protocol 2:* **Validation of Performance Measures** – This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- *CMS Mandatory Protocol 3:* **Review of Compliance with Medicaid and CHIP Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- *CMS Optional Protocol 5:* **Validation of Encounter Data** – This activity evaluates the accuracy and completeness of encounter data that are critical to effective MCO operation and oversight.
- *CMS Optional Protocol 6:* **Administration or Validation of Quality of Care Surveys** – In 2022, one Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Survey for NJ FIDE SNP enrollees was conducted to assess consumers' experiences with their health plan. The NJ FIDE SNP adult survey project consisted of 58 core questions and 11 supplemental questions.

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:
- data collection and analysis methodologies;
- comparative findings; and
- where applicable, the MCOs' performance strengths and opportunities for improvement.

While the *CMS External Quality Review (EQR) Protocols* published in February 2023 state that an ISCA is a required component of the mandatory EQR activities, CMS later noted that the systems reviews conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA. Findings from IPRO's review of the MCOs' HEDIS final audit reports (FARs) are presented in **Section V: Validation of Performance Measures** of this report. In May 2024, a full ISCA will be conducted across all five NJ MCOs.

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2022–2023 EQR activity findings to assess the performance of New Jersey FIDE SNP MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual SNP MCOs were evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

The following provides a high-level summary of these findings for the NJ FIDE SNP Program. The overall findings for MCOs were also compared and analyzed to develop overarching conclusions and recommendations for each MCO. These Plan-level findings are discussed in each EQR activity section, as well as in **Section IX: MCO Strengths and Opportunities for Improvement, and EQR Recommendations** of this report.

Strengths and Opportunities for Improvement Related to Quality, Timeliness and Access

The EQR activities conducted in 2023 demonstrated that DMAHS and the MCOs share a commitment to improvement in providing high-quality, timely, and accessible care for members. The opportunities for improvement and recommendations relating to quality of, timeliness of, and access to care are outlined here and detailed in each corresponding section of this report.

Performance Improvement Projects

For January 2023 – December 2023, this ATR includes IPRO's evaluation of the April 2023 and August 2023 PIP report submissions. IPRO's PIP validation process provides an assessment of the overall study design and implementation to ensure it met specific criteria for a well-designed project that meets the CMS requirements as outlined in the EQRO protocols. It was determined that New Jersey FIDE SNP MCOs could submit their Chronic Care Improvement Programs (CCIPs), approved by CMS, to meet the mandatory Performance Improvement Projects requirement. All MCOs were required to provide data at the New Jersey specific FIDE SNP level for these projects. IPRO deemed CMS acceptance of these projects as compliance with Performance Improvement Project validation. In addition to the CCIP projects submitted by the FIDE SNP MCOs, PIPs related to Access and Availability of Primary Care Provider (PCP) Services were also submitted and validated.

Full validation results for the 2023 FIDE SNP PIPs are described in **Section III: Validation of Performance Improvement Projects** of this report.

The following FIDE SNP PIPs were conducted by the MCOs during the ATR review period.
1. **Access to and Availability of PCP Services (Non-Clinical PIP) – (4 MCOs – AvDC, HNJTC, UHCDCO, and WCDL)**
   o April 2023 Project Update Submission – Project Status Report through March 2023 -Year 3
   o August 2023 Project Status Reports Submission – Project Year 2 and Sustainability Update
2. **Access to and Availability of PCP Services (Non-Clinical PIP) – (1 MCO – AAPP started one year later)**
   o April 2023 Project Update Submission – Project Status Report through March 2023 – Year 2
   o August 2023 Project Update Submission- Project Year 1 and Project Year 2 Update
3. **Diabetes Management (3 MCOs – AvDC, HNJTC and WCDL)**
   o April 2023 Project Update Submission – Project Status Report through March 2023 – Year 3
   o August 2023 Project Status Reports Submission – Project Year 2 and Sustainability Update
4. **Hypertension Management (1 MCO – UHCDCO)**
   o April 2023 Project Update Submission – Project Status Report through March 2023 – Year 3
   o August 2023 Project Status Reports Submission – Project Year 2 and Sustainability Update
5. **Hypertension Management (1 MCO – AAPP started one year later)**
   o April 2023 Project Update Submission – Project Status Report through March 2023 – Year 2
   o August 2023 Project Status and Baseline Update – Project Year 1 and Project Year 2 Update

Comprehensive Administrative Review (2023 Annual Assessment of MCO Operations)

The Annual Assessment of FIDE SNP/managed long-term services and supports (MLTSS) operations is designed to assist with validating, quantifying, and monitoring the quality of each FIDE SNP's structure, processes, and the outcomes of its operations. Effective January 1, 2016, the MLTSS population was included in the FIDE SNP product and home and community-based services (HCBS) were fully included in the FIDE SNP benefits (nursing facility [NF] was included effective January 2015); this audit period was January 2022–December 2022 for FIDE SNP/MLTSS. FIDE SNPs are subject to Annual Assessment of operations every 3 years. AvDC, HNJTC, UHCDCO and WCDL were subject to a partial Annual Assessment of operations review in the current review period

(January 2022–December 2022). Aetna Assure Premier Plus (AAPP) was subject to a full Annual Assessment as a result of less than standard performance in the 2022 assessment.

The Annual Assessment audits were conducted remotely. For the review period January 1, 2022–December 31, 2022, five of five MCOs, (AAPP, AvDC, HNJTC, UHCDCO, and WCDL) scored above NJ's minimum threshold of 85%.

In 2023, the average compliance score for five (5) standards (Committee Structure, Provider Training and Performance, Enrollee Rights and Responsibilities, Credentialing and Recredentialing, and Utilization Management) showed increases ranging from 1 to 7 percentage points. In 2023, eight (8) standards (Quality Assessment and Performance Improvement, Committee Structure, Programs for the Elderly and Disabled, Enrollee Rights and Responsibilities, Care Management and Continuity of Care, Credentialing and Recredentialing, Administration and Operations, and Management Information Systems) had an average score of 100%. Average compliance for five (5) standards (Quality Assessment and Performance Improvement, Programs for the Elderly and Disabled, Care Management and Continuity of Care, Administration and Operations, and Management Information Systems) remained the same from 2022 to 2023. Two (2) standards (Access and Quality Management) had decreases of 2 and 1 percentage points respectively in 2023. In 2023, Access had the lowest average compliance score at 83%. Findings from this review can be found in **Section IV: Review of Compliance with Medicaid and CHIP Managed Care Regulations** of this report.

As part of the Annual Assessment of MCO operations, IPRO performed a thorough evaluation of each MCO's compliance with CMS's Subpart D and QAPI Standards. CMS requires each MCO's compliance with these fourteen (14) standards be evaluated. **Table 1** provides a crosswalk of individual elements reviewed during the Annual Assessment to the CMS QAPI standards. Of the 222 elements reviewed in 2022 and 224 elements reviewed in 2023 during the Annual Assessments, 77 crosswalk to the CMS QAPI standards.

Table 1: Crosswalk of Standards Reviewed by EQRO to the Subpart D and QAPI Standards

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1]
Member Disenrollment	438.56	Management Information Systems (IS)	IS20, IS21	1 –2022-2023
Enrollee Rights	438.100	Enrollee Rights (ER)	ER1, ER3-ER4	1 –2021–2022 and 2022-2023
Emergency and Post Stabilization	438.114	Access (A)	A1	1 –2021–2022 and 2022-2023
Availability of services	438.206	1 – Access (A), 2 – Credentialing and Re-Credentialing (CR), 3 – Administration and Operations (AO)	A3, A4a–f, A7, CR7, CR8, AO1, AO2	1 – 1 –2021–2022 and 2022-2023

2 - 1 –2021–2022 and 2022-2023

3 – 1 –2021–2022 and 2022-2023 |
| Assurances of Adequate Capacity and Services | 438.207 | 1 – Access (A) | A4 | 1 – 1 –2021–2022 and 2022-2023 |

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1]
Coordination and Continuity of Care	438.208	1 – Care Management and Continuity of Care (CM)	CM2, CM14, CM38	1 – 1 –2021–2022 and 2022-2023
Coverage and Authorization of Service	438.210	1 – Utilization Management (UM)	UM3, UM11, UM14–UM16, UM16o1 UM16o2	1– 1 –2021–2022 and 2022-2023
Provider Selection	438.214	1 – Credentialing and Re-Credentialing (CR)	CR2, CR3	1– 1 –2021–2022 and 2022-2023
Confidentiality	438.224	1 – Provider Training and Performance (PT)	PT9	1 – 1 –2021–2022 and 2022-2023
Grievance and Appeal Systems	438.228	1 – Utilization Management (UM) and Quality Management (QM)	UM16k.1, UM16k.2, UM16l.1, UM16l.2, UM16m.1, UM16m.2, UM16n.1, UM16n.2, QM5	1– 1 –2021–2022 and 2022-2023
Subcontractual Relationships and Delegation	438.230	1 – Administration and Operations (AO)	AO5, AO8–AO11	1– 1 –2021–2022 and 2022-2023
Practice Guidelines	438.236	1 – Quality Assessment and Performance Improvement (QAPI) 2 – Quality Management QM), 3 – Programs for the Elderly and Disabled (ED)	Q4 QM1, QM3 ED3, ED10, ED23, ED29	1– 1 –2021–2022 and 2022-2023

2 –1 –2021–2022 and 2022-2023

3– 1 –2021–2022 and 2022-2023 |
| Health Information Systems | 438.242 | 1 – Management Information Systems (IS) | IS1–IS17 | 1– 1 –2021–2022 and 2022-2023 |
| Quality Assessment and performance improvement (QAPI) | 438.330 | 1 – Quality Assessment and Performance Improvement (QAPI) | Q1–Q3, Q5–Q9 | 1–1 –2021–2022 and 2022-2023 |

[1] Within a 3-year cycle, all four MCO's (AvDC, HNJTC, UHCDCO and WCDL) had a full compliance review in 2019 and 2021. In 2022 and 2023, Aetna participated in a full compliance review, and four MCOs (AvDC, HNJTC, UHCDCO and WCDL) had a partial compliance review. DMAHS requires specific elements to be reviewed annually.

MY 2022 FIDE SNP Performance Measures

For measurement year (MY) 2022 (Healthcare Effectiveness Data and Information Set [HEDIS®] MY 2022), MCOs reported the 14 FIDE SNP HEDIS measures required by CMS. As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate the measures. MY 2022 is the first year reporting Advance Care Planning (ACP). Results of this review can be found in **Section V: Validation of Performance Measures** of this report.

Strengths

For the following measures, the weighted averages for NJ FIDE SNP were observed to be above the 75th percentile:
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE) [Bronchodilator]

Opportunities for Improvement

For the following measures, the weighted averages for NJ FIDE SNP were observed to be below the 50th percentile:
- Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Dementia + Tricyclic Antidepressants or Anticholinergic Agents, Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs, Total]
- Use of High-Risk Medications in the Elderly (DAE)
- Controlling Blood Pressure (CBP)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Falls + Tricyclic Antidepressants or Antipsychotics]
- Transitions of Care (TRC) [Notification of Inpatient Admission]
- Colorectal Cancer Screening (COL)
- Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
- Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment]
- Transitions of Care (TRC) [Medication Reconciliation Post-Discharge, Patient Engagement After Inpatient Discharge, Receipt of Discharge Information]

2020 Information Systems Capabilities Assessments

In 2016, CMS issued the Medicaid and CHIP Final Rule. In accordance with the 2016 Final Rule, CMS updated the External Quality Review (EQR) protocols, which were released in 2019. The updated protocols indicated that an Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR for Protocols 1 (Validation of Performance Improvement Projects), 2 (Validation of Performance Measures), 3 (Review of Compliance with Medicaid and CHIP Managed Care Regulations), and 4 (Validation of Network Adequacy). The five Medicaid MCOs in New Jersey use HEDIS certified software and submit audited HEDIS results to the State of New Jersey. However, some measures, such as non-HEDIS Core set measures, measures associated with Managed Long-Term Services and Supports (MLTSS), and New Jersey specific measures for Medicaid, are produced outside of the HEDIS audit. While CMS has clarified that the systems reviews that are conducted as part of the HEDIS audit may be substituted for an ISCA, DMAHS determined that all five MCOs should undergo an ISCA as part of the scheduled Annual Assessments of compliance with Medicaid Managed Care regulations. The ISCAs were conducted by their External Quality Review Organization (EQRO), IPRO.

IPRO conducted a meeting with DMAHS and the MCOs on 8/31/2020 to review the agenda and process. Due to COVID-19 restrictions, the reviews occurred via WebEx. The assessment covered the following areas:
- Data Integration and Systems Architecture
- Claims/Encounter Data Systems and Processes
- Membership Data Systems and Processes

- Provider Data Systems and Processes
- Oversight of Contracted Vendors
- Supplemental Databases
- Grievance Systems

The Data Integration and Systems Architecture review consisted of a review of the structure of all systems and data warehouses supporting MCO operations and reporting. Claims, eligibility, provider, and grievance systems were directly reviewed. Discussion of oversight of contracted vendors focused on the MCO's ongoing oversight of vendors that process claims for services rendered to MCO members. The review of supplemental databases focused on data sources for services received by the MCO's membership, but not directly or indirectly paid for by the MCO. The structure of the review followed HEDIS audit processes for definitions of contracted vendors and supplemental data sources. No significant systems issues were identified for any of the five MCOs. In May 2024, a full ISCA will be conducted across all five NJ MCOs.

All five MCOs undergo a systems review annually as part of their HEDIS audit by an NCQA licensed organization. IPRO reviews these results annually. Details of this review can be found in **Section V: Validation of Performance Measures**.

As noted above under Performance Measure validation, in 2021 IPRO undertook a detailed review of MCO population definitions for reporting of HEDIS, non-HEDIS Core Set performance measures, and NJ Specific performance measures. This review occurred on the day following the 2021 Annual Assessment compliance reviews. Details of this analysis can be found in **Section V: Validation of Performance Measures**.

Quality of Care Surveys

Member Satisfaction – 2023 FIDE SNP CAHPS Survey
IPRO subcontracted with a certified survey vendor to field the CAHPS survey for the FIDE SNP population. Surveys were fielded in spring 2023 for members enrolled in from July 1, 2022, through December 31, 2022. Five FIDE SNP MCO adult surveys were fielded. A total random sample of 8,531 cases was drawn from adult enrollees from the five NJ FIDE SNP Plans (AAPP, AvDC, HNJTC, UHCDCO and WCDL); this consisted of a random sample of 1,755 AvDC enrollees, 1,755 HNJTC enrollees, 1,755 UHCDCO enrollees, 1,755 WCDL enrollees, and 1,511 AAPP enrollees.

During 2023, a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H survey for NJ FIDE SNP enrollees was conducted to assess consumers' experiences with their health plan. The NJ FIDE SNP adult survey project consisted of 40 core questions and 11 supplemental questions. Five FIDE SNPs namely Aetna Assure Premier Plus (AAPP), Amerivantage Dual Coordination (AvDC), Horizon NJ TotalCare (HNJTC), UnitedHealthcare Dual Complete ONE (UHCDCO), and WellCare Dual Liberty (WCDL) participated in the FIDE SNP Program in 2023.

Results from the CAHPS 5.1H survey for NJ FIDE SNP enrollees provided a comprehensive tool for assessing consumers' experiences with their health plan. Complete interviews were obtained from 2,813 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 33.8%. For each of the four domains of member experience (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), a composite score was calculated. The composite scores give a summary assessment of how the Plans performed across each domain. The overall composite scores for AAPP, AvDC, HNJTC, UHCDCO and WCDL were as follows: 93.5% for How Well Doctors Communicate; 90.1% for Customer Service; 82.5% for Getting Care Quickly and 81.8% for Getting Care Needed. Details on these surveys can be found in **Section VI: Administration or Validation of Quality of Care Surveys – CAHPS Member Experience Survey**.

Encounter Data Validation

Encounter Data Validation (EDV) is an ongoing process, involving the MCOs, the state Encounter Data Monitoring Unit (EDMU), and the EQRO. In 2017, DMAHS partnered with its EQRO, IPRO, to conduct an MCO system and encounter data process review to include a baseline evaluation of the submission and monitoring of encounter data. As of October 2017, IPRO has been attending the monthly EDMU calls with the MCOs. In 2023, IPRO continues to monitor encounter data submissions and patterns. Results of this review can be found in **Section IX: Encounter Data Validation**.

Conclusion and Recommendations

Section IX: MCO Strengths and Opportunities for Improvement, and EQR Recommendations provides a summary of strengths, opportunities for improvement, and EQR recommendations for AAPP, AvDC, HNJTC, UHCDCO, and WCDL. These evaluations are based on the EQRO's review of MCO performance across all activities evaluated during the review period.

II. New Jersey FIDE SNP/MLTSS Program

FIDE SNP/MLTSS in New Jersey

The BBA of 1997 established that state agencies contracting with (MCOs 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 MCOs. In accordance with the BBA of 1997 (Subpart E, *42 CFR Section 438.350*), an EQRO sets forth the requirements for annual EQR of contracted MCOs. *CFR 438.350* requires states to contract with an EQRO to perform an annual EQR of each MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; 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 CMS.

To meet these federal requirements, DMAHS has contracted with IPRO to conduct EQR activities on behalf of DMAHS for the FIDE SNP/MLTSS program. IPRO assesses FIDE SNP operations and performance on key activities and provides recommendations on how these activities can improve the timeliness, quality, and access to healthcare services for enrollees. This report is the result of IPRO's assessment and review of FIDE SNP activities for calendar year 2022.

The FIDE SNP program, administered by DMAHS, provides comprehensive health services to beneficiaries who are eligible for Medicare Part A and B or are enrolled in Medicare Part C and who are also eligible for Medicaid benefits. As of December 2023, there were approximately *88,264* individuals enrolled in AAPP, AvDC, HNJTC, UHCDCO and WCDL (**Table 2**).

Table 2 shows percentages enrollment change by plan resulting an overall increase of 11.98% for the comparative year.

Table 2: 2022–2023 FIDE SNP Enrollment

FIDE SNP	Acronym	Enrollment as of December 2022	Enrollment as of December 2023	Enrollment Percentage Change (+/-)
Aetna Assure Premier Plus	AAPP	2,270	4,100	+80.62%
Amerivantage Dual Coordination	AvDC	16,108	14,757	-8.39%
Horizon NJ TotalCare	HNJTC	18,926	19,551	+3.30%
UnitedHealthcare Dual Complete ONE	UHCDCO	33,833	42,991	+27.07%
WellCare Dual Liberty	WCDL	7,681	6,865	-11.98%
Total		**78,818**	**88,264**	**+11.98%**

Source: DMAHS

Figure 1 is a graphic depiction of the size of each FIDE SNP's enrolled population in December 2022 and December 2023 in relation to the total.
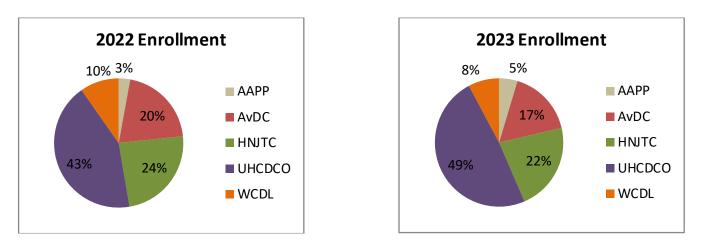

Figure 1: 2022 and 2023 Enrollment Percentages by FIDE SNP. Proportion of FIDE SNP enrollment in December 2022 and December 2023 for each FIDE SNP MCOs: brown: Aetna Assure Premier Plus (AAPP); red: Amerivantage Dual Coordination (AvDC); green: Horizon NJ TotalCare (HNJTC); purple: UnitedHealthcare Dual Complete ONE (UHCDCO); and orange: WellCare Dual Liberty (WCDL).

Table 3 shows the activities discussed in this report and the MCOs included in each EQR activity.

Table 3: 2023 EQR Activities by MCO

MCO	FIDE SNP PIPs	PMs	Annual Assessment of MCO Operations	Focus Quality Studies	CAHPS Surveys	ISCA Assessments
AAPP	√	√	√	-	√	√
AvDC	√	√	√	-	√	√
HNJTC	√	√	√	-	√	√
UHCDCO	√	√	√	-	√	√
WCDL	√	√	√	-	√	√

EQR: external quality review; MCO: managed care organization; PM: performance measure; PIP: performance improvement project; CAHPS: Consumer Assessment of Healthcare Providers and Systems; ISCA: Information Systems Capabilities Assessment (conducted in 2020).

New Jersey DMAHS Quality Strategy

New Jersey maintains rigorous standards to ensure that approved health plans have networks and quality management programs necessary to serve all enrolled populations. New Jersey's Quality Strategy serves as a roadmap for ongoing improvements in care delivery and outcomes. Whether it be through new benefits and services, innovations, technology, or managed care accountability, New Jersey DMAHS is committed to serving Medicaid beneficiaries the best way possible.

The New Jersey DMAHS 2022 Quality Strategy focuses on achieving measurable improvement and reducing health disparities through three high priority goals. Based on the CMS Quality Strategy Aims framework, the State organized its goals by these aims: 1) better care; 2) smarter spending; and 3) healthier people, healthier communities.

CMS Aim 1: Better Care
Goal 1: Serve people the best way possible through benefits, service delivery, quality, and equity.

CMS Aim 2: Smarter Spending
Goal 2: Experiment with new ways to solve problems through innovation, technology, and troubleshooting.

CMS Aim 3: Healthier People, Healthier Communities
Goal 3: Focus on integrity and real outcomes through accountability, compliance, metrics, and management.

In **Table 4**, the State has further identified 24 metrics to track progress towards the three goals listed above.

Table 4: NJ DMAHS Quality Strategy Goals

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
CMS Aim 1: Better Care				
Goal #1: Serve people the best way possible through benefits, service delivery, quality, and equity	1.1: Improve maternal/child health outcomes	Prenatal and Postpartum Care	HEDIS PPC	NCQA 75th percentile
		Perinatal Risk Assessment (PRA) completion	N/A	Annual increase against baseline
		Well Child Visits	HEDIS W30, HEDIS WCV	NCQA 75th percentile
		Pediatric Dental Quality	CMS-416, NJ State Specific Measures	55% for NJ Specific

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
	1.2: Help members with physical, cognitive, or behavioral health challenges get better coordinated care	Management Audits	EQRO	85%
		Autism service utilization	Measures in development	TBD
	1.3: Support independence for all older adults and people with disabilities who need help with daily activities	MLTSS Care Management Audits	EQRO	86%
		HCBS Unstaffed Cases/ Workforce Challenges	MCO accountability reporting	0% of cases > 30 days
		Nursing Facility Transition/ Diversion Reporting	MLTSS performance measures	> 246 transitions per month; < 18 admissions to NF per month
CMS Aim #2: Smarter Spending				
Goal #2: Experiment with new ways to solve problems through innovation, technology, and troubleshooting	2.1: Monitor fiscal accountability and manage risk	Minimum Loss Ratio (CMS Final Managed Care Rule)	DMAHS finance	85% (non-MLTSS), 90% (MLTSS)
	2.2: Demonstrate new value-based models that drive outcomes	Perinatal Episode of Care Payment Metrics	Measures in development	
		MCO Primary Care Home Models	Measures in development	TBD
		COVID-19 Vaccine Incentives	MCO Reporting	90th percentile among State Medicaid programs

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
	2.3: Use new systems and technologies to improve program operations	Eligibility Redeterminations – measures under development	CMS reporting	TBD
		MMIS provider module –	Measures in development	TBD
		Electronic Visit Verification (EVV) Compliance	DMAHS managed care reporting	100%
CMS Aim 3: Healthier People, Healthier Communities				
Goal #3: Focus on integrity and real outcomes through accountability, compliance, metrics, and management	3.1: Address racial and ethnic disparities in quality of care and health outcomes	Breast Cancer Screening	HEDIS BCS	NCQA 75th percentile
		COVID-19 Vaccination Rates	MCO reporting	90th percentile among State Medicaid programs
		Cervical Cancer Screening	HEDIS CCS	NCQA 75th percentile
	3.2: Hold operational partners accountable for ensuring a stable, accessible, and continuously improving program for our members and providers	Network Adequacy Reporting	DMAHS accountability	under redevelopment
		MCO 1:1 performance accountability series	DMAHS accountability	Case specific
		Operational Partner Scorecards	Measures in development	TBD

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
	3.3: Ensure program integrity and compliance with State and federal requirements	T-MSIS Data Quality	DMAHS IT	Gold status by Jan 2022 Blue status by Jan 2023
		Medicaid Provider Revalidation	DMAHS/Gainwell	Achieve and maintain full compliance

MMIS: Medicaid Management Information System; T-MSIS: Transformed Medicaid Statistical Information System

IPRO's Assessment of the New Jersey DMAHS Quality Strategy

The *2022 New Jersey DMAHS Quality Strateg*y generally meets the requirements of *Title 42 CFR § 438.340 Managed Care State Quality Strategy* and acts as a framework for the MCOs 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 MCO progress toward improving health outcomes incorporate EQR activities. The Quality 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.

Recommendations to New Jersey DMAHS

Per *Title 42 CFR § 438.364 External quality review results (a)(4)*, this report is required to include recommendations on how NJ DMAHS 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 NJ MMC enrollees. As such, IPRO recommends the following to the NJ DMAHS:

- To effectively track progress towards meeting the State's goals for the Managed Medicaid program, DMAHS should consider updating the Quality Strategy to include performance metrics, baseline and re-measurement values, targets, and target year.
- DMAHS should consider incorporating summaries and results of state focus studies into the Quality Strategy.

III. Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted MCOs 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 MCO.

In accordance with article 4.6.2.Q – PIPs of the NJ FamilyCare Managed Care Contract, MCOs are required to design, implement, and report results for each study topic area defined by DMAHS. IPRO conducted a comprehensive evaluation of each MCO's PIPs to determine compliance with the CMS protocol, "Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Reviews (EQR)." IPRO assessed each PIP for compliance with the relevant review categories for that PIP's submission.

Performance improvement projects (PIPs) are studies that MCOs conduct to evaluate and improve processes of care based on identified barriers. PIPs should follow rigorous methodology that will allow for the identification of interventions that have been proven to improve care. Ideally, PIPs are cyclical in that they test for change on a small scale, learn from each test, refine the change based on lessons learned, and implement the change on a broader scale. For example, spreading successes to the entire MCO's population. Periodic remeasurement should be undertaken to continually evaluate the effectiveness of the interventions implemented and to ensure that the gains have been sustained over time.

For January 2023-December 2023, this ATR includes IPRO's evaluation of the April 2023 and August 2023 PIP report submissions. IPRO's PIP validation process provides an assessment of the overall study design and implementation to ensure it met specific criteria for a well-designed project that meets the CMS requirements as outlined in the EQRO protocols.

On June 21, 2023, IPRO conducted the annual PIP training for the MCOs. The training (held remotely), focused on PIP development, implementation, interventions, and current PIP issues. The MCOs will continue to submit project updates in April and August progress reports each year.

Specific MCO PIP topics are displayed in **Table 5**.

Table 5: MCO PIP Topics

MCO	MCO PIP Title(s)[1]	State Topic
Aetna Assure Premier Plus (AAPP)	PIP 1: Improving Access and Availability to Primary Care for the FIDE SNP Population	**Access and Availability of PCP Services (Non-Clinical)**
	PIP 2: Promote the Effective Management of Hypertension to Improve Care and Health Outcomes	**Hypertension (HTN) Management**
	PIP Proposal: New Jersey FIDE SNP Complaints and Grievances	**Member Grievances (Non-Clinical)**
Amerivantage Dual Coordination (AvDC)	PIP 1: Increasing Access for Members with High Emergency Room Utilization through the Promotion of Telehealth	**Access and Availability of PCP Services (Non-Clinical)**
	PIP 2: Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes (FIDE SNP)	**Diabetes Management**

MCO	MCO PIP Title(s)[1]	State Topic
	PIP Proposal: Transportation	**Member Grievances (Non-Clinical)**
	PIP Proposal: Osteoporosis Screening in Women with Documented Fracture	**Osteoporosis**
Horizon NJ TotalCare (HNJTC)	PIP 1: Increasing PCP Access and Availability for Members with High Ed Utilization – Horizon NJ Total Care (FIDE SNP Membership)	**Access and Availability of PCP Services (Non-Clinical)**
	PIP 2: Diabetes Management	**Diabetes Management**
	PIP Proposal: Complaints and Grievances	**Member Grievances (Non-Clinical)**
	PIP Proposal: Diabetes Management	**Diabetes Management**
UnitedHealthcare Dual Complete ONE (UHCDCO)	PIP 1: Decrease Emergency Room Utilization for Low Acuity Primary Care Conditions and Improving Access to Primary Care for Adult DSNP Members (FIDE SNP)	**Access and Availability of PCP Services (Non-Clinical)**
	PIP 2: Promoting Adherence to Renin Angiotensin (RAS) Antagonist Hypertensive Medications (FIDE SNP)	**Hypertension (HTN) Management**
	PIP Proposal: Reducing Member Grievances for FIDE SNP Members	**Member Grievances (Non-Clinical)**
	PIP Proposal: Hypertension (HTN) Management	**Hypertension (HTN) Management**
WellCare Liberty (WCDL)	PIP 1: FIDE SNP Primary Care Physician Access and Availability	**Access and Availability of PCP Services (Non-Clinical)**
	PIP 2: Promote Effective Management of Diabetes in the FIDE SNP Population	**Diabetes Management**
	PIP Proposal: Complaints and Grievances	**Member Grievances (Non-Clinical)**
	PIP Proposal: Diabetes Management	**Diabetes Management**

[1] Includes performance improvement projects (PIPs) that started, are ongoing, and/or were completed in the review year.

Technical Methods of Data Collection and Analysis

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. IPRO provides technical assistance to each MCO as each PIP progresses.

IPRO assessed each PIP for compliance with the relevant review categories for that PIP's submission. The review categories are listed below. All elements from CMS Protocol 1 are included in the review.

Review Element 1:   Topic and Rationale
Review Element 2:   Aim
Review Element 3:   Methodology:
- Study population
- Study Indicator
- Sampling
Review Element 4:   Barrier Analysis
Review Element 5:   Robust Interventions:
- Improvement Strategies

Review Element 6:   Results Table:
- Data Collection
Review Element 7:   Discussion and Validity of Reported Improvement:
- Likelihood of real improvement
Review Element 8:   Sustainability
Review Element 9:   Healthcare Disparities (not included in scoring)

Following review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable. Specific to New Jersey, each PIP is then scored based on the MCO's compliance with elements 1–8 (listed above). The element is determined to be "met," "partial met" or "not met. "Compliance levels are assigned based on the number of points (or percentage score) achieved. **Table 6** displays the compliance levels and their applicable score ranges.

Table 6: PIP Validation Scoring and Compliance Levels

IPRO Validation Level	CMS Rating	Scoring Range	Compliance Score Range Criteria
Met	High	≥ 85%	The MCO has demonstrated that it fully addressed the requirement.
Partial Met	Moderate	60%–84%	The MCO has demonstrated that it addressed the requirement, however not in its entirety.
Not Met (Non-compliant)	Low	Below 60%	The MCO has not addressed the requirement.
N/A	N/A	N/A	Unable to evaluate performance at this time.

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

Description of Data Obtained

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

Conclusions and Comparative Findings

IPRO reviewed the submission reports and provided scoring and suggestions to the MCOs to enhance their studies. IPRO reviewed the 2023 August Clinical and Non-Clinical PIP submissions for the five FIDE SNP MCOs (**Table 7–9**). Although not scored, IPRO also reviewed and provided feedback on two new PIP proposal submissions, one non-clinical (Member Grievances) and one clinical (Chronic Care) for each MCO to be implemented in 2024.

Table 7: PIP State Topic #1–: Access and Availability of PCP Services

New Jersey MCO PIP Scoring Report FIDE SNP Access and Availability	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2[1]	AvDC YR 3[2]	HNJTC YR 3[2]	UHCDCO YR 3[2]	WCDL YR 3[2]
Element 1. Topic/Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers Completed	M	M	M	M	M
1b. Impacts the maximum proportion of members that is feasible	M	M	M	M	M
1c. Potential for meaningful impact on member health, functional status, or satisfaction	M	M	M	M	M
1d. Reflects high-volume or high risk-conditions	M	M	M	M	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	M	M	M	M	M

New Jersey MCO PIP Scoring Report FIDE SNP Access and Availability	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2[1]	AvDC YR 3[2]	HNJTC YR 3[2]	UHCDCO YR 3[2]	WCDL YR 3[2]
Element 1 Overall Review Determination	M	M	M	M	M
Element 1 Overall Score	100	100	100	100	100
Element 1 Weighted Score	5.0	5.0	5.0	5.0	5.0
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	M	PM	M	M	M
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	M	PM	M	M	M
2c. Objectives align aim and goals with interventions	M	M	M	M	M
Element 2 Overall Review Determination	M	PM	M	M	M
Element 2 Overall Score	100	50	100	100	100
Element 2 Weighted Score	5.0	2.5	5.0	5.0	5.0
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	M	PM	M	M	M
3b. Performance indicators are measured consistently over time	M	M	M	M	M
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	M	M	M	M	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	M	M	M	M	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	M	M	M	M	M
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	M	N/A	N/A	N/A	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	M	M	M	M	M
3h. Study design specifies data analysis procedures with a corresponding timeline	M	M	M	M	M
Element 3 Overall Review Determination	M	PM	M	M	M
Element 3 Overall Score	100	50	100	100	100
Element 3 Weighted Score	15.0	7.5	15.0	15.0	15.0

New Jersey MCO PIP Scoring Report **FIDE SNP Access and Availability**	**IPRO 2023 Scoring** **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP **YR 2**[1]	**AvDC** **YR 3**[2]	**HNJTC** **YR 3**[2]	**UHCDCO** **YR 3**[2]	**WCDL** **YR 3**[2]
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	M	M	M	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	M	M	M	M	M
4c. Provider input at focus groups and/or Quality Meetings	M	M	M	M	M
4d. QI Process data ("5 Why's", fishbone diagram)	M	M	M	M	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	M	M	M	M	M
4f. Literature review	M	M	M	M	M
Element 4 Overall Review Determination	**M**	**M**	**M**	**M**	**M**
Element 4 Overall Score	**100**	**100**	**100**	**100**	**100**
Element 4 Weighted Score	**15.0**	**15.0**	**15.0**	**15.0**	**15.0**
Element 5. Robust Interventions 15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	M	M	M	M	M
5b. Actions that target member, provider and MCO	M	M	M	M	M
5c. New or enhanced, starting after baseline year	M	PM	M	M	M
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	PM	PM	M	M	PM
Element 5 Overall Review Determination	**PM**	**PM**	**M**	**M**	**PM**
Element 5 Overall Score	**50**	**50**	**100**	**100**	**50**
Element 5 Weighted Score	**7.5**	**7.5**	**15.0**	**15.0**	**7.5**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	PM	PM	PM	PM	M
Element 6 Overall Review Determination	**PM**	**PM**	**PM**	**PM**	**M**
Element 6 Overall Score	**50**	**50**	**50**	**50**	**100**
Element 6 Weighted Score	**2.5**	**2.5**	**2.5**	**2.5**	**5.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	M	M	M	M	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	M	M	M	M	M

New Jersey MCO PIP Scoring Report FIDE SNP Access and Availability	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2[1]	AvDC YR 3[2]	HNJTC YR 3[2]	UHCDCO YR 3[2]	WCDL YR 3[2]
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	M	NM	M	M	M
7d. Lessons learned & follow-up activities planned as a result	M	M	M	M	M
Element 7 Overall Review Determination	**M**	**NM**	**M**	**M**	**M**
Element 7 Overall Score	**100**	**0**	**100**	**100**	**100**
Element 7 Weighted Score	**20.0**	**0.0**	**20.0**	**20.0**	**20.0**
Element 8. Sustainability (20% weight)[3] Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There was ongoing, additional or modified interventions documented	N/A	M	M	M	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	M	M	M	M
Element 8 Overall Review Determination	**N/A**	**M**	**M**	**M**	**M**
Element 8 Overall Score	**N/A**	**100**	**100**	**100**	**100**
Element 8 Weighted Score	**N/A**	**20.0**	**20.0**	**20.0**	**20.0**
Non-scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed	**N**	**N**	**N**	**N**	**N**

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**80**	**100**	**100**	**100**	**100**
Actual Weighted Total Score	**70.0**	**60.0**	**97.5**	**97.5**	**92.5**
Validation Rating Percent[4]	**87.5%**	**60.0%**	**97.5%**	**97.5%**	**92.5%**
Validation Status	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Validation Rating	**High**	**Moderate**	**High**	**High**	**High**

[1] AAPP started one year later and is in year 2.

[2] Year 3 and sustainability update.

[3] Element 8 is not scored (N/A) during measurement years 1 and 2.

[4] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)

Table 8: PIP State Topic #2: Diabetes Management

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP[1]	AvDC YR 3[2]	HNJTC YR 3[2]	UHCDCO[1]	WCDL YR 3[2]
Element 1. Topic/Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers Completed	N/A	PM	M	N/A	M
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	N/A	M
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M	N/A	M

New Jersey MCO PIP Scoring Report **Diabetes Management**	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP[1]	**AvDC YR 3[2]**	**HNJTC YR 3[2]**	**UHCDCO[1]**	**WCDL YR 3[2]**
1d. Reflects high-volume or high risk-conditions	N/A	M	M	N/A	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	N/A	M
Element 1 Overall Review Determination	N/A	**PM**	**M**	N/A	**M**
Element 1 Overall Score	N/A	**50**	**100**	N/A	**100**
Element 1 Weighted Score	N/A	**2.5**	**5.0**	N/A	**5.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	N/A	M
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	N/A	M
2c. Objectives align aim and goals with interventions	N/A	M	M	N/A	M
Element 2 Overall Review Determination	N/A	**M**	**M**	N/A	**M**
Element 2 Overall Score	N/A	**100**	**100**	N/A	**100**
Element 2 Weighted Score	N/A	**5.0**	**5.0**	N/A	**5.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	N/A	M
3b. Performance indicators are measured consistently over time	N/A	M	M	N/A	M
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	N/A	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	N/A	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	PM	M	N/A	M
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M	N/A	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	N/A	M
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	N/A	M
Element 3 Overall Review Determination	N/A	**PM**	**M**	N/A	**M**
Element 3 Overall Score	N/A	**50**	**100**	N/A	**100**
Element 3 Weighted Score	N/A	**7.5**	**15.0**	N/A	**15.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP[1]	AvDC YR 3[2]	HNJTC YR 3[2]	UHCDCO[1]	WCDL YR 3[2]
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	N/A	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	N/A	M
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	N/A	M
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	N/A	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	N/A	M
4f. Literature review	N/A	M	M	N/A	M
Element 4 Overall Review Determination	N/A	**M**	**M**	N/A	**M**
Element 4 Overall Score	N/A	**100**	**100**	N/A	**100**
Element 4 Weighted Score	N/A	**15.0**	**15.0**	N/A	**15.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	N/A	M
5b. Actions that target member, provider and MCO	N/A	M	M	N/A	M
5c. New or enhanced, starting after baseline year	N/A	M	M	N/A	M
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM	N/A	M
Element 5 Overall Review Determination	N/A	**M**	**PM**	N/A	**M**
Element 5 Overall Score	N/A	**100**	**50**	N/A	**100**
Element 5 Weighted Score	N/A	**15.0**	**7.5**	N/A	**15.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	PM	PM	N/A	M
Element 6 Overall Review Determination	N/A	**PM**	**PM**	N/A	**M**
Element 6 Overall Score	N/A	**50**	**50**	N/A	**100**
Element 6 Weighted Score	N/A	**2.5**	**2.5**	N/A	**5.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	N/A	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	N/A	M

New Jersey MCO PIP Scoring Report **Diabetes Management**	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**AvDC YR 3[2]**	**HNJTC YR 3[2]**	**UHCDCO[1]**	**WCDL YR 3[2]**
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	PM	M	N/A	M
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	N/A	M
Element 7 Overall Review Determination	N/A	**PM**	**M**	N/A	**M**
Element 7 Overall Score	N/A	**50**	**100**	N/A	**100**
Element 7 Weighted Score	N/A	**10.0**	**20.0**	N/A	**20.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There was ongoing, additional or modified interventions documented	N/A	M	M	N/A	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	M	M	N/A	M
Element 8 Overall Review Determination	N/A	**M**	**M**	N/A	**M**
Element 8 Overall Score	N/A	**100**	**100**	N/A	**100**
Element 8 Weighted Score	N/A	**20.0**	**20.0**	N/A	**20.0**
Non-scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated and addressed	N/A	**N**	**N**	N/A	**N**

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A	**100**	**100**	N/A	**100**
Actual Weighted Total Score	N/A	**77.5**	**90.0**	N/A	**100.0**
Validation Rating Percent[3]	N/A	**77.5%**	**90.0%**	N/A	**100.0%**
Validation Status	N/A	**Yes**	**Yes**	N/A	**Yes**
Validation Rating	N/A	**Moderate**	**High**	N/A	**High**

[1] AAPP and UHCDCO do not have Diabetes PIPs at this time.

[2] Year 3 and sustainability update.

[3] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)

Table 9: PIP State Topic #3: Hypertension Management

New Jersey MCO PIP Scoring Report Hypertension Management	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2	AvDC[1]	HNJTC[1]	UHCDCO YR 3[2]	WCDL[1]
Element 1. Topic/Rationale (5% weight)					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers Completed	M	N/A	N/A	M	N/A
1b. Impacts the maximum proportion of members that is feasible	M	N/A	N/A	M	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	M	N/A	N/A	M	N/A
1d. Reflects high-volume or high risk-conditions	M	N/A	N/A	M	N/A
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	M	N/A	N/A	M	N/A
Element 1 Overall Review Determination	**M**	N/A	N/A	**M**	N/A
Element 1 Overall Score	**100**	N/A	N/A	**100**	N/A
Element 1 Weighted Score	**5.0**	**0.0**	N/A	**5.0**	N/A
Element 2. Aim (5% weight)					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	M	N/A	N/A	M	N/A
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	M	N/A	N/A	M	N/A
2c. Objectives align aim and goals with interventions	M	N/A	N/A	M	N/A
Element 2 Overall Review Determination	**M**	N/A	N/A	**M**	N/A
Element 2 Overall Score	**100**	N/A	N/A	**100**	N/A
Element 2 Weighted Score	**5.0**	N/A	N/A	**5.0**	N/A
Element 3. Methodology (15% weight)					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	M	N/A	N/A	M	N/A
3b. Performance indicators are measured consistently over time	M	N/A	N/A	M	N/A
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	M	N/A	N/A	M	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	M	N/A	N/A	M	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	M	N/A	N/A	M	N/A
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	M	N/A	N/A	M	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	M	N/A	N/A	M	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	M	N/A	N/A	M	N/A

New Jersey MCO PIP Scoring Report
Hypertension Management

	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2	AvDC[1]	HNJTC[1]	UHCDCO YR 3[2]	WCDL[1]
Element 3 Overall Review Determination	M	N/A	N/A	M	N/A
Element 3 Overall Score	100	N/A	N/A	100	N/A
Element 3 Weighted Score	15.0	N/A	N/A	15.0	N/A
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	N/A	N/A	M	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	M	N/A	N/A	M	N/A
4c. Provider input at focus groups and/or Quality Meetings	M	N/A	N/A	M	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	M	N/A	N/A	M	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	M	N/A	N/A	M	N/A
4f. Literature review	M	N/A	N/A	M	N/A
Element 4 Overall Review Determination	M	N/A	N/A	M	N/A
Element 4 Overall Score	100	N/A	N/A	100	N/A
Element 4 Weighted Score	15.0	N/A	N/A	15.0	N/A
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	M	N/A	N/A	M	N/A
5b. Actions that target member, provider and MCO	M	N/A	N/A	M	N/A
5c. New or enhanced, starting after baseline year	M	N/A	N/A	M	N/A
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	PM	N/A	N/A	M	N/A
Element 5 Overall Review Determination	PM	N/A	N/A	M	N/A
Element 5 Overall Score	50	N/A	N/A	100	N/A
Element 5 Weighted Score	7.5	N/A	N/A	15.0	N/A
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	M	N/A	N/A	PM	N/A
Element 6 Overall Review Determination	M	N/A	N/A	PM	N/A
Element 6 Overall Score	100	N/A	N/A	50	N/A
Element 6 Weighted Score	5.0	N/A	N/A	2.5	N/A
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	M	N/A	N/A	M	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	M	N/A	N/A	M	N/A

New Jersey MCO PIP Scoring Report Hypertension Management	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP YR 2	AvDC[1]	HNJTC[1]	UHCDCO YR 3[2]	WCDL[1]
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	M	N/A	N/A	M	N/A
7d. Lessons learned & follow-up activities planned as a result	M	N/A	N/A	M	N/A
Element 7 Overall Review Determination	**M**	N/A	N/A	**M**	N/A
Element 7 Overall Score	100	N/A	N/A	100	N/A
Element 7 Weighted Score	20.0	N/A	N/A	20.0	N/A
Element 8. Sustainability (20% weight)[3] Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There was ongoing, additional or modified interventions documented	N/A	N/A	N/A	M	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	N/A
Element 8 Overall Review Determination	N/A	N/A	N/A	**M**	N/A
Element 8 Overall Score	N/A	N/A	N/A	100	N/A
Element 8 Weighted Score	N/A	N/A	N/A	20.0	N/A
Non-scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed	**N**	N/A	N/A	**Y**	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**80**	N/A	N/A	**100**	N/A
Actual Weighted Total Score	72.5	N/A	N/A	97.5	N/A
Validation Rating Percent[4]	90.6%	N/A	N/A	97.5%	N/A
Validation Status	**Yes**	N/A	N/A	**Yes**	N/A
Validation Rating	**High**	**N/A**	**N/A**	**High**	**N/A**

[1] AvDC, HNJTC, and WCDL do not have Hypertension PIPs at this time.

[2] Year 3 and sustainability update.

[3] Element 8 is not scored (N/A) during measurement years 1 and 2.

[4] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)

Table 10: PIP Proposal State Topic: FIDE SNP Member Grievances

New Jersey MCO PIP Scoring Report Member Grievances (Non-clinical) Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP	AvDC	HNJTC	UHCDCO	WCDL
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	N/A	N/A	N/A	N/A
1b. Impacts the maximum proportion of members that is feasible	N/A	N/A	N/A	N/A	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	N/A	N/A	N/A	N/A
1d. Reflects high-volume or high risk-conditions	N/A	N/A	N/A	N/A	N/A

New Jersey MCO PIP Scoring Report **Member Grievances (Non-clinical)** **Proposal Year[1]**	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	N/A	N/A	N/A	N/A
Element 1 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 1 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 1 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	N/A	N/A	N/A	N/A
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	N/A	N/A	N/A	N/A
2c. Objectives align aim and goals with interventions	N/A	N/A	N/A	N/A	N/A
Element 2 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 2 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 2 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	N/A	N/A	N/A	N/A
3b. Performance Indicators are measured consistently over time	N/A	N/A	N/A	N/A	N/A
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	N/A	N/A	N/A	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	N/A	N/A	N/A	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	N/A	N/A	N/A	N/A
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	N/A	N/A	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
Element 3 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 3 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 3 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					

New Jersey MCO PIP Scoring Report **Member Grievances (Non-clinical)** **Proposal Year[1]**	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	N/A	N/A	N/A	N/A
4c. Provider input at focus groups and/or Quality Meetings	N/A	N/A	N/A	N/A	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	N/A	N/A	N/A	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	N/A	N/A	N/A	N/A
4f. Literature review	N/A	N/A	N/A	N/A	N/A
Element 4 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 4 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 4 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	N/A	N/A	N/A	N/A
5b. Actions that target member, provider and MCO	N/A	N/A	N/A	N/A	N/A
5c. New or enhanced, starting after baseline year	N/A	N/A	N/A	N/A	N/A
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	N/A	N/A	N/A	N/A
Element 5 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 5 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 5 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	N/A	N/A	N/A	N/A
Element 6 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 6 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 6 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	N/A	N/A	N/A	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	N/A	N/A	N/A	N/A
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	N/A	N/A	N/A	N/A
7d. Lessons learned & follow-up activities planned as a result	N/A	N/A	N/A	N/A	N/A

New Jersey MCO PIP Scoring Report **Member Grievances (Non-clinical)** Proposal Year[1]	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
Element 7 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 7 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 7 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A	N/A	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	N/A	N/A
Element 8 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Element 8 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Element 8 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A	N/A	N/A	N/A	N/A
Actual Weighted Total Score	N/A	N/A	N/A	N/A	N/A
Validation Rating Percent	N/A	N/A	N/A	N/A	N/A
Validation Status	N/A	N/A	N/A	N/A	N/A
Validation Rating	N/A	N/A	N/A	N/A	N/A

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

Table 11: PIP Proposal State Topic: FIDE SNP Chronic Care

New Jersey MCO PIP Scoring Report **Member Grievances (clinical)** Proposal Year[1]	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	N/A	N/A	N/A	N/A
1b. Impacts the maximum proportion of members that is feasible	N/A	N/A	N/A	N/A	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	N/A	N/A	N/A	N/A
1d. Reflects high-volume or high risk-conditions	N/A	N/A	N/A	N/A	N/A

New Jersey MCO PIP Scoring Report **Member Grievances (clinical)** **Proposal Year**[1]	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	N/A	N/A	N/A	N/A
Element 1 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 1 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 1 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	N/A	N/A	N/A	N/A
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	N/A	N/A	N/A	N/A
2c. Objectives align aim and goals with interventions	N/A	N/A	N/A	N/A	N/A
Element 2 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 2 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 2 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	N/A	N/A	N/A	N/A
3b. Performance Indicators are measured consistently over time	N/A	N/A	N/A	N/A	N/A
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	N/A	N/A	N/A	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	N/A	N/A	N/A	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	N/A	N/A	N/A	N/A
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	N/A	N/A	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
Element 3 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 3 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 3 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a. Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					

New Jersey MCO PIP Scoring Report Member Grievances (clinical) Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP	AvDC	HNJTC	UHCDCO	WCDL
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	N/A	N/A	N/A	N/A
4c. Provider input at focus groups and/or Quality Meetings	N/A	N/A	N/A	N/A	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	N/A	N/A	N/A	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	N/A	N/A	N/A	N/A
4f. Literature review	N/A	N/A	N/A	N/A	N/A
Element 4 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 4 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 4 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	N/A	N/A	N/A	N/A
5b. Actions that target member, provider and MCO	N/A	N/A	N/A	N/A	N/A
5c. New or enhanced, starting after baseline year	N/A	N/A	N/A	N/A	N/A
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	N/A	N/A	N/A	N/A
Element 5 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 5 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 5 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	N/A	N/A	N/A	N/A
Element 6 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 6 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 6 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	N/A	N/A	N/A	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	N/A	N/A	N/A	N/A
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	N/A	N/A	N/A	N/A
7d. Lessons learned & follow-up activities planned as a result	N/A	N/A	N/A	N/A	N/A

New Jersey MCO PIP Scoring Report **Member Grievances (clinical)** **Proposal Year[1]**	IPRO 2023 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**AvDC**	**HNJTC**	**UHCDCO**	**WCDL**
Element 7 Overall Review Determination	N/A	N/A	N/A	N/A	N/A
Element 7 Overall Score	N/A	N/A	N/A	N/A	N/A
Element 7 Weighted Score	N/A	N/A	N/A	N/A	N/A
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A	N/A	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	N/A	N/A
Element 8 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Element 8 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Element 8 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. **Y=Yes/N=No**	N/A	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A	N/A	N/A	N/A	N/A
Actual Weighted Total Score	N/A	N/A	N/A	N/A	N/A
Validation Rating Percent	N/A	N/A	N/A	N/A	N/A
Validation Status	N/A	N/A	N/A	N/A	N/A
Validation Rating	N/A	N/A	N/A	N/A	N/A

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

Table 12 presents FIDE SNP PIP scoring results for each MCO.

Table 12: FIDE SNP PIP Validation Results – 2023

MCO Compliance Level	PIP 1 Access & Availability of PCP Services	PIP 2 Diabetes Management	PIP 3 HTN Management	PIP 4[1] Non– Clinical PIP Member Grievances Proposal	PIP 5 [1] Clinical PIP - Chronic Care Proposal
AAPP	87.5%	N/A	90.6%	N/A	N/A
AvDC	60.0%	77.5%	N/A	N/A	N/A
HNJTC	97.5%	90.0%	N/A	N/A	N/A
UHCDCO	97.5%	N/A	97.5%	N/A	N/A
WCDL	92.5%	100%	N/A	N/A	N/A

[1] MCOs are at the proposal stage for this PIP and will be scored in MY 1.

Strengths

- AAPP – Of the 2 PIPs scored, both PIPs performed at or above the 85% threshold indicating high performance.
- AvDC – None
- HNJTC – Of the 2 PIPs scored, both PIPs performed at or above the 85% threshold indicating high performance.
- UHCDCO – Of the 2 PIPs scored, both PIPs performed at or above the 85% threshold indicating high performance.
- WCDL – Of the 2 PIPs scored, both PIPs performed at or above the 85% threshold indicating high performance.

Opportunities for Improvement

- AvDC – The MCO should review each section of the PIP to ensure the Aim, Goals, and Objectives are well-defined and align with each subsequent section for a well-developed and comprehensive PIP that demonstrates the projected outcomes.

PIP Interventions Summary for Each FIDE SNP MCO

Table 13–15 detail PIP interventions for each FIDE SNP MCO.

Table 13: PIP Interventions Summary 2023 for Access and Availability of PCP Services

MCO/PIP	Interventions
AAPP – Improving Access and Availability to Primary Care for the FIDE SNP Population	**1. New Member Roster to Targeted PCPs** - Plan to give monthly roster to targeted providers identifying members on panel with new members flagged for outreach for a baseline appointment. Appointments to be monitored through quarterly claims data for an initial appointment and will be reported within the quarter that the claim is received.
	2. ER Notification to Targeted PCPs – Plan to provide monthly list of members who were seen in the ER with a LANE diagnosis, diagnosis, date of ER visit, and date of last PCP visit. It will be the expectation of the PCP to follow-up with members who visited the ER and had no PCP visits within the past 12 months to contact the member and schedule an annual visit to establish a relationship with the member and educate the member regarding appropriate use of the ER. Monitor claims for PCP visit after ER notification given to provider.
	3. Practice Transformation Appt. Scheduling – Plan to survey and work with targeted practices to review and modify member triage and appointment scheduling procedures during business hours, as appropriate. Discussion to occur on a quarterly basis with Provider/Practice Manager.
	4. Practice Transformation After Hours Access -Plan to survey and work with targeted practices to review and modify after hours triage, as appropriate. Discussion to occur on quarterly basis with Provider/Practice Manager.
	5. Member Outreach (Not Seeing Assigned PCP) – Plan to identify members assigned to PCP Practice without PCP claims in system on a quarterly basis (12- month look back) and conduct outreach to educated on the importance of a PCP and regular visits for preventive care. Members may request a new PCP assignment and will be referred to Member Services to complete the reassignment.
	6a. **Member Education** – Plan will develop flyer for member distribution to educate on the importance of PCP, appropriate use of ER, and availability of a 24 Hour Nurseline (Informed Nurse Line). Monitor distribution and subsequent ER visits >14 days post mailing. Annual mailings (1Q of each MY) will be conducted to all existing members assigned to targeted PCPs followed by mailings to new members assigned to targeted providers during the remaining quarters of the MY.
	6b. 24-Hour Nurse Line (Informed Nurse Line) – Educate members (via flyer) assigned to targeted PCPs regarding availability of a "24-Hour Nurse Line" and monitor utilization on a quarterly basis.
	7. IVR Survey – Survey members assign to targeted practices via IVR questionnaire to answer questions regarding Getting Needed Care. This information will be shared with PCP Practice for opportunities of improvement and monitored for performance through quarterly surveys. Annual surveys (1Q of each MY) will be conducted to all existing members assigned to targeted PCPs followed by surveys to new members assigned to targeted providers the remaining quarters of the MY. This information will be shared with PCP Practice for opportunities of improvement and monitored for performance through quarterly surveys.

MCO/PIP	Interventions
AvDC - Increasing Primary Care Physician (PCP) Access and Availability for Amerivantage Members	**1a. Calls** made to Amerigroup FIDE DSNP members with high emergency room utilization and low PCP visits to determine barriers to care.
	1b. Member will be given educational materials on My HomeDoc for awareness of having needs met in the home.
	2. Calls made to providers to determine access barriers, long hold times, after hour availability, provider call availability. Education provided on Telemedicine and telehealth services; as well as new provider with in-home services.
	3. Calls made to Amerigroup FIDE DSNP members with high emergency room utilization admissions to educate members on telemedicine options.
HNJTC - Increasing PCP Access and Availability for members with High ED Utilization Horizon NJ Total Care (FIDE SNP) Membership	**1a. Educational materials** mailed to any members that experience an ED visit and has not had a PCP visit within the last 12 months. Education would be personalized to include the assigned PCP contact information, hours of operation, information regarding telemedicine and urgent care alternatives, importance of annual visits, including preventive health screenings and immunizations. Education would also include when and when not to utilize the ED.
	1b. FIDE SNP members associated with the participating providers sites that are enrolled into level 2 and 3 case management that experienced an ER visit and have not had a PCP visit within that last 12 months will be outreached to telephonically by the FIDE SNP CM team to discuss the importance of preventative health visits and how to schedule an appointment with their PCP and when to utilize the ED if needed.
	2a. Quarterly touchpoint meetings with providers and staff in participating practice groups to focus on progress, newly encountered issues or barriers of having members complete annual and follow-up visits.
	2b. Monthly list sent to providers in participating practice groups of auto-assigned members that have not been seen by the provider within 12 months.
UHCDCO – Decreasing Emergency Room Utilization for Low Acuity Primary Care Conditions and Improving Access to Primary Care for Adult DSNP Members	**1. Contact adult DSNP members from targeted practices** who had one or more recent ED visits and/or did not have PCP visits in the past 12 months. Educate them on Nurse Line benefit, appropriate ED usage, alternative sites of care and annual wellness visit.
	2. Assist in scheduling an appointment with PCP for the adult DSNP members assigned to targeted practices who had one or more recent ED visits and/or did not have any PCP visits in the past 12 months and are overdue for their annual physical.
	3. If the adult DSNP member indicates lack of transportation as a barrier to visiting the PCP office for routine/urgent care, educate them on medical transportation benefits offered by Medicaid
	4. Work collaboratively with identified practices to increase and monitor urgent appointment availability in order to reduce avoidable ED utilization.
	5. Refer adult DSNP members assigned to targeted practices who are high ED utilizers (4+ visits per calendar year) to UHCCP Case Management department for evaluation for services.

MCO/PIP	Interventions
WCDL – FIDE SNP Primary Care Physician Access and Availability	**1. Telephonic outreach to members** (quarterly) who had two or more visits to the Emergency Room or the Urgent Care Center in the past six (6) months. During these calls, WellCare will provide the member with the: • Name and contact information of their assigned PCP • Offer assistance to schedule an appointment, if requested. • The number for the transportation line, if transportation is an obstacle for the member • The 24-hour Nurse line will be provided WellCare staff will also try to identify why the member chose to visit the ER/Urgent Care rather than their PCP to see if there are additional interventions that may be appropriate to address these issues/barriers. Below are some of the topics that will be discussed during the member outreach: • Transportation • PCP answering machine • Timely Appointments. ("Was the next available appointment not soon enough?") • Does your provider speak your preferred language? • Were there any other reasons that might have stopped you from seeing your PCP?
	1b. For members who stated that their PCP had an answering machine as an issue, WellCare will outreach the provider offices after normal business hours, to determine if those providers had an answering system that meets Medicaid standards**.** The providers that did not meet the Medicaid Appointment Availability standards will be outreached telephonically and educated on the After-Hour standards. After speaking with these providers, they will be sent the Medicaid Appointment and Availability Standards via fax or email. **For those members** who indicated that they could not receive timely appointments, WellCare reviewed the list of providers associated with those members. These providers will be outreached telephonically and educated on the After-Hour standards. After speaking with these providers, they will be sent the Medicaid Appointment and Availability Standards via fax or email. **For those members** that the Plan believed could have had their issues addressed with their PCPs, WellCare reviewed the associated IPA outreached telephonically and educated on the After-Hour standards. After speaking with these providers, they will be sent the Medicaid Appointment and Availability Standards via fax or email.
	1c. The Provider Relations team will add the member education flyer to their targeted calendar of agenda items to be discussed during the quarterly provider visits and to encourage display of the flyer in their office.
	2. Implementation of provider outreach to update their demographic profile • Utilizing email and telephonic outreach to providers in the cohort to request any demographic changes, if needed. Confirm current availability vs pre-pandemic availability. • Expand provider demographic outreach survey calls to include providing assigned Network Representative contact information to facilitate the exchange of demographic changes with their identified contacts. • Document and track in a shared folder

MCO/PIP	Interventions
	3. Ensure providers are aware that their patients have been utilizing care in a setting other than their office by: • Review monthly emergency high utilizer report to identify members who have received care in an Emergency Room or Urgent Care setting • Network will contact provider quarterly to discuss services which were rendered in the Emergency Room or Urgent Care setting that could have been provided in their office based on the NYU ER Algorithm • Network will document quarterly conversations or visit in the tracking system • Educate providers quarterly on Access & Availability standards for emergent/urgent care

Table 14: PIP Interventions Summary 2023 for Diabetes Management

MCO/PIP	Interventions
AAPP	**N/A, AAPP does not have a Diabetes Management PIP at this time.**
AvDC - Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes	**1a**: **Member will be given** transportation information and connected to the transportation phone number if needed.
	1b. Member outreach for education - home lab testing
	2. Member outreach for education – refuse A1c testing
	3a. Share with providers their HEIDIS data which identifies members who lack A1C testing or have an A1C ≤9.
	3b. Conduct quarterly provider audits to assess compliance with A1C testing and clinical guidelines.
HNJTC – (FIDE SNP) PIP - Diabetes Management	**1. Care managers will assist** the member in obtaining a blood pressure cuff from OTC vendor (level 2 and level 3 members). Care managers will provide education for monitoring and checking blood pressure. OTC vendor will provide a report on # of BP cuffs ordered per quarter.
	2. Care managers will utilize the care gaps dashboard to identify members that have not had a Diabetic Retinal Exam (DRE). Care managers would outreach to those members and work with them to find an eye doctor, schedule an exam and provide education on the importance of eye exams and diabetes. Care managers will also receive a report from vendor to identify the number of eye exams completed.
	3. Care managers will work with members to make sure that they have a working glucometer and strips.
	4. Care managers will identify members that have an HbA1C >9.0%. They will provide outreach to these members and help them coordinate an appointment with endocrinology. They will also track the subsequent appointments completed (through claims) each quarter.
	5. Care managers will identify members that have not had an HbA1C test in the last 12 months. Care managers will reach out to these members and provide education on the importance of routine HbA1c testing. Care managers will monitor these members to see if they completed the HbA1C test after outreach.

MCO/PIP	Interventions
	6. Care managers will identify members that did not have medical attention for nephropathy in the monthly feed from the HEDIS vendor. Care managers will provide outreach and education to these members and subsequently follow-up to see if the member had the test completed.
UHCDCO	**N/A, UHCDCO does not have a Diabetes Management PIP at this time.**
WCDL – Promote Effective Management of Diabetes in the FIDE SNP Population	**1. Preventive Services Outreach (PSO) team** will receive monthly assignments identifying members who have an open care gap for A1C testing and outreached the member to assist with scheduling an appointment with PCP/Specialist.
	2. Outreach to PCPs for members who have not had A1C testing and provide list of noncompliant members assigned to his/her panel and **promote and encourage providers** to access the provider website for the appropriate clinical practice guidelines in order to ensure members are obtaining needed care and testing.
	3. Offer Diabetic Self-Management Education program (DSME) to promote diabetic education and A1C testing.

Table 15: PIP Interventions Summary 2023 for Hypertension Management

MCO/PIP	Interventions
AAPP – Promote the Effective Management of Hypertension to Improve Care and Health Outcomes	**1a. Revised CM Workflow**- Incorporate into the CM workflow to complete the condition specific assessment for those members who are diagnosed with hypertension.
	1b. Member Education – Provide education specific to hypertension utilizing Krame's material.
	2a. For those members diagnosed with hypertension with no BP cuff equipment, CM to support on obtaining a BP cuff and/or where to obtain readings.
	2b. For those members with no current reading, documented in the hypertension specific assessment, CM to provide education on how to take self-measured, monitor and track BP.
	3a. Identify members who have a BP reading > 140/90 and notify provider for further management.
	3b. Develop a tracking process to monitor successful outreach to providers for members with BP reading > 140/90.
	3c. Identify members who have a BP < 140/90 following targeted provider outreach.
AvDC	**N/A, AvDC does not have a Hypertension PIP at this time.**
HNJTC	**N/A, HNJTC does not have a Hypertension PIP at this time.**
UHCDCO – Promoting Adherence to Renin Angiotensin (RAS) Antagonists Hypertensive Medications	**1. Outreach by the pharmacy** team to the members who are non-adherent with RAS-antagonist medication, in order to educate about medication adherence and assist with medication refills.
	2. Provide non-compliant members who reside in Mercer, Camden, and Cumberland counties with written information about hypertension management and importance of medication adherence.
	3. Provide members who reside in Mercer, Camden, and Cumberland counties and who do not utilize 90-day refills with written information about 90-day refill pharmacy benefit.
	4. Educate RAS Antagonist prescribing providers of the members residing in Mercer, Camden, and Cumberland counties who do not utilize 90-day refills to prescribe 90-day fills to UHCDCO members.
WCDL	**N/A, WCDL does not have a Hypertension PIP at this time.**

PIP: performance improvement project; MCO: managed care organization; CM: care management; BP: blood pressure.

IV. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

The Annual Assessment of FIDE SNP/MLTSS operations is designed to assist with validating, quantifying, and monitoring the quality of each FIDE SNP's structure, processes, and the outcomes of its operations. Starting January 1, 2016, the MLTSS population was included in the FIDE SNP product, and HCBS was fully included in the FIDE SNP benefits (NF was included starting January 2015). FIDE SNPs are subject to an assessment of operations every 3 years.

All five FIDE SNP MCOs participated in a FIDE SNP/MLTSS Annual Assessment review in March 2023. Four MCOs participated in partial audit, one MCO, AAPP, participated in a full audit as a result of substandard performance in the 2022 review (**Table 16**).

Table 16: 2023 Annual Assessment Type by FIDE SNP/MLTSS

FIDE SNP/MLTSS	Assessment Type
AAPP	Full
AvDC	Partial
HNJTC	Partial
UHCDCO	Partial
WCDL	Partial

During the 2023 FIDE SNP/MLTSS Annual Assessment review, 224 elements were subject to review for all participating FIDE SNP Plans. For the 2023 FIDE SNP/MLTSS Annual Assessment, certain MLTSS elements that were previously met in the 2022 Full Core Medicaid/MLTSS annual review were not reviewed again. Those elements were considered 'Not Applicable' and deemed to be 'Met' for the current assessment. In 2021, elements UM4 and UM21 were removed from the Utilization Management category by DMAHS. In 2022, two elements (CM32 and CM35) were removed from the Care Management and Continuity of Care category, and four elements (CM14, CM18a, CM18c and CM18d) were added to the Care Management and Continuity of Care category for review.

Pursuant to the release of the updated EQRO Protocols by CMS in 2019, the State requested that IPRO conduct an ISCA review in conjunction with the MCOs' Annual Assessment. Activities and findings for this review are reported separately. Reviews of systems were conducted on the day following the interviews for the 2020 Annual Assessment. IPRO's findings and results of the ISCA reviews can be found in **Section V: Validation of Performance Measures**.

Technical Methods of Data Collection and Analysis

IPRO reviewed the FIDE SNP in accordance with the CMS protocol, "Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans: A Protocol for Determining Compliance with Medicaid Managed Care Proposed Regulations at 42 CFR Parts 400, 430, et al."

The review consisted of pre-offsite review of documentation provided by the FIDE SNP as evidence of compliance with the standards under review, review of randomly selected files, interviews with key staff, and post-audit evaluation of documentation and audit activities. To assist in submission of appropriate documentation, IPRO developed the Annual Assessment of FIDE SNP/MLTSS Operations Review Worksheet. This document closely follows the FIDE SNP/State contract and was developed to assess FIDE SNP compliance. Each element is numbered and organized by general topic (e.g., Access, QAPI, Care Management and Continuity of

Care, Enrollee Rights and Responsibilities) and includes the contract reference. The worksheet was provided to the plans and covered the specific elements subject to review for the current cycle. The review period for this assessment was calendar year 2022.

Following the document review, IPRO conducted interviews with key members of the FIDE SNP staff via WebEx. The interviews allowed IPRO to converse with FIDE SNP staff to clarify questions that arose from the desk review. The interview process also gave the FIDE SNP staff an opportunity to demonstrate how written documentation is implemented and operationalized. In addition, IPRO was able to verify whether documented policies and procedures were actually carried out, providing supportive evidence that the FIDE SNP understands the provisions of its contract.

IPRO reviewers conducted file reviews for the FIDE SNPs. Select files were examined for evidence of implementation of contractual requirements related to Care Management and Continuity of Care; Utilization Management; member and provider grievances and appeals; and Credentialing and Recredentialing. File reviews utilized the eight-and-thirty file sampling methodology established by the NCQA. IPRO reviews an initial sample of eight files, and then reviews an additional sample of twenty-two files when any of the original eight fail the review, for a total of thirty records.

Description of Data Obtained

IPRO reviewers conducted offsite file reviews for all MCOs. Select files were examined for evidence of implementation of contractual requirements related to credentialing, recredentialing, and utilization management, as well as member and provider grievances and appeals. Separate file sets were selected to review FIDE SNP and MLTSS requirements. File reviews utilized the eight and thirty file sampling methodology established by the NCQA.

During the Annual Assessment, IPRO considered three key factors (as appropriate) to determine full compliance with each requirement. The factors included:

- *Policies and Procedures*: Policies are pre-decisions made by appropriate leadership for the purpose of giving information and direction. Policies establish the basic philosophy, climate, and values upon which the MCO bases all its decisions and operations. Procedures are the prescribed means of accomplishing the policies. Effectively drawn procedures provide an MCO with the guidelines and, where appropriate, the specific action sequences to ensure uniformity, compliance, and control of all policy-related activities. Examples of policies and procedures reviewed by IPRO include grievances, enrollee rights, and credentialing.
- *Communications*: These include all mechanisms used to disseminate general information or policy and procedure updates for enrollees, staff, providers, and the community. IPRO reviewed examples of communications that included the MCO's member newsletters, the Provider Manual, website, Notice of Action (NOA) letters, and the Employee Handbook.
- *Implementation*: IPRO evaluated documents for evidence that the MCO's policies and procedures have been implemented. IPRO reviewed documents including committee meeting minutes, organizational charts, job descriptions, program descriptions, flow charts, tracking reports, and file reviews as applicable.

As a result of the completed process, each reviewed element received a compliance score of Met, Not Met, or Not Applicable. Elements that IPRO designated Not Met also received specific recommendations to help the MCO understand the actions needed to promote compliance in the future. Even high performing organizations can continue to grow and improve. As part of the assessment, IPRO also identified opportunities for improvement (quality improvement suggestions) that had no bearing on overall MCO compliance but could be considered as part of a broader effort towards continuous quality improvement (CQI).

The standard designations and assigned points used are shown in **Table 17.**

Table 17: New Jersey Medicaid Managed Care Compliance Monitoring Standard Designation

Rating	Rating Methodology
Met Prior Year	This element was met in the previous year.
Subject to Review	This element was subject to review in the current review year.
Met	All elements within the component were met.
Not Met	At least one element within the component was not met.
N/A	This element is not applicable and will not be considered as part of the score.
Deficiency Status: Prior	This element was not met in the previous review year and remains deficient in this review year.
Deficiency Status: Resolved	This element was not met in the previous review year but was met in the current review year.
Deficiency Status: New	This element was met in the previous review year but was not met in the current review year.

Conclusions and Comparative Findings

As part of the FIDE SNP/MLTSS Annual Assessment of MCO operations, IPRO performed a thorough evaluation of the MCO's compliance with CMS's Subpart D and QAPI standards. CMS requires each MCO's compliance with these fourteen (14) standards be evaluated. **Table 18** provides a crosswalk of individual elements reviewed during the FIDE SNP/MLTSS Annual Assessment to the CMS QAPI standards.

Table 18: Crosswalk of Standards Reviewed by EQRO to the Subpart D and QAPI Standard

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1]
Member Disenrollment	438.56	Management Information Systems (IS)	IS20, IS21	1 –2022-2023
Enrollee Rights	438.100	Enrollee Rights (ER)	ER1, ER3-ER4	1 –2021–2022 and 2022-2023
Emergency and Post Stabilization	438.114	Access (A)	A1	1 –2021–2022 and 2022-2023
Availability of Services	438.206	1 – Access (A), 2 – Credentialing and Re-Credentialing (CR), 3 – Administration and Operations (AO)	A3, A4a–f, A7, CR7, CR8, AO1, AO2	1 – 1 –2021–2022 and 2022-2023 2 - 1 –2021–2022 and 2022-2023 3 – 1 –2021–2022 and 2022-2023
Assurances of Adequate Capacity and Services	438.207	1 – Access (A)	A4	1 – 1 –2021–2022 and 2022-2023
Coordination and Continuity of Care	438.208	1 – Care Management and Continuity of Care (CM)	CM2, CM14, CM38	1 – 1 –2021–2022 and 2022-2023

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1]
Coverage and Authorization of Service	438.210	1 – Utilization Management (UM)	UM3, UM11, UM14–UM16, UM16o1 UM16o2	1– 1 –2021–2022 and 2022-2023
Provider Selection	438.214	1 – Credentialing and Re-Credentialing (CR)	CR2, CR3,	1– 1 –2021–2022 and 2022-2023
Confidentiality	438.224	1 – Provider Training and Performance (PT)	PT9	1 – 1 –2021–2022 and 2022-2023
Grievance and Appeal Systems	438.228	1 – Utilization Management (UM) and Quality Management (QM)	UM16k–n, QM5	1– 1 –2021–2022 and 2022-2023
Subcontractual Relationships and Delegation	438.230	1 – Administration and Operations (AO)	AO5, AO8–AO11	1– 1 –2021–2022 and 2022-2023
Practice Guidelines	438.236	1 – Quality Assessment and Performance Improvement (QAPI) 2 – Quality Management QM), 3 – Programs for the Elderly and Disabled (ED)	Q4 QM1, QM3 ED3, ED10, ED23, ED29	1– 1 –2021–2022 and 2022-2023 2 –1 –2021–2022 and 2022-2023 3– 1 –2021–2022 and 2022-2023
Health Information Systems	438.242	1 – Management Information Systems (IS)	IS1–IS17	1– 1 –2021–2022 and 2022-2023
Quality assessment and performance improvement (QAPI)	438.330	1 – Quality Assessment and Performance Improvement (QAPI)	Q1–Q3, Q5–Q9	1–1 –2021–2022 and 2022-2023

[1] Within a 3-year cycle, four MCO's (AvDC, HNJTC, UHCDCO and WCDL) had a full compliance review in 2021. In 2022 and 2023, Aetna participated in a full compliance review, and four MCOs (AvDC, HNJTC, UHCDCO and WCDL) had a partial compliance review. DMAHS requires specific elements to be reviewed annually.

Of the 224 elements reviewed during the 2023 FIDE SNP/MLTSS Annual Assessments, 77 elements crosswalk to the fourteen (14) CMS QAPI standards. **Table 19** provides a list of elements evaluated and scored by MCO for each of the Subpart D and QAPI standards identified by CMS.

Table 19: Subpart D and QAPI Standards – Scores by MCO

Subpart D and QAPI Standard	CFR Citation	AA Review Elements	# of Elements Reviewed	AAPP	AvDC	HNJTC	UHCDCO	WCDL
Member Disenrollment	438.56	IS20, IS21	2	100%	100%	100%	100%	100%
Enrollee Rights	438.100	ER1, ER3-ER4	3	100%	100%	100%	100%	100%
Emergency and Post Stabilization	438.114	A1	1	0%	100%	100%	100%	100%
Availability of Services	438.206	A3, A4a–f, A7, CR7, CR8, AO1, AO2	12	92%	83%	75%	58%	67%
Assurances of Adequate Capacity and Services	438.207	A4	1	100%	100%	100%	100%	100%
Coordination and Continuity of Care	438.208	CM2, CM14, CM38	3	100%	100%	100%	100%	100%
Coverage and Authorization of Services	438.210	UM3, UM11, UM14–UM16, UM16o1, UM16o2	7	100%	100%	100%	100%	100%
Provider Selection	438.214	CR2, CR3	2	100%	100%	100%	100%	100%
Confidentiality	438.224	PT9	1	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	UM16k.1, UM16k.2, UM16l.1, UM16l.2, UM16m.1, UM16m.2, UM16n.1, UM16n.2, QM5	9	89%	89%	78%	78%	78%
Subcontractual Relationships and Delegation	438.230	AO5, AO8–AO11	5	100%	100%	100%	100%	100%
Practice Guidelines	438.236	Q4, QM1, QM3, ED3, ED10, ED23, ED29	7	100%	100%	100%	100%	100%
Health Information Systems	438.242	IS1–IS17	17	100%	100%	100%	100%	100%

Subpart D and QAPI Standard	CFR Citation	AA Review Elements	# of Elements Reviewed	AAPP	AvDC	HNJTC	UHCDCO	WCDL
Quality Assessment and performance improvement Program (QAPI)	438.330	Q1, Q2, Q5–Q9	7	100%	100%	100%	100%	100%
Total elements reviewed			**77**					
Compliance percentage				**91%**	**98%**	**97%**	**95%**	**96%**

All five (5) MCOs participated in the 2023 compliance review. A total of 224 elements were reviewed for each MCO for a total of 1,120 elements reviewed overall. All five (5) participating FIDE SNP MCOs showed strong performance in the CMS Subpart D and QAPI standards, with compliance scores ranging from 91% to 96% (**Table 19**).

Four of the five MCOs received 100% compliance for 12 of the 14 standard domains. The remaining MCO received 100% compliance in 11 of 14 standard domains. Four (4) MCOs were non-compliant in Availability of Services (less than 85% compliance) and three (3) MCOs were non-compliant in Grievance and Appeal Systems (less than 85% compliance). (**Table 19**).

Table 20 displays a comparison of the overall compliance score for each of the five participating MCOs from 2022 and 2023. For the review period January 1, 2022 – December 31, 2022 all five MCOs scored above NJ's minimum threshold of 85% (**Table 20**). The compliance scores from the Annual Assessment ranged from 97% to 99%; AAPP's compliance score increased from 51% to 98%; AvDC's compliance score decreased 1 percentage point to 98%; and HNJTC's, UHCDCO's, and WCDL's compliance scores remained unchanged from 2022 at 99%, 97%, and 98% respectively (**Table 20**).

Table 20: Comparison of 2022 and 2023 Compliance Scores by MCO

MCO	2022 Compliance %	2023 Compliance %	% Point Change from 2019 to 2021
AAPP	51%[1]	98%	+47%
AvDC	99%	98%	-1%
HNJTC	99%	99%	0%
UHCDCO	97%	97%	0%
WCDL	98%	98%	0%

[1] For AAPP, due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate the following categories: Access, Quality Assessment and Performance Improvement, Quality Management, Programs for the Elderly and Disabled, and Credentialing and Re-credentialing for these categories. In these categories, the MCO received a score of 0%, therefore, these scores were removed from the MCO average calculation in those categories.
MCO: managed care organization.

In 2023, the average compliance score for five (5) standards (Committee Structure, Provider Training and Performance, Enrollee Rights and Responsibilities, Credentialing and Recredentialing, and Utilization Management) showed increases ranging from 2 to 7 percentage points (**Table 21**). In 2023, eight (8) standards

(Quality Assessment and Performance Improvement, Committee Structure, Programs for the Elderly and Disabled, Enrollee Rights and Responsibilities, Care Management and Continuity of Care, Credentialing and Recredentialing, Administration and Operations, and Management Information Systems) had an average score of 100%. Average compliance for five (5) standards (Quality Assessment and Performance Improvement, Programs for the Elderly and Disabled, Care Management and Continuity of Care, Administration and Operations, and Management Information Systems) remained the same from 2022 to 2023 (**Table 21**). Two (2) standards (Access and Quality Management) had decreases of 2 and 1 percentage points respectively. In 2023, Access had the lowest average compliance score at 83% (**Table 21**).

Table 21: 2022 and 2023 Compliance Scores by Review Category

Review Category	MCO Average 2022[1,4]	MCO Average 2023[1]	Percentage Point Change
Access	85%	83%	-2%
Quality Assessment and Performance Improvement	100%	100%	0%
Quality Management	97%	96%	-1%
Committee Structure	93%	100%	7%
Programs for the Elderly and Disabled	100%	100%	0%
Provider Training and Performance	93%	98%	5%
Enrollee Rights and Responsibilities	98%	100%	2%
Care Management and Continuity of Care	100%	100%	0%
Credentialing and Recredentialing	98%	100%	2%
Utilization Management	97%	99%	2%
Administration and Operations	100%	100%	0%
Management Information Systems	100%	100%	0%
Total	**97%[2]**	**98%[3]**	**1%**

[1] FIDE SNP average is calculated as the average of the scores of the FIDE SNPs for each review category.
[2] Total is the average of compliance scores for four (4) of the five (5) MCOs listed in **Table 20**.
[3] Total is the average of compliance scores for five (5) MCOs listed in **Table 20**.
[4] For AAPP, for 2022, due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate the following categories: Access, Quality Assessment and Performance Improvement, Quality Management, Programs for the Elderly and Disabled, and Credentialing and Re-credentialing for these categories. In these categories, the MCO received a score of 0%, therefore, these scores were removed from the MCO average calculation in those categories.

Appendix A: 2023 FIDE SNP-Specific Review Findings contains detailed information on each FIDE SNP's Annual Assessment and **Appendix B: 2023 FIDE SNP/MLTSS Annual Assessment Submission Guide** includes the submission guide used to assess MCO compliance.

FIDE SNP Strengths

Some of the most notable FIDE SNP strengths identified as a result of the 2023 Annual Assessment of FIDE SNP/MLTSS operations are:

- The QAPI program for all MCOs delineates an identifiable committee structure responsible for performing quality improvement activities and demonstrates ongoing initiatives.
- All five MCOs performed at 100% compliance with regard to Quality Assessment and Performance Improvement (QAPI), Committee Structure, Programs for the Elderly and Disabled, Enrollee Rights and Responsibilities, Care Management and Continuity of Care, Credentialing and Recredentialing, Administration and Operations, and Management Information Systems.

Recommendations

Recommendations represent areas of deficiency. Because some recommendations are smaller in scope and impact, for the purposes of this report, IPRO has focused on areas that are the most common across FIDE SNPs and that require follow-up for more than one reporting period.

The following are among the areas that IPRO recommended for improvement:
- The MCOs should continue to focus on adequacy of and access to their FIDE SNP provider networks.
- The MCOs should ensure that their member and provider complaint, grievance and appeals policies and procedures are well-defined and followed by employees who resolve complaints, grievances and appeals, and that timeframes are met as described in the policy and procedures.

V. Validation of Performance Measures

Objectives

The NJ FamilyCare Managed Care Contract article 4.6.2.P requires NJ FamilyCare MCOs to report annually on HEDIS PMs and ambulatory care utilization measures. As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate those measures.

As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate the measures.

HEDIS is a widely used set of PMs developed and maintained by NCQA. FIDE SNPs annually report HEDIS data to NCQA. HEDIS allows consumers and payers to compare health plan performance on key domains of care to other Plans and to national or regional benchmarks. HEDIS results can also be used to trend year-to-year performance. FIDE SNPs are required by NCQA to undergo an audit of their results to ensure that the methods used to calculate HEDIS and the resultant rates are compliant with NCQA specifications.

Technical Methods of Data Collection and Analysis

Using a standard evaluation tool, IPRO reviewed each FIDE SNP's HEDIS rates based upon the HEDIS Final Audit Report (FAR) prepared by a NCQA-licensed audit organization for each FIDE SNP as required by NCQA. IPRO's review of the FAR helped determine whether each FIDE SNP appropriately followed the HEDIS Guidelines in calculating the measures and whether the measures were deemed to be unbiased and reportable. In determining whether rates are reportable, licensed audit organizations evaluate the FIDE SNPs' transaction and information systems, their data warehouse and data control procedures, all vendors with delegated responsibility for some aspect of the HEDIS production process, and all supplemental data sources used.

NCQA does not release national averages or percentiles for FIDE SNPs. As a proxy, IPRO compared the FIDE SNPs' reported HEDIS results to national Medicare 10th, 25th 50th and 75th percentiles from NCQA's Quality Compass® to identify opportunities for improvement and strengths. As the FIDE SNP population is not directly comparable to the general Medicare population, caution should be used when comparing the HEDIS results to the NCQA percentiles for Medicare.

Description of Data Obtained

The five participating FIDE MCOs with performance data for MY 2022 (AAPP, AvDC, HNJTC, UHCDCO and WCDL) reported HEDIS MY 2022 data. The MCOs' independent auditors determined that the rates reported by the MCOs were calculated in accordance with NCQA's defined specifications and there were no data collection or reporting issues identified by the MCOs' independent auditors.

IPRO reviewed each of the New Jersey MCOs' HEDIS MY 2022 FARs to determine compliance with ISCA standards. The FARs revealed that all MCOs met all standards for successful reporting **(Table 22).**

Table 22: MCO Compliance with Information System Standards – MY 2022

IS Standard	AAPP	AvDC	HNJTC	UHCDCO	WCDL
1.0 Medical Services Data	Met	Met	Met	Met	Met
2.0 Enrollment Data	Met	Met	Met	Met	Met
3.0 Practitioner Data	Met	Met	Met	Met	Met
4.0 Medical Record Review Processes	Met	Met	Met	Met	Met
5.0 Supplemental Data	Met	Met	Met	Met	Met
6.0 Data Preproduction Processing	Met	Met	Met	Met	Met
7.0 Data Integration and Reporting	Met	Met	Met	Met	Met

Information Systems Capabilities Assessments (ISCA)

In 2020, IPRO worked with DMAHS to customize the ISCA worksheet of the protocols. Four of the five Medicaid MCOs in NJ offer both a Medicaid and a Fully Integrated Dual Eligible Special Needs (FIDE SNP) product. The fifth MCO was scheduled to begin offering the FIDE SNP product in January 2021. In addition to customizing the worksheet for the Medicaid products, it was also modified to include questions relating to the FIDE SNP product. The worksheet was provided to all MCOs on 7/15/2020. All MCOs returned the completed worksheet and requested documentation on 8/12/2020. IPRO conducted a meeting with DMAHS and the MCOs on 8/31/2020 to review the agenda and process. Due to COVID-19 restrictions, the reviews occurred via WebEx.

The assessment covered the following areas:

- Data Integration and Systems Architecture
- Claims/Encounter Data Systems and Processes
- Membership Data Systems and Processes
- Provider Data Systems and Processes
- Oversight of Contracted Vendors
- Supplemental Databases
- Grievance Systems

The Data Integration and Systems Architecture review consisted of a review of the structure of all systems and data warehouses supporting MCO operations and reporting. Claims, eligibility, provider, and grievance systems were directly reviewed. Discussion of oversight of contracted vendors focused on the MCO's ongoing oversight of vendors that process claims for services rendered to MCO members. The review of supplemental databases focused on data sources for services received by the MCO's membership, but not directly or indirectly paid for by the MCO. The structure of the review followed HEDIS audit processes for definitions of contracted vendors and supplemental data sources. No significant systems issues were identified for any of the five MCOs. In May 2024, a full ISCA will be conducted across all five NJ MCOs.

All five MCOs undergo a systems review annually as part of their HEDIS audit by an NCQA Licensed Organization. IPRO reviews these results annually.

In 2021, IPRO undertook a detailed review of MCO population definitions for reporting of HEDIS, non-HEDIS Core Set performance measures, and NJ Specific performance measures. This review occurred on the day following the 2021 Annual Assessment compliance reviews. IPRO's ISCA 2020 review findings and results by MCO are in **Table 23**.

Table 23: Information Systems Capabilities Assessment (ISCA) Results for 2020

MCO[1]:	AAPP	AvDC	HNJTC	UHCDCO	WCDL
Standard	Implications of Findings				
Completeness and accuracy of encounter data collected and submitted to the state.	N/A	No implications	No implications	No implications	No implications
Validation and/or calculation of performance measures.	N/A	No implications	No implications	No implications	No implications
Completeness and accuracy of tracking of grievances and appeals.	N/A	No implications	No implications	No implications	No implications
Utility of the information system to conduct MCO quality assessment and improvement initiatives.	N/A	No implications	No implications	No implications	No implications
Ability of the information system to conduct MCO quality assessment and improvements initiatives.	N/A	No implications	No implications	No implications	No implications
Ability of the information system to oversee and manage the delivery of health care to the MCO's enrollees.	N/A	No implications	No implications	No implications	No implications
Ability of the information system to generate complete, accurate, and timely T-MSIS data.	N/A	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Utility of the information system for review of provider network adequacy.	N/A	No implications	No implications	No implications	No implications
Utility of the MCO's information system for linking to other information sources for quality related reporting (e.g., immunization registries, health information exchanges, state vital statistics, public health data).	N/A	No implications	No implications	No implications	No implications

[1] Encompasses managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities described in *Title 42 CFR § 438.310(c)(2)*.
N/A: not applicable.

Note: IPRO will be conducting full ISCAs for all NJ MCOs in spring 2024. Details of the ISCAs will be presented in the April 2025 ATR.

HEDIS MY 2022 FIDE SNP Performance Measures

IPRO validated the processes used to calculate the 14 HEDIS MY 2022 PMs required by CMS for SNP reporting by the five FIDE SNPs (AAPP, AvDC, HNJTC, UHCDCO, and WCDL). All five FIDE SNP MCOs reported the required measures for MY 2022.

1. Colorectal Cancer Screening (COL)
2. Care for Older Adults (COA)
3. Advance Care Planning (ACP) (New measure for MY 2022.)
4. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
5. Pharmacotherapy Management of COPD Exacerbation (PCE)
6. Controlling Blood Pressure (CBP)
7. Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
8. Osteoporosis Management in Women Who Had a Fracture (OMW)
9. Antidepressant Medication Management (AMM)
10. Follow-Up After Hospitalization for Mental Illness (FUH)
11. Transitions of Care (TRC)
12. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)
13. Use of High-Risk Medications in the Elderly (DAE)
14. Plan All-Cause Readmissions (PCR)

Table 25 presents the individual FIDE SNP rates for each of the above 14 measures. There are no national benchmarks for the FIDE SNP population. Results for the NJ FIDE SNP averages are compared to the national Medicare benchmarks. When interpreting these results, it should be kept in mind that the FIDE SNP population, which is a more vulnerable population, may differ considerably from the Medicare population.

Conclusions and Comparative Findings

For MY 2022, MCOs were required to submit a full set of SNP measures. No year-over-year comparisons are available for Colorectal Cancer Screening (COL), Advance Care Planning (ACP), and Plan All-Cause Readmissions (PCR).

Of the eleven measures for which year-over-year comparisons were valid, significant increases ($\geq$ 5 percentage point change) in performance from MY 2021 were noted in:

- Care for Older Adults (COA) - Functional Status Assessment
- Persistence of Beta Blocker Treatment After a Heart Attack (PBH)
- Follow-Up After Hospitalization for Mental Illness (FUH) – 30-Day Follow-Up

Transitions of Care (TRC) – Notification of Inpatient Admission, Medication Reconciliation Post-Discharge, Patient Engagement After Inpatient Discharge
Significant declines ($\geq$ 5 percentage change) in performance were noted in:

- Care for Older Adults (COA) – Medication Review

Osteoporosis Management in Women Who Had a Fracture (OMW)
There are no national benchmarks for the FIDE SNP population. Results for the NJ FIDE SNP average are compared to the national Medicare benchmarks. In interpreting these results, it should be borne in mind that the SNP population, which is a more vulnerable population, may differ considerably from the Medicare population. Also, Plan All-Cause Readmissions (PCR) is a risk-adjusted measure. Calculation of a weighted average for this measure is not appropriate.

- Rates below the 10th percentile:
  - Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Dementia + Tricyclic Antidepressants or Anticholinergic Agents, Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs, Total]
  - Use of High-Risk Medications in the Elderly (DAE)
- Rates between the 10th percentile and the 25th percentile:
  - Controlling Blood Pressure (CBP)
  - Osteoporosis Management in Women Who Had a Fracture (OMW)
  - Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Falls + Tricyclic Antidepressants or Antipsychotics]
  - Transitions of Care (TRC) [Notification of Inpatient Admission]
- Rates between the 25th percentile and 50th percentile:
  - Colorectal Cancer Screening (COL)
  - Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
  - Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment]
  - Transitions of Care (TRC) [Medication Reconciliation Post-Discharge, Patient Engagement After Inpatient Discharge, Receipt of Discharge Information]
- Rates between the 50th percentile and 75th percentile:
  - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
  - Antidepressant Medication Management (AMM) [Effective Continuation Phase Treatment]
  - Follow-Up After Hospitalization for Mental Illness (FUH) [30-Day Follow-Up, 7-Day Follow-Up]
- Rates above the 75th percentile:
  - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
  - Pharmacotherapy Management of COPD Exacerbation (PCE) [Bronchodilator]

The HEDIS rates are color coded to correspond to national percentiles (**Table 24**).

Table 24: Color Key for HEDIS Performance Measures

Color Key	How Rate Compares to the NCQA HEDIS MY 2021 Quality Compass National Percentiles
Red	Less than 10th percentile
Orange	Greater than or equal to 10th and less than 25th percentile
Yellow	Greater than or equal to 25th and less than 50th percentile
Green	Greater than or equal to 50th and less than 75th percentile
Blue	Greater than or equal to 75th percentile
Purple	No percentiles released by NCQA

HEDIS data presented in this section include: Effectiveness of Care, and Utilization and Risk Adjusted Utilization. **Table 25** displays the HEDIS performance measures for MY 2022 for all MCOs and the New Jersey FIDE SNP average. The FIDE SNP average is the weighted average of all MCO data.

Table 25: HEDIS MY 2022 FIDE SNP HEDIS Performance Measures

HEDIS MY 2022 FIDE SNP Measures	AAPP	AvDC[1]	HNJTC	UHCDCO	WCDL	Health Plan Average[2]	MY 2022 New Jersey FIDE SNP Average[3]
Colorectal Cancer Screening (COL) – Hybrid Measure[4]	36.73%	52.62%	60.58%	71.55%	54.74%	55.24%	63.54%
Care for Older Adults (COA) – Hybrid Measure[5]							
Medication Review	99.51%	92.46%	81.48%	87.35%	89.05%	89.97%	87.28%
Functional Status Assessment	45.01%	59.66%	89.67%	78.10%	56.45%	65.78%	74.46%
Pain Screening	63.50%	90.02%	94.81%	87.83%	91.24%	85.48%	89.91%
Advance Care Planning (ACP)[9]	22.84%	27.18%	90.32%	63.62%	35.39%	47.87%	58.49%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	N/A	27.95%	31.65%	39.56%	48.11%	36.82%	35.96%
Pharmacotherapy Management of COPD Exacerbation (PCE)							
Systemic Corticosteroid	86.27%	68.56%	73.37%	70.97%	70.21%	73.88%	71.51%
Bronchodilator	86.27%	89.30%	91.02%	88.02%	93.62%	89.65%	89.28%
Controlling High Blood Pressure (CBP) – Hybrid Measure[4]	62.13%	50.16%	76.67%	60.75%	70.56%	64.05%	63.82%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	N/A	N/A	91.49%	87.76%	N/A	89.63%	91.73%
Osteoporosis Management in Women Who Had a Fracture (OMW)	N/A	N/A	10.20%	48.53%	N/A	29.37%	30.00%

HEDIS MY 2022 FIDE SNP Measures	AAPP	AvDC[1]	HNJTC	UHCDCO	WCDL	Health Plan Average[2]	MY 2022 New Jersey FIDE SNP Average[3]
Antidepressant Medication Management (AMM)							
Effective Acute Phase Treatment	64.52%	86.53%	74.89%	74.58%	86.46%	77.40%	78.03%
Effective Continuation Phase Treatment	61.29%	80.06%	61.54%	59.98%	81.77%	68.93%	66.48%
Follow-Up After Hospitalization for Mental Illness (FUH)							
30-Day Follow-Up	53.33%	55.62%	54.46%	52.34%	36.05%	50.36%	52.56%
7-Day Follow-Up	33.33%	32.28%	34.82%	34.04%	20.93%	31.08%	32.68%
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[6]							
Falls + Tricyclic Antidepressants or Antipsychotics	N/A	38.81%	45.23%	40.97%	46.39%	42.85%	41.78%
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	N/A	54.45%	53.81%	55.98%	54.74%	54.74%	55.00%
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	N/A	21.98%	14.86%	18.58%	23.68%	19.77%	18.88%
Total	29.27%	44.52%	43.36%	44.70%	48.25%	42.02%	44.71%
Transitions of Care (TRC) – Hybrid Measure[6]							
Notification of Inpatient Admission	2.92%	10.71%	11.44%	7.30%	14.11%	9.30%	9.58%
Medication Reconciliation Post-Discharge	84.91%	47.69%	77.86%	51.34%	43.80%	61.12%	58.14%
Patient Engagement After Inpatient Discharge	72.75%	77.13%	92.46%	81.51%	81.27%	81.02%	83.32%
Receipt of Discharge Information	2.68%	6.57%	13.38%	4.62%	5.35%	6.52%	7.37%
Use of High-Risk Medications in the Elderly (DAE)[6]	9.31%	26.66%	25.94%	28.96%	27.74%	23.72%	27.60%

HEDIS MY 2022 FIDE SNP Measures	AAPP	AvDC[1]	HNJTC	UHCDCO	WCDL	Health Plan Average[2]	MY 2022 New Jersey FIDE SNP Average[3]
Plan All-Cause Readmissions (PCR)[6,7,8]							
18-64 year olds, Observed-to-expected Ratio	1.88	1.22	1.11	1.42	0.95		
65+ year olds, Observed-to-expected Ratio	0.97	1.10	1.41	1.26	0.77		

[1] Administrative measures for Amerigroup are calculated by combining the IDSS files with SubIDs 8854 and 14390. For the PCR measure, SubID 8854 is used as this is a risk adjusted measure.

[2] Health plan average uses only MCOs who had an eligible population greater than or equal to 30.

[3] New Jersey Medicaid average is the weighted average of all MCO data.

[4] AvDC and UHCDCO reported this measure administratively.

[5] The data source of Amerigroup for this measure is from IDSS file with SubID 8854.

[6] This measure is inverted, meaning that lower rates indicate better performance.

[7] PCR is a risk-adjusted measure. Calculation of MCO and statewide averages is not appropriate.

[8] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

[9] MY2022 is first year reporting Advance Care Planning (ACP) as measure. This year Advance Care Planning (ACP) was removed from COA measure. ACP has new indicator key, hence cannot be compared to MY2021.

Designation N/A: the Plan had less than 30 members in the denominator.

VI. Administration or Validation of Quality-of-Care Surveys – CAHPS Member Experience Survey

Objectives

IPRO subcontracted with a certified survey vendor to field the CAHPS 5.1H survey for the FIDE SNP population. Surveys were fielded in spring 2023 for members enrolled in from July 1, 2022, through December 31, 2022. Five FIDE SNP adult surveys were fielded.

Technical Methods of Data Collection and Analysis

The CAHPS survey drew, as potential respondents, FIDE SNP adult enrollees over the age of 18 years who were covered by NJ FamilyCare; enrollees had to be continuously enrolled for at least six months prior to the sample selection with no more than one enrollment gap of 45 days or less. Respondents were surveyed in English and Spanish. The surveys were administered over a 10-week period from April 12, 2023, through June 20, 2023, using a standardized survey procedure and questionnaire. A total random sample of 8,531 cases was drawn from adult enrollees from the five NJ FIDE SNP MCOs (AAPP, AvDC, HNJTC, UHCDCO, and WCDL); this consisted of a random sample of 1,755 AVDC enrollees, 1,755 HNJTC enrollees, 1,755 UHCDCO enrollees, 1,755 WCDL enrollees, and 1,511 AAPP enrollees.

Results from the CAHPS 5.1H survey for NJ FIDE SNP enrollees provided a comprehensive tool for assessing consumers' experiences with their health plan. The instrument selected for the survey was the HEDIS-CAHPS 5.1H FIDE SNP survey for use in assessing the performance of health plans. The survey instrument used for the NJ FIDE SNP survey project consisted of 40 core questions and 11 supplemental questions.

The CAHPS rates are color coded to correspond to the national percentiles as shown in **Table 26**.

Table 26: Color Key for CAHPS Rates

Color Key	How Rate Compares to the NCQA MY 2021 Quality Compass National Percentiles
Orange	Below the national Medicaid 25th percentile
Yellow	Between the national Medicaid 25th and 50th percentiles
Green	Between the national Medicaid 50th and 75th percentiles
Blue	Between the national Medicaid 75th and 90th percentiles
Purple	Above the national Medicaid 90th percentile

CAHPS: Consumer Assessment of Healthcare Providers and Systems; NCQA: National Committee for Quality Assurance.

Description of Data Obtained and Conclusion

Complete interviews were obtained from 2,813 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 33.8%. For each of four domains of member experience (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), a composite score was calculated. The composite scores give a summary assessment of how the MCOs performed across each domain. The overall composite scores for AAPP, AvDC, HNJTC, UHCDCO, and WCDL were the following (**Table 27**):

- 81.8% for Getting Needed Care;
- 82.5% for Getting Care Quickly;
- 93.5% for How Well Doctors Communicate; and
- 90.1% for Customer Service.

The New Jersey FIDE SNP product is a joint Medicaid/Medicare program. The comparisons in **Table 27** rank responses for the FIDE SNP membership against national Medicaid responses. Overall, New Jersey MCOs

showed a high level of member satisfaction in the MY 2022 FIDE SNP CAHPS surveys. Weighted statewide average rates ranked at or above the NCQA national 50th percentile for seven of the eight adult survey measures. Rating of All Health Care ranked between the national Medicaid 25th and 50th percentiles. Opportunities for improvement are evident for two MCOs (AAPP and WCDL) with rates below the 25th percentile for Customer Service (AAPP) and Rating of All Health Care (WCDL).

Table 27: CAHPS MY 2022 Performance – FIDE SNP Survey

FIDE SNP Adult Survey – CAHPS Measure	AAPP	AvDC	HNJTC	UHCCDCO	WCDL	Statewide Weighted Average
Getting Needed Care	83.0%	83.7%	83.1%	80.7%	79.8%	81.8%
Getting Care Quickly	81.0%	85.7%	85.4%	79.7%	83.3%	82.5%
How Well Doctors Communicate	94.3%	93.6%	95.0%	92.8%	92.8%	93.5%
Customer Service	87.7%	89.6%	93.2%	89.7%	89.7%	90.1%
Rating of All Health Care[1]	72.8%	74.0%	75.5%	75.5%	70.6%	74.6%
Rating of Personal Doctor[1]	86.7%	85.8%	86.7%	85.9%	87.5%	86.2%
Rating of Specialist Seen Most Often[1]	80.0%	82.3%	81.5%	82.6%	80.8%	82.0%
Rating of Health Plan[1]	78.8%	81.2%	88.4%	87.9%	79.4%	85.5%

[1] For this measure, Medicare rate is based on survey scores of 8, 9, and 10.

Color key for how rate compares to the NCQA HEDIS MY 2022 Quality Compass national percentiles: Orange shading: below the national Medicare 25th percentile; yellow shading: between the national Medicare 25th and 50th percentiles; green shading: between the national Medicare 50th and 75th percentiles; blue shading: between the national Medicare 75th and 90th percentiles; purple shading: above the national Medicare 90th percentile.

FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

VII. Encounter Data Validation

Encounter Data Validation (EDV) is an ongoing process, involving the MCOs, the state Encounter Data Monitoring Unit (EDMU), and the EQRO. In 2017, DMAHS partnered with its EQRO, IPRO, to conduct an MCO system and encounter data process review to include a baseline evaluation of the submission and monitoring of encounter data. As of October 2017, IPRO has been attending the monthly EDMU calls with the MCOs. In 2023, IPRO continues to monitor encounter data submissions and patterns.

On a monthly basis since 2013, IPRO receives eligibility and encounter data extracts from Gainwell Technologies (formerly DXC Technology). IPRO loads the following data to IPRO's Statistical Analysis Software (SAS®) data warehouse: member eligibility, demographic, Third Party Liability (TPL) information, and State-accepted institutional inpatient and outpatient, professional, pharmacy, dental, home health, transportation, and vision encounter data. Starting June 2020, IPRO also began receiving a monthly supplemental pharmacy file that includes additional data elements. During 2023, IPRO worked closely with Gainwell Technologies to address any changes to the eligibility and encounter data extracts and to ensure the monthly file receipt.

VIII. MCO Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each ATR include "an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR." **Tables 28–32** display the participating FIDE SNP MCOs' responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO's assessment of these responses.

AAPP – Response to Previous EQR Recommendations

Table 28 displays AAPP's progress related to the *State of New Jersey DMAHS, Aetna Assure Premier Plus Annual External Quality Review Technical Report FINAL REPORT: April 2023,* as well as IPRO's assessment of AAPP's response.

Table 28: AAPP – Response to Previous EQR Recommendations

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access Due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate and the MCO received a score of 0% for the Access category for FIDE SNP and MLTSS. The MCO should provide a summary of improvements implemented to address non-compliance following the 2022 Annual Assessment review.	**FIDE SNP**: The Provider Experience team implemented policies and processes that ensure the Provider Manual is reviewed for accuracy. To that effect, the team has performed a review of the Provider Manual for updates and changes and has also implemented a policy that speaks to an annual review. The Network Management team established monthly network monitoring reports, which monitors accuracy and adequacy. Provider profiles were developed by the health plan that allow for the tracking and trending of provider quality metrics as it relates to the health plan's membership; for example, the health plan can review over and under-utilization of services with a given provider. The health plan has also implemented the Special Needs Form to identify providers who are able to provide these services to members; communication of this went to providers via a provider newsletter and an attachment in each new provider orientation packet. Provider surveys and audit of appointment availability continue through annual audits to confirm provider data accuracy. **MLTSS**: The Provider Experience team implemented policies and processes that ensure the Provider Manual is reviewed for accuracy. To that effect, the team has performed a review of the Provider Manual for updates and changes and has also implemented a policy that speaks to an annual review. The Network Management team established monthly network monitoring reports, which monitors accuracy and adequacy. Provider profiles were developed by the health plan that allow for the tracking and trending of provider quality metrics as it relates to the health plan's membership; for example, the health plan can review over and under-utilization of services with a given provider. The health plan has also implemented the Special Needs Form to identify providers who are able to provide these	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
	services to members; communication of this went to providers via a provider newsletter and an attachment in each new provider orientation packet. Provider surveys and audit of appointment availability continue through annual audits to confirm provider data accuracy.	
Quality Assessment and Performance Improvement Due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate and the MCO received a score of 0% for the Quality Assessment and Performance Improvement category for FIDE SNP and MLTSS. The MCO should provide a summary of improvements implemented to address non-compliance following the 2022 Annual Assessment review.	**FIDE SNP**: In 2022, the AAPP Plan fully implemented the Quality Assurance and Improvement Program (QAPI). Key components/activities supporting the Plan in 2022 included defined plan governance and oversight through an established Committee structure with key clinical/operations information and reporting presented for monitoring and improvement actions. AAPP also participated in required Performance Improvement Projects – focused on clinical and non-clinical areas of the Plan. In 2022, AAPP also implemented several survey projects to assess member satisfaction, member access to care/services, and quality of member care. In 2022, AAPP was staffed with required Quality program resources, supported by a dedicated Plan Chief Medical Officer. **MLTSS**: In 2022, the AAPP Plan fully implemented the Quality Assurance and Improvement Program (QAPI), which is inclusive of the MLTSS membership. Key components/activities supporting the Plan in 2022 included defined plan governance and oversight through established Committee structure with key clinical/operations information and reporting presented for monitoring and improvement actions. AAPP also participated in required Performance Improvement Projects – focused on clinical and non-clinical areas of the Plan. In 2022, AAPP also implemented several survey projects to assess member satisfaction, member access to care/services, and quality of member care. In 2022, AAPP was staffed with required Quality program resources, supported by dedicated Plan Chief Medical Officer.	Addressed
Quality Management Due to the inadequacy of the	**FIDE SNP**: In 2022, AAPP Quality Management activities were implemented across the Plan through various channels. Ensuring quality of care and services to our membership is accomplished through the development/distribution/adherence to Clinical Practice	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate and the MCO received a score of 0% for the Quality Management category for FIDE SNP and MLTSS.

The MCO should provide a summary of improvements implemented to address non-compliance following the 2022 Annual Assessment review. | Guidelines, Medical Necessity Criteria, and Utilization Management Protocols based on nationally established/recognized sources with annual review and adoption by Aetna. Other key activities include annual participation in the NCQA HEDIS audit process, continuous monitoring/review of potential quality of care (PQOC) issues, critical incidents, and hospital/provider acquired conditions and taking appropriate action(s) when issues are identified. The Plan also used NCQA Member CAHPS survey, provider satisfaction/access & availability surveys, and provider performance monitoring/reporting as components of monitoring for quality of care and services. New for the Plan was the implementation of inpatient mortality monitoring and analyses to identify trends/take appropriate actions.

MLTSS: In 2022, AAPP Quality Management activities were implemented across the Plan through various channels, which is inclusive of the MLTSS membership. Ensuring quality of care and services to our membership is accomplished through the development/distribution/adherence to Clinical Practice Guidelines, Medical Necessity Criteria, and Utilization Management Protocols based on nationally established/recognized sources with annual review and adoption by Aetna. Other key activities include annual participation in the NCQA HEDIS audit process, continuous monitoring/review of potential quality of care (PQOC) issues, critical incidents, and hospital/provider acquired conditions and taking appropriate action(s) when issues are identified. The Plan also used NCQA Member CAHPS survey, provider satisfaction/access & availability surveys, and provider performance monitoring/reporting as components of monitoring for quality of care and services. New for the Plan was the implementation of inpatient mortality monitoring and analyses to identify trends/take appropriate actions. | |
| **Programs for the Elderly and Disabled**
Due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was | **FIDE SNP**: The Quality and Care Management teams partnered to create an Elderly and Disabled Program Description that details specific reporting, monitoring, provider education, and member education for identified conditions distinct to the elderly and disabled populations. Additionally, a workgroup and dashboard were created to review and monitor each condition within the program and discuss trends, goals, and areas of opportunity. Specific initiatives were developed to promote health outcomes for this population, which included disease-specific assessment completion and educational mailers.

MLTSS: The Quality and Care Management teams partnered to create an Elderly and Disabled Program Description that details specific reporting, monitoring, provider education, and member education for identified conditions distinct to the elderly and disabled populations. Additionally, a workgroup and dashboard were created to review and | Addressed |

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
unable to evaluate and the MCO received a score of 0% for the Programs for the Elderly and Disabled category for FIDE SNP and MLTSS.	monitor each condition within the program and discuss trends, goals, and areas of opportunity. Specific initiatives were developed to promote health outcomes for this population, which included disease-specific assessment completion and educational mailers.	
Credentialing and Recredentialing Due to the inadequacy of the documentation provided and the inconsistencies in information provided during the interviews, the External Quality Review Organization (EQRO) (IPRO) was unable to evaluate and the MCO received a score of 0% for the Credentialing and Recredentialing category for FIDE SNP and MLTSS. The MCO should provide a summary of improvements implemented to address non-compliance following the 2022 Annual Assessment review.	**FIDE SNP**: As a result of the 2022 0% category designation for Credentialing, we provided evidence showing that potential quality of care issues, critical incidents, member grievances, member appeals, member record reviews, satisfaction surveys, and utilization metrics are reviewed during the recredentialing process by way of a newly implemented checklist. The Credentialing process includes reviewing Office of Inspector General (OIG) Sanction lists, the OPM Debarment Reports, CMS Preclusion reports and the State of New Jersey Fraud Division Debarment List to ensure that a provider's licensed is valid and unencumbered. Providers requiring board certifications are verified against the appropriate national board as respects the provider type. Based on these enhancements, the February 2023 exam resulted in Credentialing passing with 100% compliance. **MLTSS**: As a result of the 2022 0% category designation for Credentialing, we provided evidence showing that potential quality of care issues, critical incidents, member grievances, member appeals, member record reviews, satisfaction surveys, and utilization metrics are reviewed during the recredentialing process by way of a newly implemented checklist. The Credentialing process includes reviewing Office of Inspector General (OIG) Sanction lists, the OPM Debarment Reports, CMS Preclusion reports and the State of New Jersey Fraud Division Debarment List to ensure that a provider's licensed is valid and unencumbered. Providers requiring board certifications are verified against the appropriate national board as respects the provider type. Based on these enhancements, the February 2023 exam resulted in Credentialing passing with 100% compliance.	Addressed
Committee Structure	In 2022, AAPP developed and implemented IP Mortality monitoring/reporting. AAPP obtains/reviews/trends this data monthly and works collaboratively with our Medicaid Plan in NJ to ensure more	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
The MCO should ensure that all mortality data are collected, monitored, investigated as appropriate, and aggregated for accurate reporting providing opportunity for education and/or corrective action as needed.	significant trends are not present across the network. If/when trend(s) are identified, AAPP would determine/implement corrective actions with the facility(ies). AAPP's Quality Team presents and monitors this data through the QM/UM/PAC Committee.	
Committee Structure The MCO should ensure that the FIDE SNP population metrics are discussed at the appropriate committee meetings as well as recommendations to improve processes.	Agenda items were developed to include FIDE and MLTSS population metrics, recommendations to improve processes, and health education topics to empower members to take control of their health. The MCO should include and document FIDE SNP members in their MLTSS Consumer Advisory Committee meetings. Agenda topics included Behavioral Health information for PTSD awareness month, pharmacy information on home COVID tests, educational materials including newsletters, maternity book, cancer screening shower tags, well visit and health screening reminder calls/text campaign, flu shot reminders, and community offerings such as food giveaways and laundry days. Additional agenda topics included meeting confidentiality instructions, an overview of the mission/rules/purpose of the Advisory Committee, immunization importance, plan services and care management overview, Plan website and materials review, and member open discussion. Member feedback was collected during each meeting and reviewed for process improvement opportunities.	Addressed
Committee Structure The MCO should include and document FIDE SNP members in their MLTSS Consumer Advisory Committee meetings.	Agenda items were developed to include FIDE and MLTSS population metrics, recommendations to improve processes, and health education topics to empower members to take control of their health. The MCO should include and document FIDE SNP members in their MLTSS Consumer Advisory Committee meetings. Agenda topics included Behavioral Health information for PTSD awareness month, pharmacy information on home COVID tests, educational materials including newsletters, maternity book, cancer screening shower tags, well visit and health screening reminder calls/text campaign, flu shot reminders, and community offerings such as food giveaways and laundry days. Additional agenda topics included meeting confidentiality instructions, an overview of the mission/rules/purpose of the Advisory Committee, immunization importance, Plan services and care management overview, Plan website and materials review, and member open	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
	discussion. Member feedback was collected during each meeting and reviewed for process improvement opportunities.	
Provider Training and Performance The MCO should develop a system to track under and over utilization of services.	The health plan has implemented provider profiles, beginning distribution of those providers on 5/15/2022, and enhancements continue to be implemented and have included broader tracking of over and under-utilization of services. The health plan continues to review and refine the provider profiles to include pertinent information necessary to evaluate provider and member under and over-utilization.	Addressed
Provider Training and Performance The MCO should develop provider profiles for all FIDE SNP providers.	The health plan has developed provider profiles executing delivery to providers with the first iteration on 5/15/2022 and continues to refine and enhance the information shared with providers.	Addressed
Provider Training and Performance The MCO should develop a process to conduct annual Medical Record Reviews (MRRs) in provider offices.	At the start of the 2022 calendar year, the Quality Team began implementing the 2022 QAPI. The QAPI program description outlines/reviews the core activities that key stakeholders supporting the Plan will take to monitor/ensure members receive quality care and services and that the Plan remains compliant with regulatory and state requirements. This includes the Quality Team coordinating the annual Medical Record Review project (for our FIDE SNP population) along with monitoring applicable follow-up activities, documenting reviews, and corrective actions. This document was reviewed/approved by the Plan UM/QM/PAC committee in Q2. The Quality Team has developed the MRR Audit Process, created policies/procedures, outlined MRR Audit activities in the QAPI Program Description, and implemented MRR audit tools and templates. The 2022 Medical Record Review Audit occurred in Q4 of 2022 (late October through November. The results were reported to UM/QM/PAC in December 2022.	Addressed
Provider Training and Performance The MCO should develop a system to track providers who attend initial training.	The health plan has implemented a tracking mechanism using a programmed QuickBase where all prescheduled Joint Operating Committee meetings, as well as initial provider orientations, are tracked with reporting capabilities.	Addressed
Provider Training and Performance The MCO should initiate initial and ongoing training programs for MLTSS providers.	The health plan has developed an MLTSS provider curriculum and integrated MLTSS-specific materials into the quarterly newsletters. Additionally, provider Joint Operating Committee provider education materials have been developed leveraging the feedback from the information gathered from the fall 2022 newsletter.	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
Enrollee Rights and Responsibilities The MCO should ensure to include MLTSS member rights and responsibilities in the appropriate policies	Aetna Assure Premier Plus annually reviews its policies, including the Enrollee Rights and Responsibility policy, to ensure updates include all required member rights and responsibilities language. The Enrollee Rights and Responsibility policy 4500.35 was updated on October 6, 2022, to include MLTSS member rights and responsibility language.	Addressed
Utilization Management The MCO should provide clear and concise descriptions of their processes for grievances and quality of care investigations. These descriptions should delineate the MCO's role in these investigations, including their role in outreach to providers to discuss corrective action plans where appropriate.	The Plan established an end-to-end process workflow and narrative for Quality-of-Care grievances, including documentation of the outcome of the investigation and/or completion of the investigation in the Grievance and Appeals system. There are various teams involved throughout the investigations and no single ownership; multiple national and local teams are responsible for different aspects of the PQOC investigation and resolution, demonstrated throughout the workflow. The Quality team investigates all potential quality-of-care referrals involving providers, and medical records and provider responses are requested as appropriate. The NJ licensed Medical Director, NQOC, and/or CPC review all cases and corrective action plans in accordance with QM Policy 63. The process narrative outlines the specific roles as well as timeframes. To ensure coordination between the local health plan and the corporate PQOC review team, the workflow states that upon receipt of the final disposition, the local PQOC NJ licensed nurse can close the case by day 25 and send the final disposition to the National Grievance coordinator via an email to confirm the investigation was closed.	Addressed
Utilization Management The MCO should track date of closure of grievance and quality of care issues for reporting to the state.	All cases that are accepted by Quality Management for PQOC are logged using the Quality-of-Care indicator in the NCQA Category field in the Grievance and Appeals system to allow for reporting.	Addressed
Utilization Management The MCO should provide consistent	The Grievance and Appeals team implemented a process of ensuring a review is conducted of each document prior to submission to confirm all elements, including narratives, are provided and complete. The elements are also assigned a primary and secondary Business owner	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
documentation prior to the Annual Assessment. This documentation should be consistent with the processes described by the MCO staff during the review sessions.	who ensures the document(s) supplied to IPRO include all required components and a complete narrative. Element owner(s) also ensure they are familiar with the narratives and the documentation submitted to IPRO to provide a consistent response and clearly articulate processes during interview sessions.	
Utilization Management The MCO should provide narratives for all elements that direct the reviewers to the specific documents submitted as evidence of compliance with the Contract.	The Grievance and Appeals team implemented a process of ensuring a review is conducted of each document prior to submission to confirm all elements, including narratives, are provided and complete. The elements are also assigned a primary and secondary Business owner who ensures the document(s) supplied to IPRO include all required components and a complete narrative. Element owner(s) also ensure they are familiar with the narratives and the documentation submitted to IPRO to provide a consistent response and clearly articulate processes during interview sessions.	Addressed
Utilization Management The MCO should track grievance and quality of care investigations from beginning of the investigation to the date of closure.	The Plan established an end-to-end process workflow and narrative for Quality-of-Care grievances, including documentation of the outcome of the investigation and/or completion of the investigation in the Grievance and Appeals system. There are various teams involved throughout the investigations and no single ownership; multiple national and local teams are responsible for different aspects of the PQOC investigation and resolution, demonstrated throughout the workflow. The Quality team investigates all potential quality-of-care referrals involving providers, and medical records and provider responses are requested as appropriate. The NJ licensed Medical Director, NQOC, and/or CPC review all cases and corrective action plans in accordance with QM Policy 63. The process narrative outlines the specific roles as well as timeframes. To ensure coordination between the local health plan and the corporate PQOC review team, the workflow states that upon receipt of the final disposition, the local PQOC NJ licensed nurse can close the case by day 25 and send the final disposition to the National Grievance coordinator via an email to confirm the investigation was closed.	Addressed
Utilization Management	The Grievance and Appeals team implemented a process of ensuring a review is conducted of each document prior to submission to confirm all elements, including narratives, are provided and complete. The	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
The MCO should provide narratives for all elements that direct the reviewers to the specific documents submitted as evidence of compliance with the Contract.	elements are also assigned a primary and secondary Business owner who ensures the document(s) supplied to IPRO include all required components and a complete narrative. Element owner(s) also ensure they are familiar with the narratives and the documentation submitted to IPRO to provide a consistent response and clearly articulate processes during interview sessions.	
Utilization Management The MCO should provide narratives for all elements that direct the reviewers to the specific documents submitted as evidence of compliance with the Contract.	The Grievance and Appeals team implemented a process of ensuring a review is conducted of each document prior to submission to confirm all elements, including narratives, are provided and complete. The elements are also assigned a primary and secondary Business owner who ensures the document(s) supplied to IPRO include all required components and a complete narrative. Element owner(s) also ensure they are familiar with the narratives and the documentation submitted to IPRO to provide a consistent response and clearly articulate processes during interview sessions.	Addressed
Utilization Management The MCO should provide narratives for all elements that direct the reviewers to the specific documents submitted as evidence of compliance with the Contract.	The Grievance and Appeals team implemented a process of ensuring a review is conducted of each document prior to submission to confirm all elements, including narratives, are provided and complete. The elements are also assigned a primary and secondary Business owner who ensures the document(s) supplied to IPRO include all required components and a complete narrative. Element owner(s) also ensure they are familiar with the narratives and the documentation submitted to IPRO to provide a consistent response and clearly articulate processes during interview sessions.	Addressed
Performance Measures Focusing on the HEDIS quality-related measures which fell below the NCQA national 50th percentile, the MCO should continue to	HEDIS MY 2021 was the first audit/review period for the new FIDE Plan. As such, the 2021 performance is considered baseline data from which the Plan will track performance. HEDIS measures/rate performance are tracked/trended and monitored since 2022 and initiatives put into place to drive continued improvement for MY 2022 (HEDIS 2023), including quarterly provider performance reports with supporting gap in care data available for all primary care providers; expansion of supplemental data sources; and preventive health initiatives. HEDIS 2023 was completed in May 2023.	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.		
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	Aetna Assure Premier Plus informed NJ DMAHS, on 1/31/2022, of the decision to opt out of the Medicare CAHPS survey due to not meeting the threshold for survey administration as a new contract. Therefore, a CAHPS survey was not completed in 2022. A CAHPs survey was completed in 2023 and if the final results indicate scores below 50%, the Plan will work to improve them.	Addressed

[1] **Addressed**: MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2024.

AvDC – Response to Previous EQR Recommendations

Table 29 displays AvDC's progress related to the *State of New Jersey DMAHS, Amerivantage Dual Coordination Annual External Quality Review Technical Report FINAL REPORT: April 2023,* as well as IPRO's assessment of AvDC's response.

Table 29: AvDC – Response to Previous EQR Recommendations

Recommendation for AvDC	AvDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
Performance Improvement Projects (PIPs) The MCO should review each section of the PIP to ensure alignment of the Aim, Goals and Objectives are	Throughout the life of the PIP, we have continued to align the Aim, Goals and Objectives. When updating PIPs, we ensure that the interventions in each subsequent section are addressing the barrier identified. We also have continued to discuss outcomes in the respective sections to show both improvement and continued areas of concern. With the use of collaboration and analytics, we continue to demonstrate minor progress towards the projected outcomes.	Addressed

Recommendation for AvDC	AvDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
well-defined and aligns with each subsequent section for a well-developed and comprehensive PIP that demonstrates the projected outcomes.		
Access 1. The Plan should continue to recruit for Social Adult Day Providers in Cape May, Cumberland, Hunterdon, Ocean, Salem, and Warren Counties. 2. The Plan should continue to address appointment availability for OB/GYNs, other specialists, and behavioral health prescribers, as well as deficiencies in after-hours compliance.	#1: Amerigroup contacts County Offices on Aging, reviews competitor Medicaid MCO provider networks, and conducts web searches on a quarterly basis to generate Leads. Additionally, Amerigroup routinely discusses adding this service with its' existing network of Adult Medical Day Care agencies. • Amerigroup will continue with recruitment efforts on a quarterly basis for Provider Type in this County and is willing to contract with any provider interested in joining our network. • Amerigroup's Health Care Management, Network Operations, and Enterprise Contracting teams meet regularly and work together with our Care and Utilization management teams to improve access to care and identify lead sources for recruitment. • Amerigroup works with participating Social Adult Day Care providers in neighboring Counties to arrange for transportation as needed. #2: To address EQRO's recommendation to continue to address appointment availability and after-hours compliance deficiencies, the health plan will be revising the questions in the surveys to align better with the access and after-hours access requirements and plans to increase the frequency of surveys from annually to biannually. • As fielding for the 2023 surveys took place in June/July, these changes are expected to commence in 1Q2024. • The health plan annually monitors the accessibility of primary care providers after-hours to ensure timely access to healthcare practitioners. This survey is conducted by SPH Analytics, a NCQA certified survey vendor. • Providers determined to be non-compliant for any reason are required to complete a formal corrective action plan (CAP) and are also re-surveyed the following year. • Additionally, Provider Relations Account Managers conduct routine and targeted educational meetings with providers reinforcing the expectation that access standards are required to be met. Targeted meetings are conducted with noncompliant providers as well as when a grievance regarding network access is	Addressed

Recommendation for AvDC	AvDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	raised by a member or a department assisting with appointment scheduling. • Providers that continue to demonstrate non-compliance are evaluated for follow-up actions which may include re-education, closure of panel or termination.	
Quality Management 1. The MCO should be mindful of the Aim, Objectives, and Goals, as well as the impact to the members over the life of the FIDE SNP PIP to monitor ongoing progress. 2. The MCO should ensure that the FIDE SNP PIP Methodology and Interventions are clearly defined, easily understandable and aligns with each subsequent section of the PIP.	Throughout the life of the PIP, we have continued to align the Aim, Goals and Objectives. When updating PIPs, we ensure that the interventions in each subsequent section are addressing the barrier identified. We also have continued to discuss outcomes in the respective sections to show both improvement and continued areas of concern. With the use of collaboration and analytics, we continue to demonstrate minor progress towards the projected outcomes.	Addressed
Performance Measures Focusing on the HEDIS quality-related measures which fell below the NCQA national 50th percentile,	To ensure we are continually monitoring measures; we utilize tools and analytics that assist with identifying barriers reported by our members. As we continue to utilize post visit surveys, we can identify barriers to access of care. From these responses, our interventions are based on the needs of the members. These interventions can demonstrate improvement in performance as evidenced by members receiving the needed care in a timely manner, having educational materials to address health disparities, and identifying additional resources to assist with	Addressed

Recommendation for AvDC	AvDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.	meeting needs. We are continuing to monitor and assess quality-related measures to ensure we are improving our rates; although, we had no measures fall below the NCQA national 50th percentile.	
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	We are continuing to utilize the areas of low performance to identify the barriers to care and also to implement additional interventions. By identifying these areas of low performance and implanting appropriate interventions, we are hoping to continue to see improvement in low performing scores. In our reviews, we are continuing to address provider gaps in care. We are also evaluating these gaps to ensure that the appropriate providers are available to our members. An area of continued low performance is bladder control. We are continuing our efforts related to provider and member education to improve this score.	Addressed

[1] **Addressed**: MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2024.

HNJTC – Response to Previous EQR Recommendations

Table 30 displays HNJTC's progress related to the *State of New Jersey DMAHS, Horizon New Jersey TotalCare Annual External Quality Review Technical Report FINAL REPORT: April 2023,* as well as IPRO's assessment of HNJTC's response.

Table 30: HNJTC – Response to Previous EQR Recommendations

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The Plan should continue to address deficiencies in MLTSS Social Day providers	There are limited number of Social Adult Day Care (SADC) providers in New Jersey. Horizon continues to reach out to participating Adult Medical Day Care (AMDC) providers throughout the state encouraging them to expand their business to include SADC. When a provider agrees to partner with Horizon as a SADC provider, the necessary documents are sent to those providers so that the credentialing	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
in Atlantic, Bergen, Camden, Essex, Middlesex, Morris, Salem, Summerset, Union, Burlington, Cape May, Hudson, Hunterdon, Monmouth, and Ocean. 2. The Plan should continue to address appointment availability for Adult PCPs, Specialists, Behavioral Health, and Dental, as well as deficiencies in after-hours compliance.	process can begin. Horizon will continue to outreach to the AMDC network to help expand the MLTSS Social Adult Day Care network. Horizon is focused on educating dental providers, PCPs, specialists and behavioral health providers to improve appointment availability and after-hours access. Offices are still recovering from the COVID pandemic and rebuilding their staff and hours of operation. Horizon continues to establish multifaceted efforts to work with our network providers and bring them into compliance. 1) Horizon provided education to all providers (including dental providers, PCP, specialists and behavioral health providers) on appointment availability and the 24-hour access standards. Articles were posted in the provider newsletter in Q1 2023 regarding the 24-hour access and appointment available access standards. There were articles posted on Navinet and the provider newsletter in June Q2 2023 with specific information on the survey and the standards. Articles will also be posted in Q3 and Q4 of 2023 in the provider newsletter with the survey results for the network. 2) Providers that fail an audit receive education during the audit, such as written notification, and are requested to submit a corrective action plan. They are also subject to re-audit to ensure they are implementing the corrective action plan. In addition, providers that failed the re-audit received additional outreach and education from the Network Specialist team to assist in becoming compliant. This outreach was conducted via telephone. 3) New Provider Orientation was updated in Q1, 2023 to include specific talking points regarding the access standards. 4) Annual Survey review. We reviewed each question in the survey to ensure they are clear to providers. Definitions were also added that will assist the surveyor in obtaining accurate information. We received feedback from providers that fail one or more questions on the appointment availability survey that they are in fact compliant, but when asked during the survey, the question was not clear. The review of the questions was completed to avoid provider misunderstanding going forward. 5) An email blast was sent to participating PCP Providers on 5/31/2023 to educate and remind them of the 24-hour Access standard and call out the requirement for an alternate phone number that must be given if an answering machine is used. This is the trend we see in our survey as the reason why most providers fail. Although providers have a valid answering machine, and call the member back within 45 minutes, they are still considered non-compliant because the answering machine did not also have an alternate phone number	

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
Performance Measures Focusing on the HEDIS quality-related measures which fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.	HNJH continues to monitor HEDIS measure performance on an ongoing basis in our efforts to improve health outcomes for our members. Several member and provider interventions were developed to help improve measure performance and close member care gaps. Barrier and impact analysis is completed annually to help guide future Interventions. HEDIS measure performance is reviewed during the HEDIS Workgroup with a report out to Quality Improvement Committee. In 2023, several initiatives are underway to improve performance for measures that fell below 50th percentile. The initiatives include: − Member education is provided via mailers and member newsletters on annual well visits, immunizations and preventive screenings. − Interactive Voice Recognition (IVR) campaigns are being utilized to educate members on needed screenings and to address barriers. − For providers participating in the Results and Recognition (R&R) program, a clinical quality improvement liaison is assigned to each provider site who shares provider gap reports on a regular basis. Live webinars are held quarterly educating providers on various measures. The R&R program provides several resources to the provider through the Quality Resource Center including billing tip sheets, HEDIS Guidelines, Provider Manual and recorded webinars. Additionally, recorded webinars are posted on the Quality Resource center and are available to all providers.	Addressed
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	The Quality Management Team works very closely with Case Management, Member Experience, Network and Member Services teams to address all CAHPS measures with a targeted focus on measures not meeting the 50th percentile. Providers are educated through multiple channels on CAHPS measures. Access to care is being highlighted in the new provider orientation, monthly webinars and the provider newsletters. In addition each provider newsletter (3 per year) will include CAHPS related articles. March 2023 included a CAHPS Overview, Fast Facts on Patient Experience with links to the Playbook for Patient Engagement, a CAHPS tip sheet and a discussion checklist. Additional articles included Ensuring Patients have Access to Care, which reviewed 24 hour coverage and appointment availability. The June issue included Behavioral Health Patient resources, Care Coordination for Patient Centered Care, 24 hour Access and Appointment Availability Standards, and Member Rights and Responsibilities. The Sept Issue will contain an article on the importance of Annual Wellness Visit for both Adult and Pediatric populations.	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	A CAHPS webinar series are being conducted for providers in 2023. The webinars are offered on a quarterly basis to approximately 985 PCPs and specialists active in the Results and Recognition (R&R) Program and all Value Based providers, which cover approximately 305,600 members. Monthly webinars beginning in Q1 and running through Q4 of 2023 are being conducted with a focus on key CAHPS Topics. The CAHPS webinars are also being recorded and will be placed on the provider resource center for providers to view on demand.	
	Member education is provided through multiple channels. For example, member newsletters included education for members. Issue 1: articles included Scheduling Annual Wellness Visit, Reminder to get the flu vaccine, What to do After an ER visit, and the Horizon Healthy Journey Rewards Program. Issue 2: Articles included Making Mental Health a Priority, and Getting the Right Care at the Right Time. Issue 3 is under development but will include topics on the importance of immunizations and communicating with your doctor.	
	Lastly, the Member Service teams are completing additional training in 2023. Education is being provided to Member Service Agents on call handling requirements for calls related to members receiving bills from providers to help reduce repeat calls, mitigate complaints/escalations, and improve member satisfaction. Member Service Agents are also receiving soft skills training, which is focused on skills that are aimed at positively impacting member satisfaction including, active listening, empathy, de-escalation, and communication.	

[1] **Addressed**: MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2024.

UHCDCO – Response to Previous EQR Recommendations

Table 31 displays UHCDCO's progress related to the *State of New Jersey DMAHS, UnitedHealthcare Dual Complete ONE Annual External Quality Review Technical Report FINAL REPORT: April 2023,* as well as IPRO's assessment of UHCDCO's response.

Table 31: UHCDCO – Response to Previous EQR Recommendations

Recommendation for UHCDCO	UHCDCO Response/Actions Taken	IPRO Assessment of MCO Response[1]
Performance Improvement Projects (PIPs)	Based on IPRO feedback on the August 2021 CCIP PIP submission, the MCO submitted a revised version of the CCIP PIP in August 2022. The MCO ensured that the PIP was well-developed, and all sections (barriers, interventions, intervention tracking measures, performance	Addressed

Recommendation for UHCDCO	UHCDCO Response/Actions Taken	IPRO Assessment of MCO Response[1]
The MCO should review all sections of the PIP to ensure alignment of each section for a well-developed and comprehensive PIP that demonstrates projected outcomes.	indicators, goals, timeline) were aligned. New intervention and new performance indicators were added, and the August 2022 submission of the CCIP PIP was scored 100% by IPRO. Based on IPRO feedback on the August 2021 ER Utilization PIP submission, the MCO improved the PIP by ensuring that all intervention tracking measures were correctly documented in each quarter of the PIP, and corrected intervention start dates. Based on the IPRO feedback on the August 2022 submission of the ER Utilization PIP, the MCO expanded the member outreach program to implement a more robust interventions and demonstrate projected outcomes. The Plan received positive feedback on the April 2023 PIP submission. The Plan submitted the well-developed revised PIP to IPRO in August 2023.	
Access 1. The Plan should continue to address access deficiencies in Dental providers in Ocean County. 2. The Plan should continue to address Hospital access deficiencies in Salem and Cumberland Counties. 3. The Plan should continue to address deficiencies in MLTSS social day providers in Atlantic, Bergen, Burlington, Cape May, Cumberland, Hudson, Hunterdon, Mercer, Morris, Ocean, Passaic,	1. As of June 2023 FIDE SNP GeoAccess reporting, the health plan meets the dental provider deficiency for Ocean county in the measurement of time. Therefore, there is currently no access deficiency in Ocean county for dental providers in Ocean county. 2. As of June 2023 FIDE SNP GeoAccess reporting, there are no deficiencies for hospitals in Cumberland county in both distance and time measurements. There is also no deficiency for Salem county in the measurement of time. Therefore, there is currently no access deficiency in Salem county for hospitals. However, Salem Medical Center has been contracted for FIDE SNP as of 7/1/2023, which would remediate the deficiency in the measurement of distance. 3. As of July 2023, Gloucester, Morris and Union counties currently have two social day providers per county. For Bergen county, a potential provider, Careway Medicaid Adult and Social Day Care Center, confirmed on 8/15/2023 that they only provide medical day care. For Hunterdon county, potential provider The Golden Club and Adult Day Care was outreached to for contracting in June 2023. On 8/16/2023, a message for the director was left as a follow-up. The contracting team will continue to follow-up. For Atlantic, Burlington, Cape May, Cumberland, Hudson, Mercer, Ocean, Passaic, Salem, Sussex, and Warren counties - the reason for the lack of providers in deficient counties is that there are not any additional providers to target for contracting. The State of New Jersey is aware that there are not any licensed Social Day or Adult Family providers in these counties. The State website does not list Social Daycare by counties so we are not able to provide a confirmed list by county. The MLTSS Network Contracting team continues to conduct competitive network analysis to compare potential contracting opportunities with other Social Adult Daycare providers that are contracted with our competitors.	Addressed

Recommendation for UHCDCO	UHCDCO Response/Actions Taken	IPRO Assessment of MCO Response[1]
Salem, Sussex, Union, and Warren Counties. 4. The Plan should continue to address appointment availability for adult PCPs, OB/GYNs, and behavioral health providers, as well as deficiencies in after-hours compliance for Dental providers.	4. UHC Quarterly Appointment Availability reporting demonstrates that there are providers who are available for appointment scheduling within DMAHS requirement timeframes. UHC Member Services team can help to schedule an appointment on behalf of the member, with the provider for specialty being requested, within those timeframes. UHC will work with providers who are identified as deficient in after-hours access. These providers will continue to receive up to 3 letters after each of up to 3 survey calls from third party call vendor, Dial America, which educates the provider on the appointment availability standards for their specialty set forth by DMAHS.	
Quality Management 1. The MCO should ensure that the FIDE SNP PIP's have more than one robust intervention. 2. The MCO should ensure that all data captured should be updated with corresponding discussion points. 3. The MCO should ensure that the timeline aligns with the timeline and reporting	Based on IPRO feedback on the August 2021 submission of the CCIP PIP, the MCO ensured that the project had multiple robust interventions, all captured data was updated with corresponding discussion points, and the timeline of the interventions aligned with the timeline and reporting components of the PIP process. Fully revised and corrected CCIP PIP was submitted to IPRO in August 2022 and the submission was scored 100%. The MCO also ensured that the Emergency Room Utilization PIP has multiple robust interventions. All captured data is updated with corresponding discussion points, and the timeline aligned with the timeline and reporting components of the PIP process. New interventions were added in 2023 to expand member outreach.	Addressed

Recommendation for UHCDCO	UHCDCO Response/Actions Taken	IPRO Assessment of MCO Response[1]
components of the PIP process.		
Credentialing and Recredentialing 1. The MCO should ensure that review of PCP performance indicators is included in the FIDE SNP recredentialing process for both directly credentialed and delegated providers. 2. The MCO should improve its network reporting to accurately reflect provider types and PCP status in reporting.	The MCO continues to review and document the quality metrics, complaints and quality issues for providers during their recredentialing cycle on the recredentialing checklist and ensure that the recredentialing checklists that is used to review and track the PCP performance indicators are included in all the applicable files including the FIDE SNP recredentialing files. Provider types are listed on all recredentialing checklist which includes all applicable PCP recredentialing status as indicated by the recredentialing cycle date.	Addressed
Performance Measures Focusing on the HEDIS quality-related measures which fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their	UHCCP NJ completed a barrier analysis of the low performing measures with key stakeholders including Behavioral Health, Pharmacy, Utilization, and the Provider Advisory Committee. Interventions were designed to improve rates, primarily by increasing service levels, continuing existing programs, and expanding provider education efforts on available resources. The progress of the targeted measures was monitored and reviewed at various committee meetings.	Addressed

Recommendation for UHCDCO	UHCDCO Response/Actions Taken	IPRO Assessment of MCO Response[1]
respective benchmarks for more than one reporting period.		
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	A CAHPS workplan was developed for 2023 and submitted to DMAHS. The Plan focuses on all our members therefore includes both Medicaid and FIDESNP members. The Workplan included interventions for improving the following survey rate that did not meet the 50th percentile: Getting needed care, it included intervention activities that focused both on our members and our providers. This Workplan is monitored on a regular basis and reported quarterly to the Quality Management Committee (QMC). The MCO has a CAHPS Taskforce that also monitors the CAHPS Workplan. Individual subtask forces are being developed to focus on the top complaints that might affect our rates.	Addressed

[1] **Addressed**: MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2024.

WCDL – Response to Previous EQR Recommendations

Table 32 displays WCDL's progress related to the *State of New Jersey DMAHS, WellCare Liberty Annual External Quality Review Technical Report FINAL REPORT: April 2023,* as well as IPRO's assessment of WCDL's response.

Table 32: WCDL – Response to Previous EQR Recommendations

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The Plan should continue to monitor the dental network for Ocean County. Single case agreements should be established to ensure access to dentists where appropriate. 2. The Plan should continue to	1. The Plan has added individual providers and practices to our Ocean County network to cure this deficiency as of August 2022. The end of year geo-access percentage for 2022 for Ocean County was 93.3%. 2. The Recruitment Plan for the aforementioned counties and providers is as follows: Assisted Living: Although the Plan continues to recruit for assisted living providers in Salem County, this is an ongoing deficiency. Currently, Salem County has three facilities. The Plan has attempted to recruit these facilities, but they are not interested in becoming PAR. Friends Village is not a NJ Medicaid approved facility, Lindsay Place only accepts private pay, and Merion Gardens continues to decline a contract offer. The Plan will continue to follow up periodically with available facilities and will continue to use bordering county providers in Cumberland County-New Standard Living at Millville and Spring Oak Assisted Living At Vineland, Gloucester County-Landing of Washington Square, All American Assisted Living at Washington Township, Terraces At	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
recruit for assisted living providers in Salem County and social adult day cares in Cape May, Hunterdon, Salem, Sussex, and Warren Counties. 3. The Plan should address after-hours availability with providers.	Parke Place, Woodbury Mews Senior Living to address needs. The Plan will continue to offer transportation as needed. Social Day Care: This is a true deficiency in Cape May, Hunterdon, Salem, Sussex, and Warren County. WellCare will continue to use providers in bordering counties to address member need. As an Immediate measure, WellCare has identified Senior Centers in the counties that we serve and will use this resource to link members to services as needed. 3. WellCare continues to focus on efforts to improve the After-Hours Availability results. On January 10, 2023, the Network Team received the list of failed providers from the Semi II 2022 survey for outreach and education. The market completed contact to all failed providers on January 22, 2023. After-Hours compliance showed a 13.3% increase from 77.7% in Semi II 2022 to 91.0% in Semi I 2023. The Plan will continue to closely monitor after-hours access and availability.	
Utilization Management The Plan should ensure timely resolution letters are sent for all Provider Appeals.	To ensure the timely sending of resolution letters to all Providers the team has initiated the following real time mitigation plan. a. Monitor the number of cases due by date daily to prioritize processing b. Huddle 3 times daily to review and reconfigure assignments and address barriers to timely processing c. Monitor Medicaid OVT/TAT report daily which provides a snapshot of where the compliance for the team lies in relation to the ideal percentage range enterprise wide. d. Reviewed Table 3 A weekly to monitor for timeliness of letters and compliance with TAT. This report reflects the status of all appeals in the last quarter including Fide SNP. e. Monitor monthly metrics to determine the compliance status of all appeals including acknowledgement letters, determination letters and the compliance in those respective areas f. Hired five (5) new associates to process appeals beginning in March of 2022	Addressed
Performance Measures Focusing on the HEDIS quality-related measures which fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve	The following is the MCO's plan to address HEDIS quality-related goals that fall below the 50th percentile: Planned and Ongoing Interventions: a. Conduct quality focused provider education visits to individual providers/group practices to review coding and claims submission, existing Care Gaps and the importance of closure as well as deliver Provider Toolkits as an ongoing resource. These kits include information on all HEDIS measures, best practices guidelines as well as medical record documentation guidelines. b. These visits will also include the review of a medical record to identify any coding deficiencies then re-educating providers/practice managers. The team will leave a laminated coding sheet for ongoing reference. WellCare also provides a laminated coding sheet with the current codes for the billing staff to ensure claims are processed accurately and timely. c. WellCare's leadership and Quality team monitor visits monthly via QI	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.	metric reports. d. WellCare Preventive Service Outreach (PSO) program makes outbound calls to non-compliant members for various Medicaid measures notifying/educating them of their need for preventive services and assist with setting appointments. In addition, due to the continuous NJ Lead crisis within its water system, the Plan implemented an initiative for lead text messaging to assist with alerting parents/guardians on the importance of testing. Targeted in-person Pediatrics Providers visits which will focus on improving lead screening, well child visits and child and adolescent immunizations administration. NJ QI Performance Improvement Team (PIT) Work Group conducts weekly team meetings to review tracking of projects, rates, progress on measures, programs/initiatives, and possible community outreach by our health educator for focused HEDIS measures. This meeting invitation is extended to cross-functional departments within the organization for collaboration on quality initiatives.	
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	Planned and ongoing interventions: a. WellCare of New Jersey has established a monitoring process (CAHPS Customer Service calls) in which recorded customer services calls are analyzed and training opportunities for Customer Service rep are identified. Goal is to improve the quality of care provided to members during inbound customer service calls. WellCare of New Jersey collects data and identifies opportunities of improvement by reviewing all Surveys including the Provider Satisfaction Survey results to help create actionable interventions. b. The Quality Practice Advisors in coordination with the Provider Relations team make visits to targeted groups/practitioners for education regarding use of the Provider Portal, specialists available in network, as well as Access and Availability standards. The Quality Provider toolkit is an easy-to-understand education resource that they distribute that highlights HEDIS, CAHPS/HOS, Quality standards as well as coordination of care requirements in a nicely packaged, colorful folder for staff to reference. c. The visiting professionals reinforce phone numbers for Customer Service, Care Management and Community Connections with practitioners and staff to strengthen partnership for member care. d. The CAHPS workgroup to meets regularly and on an ad hoc basis to track the status of the Medicaid CAHPS work plan interventions and discuss progress and outcomes.	Addressed

[1] **Addressed**: MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2023.

IX. MCO Strengths. Opportunities for Improvement, and EQR Recommendations

Tables 33–37 highlight each MCO's performance strengths, opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of 2022 EQR activities as they relate to **quality**, **timeliness**, and **access**.

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 33: AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations[1]		
EQR Activity	**Strengths**	**Opportunities for Improvement**
PIPs	Of the two PIPs scored, both PIPs performed at or above the 85% threshold, indicating high performance	No opportunities for improvements identified.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2022, 11 standards received 100% compliance.	Opportunities for improvements were found in Access, Quality Management, and Provider Training and Performance during the 2023 FIDE SNP/MLTSS compliance review.
Performance measures	AAPP reported eight measures/ submeasures at or above the 50th percentile.	Opportunities for improvement were identified for eight measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2022)	Four of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Four of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A1. The MCO should include all Contract language as appropriate in the provider manual regarding emergency services. 2. A4c. The MCO should ensure specialty care access for all members in Cape May County for allergy and immunology providers. **Quality Management** 1. QM2: The MCO should develop a policy for treatment protocols to allow for adjustments based on the enrollee's medical condition, level of functioning, and contributing family and social factors. **Provider Training and Performance** 1. PT1: The MCO should develop a system to track under- and over-utilization of services.	
Performance measures	Focusing on the HEDIS quality-related measures that fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.	

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations[1]	
Quality-of-care surveys – member (CAHPS MY 2022)	The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.

EQR: external quality review: PIP: performance improvement project; QAPI: Quality Assurance and Performance Improvement; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: managed long-term services and supports; CAHPS: Consumer Assessment of Healthcare Providers and Services; MY: measurement year; MCO: managed care organization; NCQA: National Committee for Quality Assurance.

AvDC – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 34: AvDC – Strengths, Opportunities for Improvement, and EQR Recommendations

AvDC – Strengths, Opportunities for Improvement, and EQR Recommendations		
EQR Activity	**Strengths**	**Opportunities for Improvement**
PIPs	No strengths identified.	The MCO should be mindful of the Aim, Objectives, and Goals and ensure the Methodology/Interventions are clearly defined, easily understandable, and aligned with each subsequent section of the PIP.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2023, 12 standards received 100% compliance.	Opportunities for improvements were found in Access, Quality Management, and Utilization Management during the 2023 FIDE SNP/MLTSS compliance review.
Performance measures	AvDC reported six measures/ submeasures at or above the 50th percentile.	Opportunities for improvement were identified for 14 measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2022)	Seven of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	One of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	The MCO should review each section of the PIP to ensure the Aim, Goals, and Objectives are well-defined and align with each subsequent section for a well-developed and comprehensive PIP that demonstrates the projected outcomes.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4d. The MCO should continue to ensure dental access for all members in Burlington and Sussex counties. 2. A7. The MCO should continue to address appointment availability deficiencies for hematology/oncology, behavioral health providers (prescribers and non-prescribers), and other specialists, as well as deficiencies in after-hours compliance. **Quality Management** 1. QM11. The MCO should be mindful of the Aim, Objectives, and Goals, as well as the impact to the members over the life of the FIDE SNP PIP to monitor ongoing progress. 2. QM11. The MCO should ensure that the FIDE SNP PIP Methodology and Interventions are clearly defined, easily understandable, and aligned with each subsequent section of the PIP.	

AvDC – Strengths, Opportunities for Improvement, and EQR Recommendations	
	Utilization Management 1. UM16n.1. The MCO should ensure timeliness for expedited provider appeals for MLTSS members.
Performance measures	Focusing on the HEDIS quality-related measures that fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.
Quality-of-care surveys – member (CAHPS MY 2022)	The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.

EQR: external quality review: PIP: performance improvement project; QAPI: Quality Assurance and Performance Improvement; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: managed long-term services and supports; CAHPS: Consumer Assessment of Healthcare Providers and Services; MY: measurement year; MCO: managed care organization; NCQA: National Committee for Quality Assurance.

HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 35: HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations

HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations		
EQR Activity	**Strengths**	**Opportunities for Improvement**
PIPs	Of the two PIPs scored, both PIPs performed at or above the 85% threshold, indicating high performance.	No opportunities for improvements identified.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2023, 12 standards received 100% compliance.	Opportunities for improvements were found in Access during the 2023 FIDE SNP/MLTSS compliance review.
Performance measures	HNJTC reported eight measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for 14 measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2022)	Seven of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	One of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4c. The MCO should address deficiencies in pediatric specialty providers across multiple counties. 2. A4d. The MCO should address dental deficiencies in Morris and Ocean counties and Pedodontists deficiencies in multiple counties. 3. A7. The MCO should continue to address appointment availability for adult PCPs, specialists, and behavioral health providers, as well as deficiencies in after-hours compliance.	
Performance measures	Focusing on the HEDIS quality-related measures that fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.	

HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations	
Quality-of-care surveys – member (CAHPS MY 2022)	The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.

EQR: external quality review: PIP: performance improvement project; QAPI: Quality Assurance and Performance Improvement; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: managed long-term services and supports; CAHPS: Consumer Assessment of Healthcare Providers and Services; MY: measurement year; MCO: managed care organization; PCP: primary care provider; NCQA: National Committee for Quality Assurance.

UHCDCO – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 36: UHCDCO – Strengths, Opportunities for Improvement, and EQR Recommendations

UHCDCO – Strengths, Opportunities for Improvement, and EQR Recommendations		
EQR Activity	**Strengths**	**Opportunities for Improvement**
PIPs	Of the two PIPs scored, both PIPs performed at or above the 85% threshold, indicating high performance	No opportunities for improvements identified.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2023, 12 standards received 100% compliance.	Opportunities for improvements were found in Access and Quality Management during the 2023 FIDE SNP/MLTSS compliance review.
Performance measures	UHCDCO reported six measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for 16 measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2022)	Six of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Two of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4b. The MCO should continue to address access deficiencies for pediatric PCPs in Atlantic County. 2. A4c. The MCO should continue to address access deficiencies identified for specialty providers for audiology in Cape May County, genetics in Atlantic County, and pediatric specialty providers across multiple counties. 3. A4e. The MCO should continue negotiations with Salem Medical Center for a FIDE SNP agreement. 4. A4f. The MCO should continue to address deficiencies in MLTSS adult medical day care in Cape May County. 5. A7. The MCO should continue to address appointment availability for pediatric PCPs, OB/Gyns, dental, high-volume specialists, and behavioral health providers, as well as deficiencies in after-hours compliance. **Quality Management** 1. QM11. The MCO should ensure the data reflect the specific diagnoses that are being monitored for data collection and indicate why there is opportunity for the member to seek PCP office visits prior to ED utilization as appropriate.	

UHCDCO – Strengths, Opportunities for Improvement, and EQR Recommendations	
Performance measures	Focusing on the HEDIS quality-related measures that fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.
Quality-of-care surveys – member (CAHPS MY 2022)	The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.

EQR: external quality review: PIP: performance improvement project; QAPI: Quality Assurance and Performance Improvement; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: managed long-term services and supports; CAHPS: Consumer Assessment of Healthcare Providers and Services; MY: measurement year; MCO: managed care organization; PCP: primary care provider; ob/gyn: obstetrician/gynecologist; ED: emergency department; NCQA: National Committee for Quality Assurance.

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 37: WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations		
EQR Activity	**Strengths**	**Opportunities for Improvement**
PIPs	Of the two PIPs scored, both PIPs performed at or above the 85% threshold, indicating high performance.	No opportunities for improvements identified.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2023, 12 standards received 100% compliance.	Opportunities for improvements were found in Access and Utilization Management during the 2023 FIDE SNP/MLTSS compliance review.
Performance measures	WCL reported six measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for 14 measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2022)	Four of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Four of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4c. The MCO should address and recruit pediatric specialty providers in deficient specialties and counties. 2. A4e. The MCO should continue to monitor the hospital network for Burlington and Cumberland counties. Per-case agreements should be established to ensure access to acute care hospitals where appropriate. 3. A4f. The MCO should continue to recruit for assisted living providers in Cumberland and Salem counties. 4. A7. The MCO should address after-hours availability with providers. **Utilization Management** 1. UM16m.2. The MCO should ensure that all MLTSS member appeal resolution letters are done in a timely manner per the NJ contract. 2. UM16n.1. The MCO should ensure timely and accurate information provided in resolution letters that are sent for all provider appeals.	

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations	
Performance measures	Focusing on the HEDIS quality-related measures that fell below the NCQA national 50th percentile, the MCO should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.
Quality-of-care surveys – member (CAHPS MY 2022)	The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.

EQR: external quality review: PIP: performance improvement project; QAPI: Quality Assurance and Performance Improvement; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: managed long-term services and supports; CAHPS: Consumer Assessment of Healthcare Providers and Services; MY: measurement year; MCO: managed care organization; NJ: New Jersey; NCQA: National Committee for Quality Assurance.

X. Appendix A: 2023 FIDE SNP-Specific Review Findings

Note: This is a separate document.

XI. Appendix B: 2023 FIDE SNP/MLTSS Annual Assessment Submission Guide

Note: This is a separate document.

Appendix A: 2023 FIDE-SNP–Specific Review Findings

Appendix Table of Contents

Aetna Assure Premier Plus (AAPP)

AAPP: 2023 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Subject to Review[1]	Met[2]	Not Met	N/A	% Met[3]	Deficiency Status		
							Prior	Resolved	New
Access	19	19	17	2	0	89%	2	17	0
Quality Assessment and Performance Improvement	9	9	9	0	0	100%	0	9	0
Quality Management	14	14	13	1	0	93%	1	13	0
Committee Structure	9	9	9	0	0	100%	0	3	0
Programs for the Elderly and Disabled	43	43	43	0	0	100%	0	43	0
Provider Training and Performance	11	11	10	1	0	91%	1	3	0
Enrollee Rights and Responsibilities	10	10	10	0	0	100%	0	1	0
Care Management and Continuity of Care	13	13	13	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	10	0	0	100%	0	10	0
Utilization Management	44	44	43	0	1	100%	0	6	0
Administration and Operations	20	20	20	0	0	100%	0	0	0
Management Information Systems	22	22	22	0	0	100%	0	0	0
TOTAL	**224**	**224**	**219**	**4**	**1**	**98%**	**4**	**105**	**0**

[1] The MCO was subject to a full review in this review period. All elements were subject to review.

[2] Elements that were *Met* in this review period among those that were subject to review.

[3] The compliance score is calculated as the number of *Met* elements over the number of applicable elements. The denominator is number of total elements minus N/A elements. The numerator is the number of *Met* elements.

[4] Four (4) additional CM elements were added in 2022 for FIDE SNP only.

AAPP Performance Measure Validation – FIDE SNP Measures

AAPP reported the CMS required FIDE SNP measures. A status of R indicates that the plan reported this measure and no material bias was found. A status of NA indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. A status of NR indicates that the plan did not report the measure.

Findings

- AAPP reported all the required measures for MY 2022.

• MY 2022 FIDE SNP Performance Measures	Rate	Status
Colorectal Cancer Screening (COL) - Hybrid Measure	36.73%	R
Care for Older Adults (COA) - Hybrid Measure		
Medication Review	99.51%	R
Functional Status Assessment	45.01%	R
Pain Screening	63.50%	R
Advance Care Planning (ACP)[4]	22.84%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	33.33%	R
Pharmacotherapy Management of COPD Exacerbation (PCE)		R
Systemic Corticosteroid	86.27%	R
Bronchodilator	86.27%	R
Controlling High Blood Pressure (CBP) - Hybrid Measure	62.13%	R
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100.00%	R
Osteoporosis Management in Women Who Had a Fracture (OMW)	0.00%	R
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	64.52%	R
Effective Continuation Phase Treatment	61.29%	R
Follow-Up After Hospitalization for Mental Illness (FUH)		
30-Day Follow-Up	53.33%	R
7-Day Follow-Up	33.33%	R
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[1]		
Falls + Tricyclic Antidepressants or Antipsychotics	16.67%	R
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	46.67%	R
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	21.43%	R
Total	29.27%	R
Transitions of Care (TRC) - Hybrid Measure		
Notification of Inpatient Admission	2.92%	R
Medication Reconciliation Post-Discharge	84.91%	R
Patient Engagement After Inpatient Discharge	72.75%	R
Receipt of Discharge Information	2.68%	R
Use of High-Risk Medications in the Elderly (DAE)[1]	9.31%	R
Plan All-Cause Readmissions (PCR)[1,2,3]		
18-64 year olds, Observed-to-expected Ratio	1.88	R
65+ year olds, Observed-to-expected Ratio	0.97	R

[1] This measure is inverted, meaning that lower rates indicate better performance.

[2] PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

[3] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

[4] MY2022 is first year reporting Advance Care Planning (ACP) as measure.

R – Reported Rate

Designation NA: Plan had less than 30 members in the denominator.

AAPP: Performance Improvement Projects

AAPP PIP Topic 1: Improving Access and Availability to Primary Care for the FIDE SNP Population-Proposal

MCO Name: Aetna Assure Premier Plus (HMO DSNP)

PIP Topic 1: Improving Access and Availability to Primary Care for the FIDE SNP Population

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
Element 1 Overall Review Determination	N/A	**M**	**M**		
Element 1 Overall Score	N/A	**100**	**100**	**0**	**0**
Element 1 Weighted Score	N/A	**5.0**	**5.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
Element 2 Overall Review Determination	N/A	**M**	**M**		
Element 2 Overall Score	N/A	100	**100**	0	0
Element 2 Weighted Score	N/A	**5.0**	**5.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		

3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
Element 3 Overall Review Determination	N/A	**M**	**M**		
Element 3 Overall Score	N/A	100	100	0	0
Element 3 Weighted Score	N/A	**15.0**	**15.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
Element 4 Overall Review Determination	N/A	**M**	**M**		
Element 4 Overall Score	N/A	100	100	0	0
Element 4 Weighted Score	N/A	**15.0**	**15.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	M		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	PM		
Element 5 Overall Review Determination	N/A	**PM**	**PM**		
Element 5 Overall Score	N/A	50	50	0	0
Element 5 Weighted Score	N/A	**7.5**	**7.5**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	PM		
Element 6 Overall Review Determination	N/A	**M**	**PM**		
Element 6 Overall Score	N/A	100	50	0	0
Element 6 Weighted Score	N/A	**5.0**	**2.5**	**0.0**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
Element 7 Overall Review Determination	N/A	M	**M**		
Element 7 Overall Score	N/A	**100**	**100**	**0**	**0**
Element 7 Weighted Score	N/A	**20.0**	**20.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
Element 8 Overall Review Determination	N/A	N/A	N/A		
Element 8 Overall Score	N/A	N/A	N/A	**0**	**0**
Element 8 Weighted Score	N/A	N/A	N/A	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated, and addressed	N/A	**N**	N		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	**N/A**	**80**	**80**	**100**	**100**
Actual Weighted Total Score	**N/A**	**72.5**	**70.0**	**0.0**	**0.0**
Overall Rating	**N/A**	**90.6%**	**87.5%**	**0.0%**	**0.0%**

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 15, 2023
Reporting Period: Year 2

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO was MCO is partially compliant regarding element 5d, with corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/

denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports). In Table 1b, the MCO has indicated a number of results as 0% where the denominator is zero. The MCO should update these calculations to N/A. Also, the MCO has a number of N/As listed in table with no corresponding footnotes to explain why the result is N/A. The MCO should ensure all calculations are reflective of the appropriate technical writing conventions for consistency of the data throughout the life of the PIP as well as define a consistent decimal placement determination for accuracy.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals. In Table 1b, ITM #2b, on page 26, Year 1, Quarter 3, the MCO notes that only one member in the targeted PCP groups has a LANE ED visit in 2022. This is not consistent with Table 2, Results on page 33, where the MCO reports 423.1 ED visits per 1000 member months in 2022. The MCO should explain this discrepancy in the next submission. In addition, PIs 2 and 4 both exceeded the goal in 2022, but the goal was not updated accordingly.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at this phase.

Element 9 Overall Review Determination was that healthcare disparities were not addressed in this submission.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 70.0 points, which results in a rating of 87.5% (which is above 85% [≥ 85% being the threshold for meeting compliance]). The results provided in Table 2 suggest significant improvement in both increasing PCP utilization and decreasing LANE ED utilization for targeted PCP practices. This would be the optimal result as this PIP was focused on the target groups. The MCO should include preliminary 2023 results regarding PIs (pg. 33) to provide the most current analysis over time. The MCO has reviewed the PIP data and made updates as appropriate to enhance the trajectory toward the Aim and Goals of the PIP. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes.

AAPP PIP Topic 2: Promote the Effective Management of Hypertension to Improve Care and Health Outcomes

MCO Name: Aetna Assure Premier Plus (HMO D-SNP)

PIP Topic 2: Promote the Effective Management of Hypertension to Improve Care and Health Outcomes

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
Element 1 Overall Review Determination	N/A	**M**	**M**		

Element 1 Overall Score	N/A	**100**	**100**	**0**	**0**
Element 1 Weighted Score	N/A	**5.0**	**5.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
Element 2 Overall Review Determination	N/A	**M**	**M**		
Element 2 Overall Score	N/A	100	100	0	0
Element 2 Weighted Score	N/A	**5.0**	**5.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
Element 3 Overall Review Determination	N/A	**M**	**M**		
Element 3 Overall Score	N/A	100	100	0	0
Element 3 Weighted Score	N/A	**15.0**	**15.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M		

4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
Element 4 Overall Review Determination	N/A	**M**	**M**		
Element 4 Overall Score	N/A	**100**	**100**	0	0
Element 4 Weighted Score	N/A	**15.0**	**15.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	M		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	PM		
Element 5 Overall Review Determination	N/A	**PM**	**PM**		
Element 5 Overall Score	N/A	**50**	**50**	0	0
Element 5 Weighted Score	N/A	**7.5**	**7.5**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	M		
Element 6 Overall Review Determination	N/A	M	**M**		
Element 6 Overall Score	N/A	**100**	**100**	0	0
Element 6 Weighted Score	N/A	**5.0**	**5.0**	**0.0**	**0.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
Element 7 Overall Review Determination	N/A	M	**M**		
Element 7 Overall Score	N/A	**100**	**100**	0	0
Element 7 Weighted Score	N/A	**20.0**	**20.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
Element 8 Overall Review Determination	N/A	N/A	N/A		

Element 8 Overall Score	N/A	N/A	N/A	0	0
Element 8 Weighted Score	N/A	N/A	N/A	0.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes, N=No, N/A= Not Applicable)	**N/A**	**N**	N		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	**N/A**	**80**	**80**	**100**	**100**
Actual Weighted Total Score	**N/A**	**72.5**	**72.5**	**0.0**	**0.0**
Overall Rating	**N/A**	**90.6%**	**90.6%**	**0.0%**	**0.0%**

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 21, 2023
Reporting Period: Year 2

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is partially compliant regarding element 5d, with corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/ denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports). On page 23, for ITM 1a, the denominator for Y2 Q2 is listed as 71, significantly less than previous denominators. The MCO should ensure the denominator is accurate or explain the significant variance from prior quarters. Also on page 23, for ITM 1c, the denominator for Y2 Q1 (62) should be the same as the denominator in ITM 1a, Y2 Q1 (1,134). On pages 23 -24, there are multiple instances of ITM rates of 0/0 equal to 0%. The MCO should update each instance using the appropriate numerical writing convention 0/0=NA. Additionally, there are multiple empty areas without data and/or footnote explanations (for example, ITM 1b, Y1 2022 Q1 and Q2, ITMs 2c, 2d, 3d, and 3e Y1 2022 Q1 and Q2). The MCO should ensure that all data presented are accurate, reliable and in the appropriate numerical writing conventions.

Element 6 Overall Review Determination was that the MCO is compliant.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 2 phase.

Element 9 Overall Review Determination was that healthcare disparities have not been addressed.

Overall, the MCO was partially compliant with this PIP; out of a maximum possible weighted score of 80.0 points the MCO scored 72.5 points, which results in a rating of 90.6% (Which is above 85% [≥ 85% being the threshold for meeting compliance]). The MCO should update the description of the performance indicator on the top of page 14 to reflect that the members' blood pressure must be adequately controlled to be consistent with the HEDIS measure and the numerator description. The MCO implemented updated interventions, including automating the HTN tool and re-

educating Care Managers on completion of the assessment and follow-up activities. The MCO identified an issue with calculating the volume of HTN letters sent to providers and is working to resolve this issue. The MCO demonstrated a significant increase in the PI over baseline, from 48.44% to 62.13%. The MCO has deleted terminated ITMs from Tables 1a and 1b. The MCO should restore ITMs that were deleted back to both tables, gray out the ITMs that have been terminated, and insert the date of termination for consistency of review over the life of the PIP (example on pg. 23, ITM 1ai). The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is demonstrative of the intended impact on performance outcomes.

AAPP PIP Topic 3: New Jersey FIDE SNP Complaints and Grievances
MCO Name: Aetna Assure Premier Plus (HMO D-SNP)
PIP Topic 3: New Jersey FIDE SNP Complaints and Grievances

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	0	0	0	0
Element 1 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	0	0	0	0
Element 2 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	0	0	0	0
Element 5 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	0	0	0	0
Element 6 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	0	0	0	0
Element 7 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	N/A				
Element 8 Overall Score	N/A	0	0	0	0
Element 8 Weighted Score	N/A	0.0	0.0	0.0	0.0
Non-Scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated and addressed. **Y=Yes/N=No**	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A				
Actual Weighted Total Score	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Validation Rating Percent	N/A				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: October 6, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.
Element 1 Overall Review Determination is N/A. Although not scored, the Attestation on page 4 does not include the signature or date for the Director Strategy and Product. The MCO should ensure all applicable staff have signed and dated the Attestation. Regarding element 1e, Supported with MCO member data (e.g., historical data related to disease prevalence), the MCO clearly defined the selected focus on Benefits and Enrollment categories for internally received grievances. It is not clear, however, if all CTMs are being included in the PIP topic or if a subset of certain categories of CTMs are the focus. The MCO should clarify the categories of grievances considered for both internal and external (CTM) complaints.

Element 2 Overall Review Determination is N/A. Although not scored, regarding 2a, Aim specifies Performance Indicators for improvement with corresponding goals, the MCO should consider updating Performance Indicator #2 on page 7 per the guidance below under Element 3.

Element 3 Overall Review Determination is N/A. Although not scored, regarding element 3a, Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria), the MCO should consider updating the Performance Indicator #2 on page 9 from percentages of grievances to number of grievances in each category per 1,000 members. If using percentage of grievances, the denominator period over period will change. This could lead to invalid and inaccurate assessment of improvement or decline in the measure. For example, if balance billing grievances make up 100 out of 200 grievances, the percentage would be 50%. If, in the next period, there were 100 out of 350 grievances, the percentage would be 28.5%. This would suggest false improvement in the indicator, as the actual number of grievances did not decrease over time. The MCO should review and adjust accordingly for consistent data flow and validity over the life of the PIP. In addition, regarding element 3f, If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval, the MCO noted on page 10 that sampling was used. While the MCO is using a subset of grievances by category, it is not technically a representative sample of an entire population. The MCO should clarify in the submission that sampling was not used.

Element 4 Overall Review Determination was N/A. Although not scored, regarding element 4d, QI Process data ("5 Why's", fishbone diagram), the MCO provided two fishbone diagrams on pages 20 and 21 that appear to attempt to distinguish between the CTM and internal grievance processes. It is unclear what actual issues are driving these two avenues of complaints. The MCO should clarify what types of grievances are being addressed for the CTMs and also for internal grievances and attempt to integrate them into one analysis that will apply to the PIP overall.

Element 5 Overall Review Determination was N/A. Although not scored, regarding element 5d, With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports), the MCO did not complete Table 1B: Quarterly Reporting of Rates for Intervention Tracking Measures on page 15. The MCO should ensure that this table is completed with all years, interventions, ITMs, and lines for numerators, denominators, and rates across all quarters of the PIP cycle.

Element 6 Overall Review Determination was N/A. Although not scored, regarding element 6a, Table shows Performance Indicator rates, numerators and denominators, with corresponding goals, the MCO did not complete Table 2: Results on page 17. The MCO should populate the Performance Indicator, Baseline Period year, numerator, denominator, and rate, and Final Goal/Long Term Goal for each PI.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination was N/A. Although not scored, the MCO does not plan to address healthcare disparities.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. Although not scored, the MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

Amerivantage Dual Coordination (AvDC)

AvDC: 2023 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review[1]	Met[2]	Not Met	N/A	% Met[3]	Deficiency Status		
								Prior	Resolved	New
Access	19	17	12	17	2	0	89%	1	1	1
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	13	9	13	1	0	93%	1	0	0
Committee Structure	9	9	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	10	43	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	11	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	10	0	0	100%	0	0	0
Care Management and Continuity of Care	13	11	6	13	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	10	0	0	100%	0	0	0
Utilization Management	44	44	12	43	1	0	98%	0	0	1
Administration and Operations	20	20	3	20	0	0	100%	0	0	0
Management Information Systems	22	22	6	22	0	0	100%	0	0	0
TOTAL	**224**	**219**	**82**	**220**	**4**	**0**	**98%**	**2**	**1**	**2**

[1] The MCO was subject to a partial review in the previous review period.

[2] Elements that were *Met* or deemed *Met* in this review period among those that were subject to review.

[3] The compliance score is calculated as the number of *Met* elements over the number of applicable elements. The denominator is number of total elements minus N/A elements. The numerator is the number of *Met* elements.

[4] Four (4) additional CM elements were added in 2022 for FIDE SNP only.

AvDC Performance Measure Validation – FIDE SNP Measures

AvDC reported the CMS required FIDE SNP measures. A status of R indicates that the plan reported this measure and no material bias was found. A status of NA indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. A status of NR indicates that the plan did not report the measure.

Findings

- AvDC reported the required measures for HEDIS MY 2022.

MY 2022 FIDE SNP Performance Measures	Rate[5]	Status
Colorectal Cancer Screening (COL) - Hybrid Measure	52.62%	R
Care for Older Adults (COA) - Hybrid Measure		
Medication Review	92.46%	R
Functional Status Assessment	59.66%	R
Pain Screening	90.02%	R
Advance Care Planning (ACP)[4]	27.18%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	27.95%	R
Pharmacotherapy Management of COPD Exacerbation (PCE)		
Systemic Corticosteroid	68.56%	R
Bronchodilator	89.30%	R
Controlling High Blood Pressure (CBP) - Hybrid Measure	50.16%	R
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	96.00%	R
Osteoporosis Management in Women Who Had a Fracture (OMW)	28.00%	R
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	86.53%	R
Effective Continuation Phase Treatment	80.06%	R
Follow-Up After Hospitalization for Mental Illness (FUH)		
30-Day Follow-Up	55.62%	R
7-Day Follow-Up	32.28%	R
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[1]		
Falls + Tricyclic Antidepressants or Antipsychotics	38.81%	R
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	54.45%	R
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	21.98%	R
Total	44.52%	R
Transitions of Care (TRC) - Hybrid Measure		
Notification of Inpatient Admission	10.71%	R
Medication Reconciliation Post-Discharge	47.69%	R
Patient Engagement After Inpatient Discharge	77.13%	R
Receipt of Discharge Information	6.57%	R
Use of High-Risk Medications in the Elderly (DAE)[1]	26.66%	R
Plan All-Cause Readmissions (PCR)[1,2,3]		
18-64 year olds, Observed-to-expected Ratio	1.22	R
65+ year olds, Observed-to-expected Ratio	1.10	R

[1] This measure is inverted, meaning that lower rates indicate better performance.

[2] PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

[3] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

[4] MY2022 is first year reporting Advance Care Planning (ACP) as measure.

[5] Administrative measures for Amerigroup are calculated by combining the IDSS files with SubIDs 8854 and 14390. For the PCR measure,

SubID 8854 is used as this is a risk adjusted measure.

R – Reported Rate
Designation NA: Plan had less than 30 members in the denominator.

AvDC Performance Improvement Projects

AvDC PIP Topic 1: Increasing Access for Members with High Emergency Room Utilization through the Promotion of Telehealth

MCO Name: Amerivantage Dual Coordination (AvDC)

PIP Topic 1: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	PM	PM	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	PM	PM	M	
Element 1 Overall Review Determination	**N/A**	**PM**	**PM**	**M**	
Element 1 Overall Score	**N/A**	**50**	**50**	**100**	**0**
Element 1 Weighted Score	**N/A**	**2.5**	**2.5**	**5.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	PM	M	PM	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	PM	PM	
2c. Objectives align aim and goals with interventions	N/A	PM	M	M	
Element 2 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 2 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 2 Weighted Score	**N/A**	**2.5**	**2.5**	**2.5**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	PM	PM	PM	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	PM	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	

3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	N/A	N/A	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 3 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 3 Weighted Score	**N/A**	**7.5**	**7.5**	**7.5**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 4 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 4 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	PM	M	PM	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	PM	PM	
Element 5 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 5 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 5 Weighted Score	**N/A**	**7.5**	**7.5**	**7.5**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	PM	PM	PM	
Element 6 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 6 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 6 Weighted Score	**N/A**	**2.5**	**2.5**	**2.5**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	PM	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	PM	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	PM	M	NM	
7d. Lessons learned & follow-up activities planned as a result	N/A	PM	M	M	
Element 7 Overall Review Determination	**N/A**	**PM**	**M**	**NM**	
Element 7 Overall Score	**N/A**	**50**	**100**	**0**	**0**
Element 7 Weighted Score	**N/A**	**10.0**	**20.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	**N/A**	**N/A**	**N/A**	**M**	
Element 8 Overall Score	**N/A**	**N/A**	**N/A**	**100**	**0**
Element 8 Weighted Score	**N/A**	**N/A**	**N/A**	**20.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated, and addressed (**Y**=Yes **N**=No)	**N/A**	**N**	**N**	**N**	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	**N/A**	**80**	**80**	**100**	**100**
Actual Weighted Total Score	**N/A**	**47.5**	**57.5**	**60.0**	**0.0**
Overall Rating	**N/A**	**59.4%**	**71.9%**	**60.0%**	**0.0%**

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviews: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 15, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is partially compliant regarding element 2a, Aim specifies Performance Indicators for improvement with corresponding goals. The goals indicated in the aim statement on page 8 are not consistent with those listed in the goals table below. Regarding element 2b, Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark, how the goals in the goal table were determined for PIs 2 and 3 (120%) is unclear.
Element 3 Overall Review Determination was that the MCO is partially compliant regarding element 3a, Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria). As noted last year, PI2

and 3 appear to address very similar measures. The MCO should consider another measure of access, for example, total PCP visits or PCPs with telehealth visits available. Also, regarding element 3d, Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined, the MCO noted that a select number of provider groups were targeted for this PIP. However, those groups were not identified. The MCO should further clarify the population of providers for which members were included.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is partially compliant regarding element 5c, New or enhanced, starting after baseline year. The MCO noted a number of barriers relating to interventions but did not enhance or modify interventions over the life of the PIP To address these. In addition, regarding Robust Interventions 5d, a concern was identified with interventions and associated aspects, including how Intervention Tracking Measures (ITMs) were described in Table 1b. On page 14, ITM calculations exhibit inconsistent decimal rounding writing conventions. The MCO should standardize numerical writing conventions for accuracy and consistency across tables over the life of the PIP. Decimal placement might exhibit one or two places consistently promoting confidence in the accuracy of the data.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals. For PI 1 baseline on page 16, the MCO notes a numerator and denominator of zero, with a rate of 79.7%. Also, the rates for Y1 and Y2 are 8% and 10% respectively, which are inconsistent with the level of the baseline rate. In addition, the PI descriptions in Table 2 should accurately reflect the measure and be consistent with the PI descriptions in the Methodology on pages 9-10. The MCO should express the measures as a percentage, not as numbers. Last, as stated in Element 5, the MCO should standardize numerical writing conventions for accuracy and consistency across tables over the life of the PIP. Decimal placement might exhibit one or two places consistently promoting confidence in the accuracy of the data. Also, the MCO did not include preliminary 2023 results data to complete the analysis.

Element 7 Overall Review Determination was that the MCO is not compliant regarding element 7c, Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity. The MCO did not address any threats to validity of the findings. The MCO should address these and specifically state if none were identified. In addition, regarding element 7d, Lessons learned & follow-up activities planned as a result, the MCO identified lessons learned, but did not include new follow-up activities planned as a result.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were not addressed.

Overall, the MCO is partially compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 60.0 points, which results in a rating of 60.0% (which is below 85% [≥ 85% being the threshold for meeting compliance]). The MCO did not address many of the recommendations based on the last review of this PIP in this submission for example, on page 3, the attestations are signed although they remain with a 12/15/2021 as in the previous two submissions. The MCO should ensure the FIDE SNP MCO name is correct, Amerivantage FIDE SNP New Jersey. The MCO should address all the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes.

AvDC PIP Topic 2: Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes

MCO Name: Amerivantage Dual Coordination (AvDC)

PIP Topic: Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	PM	PM	PM	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 1 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 1 Weighted Score	**N/A**	**2.5**	**2.5**	**2.5**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	PM	M	M	
Element 2 Overall Review Determination	**N/A**	**PM**	**M**	**M**	
Element 2 Overall Score	**N/A**	**50**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**2.5**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	PM	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	PM	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling	N/A	N/A	M	M	

technique specifies estimated/true frequency, margin of error, and confidence interval.				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	PM	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	PM	M	M	
Element 3 Overall Review Determination	**N/A**	**PM**	M	**PM**	
Element 3 Overall Score	**N/A**	**50**	**100**	**50**	**0**
Element 3 Weighted Score	**N/A**	**7.5**	**15.0**	**7.5**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	**PM**	PM	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**PM**	**PM**	**M**	
Element 4 Overall Score	**N/A**	**50**	**50**	**100**	**0**
Element 4 Weighted Score	**N/A**	**7.5**	**7.5**	**15.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	PM	M	
Element 5 Overall Review Determination	**N/A**	PM	**PM**	**M**	
Element 5 Overall Score	**N/A**	**50**	**50**	**100**	**0**
Element 5 Weighted Score	**N/A**	**7.5**	**7.5**	**15.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	PM	PM	PM	
Element 6 Overall Review Determination	**N/A**	**PM**	**PM**	**PM**	
Element 6 Overall Score	**N/A**	**50**	**50**	**50**	**0**
Element 6 Weighted Score	**N/A**	**2.5**	**2.5**	**2.5**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	PM	PM	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	PM	
7d. Lessons learned & follow-up activities planned as a result	N/A	PM	M	M	
Element 7 Overall Review Determination	N/A	PM	PM	PM	
Element 7 Overall Score	N/A	50	50	50	0
Element 7 Weighted Score	N/A	10.0	10.0	10.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	N/A	N/A	N/A	M	
Element 8 Overall Score	N/A	N/A	N/A	100	0
Element 8 Weighted Score	N/A	N/A	N/A	20.0	0.0
Non-Scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed (Y=Yes N=No)	N	N	N	N	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	80	80	100	100
Actual Weighted Total Score	N/A	40.0	50.0	77.5	0.0
Overall Rating	N/A	50.0%	62.5%	77.5%	0.0%

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 21, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is partially compliant regarding, 1a. Attestation signed & Project Identifiers Completed. As noted previously in the past two reporting periods, on page 3, the CEO printed name, signature, and date are not present The dates for the other two signatures are noted as 9/25/2020. The MCO should provide the appropriate signatures and dates for the MY of the report in order to ensure accuracy of the information presented.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is partially compliant regarding element 3e., Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]. The MCO notes on page 7

under Methodology, that administrative claims data are being used. However, the MCO appears to be gathering hybrid data through medical record review as noted under the Data Collection heading. The MCO should clarify this discrepancy. In addition, the Sampling section of the Methodology was not included in the submission. The MCO should ensure that Sampling is updated and restore the template to its original form, (particularly if they are using hybrid data). The MCO should clearly designate the numerical writing convention for the use of decimals in the Methodology section. On pg. 12, there are multiple examples of calculations, such as whole number percentages, equations with two decimal placements, as well as zero percentage that could exhibit a numerical percentage or miscalculation. The MCO should review all calculations and update as appropriate for clarity and consistency over the life of the PIP.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is compliant.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators and denominators, with corresponding goals. The MCO did not include preliminary data for 2023 in the Results table on page 14. In addition, for PI1, rates significantly exceeded the initial goal, but the goal was not updated accordingly.

Element 7 Overall Review Determination was that the MCO is the MCO is partially compliant regarding element 7c, Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity. The MCO did not address factors which may threaten internal or external validity of the findings. If there were none, this should be explicitly stated.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were not addressed.

Overall, the MCO was partially compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 77.5 points, which results in a rating of 77.5% (which is at below 85% [≥ 85% being the threshold for meeting compliance]). The MCO should address all the above concerns with clarifications or adjustments for a sufficiently developed PIP that is demonstrative of the intended impact on performance outcomes.

AvDC PIP Topic 3: Transportation Grievances

MCO Name: Amerivantage Dual Coordination (AvDC)

PIP Topic 3: Transportation Grievances

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 1 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 2 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	**0**	**0**	**0**	**0**

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 7 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	**0**	**0**	**0**	**0**
Element 8 Weighted Score	**N/A**	**0.0**	**0.0**	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. **Y=Yes/N=No**	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: October 6, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A. Although not scored, the MCO should combine pages 1 and 2 to make a complete Title page. The MCO plan name should reflect the FIDE SNP product (Amerivantage AvDC). On page 4, Attestations, the names, dates, and signatures for Director of Quality, CEO, IS Director (as applicable), and the Medical Director are not complete. The MCO should ensure that all names, signatures, and dates are present prior to submission. The MCO should consider updating the title of the PIP "Transportation" to better reflect the PIP topic. Additionally, the MCO should expand its discussion on high-volume/high-risk conditions addressed, as well as current MCO research supporting the PIP topic, including the absolute numbers of late pickups and no-shows that are seen in the baseline year that contribute to the percentages noted. Last, the MCO should further describe the arrangement with the transportation vendor(s), indicate if only one vendor is contracted for services, and provide information on the current processes to address how standards are met.

Element 2 Overall Review Determination is N/A. Although not scored, regarding element 2a. Aim specifies Performance Indicators for improvement with corresponding goals, the MCO should update the Aim statement "…decrease the rate of transportation late pick-ups to less than 15% per month and decrease the rate of no shows to less than 0.5%

monthly…" to include the baseline rate from which the MCO seeks to decrease the performance rate. The MCO should ensure the reader fully understands the Aim Statement and its corresponding goals.
Element 3 Overall Review Determination is N/A.

Element 4 Overall Review Determination is N/A. Although not scored, the MCO should review and expand the Fishbone Diagram to include the MCO barriers. The barrier analysis of only two barriers is insufficient for comprehensive evaluation as there can be additional barriers not addressed. The MCO should review for additional barriers including the reasons for no-shows and/or late picks, and member feedback.

Element 5 Overall Review Determination is N/A. Although not scored, the MCO should consider collaboration with the transportation vendor, developing a mitigation plan which includes member and vendor feedback to satisfy all involved parties. The MCO should consider adding interventions/ITMs related to MCO efforts that could assist the transportation provider in meeting service standards.

Element 6 Overall Review Determination is N/A.

Element 7 Overall Review Determination is N/A.

Element 8 Overall Review Determination is N/A.

Element 9 Overall Review Determination was N/A. Although not scored, healthcare disparities have not been addressed.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. Although not scored, the MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

AvDC PIP Topic 4: Osteoporosis Screening in Women with Documented Fracture
MCO Name: Amerivantage Dual Coordination (AvDC)

PIP Topic 4: Osteoporosis Screening in Women with Documented Fracture

New Jersey MCO PIP Scoring Report **Member Grievances (Clinical)** **Proposal Year[1]**	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	0	0	0	0
Element 1 Weighted Score	N/A	0.0	0.0	0.0	0.0

New Jersey MCO PIP Scoring Report **Member Grievances (Clinical)** **Proposal Year**[1]	**IPRO 2023 Scoring** **M=Met PM=Partially Met NM=Not Met**				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 2 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				

New Jersey MCO PIP Scoring Report Member Grievances (Clinical) Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 7 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**

New Jersey MCO PIP Scoring Report Member Grievances (Clinical) Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	**0**	**0**	**0**	**0**
Element 8 Weighted Score	**N/A**	**0.0**	**0.0**	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: October 3, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A. Although not scored, the MCO should ensure that MCO name is correct in full and the appropriate names, signatures, and dates are provided in the Attestation on page 4. The MCO's Medical Director signature is missing, as well as the Quality Director and CEO's name, signatures, and dates. The MCO does not sufficiently describe how osteoporosis is a high-risk and/or high-volume condition. The MCO should discuss the very small denominator for the baseline period as part of this discussion. The MCO should expand on current research that supports the relevance of the topic, including guidelines and standards that address the use of BMD and osteoporosis medication as preventive measures that may prevent fractures.

Element 2 Overall Review Determination is N/A. Although not scored, the Aim Statement on page 6 should be consistent with the HEDIS OMW measure, "…increase the percentage of women 67-85 who suffered a fracture and have either had a Bone Density Measurement (BMD) or prescription to treat for osteoporosis in the six months after the fracture." Also,

the goal rate in the Aim Statement itself should be consistent with the Goals table on page 7. The MCO identifies potential barriers that may prevent female members from completing bone density testing post fracture, however the MCO does not provide the necessary data documentation to support the potential barriers identified. For example, on page 6, the MCO identifies transportation, accessibility, medication adherence challenges educational gaps, and lack of coordination of care although there is no data included to support that these potential barriers are indeed driving the low rates of bone density testing. The MCO should further research these potential barriers to align with the interventions in Table 1b.

Element 3 Overall Review Determination is N/A. Although not scored, the performance indicator on page 8 appears to be intended to be the HEDIS OMW measure. As such, the MCO should define it accurately as percentage of women 67-85 who suffered a fracture and have either had a BMD or prescription to treat for osteoporosis in the six months after the fracture. The MCO should accurately describe the eligible population as women members with documented fracture. The numerator should be described as the number of women who have had a BMD or prescription to treat for osteoporosis in the six months after the fracture. The denominator should be accurately listed as the number of women ages 67-85 with a documented fracture. In addition, the MCO notes on page 9 that sampling is to be used. However, the data source is listed as medical records and administrative data, and the data collection process includes abstraction from medical records. This suggests hybrid data collection which requires sampling. If the MCO is using hybrid data collection, sampling methodology, size, and justification should be addressed on page 9.

Element 4 Overall Review Determination is N/A. Although not scored, the barrier analysis is limited and does not seem to be supported by data provided in the submission. The MCO should review the Fishbone Diagram on page 18 for further drill down on barriers identified on pages 10 and 11 to understand baseline impact of each barrier. The MCO should also update the right-hand results box on the Fishbone Diagram to read "Lack of appropriate testing/treatment after fracture".

Element 5 Overall Review Determination is N/A. Although not scored, the interventions on pages 10 and 11 are not well-developed. The MCO should describe how appropriate members will be identified, who will do the transportation outreach and assistance, what type of collaboration with providers will be conducted, what information will members receive regarding BMD osteoporosis and how will they receive it, and who will assist with scheduling BMDs? Last, the MCO should include an intervention relative to osteoporosis medication prescribing and adherence.

Element 6 Overall Review Determination is N/A. Although not scored, the MCO should provide the long-term goals rate(s) in Table 6 on page 15 for complete information.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination is N/A. Although not scored, the MCO does not plan to identify, evaluate, or address healthcare disparities in this PIP.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. Although not scored, the MCO should combine pages 1 and 2 to make a complete Title page for the PIP and use the appropriate name for the FIDE SNP product (Amerivantage Dual Coordination) within the submission. The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

Horizon NJ TotalCare (HNJTC)

HNJTC: 2023 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review[1]	Met[2]	Not Met	N/A	% Met[3]	Deficiency Status		
								Prior	Resolved	New
Access	19	17	12	16	3	0	84%	1	1	2
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	9	14	0	0	100%	0	0	0
Committee Structure	9	9	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	10	43	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	11	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	10	0	0	100%	0	0	0
Care Management and Continuity of Care[4]	13	11	6	13	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	10	0	0	100%	0	0	0
Utilization Management	44	42	13	42	0	2	100%	0	0	0
Administration and Operations	20	20	3	20	0	0	100%	0	0	0
Management Information Systems	22	22	6	22	0	0	100%	0	0	0
TOTAL	**224**	**218**	**83**	**219**	**3**	**2**	**99%**	**1**	**1**	**2**

[1] The MCO was subject to a partial review in the previous review period.

[2] Elements that were *Met* or deemed *Met* in this review period among those that were subject to review.

[3] The compliance score is calculated as the number of *Met* elements over the number of applicable elements. The denominator is number of total elements minus N/A elements. The numerator is the number of *Met* elements.

[4] Four (4) additional CM elements were added in 2022 for FIDE SNP only.

HNJTC Performance Measure Validation – FIDE SNP Measures

HNJTC reported the CMS required FIDE SNP measures. A status of R indicates that the plan reported this measure and no material bias was found. A status of NA indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. A status of NR indicates that the plan did not report the measure. A status of NQ indicates that the plan was not required to report the measure.

Findings

- HNJTC reported the required measures for HEDIS MY 2022.

MY 2022 FIDE SNP Performance Measures	Rate	Status
Colorectal Cancer Screening (COL) - Hybrid Measure	60.58%	R
Care for Older Adults (COA) - Hybrid Measure		
Medication Review	81.48%	R
Functional Status Assessment	89.67%	R
Pain Screening	94.81%	R
Advance Care Planning (ACP)[4]	90.32%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	31.65%	R
Pharmacotherapy Management of COPD Exacerbation (PCE)		
Systemic Corticosteroid	73.37%	R
Bronchodilator	91.02%	R
Controlling High Blood Pressure (CBP) - Hybrid Measure	76.67%	R
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	91.49%	R
Osteoporosis Management in Women Who Had a Fracture (OMW)	10.20%	R
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	74.89%	R
Effective Continuation Phase Treatment	61.54%	R
Follow-Up After Hospitalization for Mental Illness (FUH)		
30-Day Follow-Up	54.46%	R
7-Day Follow-Up	34.82%	R
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[1]		
Falls + Tricyclic Antidepressants or Antipsychotics	45.23%	R
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	53.81%	R
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	14.86%	R
Total	43.36%	R
Transitions of Care (TRC) - Hybrid Measure		
Notification of Inpatient Admission	11.44%	R
Medication Reconciliation Post-Discharge	77.86%	R
Patient Engagement After Inpatient Discharge	92.46%	R
Receipt of Discharge Information	13.38%	R
Use of High-Risk Medications in the Elderly (DAE)[1]	25.94%	R
Plan All-Cause Readmissions (PCR)[1,2,3]		
18-64 year olds, Observed-to-expected Ratio	1.11	R
65+ year olds, Observed-to-expected Ratio	1.41	R

[1] This measure is inverted, meaning that lower rates indicate better performance

[2] PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate

[3] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability)

[4] MY2022 is first year reporting Advance Care Planning (ACP) as measure.

R – Reported Rate
Designation NA: Plan had less than 30 members in the denominator

HNJTC Performance Improvement Projects

HNJTC PIP Topic 1: Increasing PCP Access and Availability for Members with High Ed Utilization – Horizon NJ Total Care (FIDE SNP Membership)

MCO Name: Horizon NJ TotalCare (HNJTC)

PIP Topic 1: Increasing PCP Access and Availability for Members with high ED utilization -Horizon NJ TotalCare (FIDE SNP) Membership

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	M	M	**M**	
Element 1 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 1 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	**N/A**	M	M	**M**	
Element 2 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	

3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M	N/A	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	PM	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**PM**	**M**	**M**	
Element 3 Overall Score	**N/A**	**50**	**100**	**100**	**0**
Element 3 Weighted Score	**N/A**	**7.5**	**15.0**	**15.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 4 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 4 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM	M	
Element 5 Overall Review Determination	**N/A**	**M**	**PM**	**M**	
Element 5 Overall Score	**N/A**	**100**	**50**	**100**	**0**
Element 5 Weighted Score	**N/A**	**15.0**	**7.5**	**15.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M	PM	
Element 6 Overall Review Determination	**N/A**	**M**	**M**	**PM**	

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 6 Overall Score	N/A	100	100	50	0
Element 6 Weighted Score	N/A	5.0	5.0	2.5	0.0
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	
Element 7 Overall Review Determination	N/A	M	M	**M**	
Element 7 Overall Score	N/A	100	100	100	0
Element 7 Weighted Score	N/A	20.0	20.0	20.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	N/A	N/A	N/A	**M**	
Element 8 Overall Score	N/A	N/A	N/A	100	0
Element 8 Weighted Score	N/A	N/A	N/A	20.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed (Y-Yes, N- No)	N/A	N	N	N	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	80	80	100	100
Actual Weighted Total Score	N/A	72.5	72.5	97.5	0.0
Overall Rating	N/A	90.6%	90.6%	97.5%	0.0%

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: October 6, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination is that the MCO is compliant.

Element 2 Overall Review Determination is that the MCO is compliant.

Element 3 Overall Review Determination is that the MCO is compliant.

Element 4 Overall Review Determination is that the MCO is compliant.

Element 5 Overall Review Determination is that the MCO is compliant.

Element 6: Overall Review Determination is the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals. On pages 25-29, Results, Table 2, although the MCO exhibits overall progress toward the goals in 3 of the 4 PIs and can make assumptions regarding reaching sustainable results, without at least preliminary data for the Sustainability Year Q1, Q2 and /or both for the PIs, it is difficult to understand if the results are sustainable. Because this is the sustainability year, the MCO should have included preliminary 2023 results in Table 2 on page 25.

Element 7 Overall Review Determination is that the MCO is compliant.

Element 8 Overall Review Determination is that the MCO is compliant.

Element 9 Overall Review Determination is that healthcare disparities are not addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 97.5points, which results in a rating of 97.5% (which is above 85% [≥ 85% being the threshold for meeting compliance]). PI 1 (PCP utilization for all members), 2 (ED utilization), and 3 (PCP utilization for members with ED visit) showed some improvement year over year. PI 4 (PCP telehealth or urgent care utilization for members with ED visit) improved significantly from baseline, suggesting that interventions related to ED utilizers have been effective. The MCO did note the limitations of the relatively small denominator for the PIP. The MCO provided a good discussion of threats to external validity of findings. The MCO also provided a comprehensive discussion of Lessons Learned. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes in the August 2024 Report Submission.

MCO Name: Horizon NJ TotalCare (HNJTC)

PIP Topic 2: Horizon NJ TotalCare (FIDE SNP) Diabetes Management

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 1 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 1 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 2 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling	N/A	M	M	M	

technique specifies estimated/true frequency, margin of error, and confidence interval.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 3 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 3 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 4 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 4 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	M	PM	
Element 5 Overall Review Determination	**N/A**	**PM**	**M**	**PM**	
Element 5 Overall Score	**N/A**	**50**	**100**	**50**	**0**
Element 5 Weighted Score	**N/A**	**7.5**	**15.0**	**7.5**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	M	PM	
Element 6 Overall Review Determination	**N/A**	**M**	**M**	**PM**	
Element 6 Overall Score	**N/A**	**100**	**100**	**50**	**0**
Element 6 Weighted Score	**N/A**	**5.0**	**5.0**	**2.5**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	
Element 7 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 7 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 7 Weighted Score	**N/A**	**20.0**	**20.0**	**20.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	**N/A**	**N/A**	**N/A**	**M**	
Element 8 Overall Score	**N/A**	**N/A**	**N/A**	**100**	**0**
Element 8 Weighted Score	**N/A**	**N/A**	**N/A**	**20.0**	**0.0**
Non-Scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated and addressed (**Y**=Yes **N**=No)	N	N	N	N	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	**N/A**	**80**	**80**	**100**	**100**
Actual Weighted Total Score	**N/A**	**72.5**	**80.0**	**90.0**	**0.0**
Overall Rating	**N/A**	**90.6%**	**100.0%**	**90.0%**	**0%**

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 21, 2023
Report Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is partially compliant regarding element 5d, With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/ denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports). The MCO did not include ITM data for 2023 in Table 1b on pages 25 - 28.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators and denominators, with corresponding goals. The MCO did not include preliminary results for the sustainability year, 2023. The MCO should ensure that all available data are reported, although preliminary, at each reporting period. Also, for PI 3, which came very close to goal in 2022, the MCO should consider updating the goal based on positive results.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were not addressed.

Overall, the MCO is compliant with this PIP for the reporting requirement; out of a maximum possible weighted score of 100.0 points, the MCO scored 90.0 points, which results in a rating of 90.0% (which is above 85% [≥ 85% being the threshold for meeting compliance]). The MCO included six comprehensive HEDIS CDC PIs in this PIP. Four of the PI rates improved over the PIP period. One remained stable and the other declined slightly. This suggests a positive impact of the interventions on the PI rates. The MCO should combine pages 1 and 2 together into 1 page for the Title page of the PIP. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes.

HNJTC PIP Topic 3: FIDE SNP PIP - Complaints and Grievances
MCO Name: Horizon NJ TotalCare (HNJTC)

PIP Topic 3: FIDE SNP PIP - Complaints and Grievances

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	0	0	0	0
Element 1 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	0	0	0	0
Element 2 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	0	0	0	0
Element 3 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 7 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	**0**	**0**	**0**	**0**
Element 8 Weighted Score	**N/A**	**0.0**	**0.0**	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) Reviewed: October 6, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination was N/A.

Element 2 Overall Review Determination was N/A.

Element 3 Overall Review Determination was N/A. Although not scored, regarding element 3a, Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria), the MCO should consider updating Performance Indicators #1, 2, and 3 on pages 11 and 12 from percentages of grievances to number of grievances in each category per 1,000 members. If using percentage of grievances, the denominator period over period will change. This could lead to invalid and inaccurate assessment of improvement or decline in the measure. For example, if balance billing grievances make up 100 out of 200 grievances, the percentage would be 50%. If, in the next period, there were 100 out of 350 grievances, the percentage would be 28.5%. This would suggest false improvement in the indicator, as the actual number of grievances did not decrease over time. The MCO should review and adjust accordingly for consistent data flow and validity over the life of the PIP.

Element 4 Overall Review Determination was N/A.

Element 5 Overall Review Determination was N/A.

Element 6 Overall Review Determination was N/A.

Element 7 Overall Review Determination was N/A

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination was N/A. Although not scored, healthcare disparities have not been addressed.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. The MCO should combine pages 1 and 2 together to make 1 complete Title page. The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

HNJTC PIP Topic 4: Diabetes Management
MCO Name: Horizon NJ TotalCare (HNJTC)

PIP Topic 4: Diabetes Management

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	0	0	0	0
Element 1 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	0	0	0	0
Element 2 Weighted Score	N/A	0.0	0.0	0.0	0.0

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	0	0	0	0
Element 5 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	0	0	0	0
Element 6 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	0	0	0	0
Element 7 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	0	0	0	0
Element 8 Weighted Score	**N/A**	0.0	0.0	0.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org**)**
Date (report submission) reviewed: October 3, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A. Although not scored, the MCO provided detailed information regarding the Project Topic, Rationale, and how this project addresses member needs, care and services. The MCO described the importance of the topic to its membership and provided research and data to support the MCO's Objectives, Aim, and Goals, as well as the corresponding Interventions and ITMs.

Element 2 Overall Review Determination is N/A.

Element 3 Overall Review Determination is N/A.

Element 4 Overall Review Determination is N/A. Although not scored, the Fishbone Diagram on page 33 is primarily member-focused. However, provider barriers are should be addressed. The MCO should consider adding providers (both PCPs and appropriate specialists) to the barrier analysis, as they are critical to ensuring optimal care. The MCO also completed the Driver Diagram on page 34, which included primary drivers for reducing barriers.

Element 5 Overall Review Determination is N/A. Although not scored, on Table 1b, pages 23 -25, there are instances of multiple Interventions/ITMs currently labeled as 2a1 and 2a2, etc. For clarity, the MCO should rename these to 2a, 2b, etc. In addition, the MCO should ensure there are rows of numerator/denominator/rate for each sub-ITM.

Element 6 Overall Review Determination was N/A.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination was N/A. Although not scored, healthcare disparities have not been addressed.

The submission of this PIP Proposal was not scored. Therefore, the rating of the PIP for determination of overall compliance was N/A. Although not scored, the MCO should combine pages 1 an 2 to make a complete Title page for the

PIP. The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

UnitedHealthcare Dual Complete One (UHCDCO)

UHCDCO: 2023 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review[1]	Met[2]	Not Met	N/A	% Met[3]	Deficiency Status		
								Prior	Resolved	New
Access	19	15	12	14	5	0	74%	3	1	2
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	13	9	13	1	0	93%	1	0	0
Committee Structure	9	9	9	14	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	3	9	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	11	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	10	0	0	100%	0	0	0
Care Management and Continuity of Care	13	11	6	13	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	10	0	0	100%	0	1	0
Utilization Management	44	41	14	42	0	2	100%	0	0	0
Administration and Operations	20	20	3	20	0	0	100%	0	0	0
Management Information Systems	22	22	6	22	0	0	100%	0	0	0
TOTAL	**224**	**213**	**83**	**187**	**6**	**1**	**97%**	**4**	**2**	**2**

[1] The MCO was subject to a partial review in the previous review period.

[2] Elements that were *Met* or deemed *Met* in this review period among those that were subject to review.

[3] The compliance score is calculated as the number of *Met* elements over the number of applicable elements. The denominator is number of total elements minus N/A elements. The numerator is the number of *Met* elements.

[4] Four (4) additional CM elements were added in 2022 for FIDE SNP only.

UHCDCO Performance Measure Validation – FIDE SNP Measures

UHCDCO reported the CMS required FIDE SNP measures. A status of R indicates that the plan reported this measure and no material bias was found. A status of NA indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. A status of NR indicates that the plan did not report the measure.

Findings

- UHCDCO reported the required measures for HEDIS MY 2022.

MY 2022 FIDE SNP Performance Measures	Rate	Status
Colorectal Cancer Screening (COL) - Hybrid Measure	71.55%	R
Care for Older Adults (COA) - Hybrid Measure		
Medication Review	87.35%	R
Functional Status Assessment	78.10%	R
Pain Screening	87.83%	R
Advance Care Planning (ACP)[4]	63.62%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	39.56%	R
Pharmacotherapy Management of COPD Exacerbation (PCE)		
Systemic Corticosteroid	70.97%	R
Bronchodilator	88.02%	R
Controlling High Blood Pressure (CBP) - Hybrid Measure	60.75%	R
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	87.76%	R
Osteoporosis Management in Women Who Had a Fracture (OMW)	48.53%	R
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	74.58%	R
Effective Continuation Phase Treatment	59.98%	R
Follow-Up After Hospitalization for Mental Illness (FUH)		
30-Day Follow-Up	52.34%	R
7-Day Follow-Up	34.04%	R
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[1]		
Falls + Tricyclic Antidepressants or Antipsychotics	40.97%	R
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	55.98%	R
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	18.58%	R
Total	44.70%	R
Transitions of Care (TRC) - Hybrid Measure		
Notification of Inpatient Admission	7.30%	R
Medication Reconciliation Post-Discharge	51.34%	R
Patient Engagement After Inpatient Discharge	81.51%	R
Receipt of Discharge Information	4.62%	R
Use of High-Risk Medications in the Elderly (DAE)[1]	28.96%	R
Plan All-Cause Readmissions (PCR)[1,2,3]		
18-64 year olds, Observed-to-expected Ratio	1.42	R
65+ year olds, Observed-to-expected Ratio	1.26	R

[1] This measure is inverted, meaning that lower rates indicate better performance

[2] PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate

[3] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability)

[4] MY2022 is first year reporting Advance Care Planning (ACP) as measure.

R – Reported Rate
Designation NA: Plan had less than 30 members in the denominator

UHCDCO Performance Improvement Projects

UHCDCO PIP Topic 1: Decrease Emergency Room Utilization (FIDE SNP) for Low Acuity Primary Care Conditions and Improving Access to Primary Care for Adult DSNP Members.

MCO Name: UnitedHealthcare Dual Complete ONE (UHCDCO)
PIP Topic 1: Decrease Emergency Room Utilization (FIDE SNP) for Low Acuity Primary Care Conditions and Improving Access to Primary Care for Adult DSNP Members.

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 1 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 1 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 2 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	PM	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	

3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	N/A	N/A	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	PM	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**PM**	**PM**	**M**	
Element 3 Overall Score	**N/A**	**50**	**50**	**100**	**0**
Element 3 Weighted Score	**N/A**	**7.5**	**7.5**	**15.0**	**0.0**

Element 4. Barrier Analysis (15% weight)
Items 4a-4f located in PIP Report Section 5, Table 1a.

Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:

4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	PM	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**PM**	**M**	**M**	
Element 4 Overall Score	**N/A**	**50**	**100**	**100**	**0**
Element 4 Weighted Score	**N/A**	**7.5**	**15.0**	**15.0**	**0.0**

Element 5. Robust Interventions (15% weight)
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.

5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM	M	
Element 5 Overall Review Determination	**N/A**	**M**	**PM**	**M**	
Element 5 Overall Score	**N/A**	**100**	**50**	**100**	**0**
Element 5 Weighted Score	**N/A**	**15.0**	**7.5**	**15.0**	**0.0**

Element 6. Results Table (5% weight)
Item 6a located in PIP Report Section 6, Table 2.

6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M	PM	
Element 6 Overall Review Determination	**N/A**	**M**	**M**	**PM**	

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 6 Overall Score	N/A	100	100	50	0
Element 6 Weighted Score	N/A	5.0	5.0	2.5	0.0
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	
Element 7 Overall Review Determination	N/A	M	M	M	
Element 7 Overall Score	N/A	100	100	100	0
Element 7 Weighted Score	N/A	20.0	20.0	20.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	N/A	N/A	N/A	M	
Element 8 Overall Score	N/A	N/A	N/A	100	0
Element 8 Weighted Score	N/A	N/A	N/A	20.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated, and addressed (**Y**=Yes **N**=No)	N	N	N	N	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	80	80	100	100
Actual Weighted Total Score	N/A	65.0	65.0	97.5	0.0
Overall Rating	N/A	81.3%	81.3%	97.5%	0.0%

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 13, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is compliant.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals. The MCO did not include preliminary results for PIs 2023, on Table 2, Results on page 64-65. In addition, the MCO should consider aggregating results for the three practices, as well as providing individual practice results to assess the overall effectiveness of the PIP interventions for the targeted providers. The MCO should review and update for the August 2024 August Submission.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination that healthcare disparities were not identified, evaluated, and addressed.

Overall, the MCO is compliant with this PIP for the reporting requirement; out of a maximum possible weighted score of 100 points, the MCO scored 97.5 points, which results in a rating of 97.5%% (which is above 85% [≥ 85% being the threshold for meeting compliance]). The MCO expanded the PIP to include ED utilization for any diagnosis to increase the eligible population for the performance indicators. Two of the three targeted practices demonstrated significant improvement (exceeding the goal rate) in ED utilization. However, the goals for this indicator were not updated. The MCO should consider updating the ED utilization goal for these two practices to reflect the improvement over time. PCP utilization for all three practices remained very high (over 92%), but essentially unchanged from baseline rates. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes in the August 2024 Report Submission.

UHCDCO PIP Topic 2: Promoting Adherence to Renin Angiotensin (RAS) Antagonists Hypertensive Medications

MCO Name: UnitedHealthcare Dual Complete One (UHCDCO)

PIP Topic 2: Promoting Adherence to Renin Angiotensin (RAS) Antagonists Hypertensive Medications

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	PM	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	N/A	PM	M	M	
Element 1 Overall Score	N/A	50	100	100	0
Element 1 Weighted Score	N/A	2.5	5.0	5.0	0.0

Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	N/A	**M**	**M**	**M**	
Element 2 Overall Score	N/A	**100**	**100**	**100**	**0**
Element 2 Weighted Score	N/A	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	M	M	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	PM	M	M	
Element 3 Overall Review Determination	N/A	**PM**	**M**	**M**	
Element 3 Overall Score	N/A	**50**	**100**	**100**	**0**
Element 3 Weighted Score	N/A	**7.5**	**15.0**	**15.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	PM	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	

Element 4 Overall Review Determination	N/A	**PM**	**M**	**M**	
Element 4 Overall Score	N/A	**50**	**100**	**100**	**0**
Element 4 Weighted Score	N/A	**7.5**	**15.0**	**15.0**	**0.0**

Element 5. Robust Interventions (15% weight)
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.

5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	PM	M	M	
5c. New or enhanced, starting after baseline year	N/A	PM	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	M	M	
Element 5 Overall Review Determination	N/A	**PM**	**M**	**M**	
Element 5 Overall Score	N/A	**50**	**100**	**100**	**0**
Element 5 Weighted Score	N/A	**7.5**	**15.0**	**15.0**	**0.0**

Element 6. Results Table (5% weight)
Item 6a located in PIP Report Section 6, Table 2.

6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M	PM	
Element 6 Overall Review Determination	N/A	**M**	**M**	**PM**	
Element 6 Overall Score	N/A	**100**	**100**	**50**	**0**
Element 6 Weighted Score	N/A	**5.0**	**5.0**	**2.5**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight)
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.

7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	PM	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	PM	M	M	
Element 7 Overall Review Determination	N/A	**PM**	**M**	**M**	
Element 7 Overall Score	N/A	**50**	**100**	**100**	**0**
Element 7 Weighted Score	N/A	**10.0**	**20.0**	**20.0**	**0.0**

Element 8. Sustainability (20% weight)
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned).
Item 8b located in the PIP Report Section 6, Table 2.

8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	N/A	**N/A**	**N/A**	**M**	
Element 8 Overall Score	N/A	**N/A**	**N/A**	**100**	**0**
Element 8 Weighted Score	N/A	**N/A**	**N/A**	**20.0**	**0.0**

Non-Scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed (**Y**=Yes **N**=No)	N/A	N	N	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	80	80	100	100
Actual Weighted Total Score	N/A	45.0	80.0	97.5	0.0
Overall Rating	N/A	56.3%	100.0%	97.5%	0.0%

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 21, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is compliant.

Element 6 Overall Review Determination was that the MCO is partially compliant regarding element 6a, Results Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals. In Table 6.1 Results on page 37, the MCO did not include preliminary data for 2023. The MCO should include all data, although preliminary, in the PIP submission. Also, on page 38, the MCO demonstrated that it exceeded its long-term goal for PI3, however the goal was not updated to reflect this. The MCO should consider PI results and update the goal as appropriate.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were identified, evaluated, and addressed through identification of PI performance at the county level.

Overall, the MCO is compliant with this PIP for Year 3 reporting requirement; out of a maximum possible weighted score of 100.0 points, the MCO scored 97.5 points, which results in a rating of 97.5% (which is above 85% [≥ 85% being the threshold for meeting compliance]). The MCO demonstrated statistically significant improvement in PI 2 and PI 3. PI 1 showed improvement from baseline to Year 1 and from baseline to Year 2. The MCO should continue interventions through the remainder of the PIP to approach long term goals. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is demonstrative of the intended impact on performance outcomes.

UHCDCO PIP Topic 3: Reducing Member Grievances for FIDE SNP Members
MCO Name: UnitedHealthcare Dual Complete One (UHCDCO)
PIP Topic 3: Reducing Member Grievances for FIDE SNP Members

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 1 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 2 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 7 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	**0**	**0**	**0**	**0**
Element 8 Weighted Score	**N/A**	**0.0**	**0.0**	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: October 6, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A.

Element 2 Overall Review Determination is N/A. Although not scored, the MCO identified noted eight (8) subcategories of member service grievances, and decided to focus on the top three subcategories (Advocate Interaction, call time, hold time, and transfers, and IVR/phone system), which accounted for 509 or 556 member service grievances. The MCO defined one Performance Indicator related to grievances related to dissatisfaction with member services. The MCO may want to consider expanding the Performance Indicators to track each of the three subcategories on which they are focusing.

Element 3 Overall Review Determination is N/A. Although not scored, regarding element 3a, Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria), the MCO defined the denominator as all member grievances in the measurement period. The MCO should consider updating the Performance Indicator #2 on page 9 from percentages of grievances to number of grievances in each category per 1,000 members. If using percentage of grievances, the denominator period over period will change. This could lead to invalid and inaccurate assessment of improvement or decline in the measure. For example, if balance billing grievances make up 100 out of 200 grievances, the percentage would be 50%. If, in the next period, there were 100 out of 350 grievances, the percentage would be 28.5%. This would suggest false improvement in the indicator, as the actual number of grievances did not decrease over time. The MCO should review and adjust accordingly for consistent data flow and validity over the life of the PIP.

Element 4 Overall Review Determination is N/A. Although not scored, regarding element 4d, QI Process data ("5 Why's", fishbone diagram), the MCO should expand the Fishbone Diagram to capture additional barriers related to the subcategories identified such as Advocate Interaction, complaint about call time, hold time and transfers, and IVR/phone system.

Element 5 Overall Review Determination is N/A. Although not scored, regarding element 5b, Actions that target member, provider and MCO, the MCO outlines the grievance process in the narrative, however the specific education they will be providing to member-facing staff accepting the grievance calls was not described. The MCO should fully detail the education processes and provide a sample of the education materials. The MCO should also address how they will ensure that the call service staff maintain standard call scripts, time, appropriate phone transfers for the top three concerns in this area.

Element 6 Overall Review Determination is N/A.

Element 7 Overall Review Determination is N/A. .

Element 8 Overall Review Determination is N/A.

Element 9 Overall Review Determination is N/A. Although not scored, healthcare disparities have not been addressed.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. Although not scored, the MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

UHCDCO PIP Topic 4: Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications

MCO Name: UnitedHealthcare Dual Complete One (UHCDCO)

PIP Topic 4: Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 1 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 2 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	0	0	0	0
Element 7 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	N/A				
Element 8 Overall Score	N/A	0	0	0	0
Element 8 Weighted Score	N/A	0.0	0.0	0.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A				
Actual Weighted Total Score	N/A				
Validation Rating Percent	N/A				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)

Date (report submission) reviewed: October 3, 2023

Reporting Period: Proposal Findings

IPRO Comments:

Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A.

Element 2 Overall Review Determination is N/A. Although not scored, regarding element 2a, Aim specifies Performance Indicators for improvement with corresponding goals, the MCO indicated why 2022 data were used for the baseline for the proposal submission, though the MCO is planning to use 2023 data for the baseline data for 2023 once the data are available. In this situation, the MCO should reflect the baseline utilized (2022) in the baseline rate column header of the Goals table on page 10 until the 2023 data are available. The MCO should also note the changes made on the Change Table of the August 2024 Report submission.

Element 3 Overall Review Determination is N/A.

Element 4 Overall Review Determination is N/A. Although not scored, the MCO developed a comprehensive fishbone diagram with relevant barriers on page 27. The MCO could consider adding the prescribing provider barrier of being unaware of nonadherence of members to medication prescribed.

Element 5 Overall Review Determination is N/A.
Element 6 Overall Review Determination is N/A. Although not scored, the MCO should reflect the baseline utilized (2022) in the column header of Table 2 on page 23, until 2023 data are available.

Element 7 Overall Review Determination was N/A. Discussion and validity of reported improvement is not evaluated at the proposal phase.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the proposal phase.

Element 9 Overall Review Determination is N/A. Although not scored, the MCO has identified, evaluated, and will address geographic healthcare disparities in this PIP.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

WellCare Dual Liberty (WCDL)

WCDL: 2023 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review[1]	Met[2]	Not Met	N/A	% Met[3]	Deficiency Status		
								Prior	Resolved	New
Access	19	16	12	15	4	0	79%	2	1	2
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	9	14	0	0	100%	0	0	0
Committee Structure	9	9	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	42	10	43	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	11	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	10	0	0	100%	0	0	0
Care Management and Continuity of Care	13	11	6	13	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	10	0	0	100%	0	0	0
Utilization Management	44	41	13	42	2	0	95%	1	0	1
Administration and Operations	20	20	3	20	0	0	100%	0	0	0
Management Information Systems	22	22	6	22	0	0	100%	0	0	0
TOTAL	**224**	**215**	**83**	**218**	**6**	**0**	**98%**	**3**	**1**	**3**

[1] The MCO was subject to a partial review in the previous review period.

[2] Elements that were *Met* or deemed *Met* in this review period among those that were subject to review.

[3] The compliance score is calculated as the number of *Met* elements over the number of applicable elements. The denominator is number of total elements minus N/A elements. The numerator is the number of *Met* elements.

[4] Four (4) additional CM elements were added in 2022 for FIDE SNP only.

WCDL Performance Measure Validation – FIDE SNP Measures

WCDL reported the CMS required FIDE SNP measures. A status of R indicates that the plan reported this measure and no material bias was found. A status of NA indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. A status of NR indicates that the plan did not report the measure. A status of NQ indicates that the plan was not required to report the measure.

Findings

- WCDL reported the required measures for HEDIS MY 2022.

MY 2022 FIDE SNP Performance Measures	Rate	Status
Colorectal Cancer Screening (COL) - Hybrid Measure	54.74%	R
Care for Older Adults (COA) - Hybrid Measure		
Medication Review	89.05%	R
Functional Status Assessment	56.45%	R
Pain Screening	91.24%	R
Advance Care Planning (ACP)[4]	35.39%	R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	48.11%	R
Pharmacotherapy Management of COPD Exacerbation (PCE)		
Systemic Corticosteroid	70.21%	R
Bronchodilator	93.62%	R
Controlling High Blood Pressure (CBP) - Hybrid Measure	70.56%	R
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100.00%	R
Osteoporosis Management in Women Who Had a Fracture (OMW)	17.65%	R
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	86.46%	R
Effective Continuation Phase Treatment	81.77%	R
Follow-Up After Hospitalization for Mental Illness (FUH)		
30-Day Follow-Up	36.05%	R
7-Day Follow-Up	20.93%	R
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[1]		
Falls + Tricyclic Antidepressants or Antipsychotics	46.39%	R
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	54.74%	R
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	23.68%	R
Total	48.25%	R
Transitions of Care (TRC) - Hybrid Measure		
Notification of Inpatient Admission	14.11%	R
Medication Reconciliation Post-Discharge	43.80%	R
Patient Engagement After Inpatient Discharge	81.27%	R
Receipt of Discharge Information	5.35%	R
Use of High-Risk Medications in the Elderly (DAE)[1]	27.74%	R
Plan All-Cause Readmissions (PCR)[1,2,3]		
18-64 year olds, Observed-to-expected Ratio	0.95	R
65+ year olds, Observed-to-expected Ratio	0.77	R

[1] This measure is inverted, meaning that lower rates indicate better performance

[2] PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate

[3] This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability)
[4] MY2022 is first year reporting Advance Care Planning (ACP) as measure.

[5]WellCare Health Plans of New Jersey, Inc. began doing business as Fidelis Care effective 8/1/2023

R – Reported Rate

Designation NA: Plan had less than 30 members in the denominator

WCDL Performance Improvement Projects

WCDL PIP Topic 1: FIDE SNP Primary Care Physician Access and Availability

MCO Name: WellCare Dual Liberty (WCDL)

PIP Topic 1: FIDE-SNP Primary Care Physician Access and Availability

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 1 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 1 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 2 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	

3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	PM	M	M	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**PM**	**M**	**M**	
Element 3 Overall Score	**N/A**	**50**	**100**	**100**	**0**
Element 3 Weighted Score	**N/A**	**7.5**	**15.0**	**15.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	
Element 4 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 4 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 4 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM	PM	
Element 5 Overall Review Determination	**N/A**	**M**	**PM**	**PM**	
Element 5 Overall Score	**N/A**	**100**	**50**	**50**	**0**
Element 5 Weighted Score	**N/A**	**15.0**	**7.5**	**7.5**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	M	M	
Element 6 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 6 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 6 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**

Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	
Element 7 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 7 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 7 Weighted Score	**N/A**	**20.0**	**20.0**	**20.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	**N/A**	**N/A**	**N/A**	**M**	
Element 8 Overall Score	**N/A**	**N/A**	**N/A**	**100**	**0**
Element 8 Weighted Score	**N/A**	**N/A**	**N/A**	**20.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated, and addressed (**Y**=Yes **N**=No)	**N**	**N**	**N**	**N**	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	**N/A**	**80**	**80**	**100**	**100**
Actual Weighted Total Score	**N/A**	**72.5**	**72.5**	**92.5**	**0.0**
Overall Rating	**N/A**	**90.6%**	**90.6%**	**92.5%**	**0.0%**

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: September 15, 2023
Reporting Period: Year 3

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.
Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is partially compliant regarding 5d, Robust interventions, with corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports). On pages 25-26, Table 1b, Quarterly Reporting of Rates for Intervention Tracking Measures, ITM #1ci does not align with the Barrier numerator on page 19. For example, on pg. 19 the Barrier numerator for ITM1ci states "The portion of providers who…" whereas the ITM#1ci states "Number of ER or Urgent Care providers in the denominator…" which is confusing. The MCO should clearly define population in each tracking measure such as PCP, primary care provider, ER providers and or Urgent Care provider for clarity and consistency of the data presented and in alignment between tables. The MCO should review and update the Barrier Analysis and Table 1b for alignment between tables for the August 2024 Report Submission.

Element 6 Overall Review Determination was that the MCO is compliant.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were not addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 92.5 points, which results in a rating of 92.5% (which is above 85% [≥ 85% being the threshold for meeting compliance]). The MCO continued to gather data on reasons for ED utilization and based on the findings, implemented further provider education on appointment availability. The MCO demonstrated sustained improvement over baseline for the first three PIs. ED utilization (PI4) may see a decline in Y3 when final results are available. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP that is ultimately demonstrative of the intended impact on performance outcomes.

WCDL PIP Topic 2: Promote Effective Management of Diabetes in the FIDE SNP Population
MCO Name: WellCare Dual Liberty (WCDL)

PIP Topic 2: Promote Effective Management of Diabetes in the FIDE SNP Population

PIP Components and Subcomponents	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M	M	
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	
Element 1 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 1 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 1 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**

Element 2. Aim (5% weight)					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	
2c. Objectives align aim and goals with interventions	N/A	M	M	M	
Element 2 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 2 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 2 Weighted Score	**N/A**	**5.0**	**5.0**	**5.0**	**0.0**
Element 3. Methodology (15% weight)					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	
3b. Performance indicators are measured consistently over time	N/A	M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M	M	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	
Element 3 Overall Review Determination	**N/A**	**M**	**M**	**M**	
Element 3 Overall Score	**N/A**	**100**	**100**	**100**	**0**
Element 3 Weighted Score	**N/A**	**15.0**	**15.0**	**15.0**	**0.0**
Element 4. Barrier Analysis (15% weight)					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	PM	M	M	
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	
4f. Literature review	N/A	M	M	M	

	N/A	PM/M	M	M	
Element 4 Overall Review Determination	N/A	PM	M	M	
Element 4 Overall Score	N/A	50	100	100	0
Element 4 Weighted Score	N/A	7.5	15.0	15.0	0.0

Element 5. Robust Interventions (15% weight)
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.

5a. Informed by barrier analysis	N/A	M	M	M	
5b. Actions that target member, provider and MCO	N/A	M	M	M	
5c. New or enhanced, starting after baseline year	N/A	M	M	M	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM	M	
Element 5 Overall Review Determination	N/A	M	PM	M	
Element 5 Overall Score	N/A	100	50	100	0
Element 5 Weighted Score	N/A	15.0	7.5	15.0	0.0

Element 6. Results Table (5% weight)
Item 6a located in PIP Report Section 6, Table 2.

6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	M	M	
Element 6 Overall Review Determination	N/A	M	M	M	
Element 6 Overall Score	N/A	100	100	100	0
Element 6 Weighted Score	N/A	5.0	5.0	5.0	0.0

Element 7. Discussion and Validity of Reported Improvement (20% weight)
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.

7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	
Element 7 Overall Review Determination	N/A	M	M	M	
Element 7 Overall Score	N/A	100	100	100	0
Element 7 Weighted Score	N/A	20.0	20.0	20.0	0.0

Element 8. Sustainability (20% weight)
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.

8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	
Element 8 Overall Review Determination	N/A	N/A	N/A	M	
Element 8 Overall Score	N/A	N/A	N/A	100	0
Element 8 Weighted Score	N/A	N/A	N/A	20.0	0.0

Non-Scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed (**Y**=Yes **N**=No)	N	N	N	N	

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	80	80	100	100
Actual Weighted Total Score	N/A	72.5	72.5	100.0	0.0
Overall Rating	N/A	90.6%	90.6%	100.0%	0.0%

≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: September 22, 2022
Reporting Period: Year 2

IPRO Comments:
Element 1 Overall Review Determination was that the MCO is compliant.

Element 2 Overall Review Determination was that the MCO is compliant.

Element 3 Overall Review Determination was that the MCO is compliant.

Element 4 Overall Review Determination was that the MCO is compliant.

Element 5 Overall Review Determination was that the MCO is compliant.

Element 6 Overall Review Determination was that the MCO is compliant.

Element 7 Overall Review Determination was that the MCO is compliant.

Element 8 Overall Review Determination was that the MCO is compliant.

Element 9 Overall Review Determination was that healthcare disparities were not addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 100 points, which results in a rating of 100% (which is at least or above 85% [≥ 85% being the threshold for meeting compliance]). The MCO demonstrated significant improvement in PI rates over the life of the PIP. The MCO included 2023 preliminary rates, which are also trending high. The MCO noted the positive impact of its interventions on moving rates toward the long-term goal. The MCO should continue to monitor interventions to ensure effectiveness and meeting the MCO's long-term Goals.

WCDL PIP Topic 3: FIDE SNP Complaints and Grievances
MCO Name: WellCare Dual Liberty (WCDL)
PIP Topic 3: FIDE SNP Complaints and Grievances

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 1 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 2 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 3 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 4 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 5 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 6 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	**0**	**0**	**0**	**0**
Element 7 Weighted Score	N/A	**0.0**	**0.0**	**0.0**	**0.0**
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	**N/A**				
Element 8 Overall Score	**N/A**	**0**	**0**	**0**	**0**
Element 8 Weighted Score	**N/A**	**0.0**	**0.0**	**0.0**	**0.0**
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**				
Actual Weighted Total Score	**N/A**				
Validation Rating Percent	**N/A**				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Lois Heffernan (lheffernan@ipro.org), Donna Reinholdt (dreinholdt@ipro.org)
Date (report submission) reviewed: December 13, 2023
Reporting Period: Proposal Findings

IPRO Comments:

Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score is not assigned for the PIP proposal.

Element 1 Overall Review Determination was N/A.

Element 2 Overall Review Determination was N/A. Although not scored, the Aim Statement should be consistent with the actual performance indicator, the number of grievances per 1,000 members (as opposed to simply a reduction in member balance billing grievances).

Element 3 Overall Review Determination was N/A.

Element 4 Overall Review Determination was N/A.

Element 5 Overall Review Determination was N/A.

Element 6 Overall Review Determination was N/A.

Element 7 Overall Review Determination was N/A. Discussion of Validity and Reported Improvement is not evaluated at the Proposal phase.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Proposal phase.

Element 9 Overall Review Determination: Although not scored, the MCO has not planned to identify, evaluate, and address healthcare disparities in this PIP.

For this submission, this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. Although not scored, the MCO should address the issue above with revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.

WCDL PIP Topic 4: Promote Medication Adherence in Members with Type 2 Diabetes and Diabetes Related Specific Comorbidities in the FIDE SNP Population

MCO Name: WellCare Dual Liberty (WCDL)

PIP Topic 4: Promote Medication Adherence in Members with Type 2 Diabetes and Diabetes Related Specific Comorbidities in the FIDE SNP Population

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 1. Topic/ Rationale (5% weight) Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
Element 1 Overall Review Determination	N/A				
Element 1 Overall Score	N/A	0	0	0	0
Element 1 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 2. Aim (5% weight) Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
Element 2 Overall Review Determination	N/A				
Element 2 Overall Score	N/A	0	0	0	0
Element 2 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 3. Methodology (15% weight) Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
Element 3 Overall Review Determination	N/A				
Element 3 Overall Score	N/A	0	0	0	0
Element 3 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 4. Barrier Analysis (15% weight) Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
Element 4 Overall Review Determination	N/A				
Element 4 Overall Score	N/A	0	0	0	0
Element 4 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 5. Robust Interventions (15% weight) Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
Element 5 Overall Review Determination	N/A				
Element 5 Overall Score	N/A	0	0	0	0
Element 5 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 6. Results Table (5% weight) Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
Element 6 Overall Review Determination	N/A				
Element 6 Overall Score	N/A	0	0	0	0
Element 6 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 7. Discussion and Validity of Reported Improvement (20% weight) Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				

PIP Components and Subcomponents Proposal Year[1]	IPRO 2023 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Element 7 Overall Review Determination	N/A				
Element 7 Overall Score	N/A	0	0	0	0
Element 7 Weighted Score	N/A	0.0	0.0	0.0	0.0
Element 8. Sustainability (20% weight) Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A				
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A				
Element 8 Overall Review Determination	N/A				
Element 8 Overall Score	N/A	0	0	0	0
Element 8 Weighted Score	N/A	0.0	0.0	0.0	0.0
Non-Scored Element: **Element 9. Healthcare Disparities**					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A				

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A				
Actual Weighted Total Score	N/A				
Validation Rating Percent	N/A				

[1]MCOs are at the proposal stage for this PIP and will be scored in MY 1.

IPRO Reviewers: Donna Reinholdt (dreinholdt@ipro.org); Lois Heffernan (lheffernan@ipro.org)
Date (report submission) reviewed: October 3, 2023
Reporting Period: Proposal Findings

IPRO Comments:
Elements 1 through 8 were not scored for the Overall Review Determination, as a numerical score was not assigned for this PIP proposal.

Element 1 Overall Review Determination is N/A.

Element 2 Overall Review Determination is N/A.

Element 3 Overall Review Determination is N/A. Although not scored, for element 3a,. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria), the MCO should further define the indicator, numerator, and denominator for each PI. It is unclear how the members who need the three medication types are identified for the denominators and whether only members with diabetes are included for the RASA and statins measures. Regarding element 3f, If sampling was used, the MCO identified a representative sample, utilizing statistically

sound methodology to limit bias, the MCO indicated on page 10 that the entire population was not being targeted. Under Sampling , however, the MCO documented N/A. The MCO should clarify the methodology is for the eligible population being monitored.

Element 4 Overall Review Determination is N/A. The MCO should review the fishbone diagram on page 28 and reflect all member, MCO, and provider barriers applicable to lack of medication adherence. Also, the right hand results box in the fishbone diagram should indicate lack of medication adherence.

Element 5 Overall Review Determination was N/A.

Element 6 Overall Review Determination was N/A. Although not scored, for PI #2 in the Results table on page 24, 2,076/2,307 is not 89.97%.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination was N/A. Although not scored, healthcare disparities have not been addressed.

The submission of this PIP Proposal was not scored. Therefore, the rating for the PIP for overall compliance was N/A. The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP proposal that demonstrates the intended impact on performance indicators.