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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, 2024–December 31, 2024
(2024–2025 Review Cycle)

Table of Contents

List of Tables

List of Figures

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 NJ. 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 BBA.

The current review was undertaken by IPRO, the 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 CFR § 438* et seq. and with State contractual requirements.

Five FIDE SNPs, namely Aetna Assure Premier Plus (AAPP), Horizon NJ TotalCare (HNJTC), UHC Dual Complete NJ-Y001 (UHCDC), WellCare Dual Liberty (WCDL),and Wellpoint Full Dual Advantage (WPFDA) participated in the FIDE SNP Program in 2024. No MCOs were exempt from EQR in Calendar Year (CY) 2024. The total FIDE SNP enrollment in AAPP, HNJTC, UHCDC, WCDL and WPFDA as of 12/20/2024 was 86,083 members which is a decrease from 88,264 FIDE SNP members in 12/01/2023. *NOTE: UnitedHealthcare Dual Complete ONE began doing business as UHC Dual Complete NJ-Y001 in 2024. For the purposes of this report, this MCO will be designated as UHCDC. Additionally, Amerigroup Dual Advantage began doing business as Wellpoint Full Dual Advantage as of January 1, 2024. For the purposes of this report, the MCO will be designated as WPFDA.*

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. EQR activities conducted during January 2023–December 2023 included the annual

assessment of MCO operations, performance measure (PM) validation, validation of performance improvement projects (PIPs), DMAHS encounter data validation (EDV), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

As set forth in *Title 42 CFR § 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 2024, 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 survey instrument used for the FIDE SNP survey project consisted of thirty-nine core questions and eleven 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 MCO's 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 each MCO's HEDIS final audit reports (FARs) are presented in the **Validation of Performance Measures** section. In May 2024, a full ISCA was conducted across all five NJ MCOs.

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2024–2025 EQR activity findings to assess the performance of New Jersey FIDE SNPs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual FIDE SNPs 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 the **MCO Strengths and Opportunities for Improvement, and EQR Recommendations** section.

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

The EQR activities conducted in 2024 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 2024–December 2024, this annual technical report (ATR) includes IPRO's evaluation of the April 2024, August 2024, September 2024 PIP report submissions. IPRO's PIP validation process provides an assessment of the overall study design and implementation to ensure the PIP met specific criteria for a well-designed project that meets the CMS requirements as outlined in the EQRO protocols. It was determined that NJ FIDE SNPs could submit their Chronic Care Improvement Programs (CCIPs), approved by CMS, to meet the mandatory PIP requirement. All MCOs were required to provide data at the NJ-specific FIDE SNP level for these projects. IPRO deemed CMS acceptance of these projects as compliance with PIP validation. In addition to the CCIP projects submitted by the FIDE SNPs, PIPs related to access to and availability of primary care provider (PCP) services were also submitted and validated.

Full validation results for the 2024 FIDE SNP PIPs are described in the **Validation of Performance Improvement Projects** section.

The following FIDE SNP PIPs were conducted by the MCOs during the ATR review period.

1. **Access to and Availability of PCP Services (Nonclinical PIP) – (4 MCOs –HNJTC, UHCDC, WCDL and WPFDA)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 -Final Year
   - August 2024 Project Status Reports Submission – Final Year report
2. **Access to and Availability of PCP Services (Nonclinical PIP) – (1 MCO – AAPP started 1 year later)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Year 3
   - August 2024 Project Update Submission- Project Year 3 Update
3. **Complaints and Grievances (Nonclinical PIP) – (5 MCOs – AAPP, HNJTC, UHDCD, WCDL and WPFDA)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Year 1
   - August 2024 Project Update Submission- Project Year 1 Update
4. **Diabetes Management (3 MCOs – WPFDA, HNJTC and WCDL)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Final Year
   - August 2024 Project Status Reports Submission – Final Year report
5. **Hypertension Management (1 MCO – UHCDC)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Final Year
   - August 2024 Project Status Reports Submission – Final Year report
6. **Hypertension Management (1 MCO – AAPP started 1 year later)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Year 3
   - August 2024 Project Status and Baseline Update – Project Year 3 Update
7. **Osteoporosis (1 MCO – WPFDL)**
   - April 2024 Project Update Submission – Project Status Report through March 2024 – Year 1
   - August 2024 Project Status and Baseline Update – Project Year 1 Update
8. **Fall Prevention (5 MCOs – AAPP, HNJTC, UHDCD, WCDL and WPFDA)**
   - September 2024 Proposal Year

Information Systems Capabilities Assessments

Pursuant to the release of the updated EQRO Protocols by CMS in 2023, DMAHS requested IPRO to conduct an ISCA review in 2024 for all NJ MCOs. In addition to customizing the ISCA survey tool for NJ's Medicaid products, including MLTSS, the ISCA was also modified to include questions relating to the NJ FIDE SNP. Additional questions were included related to the annual NJ-specific PMs, HEDIS Electronic Clinical Data Systems (ECDS) measures and race and ethnicity categories, encounter data submissions to the State and systems used for handling grievances and reporting Tables 3B, 3C, and H2A to the State.

On February 9, 2024, IPRO uploaded the NJ ISCA tool to Research Electronic Data Capture (REDCap®), and the NJ MCOs were requested to complete and return the responses by March 18, 2024. Virtual meetings were held with each NJ MCO to discuss the ISCA responses, interview the MCO staff, and IPRO conducted a review of the MCO's information system capabilities. MCO staff, DMAHS, and IPRO staff attended the meeting. The meeting included a section to discuss the MCO's grievance systems and regulatory reporting requirements. Details of this assessment can be found in the **Validation of Performance Measures** section.

The ISCA included:

- Data Integration and Systems Architecture,
- Membership Data Systems and Processes,
- Claims Data Systems and Processes,
- Performance Measure Reporting,
- Race and Ethnicity and ECDS Measures,
- Provider Data Systems and Processes,
- Provider Network Adequacy,
- Oversight of Contracted Vendors,
- Grievance Systems, and
- Encounter Data Submissions to State.

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 the **Validation of Performance Measures** section.

MY 2023 FIDE SNP Performance Measures

For HEDIS measurement year (MY) 2023, MCOs reported the 13 FIDE SNP HEDIS PMs required by CMS. As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate the measures. Results of this review can be found in the **Validation of Performance Measures** section.

Performance Measure 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]

Performance Measure 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) [*Falls + Tricyclic Antidepressants or Antipsychotics*, Dementia + Tricyclic Antidepressants or Anticholinergic Agents, Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs, Total]
- Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
- Use of High-Risk Medications in the Elderly (DAE)
- Controlling Blood Pressure (CBP)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Transitions of Care (TRC) [Notification of Inpatient Admission, *Medication Reconciliation Post-Discharge, Patient Engagement After Inpatient Discharge, Receipt of Discharge Information*]
- Colorectal Cancer Screening (COL)
- Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment, *Effective Continuation Phase Treatment*]
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Comprehensive Administrative Review (2024 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 2023–December 2023 for FIDE SNP/MLTSS. FIDE SNPs are subject to the annual assessment of operations every 3 years. AAPP, HNJTC, UHCDC, WCDL, and WPFDA were subject to a full annual assessment of operations in the current review period (January 2023–December 2023).

The annual assessment audits were conducted remotely. For the review period January 1, 2023–December 31, 2023, all five MCOs (AAPP, HNJTC, UHCDC, WCDL, and WPFDA) scored above NJ's minimum threshold of 85%.

In 2024, the average compliance score for six standards (Committee Structure, Programs for the Elderly and Disabled, Provider Training and Performance, Enrollee Rights and Responsibilities, Credentialing and Recredentialing, and Administration and Operations) showed decreases ranging from 1 to 12 percentage points (pps) with Credentialing and Recredentialing having the most significant decrease of 12 pps. In 2024, three standards (Quality Assessment and Performance Improvement [QAPI], Care Management and Continuity of Care, and Management Information Systems) had an average score of 100%. The new standard added for 2024, Member Disenrollment, showed a compliance score of 88%. Average compliance for four standards (QAPI, Care Management and Continuity of Care, Utilization Management and Management Information Systems) remained the same from 2023 to 2024. Two standards (Access and Quality Management) had increases of 1 and 3 pps, respectively. In 2024, Access had the lowest average compliance score at 84%. Findings from this review can be found in the **Review of Compliance with Medicaid and CHIP Managed Care Regulations** section.

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 14 standards be evaluated. **Table 1** provides a crosswalk of individual elements reviewed during the annual assessment to the CMS QAPI standards. Of the 234 elements reviewed in 2024 during the annual assessments, 84 crosswalk to the CMS QAPI standards. The crosswalk table can be found in the **Review of Compliance with Medicaid and CHIP Managed Care Regulations** section.

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[1,2]
Disenrollment	438.56	Member Disenrollment (MD)[3]	MD1-MD9	1 –2023-2024
Enrollee Rights	438.100	Enrollee Rights (ER)	ER1, ER3-ER4	1 –2022-2023, 2023-2024
Emergency and Post Stabilization	438.114	Access (A)	A1	1 –2022-2023, 2023-2024
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 –2022-2023, 2023-2024 2 - 1 –2022-2023, 2023-2024 3 – 1 –2022-2023, 2023-2024
Assurances of Adequate Capacity and Services	438.207	1 – Access (A)	A4	1 – 1 –2022-2023, 2023-2024
Coordination and Continuity of Care	438.208	1 – Care Management and Continuity of Care (CM)	CM2, CM14, CM38	1 – 1 –2022-2023, 2023-2024
Coverage and Authorization of Service	438.210	1 – Utilization Management (UM)	UM3, UM11, UM14–UM16, UM16o1 UM16o2	1– 1 –2022-2023, 2023-2024
Provider Selection	438.214	1 – Credentialing and Re-Credentialing (CR)	CR2, CR3	1– 1 –2022-2023, 2023-2024
Confidentiality	438.224	1 – Provider Training and Performance (PT)	PT9	1 – 1 –2022-2023, 2023-2024
Grievance and Appeal Systems	438.228	1 – Utilization Management (UM) 2 - Quality Management (QM)	UM16k.1, UM16k.2, UM16l.1, UM16l.2, UM16m.1, UM16m.2, UM16n.1, UM16n.2, QM5	1– 1 –2022-2023, 2023-2024 2 – 1 2022-2023, 2023-2024
Subcontractual Relationships and Delegation	438.230	1 – Administration and Operations (AO)	AO5, AO8–AO11	1– 1 –2022-2023, 2023-2024
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 –2022-2023, 2023-2024 2 –1 –2022-2023, 2023-2024 3– 1 –2022-2023, 2023-2024
Health Information Systems	438.242	1 – Management Information Systems (IS)	IS1–IS17	1– 1 –2022-2023, 2023-2024

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1,2]
Quality Assessment and performance improvement (QAPI)	438.330	1 – Quality Assessment and Performance Improvement (QAPI)	Q1–Q3, Q5–Q9	1–1 –2022-2023, 2023-2024

[1] In 2023 Aetna (AAPP) participated in a full compliance review, while four MCOs (HNJTC, UHCDC, WCDL, and WPFDA) had partial compliance reviews. In 2024 all five MCOs (AAPP, HNJTC, UHCDC, WCDL, and WPFDA) had a full compliance review. DMAHS requires specific elements to be reviewed annually.
[2] DMAHS requires specific elements to be reviewed annually.
[3] Member Disenrollment is a new standard for 2024.

Encounter Data Validation

Encounter data validation is an ongoing process, involving the MCOs, the NJ 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 2024, IPRO continues to monitor encounter data submissions and patterns. Results of this review can be found in the **Encounter Data Validation** section.

Quality-of-Care Surveys

Member Satisfaction – 2024 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 2024 for members enrolled in from July 1, 2023, through December 31, 2023. Five FIDE SNP adult surveys were fielded. A total random sample of 9,450 cases was drawn from adult enrollees from the five NJ FIDE SNPs (AAPP, HNJTC, UHCDC, WCDL, and WPFDA); this consisted of a random sample of 1,890 enrollees from each of the five FIDE SNPs.

During 2024, a 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 39 core questions and 11 supplemental questions. Five FIDE SNPs, namely AAPP, HNJTC, UHCDC, WCDL, and WPFDA, 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 3,161 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 34.3%. 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 MCOs performed across each domain. The overall composite scores for NJ MCOs were as follows:

- 83.6% for Getting Care Needed;
- 83.5% for Getting Care Quickly;
- 94.5% for How Well Doctors Communicate; and
- 91.0% for Customer Service.

Details on these surveys can be found in the **Administration or Validation of Quality of Care Surveys – CAHPS Member Experience Survey** section.

Conclusion and Recommendations

The **MCO Strengths and Opportunities for Improvement, and EQR Recommendations** section provides a summary of strengths, opportunities for improvement, and EQR recommendations for AAPP, HNJTC, UHCDC, WCDL, and WPFDA. These evaluations are based on the EQRO's review of MCO performance across all activities evaluated during the review period.

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, *Title 42 CFR § 438.350*), an EQRO sets forth the requirements for annual EQR of contracted MCOs. *Title 42 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 2023.

The NJ 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 2024, there were approximately 86,083 individuals enrolled in AAPP, HNJTC, UHCDC WCDL, and WPFDA (**Table 2**).

Table 2 shows percentages enrollment change by plan, resulting in an overall decrease of 2.47% for the comparative year.

Table 2: 2023–2024 FIDE SNP Enrollment

FIDE SNP	Acronym	Enrollment as of December 2023	Enrollment as of December 2024	Enrollment Percentage Change (+/-)
Aetna Assure Premier Plus	AAPP	4,100	7,315	+78.41%
Horizon NJ TotalCare	HNJTC	19,551	20,376	+4.21%
UHC Dual Complete NJ-Y001	UHCDC	42,991	39,448	-8.24%
WellCare Dual Liberty	WCDL	6,865	6,696	-2.46%
Wellpoint Full Dual Advantage	WPFDA	14,757	12,248	-17.00%
Total		**88,264**	**86,083**	**-2.47%**

Source: DMAHS

Figure 1 is a graphic depiction of the size of each FIDE SNP's enrolled population in December 2023 and December 2024 in relation to the total.

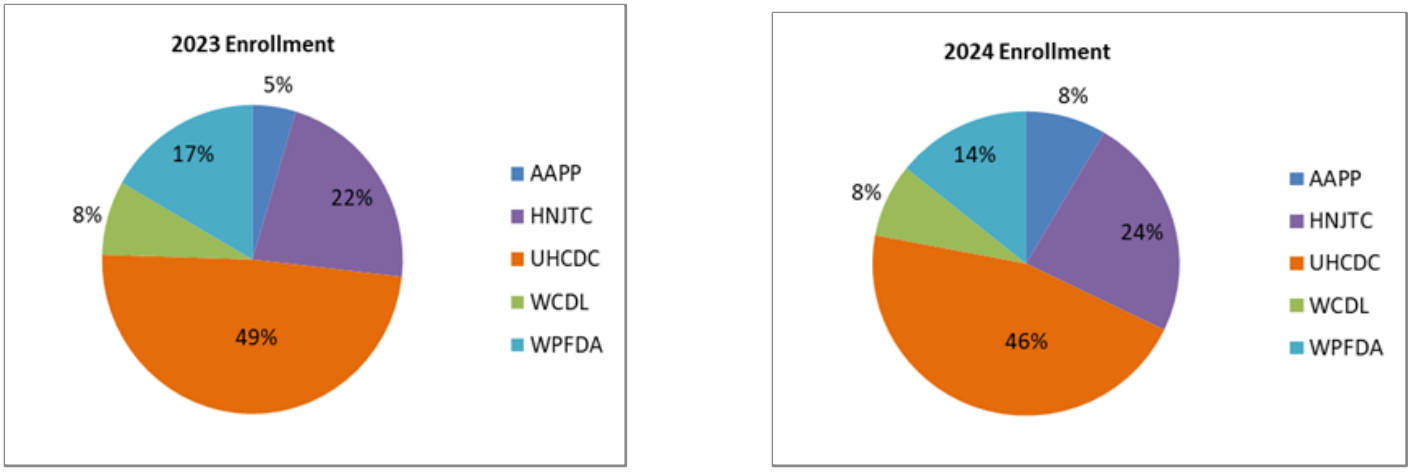

Figure 1: 2023 and 2024 Enrollment Percentages by FIDE SNP Proportion of enrollment in December 2023 and December 2024 for each fully integrated dual eligible special needs plan (FIDE SNP): dark blue: Aetna Assure Premier Plus (AAPP); purple: Horizon NJ TotalCare (HNJTC); orange: UHC Dual Complete NJ-Y001 (UHCDC); green: WellCare Dual Liberty (WCDL), and light blue: Wellpoint Full Dual Advantage (WPFDA). Results are rounded to the nearest whole number.

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

Table 3: 2024 EQR Activities by MCO

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

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 2024).

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
	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%

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
		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
	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,	3.1: Address racial and ethnic disparities in quality of care and health outcomes	Breast Cancer Screening	HEDIS BCS	NCQA 75th percentile

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
metrics, and management				
		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
	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 *New Jersey DMAHS 2022 Quality Strategy* 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 (QI) 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, value-based purchasing (VBP), health information technology (HIT), 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 MMC program, DMAHS should consider updating the Quality Strategy to include performance metrics, baseline and remeasurement values, targets, and target years.
- DMAHS should consider incorporating summaries and results of state focus studies into the Quality Strategy.

Protocol 1: 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 nonclinical 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 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 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 2024–December 2024, this ATR includes IPRO's evaluation of the April 2024, August 2024, and September 2024 PIP report submissions. IPRO's PIP validation process provides an assessment of the overall study design and implementation to ensure the PIP met specific criteria for a well-designed project that meets the CMS requirements as outlined in the EQRO protocols.

On June 18, 2024, 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 to and Availability of Primary Care for the FIDE SNP Population	Access to and Availability of PCP Services (Nonclinical)
	PIP 2: Promote the Effective Management of Hypertension to Improve Care and Health Outcomes	Hypertension (HTN) Management
	PIP 3: New Jersey FIDE SNP Complaints and Grievances	Member Grievances (Nonclinical)
	PIP 4 Proposal: Enhancing Safety and Reducing Fall Risk: "A Performance Improvement Plan for Fall Prevention in members Aged 65 and Older"	Fall Prevention
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 to and Availability of PCP Services (Nonclinical)
	PIP 2: Diabetes Management	Diabetes Management

MCO	MCO PIP Title(s)[1]	State Topic
	PIP 3: Complaints and Grievances	Member Grievances (Nonclinical)
	PIP 4: Diabetes Management[2]	Diabetes Management
	PIP 5 Proposal: Fall Prevention	Fall Prevention
UHC Dual Complete NJ-Y001 (UHCDC)	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 to and Availability of PCP Services (Nonclinical)
	PIP 2: Promoting Adherence to Renin Angiotensin (RAS) Antagonist Hypertensive Medications (FIDE SNP)	Hypertension (HTN) Management
	PIP 3: Reducing Member Grievances for FIDE SNP Members	Member Grievances (Nonclinical)
	PIP 4: Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications[2]	Hypertension (HTN) Management
	PIP 5 Proposal: Fall Prevention	Fall Prevention
WellCare Dual Liberty (WCDL)	PIP 1: FIDE SNP Primary Care Physician Access and Availability	Access to and Availability of PCP Services (Nonclinical)
	PIP 2: Promote Effective Management of Diabetes in the FIDE SNP Population	Diabetes Management
	PIP 3: Complaints and Grievances	Member Grievances (Nonclinical)
	PIP 4: Promote Medication Adherence in Members with Type 2 Diabetes and Diabetes Related Specific Comorbidities[2]	Diabetes Management
	PIP 5 Proposal: Fall Prevention	Fall Prevention
Wellpoint Full Dual Advantage (WPFDA)	PIP 1: Increasing Access for Members with High Emergency Room Utilization through the Promotion of Telehealth	Access to and Availability of PCP Services (Nonclinical)
	PIP 2: Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes (FIDE SNP)	Diabetes Management
	PIP 3: Transportation	Member Grievances (Nonclinical)
	PIP 4: Osteoporosis Screening in Women with Documented Fracture	Osteoporosis
	PIP 5 Proposal: Identification of Members at High Risk for Fall in the FIDE SNP Population	Fall Prevention

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

[2] Represents PIPs that are a continuation of a 2024 final report topic.

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.

PIP: performance improvement project; CMS: Center for Medicare and Medicaid Services; MCO: managed care organization.

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 2024 August clinical and nonclinical PIP submissions for the five FIDE SNPs (**Table 7–14**). Although not scored, IPRO also reviewed and provided feedback on one new clinical PIP proposal submission on Fall Prevention for each MCO to be implemented in 2025.

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

New Jersey MCO PIP Scoring Report **FIDE SNP Access to and Availability of PCP Services**	**IPRO 2024 Scoring** **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[1]	**HNJTC Final[2]**	**UHCDC Final[2]**	**WCDL Final[2]**	**WPFDA Final[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
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	M	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	M	M	M	PM
2c. Objectives align aim and goals with interventions	M	M	M	M	M
Element 2 Overall Review Determination	**M**	**M**	**M**	**M**	**PM**
Element 2 Overall Score	**100**	**100**	**100**	**100**	**50**
Element 2 Weighted Score	**5.0**	**5.0**	**5.0**	**5.0**	**2.5**
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	M	M	M	PM
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

New Jersey MCO PIP Scoring Report FIDE SNP Access to and Availability of PCP Services	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[1]	**HNJTC Final[2]**	**UHCDC Final[2]**	**WCDL Final[2]**	**WPFDA Final[2]**
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	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	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**	**M**	**M**	**M**	**PM**
Element 3 Overall Score	**100**	**100**	**100**	**100**	**50**
Element 3 Weighted Score	**15.0**	**15.0**	**15.0**	**15.0**	**7.5**
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	M	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)	M	M	M	M	M
Element 5 Overall Review Determination	**M**	**M**	**M**	**M**	**M**
Element 5 Overall Score	**100**	**100**	**100**	**100**	**100**
Element 5 Weighted Score	**15.0**	**15.0**	**15.0**	**15.0**	**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	PM	M	M	M	PM

New Jersey MCO PIP Scoring Report FIDE SNP Access to and Availability of PCP Services	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[1]	**HNJTC Final[2]**	**UHCDC Final[2]**	**WCDL Final[2]**	**WPFDA Final[2]**
Element 6 Overall Review Determination	**PM**	**M**	**M**	**M**	**PM**
Element 6 Overall Score	**50**	**100**	**100**	**100**	**50**
Element 6 Weighted Score	**2.5**	**5.0**	**5.0**	**5.0**	**2.5**
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
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	M	M	M	M	PM
7d. Lessons learned & follow-up activities planned as a result	M	M	M	M	PM
Element 7 Overall Review Determination	**M**	**M**	**M**	**M**	**PM**
Element 7 Overall Score	**100**	**100**	**100**	**100**	**50**
Element 7 Weighted Score	**20.0**	**20.0**	**20.0**	**20.0**	**10.0**
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	M	M	M	M	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	PM	M	M	M	M
Element 8 Overall Review Determination	**PM**	**M**	**M**	**M**	**M**
Element 8 Overall Score	**50**	**100**	**100**	**100**	**100**
Element 8 Weighted Score	**10.0**	**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	**100**	**100**	**100**	**100**	**100**
Actual Weighted Total Score	**87.5**	**100.0**	**100.0**	**100.0**	**77.5**
Validation Rating Percent[4]	**87.5%**	**100.0%**	**100.0%**	**100.0%**	**77.5%**
Validation Status	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Validation Rating	**High**	**High**	**High**	**High**	**Moderate**

[1] AAPP started 1 year later and is in year 3.

[2] Final Year

[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 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Final**	**UHCDC[1]**	**WCDL Final**	**WPFDA Final**
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	N/A	M	PM
1b. Impacts the maximum proportion of members that is feasible	N/A	M	N/A	M	M
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	N/A	M	M
1d. Reflects high-volume or high risk-conditions	N/A	M	N/A	M	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	N/A	M	M
Element 1 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**PM**
Element 1 Overall Score	**N/A**	**100**	**N/A**	**100**	**50**
Element 1 Weighted Score	**N/A**	**5.0**	**N/A**	**5.0**	**2.5**
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	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	N/A	M	M
2c. Objectives align aim and goals with interventions	N/A	M	N/A	M	M
Element 2 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**M**
Element 2 Overall Score	**N/A**	**100**	**N/A**	**100**	**100**
Element 2 Weighted Score	**N/A**	**5.0**	**N/A**	**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)	N/A	M	N/A	M	M
3b. Performance indicators are measured consistently over time	N/A	M	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	N/A	M	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	N/A	M	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	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	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	N/A	M	M

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Final**	**UHCDC[1]**	**WCDL Final**	**WPFDA Final**
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	N/A	M	M
Element 3 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**M**
Element 3 Overall Score	**N/A**	**100**	**N/A**	**100**	**100**
Element 3 Weighted Score	**N/A**	**15.0**	**N/A**	**15.0**	**15.0**
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	N/A	M	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	N/A	M	M
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	N/A	M	M
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	N/A	M	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	N/A	M	M
4f. Literature review	N/A	M	N/A	M	M
Element 4 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**M**
Element 4 Overall Score	**N/A**	**100**	**N/A**	**100**	**100**
Element 4 Weighted Score	**N/A**	**15.0**	**N/A**	**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	N/A	M	N/A	PM	PM
5b. Actions that target member, provider and MCO	N/A	M	N/A	M	M
5c. New or enhanced, starting after baseline year	N/A	M	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	N/A	PM	PM
Element 5 Overall Review Determination	**N/A**	**PM**	**N/A**	**PM**	**PM**
Element 5 Overall Score	**N/A**	**50**	**N/A**	**50**	**50**
Element 5 Weighted Score	**N/A**	**7.5**	**N/A**	**7.5**	**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	N/A	M	N/A	M	M
Element 6 Overall Review Determination	N/A	**M**	**N/A**	**M**	**M**
Element 6 Overall Score	N/A	**100**	**N/A**	**100**	**100**
Element 6 Weighted Score	N/A	**5.0**	**N/A**	**5.0**	**5.0**

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Final**	**UHCDC[1]**	**WCDL Final**	**WPFDA Final**
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	N/A	M	PM
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	N/A	M	PM
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	N/A	M	PM
7d. Lessons learned & follow-up activities planned as a result	N/A	M	N/A	M	PM
Element 7 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**PM**
Element 7 Overall Score	**N/A**	**100**	**N/A**	**100**	**50**
Element 7 Weighted Score	**N/A**	**20.0**	**N/A**	**20.0**	**10.0**
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	N/A	M	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	M	N/A	M	M
Element 8 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**M**
Element 8 Overall Score	**N/A**	**100**	**N/A**	**100**	**100**
Element 8 Weighted Score	**N/A**	**20.0**	**N/A**	**20.0**	**20.0**
Non-scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated and addressed	N/A	N	N/A	N	**N**

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**	**100**	**N/A**	**100**	**100**
Actual Weighted Total Score	**N/A**	**92.5**	**N/A**	**92.5**	**80.0**
Validation Rating Percent[3]	**N/A**	**92.5%**	**N/A**	**92.5%**	**80.0%**
Validation Status	**N/A**	**Yes**	**N/A**	**Yes**	**Yes**
Validation Rating	**N/A**	**High**	**N/A**	**High**	**Moderate**

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

[2] ≥ 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 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[2]	**HNJTC[1]**	**UHCDC Final**	**WCDL[1]**	**WPFDA[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	M	N/A	N/A
1b. Impacts the maximum proportion of members that is feasible	M	N/A	M	N/A	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	M	N/A	M	N/A	N/A
1d. Reflects high-volume or high risk-conditions	M	N/A	M	N/A	N/A
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	M	N/A	M	N/A	N/A
Element 1 Overall Review Determination	**M**	**N/A**	**M**	**N/A**	**N/A**
Element 1 Overall Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Element 1 Weighted Score	**5.0**	**N/A**	**5.0**	**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	M	N/A	M	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	PM	N/A	PM	N/A	N/A
2c. Objectives align aim and goals with interventions	M	N/A	M	N/A	N/A
Element 2 Overall Review Determination	**PM**	**N/A**	**PM**	**N/A**	**N/A**
Element 2 Overall Score	**50**	**N/A**	**50**	**N/A**	**N/A**
Element 2 Weighted Score	**2.5**	**N/A**	**2.5**	**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)	M	N/A	M	N/A	N/A
3b. Performance indicators are measured consistently over time	M	N/A	M	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	M	N/A	M	N/A	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	M	N/A	M	N/A	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	M	N/A	M	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.	M	N/A	M	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	M	N/A	M	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	M	N/A	M	N/A	N/A

New Jersey MCO PIP Scoring Report Hypertension Management	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[2]	**HNJTC[1]**	**UHCDC Final**	**WCDL[1]**	**WPFDA[1]**
Element 3 Overall Review Determination	**M**	**N/A**	**M**	**N/A**	**N/A**
Element 3 Overall Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Element 3 Weighted Score	**15.0**	**N/A**	**15.0**	**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:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	N/A	M	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	PM	N/A	M	N/A	N/A
4c. Provider input at focus groups and/or Quality Meetings	M	N/A	M	N/A	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	M	N/A	M	N/A	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	M	N/A	M	N/A	N/A
4f. Literature review	M	N/A	M	N/A	N/A
Element 4 Overall Review Determination	**PM**	**N/A**	**M**	**N/A**	**N/A**
Element 4 Overall Score	**50**	**N/A**	**100**	**N/A**	**N/A**
Element 4 Weighted Score	**7.5**	**N/A**	**15.0**	**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	PM	N/A	M	N/A	N/A
5b. Actions that target member, provider and MCO	M	N/A	M	N/A	N/A
5c. New or enhanced, starting after baseline year	M	N/A	M	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)	PM	N/A	M	N/A	N/A
Element 5 Overall Review Determination	**PM**	**N/A**	**M**	**N/A**	**N/A**
Element 5 Overall Score	**50**	**N/A**	**100**	**N/A**	**N/A**
Element 5 Weighted Score	**7.5**	**N/A**	**15.0**	**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	M	N/A	M	N/A	N/A
Element 6 Overall Review Determination	**M**	**N/A**	**M**	**N/A**	**N/A**
Element 6 Overall Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Element 6 Weighted Score	**5.0**	**N/A**	**5.0**	**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)	M	N/A	M	N/A	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	M	N/A	M	N/A	N/A

New Jersey MCO PIP Scoring Report Hypertension Management	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP YR 3[2]	**HNJTC[1]**	**UHCDC Final**	**WCDL[1]**	**WPFDA[1]**
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	M	N/A	M	N/A	N/A
7d. Lessons learned & follow-up activities planned as a result	M	N/A	M	N/A	N/A
Element 7 Overall Review Determination	**M**	**N/A**	**M**	**N/A**	**N/A**
Element 7 Overall Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Element 7 Weighted Score	**20.0**	**N/A**	**20.0**	**N/A**	**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	M	N/A	M	N/A	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	M	N/A	M	N/A	N/A
Element 8 Overall Review Determination	**M**	**N/A**	**M**	**N/A**	**N/A**
Element 8 Overall Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Element 8 Weighted Score	**20.0**	**N/A**	**20.0**	**N/A**	**N/A**
Non-scored Element: Element 9. Healthcare Disparities					
9a. Healthcare disparities are identified, evaluated, and addressed	**N**	N/A	Y	**N/A**	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**100**	**N/A**	**100**	**N/A**	**N/A**
Actual Weighted Total Score	**82.5**	**N/A**	**97.5**	**N/A**	**N/A**
Validation Rating Percent[4]	**82.5%**	**N/A**	**97.5%**	**N/A**	**N/A**
Validation Status	**Yes**	**N/A**	**Yes**	**N/A**	**N/A**
Validation Rating	**Moderate**	**N/A**	**High**	**N/A**	**N/A**

[1] HNJTC, WCDL and WPFDA 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 State Topic #4 – Member Grievances

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP Year 1	**HNJTC Year 1**	**UHCDC Year 1**	**WCDL Year 1**	**WPFDA Year 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	PM	M	M	M	PM
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 Member Grievances (Nonclinical)	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP Year 1	**HNJTC Year 1**	**UHCDC Year 1**	**WCDL Year 1**	**WPFDA Year 1**
Element 1 Overall Review Determination	**PM**	**M**	**M**	**M**	**PM**
Element 1 Overall Score	**50**	**100**	**100**	**100**	**50**
Element 1 Weighted Score	**2.5**	**5.0**	**5.0**	**5.0**	**2.5**
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	M	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	M	M	M	M
2c. Objectives align aim and goals with interventions	M	M	M	M	M
Element 2 Overall Review Determination	**M**	**M**	**M**	**M**	**M**
Element 2 Overall Score	**100**	**100**	**100**	**100**	**100**
Element 2 Weighted Score	**5.0**	**5.0**	**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	M	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.	N/A	M	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	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**	**M**	**M**	**M**	**M**
Element 3 Overall Score	**100**	**100**	**100**	**100**	**100**
Element 3 Weighted Score	**15.0**	**15.0**	**15.0**	**15.0**	**15.0**
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:					

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP Year 1	**HNJTC Year 1**	**UHCDC Year 1**	**WCDL Year 1**	**WPFDA Year 1**
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	PM	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	**PM**	**M**	**M**	**M**	**M**
Element 4 Overall Score	**50**	**100**	**100**	**100**	**100**
Element 4 Weighted Score	**7.5**	**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	PM
5b. Actions that target member, provider and MCO	M	M	M	M	PM
5c. New or enhanced, starting after baseline year	M	M	M	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)	M	M	M	M	PM
Element 5 Overall Review Determination	**M**	**M**	**M**	**M**	**PM**
Element 5 Overall Score	**100**	**100**	**100**	**100**	**50**
Element 5 Weighted Score	**15.0**	**15.0**	**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	M	PM	M	M	M
Element 6 Overall Review Determination	**M**	**PM**	**M**	**M**	**M**
Element 6 Overall Score	**100**	**50**	**100**	**100**	**100**
Element 6 Weighted Score	**5.0**	**2.5**	**5.0**	**5.0**	**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
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	M	M	M	M	M
7d. Lessons learned & follow-up activities planned as a result	M	M	M	M	M

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP Year 1	**HNJTC Year 1**	**UHCDC Year 1**	**WCDL Year 1**	**WPFDA Year 1**
Element 7 Overall Review Determination	**M**	**M**	**M**	**M**	**M**
Element 7 Overall Score	**100**	**100**	**100**	**100**	**100**
Element 7 Weighted Score	**20.0**	**20.0**	**20.0**	**20.0**	**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 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	N	N	N	N

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**80**	**80**	**80**	**80**	**80**
Actual Weighted Total Score	**70.0**	**77.5**	**80.0**	**80.0**	**70.0**
Validation Rating Percent	**88.0%**	**97.0%**	**100.0%**	**100.0%**	**88.0%**
Validation Status	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Validation Rating	**High**	**High**	**High**	**High**	**High**

Table 11: PIP State Topic #5 – Diabetes Management

New Jersey MCO PIP Scoring Report Diabetes Management[3]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Year 1**	**UHCDC[1]**	**WCDL Year 1**	**WPFDA[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	N/A	M	N/A	M	N/A
1b. Impacts the maximum proportion of members that is feasible	N/A	M	N/A	M	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	N/A	M	N/A
1d. Reflects high-volume or high risk-conditions	N/A	M	N/A	M	N/A
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	N/A	M	N/A
Element 1 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**N/A**

New Jersey MCO PIP Scoring Report Diabetes Management[3]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Year 1**	**UHCDC[1]**	**WCDL Year 1**	**WPFDA[1]**
Element 1 Overall Score	**N/A**	**100**	**N/A**	**100**	**N/A**
Element 1 Weighted Score	**N/A**	**5.0**	**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	N/A	M	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	N/A	M	N/A	M	N/A
2c. Objectives align aim and goals with interventions	N/A	M	N/A	M	N/A
Element 2 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**N/A**
Element 2 Overall Score	**N/A**	**100**	**N/A**	**100**	**N/A**
Element 2 Weighted Score	**N/A**	**5.0**	**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)	N/A	M	N/A	PM	N/A
3b. Performance indicators are measured consistently over time	N/A	M	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	N/A	M	N/A	M	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	N/A	M	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	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.	N/A	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	N/A	M	N/A	M	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	N/A	M	N/A
Element 3 Overall Review Determination	**N/A**	**M**	**N/A**	**PM**	**N/A**
Element 3 Overall Score	**N/A**	**100**	**N/A**	**50**	**N/A**
Element 3 Weighted Score	**N/A**	**15.0**	**N/A**	**7.5**	**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 Diabetes Management[3]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Year 1**	**UHCDC[1]**	**WCDL Year 1**	**WPFDA[1]**
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	N/A	M	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	N/A	M	N/A
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	N/A	M	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	N/A	PM	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	N/A	M	N/A
4f. Literature review	N/A	M	N/A	M	N/A
Element 4 Overall Review Determination	**N/A**	**M**	**N/A**	**PM**	**N/A**
Element 4 Overall Score	**N/A**	**100**	**N/A**	**50**	**N/A**
Element 4 Weighted Score	**N/A**	**15.0**	**N/A**	**7.5**	**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	M	N/A	M	N/A
5b. Actions that target member, provider and MCO	N/A	M	N/A	M	N/A
5c. New or enhanced, starting after baseline year	N/A	M	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)	N/A	M	N/A	M	N/A
Element 5 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**N/A**
Element 5 Overall Score	**N/A**	**100**	**N/A**	**100**	**N/A**
Element 5 Weighted Score	**N/A**	**15.0**	**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	N/A	M	N/A	M	N/A
Element 6 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**N/A**
Element 6 Overall Score	**N/A**	**100**	**N/A**	**100**	**N/A**
Element 6 Weighted Score	**N/A**	**5.0**	**N/A**	**5.0**	**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	M	N/A	M	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	N/A	M	N/A
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	N/A	M	N/A

New Jersey MCO PIP Scoring Report Diabetes Management[3]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP[1]	**HNJTC Year 1**	**UHCDC[1]**	**WCDL Year 1**	**WPFDA[1]**
7d. Lessons learned & follow-up activities planned as a result	N/A	M	N/A	M	N/A
Element 7 Overall Review Determination	**N/A**	**M**	**N/A**	**M**	**N/A**
Element 7 Overall Score	**N/A**	**100**	**N/A**	**100**	**N/A**
Element 7 Weighted Score	**N/A**	**20.0**	**N/A**	**20.0**	**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 was 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	N/A	N/A	N/A	Y	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**	**80**	**N/A**	**80**	**N/A**
Actual Weighted Total Score	**N/A**	**80.0**	**N/A**	**65.0**	**N/A**
Validation Rating Percent[2]	**N/A**	**100.0%**	**N/A**	**81.0%**	**N/A**
Validation Status	**N/A**	**Yes**	**N/A**	**Yes**	**N/A**
Validation Rating	**N/A**	**High**	**N/A**	**Moderate**	**N/A**

[1] AAPP, UHCDC and WPFDA do not have Diabetes PIPs at this time.

[2] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)

[3] Represents performance improvement projects (PIPs) that are a continuation of a 2024 final report topic.

Table 12: PIP State Topic #6 – Promoting Adherence to RAS Antagonist Hypertensive Medications

New Jersey MCO PIP Scoring Report Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications[4]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP [1]	**HNJTC[1]**	**UHCDC Year 1**	**WCDL[1]**	**WPFDA[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	N/A	N/A	M	N/A	N/A
1b. Impacts the maximum proportion of members that is feasible	N/A	N/A	M	N/A	N/A
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	N/A	M	N/A	N/A
1d. Reflects high-volume or high risk-conditions	N/A	N/A	M	N/A	N/A
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	N/A	M	N/A	N/A

New Jersey MCO PIP Scoring Report Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications[4]	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP [1]	HNJTC[1]	UHCDC Year 1	WCDL[1]	WPFDA[1]
Element 1 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 1 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 1 Weighted Score	**N/A**	**N/A**	**5.0**	**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	M	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	M	N/A	N/A
2c. Objectives align aim and goals with interventions	N/A	N/A	M	N/A	N/A
Element 2 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 2 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 2 Weighted Score	**N/A**	**N/A**	**5.0**	**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	M	N/A	N/A
3b. Performance indicators are measured consistently over time	N/A	N/A	M	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	M	N/A	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	N/A	M	N/A	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	N/A	M	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	M	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	M	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	N/A	M	N/A	N/A
Element 3 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 3 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 3 Weighted Score	**N/A**	**N/A**	**15.0**	**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:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	N/A	M	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	N/A	M	N/A	N/A

New Jersey MCO PIP Scoring Report Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications[4]	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP [1]	HNJTC[1]	UHCDC Year 1	WCDL[1]	WPFDA[1]
4c. Provider input at focus groups and/or Quality Meetings	N/A	N/A	M	N/A	N/A
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	N/A	M	N/A	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	N/A	M	N/A	N/A
4f. Literature review	N/A	N/A	M	N/A	N/A
Element 4 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 4 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 4 Weighted Score	**N/A**	**N/A**	**15.0**	**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	M	N/A	N/A
5b. Actions that target member, provider and MCO	N/A	N/A	M	N/A	N/A
5c. New or enhanced, starting after baseline year	N/A	N/A	M	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	M	N/A	N/A
Element 5 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 5 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 5 Weighted Score	**N/A**	**N/A**	**15.0**	**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	M	N/A	N/A
Element 6 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 6 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 6 Weighted Score	**N/A**	**N/A**	**5.0**	**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	M	N/A	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	N/A	M	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	M	N/A	N/A
7d. Lessons learned & follow-up activities planned as a result	N/A	N/A	M	N/A	N/A
Element 7 Overall Review Determination	**N/A**	**N/A**	**M**	**N/A**	**N/A**
Element 7 Overall Score	**N/A**	**N/A**	**100**	**N/A**	**N/A**
Element 7 Weighted Score	**N/A**	**N/A**	**20.0**	**N/A**	**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	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**

New Jersey MCO PIP Scoring Report Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications[4]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP [1]	HNJTC[1]	UHCDC Year 1	WCDL[1]	WPFDA[1]
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	N/A	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**	**N/A**	**80**	**N/A**	**N/A**
Actual Weighted Total Score	**N/A**	**N/A**	**80.0**	**N/A**	**N/A**
Validation Rating Percent[3]	**N/A**	**N/A**	**100.0%**	**N/A**	**N/A**
Validation Status	**N/A**	**N/A**	**Yes**	**N/A**	**N/A**
Validation Rating	**N/A**	**N/A**	**High**	**N/A**	**N/A**

[1] AAPP, HNJTC, WCDL and WPFDA do not have Hypertension PIPs at this time.
[2] Element 8 is not scored (N/A) during measurement years 1 and 2.
[3] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)
[4] Represents performance improvement projects (PIPs) that are a continuation of a 2024 final report topic.

Table 13: PIP State Topic #7 – Osteoporosis

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP [1]	HNJTC[1]	UHCDC[1]	WCDL[1]	WPFDA Year 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	N/A	N/A	N/A	N/A	PM
1b. Impacts the maximum proportion of members that is feasible	N/A	N/A	N/A	N/A	M
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	N/A	N/A	N/A	M
1d. Reflects high-volume or high risk-conditions	N/A	N/A	N/A	N/A	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	N/A	N/A	N/A	M
Element 1 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**PM**
Element 1 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**50**
Element 1 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**2.5**
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	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	N/A	N/A	N/A	M
2c. Objectives align aim and goals with interventions	N/A	N/A	N/A	N/A	M
Element 2 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**M**
Element 2 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**100**
Element 2 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**5.0**

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP [1]	**HNJTC[1]**	**UHCDC[1]**	**WCDL[1]**	**WPFDA Year 1**
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	M
3b. Performance indicators are measured consistently over time	N/A	N/A	N/A	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	N/A	N/A	N/A	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	N/A	N/A	N/A	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	N/A	N/A	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	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	M
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	N/A	N/A	N/A	M
Element 3 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**M**
Element 3 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**100**
Element 3 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**15.0**
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	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	N/A	N/A	N/A	M
4c. Provider input at focus groups and/or Quality Meetings	N/A	N/A	N/A	N/A	M
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	N/A	N/A	N/A	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	N/A	N/A	N/A	M
4f. Literature review	N/A	N/A	N/A	N/A	M
Element 4 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**M**
Element 4 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**100**
Element 4 Weighted Score	**N/A**	**N/A**	**N/A**	**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	N/A	N/A	N/A	M
5b. Actions that target member, provider and MCO	N/A	N/A	N/A	N/A	M
5c. New or enhanced, starting after baseline year	N/A	N/A	N/A	N/A	N/A

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP [1]	HNJTC[1]	UHCDC[1]	WCDL[1]	WPFDA Year 1
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	M
Element 5 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**M**
Element 5 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**100**
Element 5 Weighted Score	**N/A**	**N/A**	**N/A**	**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	N/A	N/A	N/A	PM
Element 6 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**PM**
Element 6 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**50**
Element 6 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**2.5**
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	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	N/A	N/A	N/A	M
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	M
7d. Lessons learned & follow-up activities planned as a result	N/A	N/A	N/A	N/A	M
Element 7 Overall Review Determination	**N/A**	**N/A**	**N/A**	**N/A**	**M**
Element 7 Overall Score	**N/A**	**N/A**	**N/A**	**N/A**	**100**
Element 7 Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**20.0**
Element 8. Sustainability (20% weight)[2] 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	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	N/A	N/A	N/A	N/A	Y

	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	**N/A**	**N/A**	**N/A**	**N/A**	**80**
Actual Weighted Total Score	**N/A**	**N/A**	**N/A**	**N/A**	**75.0**
Validation Rating Percent[3]	**N/A**	**N/A**	**N/A**	**N/A**	**93.75%**
Validation Status	**N/A**	**N/A**	**N/A**	**N/A**	**Yes**
Validation Rating	**N/A**	**N/A**	**N/A**	**N/A**	**High**

[1] AAPP, HNJTC, UHCDC, and WCDL do not have Osteoporosis PIPs at this time.
[2] Element 8 is not scored (N/A) during measurement years 1 and 2.
[3] ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan)

Table 14: PIP Proposal State Topic #8 – FIDE SNP Fall Prevention

New Jersey MCO PIP Scoring Report **Fall Prevention (clinical)** **Proposal Year**[1]	**IPRO 2024 Scoring** **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**HNJTC**	**UHCDC**	**WCDL**	**WPFDA**
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
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

New Jersey MCO PIP Scoring Report Fall Prevention (clinical) Proposal Year[1]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**HNJTC**	**UHCDC**	**WCDL**	**WPFDA**
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:					
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.					

New Jersey MCO PIP Scoring Report Fall Prevention (clinical) Proposal Year[1]	IPRO 2024 Scoring **M**=Met **PM**=Partially Met **NM**=Not Met				
	AAPP	**HNJTC**	**UHCDC**	**WCDL**	**WPFDA**
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
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 15 presents FIDE SNP PIP scoring results for each MCO.

Table 15: FIDE SNP PIP Validation Results – 2024

PIP	AAPP	HNJTC	UHCDC	WCDL	WPFDA
PIP 1: Access to and Availability of PCP Services (Nonclinical)	87.50%	100.00%	100.00%	100.00%	77.50%
PIP 2: Diabetes Management, Final Reports	N/A	92.50%	N/A	92.50%	80.00%
PIP 3: Hypertension Management	82.50%	N/A	97.50%	N/A	N/A
PIP 4: Member Grievances (Nonclinical)	88.00%	97.00%	100.00%	100.00%	88.00%
PIP 5: Diabetes Management,	N/A	100.00%	N/A	81.00%	N/A
PIP 6: Promoting Adherence to RAS Antagonist Hypertensive Medications	N/A	N/A	100.00%	N/A	N/A
PIP 7: Osteoporosis	N/A	N/A	N/A	N/A	93.80%
PIP 8: Fall Prevention[1]	N/A	N/A	N/A	N/A	N/A

[1] MCOs are at the proposal stage for this clinical PIP and will be scored in measurement year 1.
N/A: not applicable.

Strengths

- AAPP – Of the 3 PIPs scored, 2 PIPs performed at or above the 85% threshold indicating high performance.
- HNJTC – Of the 4 PIPs scored, all 4 PIPs performed at or above the 85% threshold indicating high performance.
- UHCDC – Of the 4 PIPs scored, all 4 PIPs performed at or above the 85% threshold indicating high performance.
- WCDL – Of the 4 PIPs scored, 3 PIPs performed at or above the 85% threshold indicating high performance.
- WPFDA – Of the 4 PIPs scored, 2 PIPs performed at or above the 85% threshold indicating high performance.

Opportunities for Improvement

- WPFDA – 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

Table 16–20 detail PIP interventions for each FIDE SNP.

Table 16: PIP Interventions Summary 2024 for Access to and Availability of PCP Services

MCO/PIP	Interventions
AAPP – Improving Access to and Availability to Primary Care for the FIDE SNP Population	**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.
	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

MCO/PIP	Interventions
	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.
	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.
	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.
	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.
	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.
	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.
	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.
HNJTC - Increasing PCP Access to and Availability for members with High ED Utilization Horizon NJ Total Care (FIDE SNP) Membership	**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.
	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.
	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.

MCO/PIP	Interventions
	Monthly list sent to providers in participating practice groups of auto-assigned members that have not been seen by the provider within 12 months.
UHCDC – Decreasing Emergency Room Utilization for Low Acuity Primary Care Conditions and Improving Access to Primary Care for Adult DSNP Members	**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.
	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.
	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
	Work collaboratively with identified practices to increase and monitor urgent appointment availability in order to reduce avoidable ED utilization.
	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.
WCDL – FIDE SNP Primary Care Physician Access to and Availability	**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?
	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.

MCO/PIP	Interventions
	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.
	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.
	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
	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
WPFDA - Increasing Primary Care Physician (PCP) Access to and Availability for Advantage Members	**Calls made to Wellpoint FIDE DSNP members** with high emergency room utilization and low PCP visits to determine barriers to care.
	Member will be given educational materials on My HomeDoc for awareness of having needs met in the home.
	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.
	Calls made to Wellpoint FIDE DSNP members with high emergency room utilization admissions to educate members on telemedicine options.

PIP: performance improvement project; MCO: managed care organization.

Table 17: PIP Interventions Summary 2024 for Diabetes Management

MCO/PIP	Interventions
AAPP	**N/A, AAPP does not have a Diabetes Management PIP at this time.**
HNJTC – (FIDE SNP) PIP - Diabetes Management	**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.
	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

MCO/PIP	Interventions
	importance of eye exams and diabetes. Care managers will also receive a report from vendor to identify the number of eye exams completed.
	Care managers will work with members to make sure that they have a working glucometer and strips.
	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.
	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.
	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.
UHCDC	**N/A, UHCDC does not have a Diabetes Management PIP at this time.**
WCDL – Promote Effective Management of Diabetes in the FIDE SNP Population	**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.
	Outreach to PCPs for members who have not had A1C testing and provide list of non-compliant 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.
	Offer Diabetic Self-Management Education program (DSME) to promote diabetic education and A1C testing.
WPFDA - Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes	**Member will be given** transportation information and connected to the transportation phone number if needed.
	Member outreach for education - home lab testing
	Member outreach for education – refuse A1c testing
	Share with providers their HEIDIS data which identifies members who lack A1C testing or have an A1C ≤9.
	Conduct quarterly provider audits to assess compliance with A1C testing and clinical guidelines.

PIP: performance improvement project; MCO: managed care organization.

Table 18: PIP Interventions Summary 2024 for Hypertension Management

MCO/PIP	Interventions
AAPP – Promote the Effective Management of Hypertension	**Revised CM Workflow**- Incorporate into the CM workflow to complete the condition specific assessment for those members who are diagnosed with hypertension.
	Member Education – Provide education specific to hypertension utilizing Krame's material.
	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.

MCO/PIP	Interventions
to Improve Care and Health Outcomes	**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.
	Identify members who have a BP reading > 140/90 and notify provider for further management.
	Develop a tracking process to monitor successful outreach to providers for members with BP reading > 140/90.
	Identify members who have a BP < 140/90 following targeted provider outreach.
HNJTC	**N/A, HNJTC does not have a Hypertension PIP at this time.**
UHCDC – Promoting Adherence to Renin Angiotensin (RAS) Antagonists Hypertensive Medications	**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.
	Provide non-compliant members who reside in Mercer, Camden, and Cumberland counties with written information about hypertension management and importance of medication adherence.
	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.
	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 UHCDC members.
WCDL	**N/A, WCDL does not have a Hypertension PIP at this time.**
WPFDA	**N/A, WPFDA does not have a Hypertension PIP at this time.**

PIP: performance improvement project; MCO: managed care organization.

Table 19: PIP Interventions Summary 2024 for FIDE SNP Member Grievances

MCO/PIP	Interventions
AAPP –Complaints and Grievances	**Provide enhanced plan/program materials** and comprehensive program training to sales and broker teams.
	Identification of internally submitted grievances attributed to Broker/Enrollment process and/or issues
	Outreach/re-education to Broker/Sales staff attributed to internally submitted grievances
	Conduct in-person/onsite/virtual member meetings to educate members on benefits– various locations/dates throughout the state/membership areas
	Expansion of grocery network for Extra Benefits Program
	Expand Extra Benefits Program education to key teams (all member-facing) along with access to program materials to support member education/assistance with program
	Proactive identification/outreach to members identified with high (5 or more) calls logged by the MCO. Review and provide assistance to member to mitigate issues/concerns with the Plan/Program
	Proactive identification/outreach to members identified with high (5 or more) calls logged by the MCO. Review and provide assistance to member to mitigate issues/concerns with the Plan/Program.

MCO/PIP	Interventions
	Develop/implement member grievance/issue education program to encourage members to contact the MCO first, prior to contact with CMS, to resolve issues and concerns – program will contain an omni-channel approach to member communication/education.
	Develop/implement AAPP/FIDE provider re-education plan to reinforce/improve knowledge around MCO network participation/eligible membership. Plan would target contracted/PAR providers.
	Identification/intervention/monitoring of providers that are reported to have refused service(s) to AAPP/FIDE members
HNJTC – Complaints and Grievances	**When a new member enrolls in FIDE-SNP**, the Clinical Care Coordinator (CCC) will ensure that the member received their OTC benefit card, and provide the member with education on the use of the OTC card. **The CCC will send the member a welcome guide** with instructions on the use of the OTC extra benefit card.
	FIDE-SNP Care managers will remind members enrolled in the care management program each quarter about the availability of the OTC benefits and renewing balance, and encourage members to utilize the benefit.
	Providers will receive training and/or education on Respect, Kindness, and De-Escalation. **FIDE-SNP Team members** will receive training and/or education on Respect, Kindness, and De-escalation
UHCDC – Reducing Member Grievances for FIDE SNP Members	**Implement ongoing quarterly training** via assigned learning modules for all member service representatives to improve quality of member interactions.
	Monitor post-call member surveys for indicators of dissatisfaction and provide individual call center representative coaching to improve performance and call handling.
	Implement ongoing Small Group Training for member service representatives identified as needing additional training to improve quality of member interactions. **Monitor percent of post-call member surveys** that indicated member dissatisfaction with the call experience.
	Educate all in-network provider practices and facilities on proper Medicaid billing, as outlined in the Provider Manual. **Post an annual provider bulletin** on the NJUHCCP provider website to review Medicaid rules related to member billing as outlined in the Provider Manual.
	Inform members about their rights and responsibilities regarding balance-billing through an annual article in the member newsletter.
WCDL – Complaints and Grievances	**Educate member on current benefits** in addition to EOC (Evidence of Coverage) and ANOC (Annual Notice of Changes) with the delivery of a one-page summary of benefits to FIDE SNP members as part of the annual renewal information.
	Educate and receive feedback from FIDE SNP members on benefits and annual changes at the DSNP Enrollee Committee.
	Quarterly outreach to FIDE SNP members to review benefits by our concierge team.
	Quarterly workgroups with the state to ensure timely approval of member materials

MCO/PIP	Interventions
WPFDA - Increasing transportation vendor compliance for no-show and late pick-up	**Vendor will provide members with reliable transportation** to medically related appointments, including but not limited to dialysis, physician services, physical therapy, lab services. Performance standard is the total number of no shows will not exceed one-half percent (0.5%) of all scheduled one-way trips per month. In the event performance standard is not met, the Plan will collaborate with the transportation vendor to develop a mutually agreed upon Corrective Action Plan (CAP) to assist transportation vendor in meeting standards.
	Vendor will provide members with timely transportation to medically related appointments. Performance standard is the total of late trips will not exceed fifteen percent (15%) of all scheduled one-way trips per month. In the event performance standard is not met, the Plan will collaborate with the transportation vendor to develop a mutually agreed upon Corrective Action Plan (CAP) to assist transportation vendor in meeting standards.

PIP: performance improvement project; MCO: managed care organization.

Table 20: PIP Interventions Summary 2024 for Osteoporosis

MCO/PIP	Interventions
AAPP	**N/A, AAPP does not have an Osteoporosis PIP at this time.**
HNJTC	**N/A, HNJTC does not have an Osteoporosis PIP at this time.**
UHCDC	**N/A, UHCDC does not have an Osteoporosis PIP at this time.**
WCDL	**N/A, WCDL does not have an Osteoporosis PIP at this time.**
WPFDA - Osteoporosis Screening in Women with Documented Fracture	**Member will be given information related to bone mineral density (BMD) testing** and assisted with making an appointment for BMD test. Members are identified using administrative HEDIS data and will be contacted by Plan staff as soon as possible after Plan is notified administratively of Member's fracture. **Plan staff will assist with scheduling transportation for BMD testing**, as needed. Members are identified using administrative HEDIS data and will be contacted by Plan staff as soon as possible after Plan is notified administratively of Member's fracture. **Plan staff will collaborate with member's PCP** to notify them of member's inclusion in the OMW denominator and request PCP to order a BMD test for member. Members are identified using administrative MY 2024 HEDIS data.

PIP: performance improvement project; MCO: managed care organization.

Protocol 2: 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.

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 PMs, 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 FAR prepared by an 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 SNPs with performance data for MY 2024 (AAPP, HNJTC, UHCDC, WCDL and WPFDA) reported HEDIS MY 2023 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 FIDE SNP's HEDIS MY 2023 FARs to determine compliance with ISCA standards. The FARs revealed that all MCOs met all standards for successful reporting **(Table 27).**

Table 21: MCO Compliance with Information System Standards – MY 2023

IS Standard	AAPP	HNJTC	UHCDC	WCDL	WPFDA
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

Pursuant to the release of the updated EQRO Protocols by CMS in 2023, DMAHS requested IPRO to conduct an ISCA review in 2024 for all NJ MCOs. IPRO worked with DMAHS to customize the ISCA worksheet provided in Appendix A of the *CMS External Quality Review (EQR) Protocols* published in February 2023. In addition to customizing the ISCA survey tool for NJ's Medicaid products, including MLTSS, the ISCA was also modified to include questions relating to the NJ FIDE SNP. Additional questions were included related to the annual NJ State-specific performance measures, HEDIS ECDS measures and race and ethnicity categories, encounter data submissions to the State and systems used for handling grievances and reporting Tables 3B, 3C, and H2A to the State.

On February 9, 2024, IPRO uploaded the NJ ISCA tool to REDCap and the NJ MCOs were requested to complete and return the responses by March 18, 2024. Virtual meetings were held with each NJ MCO to discuss the ISCA responses, interview the MCO's staff, and IPRO conducted a review of the MCO's information system capabilities. MCO staff, DMAHS, and IPRO staff attended the meeting. The meeting included a section to discuss the MCO's grievance systems and regulatory reporting requirements.

The ISCA included:

- Data Integration and Systems Architecture,
- Membership Data Systems and Processes,
- Claims Data Systems and Processes,
- Performance Measure Reporting,
- Race and Ethnicity and ECDS Measures,
- Provider Data Systems and Processes,
- Provider Network Adequacy,
- Oversight of Contracted Vendors,
- Grievance Systems, and
- Encounter Data Submissions to State.

Assessment dates for 2024 ISCA review meetings with NJ MCOs are listed in **Table 28**.

Table 22: 2024 ISCA Review Meetings

MCO	Assessment Dates
AAPP	May 8, 2024
HNJTC	May 6, 2024
UHCDC	May 1, 2024
WCDL	May 7, 2024, and May 14, 2024
WPFDA	May 2, 2024

MCO: managed care organization.

At the conclusion of the ISCA review, IPRO compiled and analyzed the information gathered through the preliminary ISCA review and from the MCO staff interviews for producing individual ISCA reports. A statement of findings about the NJ MCO's information system review and an assessment level were assigned in NJ MCO reports. During the 2024 ISCA review, the NJ MCOs were assessed on the assessment topics listed in **Table 29**. All NJ MCOs met assessment rating standards, and no issues were noted. The assessment for the submission to Transformed Medicaid Statistical Information System (T-MSIS) was not applicable to NJ MCOs since the NJ MCOs submit encounter data to the State.

Table 23: Summary of ISCA Findings

Assessment Topic	AAPP	HNJTC	UHCDC	WCDL	WPFDA
Completeness and accuracy of encounter data collected and submitted to the State	Met	Met	Met	Met	Met
Validation and/or calculation of performance measures	Met	Met	Met	Met	Met
Completeness and accuracy of tracking of member grievances	Met	Met	Met	Met	Met
NJ Appointment Assistance Form	Met	Met	Met	Met	Met
Utility of the information system to conduct MCO quality assessment and improvement initiatives	Met	Met	Met	Met	Met

Assessment Topic	AAPP	HNJTC	UHCDC	WCDL	WPFDA
Ability of the information system to conduct MCO quality assessment and improvement initiatives	Met	Met	Met	Met	Met
Ability of the information system to oversee and manage the delivery of health care to the MCO's enrollees	Met	Met	Met	Met	Met
Validation and/or calculation of network adequacy reports	Met	Met	Met	Met	Met
Identification and reporting of NCQA's and CMS's race and ethnicity categories	Met	Met	Met	Met	Partially Met

MCO: managed care organization; NJ: New Jersey; NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services.

HEDIS MY 2023 FIDE SNP Performance Measures

IPRO validated the processes used to calculate the 13 HEDIS MY 2023 PMs required by CMS for FIDE SNP reporting by AAPP, HNJTC, UHCDC, WCDL, and WPFDA. All five FIDE SNPs reported the required measures for MY 2023:

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

Notable HEDIS Measure Changes from MY 2022 to MY 2023

In MY 2023, Advance Care Planning was removed from FIDE SNP reporting.

In MY 2023, the AMM revised the age criteria to require 18 years and older as of the index prescription start date (IPSD). Per the NCQA trending memo, there is a caution flag for any year-over-year comparison.

Measure Reporting

All five FIDE SNPs reported the required measures for MY 2023.

Comparisons of MY 2022 to MY 2023 – New Jersey Average (Weighted Average)

Most measures reported remained constant from MY 2022 to MY 2023 (< 5 pp change). Trending should be interpreted with caution where MCOs reported eligible population are less than 30.

1. Measures for which rates improved significantly (≥ 5 pps increase):
    a. Care for Older Adults (COA) – Medication Review and Pain Screening
    b. Controlling High Blood Pressure (CBP)
    c. Osteoporosis Management in Women who had a Fracture (OMW)
    d. Transitions of Care (TRC) – Notification of Inpatient Admission

2. Measures for which rates declined significantly (≥ 5 pp decrease):
    a. Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
    b. Antidepressant Medication Management (AMM) – Effective Continuation Phase Treatment

New Jersey FIDE SNP Average (Weighted Average) Results

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 considered that the SNP population, which is a more vulnerable population, may differ considerably from the Medicare population.

Plan All-Cause Readmissions (PCR) is a risk adjusted measure. Calculation of a weighted average for this measure is not appropriate.

The NJ FIDE SNP average compared to the national Medicaid benchmarks identified these overall results:

1. Rates below the 10th percentile:
    a. 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]
    b. Use of High-Risk Medications in the Elderly (DAE)

2. Rates between the 10th percentile and the 25th percentile:
    a. Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment, Effective Continuation Phase Treatment]
    b. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Falls + Tricyclic Antidepressants or Antipsychotics]
    c. Transitions of Care (TRC) [Notification of Inpatient Admission, Medication Reconciliation Post-Discharge, Receipt of Discharge Information]

3. Rates between the 25th percentile and 50th percentile:
    a. Colorectal Cancer Screening (COL)
    b. Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
    c. Controlling High Blood Pressure (CBP)
    d. Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
    e. Osteoporosis Management in Women who had a Fracture (OMW)
    f. Transitions of Care (TRC) [Patient Engagement After Inpatient Discharge]

4. Rates between the 50th percentile and 75th percentile:
    a. Follow-Up After Hospitalization for Mental Illness (FUH) [30-Day Follow-Up, 7-Day Follow-Up]
5. Rates above the 75th percentile:
    a. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
    b. Pharmacotherapy Management of COPD Exacerbation (PCE) [Bronchodilator]

The HEDIS rates are color coded to correspond to national percentiles (**Table 30**).

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 31** displays the HEDIS performance measures for MY 2023 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 2023 FIDE SNP HEDIS Performance Measures

HEDIS MY 2023 FIDE SNP Measures	AAPP	HNJTC	UHCDC	WCDL	WPFDA[1]	Health Plan Average[2]	MY 2023 NJ FIDE SNP Average[3]
Colorectal Cancer Screening (COL) – Hybrid Measure[4]	47.69%	67.09%	72.99%	68.86%	54.52%	62.23%	67.42%
Care for Older Adults (COA) – Hybrid Measure[5]							
Medication Review	98.30%	87.69%	94.16%	94.40%	96.11%	94.13%	93.20%
Functional Status Assessment	68.37%	92.81%	77.13%	69.83%	61.31%	73.89%	77.07%
Pain Screening	82.24%	96.92%	97.08%	91.73%	92.94%	92.18%	95.40%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	38.89%	34.16%	38.37%	33.88%	32.81%	34.81%	36.06%
Pharmacotherapy Management of COPD Exacerbation (PCE)							
Systemic Corticosteroid	85.23%	71.18%	73.14%	72.36%	72.51%	74.88%	73.12%
Bronchodilator	93.18%	89.72%	88.34%	82.11%	90.64%	88.80%	88.89%
Controlling High Blood Pressure (CBP) – Hybrid Measure[4]	70.80%	75.41%	78.10%	73.97%	52.98%	70.25%	72.76%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	100.00%	88.89%	43.48%	100.00%	71.43%	0.00%	67.80%

HEDIS MY 2023 FIDE SNP Measures	AAPP	HNJTC	UHCDC	WCDL	WPFDA[1]	Health Plan Average[2]	MY 2023 NJ FIDE SNP Average[3]
Osteoporosis Management in Women Who Had a Fracture (OMW)	0.00%	46.34%	48.96%	28.57%	20.00%	38.43%	39.59%
Antidepressant Medication Management (AMM)							
Effective Acute Phase Treatment	71.64%	76.46%	74.92%	83.77%	71.98%	75.75%	75.28%
Effective Continuation Phase Treatment	58.21%	60.25%	57.98%	79.22%	56.32%	62.40%	59.88%
Follow-Up After Hospitalization for Mental Illness (FUH)							
30-Day Follow-Up	61.90%	53.68%	52.40%	56.12%	56.83%	56.19%	54.45%
7-Day Follow-Up	38.10%	34.93%	31.78%	30.61%	33.88%	33.86%	33.12%
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)[6]							
Falls + Tricyclic Antidepressants or Antipsychotics	25.00%	47.93%	41.93%	44.40%	45.99%	41.05%	43.99%
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	32.00%	53.24%	57.15%	52.88%	55.54%	50.16%	55.04%
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	17.86%	16.26%	18.43%	18.58%	18.13%	17.85%	17.91%
Total	27.15%	44.47%	45.36%	45.99%	46.10%	41.81%	45.12%
Transitions of Care (TRC) – Hybrid Measure[6]							
Notification of Inpatient Admission	13.63%	19.46%	9.25%	59.37%	12.41%	22.82%	16.16%
Medication Reconciliation Post-Discharge	78.83%	77.37%	54.01%	38.69%	43.80%	58.54%	57.97%
Patient Engagement After Inpatient Discharge	73.72%	92.21%	81.51%	80.54%	78.35%	81.27%	83.10%
Receipt of Discharge Information	15.82%	19.46%	5.11%	6.08%	10.22%	11.34%	9.99%

HEDIS MY 2023 FIDE SNP Measures	AAPP	HNJTC	UHCDC	WCDL	WPFDA[1]	Health Plan Average[2]	MY 2023 NJ FIDE SNP Average[3]
Use of High-Risk Medications in the Elderly (DAE)[6]	18.86%	27.28%	27.44%	26.66%	26.03%	25.25%	26.95%
Plan All-Cause Readmissions (PCR)[6,7,8]							
18-64 year olds, Observed-to-expected Ratio	1.4615	1.4210	1.2952	0.7955	1.2088		
65+ year olds, Observed-to-expected Ratio	1.4112	1.2899	1.2267	0.76	1.0537		

Note: Submission of hybrid measures was not required for measurement year (MY) 2023.

[1] Amerigroup began doing business as Wellpoint Full Dual Advantage (WPFDA) as of 1/1/2024. Administrative measures for WPFDA are calculated by combining the Interactive Data Submission System (IDSS) files with SubIDs 8854 and 14930.

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

[3] New Jersey (NJ) Medicaid average is weighted average of all MCO data.

[4] WPFDA reported this measure administratively.

[5] Horizon NJ TotalCare (HNJTC) reported this measure administratively.

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

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

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

HEDIS: Healthcare Effectiveness Data and Information Set; FIDE SNP: fully integrated dual eligible special needs plan.

Protocol 3: 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 SNPs participated in a full FIDE SNP/MLTSS annual assessment review in February and March 2024. (**Table 21**).

Table 26: 2024 Annual Assessment Type by FIDE SNP/MLTSS

FIDE SNP/MLTSS	Assessment Type
AAPP	Full
HNJTC	Full
UHCDC	Full
WCDL	Full
WPFDA	Full

FIDE SNP: fully integrated dual eligible special needs plan; MLTSS: managed long-term services and supports.

During the 2024 FIDE SNP/MLTSS annual assessment review, 234 elements were subject to review for all participating FIDE SNP. Certain MLTSS elements that were previously met in the 2023 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.

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. In 2024, one new standard, (Member Disenrollment) was added for review. 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 the calendar year 2023.

Following the document review, IPRO conducted interviews with key members of the FIDE SNP staff remotely. 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 8-and-30 file sampling methodology established by the NCQA. IPRO reviewed an initial sample of 8 files, and then reviewed an additional sample of 22 files when any of the original 8 failed the review, for a total of 30 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 8-and-30 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 as 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 (QI suggestions) that had no bearing on overall MCO compliance but could be considered as a part of a broader effort towards CQI.

The standard designations and assigned points used are shown in **Table 22.**

Table 27: New Jersey Medicaid Managed Care Compliance Monitoring Standard Designation

Rating	Rating Methodology	Review Type
Total Elements	Total number of elements within this standard.	Full, Partial
Subject to Review	This element was subject to review in the current review year.	Full, Partial
Subject to Review and Met	This element was subject to review in the current review year and was met.	Full, Partial
Subject to Review and Not Met	Not all of the required parts within the element were met.	Full, Partial
Subject to Review and N/A	This element is not applicable and will not be considered as part of the score.	Full, Partial
Total Met	In a full review, this element was met among the elements subject to review in the current review year. In a partial review, this element was subject to review and met, or deemed met.	Full, Partial

Conclusions and Comparative Findings

As part of the FIDE SNP/MLTSS annual assessment of MCO operations, IPRO performed a thorough evaluation of the MCO compliance with CMS's Subpart D and QAPI standards. CMS requires each MCO's compliance with these 14 standards be evaluated. **Table 23** provides a crosswalk of individual elements reviewed during the FIDE SNP/MLTSS annual assessment to the CMS QAPI standards.

Table 28: 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[1,2]
Disenrollment	438.56	Member Disenrollment (MD)[3]	MD1-MD9	1 –2023-2024
Enrollee Rights	438.100	Enrollee Rights (ER)	ER1, ER3-ER4	1 –2022-2023, 2023-2024
Emergency and Post Stabilization	438.114	Access (A)	A1	1 –2022-2023, 2023-2024
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 –2022-2023, 2023-2024 2 - 1 –2022-2023, 2023-2024 3 – 1 –2022-2023, 2023-2024
Assurances of Adequate Capacity and Services	438.207	1 – Access (A)	A4	1 – 1 –2022-2023, 2023-2024

Subpart D and QAPI Standards	CFR Citation	Annual Assessment Review Categories	Elements Reviewed	Last Compliance Review[1,2]
Coordination and Continuity of Care	438.208	1 – Care Management and Continuity of Care (CM)	CM2, CM14, CM38	1 – 1 –2022-2023, 2023-2024
Coverage and Authorization of Service	438.210	1 – Utilization Management (UM)	UM3, UM11, UM14–UM16, UM16o1 UM16o2	1– 1 –2022-2023, 2023-2024
Provider Selection	438.214	1 – Credentialing and Re-Credentialing (CR)	CR2, CR3	1– 1 –2022-2023, 2023-2024
Confidentiality	438.224	1 – Provider Training and Performance (PT)	PT9	1 – 1 –2022-2023, 2023-2024
Grievance and Appeal Systems	438.228	1 – Utilization Management (UM) 2 - Quality Management (QM)	UM16k.1, UM16k.2, UM16l.1, UM16l.2, UM16m.1, UM16m.2, UM16n.1, UM16n.2, QM5	1– 1 –2022-2023, 2023-2024 2 – 1 2022-2023, 2023-2024
Subcontractual Relationships and Delegation	438.230	1 – Administration and Operations (AO)	AO5, AO8–AO11	1– 1 –2022-2023, 2023-2024
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 –2022-2023, 2023-2024 2 –1 –2022-2023, 2023-2024 3– 1 –2022-2023, 2023-2024
Health Information Systems	438.242	1 – Management Information Systems (IS)	IS1–IS17	1– 1 –2022-2023, 2023-2024
Quality Assessment and performance improvement (QAPI)	438.330	1 – Quality Assessment and Performance Improvement (QAPI)	Q1, Q5–Q9	1–1 –2022-2023, 2023-2024

[1] In 2023 Aetna (AAPP) participated in a full compliance review, while four MCOs (HNJTC, UHCDC, WCDL, and WPFDA) had partial compliance reviews. In 2024 all five MCOs (AAPP, HNJTC, UHCDC, WCDL, and WPFDA) had a full compliance review. DMAHS requires specific elements to be reviewed annually.
[2] DMAHS requires specific elements to be reviewed annually.
[3] Member Disenrollment is a new standard for 2024.

Of the 234 elements reviewed during the 2023 FIDE SNP/MLTSS annual assessments, 84 elements crosswalk to the 14 CMS QAPI standards. **Table 24** provides a list of elements evaluated and scored by MCO for each of the Subpart D and QAPI standards identified by CMS.

Table 29: Subpart D and QAPI Standards – Scores by MCO

Subpart D and QAPI Standard	CFR Citation	AA Review Elements	# of Elements Reviewed	AAPP	HNJTC	UHCDC	WCDL	WPFDA
Member Disenrollment[1]	438.56	MD1-MD9	9	89%	100%	89%	56%	100%
Enrollee Rights	438.100	ER1, ER3-ER4	3	100%	100%	67%	100%	100%
Emergency and Post Stabilization	438.114	A1	1	100%	100%	100%	0%	100%
Availability of Services	438.206	A3, A4a–f, A7, CR7, CR8, AO1, AO2	12	83%	83%	67%	50%	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%	100%	100%	89%	100%
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%
Quality Assessment and performance improvement Program (QAPI)	438.330	Q1, Q2, Q5–Q9	7	100%	100%	100%	100%	100%

Subpart D and QAPI Standard	CFR Citation	AA Review Elements	# of Elements Reviewed	AAPP	HNJTC	UHCDC	WCDL	WPFDA
Total elements reviewed			**84**					
Compliance percentage				**95%**	**98%**	**93%**	**86%**	**95%**

[1] Member Disenrollment is a new standard for 2024.

All five MCOs participated in the 2024 compliance review. A total of 234 elements were reviewed for each MCO for a total of 1,170 elements reviewed overall. All five participating FIDE SNPs showed strong performance in the CMS Subpart D and QAPI standards, with compliance scores ranging from 86% to 98% (**Table 24**).

All five MCOs received 100% compliance for 9 of the 14 standard domains. All five MCOs were non-compliant in Availability of Services (less than 85% compliance; **Table 24**).

Table 25 displays a comparison of the overall compliance score for each of the five participating MCOs from 2023 and 2024. For the review period January 1, 2023–December 31, 2023, all five MCOs scored above NJ's minimum threshold of 85% (**Table 25**). The compliance scores from the annual assessment ranged from 92% to 99%; WPFDA's compliance score decreased 1 pp to 97%; WCDL's compliance score decreased 6 pps to 92%; and AAPP's, HNJTC's, and UHCDC's compliance scores remained unchanged from 2023 at 98%, 99%, and 97%, respectively (**Table 25**).

Table 30: Comparison of 2023 and 2024 Compliance Scores by MCO

MCO	2023 Compliance %	2024 Compliance %	% Point Change from 2023to 2024
AAPP	98%	98%	0%
HNJTC	99%	99%	0%
UHCDC	97%	97%	0%
WCDL	98%	92%	-6%
WPFDA	98%	97%	-1%

MCO: managed care organization.

In 2024, the average compliance score for six standards (Committee Structure, Programs for the Elderly and Disabled, Provider Training and Performance, Enrollee Rights and Responsibilities, Credentialing and Recredentialing, and Administration and Operations) showed decreases ranging from 1 to 12 pps with Credentialing and Recredentialing having the most significant decrease of 12 pps (**Table 26**). In 2024, three standards (QAPI, Care Management and Continuity of Care, and Management Information Systems) had an average score of 100%. The new standard added for 2024, Member Disenrollment, showed a compliance score of 88% (**Table 26**). Average compliance for four standards (QAPI, Care Management and Continuity of Care, Utilization Management and Management Information Systems) remained the same from 2023 to 2024. Two standards (Access and Quality Management) had increases of 1 and 3 pps, respectively. In 2024, Access had the lowest average compliance score at 84% (**Table 26**).

Table 31: 2023 and 2024 Compliance Scores by Review Category

Review Category	MCO Average 2023[1]	MCO Average 2024[1]	Percentage Point Change
Access	83%	84%	1
Quality Assessment and Performance Improvement	100%	100%	0
Quality Management	96%	99%	3
Committee Structure	100%	98%	-2
Programs for the Elderly and Disabled	100%	99%	-1
Provider Training and Performance	98%	96%	-2
Enrollee Rights and Responsibilities	100%	98%	-2
Member Disenrollment[3]	N/A	88%	N/A
Care Management and Continuity of Care	100%	100%	0
Credentialing and Recredentialing	100%	88%	-12
Utilization Management	99%	99%	0
Administration and Operations	100%	98%	-2
Management Information Systems	100%	100%	0
Total	**98%**[2,4]	**97%**[2]	**-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 five MCOs listed in **Table 25**.
[3] Member Disenrollment is a new standard for 2024.
[4] Member Disenrollment not included in calculation for MCO Average 2023.
N/A: not applicable; FIDE SNP: fully integrated dual eligible special needs plan; MCO: managed care organization.

Appendix A: 2024 FIDE SNP-Specific Review Findings contains detailed information on each FIDE SNP's annual assessment and **Appendix B: 2024 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 2024 annual assessment of FIDE SNP/MLTSS operations were:

- The QAPI program for all MCOs delineated an identifiable committee structure responsible for performing QI activities and demonstrated ongoing initiatives.
- All five MCOs performed at 100% compliance with regard to QAPI, Care Management and Continuity of Care, 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.

Protocol 5: Encounter Data Validation

Encounter data validation is an ongoing process, involving the MCOs, the 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 2024, IPRO continues to monitor encounter data submissions and patterns.

Since 2013, IPRO has been receiving eligibility and encounter data extracts from Gainwell Technologies (formerly DXC Technology) on a monthly basis. 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 2024, IPRO worked closely with Gainwell Technologies to address any changes to the eligibility and encounter data extracts and to ensure the monthly file receipt.

Protocol 6: 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 2024 for members enrolled in from July 1, 2023, through December 31, 2023. 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 6 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, 2024, through June 20, 2024, using a standardized survey procedure and questionnaire. A total random sample of 9,450 cases were drawn from adult enrollees from the five NJ FIDE SNPs (AAPP, HNJTC, UHCDC, WCDL and WPFDA); this consisted of a random sample of 1,890 enrollees from each of the five FIDE SNPs.

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 39 core questions and 11 supplemental questions.

The CAHPS rates are color coded to correspond to the national percentiles as shown in **Table 32**.

Table 32: 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 3,161 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 34.3% (data not shown). 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 NJ MCOs were as follows (**Table 33**):

- 83.6% for Getting Needed Care;
- 83.5% for Getting Care Quickly;
- 94.5% for How Well Doctors Communicate; and
- 91.0% for Customer Service.

The New Jersey FIDE SNP product is a joint Medicaid/Medicare program. The comparisons in **Table 33** 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 2023 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 75th percentiles for four out of five of the MCOs (AAPP, HNJTC, UHCDC, and WPFDA). Opportunities for improvement are evident for one MCO (WCDL) with a rate below the 25th percentile for Rating of All Health Care.

Table 33: CAHPS MY 2023 Performance – FIDE SNP Survey

FIDE SNP Adult Survey – CAHPS Measure	AAPP	HNJTC	UHCDC	WCDL	WPFDA	Statewide Weighted Average
Getting Needed Care	83.1%	84.0%	83. 5%	81.2%	84.7%	83.6%
Getting Care Quickly	87.3%	86.5%	81.6%	81.1%	84.8%	83.5%
How Well Doctors Communicate	95.5%	95.6%	93.8%	93.3%	95.4%	94.5%
Customer Service	89.8%	92.4%	90.9%	87.2%	91.2%	91.0%
Rating of All Health Care[1]	75.5%	76.20%	76.2%	68.5%	74.2%	75.2%
Rating of Personal Doctor[1]	89.3%	88.3%	88.7%	85.1%	88.0%	88.2%
Rating of Specialist Seen Most Often[1]	87.0%	88.3%	85.7%	80.3%	84.0%	85.7%
Rating of Health Plan[1]	79.6%	90.3%	87.5%	76.4%	78.7%	85.5%

[1] For this measure, the 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.

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 34–38** display the participating FIDE SNPs' 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 34 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 2024,* as well as IPRO's assessment of AAPP's response.

Table 34: AAPP – Response to Previous EQR Recommendations

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The MCO should include all Contract language as appropriate in the provider manual regarding emergency services. 2. The MCO should ensure specialty care access for all members in Cape May County for allergy and immunology providers. 3. The MCO should develop a system to track under- and over-utilization of services.	1. The Provider Experience team has updated page 212 of the Provider Manual to include the following required language: "Medical Examination at an Emergency Room when a foster home placement of a child occurs after business hours." In September 2023, the team also reviewed the Provider Manual Desktop and implemented a new sign off process, requiring a sign off by three leadership roles, including the Provider Experience Director, Operations Director, and Chief Dual Officer. 2. The Plan's Network Director has targeted closing the specialty gap that previously existed on the monitoring reports in 2022. As of March 2023, this gap was remediated and continues to be compliant in current monthly monitoring. The Network Director continues monthly monitoring of network adequacy by obtaining and analyzing internal adequacy reports. 3. The system implemented by Aetna Assure Premier Plus (AAPP) Plan of NJ consists of several components with ultimate oversight provided by AAPP's Quality Management Oversight Committee (QMOC). Key to this system is AAPP's Provider Profile/Performance reporting and monitoring. AAPP produces and distributes quarterly Provider Profile/Performance reports to all primary care providers (PCP) with assigned membership. This reporting provides detailed utilization trending/rates/peer comparison for key measures and supports AAPP's ability to monitor over/under-utilization at the PCP provider level. To further assist this process, AAPP has also developed a monitoring database/tool that allows provider performance to be evaluated against established benchmarks. Providers not meeting benchmarks/plan performance requirements are identified and reviewed by AAPP's Quality Team. These providers are then taken to an internal Provider Profile/Performance Workgroup for discussion and further	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
	evaluation by a cross-enterprise team of SMEs. The Provider Profile/Performance Workgroup can make decision/determination of next steps with provider to bring performance up to Plan standards and may also make recommendations on continued network participation based on performance metrics. Summary level reporting is then shared at AAPP's Clinical Quality Committees. AAPP also monitors key NCQA HEDIS measures as part of this process. HEDIS data is at the aggregate level and provides insight into under-utilization – i.e., members not receiving key preventive care/services, or for over-utilization – inpatient readmission, non-emergent emergency utilization. Monitoring/reporting of HEDIS performance data is done through multiple MCO workgroups and committees including with AAPP's QMOC committee. AAPP also continues to monitor dental utilization through internally developed dashboards that inform the MCO of non-emergent dental utilization and under-utilization of our DDD population. This data provides us with the opportunity to engage with members and educate them on appropriate ED use, connect them with a primary dentist, identify barriers to accessing care and support caregivers as they assist with coordinating the member's care. AAPP's dental committee closely monitors these outcomes and activities to determine the effectiveness and provide recommendations for new initiatives.	
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	Aetna Assure Premier Plus (AAPP) Plan of NJ continues to track/trend the HEDIS quality-related measures provided through the IPRO ATR report and determines actions to improve HEDIS rates and member health outcomes. For the HEDIS MY22 period, AAPP saw an increase in reportable quality-related measures from the HEDIS MY21 period as the MCO's qualifying membership has grown. AAPP measures meeting or exceeding IPRO's goals were identified as PCE, FUH 7/30 Day, DDE, TRC – Medication Reconciliation, DAE, and PCR 65+ O/R Opportunities for HEDIS measure improvement were identified as: - Colorectal Cancer Screening (COL) - Controlling Blood Pressure (CBP) - Anti-Depressant Medication Management (AMM) – Acute & Continuation Phase - Transitions of Care (TRC) – Notification of IP Admit, Receipt of Discharge Info, Patient Engagement Post Discharge - Plan All-Cause Readmissions (PCR) – 18-64 O/R Improvement efforts for HEDIS MY23 include HEDIS measure action/workplans to drive measure improvements, internal workgroups focused on performing measure deep dives/root cause analyses and	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response[1]
more than one reporting period.	intervention development/deployment. AAPP's Quality Team also performs post HEDIS Hybrid working sessions to identify opportunities for improvement as well as develops an annual HEDIS Hybrid Strategy. Quality's collaboration with internals teams such as Care Management, Network/Provider Relations, Utilization Management and Medical Management on internal processes and operations is also key to improving HEDIS rate performance and health outcomes. Current HEDIS MY23 data shows significant improvement for COL, CBP, AMM/Acute, and TRC Notification of IP Admit, and TRC-Receipt of Discharge Info.	
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 (AAPP) Plan of NJ continues to track/trend the annual IPRO Adult CAHPS survey results provided through the IPRO ATR report and determine actions to improve member satisfaction with key CAHPS composites/areas. For the 2023 CAHPS (MY22) survey, the AAPP survey sample was significantly larger at 1,500+ members when compared to the 2022 CAHPS (MY21) sample of 613 members. AAPP saw statistically significant improvement in: - Getting Needed Care - Rating of the Health Plan Other notable improvements identified: - How Well Doctors Communicate - Rating of Personal Doctor Opportunities for composites at or below the 50th Percentile: - Getting Care Quickly - Customer Service - Rating of All Health Care - Rating of Specialist Seen Most Often Improvement efforts for MY23 include the development/implementation of a CAHPS action plan to address under-performing CAHPS composites, initiatives to improve the overall member experience and monitoring/surveying our provider network to ensure satisfaction and that providers are meeting and/or exceeding access and availability standards and providing after-hours coverage. AAPP will also use its annual Aetna/NCQA CAHPS survey and off-cycle CAHPS results to help understand member satisfaction/service opportunities in composites showing opportunities from the IPRO CAHPS survey. Internal AAPP workgroups will be used to drive improvements and AAPP key committees will provide oversight/feedback as appropriate.	Addressed

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

HNJTC – Response to Previous EQR Recommendations

Table 35 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 2024,* as well as IPRO's assessment of HNJTC's response.

Table 35: HNJTC – Response to Previous EQR Recommendations

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The MCO should address deficiencies in pediatric specialty providers across multiple counties. 2. The MCO should address dental deficiencies in Morris and Ocean Counties and Pedodontist deficiencies in multiple counties. 3. The MCO should continue to address appointment availability for adult PCPs, specialists, and behavioral health providers, as well as deficiencies in after-hours compliance.	1. Throughout 2023 and YTD 2024, we continue to focus on the gaps and have been successful in recruiting providers with pediatric specialties such as Pediatric Infectious Disease, Pediatric Rheumatology, Pediatric Pulmonology & Pediatric Sleep Medicine. We are finalizing negotiations with Children's Hospital of Philadelphia (CHOP) that will add approximately 2,000 practitioners with pediatric subspecialties to the network. We continue to partner with professional groups on recruitment efforts. The recruitment team is also focused on closing other such gaps as Pediatric Gastroenterology, Pediatric Psychiatry, Adolescent Medicine, Pediatric Nephrology & Pediatric Emergency Medicine. 2. As noted in our approved CAP submitted in 2024, the Dental Director requested a further review of pedodontist deficiencies in Q3, 2023 and it was found that the Geo Report outlines that there is no data that meets the criteria for assessment. If there are zero pediatric DSNP members in a county, access cannot be evaluated and will be reflected as 0%. The 0% noted in the Geo Report is not a true deficiency, as access has been met in all counties for Pedodontist. To address dental deficiencies, Horizon Dental Operations partnered with SKYGEN USA, the delegated dental vendor, to identify prospective providers, as well as acceptable fee schedule parameters for negotiation. Horizon continued the following interventions in collaboration with SKYGEN: 1) Continued Intervention: Reached out to large provider groups to see if they are willing to add additional providers. 2) Continued Intervention: Reviewed "4 Plus County" network roster to confirm if any providers can be moved to the main, counted network, or if any providers can switch primary status with another county that is currently meeting dental network requirements. (This is in regard to the NJ three county rule). 3) Continued Intervention: Identify additional providers that may fill network deficiencies.	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	4) Continued Intervention: Utilize zip code demographics to assist with closing network deficiencies. 5) Continued Intervention: Utilize New Jersey's Yellow Pages to search for offices in zip codes that are deficient. 6) Continued Intervention: Follow-up weekly with offices that are in fee negotiations. 7) Continued Intervention: Do weekly follow-up with each office with a max of (7) outreach attempts for offices not responding. 8) Continued Intervention: Dental Director outreaches to interested providers to have a discussion directly. 9) Continued Intervention: Review out of network claim utilization reports for prospective providers. 10) Continued Intervention: Review of SKYGEN's monthly recruitment and contracting reports, ensuring providers that are in the counties needed are credentialed timely. 11) New intervention: Collaborate with commercial line of business to recruit providers for the Medicaid network. Interventions 1-10 were ongoing throughout 2023. These interventions will continue through 2024. Intervention 11 was new in Q4, 2023. To monitor, the Dental Director receives and reviews a bi-weekly status report, and monthly meetings are held with SKYGEN to review recruiting status. 3. All professional practitioners who failed the 24-Hour Access Survey (including PCPs, and specialists) were asked to create an Action Plan to submit within 30 days to ensure future compliance. Re-audits were completed for those that submitted an Action Plan to ensure compliance. Practitioners that received Level 1 Sanctions received telephone outreach by the Network Specialist team to assist with compliance. Practitioners who failed one or more questions on the Appointment Availability Survey were sent a request to submit a Corrective Action Plan within 30 days. Follow up re-audits were completed to ensure compliance. Articles were posted in the March 2024 Provider Pulse with education for both the 24-Hour Access Standard and the Appointment Availability standard. In Q2, 2024 an alert was posted on Availity site to remind practitioners of the annual 24-Hour Access audit. Individual follow up education was provided for practitioners that failed the re-audit in 2023 and they also submitted a CAP. A review	

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	of Appointment Availability Survey calls was completed to improve our survey process, as well as a full review of all questions that are asked during those calls to ensure the questions are clear. Horizon completed a review of the survey scripting for 2025 for possible enhancements to ensure all questions are clear and relatable to the practices.	
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.	Horizon continues to monitor HEDIS measure performance on an ongoing basis in our efforts to improve health outcomes for our members. Several member/provider interventions are launched, and new interventions developed to impact measure performance. Existing interventions are enhanced based on impact analysis of interventions. HEDIS interventions are reported on a quarterly basis in the HEDIS workgroup with a report out to the Quality Improvement Committee. In 2024, several new and continuing initiatives are underway to impact HEDIS measure performance for measures that fell below 50th percentile: - Ongoing Member education via mailers, text campaigns and member newsletters on Annual Well visit, Preventive screenings, and Immunization. -2024 Member Rewards program added to existing measures including diabetes A1C testing and incentive for HRA completion was increased from $10 to $20. -Collaboration with Walgreens where members have access to Health Corners in Walgreens pharmacies staffed by health advisors to close care gaps. Members can also receive FOBT or A1C test kits. -Farmbox initiative provides members with a healthy Farmbox and then they can receive another Farmbox upon completion of needed screenings (Planned for Q4 ’24). -DSNP Case Management team addresses HEDIS gaps in care as part of ongoing member outreach/follow up for members engaged in CM. ADT alerts are received on a regular cadence for follow up by Case Managers. -Provider Incentive program where providers are incentivized for gap closure for certain HEDIS measures.	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	-Provider R&R program- Providers participating in the Results and Recognition (R&R program) are assigned a Clinical Quality Improvement Liaison (CQIL). The CQIL conducts regularly scheduled meetings with the providers. During these meetings, provider gap reports are reviewed, barriers are discussed and a strategy to improve performance is set. Additionally, 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 and the Provider Manual. Additionally, recorded webinars are posted on the Quality Resource Center and available to all providers. -The Behavioral Health (BH) team continues to launch member and provider facing interventions focused on BH measures. Monthly Provider webinars continue in 2024 to educate providers on HEDIS Measure and best practices. These webinars are also published on the website for convenient provider access. In 2024, the BH team launched a CEU webinar to incentivize provider BH HEDIS education. The BH team continues to outreach members via mailers for select measures. The BH HEDIS team includes each BH HEDIS Measure in member/provider newsletters throughout the year. Individual touchpoints continue with engaged facilities to review HEDIS scorecard and encourage best practice.	
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 continues to work very closely with Case Management, Member Experience, Pharmacy and Member Services teams to address all CAHPS measures with a targeted focus on measures not meeting the 50th percentile. The quality team engages with business owners across the Enterprise to pursue initiatives that engage members and providers to drive positive member experience and address areas of opportunities. Horizon launched the Walgreens Health Program in 2023 with the goal to improve access to care and healthcare quality by granting members access to Health Corners, where nurses and pharmacists can provide health and medication related education, close gaps in care and help connect members with PCPs to address their health needs. Also, Horizon has leveraged predictive analytics to identify members that may be experiencing issues in Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Rating of Health Plan, Rating of Drug Plan, and/or Getting Needed Prescription CAHPS measures. These members were engaged through targeted communications designed to enhance the member experience and remove any barriers to care. These interventions included: live phone outreach to address any issues the member may be facing, connecting	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	members with necessary resources, direct mailers designed to highlight the Health Plan Benefits, and a call out for members to contact the plan if needed. Additionally, Member education is provided through multiple channels. Multi-texting campaigns were launched, campaigns deployed focused on closing care gaps, CAHPS and HOS measures education as well as important health related reminders. The messages are sent to members via text message, with 3 to 5 member touchpoints per measure campaign. Campaigns include text links to educational videos and articles, which are expected to create an increased focus on screening compliance and condition self-management. Additionally, member newsletters included education on the following topics: annual wellness visit, reminders to get the flu vaccine, after ER visit and discharge reminders, and reminders about the members' Horizon Healthy Journey Rewards Program. Horizon has also partnered with Teladoc, targeting members who have been non-adherent for two or more years to improve members overall health and well-being by supporting self-management of chronic conditions (diabetes and hypertension). Further, we are focusing on Getting Needed Care and Getting Appointments and Care Quickly measures by looking to partner with in-home providers to close quality care gaps in members' homes for those that may prefer to stay at home or that have difficulty going to their doctor. Provider education on CAHPS measures and best practices to improve member experience continues to be the focus of the quarterly provider webinars targeted at the VB providers. The recorded CAHPS webinars are also made available via the provider resource center for providers to view on demand. In addition, each provider newsletter (3 per year) includes CAHPS related articles. The following topics have been covered in 2024: Fast Facts on Patient Experience, CAHPS tip sheet and a discussion checklist, Behavioral Health Patient Resources, Care Coordination for Patient Centered Care, importance of Annual Wellness Visit, and Flu Vaccine. In 2024, the CAHPS Proxy study will be fielded twice a year to obtain member feedback on experiences with their Health Care and Health Plan interactions. Results will be used to develop strategies and action plans for phone outreach, process improvement or plan enhancement to address members pain points. This expansion will allow for more timely data to be shared with providers. Also, bi-annual CAHPS Proxy Report Cards will be delivered to providers as well as engaging providers in discussion on areas of opportunities and sharing of industry best practices.	

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response[1]
	Lastly, the Member Service team receives ongoing education on call handling 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.

UHCDC – Response to Previous EQR Recommendations

Table 36 displays UHCDC's progress related to the *State of New Jersey DMAHS, UHC Dual Complete NJ-Y001 Annual External Quality Review Technical Report FINAL REPORT: April 2024,* as well as IPRO's assessment of UHCDC's response.

Table 36: UHCDC – Response to Previous EQR Recommendations

Recommendation for UHCDC	UHCDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The MCO should continue to address access deficiencies for pediatric PCPs in Atlantic County. 2. 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	1. As of our quarterly FIDE SNP network adequacy reports for March 2024 and June 2024, pediatric PCPs have not had a deficiency due to no pediatric members residing in Atlantic County. Prior to that, in December 2023 pediatric PCPs met 100% network adequacy for FIDE SNP. 2. Our network contracting team continues to search for targets to outreach to known non-participating providers in deficient areas and provides ongoing updates on those identification and outreach efforts for all adult and pediatric specialties. For audiology in Cape May County, there is a group that is contracted with UHC commercial plans that they have outreached, to also contract with Medicaid/FIDE SNP. They continue to search for other non-UHC participating providers. For genetics, there are also some providers who contracted with UHC commercial plans that they have outreached, to also contract with Medicaid/FIDE SNP as well as others who have been identified as non-UHC participating. There was a provider who was outreached to for genetics who declined interest in a Medicaid/FIDE SNP contract. Pediatric specialties are not measured as part of FIDE SNP network adequacy. 3. As of 10/1/2023, Salem Medical Center transitioned to Inspira Medical Center Mannington which includes FIDE SNP coverage. Since December 2023 network deficiency reporting, Salem County has met 100% in both distance and time for Acute Care Hospital network adequacy measurements.	Addressed

Recommendation for UHCDC	UHCDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
providers across multiple counties. 3. The MCO should continue negotiations with Salem Medical Center for a FIDE SNP agreement. 4. The MCO should continue to address deficiencies in MLTSS adult medical day care in Cape May County. 5. 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.	4. As of March 2024, UHCCPNJ meets the 2 MLTSS provider per county minimum for Adult Medical Day Care in Cape May County. 5. UHCCPNJ Quarterly Appointment Availability reporting demonstrates that there are providers who are available for appointment scheduling within DMAHS requirements timeframes. The UHCCPNJ member services team can schedule an appointment on behalf of the member, with the provider for the specialty being requested, within those timeframes. UHCCPNJ continues to work with providers who are identified as deficient in after-hours access. These providers will continue to receive up to three letters after each of up to three survey calls from our third-party vendor, which educates the provider on the appointment availability standards for their specialty set forth by DMAHS.	
Performance Measures Focusing on the HEDIS quality-related measures which fell below the	UHCCP NJ involved key plan stakeholders in the ongoing monitoring of measure rates. Barrier analysis was completed on low performing measures; interventions aimed at rate improvement were developed with input from Behavioral Health, Pharmacy, Care Management and Provider committees. Other solutioning steps included review of	Addressed

Recommendation for UHCDC	UHCDC Response/Actions Taken	IPRO Assessment of MCO Response[1]
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.	available member and provider resources and available enterprise programs for members.	
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 MCO acknowledges that additional focus is required regarding the 2023 results. The 2023 CAHPS workplan was reviewed and noted that additional interventions were needed for the 2023 results. The 2023 results were compared to the 2024 results and noted areas that continue to need more focus and improvement. A CAHPS Workplan was developed for 2024 and submitted to DMAHS. This CAHPS Workplan includes both Medicaid and FIDE SNP populations. The Workplan includes interventions for improving the following survey rates that did not meet the 50th percentile: Health Plan, Health Care, Getting Needed Care, Getting Care Quickly, Customer Service, Doctor Communication and Specialists. This Workplan includes the Adult, Children, and Children with Chronic Conditions populations in both Medicaid and FIDE SNP. It includes intervention activities that focused both on our members and our providers. Interventions were developed to include multiple divisions, e.g., Member Call Center, Quality, Provider Relations, MLTSS, and Care Management. The MCO has a CAHPS Task Force which was developed to address the CAHPS scores. This Task Force discusses the progress of the CAHPS Workplan. Input from member interaction staff was one of the focuses in 2024. Examples are complaints, Care Management issues and requests, provider feedback, and community feedback events. This Workplan is monitored on a regular basis and reported quarterly to the Quality Management Committee (QMC).	Addressed

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

WCDL – Response to Previous EQR Recommendations

Table 37 displays WCDL's progress related to the *State of New Jersey DMAHS, WellCare Dual Liberty Annual External Quality Review Technical Report FINAL REPORT: April 2024,* as well as IPRO's assessment of WCDL's response.

Table 37: WCDL – Response to Previous EQR Recommendations

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
Access 1. The MCO should address and recruit pediatric specialty providers in deficient specialties and counties 2. 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. The MCO should continue to recruit assisted living providers in Cumberland and Salem Counties. 4. The MCO should address after-hours	1. WellCare Health Plans of New Jersey, Inc., (referred to as "Fidelis Care") is a health care company servicing all Health Maintenance Organization (HMO) plans including FIDE SNP, a Medicare line of business. Fidelis Care distinct Medicare brand (Wellcare) is deliberate and facilitates diversification of products and services, for Medicare Advantage & FIDE SNP products. To address the deficiencies for Pediatric Allergy and Immunology, Pediatric Ophthalmology, Pediatric Psychiatry, Pediatric Radiology and Pediatric Oncology for this population, existing provider specialties/subspecialties addresses were reviewed to ensure providers are accurately represented. In instances where existing pediatric specialty providers do not perform the services required, providers are then recruited and contracted to both close the gap and ensure our members have access to the services. Recruiting pediatric specialty providers includes daily touch point meetings to strategize and review recruitment activities. Currently, there are no pediatric FIDE-SNP members residing in Monmouth County. The gaps for Pediatric Psychiatry and Pediatric Radiology in Passaic County have been resolved as there are 6 Pediatric Psychiatry providers within the time and distance standards. The Pediatric Radiology deficiency in Passaic is also resolved with seven providers within the time and distance standards. Fidelis Care currently has no Specialty deficiencies for the FIDE SNP population. 2. In response to IPRO's recommendation to continue to monitor the hospital network for Burlington and Cumberland Counties, Fidelis Care (Wellcare) has confirmed all Burlington County and Cumberland County hospitals provide General Acute Care Services and their profile has been updated. We anticipate this will cure this gap. We will provide transportation as necessary for members to access in network hospitals with general acute care and will also provide SCA's for any out of network hospital to ensure access for care. 3. In response to the IPRO's recommendation to continue to recruit for assisted living providers in Cumberland and Salem Counties, Fidelis Care (Wellcare) closed the Cumberland County gap in the 2nd QT of 2023 with New Standard Living at Millville and Spring Oak Assisted Living at Vineland. Salem County has three facilities in the county. The health plan has attempted to recruit the facilities,	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
availability with providers. 5. The MCO should ensure that all MLTSS member appeal resolution letters are done in a timely manner per the NJ contract 6. The MCO should ensure timely and accurate information provided in resolution letters that are sent for all provider appeals.	but they are not interested in becoming PAR. Friends Village is not a NJ Medicaid approved facility, Lindsay Place only accepts private pay, and Colleen at Merion Gardens continues to decline a contract offer. Most recent outreach: 12/2/2023, 1/16/2024 and 4/11/2024. We will continue to follow up periodically with the available facilities. Fidelis Care (Wellcare) will continue to use bordering county providers in Cumberland County- New Standard Living at Millville and Spring Oak Assisted Living at Vineland. 4. In response to IPRO's recommendation to address after-hours availability with providers, the Network team completed a deep dive in the evaluation and the execution of the after-hours availability survey. The following were identified as barriers and contributed to the skewed results of failed providers. All failed providers were recontacted after-hours and confirmed access and availability. Historically, Fidelis Care (Wellcare) utilizes a vendor to perform the Access & Availability audit. When the vendor contacts the providers office to perform the survey, the vendor ends the call when the initial message directs the vendor to call 911 in the event of an emergency. The health plan called and educated failed providers and noticed that while the message initially indicates to call 911 for emergencies, if the surveyor follows the prompts, they will reach a live person for assistance, which meets the state requirement. Education to all failed providers was completed on November 10, 2023. In addition to contacting the failed providers to educate them on the standards, Fidelis Care outreached the failed providers outside of normal business hours to confirm that the appropriate After-Hours response guidelines are in place. 5. In response to IPRO's recommendation to ensure that all MLTSS member appeal resolution letters are done in a timely manner per the NJ contract, the Appeals Team completed the following: 1. Team refresher trainings on processing appeals and letter verbiage. 2. Improved processing time through implementing standardized appeal resolution templates. 3. Refined file documentation storage for easy access of appeal resolution letters for internal and external audits. 4. Monthly internal quality audits of cases, with real-time updated inventory checks twice per day. 5. Uniform letter and case notation templates were created. 6. In response to IPRO's recommendation to ensure timely and accurate information provided in resolution letters that are sent for all provider appeals, the Appeals Team completes the following to ensure member resolution letters are completed in a timely manner per the NJ contract:	

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
	1. Team refresher trainings on processing appeals and letter verbiage. 2. Entire file documentation storage that can be and is used for internal and external audits. 3. Monthly internal quality audits of cases, with real-time updated inventory checks twice per day. 4. Uniform letter and case notation templates were created.	
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.	Fidelis Care's goal is to increase HEDIS ® rates to the NCQA 50th percentile or higher. Plan submits annually a quality work plan as per contract and State/IPRO request where clinical performance fell below the NCQA 50th percentile. Planned and ongoing interventions include Fidelis Care conducting quality focused provider education visits to providers/group practices. These visits focus on educating the provider/office manager regarding coding and claims submission and reviewing Care Gaps for their members. Provider Toolkits, which include information on all HEDIS measures, best practice guidelines and medical record documentation guidelines are left as a resource. The Quality team coordinates efforts to close care gaps, educate providers on the importance of closing care gaps, and assists the provider with care gap reports and missed opportunities. This process includes reviewing a medical record to identify coding deficiencies, then re-educating providers/office manager. Fidelis Care also provides a laminated coding sheet with the current codes for the billing staff to ensure claims are processed accurately and timely. Fidelis Care leadership and Quality team monitor visits monthly via quality improvement (QI) metric reports. The Fidelis Care Preventive Service Outreach (PSO) program is used to make outbound calls to non-adherent members for various Medicaid measures notifying/educating them of their need for preventive services and assist with setting appointments. NJ QI Performance Improvement Team (PIT) Work Group: Weekly Team Meeting to discuss tracking of projects, rates, progress on measures, programs/initiatives, and possible community outreach by health educator for focused HEDIS measures. This meeting invitation is extended to cross-functional departments within the organization for collaboration on quality initiatives. The Quality team also regularly meets with all interdepartmental teams including BH, PHCO, Care Management and Network director/team to discuss development of new strategies and review current strategies to improve rates.	Addressed
Quality-of-Care Surveys (CAHPS) The MCO should continue to work to	Fidelis Care's goal is to increase Adult and Child CAHPS scores to the NCQA 50th percentile or higher. The work plan is divided into categories for each CAHPS measure identified as not meeting the 50th percentile. Categories include: CAHPS Measure, Current and Previous	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response[1]
improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	year rate, Barriers, Interventions, Goals, Monitoring Plan, Responsible Party List, and Updates which include progress metrics toward goals. Planned and ongoing interventions: Fidelis Care has established a monitoring process (CAHPS Customer Service calls) in which recorded customer service calls are analyzed and training opportunities for Customer Service reps are identified. The goal is to improve the quality of care provided to members during inbound customer service calls. Fidelis Care collects data and identifies opportunities for improvement by reviewing all Surveys including the Provider Satisfaction Survey results to help create actionable interventions. Quality Team visiting targeted groups/practitioners for education regarding use of the Provider Portal, Specialist in network, Access, and Availability standards: This information was distributed to practitioners within the network by the Quality Practice Advisors and Provider Relations teams. The Quality Provider Toolkit is an easy-to-understand education resource that displays HEDIS, CAHPS/HOS and Quality standards in a nicely packaged, colorful folder for practitioners and their staff to reference. In addition, the document, titled "Coordination of Care" is included in the Provider Toolkit. Phone numbers for Customer Service, Care Management and Community Connection are shared with practitioners and staff to strengthen partnership for member care. The CAHPS workgroups meet regularly and on an ad hoc basis to track the Medicaid CAHPS work plan to discuss progress and outcomes. All provider and member facing teams are now required to complete CAHPS training annually.	

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

WPFDA – Response to Previous EQR Recommendations

Table 38 displays WPFDA's progress related to the *State of New Jersey DMAHS, Wellpoint Full Dual Advantage (previously Amerivantage Dual Coordination) Annual External Quality Review Technical Report FINAL REPORT: April 2024,* as well as IPRO's assessment of WPFDA's response.

Table 38: WPFDA – Response to Previous EQR Recommendations

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response[1]
Performance Improvement Projects (PIPs)	Although the 2023 Performance Improvement Project has concluded, we will utilize this feedback in future PIPs. We will ensure that throughout the life of the PIP, we align the Aim,	Addressed

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response[1]
The MCO should review each section of the PIP to ensure alignment of the Aim, Goals and Objectives are well-defined and aligns with each subsequent section for a well-developed and comprehensive PIP that demonstrates the projected outcomes.	Goals and Objectives. When updating PIPs, we will ensure that the interventions in each subsequent section are addressing the barrier identified.	
Access 1. The MCO should continue to ensure dental access for all members in Burlington and Sussex counties. 2. 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. 3. The MCO should ensure timeliness for expedited provider appeals for MLTSS members.	1. Wellpoint stands firm in its commitment to ensure that all members have access to dental services, including those in Burlington and Sussex counties. Should there be any access related issues in securing a network provider, Wellpoint, in collaboration with our dental vendor partnerships, would establish an out-of-network agreement with an appropriate provider to guarantee that all dental requirements of all our members are fully accommodated. As part of our proactive approach to minimize any issues regarding access to dental services, we continue to enhance our service network via strategic recruitment. This includes a comprehensive review of geographical access reports, an ongoing analysis of competitor provider directories, and a thorough investigation of all provider leads. Suggestions from our members and providers are considered to broaden the scope of our service network. Precisely, within the vicinity of FIDE SNP members, the provider relations team is leading strategic recruitment efforts. Recruitment information is now gathered and analyzed with increased detail which aids in the formulation of targeted strategies and intensifies the effectiveness of our recruitment drive. At regular monthly intervals, these procedures and strategies are reviewed for optimization. Constant communication is maintained between call centers, the provider relations team, and case management teams, fostering a collective effort to identify and resolve any potential issues relating to access to care. This collected information also aids in crafting strategies to prevent any future disturbances. In our future plans, Wellpoint will sustain the intensity of our recruitment operations while maintaining a stringent overview of the network and associated recruitment tactics. Additional attention will also be placed on provider retention.	Addressed

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response[1]
	Any potential provider terminations will be evaluated and addressed to not just retain the member and avert access issues, but also to gather key data that could help us inhibit similar issues in the future. 2. Appointment Availability is reviewed on a quarterly basis. We also send two survey waves per contractual year to ensure availability standards are being met. We will continue to assess and monitor any new deficiencies that may develop. 3. While we do have robust processes in place to ensure timeliness for expedited provider appeals, we acknowledge that our documentation did not precisely depict our established procedures. We have completed a full evaluation of applicable policies to ensure turn-around-times are clearly and consistently documented. We will continue to review our policies annually and complete off-cycle changes as needed to ensure contract changes are documented and implanted timely.	
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.	The Plan assiduously works to review performance for all quality-related measures and acts throughout the year to improve performance. Barriers such as issues with accessibility are identified using member post-visit surveys. Various interventions are deployed to continue improving quality. For example, the health plan works with members to improve medication adherence by doing outreach to members and by encouraging providers to utilize 90-day prescriptions, so members do not run out of their medication. In addition, the Plan offers a member incentive of $100 to DSNP members who complete an annual visit with their primary care provider. In Q4, the Plan will be sending members home lab kits to close care gaps in the convenience of their own homes once the vendor is approved by the State of NJ.	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.	Our endeavor persists in consistently enhancing our performance, especially with regard to our FIDE SNP Adults CAHPS scores. We actively conduct member surveys for data collection and leverage these insights to action initiatives, all aimed at elevating member experience. The Plan has recently launched a department dedicated to CAHPS and the member experience. The goal of the new department is to develop new interventions based on member surveys completed throughout the year that will improve member experience and our CAHPS scores across the board.	Addressed

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

MCO Strengths, Opportunities for Improvement, and EQR Recommendations

Tables 39–43 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 2023 EQR activities as they relate to **quality**, **timeliness**, and **access**.

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 39: 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 2023, 11 standards received 100% compliance.	Opportunities for improvements were found in Access, Member Disenrollment, Credentialing and Recredentialing, and Administration and Operations during the 2024 FIDE SNP/MLTSS compliance review.
Performance measures	AAPP reported ten measures/ submeasures at or above the 50th percentile.	Opportunities for improvement were identified for twelve measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2023)	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. A7. The MCO should address appointment availability for PCPs, High Impact and High Volume Specialists, OB/GYNs, Behavioral Health providers, as well as after-hours availability with providers. 2. A7. The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review. **Member Disenrollment** 1. MD3. The MCO should update its Member Disenrollment Disruptive Member Transfer policy to address the exceptions to disenrollment for out of area enrollees: a. Situations when the enrollee is out of State for care provided/authorized by the Contractor. b. Full-time students, or c. Clients of DCP&P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&P	

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations[1]	
	Credentialing and Recredentialing 1. CR1. The MCO should implement a consistent process for securing information from practitioners about the nature and extent of their experience in serving children with special health care needs. 2. CR1. The MCO should ensure to integrate Medicaid Special Needs Surveys into their system for FIDE SNP Providers and include the Special Needs Surveys in the initial credentialing files for the review period. **Administration and Operations** 1. AO1. The MCO should update its Member Notice of Primary Care Practitioner Termination policy to indicate 30 business days prior written notice to enrollees regarding termination or withdrawal of PCPs and any other physician or provider from which the Members receiving a course of treatment. The MCO should update the same policy to indicate that the health plan notifies the state Medicaid manager at least 45 days prior to the effective date of any suspension, termination, or withdrawal of a PCP/practitioner from participation in the health plan network, when possible.
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 2023)	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 40: 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, 13 standards received 100% compliance.	Opportunities for improvements were found in Access during the 2024 FIDE SNP/MLTSS compliance review.
Performance measures	HNJTC reported eight measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for fourteen measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member	Eight of eight composite FIDE SNP adult CAHPS measures were above the 50th	All eight composite CAHPS measures for the FIDE SNP survey were above the 50th

HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations		
(CAHPS MY 2023)	percentile.	percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4d. The MCO should address dental deficiencies in Hunterdon, Morris Sussex and Ocean Counties and Pedodontists deficiencies in multiple Counties. 2. A7. The MCO should continue to address appointment availability for Adult PCPs, Specialists, OB/GYNs, 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.	
Quality-of-care surveys – member (CAHPS MY 2023)	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.

UHCDC – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 41: UHCDC – Strengths, Opportunities for Improvement, and EQR Recommendations

UHCDC – 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, 11 standards received 100% compliance.	Opportunities for improvements were found in Access, Provider Training and Performance, Enrollee Rights and Responsibilities, Member Disenrollment, and Credentialing and Recredentialing during the 2024 FIDE SNP/MLTSS compliance review.
Performance measures	UHCDC reported seven measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for fifteen measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2023)	Eight of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	All eight composite CAHPS measures for the FIDE SNP survey were above the 50th percentile.
Recommendations		
PIPs	No recommendations.	

UHCDC – Strengths, Opportunities for Improvement, and EQR Recommendations	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4c. The MCO should continue to address access deficiencies that were identified for Specialty providers in the following Counties: Ocean, Monmouth, Atlantic, Burlington, Mercer, and Sussex. 2. A4d. The MCO should continue to address deficiencies identified for adult dental providers in Warren and Ocean Counties. 3. A4f. The MCO should continue to address deficiencies in MLTSS Adult Medical Day Care in Hunterdon and Sussex Counties. 4. A7. The MCO should continue to address appointment availability for ob/gyns, dental, high volume specialists, and behavioral health providers, as well as deficiencies in after-hours compliance. **Provider Training and Performance** 1. PT4. The MCO should ensure that it conducts an annual audit of provider compliance with required informed consent for hysterectomy and sterilization. **Enrollee Rights and Responsibilities** 1. ER1. The MCO should include member responsibilities in its member rights and responsibilities policy. **Member Disenrollment** 1. MD3. The MCO should update its Member Disenrollment and Request to Transfer policy to address the exception to disenrollment for clients of DCP&P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&P. **Credentialing and Recredentialing** 1. CR1. The MCO should implement a consistent process for securing information from practitioners about the nature and extent of their experience in serving children with special health care needs, as well as include Special Needs surveys in initial credential files for the review period.
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 2023)	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; ob/gyn: obstetrician/gynecologist; NCQA: National Committee for Quality Assurance.

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 42: 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, 10 standards received 100% compliance.	Opportunities for improvements were found in Access, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, Utilization Management, and Administration and Operations during the 20234 FIDE SNP/MLTSS compliance review.
Performance measures	WCDL reported nine measures/ submeasures at above the 50th percentile.	Opportunities for improvement were identified for thirteen measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2023)	Two of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Six 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 update the appropriate policy to include contract language regarding medical examination at an Emergency Room which is required by NJAC 10:122D-2.5(b) when a foster home placement of a child occurs after business hours. 2. A4a. The MCO should continue to recruit for Adult PCPs in Burlington County. 3. A4e. The plan 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. 4. A4f. The MCO should continue to recruit for assisted living providers in Cumberland and Salem Counties. 5. A7. The MCO should address appointment availability for adult PCPs, specialists, ob/gyns, behavioral health providers (prescribing and non-prescribing), as well as after-hours availability with providers. 6. A7. The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review. 7. A1. The MCO should update the appropriate policy to include contract language regarding medical examination at an Emergency Room which is required by NJAC 10:122D-2.5(b) when a foster home placement of a child occurs after business hours. 8. A4a. The MCO should continue to recruit for Adult PCPs in Burlington County. 9. A4e. The plan should continue to monitor the hospital network for Burlington and Cumberland Counties. Per-case agreements should be established to ensure access	

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations	
	to acute care hospitals where appropriate. 10. A4f. The MCO should continue to recruit for assisted living providers in Cumberland and Salem Counties. 11. A7. The MCO should address appointment availability for adult PCPs, specialists, ob/gyns, behavioral health providers (prescribing and non-prescribing), as well as after-hours availability with providers. 12. A7. The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review. **Committee Structure** 1. CS1. The MCO should develop and implement health promotion and education activities that are specific to the needs of the FIDE SNP/MLTSS population. **Programs for the Elderly and Disabled** 1. ED27. The MCO should ensure that evidence of distribution of training materials for the Cognitive Impairment Program is provided. 2. ED43. The MCO should develop clear narratives that state how the plan is compliant and should cite specific documents and page numbers (if necessary) where evidence of compliance can be reviewed. The MCO should also ensure that only relevant documentation is provided for review. **Member Disenrollment** 1. MD2. The MCO should update its Involuntary Disenrollment Policy to address requirements for nondiscrimination and noncoercion. 2. MD3. The MCO should update its Involuntary Disenrollment Policy to address the exceptions to disenrollment for out of area enrollees: a. Situations when the enrollee is out of State for care provided/authorized by the Contractor, b. Full-time students, or c. Clients of DCP&P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&P. 3. MD6. The MCO should update its Involuntary Disenrollment Policy to address disenrollment for enrollees institutionalized in a facility other than a NF/SCNF. 4. MD8. The MCO should update its Disruptive Behavior Policy to address required reporting of non-compliant enrollees to DMAHS and not applying this provision on the basis of socioeconomic status. **Credentialing and Recredentialing** 1. CR1. The MCO should implement a consistent process for securing information from practitioners about the nature and extent of their experience in serving children with special health care needs. As well as including Special Needs surveys in initial credential files for the review period. 2. CR7. The MCO should ensure to include all primary source documentation in the credentialing files for review. 3. CR8. The MCO should ensure the review of quality metrics, including a review of complaints/quality issues, performance indicators, UM statistics or enrollee satisfaction surveys at the time of recredentialing. 4. CR8. The MCO should ensure recredentialing files are reviewed timely. **Utilization Management** 1. UM16n1. The MCO should ensure that all Provider Appeal FIDE SNP resolution letters are completed in a timely manner. 2. UM25. The MCO should ensure policy for Notice of Action Timeframes includes

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations	
	requirement to give notice at least 10 days before the date of action when the action is a termination, suspension, or reduction of previously authorized services. **Administration and Operations** 1. AO6. The MCO should ensure that DMAHS is notified of all organizational changes. 2. AO6. The MCOs should ensure all policies and procedures applicable to FIDE SNP/MLTSS be clearly delineated as such.
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 2023)	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.

WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations

Table 43: WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations

WPFDA – 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, 13 standards received 100% compliance.	Opportunities for improvements were found in Access, Quality Management, Provider Training and Performance, Credentialing and Recredentialing, and Utilization Management during the 2024 FIDE SNP/MLTSS compliance review.
Performance measures	WPFDA reported five measures/ submeasures at or above the 50th percentile.	Opportunities for improvement were identified for seventeen measures/submeasures reported below the 50th percentile.
Quality-of-care surveys – member (CAHPS MY 2023)	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.	

WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations	
Compliance with Medicaid and CHIP managed care regulations	**Access** 1. A4d. The MCO should continue to address deficiencies identified for Adult Dental providers in Burlington, Cape May, Middlesex, Monmouth, Ocean, Salem, Sussex and Union Counties. 2. A4e. The MCO should continue to address deficiencies in hospitals in Salem and Sussex Counties. 3. A7. The MCO should continue to address appointment availability for OB/GYNs, High Volume Specialists, High Impact Specialists, Other Specialists, Behavioral Health providers, as well as deficiencies in after-hours compliance. 4. A7. The MCO should ensure to submit Dental appointment availability survey results for the review period. **Quality Management** 1. QM11. The MCO should ensure accuracy of the information presented, review all calculations and update as appropriate for clarity and consistency over the life of the PIP, and address factors which may threaten internal or external validity of the findings for a sufficiently developed PIP that is demonstrative of the intended impact on performance outcomes. 2. QM11. The MCO should ensure goals presented are consistent and accurate, clarify the population of providers for which members were included, enhance, or modify interventions over the life of the PIP to address barriers, standardize numerical writing conventions for accuracy and consistency, address any threats to validity of the findings, include follow up activities to lessons learned, address healthcare disparities, and ensure accuracy of date of signed attestations. **Provider Training and Performance** 1. PT6: The MCO should develop a system to ensure that all providers receive initial training regarding he needs of enrollees with special needs. **Utilization Management** 1. UM9. The MCO should have a policy that indicates prior authorizations for urgent services shall be made within twenty-four (24) hours after receipt of the necessary information.
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.

Appendix A: 2024 FIDE SNP-Specific Review Findings

Note: This is a separate document.

Appendix B: 2024 FIDE SNP/MLTSS Annual Assessment Submission Guide

Note: This is a separate document.