



**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, 2025–December 31, 2025**  
**(2025–2026 Review Cycle)**

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Per *Title 42 CFR § 438.364(a)(7)*, no managed care organization was exempt from the external quality review activities conducted in CY 2025.

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# 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 2025. No MCOs were exempt from EQR in Calendar Year (CY) 2025. The total FIDE SNP enrollment in AAPP, HNJTC, UHCDC, WCDL and WPFDA as of 12/1/2025 was 92,406 members which is an increase from 86,083 FIDE SNP members in 12/01/2024.

## 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 2025–December 2025 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 Mandatory Protocol 4: Validation of Network Adequacy** - This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO's ability to provide an adequate provider network to its FIDE SNP population.
- **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 2025, 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.
- **EQR Annual Technical Report (ATR)** – Results of all EQR-related activities. CMS requires that all states have final EQR technical reports available to CMS and the public by April 30 of each year.

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 2025–2026 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 2025 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 2025–December 2025, this annual technical report (ATR) includes IPRO’s evaluation of the April 2025, August 2025, September 2025 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 Grievances and Fall Prevention were also submitted and validated.

Full validation results for the 2025 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) – (1 MCO – AAPP started 1 year later)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Final Year
  - August 2025 Project Update Submission- Final Year report
- 2. Complaints and Grievances (Nonclinical PIP) – (5 MCOs – AAPP, HNJTC, UHDCD, WCDL and WPFDA)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Year 2
  - August 2025 Project Update Submission- Project Year 2 Update
- 3. Diabetes Management (2 MCOs – HNJTC, WCDL)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Year 2
  - August 2025 Project Status Reports Submission – Project Year 2 Update
- 4. Hypertension Management (1 MCO – UHDCD)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Year 2
  - August 2025 Project Status Reports Submission – Project Year 2 Update
- 5. Hypertension Management (1 MCO – AAPP started 1 year later)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Final Year
  - August 2025 Project Update Submission- Final Year report
- 6. Osteoporosis (1 MCO – WPFDA)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Year 2
  - August 2025 Project Status and Baseline Update – Project Year 2 Update
- 7. Fall Prevention (5 MCOs – AAPP, HNJTC, UHDCD, WCDL and WPFDA)**
  - April 2025 Project Update Submission – Project Status Report through March 2025 – Year 1
  - August 2025 Project Status and Baseline Update – Project Year 1 Update
- 8. Colorectal Cancer Screening (1 MCO – AAPP)**
  - September 2025 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. Details of this assessment can be found in the **Validation of Performance Measures** section.

The MCO's information system assessment reviews 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 2024 FIDE SNP Performance Measures***

For HEDIS measurement year (MY) 2024, MCOs reported the 11 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 50th percentile:

- Care of Older Adults (COA)
- Pharmacotherapy Management of COPD Exacerbation (PCE) [Bronchodilator]
- Follow-Up After Hospitalization for Mental Illness (FUH) [30-Day Follow-Up, 7-Day Follow-Up]

### **Performance Measure Opportunities for Improvement**

For the following measures, the weighted averages for NJ FIDE SNP were observed to be below the 50th percentile:

- Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
- Controlling Blood Pressure (CBP)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment, Effective Continuation Phase Treatment]
- 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]

- Transitions of Care (TRC) [Notification of Inpatient Admission, Medication Reconciliation Post-Discharge, Patient Engagement After Inpatient Discharge, Receipt of Discharge Information]
- Use of High-Risk Medications in the Elderly (DAE)

### *Comprehensive Administrative Review (2025 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 2024–December 2024 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 partial annual assessment of operations in the current review period.

The annual assessment audits were conducted remotely. For the review period January 1, 2024–December 31, 2024, all five MCOs (AAPP, HNJTC, UHCDC, WCDL, and WPFDA) scored above NJ’s minimum threshold of 85%.

In 2025, the average compliance score for three standards (Enrollee Rights and Responsibilities, Care Management and Continuity of Care, and Utilization Management) showed decreases ranging from 1 to 2 percentage points (pps). In 2025, eight standards (QAPI, Quality Management, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, Administration and Operation, and Management Information Systems) had an average score of 100%. The new standard added for 2025, Emergency and Post-Stabilization Services, showed a compliance score of 93%. Average compliance for three standards (QAPI, Provider Training and Performance, and Management Information Systems) remained the same from 2024 to 2025. Seven standards (Access, Quality Management, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, and Administration and Operations) had increases ranging from 1 to 12 pps, with Member Disenrollment and Credentialing and Recredentialing having the most significant increase of 12 pps each. In 2025, Access had the lowest average compliance score at 87%. 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 to be evaluated. **Table 1** provides a crosswalk of individual elements reviewed during the annual assessment of the CMS QAPI standards. Of the 238 elements reviewed in 2025 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 <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
Disenrollment <sup>2</sup>	438.56	5.10.2.A 5.10.2.A.1 5.10.2.A.2 5.10.1.A 5.10.3.A 5.10.3.A.1 5.10.3.A.2 5.10.3.A.3 5.10.3.A.4 5.10.3.A.5 5.10.3.A.6 5.10.2.D	MD1- MD8, MD10	9	100%	100%	100%	100%	100%	AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Enrollee Rights	438.100	B.4.14.X.A B.4.14.X.C B.4.14.X.F B.4.14.X.J	ER1, ER3 - ER4	3	100%	100%	100%	100%	100%	AAPP – 2022- 2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Emergency and Post-stabilization <sup>3</sup>	438.114	4.2.1.B 4.2.1.H.4	EPS1	1	100%	100%	100%	0%	0%	AAPP – 2022- 2023  AAPP, HNJTC, UHCDC,	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
										WCDL, WPFDA – 2023-2024	AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Availability of Services	438.206	4.6.3 4.1.1.L 4.8.7.G 4.1.1.L.3 4.8.3 4.8.3.D 4.11 4.11.A 4.7.2.A.3 4.7.2.A.10 5.12 B.4.14.X.I B.4.14.XI B.4.14.IX.E B.4.14.IX.F 4.9.3.A 4.9.3.B 4.9.3.C	A3, A4a – A4e, A4f, A7, CR7, CR8 AO1, AO2	12	92%	83%	67%	83%	83%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Assurances of adequate capacity and services	438.207	4.5.1.F 4.8.1.A 4.8.1.E 4.8.1.J 4.2.2.A 4.2.3.D 7.8.E	A4	1	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL,	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC,

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
										WPFDA – 2023-2024	WCDL, WPFDA – 2024-2025
Coordination and continuity of care	438.208	4.6.2.J 4.6.5.B.2 4.6.5.B.3 4.6.5.B.4 4.6.5.B.5 4.6.5.B.6 4.6.2.O, 4.6.5.M 9.5.1.F 9.5.1.G 9.2.2 9.5.5. K 9.4.1.A.4 9.5.1. E	CM2, CM7 – CM11, CM14, CM26, CM29, CM34, CM38	11	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Coverage and authorization of services	438.210	4.6.4.A B.4.14.XIII 4.6.4.B.4 4.6.4.B.7 4.6.4.B.8 5.8.2.F 5.15.1.A 6.5.B 4.6.4.B.1 4.6.4.B.2 4.6.4.B.3 4.6.4.B.5	UM3, UM11, UM14, UM15, UM16, UM16e, UM16j	7	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
Provider selection	438.214	4.6.1.C.5 B.4.14.IX.A 4.8.2.A	CR2, CR3, CM27	3	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Confidentiality	438.224	B.4.14.X.K	PT9	1	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Grievance and appeal systems	438.228	5.8.2.F 5.15.1.A 6.5.B 4.6.4.B.1 4.6.4.B.2 4.6.4.B.3 4.6.4.B.4 4.6.4.B.5 4.6.4.B.7	UM16a – UM16d, UM16f- UM16i, QM5	9	89%	89%	100%	89%	89%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL,

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
		4.6.4.B.8 4.6.2.E									WPFDA – 2024-2025
Subcontractual relationships and delegation	438.230	4.9.6.A - I, B.4.14.VIII. B B.4.14.VIII .C B.4.14.VIII .D B.4.14.VIII .E	AO5, AO8– AO11	5	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Practice guidelines	438.236	B.4.14.II.A-G 4.6.2.A 4.6.2.C 4.6.2.R.1.c 4.6.2.R.2.a. i 4.6.2.R.2.c. iv 4.6.2.R.2.d. iv	Q4 QM1, QM3 ED3, ED10, ED23, ED29	7	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
Health information systems	438.242	3.1.2.A.1 3.1.2.A.2 3.1.2.A.3 3.1.2.A.4 3.1.2.A.5 3.1.2.A.6 3.1.3.A 3.1.3.B 3.7.1.A 3.7.1.A.3 3.7.1.A.7 3.8 3.8.1.D 3.1.2.F 3.1.2.G 3.1.2.I 3.1.2.J 3.1.2.K	IS1–IS17	17	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025
Quality assessment and performance improvement program	438.330	4.6.1.A 4.6.2 B.4.14.II B.4.14.VI B.4.14.VII.A B.4.14.VII.E B.4.14.XV. A B.4.14.XVI	Q1-Q3, Q5-Q9	8	100%	100%	100%	100%	100%	AAPP – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2023-2024	HNJTC, UHCDC, WCDL, WPFDA – 2022-2023  AAPP, HNJTC, UHCDC, WCDL, WPFDA – 2024-2025

Subpart D and QAPI Standards <sup>1</sup>	CFR Citation	State Citation	AA Review Elements	# of Elements Reviewed	2025 MCO Scores					MCO Compliance Review by Year <sup>1</sup>	
					AAPP	HNJTC	UHCDC	WCDL	WPFDA	Full Review Years	Partial Review Years
<b>Total elements reviewed</b>				<b>84</b>							
<b>Compliance percentage</b>					<b>98%</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>		

<sup>1</sup> DMAHS requires specific elements to be reviewed annually.

<sup>2</sup> Member Disenrollment was a new standard for 2024.

<sup>3</sup> Emergency and Post-Stabilization was formerly reviewed (2022-2024) and scored in the Access category under element A1.

EQRO: external quality review organization; CFR: Code of Federal Regulations.

### ***Validation of Network Adequacy***

DMAHS contracted with IPRO to validate the accuracy of provider information available to FIDE SNP members through the provider look-up systems on each MCO's website, and to evaluate the breadth and scope of how accessibility information is presented in these look-up systems. The study methodology aligns with the CMS *External Quality Review (EQR) Protocol 4 – Validation of Network Adequacy*. In 2025, IPRO's evaluation included the state's Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) networks of AAPP, HNJTC, UHCDC, WCDL and WPFDA. Study findings can be found in the **Validation of Network Adequacy** section.

### ***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 2025, 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 – 2025 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 2025 for members enrolled in from July 1, 2024, through December 31, 2024. 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 2025, 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 2024.

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 3,360 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 36.4%. 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:

- 84.2% for Getting Care Needed;
- 84.8% for Getting Care Quickly;
- 93.9% for How Well Doctors Communicate; and
- 89.0% 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 2025.

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 2025, there were approximately 92,406 individuals enrolled in AAPP, HNJTC, UHCDC WCDL, and WPFDA (**Table 2**).

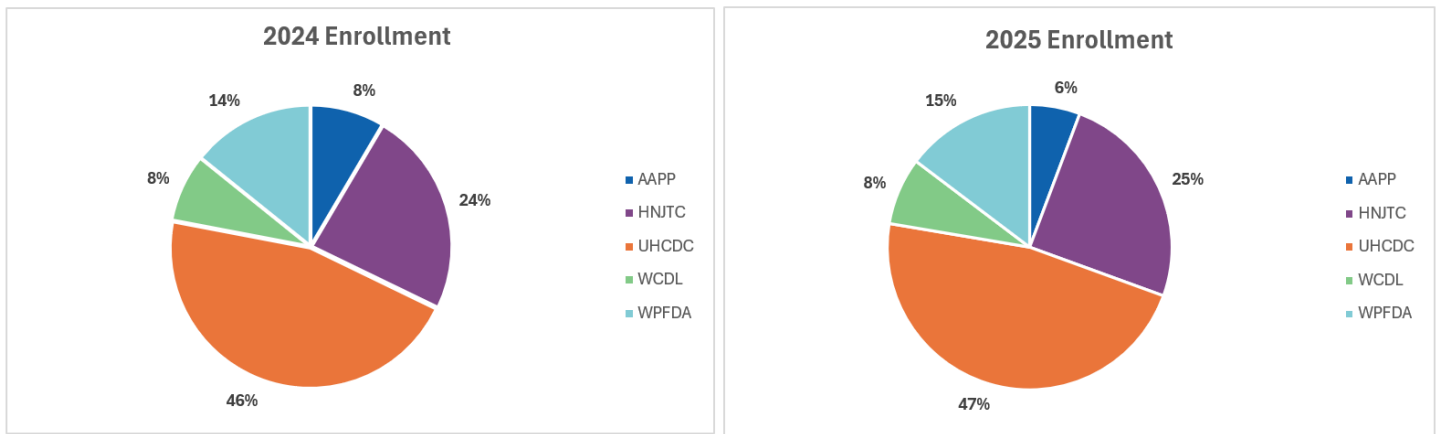
**Table 2** shows percentages enrollment change by plan, resulting in an overall increase of 7.35% for the comparative year.

**Table 2: 2024–2025 FIDE SNP Enrollment**

FIDE SNP	Acronym	Enrollment as of December 2024	Enrollment as of December 2025	Enrollment Percentage Change (+/-)
Aetna Assure Premier Plus	AAPP	7,315	5,291	- 27.67
Horizon NJ TotalCare	HNJTC	20,376	22,879	+12.28
UHC Dual Complete NJ-Y001	UHCDC	39,448	43,622	+10.58
WellCare Dual Liberty	WCDL	6,696	7,043	+5.18
Wellpoint Full Dual Advantage	WPFDA	12,248	13,571	+10.80
<b>Total</b>		<b>86,083</b>	<b>92,406</b>	<b>+7.35</b>

Source: DMAHS

**Figure 1** is a graphic depiction of the size of each FIDE SNP’s enrolled population in December 2024 and December 2025 in relation to the total.



**Figure 1: 2024 and 2025 Enrollment Percentages by FIDE SNP** Proportion of enrollment in December 2024 and December 2025 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: 2025 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 2026 Quality Strategy is currently in development, and an updated version is expected to be released later in 2026.

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, NJ DMAHS is committed to serving Medicaid beneficiaries the best way possible.

**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**, NJ has further identified 24 metrics to track progress towards the three goals listed above.

**Table 4: NJ DMAHS 2022 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 (PPC)	HEDIS PPC	NCQA 75th percentile
		Perinatal Risk Assessment (PRA) completion	N/A	Annual increase against baseline
		Well Child Visits (WCV)	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	Care Management Audits	EQRO	85%
		Autism service utilization	Measures in development	TBD
	1.3: Support independence for all older adults and people with	MLTSS Care Management Audits	EQRO	86%

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
	disabilities who need help with daily activities			
		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
<b>CMS Aim #2: Smarter Spending</b>				
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%
<b>CMS Aim 3: Healthier People, Healthier Communities</b>				
Goal #3: Focus on integrity and	3.1: Address racial and ethnic disparities	Breast Cancer Screening (BCS)	HEDIS BCS	NCQA 75th percentile

DMAHS Goal	DMAHS Objective	Measure Name	Measure Specification	Target
real outcomes through accountability, compliance, metrics, and management	in quality of care and health outcomes			
		COVID-19 Vaccination Rates	MCO Reporting	90th percentile among State Medicaid programs
		Cervical Cancer Screening (CCS)	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), 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 ATR report is required to include recommendations on how NJ DMAHS can target the goals and the objectives outlined in NJ’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 recommended the following to 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 year.
- DMAHS should consider incorporating summaries and results of state focus studies into the Quality Strategy.

## EQR Activities’ Timeline

**Table 5** presents the timeline for the FIDE SNP and MLTSS activities described in this report.

**Table 5: FIDE SNP and MLTSS Activities’ Timeline**

EQR Activity	Description	Data Period	Timing of Activity
<b>CMS Mandatory Protocol 1:</b> 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.	January 1, 2024 – July 1, 2025	1. PIP Status – April 2025 2. PIP Report – August 2025 3. PIP Proposal– September 2025
<b>CMS Mandatory Protocol 2:</b> 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.	January 1, 2024 – December 31, 2024	June 2025
<b>CMS Mandatory Protocol 3:</b> Review of Compliance with Medicaid and CHIP Managed Care Regulations	This activity determines MCO compliance with its contract and with state and federal regulations.	July 1, 2024 – June 30, 2025	September 2025
<b>CMS Mandatory Protocol 4:</b> Validation of Network Adequacy	This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its Medicaid population.	June 1, 2024 – July 31, 2025	August 2025
<b>CMS Optional Protocol 5:</b> Validation of Encounter Data	This activity evaluates the accuracy and completeness of encounter data that are critical to effective MCO operation and oversight.	January 1, 2025 – December 31, 2025	Monthly – January 1, 2025 – December 31, 2025

EQR Activity	Description	Data Period	Timing of Activity
<b><i>CMS Optional Protocol 6:</i></b> Administration or Validation of Quality-of-Care Surveys	In 2025, 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.	February 1, 2025 – December 31, 2025	February 2025
<b><i>CMS Optional:</i></b> Core Medicaid Care Management Review	To evaluate the effectiveness of the contractually required Care Management (CM) program.	January 1, 2024 – December 31, 2024	March 2025
<b><i>CMS Optional:</i></b> MLTSS – Home and Community Based Services (HCBS) Care Management Review	This activity assesses the effectiveness of the MLTSS Care Management program as required by contract, ensuring that services are appropriately delivered to special needs members who qualify for MLTSS under Home and Community-Based Services (HCBS) eligibility criteria.	July 1, 2024 – June 30, 2025	October 2025
<b><i>CMS Optional:</i></b> MLTSS – Nursing Facility Care Management Review	This activity assesses the effectiveness of the contractually mandated MLTSS Care Management program and verify that services are delivered to special needs members who meet MLTSS eligibility requirements and qualify for institutionalization in a Nursing Facility (NF) or Special Care Nursing Facility (SCNF) for long-term care.	July 1, 2024 – June 30, 2025	December 2025
<b><i>EQR Annual Technical Report (ATR)</i></b>	Results of all EQR-related activities. CMS requires that all states have final EQR technical reports available to CMS and the public by April 30 of each year.	January 1, 2025 – December 31, 2025	April 2026

# 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 2025–December 2025, this ATR includes IPRO’s evaluation of the April 2025, August 2025, and September 2025 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 24, 2025, 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 6**.

**Table 6: MCO PIP Topics**

MCO	MCO PIP Title(s) <sup>1</sup>	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: Enhancing Safety and Reducing Fall Risk: A Performance Improvement Plan for Fall Prevention in members Aged 65 and Older	Fall Prevention
	PIP 5 Proposal: Improving Colorectal Cancer Screening Compliance	Colorectal Cancer Screening

MCO	MCO PIP Title(s) <sup>1</sup>	State Topic
Horizon NJ TotalCare (HNJTC)	PIP 1: Diabetes Management <sup>2</sup>	Diabetes Management
	PIP 2: Complaints and Grievances	Member Grievances (Nonclinical)
	PIP 3: Fall Prevention	Fall Prevention
UHC Dual Complete NJ-Y001 (UHCDC)	PIP 1: Promoting Adherence to Renin Angiotensin (RAS) Antagonist Hypertensive Medications (FIDE SNP) <sup>2</sup>	Hypertension (HTN) Management
	PIP 2: Reducing Member Grievances for FIDE SNP Members	Member Grievances (Nonclinical)
	PIP 3: Fall Prevention	Fall Prevention
WellCare Dual Liberty (WCDL)	PIP 1: Promote Medication Adherence in Members with Type 2 Diabetes and Diabetes Related Specific Comorbidities <sup>2</sup>	Diabetes Management
	PIP 2: Complaints and Grievances	Member Grievances (Nonclinical)
	PIP 3: Fall Prevention	Fall Prevention
Wellpoint Full Dual Advantage (WPFDA)	PIP1: Osteoporosis Screening in Women with Documented Fracture	Osteoporosis
	PIP 2: Transportation	Member Grievances (Nonclinical)
	PIP 3: Identification of Members at High Risk for Fall in the FIDE SNP Population	Fall Prevention

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

<sup>2</sup> 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 7** displays the compliance levels and their applicable score ranges.

**Table 7: 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 2025 August clinical and nonclinical PIP submissions for the five FIDE SNPs (Table 8-Table 14). Although not scored, IPRO also reviewed and provided feedback on one new clinical PIP proposal submission on Colorectal Cancer Screening for one MCO to be implemented in 2026.

**Table 8: 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 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Final	HNJTC <sup>1</sup>	UHCDC <sup>1</sup>	WCDL <sup>1</sup>	WPFDA <sup>1</sup>
<b>Element 1. Topic/Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers Completed	M	N/A	N/A	N/A	N/A
1b. Impacts the maximum proportion of members that is feasible	M	N/A	N/A	N/A	N/A
1c. Potential for meaningful impact on member health, functional status, or satisfaction	M	N/A	N/A	N/A	N/A
1d. Reflects high-volume or high risk-conditions	M	N/A	N/A	N/A	N/A
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	M	N/A	N/A	N/A	N/A
<b>Element 1 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Weighted Score</b>	<b>5.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	M	N/A	N/A	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	M	N/A	N/A	N/A	N/A
2c. Objectives align aim and goals with interventions	M	N/A	N/A	N/A	N/A
<b>Element 2 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Weighted Score</b>	<b>5.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	M	N/A	N/A	N/A	N/A
3b. Performance indicators are measured consistently over time	M	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	M	N/A	N/A	N/A	N/A
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	M	N/A	N/A	N/A	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	M	N/A	N/A	N/A	N/A

<p style="text-align: center;"><b>New Jersey MCO PIP Scoring Report</b> <b>FIDE SNP Access to and Availability of PCP Services</b></p>	<b>IPRO 2025 Scoring</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	AAPP Final	HNJTC <sup>1</sup>	UHCDC <sup>1</sup>	WCDL <sup>1</sup>	WPFDA <sup>1</sup>
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval	M	N/A	N/A	N/A	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	M	N/A	N/A	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	M	N/A	N/A	N/A	N/A
<b>Element 3 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3 Weighted Score</b>	<b>15.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4. Barrier Analysis (15% weight)</b> Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	N/A	N/A	N/A	N/A
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	M	N/A	N/A	N/A	N/A
4c. Provider input at focus groups and/or Quality Meetings	M	N/A	N/A	N/A	N/A
4d. QI Process data (“5 Why’s”, fishbone diagram)	M	N/A	N/A	N/A	N/A
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	M	N/A	N/A	N/A	N/A
4f. Literature review	M	N/A	N/A	N/A	N/A
<b>Element 4 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4 Weighted Score</b>	<b>15.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5. Robust Interventions 15% weight)</b> Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	M	N/A	N/A	N/A	N/A
5b. Actions that target member, provider and MCO	M	N/A	N/A	N/A	N/A
5c. New or enhanced, starting after baseline year	M	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)	M	N/A	N/A	N/A	N/A
<b>Element 5 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5 Weighted Score</b>	<b>15.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 6. Results Table (5% weight)</b> Item 6a located in PIP Report Section 6, Table 2.					

<b>New Jersey MCO PIP Scoring Report</b> <b>FIDE SNP Access to and Availability of PCP Services</b>	<b>IPRO 2025 Scoring</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	<b>AAPP Final</b>	<b>HNJTC<sup>1</sup></b>	<b>UHCDC<sup>1</sup></b>	<b>WCDC<sup>1</sup></b>	<b>WPFDA<sup>1</sup></b>
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	PM	N/A	N/A	N/A	N/A
<b>Element 6 Overall Review Determination</b>	<b>PM</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 6 Overall Score</b>	<b>50</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 6 Weighted Score</b>	<b>2.5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	M	N/A	N/A	N/A	N/A
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	M	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	M	N/A	N/A	N/A	N/A
7d. Lessons learned & follow-up activities planned as a result	M	N/A	N/A	N/A	N/A
<b>Element 7 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 7 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 7 Weighted Score</b>	<b>20.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8. Sustainability (20% weight)</b> 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	N/A	N/A	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	PM	N/A	N/A	N/A	N/A
<b>Element 8 Overall Review Determination</b>	<b>PM</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Overall Score</b>	<b>50</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Weighted Score</b>	<b>10.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Non-scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated, and addressed	N	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Actual Weighted Total Score</b>	<b>87.5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Validation Rating Percent<sup>2</sup></b>	<b>87.5%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Validation Status</b>	Yes	N/A	N/A	N/A	N/A
<b>Validation Rating</b>	High	N/A	N/A	N/A	N/A

<sup>1</sup> Access and Availability PIP for 4 MCOs were final last year.

<sup>2</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 9: PIP State Topic #2 – Diabetes Management**

<p style="text-align: center;"><b>New Jersey MCO PIP Scoring Report</b> <b>Diabetes Management</b></p>	<p style="text-align: center;"><b>IPRO 2025 Scoring</b> M=Met PM=Partially Met NM=Not Met</p>				
	AAPP <sup>1</sup>	HNJTC Year 2	UHDCDC <sup>1</sup>	WCDL Year 2	WPFDA <sup>1</sup>
<p><b>Element 1. Topic/Rationale (5% weight)</b> Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).</p>					
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
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>N/A</b>	<b>5.0</b>	<b>N/A</b>
<p><b>Element 2. Aim (5% weight)</b> Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).</p>					
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	PM	N/A
2c. Objectives align aim and goals with interventions	N/A	M	N/A	PM	N/A
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>PM</b>	<b>N/A</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>50</b>	<b>N/A</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>N/A</b>	<b>2.5</b>	<b>N/A</b>
<p><b>Element 3. Methodology (15% weight)</b> 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).</p>					
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	PM	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	PM	N/A
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	N/A	PM	N/A
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval	N/A	N/A	N/A	N/A	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	N/A	PM	N/A

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC Year 2	UHCDC <sup>1</sup>	WCDL Year 2	WPFDA <sup>1</sup>
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	N/A	M	N/A
<b>Element 3 Overall Review Determination</b>	N/A	M	N/A	PM	N/A
<b>Element 3 Overall Score</b>	N/A	100	N/A	50	N/A
<b>Element 3 Weighted Score</b>	N/A	15.0	N/A	7.5	N/A
<b>Element 4. Barrier Analysis (15% weight)</b>					
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	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	M	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
<b>Element 4 Overall Review Determination</b>	N/A	M	N/A	M	N/A
<b>Element 4 Overall Score</b>	N/A	100	N/A	100	N/A
<b>Element 4 Weighted Score</b>	N/A	15.0	N/A	15.0	N/A
<b>Element 5. Robust Interventions (15% weight)</b>					
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
<b>Element 5 Overall Review Determination</b>	N/A	M	N/A	M	N/A
<b>Element 5 Overall Score</b>	N/A	100	N/A	100	N/A
<b>Element 5 Weighted Score</b>	N/A	15.0	N/A	15.0	N/A
<b>Element 6. Results Table (5% weight)</b>					
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
<b>Element 6 Overall Review Determination</b>	N/A	M	N/A	M	N/A
<b>Element 6 Overall Score</b>	N/A	100	N/A	100	N/A
<b>Element 6 Weighted Score</b>	N/A	5.0	N/A	5.0	N/A

New Jersey MCO PIP Scoring Report Diabetes Management	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC Year 2	UHCDC <sup>1</sup>	WCDL Year 2	WPFDA <sup>1</sup>
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> 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
7d. Lessons learned & follow-up activities planned as a result	N/A	M	N/A	M	N/A
<b>Element 7 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>
<b>Element 7 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>
<b>Element 7 Weighted Score</b>	<b>N/A</b>	<b>20.0</b>	<b>N/A</b>	<b>20.0</b>	<b>N/A</b>
<b>Element 8. Sustainability (20% weight)</b> 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
<b>Element 8 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Non-scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed	N/A	N/A	N/A	Y	N/A

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	N/A	80	N/A
<b>Actual Weighted Total Score</b>	N/A	80.0	N/A	70.0	N/A
<b>Validation Rating Percent<sup>2</sup></b>	N/A	100.0%	N/A	88.0%	N/A
<b>Validation Status</b>	N/A	Yes	N/A	Yes	N/A
<b>Validation Rating</b>	N/A	High	N/A	High	N/A

<sup>1</sup> AAPP, UHCDC and WPFDA do not have Diabetes PIPs at this time.

<sup>2</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 10: PIP State Topic #3 – Hypertension Management**

New Jersey MCO PIP Scoring Report Hypertension Management	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Final	HNJTC <sup>1</sup>	UHCDC Year 2	WCDL <sup>1</sup>	WPFDA <sup>1</sup>
<b>Element 1. Topic/Rationale (5% weight)</b>					
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
<b>Element 1 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Weighted Score</b>	<b>5.0</b>	<b>N/A</b>	<b>5.0</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2. Aim (5% weight)</b>					
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	M	N/A	N/A
2c. Objectives align aim and goals with interventions	M	N/A	M	N/A	N/A
<b>Element 2 Overall Review Determination</b>	<b>PM</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Overall Score</b>	<b>50</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Weighted Score</b>	<b>2.5</b>	<b>N/A</b>	<b>5.0</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3. Methodology (15% weight)</b>					
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 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Final	HNJTC <sup>1</sup>	UHCDC Year 2	WCDL <sup>1</sup>	WPFDA <sup>1</sup>
<b>Element 3 Overall Review Determination</b>	M	N/A	M	N/A	N/A
<b>Element 3 Overall Score</b>	100	N/A	100	N/A	N/A
<b>Element 3 Weighted Score</b>	15.0	N/A	15.0	N/A	N/A
<b>Element 4. Barrier Analysis (15% weight)</b>					
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	PM	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
<b>Element 4 Overall Review Determination</b>	PM	N/A	M	N/A	N/A
<b>Element 4 Overall Score</b>	50	N/A	100	N/A	N/A
<b>Element 4 Weighted Score</b>	7.5	N/A	15.0	N/A	N/A
<b>Element 5. Robust Interventions (15% weight)</b>					
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
<b>Element 5 Overall Review Determination</b>	PM	N/A	M	N/A	N/A
<b>Element 5 Overall Score</b>	50	N/A	100	N/A	N/A
<b>Element 5 Weighted Score</b>	7.5	N/A	15.0	N/A	N/A
<b>Element 6. Results Table (5% weight)</b>					
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
<b>Element 6 Overall Review Determination</b>	M	N/A	M	N/A	N/A
<b>Element 6 Overall Score</b>	100	N/A	100	N/A	N/A
<b>Element 6 Weighted Score</b>	5.0	N/A	5.0	N/A	N/A
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Final	HNJTC <sup>1</sup>	UHCDC Year 2	WCDL <sup>1</sup>	WPFDA <sup>1</sup>
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
<b>Element 7 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 7 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 7 Weighted Score</b>	<b>20.0</b>	<b>N/A</b>	<b>20.0</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8. Sustainability (20% weight)<sup>2</sup></b> 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	N/A	N/A	N/A
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	M	N/A	N/A	N/A	N/A
<b>Element 8 Overall Review Determination</b>	<b>M</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Overall Score</b>	<b>100</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 8 Weighted Score</b>	<b>20.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Non-scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated, and addressed	N	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	100	N/A	80	N/A	N/A
<b>Actual Weighted Total Score</b>	82.5	N/A	80.0	N/A	N/A
<b>Validation Rating Percent<sup>3</sup></b>	82.5%	N/A	100.0%	N/A	N/A
<b>Validation Status</b>	Yes	N/A	Yes	N/A	N/A
<b>Validation Rating</b>	High	N/A	High	N/A	N/A

<sup>1</sup> HNJTC, WCDL and WPFDA do not have Hypertension PIPs at this time.

<sup>2</sup> Element 8 is not scored (N/A) during measurement years 1 and 2.

<sup>3</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 11: PIP State Topic #4 – Member Grievances**

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 2	HNJTC Year 2	UHCDC Year 2	WCDL Year 2	WPFDA Year 2
<b>Element 1. Topic/ Rationale (5% weight)</b> 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
<b>Element 1 Overall Review Determination</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 2	HNJTC Year 2	UHDCD Year 2	WCDL Year 2	WPFDA Year 2
<b>Element 1 Overall Score</b>	100	100	100	100	100
<b>Element 1 Weighted Score</b>	5.0	5.0	5.0	5.0	5.0
<b>Element 2. Aim (5% weight)</b>					
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	PM	PM	M
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	PM	M	M	M	M
2c. Objectives align aim and goals with interventions	M	M	M	M	M
<b>Element 2 Overall Review Determination</b>	PM	M	M	PM	M
<b>Element 2 Overall Score</b>	50	100	100	50	100
<b>Element 2 Weighted Score</b>	2.5	5.0	5.0	2.5	5.0
<b>Element 3. Methodology (15% weight)</b>					
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	M	M	M	M	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	M	M	M	M	M
3h. Study design specifies data analysis procedures with a corresponding timeline	M	M	M	M	M
<b>Element 3 Overall Review Determination</b>	M	M	M	M	M
<b>Element 3 Overall Score</b>	100	100	100	100	100
<b>Element 3 Weighted Score</b>	15.0	15.0	15.0	15.0	15.0
<b>Element 4. Barrier Analysis (15% weight)</b>					
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

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 2	HNJTC Year 2	UHCDC Year 2	WCDL Year 2	WPFDA Year 2
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
<b>Element 4 Overall Review Determination</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 4 Overall Score</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 4 Weighted Score</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM	M	PM	M	PM
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	M	M	M	M	PM
<b>Element 5 Overall Review Determination</b>	<b>PM</b>	<b>M</b>	<b>PM</b>	<b>M</b>	<b>PM</b>
<b>Element 5 Overall Score</b>	<b>50</b>	<b>100</b>	<b>15</b>	<b>100</b>	<b>50</b>
<b>Element 5 Weighted Score</b>	<b>7.5</b>	<b>15.0</b>	<b>7.5</b>	<b>15.0</b>	<b>7.5</b>
<b>Element 6. Results Table (5% weight)</b>					
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
<b>Element 6 Overall Review Determination</b>	<b>PM</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>PM</b>
<b>Element 6 Overall Score</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>50</b>
<b>Element 6 Weighted Score</b>	<b>2.5</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>2.5</b>
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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
<b>Element 7 Overall Review Determination</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 7 Overall Score</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

New Jersey MCO PIP Scoring Report Member Grievances (Nonclinical)	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 2	HNJTC Year 2	UHCDC Year 2	WCDL Year 2	WPFDA Year 2
<b>Element 7 Weighted Score</b>	20.0	20.0	20.0	20.0	20.0
<b>Element 8. Sustainability (20% weight)</b> 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
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N	N	N	N	N

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	80	80	80	80	80
<b>Actual Weighted Total Score</b>	67.5	80.0	70.0	80.0	70.0
<b>Validation Rating Percent <sup>1</sup></b>	84.0%	100.0%	88.0%	100.0%	88.0%
<b>Validation Status</b>	Yes	Yes	Yes	Yes	Yes
<b>Validation Rating</b>	Moderate	High	High	High	High

<sup>1</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 12: PIP State Topic #5 – Osteoporosis**

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>1</sup>	UHCDC <sup>1</sup>	WCDL <sup>1</sup>	WPFDA Year 2
<b>Element 1. Topic/Rationale (5% weight)</b> 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	M
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
<b>Element 1 Overall Review Determination</b>	N/A	N/A	N/A	N/A	M
<b>Element 1 Overall Score</b>	N/A	N/A	N/A	N/A	100
<b>Element 1 Weighted Score</b>	N/A	N/A	N/A	N/A	5.0
<b>Element 2. Aim (5% weight)</b> Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>1</sup>	UHDCDC <sup>1</sup>	WCDC <sup>1</sup>	WPFDA Year 2
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
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>M</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>100</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>5.0</b>
<b>Element 3. Methodology (15% weight)</b>					
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
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>M</b>
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>100</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>15.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>M</b>
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>100</b>

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>1</sup>	UHCDC <sup>1</sup>	WCDC <sup>1</sup>	WPFDA Year 2
<b>Element 4 Weighted Score</b>	N/A	N/A	N/A	N/A	15.0
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM
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	PM
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	N/A	N/A	N/A	PM
<b>Element 5 Overall Review Determination</b>	N/A	N/A	N/A	N/A	PM
<b>Element 5 Overall Score</b>	N/A	N/A	N/A	N/A	50
<b>Element 5 Weighted Score</b>	N/A	N/A	N/A	N/A	7.5
<b>Element 6. Results Table (5% weight)</b>					
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	M
<b>Element 6 Overall Review Determination</b>	N/A	N/A	N/A	N/A	M
<b>Element 6 Overall Score</b>	N/A	N/A	N/A	N/A	100
<b>Element 6 Weighted Score</b>	N/A	N/A	N/A	N/A	5.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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
<b>Element 7 Overall Review Determination</b>	N/A	N/A	N/A	N/A	M
<b>Element 7 Overall Score</b>	N/A	N/A	N/A	N/A	100
<b>Element 7 Weighted Score</b>	N/A	N/A	N/A	N/A	20.0
<b>Element 8. Sustainability (20% weight)<sup>2</sup></b>					
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
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Non-scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated, and addressed	N/A	N/A	N/A	N/A	Y

New Jersey MCO PIP Scoring Report Osteoporosis	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>1</sup>	UHCDC <sup>1</sup>	WCDL <sup>1</sup>	WPFDA Year 2
	Findings	Findings	Findings	Findings	Findings
Maximum Possible Weighted Score	N/A	N/A	N/A	N/A	80
Validation Rating Percent <sup>3</sup>	N/A	N/A	N/A	N/A	65.0
Validation Status	N/A	N/A	N/A	N/A	81.25%
Validation Rating	N/A	N/A	N/A	N/A	Yes
					Moderate

<sup>1</sup> AAPP, HNJTC, UHCDC, and WCDL do not have Osteoporosis PIPs at this time.

<sup>2</sup> Element 8 is not scored (N/A) during measurement years 1 and 2.

<sup>3</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 13: PIP State Topic #6 – Fall Prevention**

New Jersey MCO PIP Scoring Report Fall Prevention	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 1	HNJTC Year 1	UHCDC Year 1	WCDL Year 1	WPFDA Year 1
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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
<b>Element 1 Overall Review Determination</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 1 Overall Score</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 1 Weighted Score</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>
<b>Element 2. Aim (5% weight)</b>					
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	PM	M	M	M	PM
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	PM	M	M	M	PM
2c. Objectives align aim and goals with interventions	M	M	M	M	PM
<b>Element 2 Overall Review Determination</b>	<b>PM</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>PM</b>
<b>Element 2 Overall Score</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>50</b>
<b>Element 2 Weighted Score</b>	<b>2.5</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>2.5</b>
<b>Element 3. Methodology (15% weight)</b>					
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).					

New Jersey MCO PIP Scoring Report Fall Prevention	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 1	HNJTC Year 1	UHCDC Year 1	WCDL Year 1	WPFDA Year 1
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	M	PM	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	PM
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	M	M	M	M	PM
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	M	M	PM	M	PM
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	M	M	M	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	M	M	M	M	PM
3h. Study design specifies data analysis procedures with a corresponding timeline	M	M	PM	M	PM
<b>Element 3 Overall Review Determination</b>	<b>M</b>	<b>PM</b>	<b>PM</b>	<b>M</b>	<b>PM</b>
<b>Element 3 Overall Score</b>	<b>100</b>	<b>50</b>	<b>50</b>	<b>100</b>	<b>50.0</b>
<b>Element 3 Weighted Score</b>	<b>15.0</b>	<b>7.5</b>	<b>7.5</b>	<b>15.0</b>	<b>7.5</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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	PM
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	PM	PM	M	M	PM
4c. Provider input at focus groups and/or Quality Meetings	PM	PM	M	PM	PM
4d. QI Process data (“5 Why’s”, fishbone diagram)	M	M	M	M	PM
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	M	M	M	M	PM
4f. Literature review	PM	M	M	M	PM
<b>Element 4 Overall Review Determination</b>	<b>PM</b>	<b>PM</b>	<b>M</b>	<b>PM</b>	<b>PM</b>
<b>Element 4 Overall Score</b>	<b>50</b>	<b>50</b>	<b>100</b>	<b>50</b>	<b>50</b>
<b>Element 4 Weighted Score</b>	<b>7.5</b>	<b>7.5</b>	<b>15.0</b>	<b>7.5</b>	<b>7.5</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	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

New Jersey MCO PIP Scoring Report Fall Prevention	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 1	HNJTC Year 1	UHDC Year 1	WCDL Year 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)	M	M	M	M	PM
<b>Element 5 Overall Review Determination</b>	PM	M	M	M	PM
<b>Element 5 Overall Score</b>	50	100	100	100	50
<b>Element 5 Weighted Score</b>	7.5	15.0	15.0	15.0	7.5
<b>Element 6. Results Table (5% weight)</b> 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
<b>Element 6 Overall Review Determination</b>	PM	M	M	M	PM
<b>Element 6 Overall Score</b>	50	100	100	100	50
<b>Element 6 Weighted Score</b>	2.5	5.0	5.0	5.0	2.5
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> 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	PM
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	M	M	M	M	PM
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
<b>Element 7 Overall Review Determination</b>	M	M	M	M	PM
<b>Element 7 Overall Score</b>	100	100	100	100	50
<b>Element 7 Weighted Score</b>	20.0	20.0	20.0	20.0	10.0
<b>Element 8. Sustainability (20% weight)</b> 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
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N	N	Y	N	N
	Findings	Findings	Findings	Findings	Findings

New Jersey MCO PIP Scoring Report Fall Prevention	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP Year 1	HNJTC Year 1	UHCDC Year 1	WCDL Year 1	WPFDA Year 1
Maximum Possible Weighted Score	80	80	80	80	80
Actual Weighted Total Score	60.0	65.0	72.5	72.5	42.5
Validation Rating Percent <sup>1</sup>	75.0%	81.3%	90.6%	90.6%	53.1%
Validation Status	Yes	Yes	Yes	Yes	Yes
Validation Rating	Moderate	Moderate	High	High	Low

<sup>1</sup> ≥ 85% met; 60–84% partial met (corrective action plan); <60% not met (corrective action plan).

**Table 14: PIP Proposal State Topic #7 – Colorectal Cancer Screening**

New Jersey MCO PIP Scoring Report Colorectal Cancer Screening	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>2</sup>	UHCDC <sup>2</sup>	WCDL <sup>2</sup>	WPFDA <sup>2</sup>
<b>Element 1. Topic/Rationale (5% weight)</b>					
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
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2. Aim (5% weight)</b>					
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
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3. Methodology (15% weight)</b>					
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

New Jersey MCO PIP Scoring Report Colorectal Cancer Screening	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>2</sup>	UHDC <sup>2</sup>	WCDL <sup>2</sup>	WPFDA <sup>2</sup>
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	N/A	N/A	N/A	N/A
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval	N/A	N/A	N/A	N/A	N/A
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	N/A	N/A	N/A	N/A
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	N/A	N/A	N/A	N/A
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

New Jersey MCO PIP Scoring Report Colorectal Cancer Screening	IPRO 2025 Scoring M=Met PM=Partially Met NM=Not Met				
	AAPP <sup>1</sup>	HNJTC <sup>2</sup>	UHCDC <sup>2</sup>	WCDL <sup>2</sup>	WPFDA <sup>2</sup>
<b>Element 6 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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
<b>Element 7 Overall Review Determination</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 7 Overall Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 7 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8. Sustainability (20% weight)</b>					
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
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Non-scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated, and addressed	N/A	N/A	N/A	N/A	N/A

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Validation Rating Percent</b>	N/A	N/A	N/A	N/A	N/A
<b>Validation Status</b>	N/A	N/A	N/A	N/A	N/A
<b>Validation Rating</b>	N/A	N/A	N/A	N/A	N/A

<sup>1</sup>MCO is at the proposal stage for this PIP and will be scored in MY 1.

<sup>2</sup>HNJTC, UHCDC, WCDL and WPFDA do not have Colorectal Cancer Screening PIP at this time.

Table 15 presents FIDE SNP PIP scoring results for each MCO.

**Table 15: FIDE SNP PIP Validation Results – 2025**

PIP	AAPP	HNJTC	UHCDC	WCDL	WPFDA
PIP 1: Access to and Availability of PCP Services (Nonclinical)	87.50%	N/A	N/A	N/A	N/A
PIP 2: Diabetes Management	N/A	100.00%	N/A	87.50%	N/A
PIP 3: Hypertension Management	100.00%	N/A	100.00%	N/A	N/A
PIP 4: Member Grievances (Nonclinical)	84.00%	100.00%	88.00%	100.00%	88.00%
PIP 5: Osteoporosis	N/A	N/A	N/A	N/A	81.25%
PIP 6: Fall Prevention	75.00%	81.30%	90.60%	90.60%	53.10%
PIP 7: Colorectal Cancer Screening	N/A <sup>1</sup>	N/A	N/A	N/A	N/A

<sup>1</sup> MCO is at the proposal stage for this clinical PIP and will be scored in measurement year 1.

N/A: Not Applicable.

### Strengths

- AAPP – Of the 4 PIPs scored, 2 PIPs performed at or above the 85% threshold indicating high performance.
- HNJTC – Of the 3 PIPs scored, 2 PIPs performed at or above the 85% threshold indicating high performance.
- UHCDC – Of the 3 PIPs scored, all 3 PIPs performed at or above the 85% threshold indicating high performance.
- WCDL – Of the 3 PIPs scored, all 3 PIPs performed at or above the 85% threshold indicating high performance.
- WPFDA – Of the 3 PIPs scored, 1 PIP performed at or above the 85% threshold indicating high performance.

### Opportunities for Improvement

- AAPP – The MCO must ensure that the Aim, Objectives, and Goals are appropriately addressed and that the barrier analysis is clearly defined, easily understood, and aligned with all subsequent sections of the PIP.
- HNJTC – The MCO must ensure that Performance Indicators are clearly defined, measurable, and that the barrier analysis is well-defined, easily understood, and aligned with all subsequent sections of the PIP.
- WPFDA – The MCO should review all sections of the PIP to ensure that the Aim, Goals, and Objectives are clearly defined and consistently aligned throughout, and that the Methodology and Interventions are well-articulated, easily understood, and integrated to support a comprehensive PIP that demonstrates projected outcomes.

### PIP Interventions Summary for Each FIDE SNP

Table 16-Table 21 details the interventions implemented by the MCOs for each FIDE SNP PIP.

**Table 16: PIP Interventions Summary 2025 for Access to and Availability of PCP Services**

MCO/PIP	Interventions
<b>AAPP – Improving Access to and Availability to Primary Care for the FIDE SNP Population</b>	<b>New Member Roster to Targeted PCPs</b> - 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 12/22/25 quarterly claims data for an initial appointment and will be reported within the quarter that the claim is received.
	<b>ER Notification to Targeted PCPs</b> – 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

MCO/PIP	Interventions
	had no PCP visits within the past 12 months to contact the member and schedule an annual visit to establish a relationship with the member and educate the member regarding appropriate use of the ER. Monitor claims for PCP visit after ER notification given to provider.
	<b>Practice Transformation Appt. Scheduling</b> – 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 be held on a quarterly basis with Provider/Practice Manager.
	<b>Practice Transformation After Hours Access</b> -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.
	<b>Member Outreach (Not Seeing Assigned PCP)</b> – 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 educate 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.
	<b>Member Education</b> – 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.
	<b>24-Hour Nurse Line (Informed Nurse Line)</b> – Educate members (via flyer) assigned to targeted PCPs regarding availability of a “24-Hour Nurse Line” and monitor utilization on a quarterly basis.
	<b>IVR Survey</b> – 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 for 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.

PIP: Performance Improvement Project; MCO: Managed Care Organization.

**Table 17: PIP Interventions Summary 2025 for Diabetes Management**

MCO/PIP	Interventions
<b>AAPP</b>	<b>N/A, AAPP does not have a Diabetes Management PIP at this time.</b>
<b>HNJTC – (FIDE SNP) PIP - Diabetes Management</b>	<p><b>Care managers will assist</b> the member in obtaining a BP 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 the # of BP cuffs ordered per quarter.</p> <p><b>Care managers will utilize</b> the care gaps dashboard to identify members that have not had a Diabetic Retinal Exam (DRE). Care managers would outreach to those members and work with them to find an eye doctor, schedule an exam, and provide education on the importance of eye exams and diabetes. Care managers will also receive a report from vendor to identify the number of eye exams completed.</p>

MCO/PIP	Interventions
	<p><b>Care managers will work</b> with members to make sure that they have a working glucometer and strips.</p> <p><b>Care managers will identify</b> members that have an HbA1C &gt;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.</p> <p><b>Care managers will identify</b> Care managers will identify members that did not have a kidney health evaluation 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.</p>
UHCDC	<b>N/A, UHCDC does not have a Diabetes Management PIP at this time.</b>
WCDL – Promote Medication Adherence in members with type 2 diabetes and diabetes related specific comorbidities in the FIDE-SNP population	<b>Outreach to providers for FIDE-SNP members</b> ages 18 years and older who need PDC-DR medication during measurement year and provide PDC-DR member list. Promote and encourage providers to access the Provider Portal for the appropriate PDC-DR medication adherence clinical practice guidelines to ensure members are receiving needed care and education.
	<b>Concierge Team Member Outreach</b> to receive monthly assignment of the FIDE-SNP diabetic members ages 18 years and older who need Diabetes All Class (PDC-DR) during measurement year and help with scheduling medical appointments.
	<b>Outreach to providers for FIDE-SNP members</b> ages 18 years and older who need PDC-RASA medication during measurement year and provide PDC-RASA member list. Promote and encourage providers to access the Provider Portal for the appropriate PDC-RASA medication adherence clinical practice guidelines to ensure members are receiving needed care and education.
	<b>Concierge Team Member Outreach</b> to receive monthly assignment of the FIDE-SNP diabetic members ages 18 years and older who need Renin Angiotensin System Antagonists (PDC-RASA) during measurement year and help with scheduling medical appointments.
	<b>Outreach to providers for FIDE-SNP members</b> ages 18 years and older who need PDC-STA medication during measurement year and provide PDC-STA member list. Promote and encourage providers to access the Provider Portal for the appropriate PDC-STA medication adherence clinical practice guidelines to ensure members are receiving needed care and education.
	<b>Concierge Team Member Outreach</b> to receive monthly assignment of the FIDE-SNP members ages 18 years and older who Statins (PDC-STA) during measurement year and help with scheduling medical appointments.

PIP: Performance Improvement Project; MCO: Managed Care Organization.

**Table 18: PIP Interventions Summary 2025 for Hypertension Management**

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

PIP: Performance Improvement Project; MCO: Managed Care Organization.

**Table 19: PIP Interventions Summary 2025 for FIDE SNP Member Grievances**

MCO/PIP	Interventions
<b>AAPP – Complaints and Grievances</b>	<b>Provide enhanced plan/program materials</b> and comprehensive program training to sales and broker teams.
	<b>Identification of CMS CTMs</b> attributed to Broker/Enrollment process and/or issues.
	<b>Outreach/re-education to Broker/Sales staff</b> attributed to internally submitted grievances.
	<b>Conduct in-person/onsite/virtual member meetings</b> to educate members on benefits—various locations/dates throughout the state/membership areas.
	<b>Expansion of grocery network</b> for Extra Benefits Program.
	<b>Expand Extra Benefits Program education</b> to key teams (all member-facing) along with access to program materials to support member education/assistance with program.
	<b>Proactive identification/outreach to members</b> 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.
	<b>Develop/implement member grievance/issue education</b> 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.
<b>Develop/implement AAPP/FIDE provider re-education</b> plan to reinforce/improve knowledge around MCO network participation/eligible membership. Plan would target contracted/PAR providers.	

MCO/PIP	Interventions
	<b>Identification/intervention/monitoring</b> of providers that are reported to have refused service(s) to AAPP/FIDE members.
<b>HNJTC – Complaints and Grievances</b>	<p><b>When a new member enrolls in FIDE-SNP</b>, the Clinical Care Coordinator (CCC) will ensure that the member receives their OTC benefit card, and provide the member with education on the use of the OTC card.</p> <p><b>The CCC will send the members a welcome guide</b> with instructions on the use of the OTC extra benefit card.</p> <p><b>FIDE-SNP Care managers will remind members</b> 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.</p> <p><b>Providers will receive training and/or education</b> on Respect, Kindness, and De-Escalation.</p> <p><b>FIDE-SNP Team members</b> will receive training and/or education on Respect, Kindness, and De-escalation.</p>
<b>UHCDC – Reducing Member Grievances for FIDE SNP Members</b>	<p><b>Implement ongoing quarterly training</b> via required assigned learning modules for all member service representatives to improve quality of member interactions.</p> <p><b>Monitor post-call member surveys</b> for indicators of dissatisfaction and provide individual call center representative coaching to improve performance and call handling.</p> <p><b>Monitor percent of post-call member surveys</b> that indicated member dissatisfaction with the call experience.</p> <p><b>Implement ongoing Group Training</b> for member service representatives identified as needing additional training to improve quality of member interactions.</p> <p><b>Educate all in-network</b> provider practices and facilities on proper Medicaid billing, as outlined in the Provider Manual. <b>Post an annual provider bulletin</b> on the NJUHCCP provider website to review Medicaid rules related to member billing as outlined in the Provider Manual.</p> <p><b>Inform members</b> about their rights and responsibilities regarding balance-billing through an annual article in the member newsletter.</p>
<b>WCDL – Complaints and Grievances</b>	<p><b>Educate member on current benefits</b> 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.</p> <p><b>Educate and receive feedback</b> from FIDE SNP members on benefits and annual changes at the DSNP Enrollee Committee.</p> <p><b>Quarterly outreach</b> to FIDE SNP members to review benefits by our concierge team.</p> <p><b>Quarterly work groups</b> with the state to ensure timely approval of member materials.</p> <p><b>We will use our quarterly DSNP newsletter</b> to remind our members about their benefits and changes to benefits with an At-a-glance of benefits link.</p>
<b>WPFDA - Increasing transportation vendor compliance for no-show and late pick-up</b>	<b>Vendor will provide members with reliable transportation</b> 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 vendors in meeting standards.

MCO/PIP	Interventions
	<b>Vendor will provide members with timely transportation</b> 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 vendors in meeting standards.

PIP: Performance Improvement Project; MCO: Managed Care Organization.

**Table 20: PIP Interventions Summary 2025 for Osteoporosis**

MCO/PIP	Interventions
AAPP	<b>N/A, AAPP does not have an Osteoporosis PIP at this time.</b>
HNJTC	<b>N/A, HNJTC does not have an Osteoporosis PIP at this time.</b>
UHCDC	<b>N/A, UHCDC does not have an Osteoporosis PIP at this time.</b>
WCDL	<b>N/A, WCDL does not have an Osteoporosis PIP at this time.</b>
<b>WPFDA - Osteoporosis Screening in Women with Documented Fracture</b>	<p><b>Member will be given information related to bone mineral density (BMD) testing</b> 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.</p> <p><b>Plan staff will collaborate with member’s PCP</b> 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.</p>

PIP: Performance Improvement Project; MCO: Managed Care Organization.

**Table 21: PIP Interventions Summary 2025 for Fall Prevention**

MCO/PIP	Interventions
<b>AAPP – Enhancing Safety and Reducing Fall Risk: A Performance Improvement Plan for Fall Prevention in members Aged 65 and Older</b>	<b>Care managers will be prompted to complete the fall risk safety assessment</b> during routine HRA and follow-up encounters. Staff will receive refresher training on engaging members who may decline due to cognitive barriers or mistrust, using simplified language and motivational techniques to support completion.
	<b>Developed a quarterly list</b> of members aged 65+ with fall-related ICD-10 claims and/or identified fall risk factors from HRAs to flag for care management outreach and intervention.
	<b>Care managers will conduct structured post-fall outreach</b> to assess member needs, reinforce fall prevention education, and coordinate follow-up care, including referrals for assistive devices or therapy as needed (where applicable).
	<b>Care managers will conduct proactive outreach</b> to members identified as high-risk for falls, focusing on fall prevention education, referrals, and timely support before future events occur.
	<b>Care management supervisors will monitor HRA and care assessment completion rates</b> and provide targeted reminders and coaching to ensure timely documentation and follow-up for members with fall-related claims.
	<b>Eligible members will be referred for Personal Emergency Response System (PERS)</b> services to support fall prevention and rapid emergency response.
	<b>MLTSS care managers will conduct in-home environmental safety assessments</b> for members with fall-related claims to identify hazards and coordinate home modifications if needed.

MCO/PIP	Interventions
	<p><b>Care managers will provide tailored fall prevention</b> education and coaching during assessments and follow-ups, including guidance on home safety, assistive devices, and self-care strategies.</p>
<p><b>HNJTC – Fall Prevention</b></p>	<p><b>Care Managers will complete a Falls Risk Assessment</b> annually with all level 2&amp;3 non-MLTSS FIDE-SNP members.</p>
	<p><b>Distribute Provider Education</b> on Fall Prevention and the importance of examining for fall risks routinely.</p>
	<p><b>Care Managers will identify members</b> who have a high fall risk (scoring <math>\geq 4</math> on the falls risk assessment), and refer them to their PCP, educate members about fall prevention, &amp; PT/OT par providers.</p>
	<p><b>Care managers will encourage members</b> to utilize the gym benefit for stability and balance training.</p>
	<p><b>Care managers will assist in coordinating care</b> for members who require DME, and will encourage members to utilize the OTC Catalog to purchase fall prevention equipment.</p>
	<p><b>CM will provide member education about fall prevention</b>, as well as what to do if they fall, and stress the importance of notifying someone in the event that they do fall.</p>
	<p><b>A weekly falls report</b> will be run through claims. When a member fall is identified on the falls report the CM will outreach the member within 10 business days.</p>
	<p><b>When a member fall is identified</b> on the weekly falls report the CM will encourage the member to follow up with the PCP within 30 days.</p>
	<p><b>The routine health assessment survey</b> will be modified to allow the member to specify if and when they have experienced a fall, thereby improving the systematic collection of falls data for falls.</p>
	<p><b>If the member is identified as newly being on a high-risk medication</b> (not a refill), per the American Geriatrics Society’s Beers Criteria, a letter will be sent to the member informing them that they are at an increased risk for falls, which should be discussed with their doctor.</p>
<p><b>If the member is identified as meeting the criteria for one of our Polypharmacy measures</b>, including Polypharmacy CNS, Polypharmacy Anticholinergic, and Concurrent use of Opioids and Benzodiazepines, a letter will be sent to the members prescribing doctor, informing them that the member is at an increased risk for falls.</p>	
<p><b>UHCDC – Fall Prevention for FIDE-SNP Members Aged 65 and Older</b></p>	<p><b>Assess fall risk status via the telephonic Risk Stratification Assessment</b> for community-dwelling FIDE-SNP members aged 65 and older residing in Gloucester, Cumberland and Mercer counties upon enrollment and annually thereafter.</p>
	<p><b>Assess fall risk status via claims review for community-dwelling FIDE-SNP</b> members aged 65 and older residing in Gloucester, Cumberland and Mercer counties upon enrollment and annually thereafter if members were not assessed via the telephonic Risk Stratification Assessment.</p>
	<p><b>Refer community-dwelling FIDE-SNP</b> members aged 65 and older residing in Gloucester, Cumberland and Mercer counties who are not enrolled in MLTSS or other case management programs to the Case Management department for an evaluation if the member had two or more falls in the past year, based on medical claims.</p>
	<p><b>Mail educational materials regarding falls prevention</b> to all community-dwelling FIDE-SNP members aged 65 and older residing in Gloucester, Cumberland and Mercer counties who were assessed for falls risk in the current quarter, either through the telephonic Risk Stratification Assessment or via claims review, using Interventions #1a and #1b, and were identified in the current quarter as being at high risk for falls.</p>

MCO/PIP	Interventions
	<p><b>Publish an annual provider bulletin</b> regarding fall prevention that references the fall risk screening and prevention algorithm based on the clinical guidelines issued by the American Geriatrics Society.</p> <p><b>Reach out via fax to primary care providers</b> of community-dwelling FIDE-SNP members aged 65 and older residing in Gloucester, Cumberland and Mercer counties who were identified as being at high risk for falls in the current quarter either through the telephonic Risk Stratification Assessment, or via claims review, using Interventions #1a and #1b, in order to encourage the provider to complete a fall risk evaluation and determine appropriate interventions for the member. Provide a comprehensive check list of assessments and interventions according to the CDC guidelines.</p> <p><b>Create and maintain on the UCHDCO website</b> an online resource for UHDCO members that lists available community exercise programs throughout the state of New Jersey<sup>2</sup>. Update the document at least quarterly.</p> <p><b>Publish an annual article</b> in the member newsletter regarding fall prevention that references the Fitness Program member benefit and also references the UHDCO online resource listing community exercise programs throughout the state of New Jersey.</p>
<p><b>WCDL – FIDE SNP Fall Prevention PIP</b></p>	<p><b>When a FIDE SNP member has a reported fall</b>, Care Coordination will attempt to outreach member to engage in care management program.</p> <p><b>When a FIDE SNP member has a reported fall</b>, Care Coordination will provide the member with falls education.</p> <p><b>Assigned CM to outreach members</b> after reported fall to assess current service level needs and potential changes/increase in services.</p> <p><b>Care Managers sending</b> individualized educational materials to address circumstances of a member’s reported fall.</p> <p><b>Care Managers send</b> individualized educational materials to members at risk for falls.</p> <p><b>Health Plan partnering with 3 MDC and licensed Physical and Occupational Therapists</b> to provide on-site PT/OT services to FIDE SNP members in a familiar setting to reduce the risk of falls and fall related injuries.</p>
<p><b>WPFDA – Identification of Members at High Risk for Fall in the FIDE SNP Population</b></p>	<p><b>Care Manager to complete Health Risk Assessment</b> for members who are at risk for fall.</p> <p><b>Care Manager to contact provider</b> to inform them of member being identified as high risk for fall.</p> <p><b>Care Manager to complete care plan</b> to address interventions for fall prevention.</p>

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 2025 (AAPP, HNJTC, UHCDC, WCDL and WPFDA) reported HEDIS MY 2024 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 2024 FARs to determine compliance with ISCA standards. The FARs revealed that all MCOs met all standards for successful reporting (**Table 22**).

**Table 22: MCO Compliance with Information System Standards – MY 2024**

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 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.

The MCO's information system assessment reviews 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 23**.

**Table 23: 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 24.** 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 24: 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
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 2024 FIDE SNP Performance Measures

IPRO validated the processes used to calculate the 11 HEDIS MY 2024 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 2024:

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

### Notable HEDIS Measure Changes from MY 2023 to MY 2024

In MY2024, NCQA did not release percentiles for the Plan All-Cause Readmissions (PCR) due to significant changes to the specifications. There were also overall changes to multiple value sets and specific changes per measures.

### Measure Reporting

All five FIDE SNPs reported the required measures for MY 2024.

## Comparisons of MY 2023 to MY 2024 – New Jersey Average (Weighted Average)

Most measures reported remained constant from MY 2023 to MY 2024 (< 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 ( $\geq 5$  pps increase):
  - a. Care for Older Adults (COA) - Functional Status Assessment
  - b. Transitions of Care (TRC) - Medication Reconciliation Post-Discharge and Notification of Inpatient Admission and Receipt of Discharge Information
2. Measures for which rates declined significantly ( $\geq 5$  pp decrease):
  - a. Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
  - b. Osteoporosis Management in Women Who Had a Fracture (OMW)

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

The HEDIS rates are color coded to correspond to national percentiles (**Table 25**).

**Table 25: 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 26** displays the HEDIS performance measures for MY 2024 for all MCOs and the New Jersey FIDE SNP average. The FIDE SNP average is the weighted average of all MCO data.

**Table 26: HEDIS MY 2024 FIDE SNP HEDIS Performance Measures**

HEDIS MY 2024 FIDE SNP Measures	AAPP	HNJTC	UHCDC	WCDL	WPFDA <sup>1</sup>	Health Plan Average <sup>2</sup>	MY 2024 NJ FIDE SNP Average <sup>3</sup>
<b>Care for Older Adults (COA) – Hybrid Measure<sup>4</sup></b>							
Medication Review	100.00%	96.43%	93.47%	97.57%	90.51%	95.60%	94.47%
Functional Status Assessment	78.10%	96.43%	94.60%	84.43%	66.67%	84.05%	89.19%
Pain Screening	86.86%	97.45%	96.88%	96.11%	89.29%	93.32%	95.34%
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>							
Systemic Corticosteroid	82.93%	74.43%	70.07%	71.79%	71.91%	74.23%	72.90%
Bronchodilator	90.73%	89.82%	90.52%	96.15%	89.61%	91.37%	90.44%
<b>Controlling High Blood Pressure (CBP) – Hybrid Measure<sup>4</sup></b>	76.16%	75.08%	71.53%	77.37%	73.72%	74.77%	73.39%
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	NA	87.50%	43.75%	75.00%	50.00%	NA	58.82%
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	25.00%	38.46%	42.00%	14.29%	16.67%	32.38%	34.54%

HEDIS MY 2024 FIDE SNP Measures	AAPP	HNJTC	UHDCD	WCDL	WPFDA <sup>1</sup>	Health Plan Average <sup>2</sup>	MY 2024 NJ FIDE SNP Average <sup>3</sup>
<b>Antidepressant Medication Management (AMM)</b>							
Effective Acute Phase Treatment	75.42%	79.02%	75.05%	86.06%	74.92%	78.09%	76.80%
Effective Continuation Phase Treatment	62.71%	63.21%	59.17%	80.61%	60.13%	65.17%	62.20%
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>							
30-Day Follow-Up	52.59%	57.87%	51.38%	48.75%	54.62%	53.04%	53.08%
7-Day Follow-Up	30.37%	33.19%	29.91%	27.50%	32.30%	30.65%	30.84%
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>5</sup></b>							
Falls + Tricyclic Antidepressants or Antipsychotics	47.47%	48.03%	43.13%	38.36%	47.95%	44.99%	44.92%
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	42.72%	55.71%	57.37%	56.30%	59.25%	54.27%	56.94%
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	23.26%	19.55%	18.36%	21.69%	21.06%	20.78%	19.56%
Total	41.22%	46.50%	45.19%	47.98%	49.25%	46.03%	46.50%
<b>Transitions of Care (TRC) – Hybrid Measure<sup>4,6</sup></b>							
Notification of Inpatient Admission	17.03%	32.60%	11.44%	61.80%	60.34%	36.64%	27.76%
Medication Reconciliation Post-Discharge	89.29%	77.62%	57.42%	49.15%	64.96%	67.69%	65.75%
Patient Engagement After Inpatient Discharge	84.67%	91.48%	86.62%	87.59%	84.43%	86.96%	87.34%
Receipt of Discharge Information	15.09%	28.71%	7.54%	2.92%	40.39%	18.93%	17.79%
Use of High-Risk Medications in the Elderly (DAE) <sup>5</sup>	20.26%	28.89%	28.55%	26.01%	27.01%	26.14%	27.89%

HEDIS MY 2024 FIDE SNP Measures	AAPP	HNJTC	UHCDC	WCDL	WPFDA <sup>1</sup>	Health Plan Average <sup>2</sup>	MY 2024 NJ FIDE SNP Average <sup>3</sup>
<b>Plan All-Cause Readmissions (PCR)<sup>5,7,8</sup></b>							
18-64 year olds, Observed-to-expected Ratio	1.2581	1.2521	1.3458	1.0204	1.1572		
65+ year olds, Observed-to-expected Ratio	1.2920	1.2951	1.2685	0.9534	1.1739		

Note: Submission of hybrid measures was not required for measurement year (MY) 2024.

<sup>1</sup> Amerigroup began doing business as Wellpoint as of 1/1/2024. Administrative measures for Wellpoint are calculated by combining the IDSS files with SubIDs 8854 and 14930.

<sup>2</sup> Health Plan Average uses only MCOs who had an eligible population greater than or equal to 30.

<sup>3</sup> New Jersey Medicaid average is weighted average of all MCO data.

<sup>4</sup> The data source of Wellpoint for this measure is from IDSS file with SubID 8854.

<sup>5</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>6</sup> Horizon reported this measure administratively.

<sup>7</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

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

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, HCBS and NF are fully included in the FIDE SNP benefits. FIDE SNPs are subject to an assessment of operations every 3 years.

All five FIDE SNPs participated in a partial FIDE SNP/MLTSS Annual Assessment review in March 2025. (Table 27).

**Table 27: 2025 Annual Assessment Type by FIDE SNP/MLTSS**

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

FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MLTSS: Managed Long-term Services and Supports.

During the 2025 FIDE SNP/MLTSS Annual Assessment review, 238 elements were subject to review for all participating FIDE SNP. Certain MLTSS elements that were previously met in the 2024 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.

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 28**.

**Table 28: New Jersey Medicaid Managed Care Compliance Monitoring Standard Designation**

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

Of the 238 elements reviewed during the 2025 FIDE SNP/MLTSS annual assessments, 84 elements crosswalk to the 14 CMS QAPI standards. **Table 29** 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	438.56	MD1-MD9	9	100%	100%	100%	100%	100%
Enrollee Rights	438.100	ER1, ER3-ER4	3	100%	100%	100%	100%	100%
Emergency and Post Stabilization	438.114	EPS1	1	100%	100%	100%	0%	0%
Availability of Services	438.206	A3, A4a-f, A7, CR7, CR8, AO1, AO2	12	92%	83%	67%	83%	83%
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%

Subpart D and QAPI Standard	CFR Citation	AA Review Elements	# of Elements Reviewed	AAPP	HNJTC	UHCDC	WCDL	WPFDA
Coverage and Authorization of Services	438.210	UM3, UM11, UM14–UM16, UM16o1, UM16o2	7	100%	100%	100%	100%	100%
Provider Selection	438.214	CR2, CR3	2	100%	100%	100%	100%	100%
Confidentiality	438.224	PT9	1	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	UM16k.1, UM16k.2, UM16l.1, UM16l.2, UM16m.1, UM16m.2, UM16n.1, UM16n.2, QM5	9	89%	89%	100%	89%	89%
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%
<b>Total elements reviewed</b>			<b>84</b>					
<b>Compliance percentage</b>				<b>98%</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>	<b>95%</b>

All five MCOs participated in the 2025 compliance review. A total of 238 elements were reviewed for each MCO for a total of 1,190 elements reviewed overall. All five participating FIDE SNPs showed strong performance in the CMS Subpart D and QAPI standards, with compliance scores ranging from 95% to 98% (**Table 29**).

All five MCOs received 100% compliance for 11 of the 14 standard domains. Four MCOs (HNJTC, UHCDC, WCDL, and WPFDA) were non-compliant in Availability of Services (less than 85% compliance; **Table 29**).

**Table 30** displays a comparison of the overall compliance score for each of the five participating MCOs from 2024 and 2025. For the review period January 1, 2025–December 31, 2025, all five MCOs scored above NJ’s minimum threshold of 85% (**Table 30**). The compliance scores from the annual assessment ranged from 97% to

99%; AAPP’s and WCDL’s scores increased from 1% to 6% respectively; and HNJT’s, UHCDC’s, and WPFDA compliance scores remained unchanged from 2024 at 99%, 97%, and 97%, respectively (**Table 30**).

**Table 30: Comparison of 2024 and 2025 Compliance Scores by MCO**

MCO	2024 Compliance %	2025 Compliance %	% Point Change from 2024 to 2025
AAPP	98%	99%	1%
HNJTC	99%	99%	0%
UHCDC	97%	97%	0%
WCDL	92%	98%	6%
WPFDA	97%	97%	0%

MCO: Managed Care Organization.

In 2025, the average compliance score for three standards (Enrollee Rights and Responsibilities, Care Management and Continuity of Care, and Utilization Management) showed decreases ranging from 1 to 2 percentage points (pps) (**Table 31**). In 2025, eight standards (QAPI, Quality Management, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, Administration and Operation, and Management Information Systems) had an average score of 100%. The new standard added for 2025, Emergency and Post-Stabilization Services, showed a compliance score of 93% (**Table 31**). Average compliance for three standards (QAPI, Provider Training and Performance, and Management Information Systems) remained the same from 2024 to 2025. Seven standards (Access, Quality Management, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, and Administration and Operations) had increases ranging from 1 to 12 pps, with Member Disenrollment and Credentialing and Recredentialing having the most significant increase of 12 pps each (**Table 31**).

**Table 31: 2024 and 2025 Compliance Scores by Review Category**

Review Category	MCO Average 2024 <sup>1</sup>	MCO Average 2025 <sup>1</sup>	Percentage Point Change
Access	84%	87%	3%
Emergency and Post-Stabilization Services <sup>3, 4</sup>	N/A	93%	N/A
Quality Assessment and Performance Improvement	100%	100%	0%
Quality Management	99%	100%	1%
Committee Structure	98%	100%	2%
Programs for the Elderly and Disabled	99%	100%	1%
Provider Training and Performance	96%	96%	0%
Enrollee Rights and Responsibilities	98%	96%	-2%
Member Disenrollment	88%	100%	12%
Care Management and Continuity of Care	100%	98%	-2%
Credentialing and Recredentialing	88%	100%	12%
Utilization Management	99%	98%	-1%
Administration and Operations	98%	100%	2%
Management Information Systems	100%	100%	0%
<b>Total</b>	<b>97%<sup>2</sup></b>	<b>98%<sup>2</sup></b>	<b>1%</b>

<sup>1</sup> FIDE SNP average is calculated as the average of the scores of the FIDE SNPs for each review category.

<sup>2</sup> Total is the average compliance scores for five MCOs listed in **Table 31**.

<sup>3</sup> Emergency and Post Stabilization is a new standard for 2025.

<sup>4</sup> Emergency and Post Stabilization is not included in calculation for MCO Average 2024.

N/A: not applicable; FIDE SNP: Fully Integrated Dual Eligible Special Needs Plan; MCO: Managed Care Organization.

**Appendix A: 2025 FIDE SNP-Specific Review Findings** contain detailed information on each FIDE SNP's annual assessment and **Appendix B: 2025 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 2025 Annual Assessment of FIDE SNP/MLTSS operations were:

- The QAPI programs across all MCOs outlined a clearly defined committee structure accountable for conducting quality improvement activities and demonstrated evidence of ongoing initiatives.
- All five MCOs performed at 100% compliance with regard to QAPI, Quality Management, Committee Structure, Programs for the Elderly and Disabled, Member Disenrollment, Credentialing and Recredentialing, Administration and Operation, 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:

- MCOs should maintain their focus on ensuring the 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 4: Validation of Network Adequacy

## Objectives

Title 42 Code of Federal Regulations Section 438.356 State contract options for external quality review and Title 42 Code of Federal Regulations Section 438.358 Activities related to external quality review establish that state agencies must contract with an EQRO to perform the Annual Validation of Network Adequacy. To meet these federal regulations, DMAHS contracted with IPRO to validate the accuracy of provider information available to Medicaid members through the provider look-up systems on each MCO’s website, and to evaluate the breadth and scope of how accessibility information is presented in these look-up systems. The study methodology aligns with the Centers for Medicare & Medicaid Services’ External Quality Review (EQR) Protocol 4 – Validation of Network Adequacy.

In 2025, IPRO’s evaluation included the FIDE SNP networks of Aetna Assure Premier Plus, Horizon NJ TotalCare, UnitedHealthcare Dual Complete, WellCare Dual Liberty, and Wellpoint Full Dual Advantage.

IPRO’s evaluation aimed to:

- validate the accuracy of provider information available to Medicaid members through the MCOs’ online provider look-up systems, and
- assess the MCOs’ methods and scopes of reporting practice-site accessibility features (e.g., wheelchair access ramps, bariatric scales, etc.) in the online provider look-up systems.

## Technical Methods of Data Collection and Analysis

### Validation of the Accuracy of Information Reported in the Provider Directory

IPRO accessed New Jersey’s FIDE SNP MCO provider look-up systems between August 2025 and September 2025 to prepare the MCO’s sample. **Table 32** displays the website address of the MCO’s provider look-up system, the date range the look-up system was accessed by IPRO to prepare the sample, and the date range IPRO administered the survey.

**Table 32: Survey Administration Summary**

MCO	Website Address of Provider Directory/Date
Aetna Better Health of NJ	<a href="https://www.aetnabetterhealth.com/new-jersey-hmosnp/find-provider">https://www.aetnabetterhealth.com/new-jersey-hmosnp/find-provider</a>
Horizon NJ TotalCare	<a href="https://www.horizonnjhealth.com/findadoctor">https://www.horizonnjhealth.com/findadoctor</a>
UnitedHealthcare Dual Complete	<a href="https://member.uhc.com/communityplan">https://member.uhc.com/communityplan</a>
Wellcare Dual Liberty	<a href="https://findaprovider.fideliscarenj.com/location">https://findaprovider.fideliscarenj.com/location</a>
Wellpoint Full Dual Advantage	<a href="https://www.wellpoint.com/find-care">https://www.wellpoint.com/find-care</a>
Website access dates	8/26/2025–9/2/2025
Survey date range	9/8/2025–10/14/2025

MCO: Managed Care Organization.

Providers eligible for inclusion in the sample met the following criteria:

- practices primary care, an adult specialty, or dentistry, and
- participates in the FIDE SNP network, and
- accepts new patients enrolled with one of the five Medicaid MCOs.

A random sample totaling 1500 providers was prepared for NJ DMAHS.

## Evaluation of Accessibility Information Reported in the Provider Directory

IPRO reviewed the MCOs’ provider look-up systems to assess the availability of accessibility information and how this information is presented to users. The breadth of accessibility information in the online provider directories was evaluated through a desk review. This review included assessing the search capabilities that allow members to identify providers with accessibility features and the extent of information available to help members identify providers with specific accessibility features.

## Provider Directory Access Results

Provider directory access was determined based on whether the provider could be contacted via telephone, was still contracted with the specified managed care plan, and was accepting new patients. As presented in **Table 33**, the overall provider directory access rate was 45.0%, with the highest compliance rate observed among adult specialists (**Table 34**).

Individual *MCO 2025 Provider Directory Validation Survey* reports and scores by element can be found in **Appendix C**.

**Table 33: Provider Directory Access Rate**

Total Providers Surveyed <sup>1</sup>	Compliant Providers <sup>2</sup>	Access Rate
1500	675	45.0%

<sup>1</sup> Total number of providers in the sample (no exclusions).

<sup>2</sup> Total number of providers who positively confirmed participation with the MCO and open panel status for the listed specialty.

**Table 34: Provider Directory Access Rates by Specialty**

Provider Specialty (Reporting Group)	Total Providers Surveyed	Compliant Providers <sup>1</sup>	Compliance Rate
Primary Care	1000	404	40.4%
Adult Specialists	250	144	57.6%
Dental	250	127	50.8%
<b>Total</b>	<b>1500</b>	<b>675</b>	<b>45.0%</b>

<sup>1</sup> Providers who positively confirmed participation with the Managed Care Organization (MCO) and open panel status for the listed specialty.

## Conclusions and Comparative Findings

The overall response rate for the provider directory validation survey was 45.0% (**Table 34**). Adult specialists responded at a higher rate than any other provider type, at 57.6%. Response rates varied by MCO as follows: 26.3% for AAPP, 51.7% for HNJTC, 50.3% for UHCDC, 43.3% for WCDL, and 53.3% for WPFDA (**Appendix C**).

Recommendations from the provider directory validation survey suggested that DMAHS follow up with the MCOs to ensure that they correct the inaccuracies that were identified. IPRO recommended the MCOs to:

- conduct routine assessments of their provider directories to ensure provider data are accurate and updated timely, as most failure reasons resulted from the provider not being at the listed site;
- conduct reviews and verification processes to ensure the accuracy of board certification status for all providers listed in the online provider directory,

- ensure its provider network includes providers with disability accommodations, which will enable members to easily find providers who can meet their specific needs, such as those offering accessible facilities and specialized equipment; and
- regularly review the accessibility options listed under providers' profiles to ensure their accuracy.
- implement a feedback tool for members to report inaccuracies or issues with the provider directory information.

## Protocol 5: Encounter Data Validation

Encounter data validation is an ongoing process, involving the MCOs, the EDMU, and 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 2025, 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 2025, 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 2025 for members enrolled in from July 1, 2024, through December 31, 2024. 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 16, 2025, through June 23, 2025, 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 1Table 35.

**Table 35: 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 3,360 NJ FIDE SNP enrollees, and the NJ FIDE SNP response rate was 36.41% (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 36):

- 84.2% for Getting Needed Care
- 84.8% for Getting Care Quickly
- 93.9% for How Well Doctors Communicate
- 89.0% for Customer Service

The New Jersey FIDE SNP product is a joint Medicaid/Medicare program. The comparisons in **Table 36** 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 2024 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 36: CAHPS MY 2024 Performance – FIDE SNP Survey**

FIDE SNP Adult Survey – CAHPS Measure	AAPP	HNJTC	UHCDC	WCDL	WPFDA	Statewide Weighted Average
Getting Needed Care	83.3%	83.6%	84.6%	82.0%	85.3%	84.2%
Getting Care Quickly	82.8%	83.3%	84.5%	84.6%	89.1%	84.8%
How Well Doctors Communicate	95.0%	94.7%	92.9%	95.4%	94.2%	93.9%
Customer Service	90.2%	92.0%	86.8%	90.0%	89.7%	89.0%
Rating of All Health Care <sup>1</sup>	77.8%	77.0%	78.3%	73.7%	76.2%	77.3%
Rating of Personal Doctor <sup>1</sup>	90.4%	87.6%	87.9%	86.3%	88.8%	88.0%
Rating of Specialist Seen Most Often <sup>1</sup>	88.1%	86.5%	86.7%	81.3%	87.0%	86.3%
Rating of Health Plan <sup>1</sup>	82.7%	90.2%	85.9%	79.5%	82.2%	85.7%

<sup>1</sup> For this measure, the Medicare rate is based on survey scores of 8, 9, and 10.

Color key for how rates compare to the NCQA HEDIS MY 2024 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.” **Table 37-Table 41** 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 37** 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 2025*, as well as IPRO’s assessment of AAPP’s response.

**Table 37: AAPP – Response to Previous EQR Recommendations**

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>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.</p>	<p>On an annual basis, the MCO continues to conduct appointment availability for PCP’s, High Impact, &amp; High-Volume specialists, Behavioral Health, and OBGYN providers. The MCO has taken several measures to try to improve varying results within the appointment availability survey. The surveys began earlier in the year, starting in August, to try to improve provider response rates. To improve provider appointment availability results, the MCO has taken several steps, including adding the appointment availability to its quarterly newsletter. For any provider who does fail an appointment availability standard, that provider will be included in a resurvey for the following survey period. The plan will continue to execute its provider education strategy for providers who do not meet appointment availability standards. Upon a provider's first deficiency in appointment availability, provider education is offered through provider materials to communicate the MCOs required appointment availability standards. If a provider fails a second appointment availability survey category, then direct education will be provided by a MCO representative: Provider Relations Liaison. In 2025 Provider Relations Liaisons have added a link to the health plans Appointment Availability requirements below their signature in email communications.</p>	<p>Remains an opportunity for improvement</p>
<p>The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review.</p>	<p>The MCO does secure on an annual basis the dental appointment availability report from its delegated vendor Liberty Dental. In 2024, dental appointment availability reports were provided as post audit deliverables. In the 2025 audit, dental appointment availability reports were provided</p>	<p>Remains an opportunity for improvement</p>

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	at the time of the audit. The recommendation was remediated in the 2025 audit.	
<p>The MCO should update its Member Disenrollment Disruptive Member Transfer policy to address the exceptions to disenrollment for out of area enrollees:</p> <ul style="list-style-type: none"> <li>a. Situations when the enrollee is out of State for care provided/authorized by the Contractor.</li> <li>b. Full-time students, or</li> <li>c. Clients of DCP&amp;P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&amp;P.</li> </ul>	<p>The MCO has updated its policy COE 4500.86 Member Disenrollment/Disruptive Member Transfer to include the required components addressing the exceptions to disenrollment for out of area enrollees.</p>	<p>Addressed</p>
<p>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.</p>	<p>The MCO took a number of actions to secure provider information for those entities servicing children with special health care needs. The MCO has added the Special Needs Survey Form to both its Medicaid as well as Medicare provider contact packets. Any special needs forms collected by the Medicaid plan are applied through the health plans QNXT operating system as provider data is shared amongst the two health plans. The MCO has also added the Special Needs Form to its provider newsletter, which is published quarterly. The plan also added the Special Needs Form as an added "Form" to its Provider Manual. In 2024, the MCO also executed a provider outreach campaign for those entities which Special Needs have not been documented/received. The outreach methods were Fax and direct mail, which occurred in Quarter 3 of 2024.</p>	<p>Addressed</p>
<p>The MCO should ensure to integrate Medicaid Special Needs Surveys into their system for FIDE SNP Providers and include the</p>	<p>The MCO utilizes the documentation secured by the Special Needs Survey by populating provider attributes for those providers with designated special needs available to members. The MCOs QNXT operating system is the provider record which documents varying provider special need</p>	<p>Addressed</p>

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
Special Needs Surveys in the initial credentialing files for the review period.	capabilities and communicates that information to members by way of its provider directory which source information is the MCO QNXT system. The Special Needs Form is collected at the time of contracting and included in the credentialing application.	
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.	The MCO has updated its policies to reflect the correct notification requirements. Policy COE 6100.60, Practitioner Appointment Accessibility, and COE 4500.12 Member Notice of Primary Care Practitioner (PCP)/Practitioner Termination have both been updated to indicate the 30 business days prior written notice to enrollee requirement as well as the notification of the state department with at least 45 days advance notice. This policy was used in the 2025 audit for validation.	Addressed
<p><b>Performance Measures</b></p> <p>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</p>	<p>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 MY23 period, AAPP saw significant increases across several measures and movement into higher scoring percentiles when compared to HEDIS MY22. AAPP measures meeting and/or exceeding IPRO’s goals were identified as: SPR, PCE, PBH, FUH 7/30 Day, DDE and TRC/Med Rec.</p> <p>Opportunities for HEDIS measure improvement were identified as:</p> <ul style="list-style-type: none"> <li>- Colorectal Cancer Screening (COL)*</li> </ul>	Addressed

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>benchmarks for more than one reporting period.</p>	<ul style="list-style-type: none"> <li>- Controlling Blood Pressure (CBP)*</li> <li>- Anti-Depressant Medication Management (AMM) – Acute*/Continuation Phase</li> <li>- Transition of Care (TRC) – Notification of IP Admit*, Receipt of Discharge Info*, Patient Engagement Post Discharge</li> <li>- Use of High-Risk Medications in the Elderly (DAE)</li> <li>- Plan All-Cause Readmissions – 18-64 O/R &amp; 65+ O/R</li> </ul> <p>*Significant improvement noted from MY22 to MY23</p> <p>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 intervention development/deployment. Key initiatives implemented to improve performance in MY23 include in-home colorectal cancer screening kits, hypertension/blood pressure management through Plan PIP project and a provider incentive program focused on several key measures. The Plan anticipates expanding and enhancing initiatives to further drive improvements in MY24.</p> <p>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 internal 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 MY24 data shows significant improvement for COL, COA/FSA, COA/Pain, CBP, AMM/Acute, TRC/NIA and TRC/RDI.</p>	
<p><b>Quality-of-Care Surveys (CAHPS)</b> The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.</p>	<p>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 2024 CAHPS (MY23) survey, the AAPP survey sample increased to 1,890 members when compared to the 2022 CAHPS (MY22) sample of 1500+ members. For 2024 CAHPS (MY23), AAPP saw statistically significant improvement/reached the 90<sup>th</sup> percentile in:</p> <ul style="list-style-type: none"> <li>- Getting Care Quickly</li> <li>- Rating of Personal Doctor</li> <li>- Rating of Specialist Seen Most Often</li> </ul>	<p>Addressed</p>

Recommendation for AAPP	AAPP Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>Other notable improvements identified:</p> <ul style="list-style-type: none"> <li>- How Well Doctors Communicate</li> <li>- Customer Service</li> </ul> <p>Plan maintained rates at/above the 50<sup>th</sup> for:</p> <ul style="list-style-type: none"> <li>- Getting Needed Care</li> <li>- Rating of the MCO</li> </ul> <p>Opportunities for composites at or below the 50<sup>th</sup> Percentile:</p> <ul style="list-style-type: none"> <li>- Rating of All Health Care</li> </ul> <p>Improvement efforts for MY24 include working with our Member Experience Team on 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.</p>	

<sup>1</sup> **Addressed:** MCO’s QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2025.

## HNJTC – Response to Previous EQR Recommendations

**Table 38** 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 2025*, as well as IPRO’s assessment of HNJTC’s response.

**Table 38: HNJTC – Response to Previous EQR Recommendations**

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>The MCO should address dental deficiencies in Hunterdon, Morris Sussex and Ocean Counties and Pedodontists deficiencies in multiple Counties.</p>	<p>The deficiency noted for Morris County was closed by 3Q 2022 at 100%.</p> <p>The deficiency noted for Sussex County was closed by 3Q 2024 at 97%.</p> <p>The deficiency noted for Ocean County was closed by 3Q 2024 at 97.10%.</p> <p>As of Q4, 2024 access increased in Hunterdon County to 76.70% (2% increase) and Warren increased to 77.90% (1.2% increase).</p> <p>When pulling data for DSNP Pedodontists there is no data or membership 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 are not true deficiencies as access for Medicaid members has been met in all counties for Pedodontists.</p> <p>Horizon Dental Operations continues to partner 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:</p> <ol style="list-style-type: none"> <li>1. Reach out to large provider groups to see if they are willing to add additional providers.</li> <li>2. Review “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 current workflow for three county rule to ensure providers are providing at least 20 hours a week in each office).</li> <li>3. Identify additional providers that may fill the gap.</li> <li>4. Utilize zip code demographics to assist with closing the gap.</li> <li>5. Utilize New Jersey’s Yellow Pages to search for offices in zip codes that are deficient.</li> <li>6. Follow up weekly with offices that are in fee negotiations.</li> </ol>	<p>Remains an opportunity for improvement</p>

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<ol style="list-style-type: none"> <li>7. Review out of network claim utilization reports for prospective providers.</li> <li>8. Dental Director outreaches to interested providers to have a discussion directly.</li> <li>9. Do weekly follow-up with each office with a max of (7) outreach attempts for offices not responding.</li> <li>10. Review of SKYGEN's monthly recruitment and contracting reports. Ensuring providers that are in the counties needed are credentialed timely.</li> <li>11. New intervention: Collaborate with commercial line of business to recruit providers to Medicaid line of business.</li> </ol>	
<p>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.</p>	<p>Providers who fail the appointment availability and/or 24 hour access audits will be requested to create a Corrective Action Plan (CAP) to ensure compliance moving forward. In addition, those that submit the CAP will be re-audited for quality purposes. If the provider fails the re-audit, they may be subject to an administrative sanction for failure to comply with the Managed Care Contract.</p> <p>Telephonic educational outreach by the Provider Experience Team is made to those providers who fail the re-audit for 24 Hour Access and/or the re-audit for Appointment Availability.</p> <p>Articles were posted online and in the provider newsletter to educate providers on the Access Standards, as well as to provide the overall results from 2024. A link to the Physician Manual was also included, which contains the Access standards. Providers were reminded about the annual audit via fax blast in Q2 2025. Additionally, a news article was posted in Q2, 2025 with information specific to the use of answering machines for 24 Hour Access.</p>	<p>Remains an opportunity for improvement</p>
<p><b>Performance Measures</b> 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</p>	<p>HEDIS measure performance is monitored on an ongoing basis to close care gaps and improve health outcomes for our members. Several member/provider interventions were launched, and new interventions are developed to impact measure performance. An impact analysis of the interventions is completed, and Interventions are continued or enhanced based on results. HEDIS interventions are reported and monitored on a quarterly basis in the HEDIS Workgroup with a report out to the Quality Improvement Committee.</p>	<p>Addressed</p>

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>below their respective benchmarks for more than one reporting period.</p>	<p>In 2025, several new and continuing initiatives are underway to impact HEDIS measure performance for measures that fell below 50<sup>th</sup> percentile and to maintain performance for measures that were at or above 50<sup>th</sup> percentile:</p> <ul style="list-style-type: none"> <li>- Ongoing Member education via mailers, text campaigns and member newsletters on Annual Well visit, Preventive screenings, and Immunizations.</li> <li>- IVR call campaigns were developed internally to remind members about needed preventive screenings, educate on the importance of screenings and to identify and address barriers.</li> <li>- As part of 2025 Member Rewards program, incentives for Annual well visit were offered, and a new incentive for Diabetes kidney function test was added. Additionally, members could earn an incentive for completing Annual well visit, Breast cancer screening and Colorectal cancer screening early in the year.</li> <li>- Horizon continued its collaboration with Walgreens where members have access to health advisors to close care gaps via telephonic outreach. Members can also receive FOBT, Kidney evaluation &amp; A1C home test kits.</li> <li>- In partnership with LabCorp, Horizon mailed in-home screening kits to members – A1C/KED and FOBT – this allows members to complete screening in the convenience of their home and close care gaps.</li> <li>- Horizon continued its Farmbox initiative, providing members with a box of health foods. Members will also receive another Farmbox upon completion of needed screenings (Planned for Q4 '25).</li> <li>- Plans are in place to partner with Wider Circle for Connect for Life program. Wider circle will engage members in a unique peer to peer model addressing SDOH and helping close care gaps while engaging members in a community based setting (Q4 '25).</li> <li>- The 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.</li> </ul>	

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>- Horizon continues its Provider Incentive program where practitioners are incentivized for gap closure for certain HEDIS measures.</p> <p>- Providers participating in the Results and Recognition (R&amp;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&amp; 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.</p> <p>- The Behavioral Health (BH) team continues to launch member and provider facing interventions focused on BH measures. Monthly Provider webinars continue in 2025 to educate providers on HEDIS Measure and best practices. These webinars are also published on the website for convenient provider access. The BH HEDIS team also provides an ongoing monthly continuing education course for providers from which they receive 2 CE credits. The BH team continues to outreach members via mailers for select measures. The BH HEDIS team includes each BH HEDIS Measure in member/provider newsletter throughout the year. Individual touchpoints continue with engaged facilities to review HEDIS scorecard and encourage best practice.</p>	
<p><b>Quality-of-Care Surveys (CAHPS)</b> The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.</p>	<p>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 50<sup>th</sup> 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.</p> <p>Horizon continues the Walgreens Health Program with the goal to improve access to care. Nurses and pharmacists provide health and medication-related education, close gaps in care and help connect members with PCPs to address</p>	Addressed

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>their health needs. Also, Horizon has leveraged predictive analytics to identify members that may be experiencing issues related to the following measures: Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Rating of Health Plan, Rating of Drug Plan and/or Getting Needed Prescription. These members were engaged through targeted communications designed to enhance the member experience and remove barriers to care. These interventions included: live phone outreach addressing barriers to care and to connect members with resources. Direct mailers were sent highlighting the Health Plan Benefits and contact information.</p> <p>Member education is provided through multiple channels. Multi-texting campaigns were launched that focused on closing care gaps, CAHPS and HOS measures as well as important health-related reminders. Text messages included 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 information about the Horizon Healthy Journey Rewards Program. Horizon has also partnered with Teladoc, targeting members who have been non-adherent for two or more years. The objective is to improve members' overall health and well-being by promoting self-management of chronic conditions (diabetes and hypertension).</p> <p>Provider education on CAHPS measures and best practices to improve member experience continues to be the focus of quarterly provider webinars targeted at the value-based providers. The webinars are 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 2025: fast facts on patient experience, behavioral health patient resources, care coordination for patient-centered care, the importance of annual wellness visits, flu vaccine, the importance of patient-provider relationship and use of the patient portal.</p> <p>Horizon also conducts a CAHPS Proxy study, which is fielded twice a year to obtain member feedback. Results will be</p>	

Recommendation for HNJTC	HNJTC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>used to develop strategies and action plans for phone outreach, process improvements or plan enhancements to address members’ pain points. Additionally, a bi-annual CAHPS Proxy Report Card will be delivered to providers and they will be engaged in discussion on areas of opportunity and industry best practices.</p> <p>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 aimed at positively impacting member satisfaction including active listening, empathy, de-escalation, and communication.</p> <p>New in 2025, Horizon is partnering with DUOS to support members with getting the most out of their plan benefits. DUOS is a member engagement platform where members can access and review their plan benefits and programs, as well as available community resources. DUOS also assists members in accessing needed care by scheduling annual wellness visits and addressing barriers to care. Horizon also partnered with PSYN, a pharmacy concierge service that proactively outreaches to pharmacies, providers, and members to resolve issues and barriers.</p>	

<sup>1</sup> **Addressed:** MCO’s QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2025.

## UHCDC – Response to Previous EQR Recommendations

**Table 39** 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 2025*, as well as IPRO’s assessment of UHCDC’s response.

**Table 39: UHCDC – Response to Previous EQR Recommendations**

Recommendation for UHCDC	UHCDC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>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.</p>	<p>UHCCPNJ continues to focus efforts on remediation of network deficiencies for all specialties. Network Operations works with various departments to research recruitment options and report the status of the findings in three categories 1) research options, 2) outreach made, and 3) no providers available. ‘Research options’ indicates that recruitment options are still being researched. ‘Outreach made’ indicates that providers for recruitment have been identified and outreach for contracting has been made. And ‘no providers available’ indicates that there are no providers to reach out to for contracting because they do not exist in the area. Our goal in indicating these categories is to seek clarity as to whether gap remediation is possible or not. A high-level summary of gap remediation efforts is presented at the quarterly provider advisory committee (PAC). Network operations also meet twice a month with the contracting team to work collaboratively on contracting and negotiation efforts. UHCCPNJ also submits quarterly S3000 reporting and outreach effort updates to DMAHS. UHCCPNJ also submits quarterly S3000 reporting and outreach effort updates to DMAHS.</p>	<p>Remains an opportunity for improvement</p>
<p>The MCO should continue to address deficiencies identified for adult dental providers in Warren and Ocean Counties.</p>	<p>UHC Dental conducts monthly reviews of dental deficiency reports to monitor changes in provider participation across Ocean and Warren counties. Based on these findings, we identify specific zip codes for targeted recruitment efforts aimed at closing access gaps. Ongoing monitoring and recruitment activities include: monthly analysis of membership demographics and network adequacy; continuous recruitment efforts, including review of out-of-network (OON) dental utilization, identification of prospective providers through disruption analysis of competitor networks and UHC Commercial PPO data, and targeted outreach via phone calls/mailings/fax campaigns/emails/in-person meetings conducted by New Jersey-based UHC provider advocates. See attached for the most current dental network deficiency status report for Q2 2025, Provider Network Specialty Deficiency 2025 Q2 -</p>	<p>Remains an opportunity for improvement</p>

Recommendation for UHDC	UHDC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	Dental (HIDE SNP) Network Specialty Deficiency 2025 Q2 - Dental (HIDE SNP).	
The MCO should continue to address deficiencies in MLTSS Adult Medical Day Care in Hunterdon and Sussex Counties.	As of March 2025, a Medical Day Care facility has been contracted, and in July 2025, an additional Adult Medical Day Care facility has been contracted, remediating the deficiency for AMDC in Hunterdon County. After continuing research for recruitment prospects, it has been determined by our MLTSS network contracting team that there are no providers to target that exist within the area per the State site and other external resources for Sussex County.	Remains an opportunity for improvement
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.	<p>UHCCPNJ continues to address appointment availability deficiencies by mailing providers who do not meet appointment scheduling standards and re-surveyed and sent a letter up to three times, to inform/remind them of the timeframe requirements for their specialty. Providers who are unable to meet the standard after the third letter are contacted to determine the reason for not being able to meet the standard, and if necessary, suppress their entry from the online provider directory, or close their panel (if a PCP).</p> <p>UHCCPNJ also continues to collaborate with providers who have been 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 set forth by DMAHS. Providers who are unable to meet the standard after the third letter are contacted to determine the reason for not being able to meet the standard, and if necessary, suppress their entry from the online provider directory, or close their panel (if a PCP).</p>	Remains an opportunity for improvement
The MCO should ensure that it conducts an annual audit of provider compliance with required informed consent for hysterectomy and sterilization.	UnitedHealthcare has implemented a quarterly claim review process to monitor provider compliance with required informed consent for hysterectomy and sterilization.	Addressed
The MCO should include member responsibilities in its member rights and responsibilities policy.	Member responsibilities were added to the Member Rights and Responsibilities policy in July of 2024.	Addressed
The MCO should update its Member Disenrollment and Request to Transfer policy to	UnitedHealthcare has updated policies to address the exception to disenrollment for clients of DCP&P and monitor this on a monthly basis.	Addressed

Recommendation for UHDCDC	UHDCDC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
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 custody of DCP&P.		
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.	The MCO has updated and implemented a consistent process that captures special needs information from practitioners during the credentialing cycles. The special needs survey is obtained from each practitioner during the credentialing cycles, which identifies the nature and extent of their experience in serving children with special health care needs. If the special needs survey is not completed at the time of the initial credentialing the application will be denied until the special needs survey has been completed and returned by the practitioner. The special needs survey response has been added to the online directory.	Addressed
<b>Performance Measures</b> 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.	UHDCDCO continuously monitors performance to ensure continuous improvement of HEDIS measure rates; low performing measures are given priority. Initiatives include increasing member rewards, expanding the program that provides “at home testing” kits to members, and partnering with the pharmacy team to drive pharmacy-related measures. Plan staff have ongoing meetings with providers to discuss their experiences including member gap closure, barriers to closing gaps in care, member compliance, and resources available to providers.	Addressed
<b>Quality-of-Care Surveys (CAHPS)</b> The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	UHDCDCO will continue to work to improve scores for HIDE SNP CAHPS surveys. The CAHPS Workgroup reviews results and seeks to leverage opportunities for improvement of lower scoring ratings and the maintenance of high scores. Multiple plan stakeholders participate in the CAHPS Workgroup including Customer Service/Call Center, Provider Relations, and Care Management. Initiatives to improve rates include member newsletter articles on how to prepare for a doctor’s visit, call center retraining, and provider tip sheets about member experiences.	Addressed

<sup>1</sup> **Addressed:** MCO’s QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2025.

## WCDL – Response to Previous EQR Recommendations

**Table 40** displays WCDL’s progress related to the *State of New Jersey DMAHS, WellCare Dual Liberty Annual External Quality Review Technical Report FINAL REPORT: April 2025*, as well as IPRO’s assessment of WCDL’s response.

**Table 40: WCDL – Response to Previous EQR Recommendations**

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>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.</p>	<p>The Plan omitted the Network Development policy from the submission. This policy includes specific contract language requirements. The following language has since been added to the policy to clarify emergency service provisions:</p> <ol style="list-style-type: none"> <li>1. “Medical examination at an Emergency Room which is required by N.J.A.C. 10:122D-2.5(b) when a foster home placement of a child occurs after business hours.</li> <li>2. Examinations at an Emergency Room for suspected physical/child abuse and/or neglect.</li> <li>3. Post-Stabilization of Care. WellCare will comply with 42 CFR 438.114(e) and 42 C.F.R. § 422.113(c).”</li> </ol>	<p>Addressed</p>
<p>The MCO should continue to recruit for Adult PCPs in Burlington County.</p>	<p>In the counties where the Plan operates—Atlantic, Bergen, Burlington, Cape May, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren—there are currently no gaps in Adult Primary Care Provider (PCP) coverage.</p> <p>The Plan actively monitors the network to ensure members have adequate access to care. GeoAccess reports are generated and reviewed quarterly. Additionally, the Network Management team meets daily to review network adequacy, identify target areas, and discuss provider recruitment strategies.</p> <p>The Plan continues to evaluate prospective providers and is pursuing recruitment where appropriate.</p>	<p>Remains an opportunity for improvement</p>
<p>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.</p>	<p>There are currently network deficiencies in the following counties:</p> <p><b>Sussex County:</b> The Plan is contracted with Newton Medical Center (Atlantic Health System) for General Acute Care Services. The provider profile will be updated to reflect this. To ensure access, transportation will be arranged for members needing in-network hospital care, and Single Case Agreements (SCAs) will be</p>	<p>Remains an opportunity for improvement</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>issued for out-of-network facilities when necessary.</p> <p><b>Cape May County:</b> The Plan is contracted with Cape Regional Medical Center. As with Sussex County, transportation will be provided for members to reach in-network hospitals, and SCAs will be used to maintain access through out-of-network facilities when required.</p> <p>The hospital network is monitored regularly to ensure compliance and member access. GeoAccess reports are generated and reviewed quarterly. Additionally, the Network Management team meets weekly to evaluate network adequacy, identify provider gaps, and discuss lead generation and recruitment strategies.</p> <p>The Plan currently operates in the following counties: Atlantic, Bergen, Burlington, Cape May, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren.</p>	
<p>The MCO should continue to recruit for assisted living providers in Cumberland and Salem Counties.</p>	<p><b>Cumberland County:</b> The gap in Cumberland County was closed in Quarter 2 2023 with the successful recruitment and contracting of two facilities: New Standard Living at Millville and Spring Oak Assisted Living at Vineland.</p> <p><b>Salem County:</b> There are currently three facilities in Salem County. The Plan has made multiple outreach efforts, but none are participating at this time:</p> <ul style="list-style-type: none"> <li>- <b>Friends Village</b> is not approved by NJ Medicaid.</li> <li>- <b>Lindsay Place</b> only accepts private pay residents.</li> <li>- <b>Merion Gardens</b> has consistently declined contract offers; most recently on 12/2/2023, 1/16/2024, and 4/11/2024, despite ongoing outreach to Colleen, the facility point of contact.</li> </ul> <p>To maintain member access in Salem County, the Plan will continue utilizing providers in neighboring Cumberland County, specifically New Standard Living at Millville and Spring Oak Assisted Living at Vineland.</p>	<p>Remains an opportunity for improvement</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>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.</p>	<p>The Plan continues to prioritize improving Appointment and After-Hours Availability compliance. Below is a summary of key activities and audit results:</p> <p><b>Audit Activity &amp; Key Findings Semi II 2023 Audit (Results Received 1/12/2024):</b>  Results showed a decline across most standards. An internal review identified that, effective June 2023, the question regarding the availability of Telehealth services was removed from the survey, which negatively impacted scoring. As a result, most measures did not meet benchmarks. After-Hours compliance declined to 88.5%. The Vendor Management team noted that survey timing during the holiday season affected results due to reduced staffing at many offices. the Plan coordinated with the vendor to recall and resurvey providers who failed. Results received on 3/20/2024 showed an average improvement of 8.8% across all measures. On 6/20/2024, the Network Team reviewed results and launched outreach to all 952 providers who failed at least one measure. Outreach was completed on 8/7/2024.</p> <p><b>Semi I 2024 Audit (Results Received 7/23/2024):</b>  Reviewed with Network Leadership and Vendor Management on 7/26/2024. While overall improvement was noted, most measures still fell below the 90% benchmark. A follow-up meeting was held on 9/23/2024 to review the updated failed provider list and plan next steps.</p> <p><b>Medicare Semi I 2024 Summary (Received 12/6/2024):</b>  Improvement was seen across most measures. The Plan continues to prioritize improving Appointment and After-Hours Availability compliance. Below is a summary of key activities and audit results:</p> <p><b>Behavioral Health (BH) Performance</b>  Behavioral Health provider performance continues to lag, primarily due to limited staffing and self-managed scheduling, which contributes to noncompliance with access standards. To address this, the Plan updated the BH Provider Orientation to clarify appointment availability requirements. Effective Quarter 4 2024, BH providers not meeting standards will be required to implement formal corrective action plans.</p>	<p>Remains an opportunity for improvement</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review.</p>	<p>The Plan will ensure dental provider appointment availability reports are included in future assessments. The Plan has partnered with our dental vendor to establish regular reporting that validates member access to dental providers and identifies any necessary actions to maintain compliance with Medicaid Managed Care Contract standards. These reports will be reviewed during ongoing joint operating committee meetings with the vendor.</p>	<p>Remains an opportunity for improvement</p>
<p>The MCO should develop and implement health promotion and education activities that are specific to the needs of the FIDE SNP/MLTSS population.</p>	<p><b>Ongoing Education Across the Continuum</b>  The Plan delivers educational outreach throughout the care continuum via quarterly home visits, annual assessments, and ad hoc telephonic outreach. In April 2024, the Krames platform was launched to support condition-specific education, with multilingual materials distributed directly to members. Utilization is monitored through Krames reporting and documented in case notes, including a dedicated note type for fall prevention education, supporting a three-year DSNP MLTSS Performance Improvement Project (PIP). Members also receive digital health campaigns on key topics such as cancer screening, hypertension, flu/pneumonia, and osteoporosis. Care Coordinators conduct outreach to encourage member participation in Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP).</p> <p><b>Targeted Education for Cognitive Impairments (2025)</b>  In 2025, the Plan enhanced its care management model for MLTSS and DSNP MLTSS members by integrating targeted education for individuals with cognitive impairments, including dementia. Care Managers deliver tailored education aligned with each member’s individualized care plan, developed in collaboration with members and shared with their Primary Care Providers to ensure coordinated, person-centered care. To strengthen clinical alignment, two evidence-based guidelines were added to the Care Management Clinical Practice Guidelines (CPG) grid:</p> <ul style="list-style-type: none"> <li>- Evaluation of Dementia and Age-Related Cognitive Change.</li> <li>- Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia.</li> </ul> <p><b>Looking Ahead to 2026: Facility Partnerships and Expanded Access</b></p>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>In 2026, the Plan will expand its health promotion strategy by partnering with long-term care facilities. The Plan will offer training to facility staff to deliver CDSMP and DSMP workshops and provide in-person sessions on-site. These will be supplemented by virtual health presentations to ensure greater access and continuity of education. These initiatives are designed to empower members, improve health literacy, and drive better health outcomes across the FIDE SNP and MLTSS populations.</p>	
<p>The MCO should ensure that evidence of distribution of training materials for the Cognitive Impairment Program is provided.</p>	<p>The Plan ensures evidence of distribution of training materials through reporting capabilities that track the distribution of educational resources for our members. Evidence will be submitted in future audits. Education is incorporated throughout care management activities via home visits, annual assessments, and phone outreach. Additionally, since January 2025, a dedicated case note for fall education supports a multi-year fall prevention project, ensuring consistent documentation and focused member education.</p> <p>Care Managers in the DSNP MLTSS and MLTSS programs provide personalized education to members with cognitive impairments. Since April 2024, the Plan has used the Krames education platform to deliver multilingual, condition-specific educational materials, including cognitive impairment education, directly to members.</p>	<p>Addressed</p>
<p>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.</p>	<p>The Plan revised its audit management process to ensure each narrative is reviewed to ensure that narratives explicitly describe how the plan meets compliance requirements, referencing specific documentation and page numbers where applicable. To further enhance transparency, business owners have been assigned to each CAP element, and supporting documentation is uploaded to a centralized SharePoint site. This allows for real-time tracking and quality assurance checks. Members of our leadership teams review CAP responses to ensure alignment with audit expectations. This includes grammatical checks, content validation, and crosswalks to previous audit findings. Additionally, the team has taken steps to ensure that only relevant documentation is provided. Redundant or outdated materials have been removed, and each submission is reviewed for alignment with the audit grid columns.</p>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>The MCO should update its Involuntary Disenrollment Policy to address requirements for nondiscrimination and noncoercion.</p>	<p>The Plan updated the NJ FIDE SNP Involuntary Disenrollment Policy to include Anti-Discrimination Requirements in Quarter 2 2025. The Policy now includes:            “The Company will not deny, limit, or condition enrollments to eligible persons based on any factor related to health status, including, but not limited to the following:</p> <ul style="list-style-type: none"> <li>- Claims experience.</li> <li>- Receipt of health care.</li> <li>- Medical history and medical condition including physical and mental illness.</li> <li>- Genetic information.</li> <li>- Evidence of insurability, including conditions arising out of acts of domestic violence; and</li> <li>- Disability.”</li> </ul>	<p>Addressed</p>
<p>The MCO should update its Involuntary Disenrollment Policy to address the exceptions to disenrollment for out of area enrollees:</p> <ul style="list-style-type: none"> <li>a) Situations when the enrollee is out of State for care provided/authorized by the Contractor,</li> <li>b) Full-time students, or</li> <li>c) Clients of DCP&amp;P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&amp;P.</li> </ul>	<p>The Plan has updated its NJ FIDE SNP Involuntary Disenrollment Policy to include these exceptions to disenrollment to include:            “For the State of New Jersey, Medicaid Specialized Care beneficiaries are not disenrolled from the plan if status is out of the service area for more than six months. This includes:</p> <ul style="list-style-type: none"> <li>- Situations when the enrollee is out of State for care provided/authorized by the Contractor.</li> <li>- Full-time students, or</li> <li>- Clients of DCP&amp;P who are temporarily residing in a state adjacent to New Jersey but are still in the custody of DCP&amp;P.”</li> </ul>	<p>Addressed</p>
<p>The MCO should update its Involuntary Disenrollment Policy to address disenrollment for enrollees institutionalized in a facility other than a NF/SCNF.</p>	<p>The Plan has updated its NJ FIDE SNP Involuntary Disenrollment Policy to include these exceptions to disenrollment to include:            “A member is admitted to an out of state Nursing Facility (NF) or Special Care Nursing Facility (SCNF) by the Contractor, and the Member is not returning to New Jersey, or the member is institutionalized in a facility other than a Nursing Facility / Special Care Nursing Facility, or the member loses their SNP eligibility status must be disenrolled if they are not expected to regain eligibility within 6 months. If it has been determined that the member has lost Medicaid</p>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>eligibility status, a notice is sent to advise the member within 10 calendar days of learning of the loss of Medicaid eligibility that Medicaid eligibility must be regained within the next 6 months, or the member will be disenrolled. If Medicaid eligibility is not regained within 6 months, the Company sends written notification to the member within three business days following the effective date of termination to advise the member of the involuntary disenrollment due to loss of special needs status.</p> <p>If members become illegible due to a change in their Medicaid level, the members will show on the batch notification files from Experian Health/Passports. Members go through a deeming period for 6 months in which the verification team validates their Medicaid level monthly for eligibility. In the event members do not regain Medicaid eligibility, IT Department will drop the file into the Term Driver to disenroll these members automatically effective end of the month proceeding the 6 months period.”</p>	
<p>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.</p>	<p>Effective February 2024, the Plan updated the NJ FIDE SNP Involuntary Disenrollment policy. The revision clarifies that disenrollment will not be applied to enrollees based on their physical conditions, utilization of services, age, socio-economic status, mental disability, or uncooperative or disruptive behavior resulting from the enrollee’s special needs.</p>	<p>Addressed</p>
<p>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.</p>	<p>The Plan has implemented a standardized process to consistently obtain and document information from practitioners regarding their experience in serving children with special health care needs (CSHCN), in alignment with the 2024 Medicaid and CHIP Managed Care regulations and FIDE SNP/MLTSS requirements.</p> <p>As part of the initial credentialing process, practitioners are required to complete a Special Needs Survey that captures key details about their training, clinical experience, and comfort level in treating pediatric members with complex medical, behavioral, or developmental needs. This completed survey is maintained within the practitioner’s credentialing file.</p> <p>Credentialing policies and procedures have been updated to reflect this requirement, and quality assurance checks are conducted to ensure the survey is consistently collected,</p>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>reviewed, and retained as part of the documentation for each applicable provider.</p> <p>This process helps support adequate access to qualified providers for our members with special needs and reinforces our commitment to person-centered, high-quality care.</p>	
<p>The MCO should ensure to include all primary source documentation in the credentialing files for review.</p>	<p>In alignment with the 2024 Medicaid and CHIP Managed Care Final Rule and FIDE SNP/MLTSS regulatory requirements, the Plan has implemented standardized procedures to ensure all credentialing files include complete primary source documentation for review. The Plan will ensure that this documentation is included in future audits.</p> <p>Our credentialing process adheres to NCQA and state-specific standards, with verification of licensure, education and training, board certification, DEA registration, and sanction history conducted directly with the primary source or designated equivalent sources. The Plan routinely audits Credentialing files to confirm that all required documentation is accurate, current, and stored within our secure system.</p> <p>To ensure ongoing compliance, the Plan has strengthened our internal audit protocols, and credentialing staff receive targeted training to maintain consistency in documentation practices. Any deficiencies identified through random or focused audits are promptly addressed through corrective action plans and re-education.</p> <p>The Plan is committed to maintaining full compliance with federal and state requirements and ensuring that our credentialing practices uphold the integrity and quality expected within the Medicaid and Medicare programs.</p>	<p>Addressed</p>
<p>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.</p>	<p>The Plan conducts a comprehensive review of practitioner performance during the recredentialing process, in alignment with the 2024 Medicaid and CHIP Managed Care regulations and FIDE SNP/MLTSS requirements.</p> <p>At the time of recredentialing, the Credentialing Committee evaluates a range of quality metrics to assess continued competence and performance, including:</p> <ul style="list-style-type: none"> <li>- Member complaints and quality of care concerns.</li> <li>- Utilization management (UM) data, including patterns of over- or under-utilization.</li> </ul>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<ul style="list-style-type: none"> <li>- Performance indicators aligned with clinical guidelines and organizational goals.</li> <li>- Results from enrollee satisfaction surveys and provider-specific feedback (not blinded).</li> </ul> <p>All findings are reviewed in context, and any outliers or trends are further investigated. Practitioners falling below established thresholds may be subject to additional review or corrective action, as appropriate. This multi-faceted evaluation reinforces our commitment to high-quality, member-centered care and ensures that only qualified practitioners continue to serve our Medicaid and Medicare populations.</p>	
The MCO should ensure recredentialing files are reviewed timely.	<p>The Plan maintains strict adherence to regulatory requirements and internal policies to ensure all recredentialing files are reviewed and completed within designated timeframes, as outlined in the 2024 Medicaid and CHIP Managed Care regulations and FIDE SNP/MLTSS guidance.</p> <p>Recredentialing is conducted at least every three years, supported by a robust tracking system that monitors upcoming expiration dates and initiates the process in a timely manner. Credentialing staff receive advance notifications, and automated system alerts help prevent lapses. The Credentialing Team performs regular audits to validate compliance with timelines. Any deviations are addressed through process improvements and staff retraining, as needed. The Credentialing Committee meets regularly to review and approve recredentialing files, ensuring timely decisions and documentation. This proactive approach supports continuous network integrity, minimizes provider disruption, and ensures compliance with all applicable federal and state requirements.</p>	Addressed
The MCO should ensure that all Provider Appeal FIDE SNP resolution letters are completed in a timely manner.	This issue was remediated on 3/5/2025. The Plan created and administered a FIDE SNP MLTSS workflow for the Appeals staff to ensure that appeals are routed appropriately based on the type of service, which helps guarantee timely processing. The Plan will continue to use the review type indicator to identify whether an appeal is covered under MLTSS or standard Medicaid.	Addressed
The MCO should ensure policy for Notice of Action Timeframes includes requirement to give notice	In April 2024, the Plan updated Policy CC.UM.05 to include verbiage of the 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.	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
at least 10 days before the date of action when the action is a termination, suspension, or reduction of previously authorized services.		
The MCO should ensure that DMAHS is notified of all organizational changes.	In accordance with Articles 4.11 and 10.4.11.2 of the New Jersey FIDE SNP Managed Care Contract, the Plan submits for final approval any significant or material changes to policies and procedures, healthcare delivery systems, or substantial modifications to operations, functions, provider networks, subcontractors, and reporting mechanisms. To support compliance, the Plan’s designated administrative liaison, also known as the Regulatory Owner, coordinates the review of proposed contract changes. This includes distributing draft versions to relevant internal teams for input and managing a structured process for notifying the State of organizational or operational changes. Any operational changes initiated by the Plan must also be communicated to the Regulatory Owner and submitted to DMAHS for approval through the Article 4.11 process prior to implementation.	Addressed
The MCOs should ensure all policies and procedures applicable to FIDE SNP/MLTSS be clearly delineated as such.	Policies and Procedures (P&P) compliance is monitored monthly. The Plan’s Compliance Officer is responsible for approving key policies and ensuring appropriate delineation across product lines. Monthly P&P Committee meetings are held to review ongoing monitoring activities, with plans to resume these meetings in the Quarter 4 2025. In addition, the Regulatory Review Committee will evaluate P&P monitoring practices and the implementation of Corrective Action Plans (CAPs). Their findings will be presented to the P&P Committee in Quarter 4 2025 to inform future improvements.	Addressed
<p><b>Performance Measures</b></p> <p>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</p>	<p>The Plan continues to address HEDIS® measures that fall below the NCQA 50th percentile by identifying barriers and implementing targeted interventions. These include:</p> <ul style="list-style-type: none"> <li>- Conducting provider education visits focused on coding accuracy, claims submission, and care gap closure.</li> <li>- Distributing provider toolkits with HEDIS measure guidelines, documentation standards, and best practices.</li> <li>- Reviewing medical records to identify coding deficiencies and re-educating providers and office staff.</li> </ul>	Addressed

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>below their respective benchmarks for more than one reporting period.</p>	<ul style="list-style-type: none"> <li>- Providing laminated coding sheets to support accurate and timely billing Monitoring provider engagement and performance monthly via QI metric reports.</li> <li>- Operating the Preventive Service Outreach (PSO) program to engage non-compliant members and facilitate preventive care appointments.</li> <li>- Addressing the NJ lead crisis through targeted pediatric outreach and education on lead screening, well-child visits, and immunizations.</li> <li>- Convening a Pediatric Taskforce and FQHC quality lead to support provider performance and community engagement.</li> <li>- Collaborating across departments to align strategies and improve quality outcomes.</li> </ul> <p>These efforts are continuously evaluated and refined to improve performance, particularly for measures that have remained below benchmarks across multiple reporting periods.</p>	
<p><b>Quality-of-Care Surveys (CAHPS)</b> The MCO should continue to work to improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.</p>	<p>The Plan continues to implement targeted strategies to improve FIDE SNP Adult CAHPS scores that fall below the NCQA 50th percentile. The goal is to close performance gaps and enhance the overall member experience. Key interventions include:</p> <ul style="list-style-type: none"> <li>- Structured CAHPS work plans that include performance tracking, barrier analysis, and defined goals.</li> <li>- Targeted member engagement through concierge outreach, service recovery, and education on dual-eligible benefits.</li> <li>- Customer service call reviews to strengthen staff training and improve first-call resolution rates Data analysis from CAHPS and Provider Satisfaction Surveys to drive actionable quality improvements.</li> <li>- Provider visits to address access and care coordination challenges, and to distribute updated toolkits that support the member experience Real-time issue resolution led by the Quality Concierge Engagement Team (QCET).</li> <li>- Oversight and accountability through monthly Member Experience Steering Committee (MESCC) meetings and ongoing CAHPS workgroup sessions Annual CAHPS training for all member- and provider-facing teams to promote consistent, high-quality service.</li> </ul>	<p>Addressed</p>

Recommendation for WCDL	WCDL Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	These coordinated efforts aim to drive measurable improvement in CAHPS scores and reinforce the Plan’s commitment to delivering a high-quality, person-centered experience for all members.	

<sup>1</sup> **Addressed:** MCO’s QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2025.

## WPFDA – Response to Previous EQR Recommendations

**Table 41** displays WPFDA’s progress related to the *State of New Jersey DMAHS, Wellpoint Full Dual Advantage Annual External Quality Review Technical Report FINAL REPORT: April 2025*, as well as IPRO’s assessment of WPFDA’s response.

**Table 41: WPFDA – Response to Previous EQR Recommendations**

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p><b>2024 Performance Improvement Projects (PIPs)</b> 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.</p>	We believe this is from the 2023 review period. During the review year of 2024 we received a score of 100% on QM with the audit notating deficiency resolved and no recommendations made.	Addressed
The MCO should continue to address deficiencies identified for Adult Dental providers in Burlington, Cape May, Middlesex, Monmouth, Ocean, Salem, Sussex and Union Counties.	We are focused on addressing deficiencies identified for Adult Dental providers in Burlington, Cape May, Middlesex, Monmouth, Ocean, Salem, Sussex and Union Counties. To expand our network and increase utilization, we diligently review competitors' provider directories and commercial insurance directories. In-network dentists are contacted for recommendations and potential leads, coupled with comprehensive web searches to identify recruitment opportunities. Our outreach focuses on regions with fewer dentists, prioritizing improved member access and utilization. We maintain detailed reports of our outreach activities and ensure regular engagement and follow-ups via emails, phone calls, or in-person meetings. We hold monthly, ad hoc, and quarterly meetings to review provider recruitment and geographic access progress. Targeted recruitment and enhanced	Remains an opportunity for improvement

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>provider reimbursement fees have been used to strengthen the network. We leverage our relationships with group practices to expand into access-deficient counties and increase Wellpoint participation. Additionally, we monitor terminations and outreach those providers to prevent the termination but also to gain insight and develop strategies to improve our network. Collaboratively, we are working with our vendor to update our agreement and provide additional resources to dental providers to boost our network and further improve access.</p>	
<p>The MCO should continue to address deficiencies in hospitals in Salem and Sussex Counties.</p>	<p>The audit from the prior year highlighted deficiencies concerning hospitals in Salem County and Sussex County. Wellpoint NJ has agreements with every health system in Salem and Sussex Counties.</p> <p><u>Sussex County:</u> Wellpoint is contracted with Atlantic Healthy System, the sole health system in Sussex County.</p> <p><u>Salem County:</u> Wellpoint has a contract with Inspira Health, the sole health system in Salem County. On June 6, 2024, DHS retroactively approved Inspira's Medicaid ID, applying it effectively from October 1, 2023. Consequently, Wellpoint also adjusted Inspira's effective date to October 1, 2023.</p> <p>Wellpoint ensures access to care is granted by contracting with all available health systems in these counties.</p>	<p>Addressed</p>
<p>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.</p>	<p>Wellpoint appointment availability compliance has an overall score of 97% compliance. Based on the combined performance of the initial and secondary (Wave 1 and Wave 2) surveys, all individual sub-categories are over 90% compliance with the exception of Behavioral Health Prescribers. The second wave is sent to all non-compliant providers, giving them an additional chance for improvement. Wellpoint fully anticipates the performance of these categories to improve with continued interventions. Wellpoint also has updated key phrasing of the questions posed on the surveys to assist with a more clear understanding of the question.</p>	<p>Remains an opportunity for improvement</p>
<p>The MCO should ensure to submit Dental appointment availability survey results for the review period.</p>	<p>Appointment Availability and After-Hour Availability (A+A) is assessed through several methods, including orientations, on-site visits, and routine service calls managed by the territory Network Manager. Additionally, A+A is evaluated via directory information verification requests on the LIBERTY provider portal, which providers are instructed to complete quarterly. LIBERTY</p>	<p>Addressed</p>

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>compiles these findings into a monthly report for Wellpoint, allowing for thorough analysis.</p> <p>The 2024 A+A survey results indicate that, for routine, emergency, and urgent care throughout Q1 to Q4, the provider network successfully meets state benchmarks for appointment availability and access. Wellpoint will provide A+A results for future audits.</p>	
<p>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.</p>	<p>We believe this is from the 2023 review period. During the review year of 2024 we received a score of 100% on QM with the audit noting deficiency resolved and no recommendations made.</p>	<p>Addressed</p>
<p>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</p>	<p>We believe this is from the 2023 review period. During the review year of 2024 we received a score of 100% on QM with the audit noting deficiency resolved and no recommendations made.</p>	<p>Addressed</p>

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
date of signed attestations.		
The MCO should develop a system to ensure that all providers receive initial training regarding the needs of enrollees with special needs.	<p>Wellpoint offers a comprehensive webinar for new and existing providers, including those who render services to members with special needs. Topics covered include Health Plan Overview, Availability, Claims, Utilization Management, Training Academy, Electronic Visit Verification (EVV), MLTSS, and CAHPS.</p> <p>Providers have access to resources via Wellpoint’s website, which features the Provider Manual, on-demand training, policies, and a Quick Reference Guide. The Training Academy offers additional on-demand educational support, including access to MyDiversePatients.com.</p> <p>In addition, the Healthcare Networks team and Provider Service Representatives provide ongoing support, conducting regular meetings and addressing specific provider needs.</p>	Addressed
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.	We are confident that this pertains to the 2023 review period. We submitted our updated documentation for the 2024 review, and no outstanding issues were identified concerning this element.	Addressed
<p><b>Performance Measures</b></p> <p>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.</p>	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
<p><b>Quality-of-Care Surveys (CAHPS)</b></p> <p>The MCO should continue to work to</p>	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	Addressed

Recommendation for WPFDA	WPFDA Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
improve FIDE SNP Adult CAHPS scores that perform below the 50th percentile.	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.	

<sup>1</sup> **Addressed:** MCO's QI CAP response addressed deficiency; IPRO will monitor implementation in CY 2025.

# MCO Strengths, Opportunities for Improvement, and EQR Recommendations

**Table 42-Table 46** 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 2025 EQR activities as they relate to **quality, timeliness, and access**.

## AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations

**Table 42: AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations**

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations <sup>1</sup>		
EQR Activity	Strengths	Opportunities for Improvement
PIPs	Of the four PIPs scored, three PIPs performed at or above the 85% threshold, indicating high performance.	AAPP should ensure that the Aim, Objectives, and Goals are considered and that the barrier analysis is clearly defined, easily understood, and aligned with all subsequent sections of the PIP.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2024, 12 standards received 100% compliance.	Opportunities for improvements were found in Access and Utilization Management during the 2025 FIDE SNP/MLTSS compliance review.
Performance measures	AAPP reported four measures/submeasures at or above the 50th percentile.	Opportunities for improvement were identified for fourteen measures/submeasures reported below the 50th percentile.
Network Adequacy – 2025 Provider Directory Validation	No strengths were identified.	AAPP should consider including detailed accessibility filters in their online directories. This enhancement will ensure that members can easily find providers who meet their individual needs, such as those who require accessible examination tables and scales.
Quality-of-care surveys – member (CAHPS MY 2024)	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	The MCO must ensure that the Aim, Objectives, and Goals are appropriately addressed and that the barrier analysis is clearly defined, easily understood, and aligned with all subsequent sections of the PIP.	
Compliance with Medicaid and CHIP managed care regulations	<p><b>Access</b></p> <p>1. A4d. The MCO should address dental deficiencies in Burlington and Sussex Counties.</p> <p><b>Utilization Management</b></p> <p>1. UM16k.2 The MCO should ensure that all MLTSS FIDE SNP Enrollee Grievance resolution letters are completed in a timely manner.</p>	
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	

AAPP – Strengths, Opportunities for Improvement, and EQR Recommendations <sup>1</sup>	
	interventions to improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.
Network Adequacy – 2025 Provider Directory Validation	<ol style="list-style-type: none"> <li>1. AAPP should implement routine assessments to validate provider contact information, addressing the high incidence of providers not being present at their listed locations. Additionally, the plan should provide training and resources to provider office staff on the importance of maintaining accurate directory information and offer clear guidance on how to update details promptly.</li> <li>2. AAPP should periodically update and verify board certification status through direct provider engagement and automated checks to reduce errors in the provider directory.</li> <li>3. AAPP should ensure its provider network includes providers offering a range of disability accommodations to meet the diverse needs of members with disabilities.</li> </ol>
Quality-of-care surveys – member (CAHPS MY 2024)	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 43: 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 three PIPs scored, two PIPs performed at or above the 85% threshold, indicating high performance.	The MCO should ensure that Performance Indicators are clearly defined, measurable, and that the barrier analysis is well-defined, easily understood, and aligned with all subsequent sections of the PIP.
Compliance with Medicaid and CHIP managed care regulations	Of the 14 quality-related Subpart D and QAPI standard areas reviewed in 2024, 12 standards received 100% compliance.	Opportunities for improvements were found in Access and Utilization Management during the 2025 FIDE SNP/MLTSS compliance review.
Performance measures	HNJTC reported five measures/submeasures at above the 50th percentile.	Opportunities for improvement were identified for fifteen measures/submeasures reported below the 50th percentile.
Network Adequacy – 2025 Provider Directory Validation	No strengths were identified.	Horizon NJ TotalCare should consider including additional accessibility filters in their online directories. The general statement indicating “handicapped accessible” does not provide sufficient information for members. Making this

HNJTC – Strengths, Opportunities for Improvement, and EQR Recommendations		
		<p>enhancement will ensure that members can easily find providers who meet their individual needs, such as those who require accessible examination tables and scales.</p> <p>Horizon NJ TotalCare should implement a feedback tool for members to report inaccuracies or issues with the provider directory information.</p>
Quality-of-care surveys – member (CAHPS MY 2024)	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	The MCO must ensure that Performance Indicators are clearly defined, measurable, and that the barrier analysis is well-defined, easily understood, and aligned with all subsequent sections of the PIP.	
Compliance with Medicaid and CHIP managed care regulations	<p><b>Access</b></p> <ol style="list-style-type: none"> <li>1. A4d. The MCO should address dental deficiencies in Hunterdon, Morris Sussex and Ocean Counties.</li> <li>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.</li> </ol> <p><b>Utilization Management</b></p> <ol style="list-style-type: none"> <li>1. UM16k.2. The MCO should ensure all MLTSS Enrollee grievances are handled timely and contain an extension letter if appropriate with accurate information.</li> </ol>	
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.	
Network Adequacy – 2025 Provider Directory Validation	<ol style="list-style-type: none"> <li>1. HNJTC should implement routine assessments to validate provider contact information, addressing the high incidence of providers not being present at their listed locations. Additionally, the plan should provide training and resources to provider office staff on the importance of maintaining accurate directory information and offer clear guidance on how to update details promptly.</li> <li>2. HNJTC should periodically update and verify board certification status through direct provider engagement and automated checks to reduce errors in the provider directory.</li> <li>3. HNJTC should ensure its provider network includes providers offering a range of disability accommodations to meet the diverse needs of members with disabilities.</li> </ol>	
Quality-of-care surveys – member (CAHPS MY 2024)	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 44: 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 three PIPs scored, all three 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 2024, 13 standards received 100% compliance.	Opportunities for improvements were found in Access, Enrollee Rights and Responsibilities, and Care Management and Continuity of Care during the 2025 FIDE SNP/MLTSS compliance review.
Performance measures	UHCDC reported three measures/submeasures at above the 50th percentile.	Opportunities for improvement were identified for seventeen measures/submeasures reported below the 50th percentile.
Network Adequacy – 2025 Provider Directory Validation	No strengths were identified.	UHCDC should implement a feedback tool for members to report inaccuracies or issues with the provider directory information.
Quality-of-care surveys – member (CAHPS MY 2024)	Six of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Two of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	<p><b>Access</b></p> <ol style="list-style-type: none"> <li>A4c. The MCO should continue to address access deficiencies that were identified for 11 Specialty providers in several Counties.</li> <li>A4d. The MCO should continue to address deficiencies identified for adult dental providers in Burlington, Hunterdon, Ocean and Warren Counties.</li> <li>A4f. The MCO should continue to address deficiencies in MLTSS Adult Medical Day Care in Hunterdon and Sussex Counties.</li> <li>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 wait time and after-hours compliance.</li> </ol> <p><b>Enrollee Rights and Responsibilities</b></p> <ol style="list-style-type: none"> <li>ER6. The MCO should submit a policy that includes the required contract language dated within the review period.</li> </ol> <p><b>Care Management and Continuity of Care (FIDE SNP only)</b></p> <ol style="list-style-type: none"> <li>CM18a. The MCO should ensure there is a policy in place that includes reflects contract language requirement that the prior authorization shall be honored for as long as it is active, or for a period of six months, whichever is longer.</li> </ol>	
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	

UHCDC – Strengths, Opportunities for Improvement, and EQR Recommendations	
	improve performance, particularly for those measures that have ranked below their respective benchmarks for more than one reporting period.
Network Adequacy – 2025 Provider Directory Validation	<ol style="list-style-type: none"> <li>1. UHCDC should conduct routine assessments to confirm provider contact details as most failures stem from providers not being on-site. This will enhance data accuracy and improve member experience. UHCCP should offer training and resources to provider office staff on the importance of accurate directory information and how to make updates.</li> <li>2. UHCDC should periodically update and verify board certification status through direct provider engagement and automated checks to reduce errors in the provider directory.</li> <li>3. UHCDC should routinely review and update the accessibility options listed in providers' profiles to maintain accuracy.</li> </ol>
Quality-of-care surveys – member (CAHPS MY 2024)	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 45: 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 three PIPs scored, all three 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 2024, 11 standards received 100% compliance.	Opportunities for improvements were found in Access, Emergency and Post-Stabilization Services, and Utilization Management during the 2025 FIDE SNP/MLTSS compliance review.
Performance measures	WCDL reported eight measures/submeasures at above the 50th percentile.	Opportunities for improvement were identified for thirteen measures/submeasures reported below the 50th percentile.
Network Adequacy – 2025 Provider Directory Validation	No strengths were identified.	WCDL should implement a feedback tool for members to report inaccuracies or issues with the provider directory information.

WCDL – Strengths, Opportunities for Improvement, and EQR Recommendations		
Quality-of-care surveys – member (CAHPS MY 2024)	Six of eight composite FIDE SNP adult CAHPS measures were above the 50th percentile.	Two of eight composite CAHPS measures for the FIDE SNP survey fell below the 50th percentile.
Recommendations		
PIPs	No recommendations.	
Compliance with Medicaid and CHIP managed care regulations	<p><b>Access</b></p> <ol style="list-style-type: none"> <li>1. A4f. The MCO should address Assisted Living access deficiencies in Atlantic, Burlington, Cape May, Gloucester, Hunterdon, Salem, and Warren counties.</li> <li>2. A7. The MCO should address appointment availability for PCPs, Specialist, OB/GYNs, Behavioral Health providers (prescribing and non-prescribing), as well as after-hours availability with providers.</li> <li>3. A7. The MCO should ensure FIDE SNP Dental provider appointment availability reports are provided for review.</li> </ol> <p><b>Emergency and Post-Stabilization Services</b></p> <ol style="list-style-type: none"> <li>1. EPS1. The MCO should submit documentation containing specific contract language dated within the review period.</li> </ol> <p><b>Utilization Management</b></p> <ol style="list-style-type: none"> <li>1. UM16m2. The MCO should ensure that all FIDE SNP MLTSS Member Appeals are resolved in a timely manner.</li> </ol>	
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.	
Network Adequacy – 2025 Provider Directory Validation	<ol style="list-style-type: none"> <li>1. WCDL should conduct routine assessments to verify provider details, as most failures stem from providers not accepting the insurance at the time of the survey. This will enhance data accuracy and improve member experience. WellCare should offer training and resources to provider office staff on the importance of accurate directory information and how to make updates.</li> <li>2. WCDL should periodically update and verify board certification status through direct provider engagement and automated checks to reduce errors in the provider directory.</li> <li>3. WCDL should routinely review and update the accessibility options listed in providers' profiles to maintain accuracy.</li> </ol>	
Quality-of-care surveys – member (CAHPS MY 2024)	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 46: WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations**

WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations		
EQR Activity	Strengths	Opportunities for Improvement
PIPs	Of the three PIPs scored, one PIP performed at or above the 85% threshold, indicating high performance.	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 2024, 11 standards received 100% compliance.	Opportunities for improvements were found in Access, Emergency and Post-Stabilization Services, Provider Training and Performance, Enrollee Rights and Responsibilities, and Utilization Management during the 2025 FIDE SNP/MLTSS compliance review.
Performance measures	WPFDA reported five measures/submeasures at or above the 50th percentile.	Opportunities for improvement were identified for fifteen measures/submeasures reported below the 50th percentile.
Network Adequacy – 2025 Provider Directory Validation	No strengths were identified.	WPFDC should implement a feedback tool for members to report inaccuracies or issues with the provider directory information.
Quality-of-care surveys – member (CAHPS MY 2024)	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 all sections of the PIP to ensure that the Aim, Goals, and Objectives are clearly defined and consistently aligned throughout, and that the Methodology and Interventions are well-articulated, easily understood, and integrated to support a comprehensive PIP that demonstrates projected outcomes.	
Compliance with Medicaid and CHIP managed care regulations	<p><b>Access</b></p> <ol style="list-style-type: none"> <li>1. A4d. The MCO should continue to address deficiencies identified for Adult Dental providers in Burlington, Cape May, Hunterdon, Middlesex, Ocean, Salem, Sussex, Union and Warren Counties.</li> <li>2. A7. The MCO should continue to address appointment availability for Other Specialists and Behavioral Health providers.</li> <li>3. A7. The MCO should ensure to submit Dental appointment availability survey results for the review period.</li> </ol> <p><b>Emergency and Post-Stabilization Services</b></p> <ol style="list-style-type: none"> <li>1. EPS1. The MCO should submit documentation containing specific contract language dated within the review period.</li> </ol> <p><b>Provider Training and Performance</b></p>	

WPFDA – Strengths, Opportunities for Improvement, and EQR Recommendations	
	<p>1. PT5- The MCO should submit documentation containing specific contract language dated within the review period.</p> <p>2. PT8- The MCO should ensure that their Medical Record Review Policy and Procedure for FIDE SNP is submitted for the current review period.</p> <p><b>Enrollee Rights and Responsibilities</b></p> <p>1. ER6. The MCO should ensure that their Member Rights and Responsibilities Policy includes FIDE SNP MLTSS enrollees.</p> <p><b>Utilization Management</b></p> <p>1. UM16k.2- The MCO should ensure that all MLTSS FIDE SNP Member Grievances are completed in a timely manner.</p>
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.
Network Adequacy – 2025 Provider Directory Validation	<p>1. WPFDA should conduct routine assessments to confirm provider contact details as most failures stem from providers not being on-site. This will enhance data accuracy and improve member experience. Wellpoint should offer training and resources to provider office staff on the importance of accurate directory information and how to make updates.</p> <p>2. WPFDA should periodically update and verify board certification status through direct provider engagement and automated checks to reduce errors in the provider directory.</p> <p>3. WPFDA should routinely review and update the accessibility options listed in providers' profiles to maintain accuracy.</p>
Quality-of-care surveys – member (CAHPS MY 2024)	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: 2025 FIDE SNP-Specific Review Findings**

Note: This is a separate document.

## **Appendix B: 2025 FIDE SNP/MLTSS Annual Assessment Submission Guide**

Note: This is a separate document.

## **Appendix C: 2025 Network Adequacy Provider Directory Validation Surveys**

Note: This is a separate document.

# Appendix A: 2025 FIDE-SNP-Specific Review Findings

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## Aetna Assure Premier Plus (AAPP)

### AAPP: 2025 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review <sup>1</sup>	Met <sup>2</sup>	Not Met	N/A	% Met <sup>3</sup>	Deficiency Status		
								Prior	Resolved	New
Access*	17	18	13	12	1	0	94%	1	1	1
Emergency and Post-Stabilization Services <sup>4</sup>	6	NA	6	6	0	0	100%	N/A	N/A	0
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	14	14	0	0	100%	0	0	0
Committee Structure	9	9	9	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	10	10	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	4	0	0	100%	0	0	0
Member Disenrollment	10	9	10	10	0	0	100%	1	1	0
Care Management and Continuity of Care	13	13	6	6	0	0	100%	0	0	0
Credentialing and Recredentialing	10	9	3	3	0	0	100%	1	1	0
Utilization Management	44	43	13	11	1	1	98%	0	0	1
Administration and Operations	20	19	3	3	0	0	100%	1	1	0
Management Information Systems	22	22	0	0	0	0	100%	0	0	0
<b>TOTAL</b>	<b>238</b>	<b>229</b>	<b>105</b>	<b>102</b>	<b>2</b>	<b>1</b>	<b>99%</b>	<b>4</b>	<b>4</b>	<b>2</b>

\* Beginning in 2025, two elements (A1 and A2) were reviewed in a new category *Emergency and Post-Stabilization Services*.

<sup>1</sup>The MCO was subject to a partial review in this review period.

<sup>2</sup> Elements that were *Met* in this review period among those that were subject to review.

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

<sup>4</sup> Emergency and Post Stabilization is a new standard for 2025.

## AAPP Performance Measure Validation – FIDE SNP Measures

Aetna Assure Premier Plus (AAPP) reported and submitted the required SNP measures. The status of R indicates that the plan reported this measure, and no material bias was found. The status of N/A indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. The status of NR indicates that the plan did not report the measure.

### Findings

- AAPP reported all the required measures for MY 2024.

MY 2024 FIDE SNP Performance Measures	Rate	Status
<b>Care for Older Adults (COA) - Hybrid Measure</b>		
<i>Medication Review</i>	100.00%	R
<i>Functional Status Assessment</i>	78.10%	R
<i>Pain Screening</i>	86.86%	R
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>		
<i>Systemic Corticosteroid</i>	82.93%	R
<i>Bronchodilator</i>	90.73%	R
<b>Controlling High Blood Pressure (CBP) - Hybrid Measure</b>	76.16%	R
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	N/A	R
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	N/A	R
<b>Antidepressant Medication Management (AMM)</b>		
<i>Effective Acute Phase Treatment</i>	75.42%	R
<i>Effective Continuation Phase Treatment</i>	62.71%	R
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>		
<i>30-Day Follow-Up</i>	52.59%	R
<i>7-Day Follow-Up</i>	30.37%	R
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>1</sup></b>		
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>	47.47%	R
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>	42.72%	R
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>	23.26%	R
<i>Total</i>	41.22%	R
<b>Transitions of Care (TRC) - Hybrid Measure</b>		
<i>Notification of Inpatient Admission</i>	17.03%	R
<i>Medication Reconciliation Post-Discharge</i>	89.29%	R
<i>Patient Engagement After Inpatient Discharge</i>	84.67%	R
<i>Receipt of Discharge Information</i>	15.09%	R
<b>Use of High-Risk Medications in the Elderly (DAE)<sup>1</sup></b>	17.03%	R
<b>Plan All-Cause Readmissions (PCR)<sup>1,2,3</sup></b>		
<i>18-64 year olds, Observed-to-expected Ratio</i>	1.2581	R
<i>65+ year olds, Observed-to-expected Ratio</i>	1.2920	R

<sup>1</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>2</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

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

Designation

R: Reported Rate

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

## AAPP: Performance Improvement Projects

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

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

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

PIP Components and Subcomponents	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	M
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	M
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	M
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	M
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	M
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	M	M
2c. Objectives align aim and goals with interventions	N/A	M	M	M	M
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	M
3b. Performance indicators are measured consistently over time	N/A	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	N/A	M	M	M	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	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	M	M	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	M
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	M
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	M	M
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	M
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M	M	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	M
4f. Literature review	N/A	M	M	M	M
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	M	M
5b. Actions that target member, provider and MCO	N/A	M	M	M	M
5c. New or enhanced, starting after baseline year	N/A	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)	N/A	PM	PM	M	M
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>PM</b>	<b>M</b>	<b>M</b>
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>50</b>	<b>100</b>	<b>100</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>7.5</b>	<b>15.0</b>	<b>15.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	PM	PM	PM
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>50</b>	<b>50</b>
<b>Element 6 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>2.5</b>	<b>2.5</b>	<b>2.5</b>

<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	M
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	M
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	M
<b>Element 7 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 7 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 7 Weighted Score</b>	<b>N/A</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	PM	PM
<b>Element 8 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>PM</b>	<b>PM</b>
<b>Element 8 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>50</b>	<b>50</b>
<b>Element 8 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>10.0</b>	<b>10.0</b>
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated, and addressed	N/A	N	N	N	N
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	<b>55</b>	<b>80</b>	<b>80</b>	<b>100</b>	<b>100</b>
<b>Actual Weighted Total Score</b>	<b>0.0</b>	<b>72.5</b>	<b>70.0</b>	<b>87.5</b>	<b>87.5</b>
<b>Overall Rating</b>	<b>0.0%</b>	<b>90.6%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>87.5%</b>

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

**IPro Reviewers:** Deb Chambers(dchambers@ipro.org); Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 8, 2025

**Reporting Period:** Final

**IPro Comments:**

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

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

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

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

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

Element 6 Overall Review Determination was that the MCO is partially compliant. Table 2: for PI 1 Sustainability year shows a rate of 10.3 per 1,000 member months which does not appear to correct.

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

Element 8 Overall Review Determination was that the MCO is partially compliant. Regarding element 8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods; sustained improvement has not been achieved.

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

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 100.0 points, the MCO scored 87.5 points, which results in a rating of 87.5% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The MCO should continue to work through the issues/lessons learned that they identified throughout the course of this project to continue efforts going forward after the life of this PIP to achieve the intended impact on performance outcomes.

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

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

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

PIP Components and Subcomponents	IPRO Review				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b> Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M	M	M
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M	M	M
1c. Potential for meaningful impact on member health, functional status, or satisfaction	N/A	M	M	M	M
1d. Reflects high-volume or high risk-conditions	N/A	M	M	M	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M	M	M
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>
<b>Element 2. Aim (5% weight)</b> Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M	M	M
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M	PM	PM
2c. Objectives align aim and goals with interventions	N/A	M	M	M	M
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>PM</b>	<b>PM</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>50</b>	<b>50</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>2.5</b>	<b>2.5</b>
<b>Element 3. Methodology (15% weight)</b> Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M	M	M
3b. Performance indicators are measured consistently over time	N/A	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	N/A	M	M	M	M
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M	M	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	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	M	M	M
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M	M	M
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M	M	M
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M	M	M
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M	PM	M
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M	M	M
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M	M	M
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M	M	M
4f. Literature review	N/A	M	M	M	M
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>PM</b>	<b>M</b>
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>50</b>	<b>100</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>7.5</b>	<b>15.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M	PM	PM
5b. Actions that target member, provider and MCO	N/A	M	M	M	M
5c. New or enhanced, starting after baseline year	N/A	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)	N/A	PM	PM	PM	PM
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>	<b>7.5</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators, and denominators, with corresponding goals	N/A	M	M	M	M
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 6 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>

<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M	M	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M	M	M
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.	N/A	M	M	M	M
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M	M	M
<b>Element 7 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
<b>Element 7 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Element 7 Weighted Score</b>	<b>N/A</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional, or modified interventions documented	N/A	N/A	N/A	M	M
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A	M	M
<b>Element 8 Overall Review Determination</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>M</b>	<b>M</b>
<b>Element 8 Overall Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>100</b>	<b>100</b>
<b>Element 8 Weighted Score</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>20.0</b>	<b>20.0</b>
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes, N=No, N/A= Not Applicable)	N/A	N	N	N	N
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	<b>55</b>	<b>80</b>	<b>80</b>	<b>100</b>	<b>100</b>
<b>Actual Weighted Total Score</b>	<b>0.0</b>	<b>72.5</b>	<b>72.5</b>	<b>82.5</b>	<b>90.0</b>
<b>Overall Rating</b>	<b>0.0%</b>	<b>90.6%</b>	<b>90.6%</b>	<b>82.5%</b>	<b>90.0%</b>

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

**IPro Reviewers:** Carolyn Gallagher (cgallagher@ipro.org), Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 9, 2025

**Reporting Period:** Sustainability Year

**IPro Comments:**

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

Element 2 Overall Review Determination was that the MCO is partially compliant regarding element 2b. It is commendable that the target rate of 70.80% was met in Year 2; however, the target rate should have been set higher for ongoing improvement.

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

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

Element 5 Overall Review Determination was that the MCO is partially compliant. With regard to partially met elements 5a and 5d, it is commendable that quality has worked continuously with the care management team to adjust/monitor existing interventions and develop new interventions. However, there was a lack of ongoing modification to interventions as informed by barrier analysis in response to stagnating, declining or low-reach ITMs. The ITMs demonstrated minimal reach rates when the denominators were expanded to include all enrollees with a diagnosis of hypertension. The ITM 1b denominator for Q1 2024 appears to be incorrect, as it was not updated to include members diagnosed with hypertension, unlike the other ITM denominators which were appropriately defined to reflect this population.

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

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

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

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

Overall, the MCO was compliant with this PIP; out of a maximum possible weighted score of 100 points the MCO scored 90.0 points, which results in a rating of 90.0% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). In addition to collecting direct member feedback during Community and Health Education Advisory Committee meetings, there is an opportunity to more fully engage the care management team by incorporating member insights gathered during outreach calls and visits, which can help inform strategies to improve performance.

**AAPP PIP Topic 3: New Jersey FIDE SNP Complaints and Grievances**

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

**PIP Topic 3: New Jersey FIDE SNP Complaints and Grievances**

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	PM	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>2.5</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	PM		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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	PM	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	PM		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	M		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	PM		
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	2.5	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N/A	N		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	70.0	67.5	0.0	0.0
<b>Validation Rating Percent</b>	N/A	88%	84%	0%	0%

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

**IPRO Reviewers:** Chris Relyea (crelyea@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 7, 2025

**Reporting Period:** Year 2 Findings

**IPRO Comments:**

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

Element 2 Overall Review Determination was that the MCO is partially compliant. Please note that the Goal(s) Table (Section 3) Baseline Rate for 2023 does not match the Table 2 (Section 6) Baseline Rates. For example, the Baseline Rate for Indicator 1 in Table 2 is 14/1000 while in the Goal(s) Table the Indicator 1 is .88/1000. The same issue is seen for Indicator 2, the Baseline Rate in the Goal(s) Table is 27.80/1000 but in the Table 2, the Indicator 2 Rate is 26.1/1000. Please align for future submissions.

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

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

Element 5 Overall Review Determination was that the MCO is partially compliant. For ITM 2c it is assumed that the denominator (# of eligible Staff (member facing) in the measurement period) would remain at least fairly constant from quarter to quarter and at least some would be the same staff member. For example, if a staff member stayed with the MCO throughout the year, they would continue to be part of the denominator. As such, it would be more beneficial to develop a method to track unique member-facing staff that were trained in order to determine how many actual staff members went through the training. It is unclear if staff in N could be attending multiple trainings. ITM 4a is a similar issue to ITM2c. It is unclear just how many providers were actually re-educated. The Y1 (2024),Q1 data shows 100% were re-educated but then the percent drops off significantly; likely due to many in the Y1/Q1 denominator remained as part of the denominator throughout and were not necessarily in need of training. Similarly to 2c, it would be more beneficial to develop a method to track unique providers that were re-educated. Although unlikely, it is unclear if providers in N could go through more than one education session.

Element 6 Overall Review Determination was that the MCO is partially compliant. Goals are not listed in Table 2 of Section 6. Please correct for future submissions.

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

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

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO is partially compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 67.5 points, which results in a rating of 84.0% (which is below 85% [60-84% partial met (corrective action plan)]). The MCO has made the requested changes from the proposal over this first year, adding a performance indicator as a rate/000 members as opposed to a percentage. The MCO should review and revise Section 2, Section 5, and Section 6 as noted above.

**AAPP PIP Topic 4: Enhancing Safety and Reducing Fall Risk: A Performance Improvement Plan for Fall Prevention in members Aged 65 and Older**

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

**PIP Topic 4: New Jersey FIDE SNP Fall Prevention**

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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			
1b. Impacts the maximum proportion of members that is feasible	N/A	M			
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M			
1d. Reflects high-volume or high risk-conditions	N/A	M			
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M			
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	PM			
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	PM			
2c. Objectives align aim and goals with interventions	N/A	M			
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
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			
3b. Performance Indicators are measured consistently over time	N/A	M			
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M			
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M			
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M			

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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			
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			
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M			
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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			
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	PM			
4c. Provider input at focus groups and/or Quality Meetings	N/A	PM			
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M			
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M			
4f. Literature review	N/A	PM			
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM			
5b. Actions that target member, provider and MCO	N/A	M			
5c. New or enhanced, starting after baseline year	N/A	M			
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M			
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	PM			
<b>Element 6 Overall Review Determination</b>	N/A	PM			
<b>Element 6 Overall Score</b>	N/A	50	0	0	0
<b>Element 6 Weighted Score</b>	N/A	2.5	0.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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			
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M			
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M			
7d. Lessons learned & follow-up activities planned as a result	N/A	M			
<b>Element 7 Overall Review Determination</b>	N/A	M			
<b>Element 7 Overall Score</b>	N/A	100	0	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N			

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	60.0	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	75.0%	0.0%	0.0%	0.0%

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

**IPRO Reviewers:** Evelyn Rowell (erowell@ipro.org); Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 15, 2025

**Reporting Period:** Year 1

**IPRO Comments:**

Element 1 Overall Review Determination was met.

Element 2 Overall Review Determination was partially met. The plan should clarify the distinction between Performance Indicators (PIs) and intervention tracking measures (ITMs), as PIs are intended to reflect high-level outcomes (e.g., overall fall-related inpatient/ER claims or critical incident rates), while ITMs should track progress on specific interventions such as safety assessments, PERS utilization, education, and follow-up actions. Currently, most of the plan's PIs duplicate ITMs (Indicators 2–7), which dilutes the focus. Instead, Performance Indicators should be streamlined to 2–3 bold, outcome-driven measures, with Indicator 1 (fall-related inpatient claims) retained. ITMs should remain as process measures tied to interventions.

Element 3 Overall Review Determination was met.

Element 4 Overall Review Determination was partially met. Concerns with the barriers are still noted. Please indicate where barriers were identified (e.g., focus group, interview, survey, provider or member interviews, observation, literature review, etc.) Structured outreach to members and providers would help uncover barriers such as cost of equipment, lack of awareness, workflow constraints, or coordination challenges, ensuring interventions are targeted and relevant. Throughout the course of the PIP, it is recommended to continue the barrier analysis and elicit direct member and provider feedback on barriers to inform future interventions or modification to current interventions.

Element 5 Overall Review Determination was partially met. Interventions must be more clearly grounded in a barrier analysis informed by direct member and provider input; it is currently not evident how barriers were identified.

Element 6 Overall Review Determination was partially met. Please include numerator and denominator data as well as rates, please also include goal rates in table 2.

Element 7 Overall Review Determination was met.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 1 phase.

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO received a partially met with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 60.0 points, which results in a rating of 75.0% (which is less than 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The plan should streamline performance indicators to 2–3 bold, outcome-focused measures. Barriers must be clearly identified through structured member and provider outreach, and interventions and intervention tracking measures should be directly grounded in this barrier analysis.

**AAPP PIP Topic 5: Improving Colorectal Cancer Screening Compliance - Proposal**

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

**PIP Topic 5: New Jersey FIDE SNP Colorectal Cancer Screening**

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A				
1b. Impacts the maximum proportion of members that is feasible	N/A				
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A				
1d. Reflects high-volume or high risk-conditions	N/A				
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A				
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A				
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A				
2c. Objectives align aim and goals with interventions	N/A				
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>				
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A				
3b. Performance Indicators are measured consistently over time	N/A				
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A				
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A				
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A				
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A				

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A				
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A				
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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				
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A				
4c. Provider input at focus groups and/or Quality Meetings	N/A				
4d. QI Process data ("5 Why's", fishbone diagram)	N/A				
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A				
4f. Literature review	N/A				
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A				
5b. Actions that target member, provider and MCO	N/A				
5c. New or enhanced, starting after baseline year	N/A				
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A				
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A				
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	0.0	0.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A				
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A				
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A				
7d. Lessons learned & follow-up activities planned as a result	N/A				
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A	0	0	0	0
<b>Element 7 Weighted Score</b>	N/A	0.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	Y				

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	0.0	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	0%	0%	0%	0%

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

**IPRO Reviewers:** Karen Halley (khalley@ipro.org); Deb Chambers (dchambers@ipro.org)

**Date reviewed:** October 16, 2025

**Reporting Period:** Proposal Findings

**IPRO Comments:**

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

Element 1 Overall Review Determination was N/A.

Element 2 Overall Review Determination was N/A. Clarification is required to delineate the intent and scope of Bullet 4, 'focused outreach,' and to specify how it differs from the outreach described in Bullet 2. Within the 'Goals' section, Indicator 1 should be revised to explicitly exclude Black/African American individuals, as they are already represented in Indicator 2. Additional detail is also needed for Indicator 3 to define the age band being referenced. Furthermore, it is recommended that Indicator 3 be subdivided into two categories—one encompassing all members excluding Black/African American individuals, and another specifically addressing Black/African American individuals—in order to more effectively demonstrate compliance and outcomes for this priority population through the use of in-home test kits. Given that Objective #4 is to implement targeted outreach to Black/African American members, the associated indicators and interventions should be designed to specifically address this population.

Element 3 Overall Review Determination was N/A.

Element 4 For Barrier #1, Intervention #1a–1di, clarification is required regarding the criteria used to stratify members into low, medium, or high risk categories. While the Fishbone barrier analysis identifies several member-specific barriers, only one—'Member may not realize that they are due or in need of a colorectal cancer screening/test'—is consistently addressed throughout the PIP. With respect to the provider barrier, 'Historically low provider engagement/participation in Plan in-home screening/kit programs,' further detail is needed on how the proposed education program is expected to enhance provider compliance, as well as the methods by which the effectiveness of this intervention will be measured. For the Plan-level barrier, 'Ability to contact members to educate on gap and gap closure options,' additional explanation is requested regarding how current outreach strategies are anticipated to achieve improved outcomes compared to prior approaches.

Element 5 In Table 1b, the 'Description of Intervention' and 'Description of Intervention Tracking Measures' for Intervention 1di should be revised to incorporate the low or medium risk Black/African American population to ensure consistency with the intervention's stated objectives. As Black/African American individuals are explicitly addressed in Interventions 1b, 1bi, 1d, and 1di (following the recommended revision), it is advised that they be excluded from Interventions 1a, 1ai, 1c, and 1ci to prevent duplication and maintain clarity in targeting. Furthermore, Intervention 1e, currently structured as an annual activity, may have limited impact on gap closure. It is therefore recommended that this intervention be implemented on a bi-annual basis to enhance effectiveness and optimize outcomes.

Element 6 Overall Review Determination was N/A.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A.

Element 9 Overall Review Determination was Y, based on the identification of healthcare disparities affecting Black/African American members.

For this PIP proposal, the submission was not scored. Therefore, a rating of the PIP for determination of overall compliance was N/A. Although not scored, concerns were identified with several aspects of the PIP. The MCO should address the above concerns with clarifications or adjustments for a sufficiently developed PIP proposal that is ultimately demonstrative of the intended impact on performance outcomes. The MCO should ensure that all changes are noted and documented in the April and August 2026 submissions. In subsequent submissions in the reporting schedule, the

MCO will be evaluated accordingly on the reporting of results and discussion/validity of improvement, and later, on reporting of sustainability.

Please ensure the title page is consolidated into a single page by merging pages 1 and 2.

Kindly adjust the font formatting for the 'Performance Indicator' and 'Baseline Period' columns in Table 2 to ensure consistency.

For future submissions, IPRO requests that the plan uses a different color font to signify any changes made to the PIP report.

## Horizon NJ TotalCare (HNJTC)

### HNJTC: 2025 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review <sup>1</sup>	Met <sup>2</sup>	Not Met	N/A	% Met <sup>3</sup>	Deficiency Status		
								Prior	Resolved	New
Access*	17	17	13	11	2	0	88%	2	0	0
Emergency and Post-Stabilization Services <sup>4</sup>	6	N/A	6	6	0	0	100%	N/A	N/A	0
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	9	9	0	0	100%	0	0	0
Committee Structure	9	9	4	4	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	43	10	10	0	0	100%	0	0	0
Provider Training and Performance	11	11	5	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	4	0	0	100%	0	0	0
Member Disenrollment	10	10	10	10	0	0	100%	0	0	0
Care Management and Continuity of Care	13	13	6	6	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	2	2	0	0	100%	0	0	0
Utilization Management	44	43	13	12	1	0	98%	0	0	1
Administration and Operations	20	20	3	3	0	0	100%	0	0	0
Management Information Systems	22	22	0	0	0	0	100%	0	0	0
<b>TOTAL</b>	<b>238</b>	<b>231</b>	<b>94</b>	<b>91</b>	<b>3</b>	<b>0</b>	<b>99%</b>	<b>2</b>	<b>0</b>	<b>1</b>

\* Beginning in 2025, two elements (A1 and A2) were reviewed in a new category *Emergency and Post-Stabilization Services*.

<sup>1</sup> The MCO was subject to a partial review in this review period. All elements were subject to review.

<sup>2</sup> Elements that were *Met* in this review period among those that were subject to review.

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

<sup>4</sup> Emergency and Post Stabilization is a new standard for 2025.

## HNJTC Performance Measure Validation – FIDE SNP Measures

Horizon NJ Total Care (HNJTC) reported and submitted the required SNP measures. The status of R indicates that the plan reported this measure, and no material bias was found. The status of N/A indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. The status of NR indicates that the plan did not report the measure.

### Findings

- HNJTC reported the required measures for HEDIS MY 2024.

MY 2024 FIDE SNP Performance Measures	Rate	Status
<b>Care for Older Adults (COA) - Hybrid Measure<sup>1</sup></b>		
<i>Medication Review</i>	96.43%	R
<i>Functional Status Assessment</i>	96.43%	R
<i>Pain Screening</i>	97.45%	R
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>		
<i>Systemic Corticosteroid</i>	74.43%	R
<i>Bronchodilator</i>	89.82%	R
<b>Controlling High Blood Pressure (CBP) - Hybrid Measure</b>	75.08%	R
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	N/A	R
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	38.46%	R
<b>Antidepressant Medication Management (AMM)</b>		
<i>Effective Acute Phase Treatment</i>	79.02%	R
<i>Effective Continuation Phase Treatment</i>	63.21%	R
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>		
<i>30-Day Follow-Up</i>	57.87%	R
<i>7-Day Follow-Up</i>	33.19%	R
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>1</sup></b>		
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>	48.03%	R
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>	55.71%	R
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>	19.55%	R
<i>Total</i>	46.50%	R
<b>Transitions of Care (TRC) - Hybrid Measure<sup>2</sup></b>		
<i>Notification of Inpatient Admission</i>	32.60%	R
<i>Medication Reconciliation Post-Discharge</i>	77.62%	R
<i>Patient Engagement After Inpatient Discharge</i>	91.48%	R
<i>Receipt of Discharge Information</i>	28.71%	R
<b>Use of High-Risk Medications in the Elderly (DAE)<sup>1</sup></b>	28.89%	R
<b>Plan All-Cause Readmissions (PCR)<sup>1,3,4</sup></b>		
<i>18-64 year olds, Observed-to-expected Ratio</i>	1.2521	R
<i>65+ year olds, Observed-to-expected Ratio</i>	1.2951	R

<sup>1</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>2</sup> Horizon reported this measure administratively

<sup>3</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

<sup>4</sup> This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

Designation

R: Reported Rate

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

## HNJTC Performance Improvement Projects

### HNJTC PIP Topic 1: Horizon NJ TotalCare (FIDE SNP) Diabetes Management

MCO Name: Horizon NJ TotalCare (HNJTC)

PIP Topic 1: Diabetes Management

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

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

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

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

**I PRO Reviewers:** Carolyn Gallagher; Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 14, 2025

**Report Period:** Year 2

**I PRO Comments:**

Element 1 Overall Review Determination is that the MCO is compliant.

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

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

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

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

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

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

Element 8 Overall Review Determination was N/A as this is not scored at Year 2.

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

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 80.0 points, which results in a rating of 100.0% (Which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). From baseline through Measurement Year 1, the MCO successfully achieved its targets, with all five performance indicators meeting the objectives outlined in the Performance Improvement Project (PIP). Goals were adjusted upwards as appropriate. Since Year 2 data is still partial (Jan-Jun 2025), it is difficult to make any assumptions about the declines from Year 1 performance.

## HNJTC PIP Topic 2: FIDE SNP PIP - Complaints and Grievances

MCO Name: Horizon NJ TotalCare (HNJTC)

### PIP Topic 2: FIDE SNP PIP - Complaints and Grievances

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	M		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	M		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	PM	M		
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>M</b>		
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>100</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	2.5	5.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N	N		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	77.5	80.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	97%	100%	0%	0%

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

**I PRO Reviewers:** Chris Relyea (crelyea@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) Reviewed:** October 9, 2025

**Reporting Period:** Year 2 Findings

**I PRO Comments:**

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

Element 2 Overall Review Determination was that the MCO is compliant. Goal for Indicators 3 and 5 have been revised and this revision should be reflected in the AIM Statement.

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

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

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

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

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

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

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 80.0 points, which results in a rating of 100.0% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The attached appendixes related to the various trainings (provider and internal staff) are well designed, easy to understand and comprehensive. Please review comments above for future report submissions.

## HNJTC PIP Topic 3: Fall Prevention

**MCO Name: Horizon NJ TotalCare (HNJTC)**

### PIP Topic 3: Fall Prevention

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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			
1b. Impacts the maximum proportion of members that is feasible	N/A	M			
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M			
1d. Reflects high-volume or high risk-conditions	N/A	M			
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M			
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
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			
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			
2c. Objectives align aim and goals with interventions	N/A	M			
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	PM			
3b. Performance Indicators are measured consistently over time	N/A	M			
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M			
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M			
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M			
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M			

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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			
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M			
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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			
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	PM			
4c. Provider input at focus groups and/or Quality Meetings	N/A	PM			
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M			
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M			
4f. Literature review	N/A	M			
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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			
5b. Actions that target member, provider and MCO	N/A	M			
5c. New or enhanced, starting after baseline year	N/A	M			
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M			
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
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			
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents Proposal Year <sup>1</sup>	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	0.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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			
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M			
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M			
7d. Lessons learned & follow-up activities planned as a result	N/A	M			
<b>Element 7 Overall Review Determination</b>	N/A	M			
<b>Element 7 Overall Score</b>	N/A	100	0	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N			

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	65.0	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	81.3%	0.0%	0.0%	0.0%

<sup>1</sup>MCOs are at the proposal stage for this PIP and will be scored in MY 1.

**I PRO Reviewers:** Evelyn Rowell (erowell@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 15, 2025

**Reporting Period:** Year 1

**I PRO Comments:**

Element 1 Overall Review Determination was met.

Element 2 Overall Review Determination was met.

Element 3 Overall Review Determination was partially met. For Indicators 2 and 6, clarification is needed on how the plan will ensure that PCP visits are specifically linked to the assessment or fall event. As currently defined, the numerators count whether members had a PCP visit at any point during the measurement year, but do not establish that the visit occurred as a direct follow-up to the assessment (Indicator 2) or to the fall event (Indicator 6). Without a defined timeframe or linkage (e.g., within 30 or 60 days after the assessment or fall), these measures risk overestimating follow-up rates and will not accurately demonstrate whether members are receiving timely and appropriate post-assessment or post-fall care. For Indicator 3 (Percentage of members aged 65 and older that had a reported fall in the measurement year), as mentioned during the Proposal phase, it is still unclear what the intent of the measure is, as it reads that the plan is measuring the percent of falls, and the goal is looking for an increase, not a decrease. Please clarify in future submissions.

Element 4 Overall Review Determination was partially met. While the identified barriers reference members, providers, and the MCO, they were derived solely from discussions at FIDE-SNP team meetings. No direct member or provider feedback was gathered, which limits the strength and validity of the barrier analysis.

Element 5 Overall Review Determination was met.

Element 6 Overall Review Determination was met. Of note, the long-term goal rates are different in the Table 2 Results compared to the goals section (pg. 11). Please align in future submissions.

Element 7 Overall Review Determination was N/A.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 1 phase.

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO received a partially met with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 65.0 points, which results in a rating of 81.3% (which is less than 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The plan should revise numerators for Indicators 2 and 6 to ensure PCP visits are explicitly linked to the assessment or fall event. Define a timeframe (e.g., within 30–60 days) to demonstrate timely and appropriate follow-up care. Additionally, the plan should gather direct feedback from members and providers, in addition to team discussions, to improve the strength and validity of the barrier analysis. Finally, inconsistencies between Table 2 Results and the goals section should be corrected.

# UHC Dual Complete NJ-Y001 (UHCDC)

## UHCDC: 2025 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review <sup>1</sup>	Met <sup>2</sup>	Not Met	N/A	% Met <sup>3</sup>	Deficiency Status		
								Prior	Resolved	New
Access	17	15	13	9	4	0	77%	4	0	0
Emergency and Post-Stabilization Services <sup>4</sup>	6	N/A	6	6	0	0	100%	N/A	N/A	0
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	9	9	0	0	100%	0	0	0
Committee Structure	9	9	4	4	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	10	10	0	0	100%	0	0	0
Provider Training and Performance	11	10	6	6	0	0	100%	1	1	0
Enrollee Rights and Responsibilities	10	9	5	4	1	0	90%	1	1	1
Member Disenrollment	10	9	10	10	0	0	100%	1	1	0
Care Management and Continuity of Care	13	13	6	5	1	0	92%	0	0	1
Credentialing and Recredentialing	10	9	3	3	0	0	100%	1	1	0
Utilization Management	44	41	13	11	0	2	100%	0	0	0
Administration and Operations	20	20	2	2	0	0	100%	0	0	0
Management Information Systems	22	22	0	0	0	0	100%	0	0	0
<b>TOTAL</b>	<b>238</b>	<b>223</b>	<b>96</b>	<b>88</b>	<b>6</b>	<b>2</b>	<b>97%</b>	<b>8</b>	<b>4</b>	<b>2</b>

\* Beginning in 2025, two elements (A1 and A2) were reviewed in a new category *Emergency and Post-Stabilization Services*.

<sup>1</sup> The MCO was subject to a partial review in this review period.

<sup>2</sup> Elements that were *Met* in this review period among those that were subject to review.

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

<sup>4</sup> Emergency and Post Stabilization is a new standard for 2025.

## UHCDC Performance Measure Validation – FIDE SNP Measures

UHC Dual Complete NJ-Y001 (UHCDC) reported and submitted the required SNP measures. A status of R indicates that the plan reported this measure, and no material bias was found. The status of N/A indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. The status of NR indicates that the plan did not report the measure.

### Findings

- UHCDC reported the required measures for HEDIS MY 2024.

MY 2024 FIDE SNP Performance Measures	Rate	Status
<b>Care for Older Adults (COA) - Hybrid Measure</b>		
<i>Medication Review</i>	93.47%	R
<i>Functional Status Assessment</i>	94.60%	R
<i>Pain Screening</i>	96.88%	R
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>		
<i>Systemic Corticosteroid</i>	70.07%	R
<i>Bronchodilator</i>	90.52%	R
<b>Controlling High Blood Pressure (CBP) - Hybrid Measure</b>		
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	N/A	R
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	42.00%	R
<b>Antidepressant Medication Management (AMM)</b>		
<i>Effective Acute Phase Treatment</i>	75.05%	R
<i>Effective Continuation Phase Treatment</i>	59.17%	R
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>		
<i>30-Day Follow-Up</i>	51.38%	R
<i>7-Day Follow-Up</i>	29.91%	R
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>1</sup></b>		
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>	43.13%	R
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>	57.37%	R
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>	18.36%	R
<i>Total</i>	45.19%	R
<b>Transitions of Care (TRC) - Hybrid Measure</b>		
<i>Notification of Inpatient Admission</i>	11.44%	R
<i>Medication Reconciliation Post-Discharge</i>	57.42%	R
<i>Patient Engagement After Inpatient Discharge</i>	86.62%	R
<i>Receipt of Discharge Information</i>	7.54%	R
<b>Use of High-Risk Medications in the Elderly (DAE)<sup>1</sup></b>	28.55%	R
<b>Plan All-Cause Readmissions (PCR)<sup>1,2,3</sup></b>		
<i>18-64 year olds, Observed-to-expected Ratio</i>	1.3458	R
<i>65+ year olds, Observed-to-expected Ratio</i>	1.2685	R

<sup>1</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>2</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

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

Designation

R: Reported Rate

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

## UHCDC Performance Improvement Projects

### UHCDC PIP Topic 1: Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications

MCO Name: UHC Dual Complete NJ-Y001 (UHCDC)

#### PIP Topic 1: Promoting Adherence to Renin Angiotensin System (RAS) Antagonist Hypertensive Medications

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	M		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	M		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6. Results Table (5% weight)</b> Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100	100	0	0
<b>Element 6 Weighted Score</b>	N/A	5.0	5.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	N/A		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N/A	N/A		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	80.0	80.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	100%	100%	0%	0%

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

**IPRO Reviewers:** Carolyn Gallagher (cgallagher@ipro.org); Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 14, 2025

**Reporting Period:** Year 2

**IPRO Comments:**

Element 1 Overall Review Determination is that the MCO is compliant.

Element 2 Overall Review Determination is that the MCO is compliant. It is commendable that in Year 2, the MCO exceeded the long term target rates for Indicators 1 and 2, and the target rate should be adjusted upward for continuous improvement.

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

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

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

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

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

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

Element 9 Overall Review Determination is N/A.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 80.0 points, which resulted in a rating of 100%. The MCO should continue efforts to address performance gaps in the three underperforming counties and consider adjusting goals and interventions to improve outcomes related to Compliance and Fill Day Rates.

## UHCDC PIP Topic 2: Reducing Member Grievances for FIDE SNP Members

**MCO Name: UHC Dual Complete NJ-Y001 (UHCDC)**

### PIP Topic 2: Reducing Member Grievances for FIDE SNP Members

<b>PIP Components and Subcomponents</b>	<b>IPRO 2024 Scoring</b> M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	N/A	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	M		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	M		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M		
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	5.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N/A	N		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	80.0	80.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	100%	100%	0%	0%

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

**IPRO Reviewers:** Chris Relyea (crelyea@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 9, 2025

**Reporting Period:** Year 2 Findings

**IPRO Comments:**

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

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

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

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

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

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

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

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

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 80.0 points, which results in a rating of 100.0% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The MCO has made significant changes over this first year, taking time to review every aspect of the PIP, using the QI process to make appropriate changes in each area when needed. Please continue to collect and review quarterly data to review how interventions are performing. The fact that call center reps are now filing grievances on the part of members and while this has increased the number of grievances, nonetheless, it is very proactive and beneficial to both members and the MCO.

**UHCDC PIP Topic 3: Fall Prevention**

**MCO Name: UHC Dual Complete NJ-Y001 (UHDCO)**

**PIP Topic 3: Fall Prevention for FIDE-SNP Members Aged 65 and Older**

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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			
1b. Impacts the maximum proportion of members that is feasible	N/A	M			
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M			
1d. Reflects high-volume or high risk-conditions	N/A	M			
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M			
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
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			
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			
2c. Objectives align aim and goals with interventions	N/A	M			
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
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			
3b. Performance Indicators are measured consistently over time	N/A	M			
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M			
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M			
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	PM			
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			

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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			
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	PM			
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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			
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M			
4c. Provider input at focus groups and/or Quality Meetings	N/A	M			
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M			
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M			
4f. Literature review	N/A	M			
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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			
5b. Actions that target member, provider and MCO	N/A	M			
5c. New or enhanced, starting after baseline year	N/A	M			
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M			
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
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			
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	0.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
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			
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M			
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M			
7d. Lessons learned & follow-up activities planned as a result	N/A	M			
<b>Element 7 Overall Review Determination</b>	N/A	M			
<b>Element 7 Overall Score</b>	N/A	100	0	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	Y			

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	72.5	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	90.6%	0.0%	0.0%	0.0%

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

**IPRO Reviewers:** Evelyn Rowell (erowell@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 15, 2025

**Reporting Period:** Year 1

**IPRO Comments:**

Element 1 Overall Review Determination was met.

Element 2 Overall Review Determination was met.

Element 3 Overall Review Determination was partially met. The plan should indicate data source, ie. hybrid vs. administrative. The plan should also more clearly describe the data analysis procedure for performance indicators and intervention tracking measures.

Element 4 Overall Review Determination was met.

Element 5 Overall Review Determination was met.

Element 6 Overall Review Determination was met. Once complete data is available for 2025, if the Plan continues to exceed the original target goal rates for Indicators 1 and 2, new, more ambitious target goals should be established to promote continued improvement.

Element 7 Overall Review Determination was met

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 1 phase.

Element 9 Overall Review Determination was that healthcare disparities were identified, evaluated, and addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 72.5 points, which results in a rating of 90.6% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The Plan has incorporated IPROs previous recommendations and made significant changes over this first year, taking time to review every aspect of the PIP, using the QI process to make appropriate changes in each area when needed. Please continue to collect and review quarterly data to review how interventions are performing and please review comment above for future report iterations.

## WellCare Dual Liberty (WCDL)

### WCDL: 2025 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review <sup>1</sup>	Met <sup>2</sup>	Not Met	N/A	% Met <sup>3</sup>	Deficiency Status		
								Prior	Resolved	New
Access	17	14	13	10	2	0	88%	5	3	0
Emergency and Post-Stabilization Services <sup>4</sup>	6	N/A	6	5	1	0	83%	N/A	N/A	1
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	14	9	9	0	0	100%	0	0	0
Committee Structure	9	8	4	4	0	0	100%	1	1	0
Programs for the Elderly and Disabled	43	41	11	11	0	0	100%	2	2	0
Provider Training and Performance	11	11	5	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	10	10	4	4	0	0	100%	0	0	0
Member Disenrollment	10	6	10	10	0	0	100%	4	4	0
Care Management and Continuity of Care	13	13	6	6	0	0	100%	0	0	0
Credentialing and Recredentialing	10	7	5	5	0	0	100%	3	3	0
Utilization Management	44	42	13	13	1	0	98%	2	2	1
Administration and Operations	20	19	3	3	0	0	100%	1	1	0
Management Information Systems	22	22	0	0	0	0	100%	0	0	0
<b>TOTAL</b>	<b>238</b>	<b>216</b>	<b>98</b>	<b>94</b>	<b>4</b>	<b>0</b>	<b>98%</b>	<b>18</b>	<b>16</b>	<b>2</b>

\* Beginning in 2025, two elements (A1 and A2) were reviewed in a new category *Emergency and Post-Stabilization Services*.

<sup>1</sup>The MCO was subject to a partial review in this review period.

<sup>2</sup> Elements that were *Met* in this review period among those that were subject to review.

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

<sup>4</sup> Emergency and Post Stabilization is a new standard for 2025.

## WC DL Performance Measure Validation – FIDE SNP Measures

Wellcare Dual Liberty (WC DL) reported and submitted the required SNP measures. The status of R indicates that the plan reported this measure, and no material bias was found. The status of N/A indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. The status of NR indicates that the plan did not report the measure.

### Findings

- WC DL reported the required measures for HEDIS MY 2024.

MY 2024 FIDE SNP Performance Measures	Rate	Status
<b>Care for Older Adults (COA) - Hybrid Measure</b>		
<i>Medication Review</i>	97.57%	R
<i>Functional Status Assessment</i>	84.43%	R
<i>Pain Screening</i>	96.11%	R
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>		
<i>Systemic Corticosteroid</i>	71.79%	R
<i>Bronchodilator</i>	96.15%	R
<b>Controlling High Blood Pressure (CBP) - Hybrid Measure</b>	77.37%	R
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	N/A	R
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	N/A	R
<b>Antidepressant Medication Management (AMM)</b>		
<i>Effective Acute Phase Treatment</i>	86.06%	R
<i>Effective Continuation Phase Treatment</i>	80.61%	R
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>		
<i>30-Day Follow-Up</i>	48.75%	R
<i>7-Day Follow-Up</i>	27.50%	R
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>1</sup></b>		
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>	38.36%	R
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>	56.30%	R
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>	21.69%	R
<i>Total</i>	47.98%	R
<b>Transitions of Care (TRC) - Hybrid Measure</b>		
<i>Notification of Inpatient Admission</i>	61.80%	R
<i>Medication Reconciliation Post-Discharge</i>	49.15%	R
<i>Patient Engagement After Inpatient Discharge</i>	87.59%	R
<i>Receipt of Discharge Information</i>	2.92%	R
<b>Use of High-Risk Medications in the Elderly (DAE)<sup>1</sup></b>	26.01%	R
<b>Plan All-Cause Readmissions (PCR)<sup>1,2,3</sup></b>		
<i>18-64 year olds, Observed-to-expected Ratio</i>	1.0204	R
<i>65+ year olds, Observed-to-expected Ratio</i>	0.9534	R

<sup>1</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>2</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

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

Designation

R: Reported Rate

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

## WCDL Performance Improvement Projects

### WCDL PIP Topic 1: Promote Medication Adherence in Members with Type 2 Diabetes and Diabetes Related Specific Comorbidities

MCO Name: WellCare Dual Liberty (WCDL)

PIP Topic 1: Diabetes Management

PIP Components and Subcomponents	IPRO Review				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b> Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale)					
1a. Attestation signed & Project Identifiers Completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b> Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	PM		
2c. Objectives align aim and goals with interventions	N/A	M	PM		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b> Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures)					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	PM	PM		
3b. Performance indicators are measured consistently over time	N/A	M	PM		
3c. Performance Indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	PM		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	PM		

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

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

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	65.0	70.0	0.0	0.0
<b>Overall Rating</b>	N/A	81.0%	88.0%	0%	0%

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

**IPRO Reviewers:** Carolyn Gallagher (cgallagher@ipro.org), Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 14, 2025

**Reporting Period:** Year 2

**IPRO Comments:**

Element 1 Overall Review Determination is that the MCO is compliant.

Element 2 Overall Review Determination is that the MCO is partially compliant. Regarding PIP validation element 2b, it is commendable that the long term goals were met or exceeded for Indicators 1, 2, and 3, it is recommended that these targets be revised upward to support continuous improvement. Regarding PIP validation element 2c, the project topic aims to promote medication adherence in members with type 2 diabetes and diabetes related specific comorbidities in the FIDE-ENP population; however, goals were set for performance indicators do not specify the eligible population as enrollees with type 2 diabetes. Therefore, there is not alignment between Aim and Goals.

Element 3 Overall Review Determination is that the MCO is partially compliant. Regarding PIP validation elements 3a, 3b, 3d, 3e and 3g, it is unclear how the members who need the three medication types are identified for the denominators and whether only members with diabetes are included for the RASA and statins measures. The MCO may consider providing greater clarity regarding the 'Eligible Population' field within the indicator framework to ensure accurate interpretation and application. The MCO is advised to specify each measure using and citing each applicable PQA improvement indicator specifications (or other standardized measure as applicable) applied to the eligible population with type 2 diabetes.

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

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

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

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

Element 8 Overall Review Determination was N/A as this is not scored at Year 2

Element 9 Overall Review Determination was N/A. Although not scored, healthcare disparities has been addressed to some degree by looking at the age cohorts for the Performance Indicators.

Overall review determination is that the MCO is compliant at this time with this PIP; out of a maximum possible weighted score of 80.0 points the MCO scored 70.0 points, which results in a rating of 88.0 % (Which is above 85% [ $\geq$  85% being the threshold for meeting compliance]). The MCO should address any concerns above with clarifications or revisions for a sufficiently developed PIP that demonstrates the valid measurement of performance indicators.

**WCDL PIP Topic 2: FIDE SNP Complaints and Grievances**

**MCO Name: WellCare Dual Liberty (WCDL)**

**PIP Topic 2: FIDE SNP Complaints and Grievances**

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	M	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
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	PM		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis	N/A	M	M		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	M	PM		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	M		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	M		
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	5.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N	N		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	80.0	70.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	100%	88%	0%	0%

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

**IPRO Reviewers:** Chris Relyea (Crelyea@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 9, 2025

**Reporting Period:** Year 2 Findings

**IPRO Comments:**

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

Element 2 Overall Review Determination was that the MCO is partially compliant. The AIM Statement is referencing a 10% reduction in member grievances/1000. The Goal(s) Table (pg. 10) list the Baseline Rate at 12.84/1000, updated Goal Rate for Year 1 at 4.21/100 and updated Goal Rate for Year 2 at 4.10/1000. If interpreted correctly, the way it is written now would indicate a change from Baseline to Year 2 of 68% (12.84 to 4.10). The change from Year 1 (4.21) to Year 2 (4.10) is about 3%. Please align the Goal(s) chart with the AIM statement.

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

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

Element 5 Overall Review Determination was that the MCO is partially compliant. 5c, In ITM 4a, it is unclear how it is determined that a member accessed the quarterly newsletter. Similarly, in ITM 4b, it is unclear how the MCO identifies the number of FIDE SNP members who have accessed the 'At-a-glance' link within the quarterly newsletter. ITM1b has a very low success rate. The MCO should potentially invite all DSNP members to the Enrollee Advisory Committee to try and improve reach.

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

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

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

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 70.0 points, which results in a rating of 88.0% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The MCO should address the requested changes over the next year.

**WCDL PIP Topic 3: Fall Prevention – Proposal**

**MCO Name: WellCare Dual Liberty (WCDL)**

**PIP Topic 3: FIDE SNP Fall Prevention PIP**

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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			
1b. Impacts the maximum proportion of members that is feasible	N/A	M			
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M			
1d. Reflects high-volume or high risk-conditions	N/A	M			
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M			
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
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			
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			
2c. Objectives align aim and goals with interventions	N/A	M			
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
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			
3b. Performance Indicators are measured consistently over time	N/A	M			
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M			
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M			
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M			
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M			

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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			
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M			
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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			
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M			
4c. Provider input at focus groups and/or Quality Meetings	N/A	PM			
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	M			
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M			
4f. Literature review	N/A	M			
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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
5b. Actions that target member, provider and MCO	N/A	M			N/A
5c. New or enhanced, starting after baseline year	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
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			<b>N/A</b>
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>N/A</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>			
<b>Element 6. Results Table (5% weight)</b>					
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	0	0	0
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>			

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0			
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> 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			
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M			
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M			
7d. Lessons learned & follow-up activities planned as a result	N/A	M			
<b>Element 7 Overall Review Determination</b>	N/A	M			
<b>Element 7 Overall Score</b>	N/A	100	0	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N			

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	72.5	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	90.6%	0.0%	0.0%	0.0%

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

**IPRO Reviewers:** Evelyn Rowell (erowell@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 15, 2025

**Reporting Period:** Year 1

**IPRO Comments:**

Element 1 Overall Review Determination was met.

Element 2 Overall Review Determination was met.

Element 3 Overall Review Determination was met.

Element 4 Overall Review Determination was partially met. Although the plan identified barriers and created interventions to address those barriers, the barrier analysis is not rooted in member and provider feedback. The plan should directly speak with members and providers to better understand their barriers to preventing falls. The Plan should engage providers to identify their specific challenges in preventing falls across different care settings and develop targeted interventions to address these provider-level barriers.

Element 5 Overall Review Determination was met. Barriers and interventions should be adjusted accordingly based on the feedback received in identifying additional barriers (see Element 4 comments).

Element 6 Overall Review Determination was met. It is commendable that the Plan achieved its initial goals for both indicators. Once complete 2025 data is available, if the positive trend continues, more ambitious targets should be established to drive continued improvement.

Element 7 Overall Review Determination was met.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 1 phase.

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO received a not met with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 72.5 points, which results in a rating of 90.6% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The Plan should strengthen the barrier analysis by incorporating direct member and provider feedback and ensure that interventions address the barriers identified. Provider-specific interventions are also needed to target challenges across care settings. If the Plan continues to meet its initial goals, more ambitious targets should be set to promote ongoing improvement. Additionally, the revised PIP template that was sent to plans in July 2025 was not used for this submission. Please ensure that the information is transferred/updated in that template for future reports.

# Wellpoint Full Dual Advantage (WPFDA)

## WPFDA: 2025 Annual Assessment of FIDE SNP/MLTSS Operations

Review Category	Total Elements	Met Prior Audit	Subject to Review <sup>1</sup>	Met <sup>2</sup>	Not Met	N/A	% Met <sup>3</sup>	Deficiency Status		
								Prior	Resolved	New
Access	17	16	13	11	2	0	88%	3	1	0
Emergency and Post-Stabilization Services <sup>4</sup>	6	N/A	6	5	1	0	83%	N/A	N/A	1
Quality Assessment and Performance Improvement	9	9	9	9	0	0	100%	0	0	0
Quality Management	14	13	9	9	0	0	100%	1	1	
Committee Structure	9	9	4	4	0	0	100%	0	0	0
Programs for the Elderly and Disabled	43	43	10	10	0	0	100%	0	0	0
Provider Training and Performance	11	10	6	4	2	0	82%	1	1	2
Enrollee Rights and Responsibilities	10	10	4	3	1	0	90%	0	0	1
Member Disenrollment	10	10	10	10	0	0	100%	0	0	0
Care Management and Continuity of Care	13	13	6	6	0	0	100%	0	0	0
Credentialing and Recredentialing	10	9	3	3	0	0	100%	1	1	0
Utilization Management	44	43	14	13	1	0	98%	1	1	1
Administration and Operations	20	20	2	2	0	0	100%	0	0	0
Management Information Systems	22	22	0	0	0	0	100%	0	0	0
<b>TOTAL</b>	<b>238</b>	<b>227</b>	<b>96</b>	<b>89</b>	<b>7</b>	<b>0</b>	<b>97%</b>	<b>7</b>	<b>5</b>	<b>5</b>

\* Beginning in 2025, two elements (A1 and A2) were reviewed in a new category *Emergency and Post-Stabilization Services*.

<sup>1</sup>The MCO was subject to a partial review in this review period.

<sup>2</sup> Elements that were *Met* in this review period among those that were subject to review.

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

<sup>4</sup> Emergency and Post Stabilization is a new standard for 2025.

## WPFDA Performance Measure Validation – FIDE SNP Measures

Wellpoint Full Dual Advantage (WPFDA) reported and submitted the required SNP measures. The status of R indicates that the plan reported this measure, and no material bias was found. The status of N/A indicates that the plan reported the measure but that there were fewer than 30 members in the denominator. The status of NR indicates that the plan did not report the measure.

### Findings

- WPFDA reported the required measures for HEDIS MY 2024.

MY 2024 FIDE SNP Performance Measures	Rate <sup>1</sup>	Status
<b>Care for Older Adults (COA) - Hybrid Measure<sup>2</sup></b>		
<i>Medication Review</i>	90.51%	R
<i>Functional Status Assessment</i>	66.67%	R
<i>Pain Screening</i>	89.29%	R
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>		
<i>Systemic Corticosteroid</i>	71.91%	R
<i>Bronchodilator</i>	89.61%	R
<b>Controlling High Blood Pressure (CBP) - Hybrid Measure<sup>2</sup></b>	73.72%	R
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	N/A	R
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	16.67%	R
<b>Antidepressant Medication Management (AMM)</b>		
<i>Effective Acute Phase Treatment</i>	74.92%	R
<i>Effective Continuation Phase Treatment</i>	60.13%	R
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>		
<i>30-Day Follow-Up</i>	54.62%	R
<i>7-Day Follow-Up</i>	32.30%	R
<b>Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)<sup>3</sup></b>		
<i>Falls + Tricyclic Antidepressants or Antipsychotics</i>	47.95%	R
<i>Dementia + Tricyclic Antidepressants or Anticholinergic Agents</i>	59.25%	R
<i>Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs</i>	21.06%	R
<i>Total</i>	49.25%	R
<b>Transitions of Care (TRC) - Hybrid Measure<sup>2</sup></b>		
<i>Notification of Inpatient Admission</i>	60.34%	R
<i>Medication Reconciliation Post-Discharge</i>	64.96%	R
<i>Patient Engagement After Inpatient Discharge</i>	84.43%	R
<i>Receipt of Discharge Information</i>	40.39%	R
<b>Use of High-Risk Medications in the Elderly (DAE)<sup>3</sup></b>	27.01%	R
<b>Plan All-Cause Readmissions (PCR)<sup>3,4,5</sup></b>		
<i>18-64 year olds, Observed-to-expected Ratio</i>	1.1572	R
<i>65+ year olds, Observed-to-expected Ratio</i>	1.1739	R

<sup>1</sup> Amerigroup began doing business as Wellpoint as of 1/1/2024. Administrative measures for Wellpoint are calculated by combining the IDSS files with SubIDs 8854 and 14930.

<sup>2</sup> The data source of Wellpoint for this measure is from IDSS file with SubID 8854.

<sup>3</sup> This measure is inverted, meaning that lower rates indicate better performance.

<sup>4</sup> PCR is a risk adjusted measure. Calculation of MCO and Statewide averages is not appropriate.

<sup>5</sup> This measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

Designation

R: Reported Rate.

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

## WPFDA Performance Improvement Projects

### WPFDA PIP Topic 1: Osteoporosis Screening in Women with Documented Fracture

MCO Name: Wellpoint Full Dual Advantage (WPFDA)

PIP Topic 1: Osteoporosis Screening in Women with Documented Fracture

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	PM	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>2.5</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
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	PM		
3b. Performance Indicators are measured consistently over time	N/A	M	PM		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	PM		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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		
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM		
5b. Actions that target member, provider and MCO	N/A	M	M		
5c. New or enhanced, starting after baseline year	N/A	N/A	PM		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	M	PM		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	PM	M		
<b>Element 6 Overall Review Determination</b>	N/A	PM	M		
<b>Element 6 Overall Score</b>	N/A	50	100	0	0
<b>Element 6 Weighted Score</b>	N/A	2.5	5.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b>					
Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b>					
Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	Y	Y		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	75.0	65.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	93.75%	81.25%	0%	0%

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

**IPRO Reviewers:** Carolyn Gallagher (cgallagher@ipro.org); Karen Halley (khalley@ipro.org)

**Date (report submission) reviewed:** October 14, 2025

**Reporting Period:** Year 2

**IPRO Comments:**

Element 1 Overall Review Determination is that the MCO was Compliant.

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

Element 3 Overall Review Determination is that the MCO was Partially Compliant. In Section 4, Performance Indicator (PI) 1 appears to reference the HEDIS Osteoporosis Management in Women (OMW) measure; however, it is not accurately defined and does not align with the Aim Statement and Performance Indicator as described in Section 3. The MCO should revise the definition to reflect the correct specification: The numerator should be the percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture, and the denominator should be clearly stated as the total number of women aged 67 to 85 with a confirmed fracture diagnosis.

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

Element 5 Overall Review Determination is that the MCO was Partially Compliant. The MCO should clarify its strategy for collaborating with providers, including the communication methods used to notify them of a member's fracture. Additionally, the MCO should specify the type of information members will receive regarding osteoporosis testing and/or pharmacologic treatment, as well as the mode of delivery. It is also important to identify who will support members in scheduling bone mineral density (BMD) tests. Finally, the MCO should implement an intervention focused on prescribing and promoting adherence to osteoporosis medications.

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

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

Element 8 Overall Review Determination was N/A as sustainability is not assessed at Year 2.

Element 9 Overall Review Determination was that healthcare disparities were identified, evaluated, and addressed.

Overall, the MCO received a Partially Met with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 65.0 points, which results in a rating of 81.25% (which is less than 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The MCO should respond to the concerns outlined above by providing appropriate clarifications or making necessary revisions to ensure the PIP proposal is sufficiently developed and clearly demonstrates its intended impact on performance indicators.

**WPFDA PIP Topic 2: Transportation Grievances**

**MCO Name: Wellpoint Full Dual Advantage (WPFDA)**

**PIP Topic 2: Transportation**

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
Item 1a located in PIP Report Section 1. Items 1b-1e in Section 3: Project Topic, bullet 1 (Describe Project Topic and Rationale).					
1a. Attestation signed & Project Identifiers completed	N/A	PM	M		
1b. Impacts the maximum proportion of members that is feasible	N/A	M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M	M		
1d. Reflects high-volume or high risk-conditions	N/A	M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M	M		
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>M</b>		
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>2.5</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	M	M		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark	N/A	M	M		
2c. Objectives align aim and goals with interventions	N/A	M	M		
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	M	M		
3b. Performance Indicators are measured consistently over time	N/A	M	M		
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes	N/A	M	M		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	M	M		
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.	N/A	M	M		

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	M	M		
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
Items 4a-4f located in PIP Report Section 5, Table 1a.					
Barrier analysis is comprehensive, identifying obstacles faced by members and/or providers and/or MCO. MCO uses one or more of the following methodologies:					
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	N/A	M	M		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	M	M		
4c. Provider input at focus groups and/or Quality Meetings	N/A	M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)	N/A	M	M		
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	M	M		
4f. Literature review	N/A	M	M		
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>M</b>		
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>15.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM	PM		
5b. Actions that target member, provider and MCO	N/A	PM	PM		
5c. New or enhanced, starting after baseline year	N/A	PM	PM		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM	PM		
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>	<b>PM</b>		
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	M	PM		
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>	<b>PM</b>		
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	5.0	2.5	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	M	M		
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	M	M		
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	M	M		
7d. Lessons learned & follow-up activities planned as a result	N/A	M	M		
<b>Element 7 Overall Review Determination</b>	N/A	M	M		
<b>Element 7 Overall Score</b>	N/A	100	100	0	0
<b>Element 7 Weighted Score</b>	N/A	20.0	20.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N	N		

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	70.0	70.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	88%	88%	0%	0%

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

**IPRO Reviewers:** Chris Relyea (crelyea@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 8, 2025

**Reporting Period:** Year 2 Findings

**IPRO Comments:**

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

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

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

Element 4 Overall Review Determination was that the MCO is compliant. The Table 1a *Description of the Barriers* is not really the actual barriers. If you review the Appendix A: *Barrier Analysis Diagrams*, there is an excellent reporting on the actual barriers, which is why the Element remains compliant. However, these barriers should be noted in Table 1a and should be used to guide the development of actual ITMS (See Element 5 below).

Element 5 Overall Review Determination was that the MCO is partially compliant. The interventions listed (ITM#1 and 2) remain the performance indicators and not a calculation of an intervention. An intervention should be something that is being put in place to reduce the barriers identified in Appendix A and improve performance (continue to recommend using a measure around CAPs; for example, the number of CAPs required, number of CAPs approved by quarter and then the number of vendors with continued issues after a CAP was approved). Additionally, formatting at Table 1b, #2A Y1Q1 should be edited; the note at the bottom of page 13 should be removed, as it is not relevant to the PIP. Additionally, there are no member focused interventions despite many member focused barriers being identified in the Appendix A (examples: member rescheduled appointment but failed to notify transportation vendor; member not at the designated pick up location; member unclear about transportation benefit, etc.). All of these barriers are potential areas to develop interventions focused on educating the member and creating better lines of communication with members and vendors, etc.). For example, are there certain members that have repeated issues and could be identified and focused on for enhanced outreach, etc.

Element 6 Overall Review Determination was that the MCO is partially compliant. The Y1 2024 Indicator 1 denominator is inaccurate based on comparing Table 1b ITM1 data. IPRO calculates the N=68 but the D=16,421. This did not impact the rate that stayed stable at .4%. Also, the Y1 2024 Indicator 2 denominator is also inaccurate. IPRO calculates the denominator at 16,421 but the rate is still correct at 3.7%.

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

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

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO is compliant with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 70.0 points, which results in a rating of 88.0% (which is above 85% [ $\geq 85\%$  being the threshold for meeting compliance]). Please review comments provided above and make adjustments for future submissions.

**WPFDA PIP Topic 3: Fall Prevention**

**MCO Name: Wellpoint Full Dual Advantage (WPFDA)**

**PIP Topic 3: Identification of Members at High Risk for Fall in the FIDE SNP Population**

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1. Topic/ Rationale (5% weight)</b>					
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			
1b. Impacts the maximum proportion of members that is feasible	N/A	M			
1c. Potential for meaningful impact on member health, functional status or satisfaction	N/A	M			
1d. Reflects high-volume or high risk-conditions	N/A	M			
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)	N/A	M			
<b>Element 1 Overall Review Determination</b>	<b>N/A</b>	<b>M</b>			
<b>Element 1 Overall Score</b>	<b>N/A</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 1 Weighted Score</b>	<b>N/A</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 2. Aim (5% weight)</b>					
Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals).					
2a. Aim specifies Performance Indicators for improvement with corresponding goals	N/A	PM			
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	PM			
2c. Objectives align aim and goals with interventions	N/A	PM			
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 2 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 2 Weighted Score</b>	<b>N/A</b>	<b>2.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 3. Methodology (15% weight)</b>					
Items 3a-3c located in PIP Report Section 4, bullet 1 (Performance Indicators). Items 3d-3h in PIP Report Section 4, bullet 2 (Data Collection and Analysis Procedures).					
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)	N/A	PM			
3b. Performance Indicators are measured consistently over time	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	PM			
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined	N/A	PM			
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]	N/A	PM			
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	NA			

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline	N/A	PM			
3h. Study design specifies data analysis procedures with a corresponding timeline	N/A	PM			
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 3 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 3 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 4. Barrier Analysis (15% weight)</b>					
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	PM			
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach	N/A	PM			
4c. Provider input at focus groups and/or Quality Meetings	N/A	PM			
4d. QI Process data ("5 Why's", fishbone diagram)	N/A	PM			
4e. HEDIS® rates (or other performance metric, e.g., CAHPS)	N/A	PM			
4f. Literature review	N/A	PM			
<b>Element 4 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 4 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 4 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 5. Robust Interventions (15% weight)</b>					
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	PM			
5b. Actions that target member, provider and MCO	N/A	PM			
5c. New or enhanced, starting after baseline year	N/A	PM			
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	N/A	PM			
<b>Element 5 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 5 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Element 5 Weighted Score</b>	<b>N/A</b>	<b>7.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Element 6. Results Table (5% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals	N/A	PM			
<b>Element 6 Overall Review Determination</b>	<b>N/A</b>	<b>PM</b>			
<b>Element 6 Overall Score</b>	<b>N/A</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>

PIP Components and Subcomponents Proposal Year	IPRO 2024 Scoring M=Met PM=Partially Met NM=Not Met				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	N/A	2.5	0.0	0.0	0.0
<b>Element 7. Discussion and Validity of Reported Improvement (20% weight)</b> Items 7a-7b located in PIP Report Section 7, bullet 1 (Discussion of Results). Item 7c located in PIP Report Section 7, bullet 2 (Limitations). Item 7d located in PIP Report Section 8.					
7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions)	N/A	PM			
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan	N/A	PM			
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity	N/A	PM			
7d. Lessons learned & follow-up activities planned as a result	N/A	PM			
<b>Element 7 Overall Review Determination</b>	N/A	PM			
<b>Element 7 Overall Score</b>	N/A	50	0	0	0
<b>Element 7 Weighted Score</b>	N/A	10.0	0.0	0.0	0.0
<b>Element 8. Sustainability (20% weight)</b> Item 8a located in PIP Report Section 8, bullet 1 (Lessons Learned). Item 8b located in the PIP Report Section 6, Table 2.					
8a. There were ongoing, additional or modified interventions documented	N/A	N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods	N/A	N/A	N/A		
<b>Element 8 Overall Review Determination</b>	N/A	N/A	N/A		
<b>Element 8 Overall Score</b>	N/A	N/A	N/A	0	0
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A	0.0	0.0
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed. Y=Yes/N=No	N/A	N			

	Findings	Findings	Findings	Findings	Findings
<b>Maximum Possible Weighted Score</b>	N/A	80	80	100	100
<b>Actual Weighted Total Score</b>	N/A	42.5	0.0	0.0	0.0
<b>Validation Rating Percent</b>	N/A	53.1%	0.0%	0.0%	0.0%

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

**IPRO Reviewers:** Evelyn Rowell (erowell@ipro.org), Deb Chambers (dchambers@ipro.org)

**Date (report submission) reviewed:** October 16, 2025

**Reporting Period:** Year 1

**IPRO Comments:**

Element 1 Overall Review Determination was met.

Element 2 Overall Review Determination was partially met. Concerns remain around the aim statement. It states, "By the end of 2027, the MCO aims to increase the number of members screened 65 years of age and older at risk for falls and increase the number of providers informed for the NJ FIDE SNP population." It is still not clear which performance indicator this relates to. There should be an aim statement that corresponds to each performance indicator and the structure of the aim statement should follow the example in the template. It is unclear if Indicator 1 is intended to measure improvement in reporting of falls or the outcome of falls. An over 50% decrease in falls is not realistic during the time period of the PIP. Please review the aim statement and performance indicators and revise appropriately.

Element 3 Overall Review Determination was partially met. Concerns remain around the methodology of this study. More detail is warranted regarding the data collection and analysis. Please elaborate on the data sources including if the data will be administrative or hybrid. Include the codes you will be using to identify enrollees with a fall. Under validity and reliability, it mentions that an HRA will be completed with all members identified as high risk. This is unrealistic as some members will refuse or be unable to be contacted, please explain what you plan to do in that case. The PI descriptions in Section 3 and 4 do not align. The performance indicators merit reworking. For indicator one it is unclear if the Plan is measuring members that had a fall and were contacted. Consider for this measure simply measuring the number of members who had a fall so you can see if your interventions are leading to improvement in fall rates. Indicators two and three are measuring interventions (contacting providers and creating care plans) and are not appropriate for performance indicators.

Element 4 Overall Review Determination is partially met. There are ongoing concerns with the barrier analysis. Barrier 1 is unclear—it's not evident who is unaware of members at high risk for falls, and the corresponding intervention does not directly address this barrier. If providers are unaware of who is at risk, a population-level strategy is needed to help identify and target those members. Additionally, barriers should be informed by direct outreach to members and providers, rather than solely through internal workgroup meetings and HRA assessments, to ensure interventions are grounded in the actual experiences and challenges of those populations.

Element 5 Overall Review Determination is partially met. All concerns from the proposal remain as no changes were made: the listed interventions in Table 1a are limited, and may not produce the stated goal to decrease the number of falls by over 50%. More information is needed for intervention #2a- what are the next steps of informing providers that members are identified as high risk for falls; is this coupled with provider education? Is this intervention only for members who were unable to be contacted? For intervention #1, please also elaborate on this intervention- once a member is identified as high risk, is there education provided/ referral to PCP? The ITMs #1a and 2a need further elaboration- how are members/providers contacted and as noted previously, what does the contact entail? Recommend the MCO continue to conduct a barrier analysis and develop additional interventions to strengthen the PIP.

Element 6 Overall Review Determination is partially met. The goal rates in the results table (Table 2) are different from the goals in the table in section 2, Aim Statement. Indicator 1 in the aim statement section is the percentage of members identified as suffering a fall while this indicator in the results section is the percentage of members identified as suffering a fall who were contacted.

Element 7 Overall Review Determination is partially met. This section should be re-worked with updated performance indicators and interventions with greater analysis on the successes and opportunities for improvement. Please indicate threats to internal and external validity as all studies inherently have potential threats to internal and external validity.

Element 8 Overall Review Determination was N/A. Sustainability is not evaluated at the Year 1 phase.

Element 9 Overall Review Determination was that healthcare disparities are not identified, evaluated, or addressed.

Overall, the MCO received a not met with this PIP; out of a maximum possible weighted score of 80.0 points, the MCO scored 42.5 points, which results in a rating of 53.1% (which is less than 85% [ $\geq 85\%$  being the threshold for meeting compliance]). The Plan demonstrates effort but requires significant clarification and refinement across multiple areas. The aim statement and performance indicators are unclear, unrealistic, and inconsistently aligned, and the methodology lacks sufficient detail on data sources, collection, and analysis. The barrier analysis is weak and not informed by direct member or provider input, and interventions are limited, lacking clear next steps or connection to identified barriers. Goal rates are inconsistent across sections, and greater analysis of successes, lessons learned, and potential threats to validity is needed to strengthen the overall study design and reporting.