



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

**FIDE SNP/MLTSS  
QUALITY TECHNICAL REPORT**

January 2020 – December 2020



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# Executive Summary

## Background

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

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

External quality review (EQR) activities conducted during 2020 included performance measure (PM) validation, and performance improvement projects (PIPs). Annual assessment of FIDE SNP MCOs operations were not conducted in 2020.

Four FIDE SNPs, namely Amerivantage Dual Coordination (AvDC), Horizon NJ TotalCare (HNJTC), UnitedHealthcare Dual Complete ONE (UHDCO), and WellCare Liberty (WCL) participated in the FIDE SNP Program in 2020. The total FIDE SNP enrollment in AvDC, HNJTC, UHDCO and WCL as of 12/31/2020 was 55,851 which is an increase of 7,772 FIDE SNP members from 12/31/2019.

## Annual Assessment of FIDE SNP/MLTSS Operations

Annual assessment of FIDE SNP MCOs operations were not conducted in calendar year 2020. DMAHS elected not to conduct a FIDE SNP/MLTSS Annual Assessment review in calendar year 2020 as the MCOs participated in a full audit in 2018 and 2019. This meets the CMS requirement for conducting compliance reviews with the MCOs within a three year cycle.

## 2020 Information Systems Capabilities Assessment (ISCA)

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

## Performance Measures

For calendar year 2020 (HEDIS MY 2019), MCOs reported the 9 administrative HEDIS measures. CMS waived reporting requirements for Medicare Advantage plans in 2020. The State elected to require reporting of the administrative SNP measures. As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate the measures.

Five strengths were noted for the MY 2019 NJ FIDE SNP average: for the measures 1) Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR), 2) Pharmacotherapy Management of COPD Exacerbation (PCE rate: Bronchodilator), 3) Persistence of Beta-Blocker Treatment After a Heart Attack (PBH), 4) Osteoporosis Management in Women Who Had a Fracture (OMW), and 5) Antidepressant Medication Management (AMM; both rates), the rates were above the NCQA 75<sup>th</sup> percentile for Medicare.

Opportunities for improvement for rates below the NCQA 25<sup>th</sup> percentile for Medicare for the New Jersey FIDE SNP average were noted Follow-up After Hospitalization for Mental Illness (FUH; both rates).

## Performance Improvement Projects (PIPs)

PIPs are studies that FIDE SNPs 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 FIDE SNP's population. Periodic remeasurement should be undertaken to continually evaluate the effectiveness of the interventions implemented and to ensure that the gains have been sustained over time.

IPRO conducted PIP training in July 2020 via a WebEx meeting. This was a joint workshop, including Medicaid, MLTSS and the FIDE SNP MCO staff. Topics included an Overview of PIP Development and Implementation Process and discussed the Proposals for the new FIDE SNP Clinical and Non-Clinical FIDE SNP PIP.

## Focused Quality Studies

### Non-clinical Focused Study Pharmacy Claims vs. Encounter Data

In 2020, the EQRO continued the pharmacy audit study with the Core Medicaid and FIDE SNP MCOs and the Encounter Data Monitoring Unit (EDMU). The objective of the audit is to verify the accuracy of pharmacy encounter data submitted to DMAHS by all five NJ Medicaid and all four FIDE SNP MCOs. The pharmacy encounter data submitted to DMAHS was reconciled to the corresponding source claim data from the originally adjudicated claims and differences were identified and investigated. Review period of the audit includes a nine-month survey period of April 1, 2018 to December 31, 2018; the EQRO has selected a random sample of 1,000 Core Medicaid and 1,000 FIDE SNP pharmacy encounters for each month for each NJ Medicaid and FIDE SNP MCO. The MCOs have provided the adjudicated claim information and the EQRO is in the process of identifying the discrepancies. The EQRO worked closely with the MCOs and EDMU to review the discrepant data elements.

### Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

During 2020, a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H survey for NJ FamilyCare FIDE SNP enrollees was conducted to assess consumers' experiences with their health plan. The NJ FamilyCare FIDE SNP adult survey project consisted of 58 core questions and 11 supplemental questions.

Four FIDE SNPs namely Amerivantage Dual Coordination (AvDC), Horizon NJ TotalCare (HNJTC), UnitedHealthcare Dual Complete ONE (UHDCO), and WellCare Liberty (WCL) participated in the FIDE SNP Program in 2020.

IPRO subcontracted with a certified survey vendor to field the CAHPS survey for the FIDE SNP population. Surveys were fielded in spring 2020 for members enrolled in from July 1, 2019 through December 31, 2019. Four FIDE SNP MCO adult surveys were fielded. A total random sample of 7,020 cases was drawn from adult enrollees from the four NJ FamilyCare FIDE SNP plans (AvDC, HNJTC, UHDCO and WCL); this consisted of a random sample of 1,755 enrollees from each plan.

Results from the CAHPS 5.0H survey for NJ FamilyCare FIDE SNP enrollees provided a comprehensive tool for assessing consumers' experiences with their health plan. Complete interviews were obtained from 2,646 NJ FamilyCare FIDE SNP enrollees, and the NJ FamilyCare FIDE SNP response rate was 38.1%. For each of the four domains of member experience (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), a

composite score was calculated. The composite scores give a summary assessment of how the plans performed across each domain. The overall composite scores for AvDC, HNJTC, UHCDCO and WCL were as follows: 93.3% for How Well Doctors Communicate; 89.5% for Customer Service; 82.2% for Getting Care Needed; and 81.9% for Getting Care Quickly.

## Conclusion and FIDE SNP Recommendations

**Chapter 3** of this report provides a summary of strengths, opportunities for improvement and recommendations for FIDE SNPs. These evaluations are based on the EQRO's review of FIDE SNP performance across all activities evaluated during the review period. The following are the recommendations for each FIDE SNP.

### Amerivantage Dual Coordination (AvDC)

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.

### Horizon NJ TotalCare (HNJTC)

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.

### UnitedHealthcare Dual Complete ONE (UHCDCO)

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.

### WellCare Liberty (WCL)

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.

## Chapter 1 – Introduction

The BBA of 1997 established that state agencies contracting with (MCOs provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the State agency and the MCOs. In accordance with the BBA of 1997 (Subpart E, 42 CFR Section 438.350), an EQRO sets forth the requirements for annual EQR of contracted MCOs. CFR 438.350 requires states to contract with an EQRO to perform an annual EQR of each MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR related activities; and that the information provided to the EQRO be obtained through methods consistent with the protocols established by CMS.

To meet these federal requirements, DMAHS has contracted with IPRO to conduct EQR activities on behalf of DMAHS for the FIDE SNP/MLTSS program. IPRO assesses FIDE SNP operations and performance on key activities and provides recommendations on how these activities can improve the timeliness, quality, and access to healthcare services for enrollees. This report is the result of IPRO’s assessment and review of FIDE SNP activities for calendar year 2020.

### Background

The FIDE SNP program, administered by DMAHS, provides comprehensive health services to beneficiaries who are eligible for Medicare Part A and B or are enrolled in Medicare Part C and who are also eligible for Medicaid benefits. As of December 2020, there were approximately 55,851 individuals enrolled in AvDC, HNJTC, UHDCO and WCL (**Table 1**).

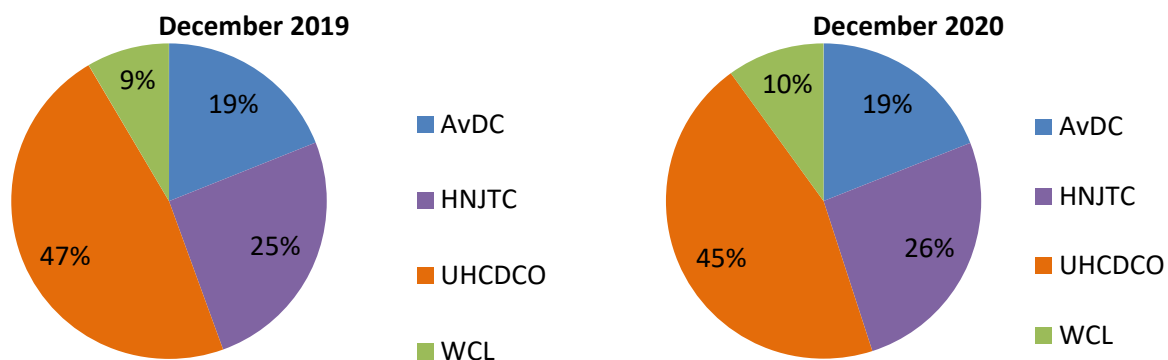
**Table 1** lists each participating FIDE SNP and its respective enrollment in December 2019 and December 2020.

**Table 1: 2019 and 2020 FIDE SNP Enrollment**

FIDE SNP	Acronym	Enrollment as of December 2019	Enrollment as of December 2020	Enrollment Percentage Change (+/-)
Amerivantage Dual Coordination	AvDC	9,011	10,662	0.0%
Horizon NJ TotalCare	HNJTC	12,131	14,778	+1.0%
UnitedHealthcare Dual Complete ONE	UHDCO	22,769	24,905	-2.0%
WellCare Liberty	WCL	4,168	5,506	+1.0%
<b>Total</b>		<b>48,079</b>	<b>55,851</b>	

Source: DMAHS

**Figure 1** is a graphic depiction of the size of each FIDE SNP’s enrolled population in December 2019 and December 2020 in relation to the total.



**Figure 1: 2019 and 2020 Enrollment Percentages by FIDE SNP.** Proportion of FIDE SNP enrollment in December 2019 and December 2020 for each FIDE SNPs: blue: Amerivantage Dual Coordination (AvDC); purple: Horizon NJ TotalCare (HNJTC); orange: UnitedHealthcare Dual Complete ONE (UHDCO); and green: WellCare Liberty (WCL).

Table 2 shows the activities discussed in this report and the FIDE SNPs included in each EQR activity.

**Table 2: Calendar Year 2020 EQR Activities by FIDE SNP**

FIDE SNP	EQR Activity			
	Performance Improvement Projects	Performance Measures	CAHPS Survey	ISCA Assessments
AvDC	√	√	√	√
HNJTC	√	√	√	√
UHCDCO	√	√	√	√
WCL	√	√	√	√

## Purpose and Objectives

The purpose of this Quality Technical Report (QTR) is to: 1) discuss the results of the quality assessments performed in accordance with the BBA (Subpart E, 42 CFR, Section 438.364); 2) review the strengths and weaknesses of each FIDE SNP; 3) provide recommendations for performance improvement; and 4) establish a foundation for enhancing the quality-of-care services provided to publicly funded programs in NJ. This report provides comprehensive insight about the performance of the State's FIDE SNPs on key indicators of healthcare quality enrollees in the FIDE SNP product.

## External Quality Review Activities

In accordance with the BBA, IPRO conducts EQR activities for DMAHS to ensure enrollees receive quality and timely healthcare from FIDE SNPs. EQR is conducted to analyze and evaluate aggregated information on the timeliness, quality, and access to healthcare services that a health plan provides to enrollees. In addition, a CAHPS 5.0H survey for NJ FamilyCare FIDE SNP enrollees was conducted to assess consumers' experiences with their health plan. The NJ FamilyCare FIDE SNP adult survey project consisted of 58 core questions and 11 supplemental questions.

Each year, DMAHS (or IPRO, as its EQRO) must conduct three mandatory EQR-related activities for each contracted FIDE SNP MCO.

Table 3 describes these required activities. Annual assessment of Managed Care Organizations (MCO) operations were not conducted in 2020.

**Table 3: Mandatory EQR-Related Activities**

Mandatory EQR Activity	Description
Conduct a review of FIDE SNP compliance with federal and state standards established by DMAHS	Following the terms of the FIDE SNP contract with DMAHS, IPRO conducted an <i>Annual Assessment of FIDE SNP/MLTSS Operations</i> . This review examined the FIDE SNP's ability to demonstrate – through documentation, interviews, and file reviews – its ability to effectively operationalize the quality requirements of its contract with DMAHS.
Validate Performance Measures (PMs)	IPRO assessed the FIDE SNPs' processes for calculating and reporting HEDIS PMs, reported the results of the review, and prepared rate tables and analysis of PM results.
Validate Performance Improvement Projects (PIPs)	Through an iterative process, IPRO examined PIPs to ensure that they were designed to achieve, through ongoing measurements and interventions, significant improvement of the quality of care rendered, sustainable over time, resulting in a favorable effect on health outcomes and/or enrollee satisfaction.

One of the purposes of this report is to identify strengths and weaknesses, and make recommendations to help each FIDE SNP improve care delivery and health services. Understanding these strengths and weaknesses helps assess an organization's readiness to take on new tasks, identify initiatives that match the FIDE SNP's skills, and recognize areas where additional training or resources are necessary. Based on this evaluation, IPRO presents DMAHS with a high-level commentary on the direction of each FIDE SNP's quality improvement programs and offers advice on facilitating positive change and further improving the care and services provided to FIDE SNP enrollees.

### Strengths

A FIDE SNP's strengths are the valuable resources and capabilities it has developed or acquired over time, which are seen as distinguishing characteristics. IPRO identifies an organization's resource or capability as a strength when that organization performs beyond the requirements, exceeding both DMAHS' and enrollees' expectations of quality care and service. For example, either substantial improvement in performance or HEDIS PM rates greater than the NCQA 75<sup>th</sup> percentile for Medicare would be considered strengths. No national benchmarks exist for the FIDE SNP population. IPRO has used the national Medicare data as points of reference in evaluating the NJ FIDE SNPs. 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.

### Weaknesses

A FIDE SNP's weaknesses are those resources or capabilities of an organization that are deficient and viewed as shortcomings in its ability or performance. IPRO identifies an organization's resource or capability as a weakness when that entity is not compliant with provisions of the FIDE SNP Contract, federal and State regulations, or it performs substantially below both DMAHS' and enrollees' expectations of quality care and service. An example of a weakness is a HEDIS performance measure rate less than the NCQA 25<sup>th</sup> percentile for Medicare.

IPRO used calendar year 2020 EQR activities to create a qualitative statement about the assessments contained within this report with respect to quality, access, and timeliness. IPRO defines these elements as follows:

- **Quality** is the extent to which a FIDE SNP increases the likelihood of desired health outcomes for enrollees through its structural and operational characteristics and through healthcare services provided, which are consistent with current professional knowledge.
- **Access** is the timely use of personal health services to achieve the best possible health outcomes.<sup>1</sup>
- **Timeliness** is the extent to which care and services are provided within the periods required by the FIDE SNP contract with Division of Medical Assistance and Health Services, federal regulations, and as recommended by professional organizations and other evidence-based guidelines. Timely interventions improve the quality of care and services provided as well as enrollee and practitioner satisfaction. Timeliness refers to the period during which an enrollee obtains needed care. Timeliness of care is influenced by access to services, which can affect utilization of care, including appropriate care and over- or under-utilization of healthcare services.

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<sup>1</sup> Access to Health Care in America. Institute of Medicine (IOM); 1993.



## Chapter 2 – Summary of Key Findings

This chapter provides a review of key findings from the calendar year 2019 EQR activities, including the Annual Assessment of FIDE SNP/MLTSS Operations, Validation of PIPs, and Validation of PMs.

### Annual Assessment of FIDE SNP/MLTSS Operations

Annual assessments of FIDE SNP MCO operations were not conducted in calendar year 2020. DMAHS elected not to conduct a FIDE SNP/MLTSS Annual Assessment review in calendar year 2020 as the MCOs participated in a full audit in 2018 and 2019. This meets the CMS requirement for conducting compliance reviews with the MCOs within a three year cycle. A full annual assessment review was conducted in calendar year 2021 for all FIDE SNP/MLTSS participating MCOs.

### 2020 Information Systems Capabilities Assessments

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

### Assessment Methodology

IPRO worked with DMAHS to customize the ISCA worksheet provided in Appendix A of the protocols. Four of the five Medicaid MCOs in NJ offer both a Medicaid and a FIDE SNP product, The worksheet was modified to include questions relating to the FIDE SNP product. The worksheet was provided to all FIDE SNP MCOs in July of 2020, and IPRO conducted a meeting with DMAHS and the MCOs in August of 2020 to review the agenda and process. Due to COVID-19 restrictions, the reviews occurred via WebEx.

The assessment covered the following areas:

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

The Data Integration and Systems Architecture review consisted of a review of the structure of all systems and data warehouses supporting MCO operations and reporting. Claims, eligibility, provider and grievance systems were directly reviewed. Discussion of oversight of contracted vendors focused on the MCO's ongoing oversight of vendors that process claims for services rendered to MCO members. The review of supplemental databases focused on data sources for services received by the MCO's membership, but not directly or indirectly paid for by the MCO. The structure of the review followed HEDIS audit processes for definitions of contracted vendors and supplemental data sources.

**Table 4: Information Systems Capabilities Assessment Results for 2020**

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

<sup>1</sup>Managed care plan (MCP). Encompasses managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities described in 42 C.F.R. § 438.310(c)(2).

## Performance Measures

For calendar year 2020 (HEDIS MY 2019), MCOs reported the 9 administrative HEDIS measures. CMS waived reporting requirements for Medicare Advantage plans in 2020. The State elected to require reporting of the administrative FIDE SNP measures. As a part of its EQR responsibilities, IPRO reviewed the reported rates and validated the methodology used to calculate the measures. The measures that were removed included Colorectal Cancer Screening (COL), Care for Older Adults (COA), Controlling High Blood Pressure (CBP), Medication Reconciliation Post Discharge (MRP), and Transition of Care (TRC). There were no new measures added for MY 2019.

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

## Background

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

## Assessment Methodology

Using a standard evaluation tool, IPRO reviewed each FIDE SNP's HEDIS rates based upon the HEDIS Final Audit Report (FAR) prepared by a NCQA-licensed audit organization for each FIDE SNP as required by NCQA. IPRO's review of the FAR New Jersey FIDE SNP Quality Technical Report – January 2020 – December 2020

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 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup> and 75<sup>th</sup> percentiles from NCQA's Quality Compass<sup>®</sup> 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.

## Evaluation Findings

IPRO validated the processes used to calculate the 9 HEDIS MY 2019 PMs by the four FIDE SNPs (AvDC, HNJTC, UHCDCO, and WCL). All four FIDE SNP MCOs reported the required measures for MY 2019.

**Table 5** presents the individual FIDE SNP rates for each of the 9 measures. 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 kept in mind that the FIDE SNP population, which is a more vulnerable population, may differ considerably from the Medicare population.

There are three measures (Potentially Harmful Drug-Disease Interactions in the Elderly, Use of High-Risk Medications in the Elderly, and Plan All-Cause Readmission) where lower rates indicate better performance (**Table 5**). The Plan All-Cause Readmission measure uses count of index stays as the denominator and an observed-to-expected ratio (observed readmission/average adjusted probability).

Overall, roughly half of the reported measures remained constant from MY 2018 to MY 2019 (<5 percentage point change). Significant increases and decreases (≥5 percentage point change) in performance from MY 2018 are noted below.

1. Improvements in performance from MY 2018:
  - a. Follow-Up After Hospitalization for Mental Illness (FUH) [30-Day Follow-Up, 7-Day Follow-Up]
2. Declines in performance from MY 2018:
  - a. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
  - b. Pharmacotherapy Management of COPD Exacerbation (PCE) [Systemic Corticosteroid]
  - c. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) [Falls + Tricyclic Antidepressants or Antipsychotics]

## Strengths and Opportunities for Improvement

Five strengths were noted for the MY 2019 NJ FIDE SNP average: for the measures Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR), Pharmacotherapy Management of COPD Exacerbation (PCE rate: Bronchodilator), Persistence of Beta-Blocker Treatment After a Heart Attack (PBH), Osteoporosis Management in Women Who Had a Fracture (OMW), and Antidepressant Medication Management (AMM; both rates), the rates were above the NCQA 75<sup>th</sup> percentile for Medicare.

Opportunities for improvement for rates below the NCQA 25<sup>th</sup> percentile for Medicare for the New Jersey FIDE SNP average were noted Follow-up After Hospitalization for Mental Illness (FUH; both rates).

**Table 5: HEDIS 2020 (MY 2019) HEDIS Performance Measures**

HEDIS 2020 (MY 2019) Measures	AvDC <sup>1</sup>	HNJTC	UHCDCO	WCL
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	36.82%	27.66%	36.30%	N/A
Pharmacotherapy Management of COPD Exacerbation (PCE)				
Systemic Corticosteroid	72.88%	69.87%	67.09%	67.11%
Bronchodilator	87.86%	90.13%	89.96%	90.79%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	N/A	N/A	94.12%	N/A
Osteoporosis Management in Women Who Had a Fracture (OMW)	N/A	N/A	34.78%	N/A
Antidepressant Medication Management (AMM)				
Effective Acute Phase Treatment	66.23%	80.56%	68.94%	62.79%
Effective Continuation Phase Treatment	50.33%	72.22%	54.95%	47.67%
Follow-up After Hospitalization for Mental Illness (FUH)				
30-Day Follow-up	41.63%	39.90%	26.69%	37.50%
7-Day Follow-up	25.75%	21.63%	14.62%	19.44%
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) <sup>2</sup>				
Falls + Tricyclic Antidepressants or Antipsychotics	36.34%	43.14%	37.25%	51.56%
Dementia + Tricyclic Antidepressants or Anticholinergic Agents	62.62%	61.17%	65.90%	76.80%
Chronic Renal Failure + Nonaspirin NSAIDs or Cox-2 Selective NSAIDs	19.78%	18.60%	20.57%	17.95%
Total	48.64%	46.77%	50.30%	63.03%
Use of High-Risk Medications in the Elderly (DAE) <sup>2,4</sup>	18.58%	18.63%	26.55%	28.35%
Plan All-Cause Readmissions (PCR) <sup>2,3,5</sup>				
18-64 Year Olds, Observed-to-Expected Ratio	1.1451	1.1582	1.263	1.2714
65+ Year Olds, Observed-to-Expected Ratio	1.1357	1.6318	1.4846	1.5885

<sup>1</sup> Administrative measures for AvDC are calculated by combining the IDSS files with SubIDs 8854 and 13380.

<sup>2</sup> This measure is inverted, meaning that lower rates indicate better performance.

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

<sup>4</sup> This measure no longer has a stratification for number of prescriptions.

<sup>5</sup> This measure was modified in MY 2019 to exclude outliers from the ratio calculations.

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

## Performance Improvement Projects

Performance improvement projects (PIPs) are studies that FIDE SNPs 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 FIDE SNP's population. Periodic remeasurement should be undertaken to continually evaluate the effectiveness of the interventions implemented and to ensure that the gains have been sustained over time.

The QTR reflects IPRO's validation of the April and August 2020 PIP report submissions. In 2020, the MCOs submitted their progress reports on the IPRO-designed tool, which captures all phases of the project and all CMS protocol requirements. HNJTC submitted a progress report for Project Year 2 and Sustainability Update 1, as their PIP was implemented in 2017. IPRO's PIP validation process provides an assessment of the overall study design and implementation to ensure that it met specific criteria for a well-designed project that meets the CMS requirements as outlined in the EQRO protocols.

## Assessment Methodology

In accordance with Article 4.4 (D), FIDE SNPs are required to design, implement, and report results for study topic areas defined by DMAHS. IPRO conducted a comprehensive evaluation of each FIDE SNP's PIP 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 review categories listed below:

Review Element 1:	Project Topic and Rationale
Review Element 2:	Study Question (AIM statement)
Review Element 3:	Study Variables (Performance Indicators)
Review Element 4/5:	Identified Study Population and Sampling Methods
Review Element 6:	Data Collection Procedures
Review Element 7:	Improvement Strategies (Interventions)
Review Element 8/9:	Interpretation of Results and Validity of Reported Improvement
Review Element 10:	Sustainability of Documented Improvement

In 2020, HNJTC’s PIP was evaluated in April and August. For HNJTC, IPRO validated Review Elements 1 through 7. Due to the impact of COVID-19, Element 5 (Robust Interventions) in the August 2020 PIP submissions by the MCOs was excluded from the total score of the PIP.

IPRO reviewed the September Proposals for four Plans for FIDE SNP and Non- Clinical FIDE SNP PIPs and provided feedback on how to enhance the studies as listed below:

#### AvDC

**PIP 1:** Enhancing Education for Providers and Diabetic Members with Uncontrolled Diabetes

**PIP 2:** Increasing Access for Members with High Emergency Room Utilization through the Promotion of Telehealth (Non-Clinical FIDE SNP)

#### HNJTC

**PIP 1 and 1a:** Reducing Asthma Related ER Visits, Recurrent ER Visits, Hospital Admissions and Readmissions in the Horizon NJ Total Care Population (Project Year 2 and Sustainability Update)

**PIP 2:** Diabetes Management

**PIP 3:** Increasing PCP Access and Availability for members with low acuity, non-emergent ED visits (Non-Clinical FIDE SNP)

#### UHCDCO

**PIP 1:** Promoting Adherence to Renin Angiotensin (RAS) Antagonists Hypertensive Medications

**PIP 2:** Decrease Emergency Room Utilization (Non-Clinical FIDE SNP)

#### WCL

**PIP 1:** Promote Effective Management of Diabetes in the FIDE SNP Population

**PIP 2:** Primary Care Physician Access and Availability (Non-Clinical FIDE SNP)

IPRO conducted PIP training in July 2020 via a WebEx meeting. This was a joint workshop, including Medicaid MCOs and the FIDE SNPs. Topics included an Overview of PIP Development and Implementation Process and discussed the Proposals for the new FIDE SNP and Non-Clinical FIDE PIP. IPRO reviewed the September Proposals for four Plans for FIDE SNP and Non-clinical FIDE SNP PIPs and provided feedback on how to enhance the studies. Aetna did not enter the FIDE SNP market until January 1, 2021.

### Summary of PIP Performance

The focus of this PIP is on reducing adverse asthma outcomes/complications, including ER visits, recurrent ER visits, hospital admissions and readmissions as well as maintaining medication compliance. All of these efforts are directly related to improved health and functional status.

#### PIP Strengths

HNJTC’s PIP submission in August 2020 “Reducing Asthma Related ER Visits, Recurrent ER Visits, Hospital Admissions and Readmissions in the Horizon NJ Total Care Population”, exhibited appropriate FIDE SNP populations, and associated

rationales for studying performance improvement were valid. HNJTC demonstrated methodological rigor geared for intended outcomes based on the interventions reported, and demonstrated considerable progress with regard to identification of barriers and their resolution. Additionally, HNJTC demonstrated progress with regard to quality improvement in updates to interventions (and corresponding performance indicators). Overall, HNJTC demonstrated quality and performance improvement based on their reported PIP activities.

### **PIP Opportunities for Improvement**

In 2020, the commonality among the MCO's in the new non-clinical PIP proposal "Access and Availability of Primary Care Providers (PCPs)" reside in maintaining the details and specificity of each project over time in order to review each measurement year to make needed adjustments that will enhance the project to a productive outcome over the life of the PIPs.

## **Focused Quality Studies**

### **Non-clinical Focused Study Pharmacy Claims vs. Encounter Data**

In 2020, the EQRO continued the pharmacy audit study with the Core Medicaid and FIDE SNP MCOs and (EDMU). The objective of the audit is to verify the accuracy of pharmacy encounter data submitted to DMAHS by all five NJ Medicaid MCOs and all four FIDE SNP MCOs. The pharmacy encounter data submitted to DMAHS was reconciled to the corresponding source claim data from the originally adjudicated claims and differences were identified and investigated. Review period of the audit includes a nine-month survey period of April 1, 2018 to December 31, 2018; the EQRO has selected a random sample of 1,000 Core Medicaid and 1,000 FIDE SNP pharmacy encounters for each month for each NJ Medicaid and FIDE SNP MCO. The MCOs have provided the adjudicated claim information and the EQRO is in the process of identifying the discrepancies. The EQRO worked closely with the MCOs and EDMU to review the discrepant data elements. The EQRO scheduled the MCO teleconferences to review the discrepant records during February 2021. The EQRO anticipates completing the Pharmacy audit study by the first quarter 2021.

### **Consumer Assessment of Healthcare Providers and Systems**

IPRO subcontracted with a certified survey vendor to field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey (5.0H) for the FIDE SNP population. Surveys were fielded in spring 2020 for members enrolled in from July 1, 2019 through December 31, 2019. Four FIDE SNP adult surveys were fielded.

The CAHPS survey drew, as potential respondents, FIDE SNP adult enrollees over the age of 18 years who were covered by NJ FamilyCare; enrollees had to be continuously enrolled for at least six months prior to the sample selection with no more than one enrollment gap of 45 days or less. Respondents were surveyed in English and Spanish. The surveys were administered over a 10-week period from March 17, 2020 through June 10, 2020, using mail only protocol. A total random sample of 7,020 cases was drawn from adult enrollees from the four NJ FamilyCare FIDE SNP plans (AvDC, HNJTC, UHCDCO and WCL); this consisted of a random sample of 1,755 enrollees from each plan.

Results from the CAHPS 5.0H survey for NJ FamilyCare 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 5.0H Adult Medicaid Core Survey for use in assessing the performance of health plans. The survey instrument used for the NJ FamilyCare FIDE SNP survey project consisted of 58 core questions and 11 supplemental questions.

Complete interviews were obtained from 2,646 NJ FamilyCare FIDE SNP enrollees, and the NJ FamilyCare FIDE SNP response rate was 38.1%. 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 plans performed across each domain. The overall composite scores for AvDC, HNJTC, UHCDCO and WCL were as follows:

- 93.3% for How Well Doctors Communicate;
- 89.5% for Customer Service;
- 82.2% for Getting Needed Care;
- 81.9% for Getting Care Quickly



## Chapter 3 – Conclusions and Recommendations

This report has provided an overview of activities and findings for calendar year 2020. The following section provides a summary of FIDE SNP-specific strengths and opportunities for improvement across all three EQR activities.

### AvDC

AvDC had an enrollment of 10,662 as of December 2020, which represented 19% of the total NJ FIDE SNP enrollment.

#### Strengths

- The plan performed above the NCQA 75<sup>th</sup> percentile for Medicare for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR), and Antidepressant Medication Management (AMM; both rates).
- AvDC submitted both a non-clinical proposal and clinical FIDE SNP PIPs in 2020 both of which had provider focus. One for increasing the access and availability to the provider through the promotion of Telehealth thereby decreasing high utilization of emergency room visits that could be taken care of in provider offices. The other, enhancing education to providers and diabetic members regarding uncontrolled diabetes thereby increasing communications between member and provider and improving outcomes of care provided. Both have strengths in improving member /provider relationships thereby overall better outcomes to care provided.

#### Opportunities for Improvements

- The plan performed below the NCQA 25<sup>th</sup> percentile for Follow-up After Hospitalization for Mental Illness (FUH; both rates).
- AvDC's opportunities with both of these projects are essentially the same. Assisting both providers and members by way of education and adherence to those recommendations made in both projects may incur difficulty in tracking and trending the interventions set out in the proposals. The MCOs may consider including the impact that COVID-19 has had on the PIP.

#### Recommendations

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.
- AvDC's recommendations are to focus on the Barrier Analysis and ensure that the interventions and (Intervention Tracking Measures) ITM's are in alignment with the Aim and Goals of the project. In addition, a new barrier arose in 2020, COVID-19 which has had a large impact on health care systems. The MCO should consider the overall impact of COVID-19 has had on their projects.

### HNJTC

HNJTC had an enrollment of 14,778 as of December 2020, which represented 26% of the total NJ FIDE SNP enrollment.

#### Strengths

- The plan performed above the NCQA 75<sup>th</sup> percentile for Pharmacotherapy Management of COPD Exacerbation (PCE rate: Bronchodilator) and Antidepressant Medication Management (AMM; both rates).
- HNJTC's strengths are highlighted in the research provided in the FIDE SNP PIP Topics and how detailed the relationship is to the membership toward the PIP Aim and Goals. HNJTC has submitted a non-clinical proposal and clinical FIDE SNP PIPs which are focused on Diabetes Management and Increasing Access and Availability for Members with Non-Emergent Emergency Room visits.

#### Opportunities for Improvements

- The plan performed below the NCQA 25<sup>th</sup> percentile for Follow-up After Hospitalization for Mental Illness (FUH; both rates).

- Opportunities for HNJTC PIPs reside in maintaining the details and specificity of each project over time in order to review each measurement year to make any needed adjustment that will enhance the project to a productive outcome over the life of the PIPs.

## Recommendations

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.
- HNJTC's recommendations focus on the data, adjust interventions reflective of the data ensuring the interventions and ITM's are in alignment with the Aim and Goals of the project. In addition, a new barrier arose in 2020, COVID-19 which has had a large impact on health care systems. The MCO should consider the overall impact of COVID-19 has had on their projects.

## UHCDCO

UHCDCO had an enrollment of 24,905 as of December 2020, which represented 45% of the total NJ FIDE SNP enrollment.

## Strengths

- The plan performed above the NCQA 75th percentile for Medicare for Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR), Pharmacotherapy Management of COPD Exacerbation (PCE rate: Bronchodilator), Persistence of Beta-Blocker Treatment After a Heart Attack (PBH), and Antidepressant Medication Management (AMM; both rates).
- UHCDCO has submitted non-clinical and clinical FIDE SNP PIPs which are focused on provider –member relationship as well as access and availability to the primary care provider (PCP) as well as adherence to medications and care regimen prescribed. The MCO details the research made and how it relates to the membership allowing the MCO to develop the specific Aim and Goals of the PIP aligning the intervention and ITMs (Intervention Tracking Measures) to be monitored and adjusted over time.

## Opportunities for Improvements

- The plan performed below the NCQA 25<sup>th</sup> percentile for Follow-up After Hospitalization for Mental Illness (FUH; both rates).
- Opportunities that reside for UHCDCO regarding these PIPs are assisting both providers and members to understand the importance of adherence to a prescribed care regime for members and for providers to understand any barriers members experience while trying to comply. The non-clinical PIP focuses on assisting members to seek care at the provider's office for non-emergent care and educating members and providers of access and availability as well as potential for increased access to PCP office time by providing supporting data.

## Recommendations

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.
- Recommendations for UHCDCO include review all aspects of the PIPs Aim and Goals, Interventions and ITM's focusing on how the data might assist with the education proposed in the PIPs. Solid data can assist in fortifying educational information by supporting the need for increase access and availability to PCP office care and services, and noting the decrease of Emergency Room visits. For members adding some data that supports improvement via increase adherence may help members understand the importance of complying with prescribed care regimes. In addition, a new barrier arose in 2020, COVID-19 which has had a large impact on health care systems. The MCO should consider summarizing the overall impact of COVID-19 has had on their projects.



## WCL

WCL had an enrollment of 5,506 as of December 2020, which represented 10% of the total NJ FIDE SNP enrollment.

### Strengths

- The plan performed above the NCQA 75th percentile for Pharmacotherapy Management of COPD Exacerbation (PCE rate: Bronchodilator) and Antidepressant Medication Management (AMM; both rates).
- WCL's strengths reside in the detailing of the topic researched and alignment of that research to the Aim, Objectives and Goals of the PIPs. WCL has submitted non-clinical and clinical FIDE SNP PIPs in 2020 that reflect increasing access and availability to PCP office visits contrasting the decrease of Emergency Room visits as well as promoting effective management of Diabetes in the FIDE SNP population.

### Opportunities for Improvements

- The plan performed below the NCQA 25<sup>th</sup> percentile for Follow-up After Hospitalization for Mental Illness (FUH; both rates).
- The opportunities for WCL's FIDE SNP PIP's are utilizing data to support increasing access and availability to PCP office visits and discussions on ideas that might enhance this option vs. members utilizing the ED for care that PCPs can provide. This will be ongoing data review for updates to keep providers informed of the progress they may be making with any change in availability. Opportunities regarding Effective Diabetes Management entail reviewing the Barrier Analysis for new barriers that may arise throughout the life of the PIP and changing or adding interventions that correspond.

### Recommendations

- The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.
- WCL's recommendations are to detail the specifics of the data capture, discuss in subsequent submissions how the data is supporting each project and enhance with additional interventions as the project progress. In addition, a new barrier arose in 2020, COVID-19 which has had a large impact on health care systems. The MCO should consider including summary of the overall impact of COVID-19 has had on their projects.

## Chapter 4 – FIDE SNP Responses to Review Year 2019 Recommendations

The BBA, Section 42 CFR section 438.364(a)(5), states that the EQRO (IPRO) “must provide an assessment of the degree to which each MCO has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year’s EQR.”

The following is the MCO responses addressing each recommendation. Recommendations are presented in italics with bullets and MCO responses are included verbatim under each recommendation.

### AvDC

AvDC addressed IPRO’s calendar year 2019 recommendations as follows:

- *The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.*

Clinical areas identified below the 25th percentile for NCQA benchmarks include controlling blood pressure, pharmacy measures for statin therapy, CDC measures with sub-measures of A1C testing/control and Medication reconciliation post-discharge.

1. We have developed the following interventions to affect these measures:
  2. Education to both members and providers on controlling CBP- started in 2019
  3. Our pharmacy team is engaged with providers in NJ to discuss adherence for statin therapy- started in 2020 increased engagement in 2021
  4. Our clinical PIP is incorporating the CDC A1C testing and control to monitor and improve via education and barrier mitigation- started in 2021
  5. Medication reconciliation post discharge intervention via pharmacy and nurses to complete reconciliations for members within 30 days of discharge- started in 2020
- *Although the AvDC PIP was concluded in 2019, the plan should continue to strengthen its analytical capability to develop a data collection methodology to ensure data validity for interpretation of PIP results and implementation of improvement activities.*

AvDC increased analytics for our FIDE SNP PIPS through the utilization of various databases to include, claims, Medicare compliance dashboard, A1C reporting, Provider scorecards and member care dashboards in effort to streamline gaps in care tracking. Monthly Adhoc reporting for A1C values and testing dates will be utilized to track and trend the member’s data to implement interventions and mitigate barriers. Our member database is utilized to track barriers and mitigation. Monthly data is tracked and trended to improve performance.

### HNJTC

HNJTC addressed IPRO’s calendar year 2019 recommendations as follows:

- *The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25th percentile for Medicare.*

HNJTC has ongoing quality performance improvement initiatives in Quality Management, Case Management and Pharmacy to ensure members are receiving preventive and medical management services in accordance with established clinical guidelines. Performance improvement initiatives are documented annually in the DSNP performance improvement roadmap as well as departmental programs.

All of the measures that fell below HEDIS 25th percentile for HEDIS 2020 reporting have active ongoing initiatives:

- Adult BMI Assessment – members are reminded to complete annual wellness visit with their PCP, as well as specialist visits; providers are educated on BMI documentation and coding; providers were incentivized to close gaps in care; and

supplemental data was collected year-round via medical records and electronic health record. Note, this measure was retired in HEDIS Measurement Year 2020.

- Breast Cancer Screening – members are reminded to complete their mammogram by their care manager; members are reminded to close gaps in care as well as incentivized to close the gap during the measurement year through the Quality Rewards & Incentives program; members are reminded via postcard mailer to close gaps in care; providers are incentivized to close gaps in care; and supplemental data is collected year-round via medical records and electronic health record.

- Comprehensive Diabetes Care (blood pressure, A1c and nephropathy) - members are educated about their diabetes disease and reminded to close diabetic gaps by their care manager; members are reminded to close gaps in care as well as incentivized to close the eye exam gap during the measurement year through the Quality Rewards & Incentives program; members are reminded via educational diabetes mailer to manage their disease and close gaps in care; providers are incentivized to close gaps in care; and supplemental data is collected year-round via medical records and electronic health record.

- Use of High-Risk Medications in Older Adults – member medications are reviewed, including high-risk medications, as part of the Medication Therapy Management (MTM) program; the Pharmacy department reviews high-risk medication formulary coverage annually; the Pharmacy department also conducts high-risk medication retro drug utilization reviews for drug disease interaction and duration of therapy.

In addition to the improvement activities above, HNJTC monitors performance dashboards monthly and distributes provider report cards and gap lists monthly to attributed primary care providers.

## UHCDCO

UHCDCO addressed IPRO's calendar year 2019 recommendations as follows:

- *UHCDCO should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25<sup>th</sup> percentile for Medicare.*

The plan identified 3 measures that were below the 25th NCQA percentile – CBP, FUH7 and FUH30. The HEDIS 2019 rate for the CBP measure was 62.04%. Action taken to improve rate included both provider and member education. The CBP rate in HEDIS 2020 was 69.10% an increase of 7.06 points. The plan continues to remain focused on this measure. The HEDIS 2019 rates for the FUH measures (7 and 30 day rates) were 7.45% and 15.96% respectively. Actions taken to improve rates included enhanced provider recruitment efforts to increase the number of participating providers and outreach to facilities at time of admission to ensure timely and appropriate discharge planning. The HEDIS 2020 rates were 14.62% and 26.69 % which reflect increases of 7.17 points for 7 day and 10.73 points for the 30 day rate.

- *The plan should continue to focus on the PIP interventions that are in place.*

The final FIDE SNP Eye Exam PIP was submitted in April and August 2019. The plan received recommendations from IPRO in 2018, and corrections were made to the 2019 submissions. We did not receive any of the “Not Met” category in either the April or August 2019 submissions. The final scoring for this PIP was 90%. The FIDE SNP Eye Exam outreach continued in 2019, 2020 and 2021.

## WCL

WCL addressed IPRO's calendar year 2019 recommendations as follows:

- *The plan should consider implementation of quality improvement activities in the clinical areas in which the plan performed below the NCQA 25th percentile for Medicare*

HEDIS Measure-Medication Reconciliation Post-Discharge (MRP)

Rate 44%/ NCQA 25th percentile 64% missed goal by 20%. In Calendar Year 2020, Interventions were evaluated and have yielded a positive impact as MRP increased by 10% despite COVID-19. Due to COVID-19, plan conducted provider communication through virtual visits/phone/email/fax and will continue to assess for re-entry of in-person provider visits quarterly. These interventions will continue as future improvement actives as well as newer interventions will be added upon further evaluation.

Intervention #1: In Q3 2019 a QI Nurse was assigned in the market to make calls to "low risk" (based on chronic conditions and not in Care Management) MRP members and complete medication reconciliation over the phone. The Care Management team also focused on "high risk" members and those in care management were outreached to complete medication reconciliation over the phone.

Intervention #2 Quality Practice Advisors provided providers monthly a list of members and phone numbers who were recently discharged from hospital to assist with awareness and setting up appointments with members within 30-day period.

Intervention#3 QI nurse reached out to member's pharmacy and provider in an attempt to get a more current phone number for member.

Barrier #1 Incorrect/ missing telephone numbers for members out reached for MRP.

Barrier #2 Providers were not aware their members were hospitalized and/or released from the hospital.

HEDIS Measure-Follow-Up After Hospitalization for Mental Illness (FUH)

Total - 30-Day Follow-Up- Rate 34.09% / NCQA 25th percentile is 40.96% missed goal by 6.87%. In Calendar Year 2020, Interventions were evaluated and have yielded a positive impact as (FUH increased by 3.41% despite COVID-19. Due to COVID-19 ,plan conducted provider communication through virtual visits/phone/email/fax and will continue to assess for re-entry of in-person provider visits quarterly. These interventions will continue as future improvement actives as well as newer interventions will be added upon further evaluation.

Interventions #1- WellCare Health Plans Network team met with providers to complete virtual presentations on how to bill for tele-health.

Interventions #2- Care Managers offered/provided assistance to members as a liaison between mental health provider and member to obtain appointments and coordinate care for members which included education of tele-health appointments to members as well as transportation if needed.

Barrier #1- Member had limited phone access to tele-health platforms such as zoom and or members refusing tele-health appointments.

Barrier#2- Member's refusal to leave their homes during a pandemic for appointments once providers re-opened face-to-face.

Total - 7-Day Follow-Up Rate 12.50%/ NCQA 25th percentile 22.48% missed goal by 9.98%. In Calendar Year 2020, Interventions were evaluated and have yielded a positive impact as (FUH) increased by 6.94% despite COVID-19. Due to COVID-19, plan conducted provider communication through virtual visits/phone/email/fax and will continue to assess for re-entry of in-person provider visits quarterly. These interventions will continue as future improvement actives as well as newer interventions will be added upon further evaluation.

Interventions #1- WellCare Health Plans Network team met with providers to complete virtual presentations on how to bill for tele-health.

Interventions #2- Care Managers offered/provided assistance to members as a liaison between mental health provider and member to obtain appointments and coordinate care for members which included education of tele-health appointments to members as well as transportation if needed.

Barrier #1- Member had limited phone access to tele-health platforms such as zoom and or members refusing tele-health appointments.

Barrier #2- Member's refusal to leave their homes during a pandemic for appointments once providers re-opened face-to-face.

HEDIS Measure-Antidepressant Medication Management (AMM) -- Effective Continuation Phase Treatment

Rate 47.83%/ NCQA 25th percentile 49% missed goal by 1.17%. In Calendar Year 2020, Interventions were evaluated and have yielded an insignificant decline in (AMM) by 0.16 % despite COVID-19. Due to COVID-19, plan conducted provider communication through virtual visits/phone/email/fax and will continue to assess for re-entry of in-person provider visits quarterly. The following Interventions will be implemented to increase the (AMM) rate.

Interventions #1- WellCare Health Plans Network team met with providers to complete virtual presentations on how to bill for tele-health.

Interventions #2- Care Managers offered/provided assistance to members as a liaison between mental health provider and member to obtain appointments and coordinate care for members which included education of tele-health appointments to members as well as transportation if needed.

Barrier #1- Member had limited phone access to tele-health platforms such as zoom and or members refusing tele-health appointments.

Barrier #2- Members not attending follow up appointments for continued medication adherence and efficacy after initial appointment via tele-health nor face to face due to either COVID -19 or member did not believe medication was effective and discontinued use.

# APPENDIX: January 2020–December 2020 MCO-Specific Review Findings

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## ABHNJ Core Medicaid/MLTSS Annual Assessment of MCO Operations

### ABHNJ 2020 Annual Assessment of MCO Operations

Review Category	Total Elements	Met Prior Year <sup>1</sup>	Subject to Review <sup>2</sup>	Subject to Review and Met <sup>3</sup>	Total Met <sup>4</sup>	Not Met	N/A	% Met <sup>5</sup>	Deficiency Status		
									Prior	Resolved	New
Access	14	10	10	7	11	3	0	79%	3	1	0
Quality Assessment and Performance Improvement	10	10	10	10	10	0	0	100%	0	0	0
Quality Management	19	16	10	8	17	2	0	89%	2	0	0
Efforts to Reduce Healthcare Disparities	5	4	5	5	5	0	0	100%	0	1	0
Committee Structure	9	9	3	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	44	11	11	44	0	0	100%	0	0	0
Provider Training and Performance	11	9	5	5	11	0	0	100%	0	2	0
Satisfaction	5	4	3	3	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	8	8	4	4	8	0	0	100%	0	0	0
Credentialing and Recredentialing	10	9	4	4	10	0	0	100%	0	1	0
Utilization Management	30	26	14	13	29	0	1	100%	0	4	0
Administration and Operations	13	13	3	3	13	0	0	100%	0	0	0
Management Information Systems	18	17	4	4	18	0	0	100%	0	0	0
<b>TOTAL</b>	<b>196</b>	<b>179</b>	<b>86</b>	<b>80</b>	<b>190</b>	<b>5</b>	<b>1</b>	<b>97%</b>	<b>5</b>	<b>9</b>	<b>0</b>

<sup>1</sup>All existing elements were subject to review in the previous review period. The Care Management and Continuity of Care category was removed from the 2020 AA and scored and reviewed independently of the AA.

<sup>2</sup>Elements *Not Met* or *N/A* in prior review, elements *Met* in prior year, but subject to review annually, as well as elements new in this review period. As a result, the sum of “Met Prior Year” and “Subject to Review” might exceed the total number of elements for some standards.

<sup>3</sup>Elements that were *Met* in this review period among those that were subject to review.

<sup>4</sup>Elements that were *Met* in this review period among those that were subject to review as well as elements that were *Met* in the previous review period and were not subject to review (i.e., were deemed *Met*). This total is used to calculate the compliance score for each standard as well as the overall compliance score.

<sup>5</sup>The compliance score is calculated as the number of *Total 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 *Total Met* elements.

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## ABHNJ Performance Improvement Projects

### ABHNJ PIP 1: Improving Developmental Screening and Referral Rates to Early Intervention for Children

<b>Aetna Better Health of New Jersey (ABHNJ)</b> <b>PIP 1 Topic: Improving Developmental Screening and Referral Rates to Early Intervention for Children</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>2</sup>	Year 2 Findings	Sustainability Findings <sup>3</sup>	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		PM	M	M	
1b. Impacts the maximum proportion of members that is feasible		M	NM	NM	
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	NM	M	
1d. Reflects high-volume or high risk-conditions		M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		PM	M	M	
<b>Element 1 Overall Review Determination</b>		PM	PM	PM	
<b>Element 1 Overall Score</b>		50.0	50.0	50.0	
<b>Element 1 Weighted Score</b>		2.5	2.5	2.5	
<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	PM	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	
2c. Objectives align aim and goals with interventions		M	PM	M	
<b>Element 2 Overall Review Determination</b>		PM	PM	PM	
<b>Element 2 Overall Score</b>		50.0	50.0	50.0	
<b>Element 2 Weighted Score</b>		2.5	2.5	2.5	
<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)		PM	PM	PM	
3b. Performance indicators are measured consistently over time		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	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		PM	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability]		M	M	M	

<b>Aetna Better Health of New Jersey (ABHNJ)</b> <b>PIP 1 Topic: Improving Developmental Screening and Referral Rates to Early Intervention for Children</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings<sup>2</sup></b>	<b>Year 2 Findings</b>	<b>Sustainability Findings<sup>3</sup></b>	<b>Final Report Findings</b>
(IRR)]					
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	
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline		PM	PM	PM	
3h. Study design specifies data analysis procedures with a corresponding timeline		M	PM	M	
<b>Element 3 Overall Review Determination</b>		<b>PM</b>	<b>PM</b>	<b>PM</b>	
<b>Element 3 Overall Score</b>		<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	
<b>Element 3 Weighted Score</b>		<b>7.5</b>	<b>7.5</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	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M	M	
4c. Provider input at focus groups and/or Quality Meetings		M	M	M	
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M	M	
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M	M	
4f. Literature review		M	PM	M	
<b>Element 4 Overall Review Determination</b>		<b>M</b>	<b>PM</b>	<b>M</b>	
<b>Element 4 Overall Score</b>		<b>100.0</b>	<b>50.0</b>	<b>100</b>	
<b>Element 4 Weighted Score</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		M	M	N/A	
5b. Actions that target member, provider and MCO		M	M	N/A	
5c. New or enhanced, starting after baseline year		M	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)		M	NM	N/A	
<b>Element 5 Overall Review Determination</b>		<b>M</b>	<b>PM</b>	<b>N/A</b>	
<b>Element 5 Overall Score</b>		<b>100.0</b>	<b>50.0</b>	<b>N/A</b>	

<b>Aetna Better Health of New Jersey (ABHNJ)</b> <b>PIP 1 Topic: Improving Developmental Screening and Referral Rates to Early Intervention for Children</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>2</sup>	Year 2 Findings	Sustainability Findings <sup>3</sup>	Final Report Findings
<b>Element 5 Weighted Score</b>		15.0	7.5	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	PM	M	
<b>Element 6 Overall Review Determination</b>		M	PM	M	
<b>Element 6 Overall Score</b>		100.0	50.0	100	
<b>Element 6 Weighted Score</b>		5.0	2.5	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)		PM	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan		M	PM	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.		M	PM	NM	
7d. Lessons learned & follow-up activities planned as a result		M	M	M	
<b>Element 7 Overall Review Determination</b>		PM	PM	PM	
<b>Element 7 Overall Score</b>		50.0	50.0	50.0	
<b>Element 7 Weighted Score</b>		10.0	10.0	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 was ongoing, additional or modified interventions documented		N/A	N/A	NM	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A	M	
<b>Element 8 Overall Review Determination</b>		N/A	N/A	PM	
<b>Element 8 Overall Score</b>		N/A	N/A	50.0	
<b>Element 8 Weighted Score</b>		N/A	N/A	10.0	
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		M	Y	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report

Aetna Better Health of New Jersey (ABHNJ) PIP 1 Topic: Improving Developmental Screening and Referral Rates to Early Intervention for Children	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>2</sup>	Year 2 Findings	Sustainability Findings <sup>3</sup>	Final Report Findings
PIP Components and Subcomponents					Findings
Maximum Possible Weighted Score	N/A	80.0	80.0	85.0	N/A
Actual Weighted Total Score	N/A	57.5	40.0	52.5	N/A
Overall Rating	N/A	71.9%	50%	61.8%	N/A

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

<sup>1</sup>The shaded column represents scoring completed on a different review template, and therefore comparisons cannot be made for these components.

<sup>2</sup>Aetna resubmitted their Year 1 Findings August PIP submission and this scoring reflects the updated resubmission.

<sup>3</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

### ABHNJ PIP 2: MCO Adolescent Risk Behaviors and Depression Collaborative

Aetna Better Health of New Jersey (ABHNJ) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
<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		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		PM	PM		
<b>Element 1 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 1 Overall Score</b>	N/A	50.0	50		
<b>Element 1 Weighted Score</b>	N/A	2.5	2.5		
<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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		PM	PM		

Aetna Better Health of New Jersey (ABHNJ) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 2 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 2 Overall Score</b>	N/A	50.0	50		
<b>Element 2 Weighted Score</b>	N/A	2.5	2.5		
<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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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.		PM	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	PM		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 3 Overall Score</b>	N/A	50.0	50		
<b>Element 3 Weighted Score</b>	N/A	7.5	7.5		
<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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data ("5 Why's", fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		

Aetna Better Health of New Jersey (ABHNJ) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 4 Overall Score</b>	N/A	100.0	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	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		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		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)		NM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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		PM	M		
<b>Element 6 Overall Review Determination</b>	N/A	PM	M		
<b>Element 6 Overall Score</b>	N/A	50.0	100		
<b>Element 6 Weighted Score</b>	N/A	2.5	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	PM		
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	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	N/A	50		
<b>Element 7 Weighted Score</b>	N/A	N/A	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.					

Aetna Better Health of New Jersey (ABHNJ) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
8a. There was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	37.5	42.5	N/A	N/A
<b>Overall Rating</b>	N/A	62.5%	65.4%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Phase)

**ABHNJ PIP 3: Non-Clinical Improving Access and Availability**

<b>Aetna Better Health of New Jersey (ABHNJ)</b> <b>PIP 3 Topic: Non-Clinical Improving Access and Availability</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	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					
1b. Impacts the maximum proportion of members that is feasible					
1c. Potential for meaningful impact on member health, functional status or satisfaction					
1d. Reflects high-volume or high risk-conditions					
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)					
<b>Element 1 Overall Review Determination</b>	N/A				
<b>Element 1 Overall Score</b>	N/A				
<b>Element 1 Weighted Score</b>	N/A				
<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					
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark					
2c. Objectives align aim and goals with interventions					
<b>Element 2 Overall Review Determination</b>	N/A				
<b>Element 2 Overall Score</b>	N/A				
<b>Element 2 Weighted Score</b>	N/A				
<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)					
3b. Performance indicators are measured consistently over time					
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes					
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined					
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]					
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.					



Aetna Better Health of New Jersey (ABHNJ) PIP 3 Topic: Non-Clinical Improving Access and Availability	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	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					
3h. Study design specifies data analysis procedures with a corresponding timeline					
<b>Element 3 Overall Review Determination</b>	N/A				
<b>Element 3 Overall Score</b>	N/A				
<b>Element 3 Weighted Score</b>	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					
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach					
4c. Provider input at focus groups and/or Quality Meetings					
4d. QI Process data ("5 Why's", fishbone diagram)					
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)					
4f. Literature review					
<b>Element 4 Overall Review Determination</b>	N/A				
<b>Element 4 Overall Score</b>	N/A				
<b>Element 4 Weighted Score</b>	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					
5b. Actions that target member, provider and MCO					
5c. New or enhanced, starting after baseline year					
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)					
<b>Element 5 Overall Review Determination</b>	N/A				
<b>Element 5 Overall Score</b>	N/A				
<b>Element 5 Weighted Score</b>	N/A				
<b>Element 6. Results Table (15% 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				

Aetna Better Health of New Jersey (ABHNJ) PIP 3 Topic: Non-Clinical Improving Access and Availability	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Overall Review Determination</b>	N/A				
<b>Element 6 Overall Score</b>	N/A				
<b>Element 6 Weighted Score</b>	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)					
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan					
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.					
7d. Lessons learned & follow-up activities planned as a result					
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A				
<b>Element 7 Weighted Score</b>	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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<b>Element 8 Overall Review Determination</b>	N/A				
<b>Element 8 Overall Score</b>	N/A				
<b>Element 8 Weighted Score</b>	N/A				
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)	N				

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Overall Rating</b>	N/A	N/A	N/A	N/A	N/A

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

**ABHNJ PIP 4: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)**

Aetna Better Health of New Jersey (ABHNJ) PIP 4 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		PM	PM		
<b>Element 1 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 1 Overall Score</b>	N/A	50.0	50		
<b>Element 1 Weighted Score</b>	N/A	2.5	2.5		
<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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	5		
<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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		PM	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		

Aetna Better Health of New Jersey (ABHNJ) PIP 4 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	PM	M		
<b>Element 3 Overall Score</b>	N/A	50.0	100		
<b>Element 3 Weighted Score</b>	N/A	7.5	15		
<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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		
<b>Element 4 Overall Score</b>	N/A	100.0	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	15		
<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		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		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)		NM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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		NM	PM		

Aetna Better Health of New Jersey (ABHNJ) PIP 4 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
goals					
<b>Element 6 Overall Review Determination</b>	N/A	NM	PM		
<b>Element 6 Overall Score</b>	N/A	0	50		
<b>Element 6 Weighted Score</b>	N/A	0.0	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)		N/A	M		
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	M		
7d. Lessons learned & follow-up activities planned as a result		N/A	M		
<b>Element 7 Overall Review Determination</b>	N/A	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	0	50		
<b>Element 7 Weighted Score</b>	N/A	0.0	10		
<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		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	37.5	50.0	N/A	N/A
<b>Overall Rating</b>	N/A	62.5%	76.9%	N/A	N/A

Aetna Better Health of New Jersey (ABHNJ) PIP 4 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 ( for Year 2 findings phase).

## ABHNJ Care Management Audits

### ABHNJ 2020 (MY 2019) Core Medicaid Care Management Audit

Determination by Category	DDD 2019 (n=27)	DGP&P 2019 (n=71)
Outreach	100%	99%
Preventive Services	69%	76%
Continuity of Care	76%	72%
Coordination of Services	100%	99%

### ABHNJ 2020 Summary of Findings for Core Medicaid Care Management and Continuity of Care Standard

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Aetna	30	26	4	87%

ABH NJ MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020

Performance Measure	Group <sup>1</sup>	July 2019 – February 2020		
		D	N	Rate
#8. Initial Plan of Care established within 45 days of enrollment into MLTSS/HCBS <sup>2</sup>	Group C	55	24	43.6%
	Group D	39	23	59.0%
	Group E			
	Total	94	47	50.0%
#9. Member’s Plan of Care is reviewed annually within 30 days of the member’s anniversary and as necessary <sup>3</sup>	Group C			
	Group D			
	Group E	13	12	92.3%
	Total	13	12	92.3%
#9a. Member’s Plan of Care is amended based on change of member condition <sup>4</sup>	Group C	1	0	0.0%
	Group D	1	0	0.0%
	Group E	2	1	50.0%
	Total	4	1	25.0%
#10. Plans of Care are aligned with members needs based on the results of the NJ Choice Assessment <sup>5</sup>	Group C	43	43	100.0%
	Group D	27	25	92.6%
	Group E	13	12	92.3%
	Total	83	80	96.4%
#11. Plans of Care developed using “person-centered principles” <sup>6</sup>	Group C	43	0	0.0%
	Group D	27	0	0.0%
	Group E	30	16	53.3%
	Total	100	16	16.0%
#12. MLTSS Home and Community-Based Services (HCBS) Plans of Care that contain a Back-up Plan <sup>7</sup>	Group C	29	22	75.9%
	Group D	27	18	66.7%
	Group E	26	24	92.3%
	Total	82	64	78.0%
#16. Member training on identifying/reporting critical incidents	Group C	43	42	97.7%
	Group D	27	25	92.6%
	Group E	30	30	100.0%
	Total	100	97	97.0%

<sup>1</sup>Group C is made up of members new to managed care and newly eligible to MLTSS. Group D is made up of current members newly enrolled to MLTSS. Group E is made up of members enrolled in the MCO and MLTSS prior to the review period.

<sup>2</sup>Compliance with Performance Measure #8 was calculated using 45 calendar days to establish an initial plan of care.

<sup>3</sup>For cases with no evidence of annual review, members are excluded from this measure if there was less than 13 months between the initial POC and the end of the study period.

<sup>4</sup>Members who did not have a documented change in condition during the study period are excluded from this measure.

<sup>5</sup>Members are excluded from this measure if they do not have a completed NJCA or a completed POC.

<sup>6</sup>In the current review period, documentation should have demonstrated that the member and/or authorized representative were involved in goal setting and in agreement with the established goals. The member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the POC.

<sup>7</sup>Members in CARS are excluded from this measure.

CNC: Could not calculate; N/A: Not applicable

### ABH NJ MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020 – Results by Category

Determination by Category	Group C	Group D	Group E <sup>1</sup>	Combined <sup>2</sup>
Assessment	100.0%	55.4%	90.9%	74.0%
Outreach	100.0%	100.0%		100.0%
Face-to-Face Visits	82.1%	84.5%	69.0%	79.4%
Initial Plan of Care (Including Back-up Plans)	74.9%	79.7%	88.7%	80.3%
Ongoing Care Management	76.1%	71.8%	33.3%	63.6%
Gaps in Care/Critical Incidents	98.6%	96.3%	100.0%	98.4%

<sup>1</sup>Initial outreach is not assessed for members in Group E because Group E members are not new to MLTSS

<sup>2</sup>Calculated as an aggregate score by combining elements applicable to each category

### ABH NJ 2020 Results Summary of Findings for MLTSS Care Management and Continuity of Care

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Aetna	10	9	1	90%

### ABH NJ 2020 Nursing Facility Audit

Due to the COVID-19 Pandemic, it was mutually agreed upon by DMAHS and IPRO that the Nursing Facility Care Management Audit for 2020 would be postponed until the following contract year.



## AGNJ Core Medicaid/MLTSS Annual Assessment of MCO Operations

### AGNJ 2020 Annual Assessment of MCO Operations

Review Category	Total Elements	Met Prior Year <sup>1</sup>	Subject to Review <sup>2</sup>	Subject to Review and Met <sup>3</sup>	Total Met <sup>4</sup>	Not Met	N/A	% Met <sup>5</sup>	Deficiency Status		
									Prior	Resolved	New
Access	14	9	10	5	9	5	0	64%	5	0	0
Quality Assessment and Performance Improvement	10	10	10	10	10	0	0	100%	0	0	0
Quality Management	19	16	10	9	18	1	0	95%	1	1	0
Efforts to Reduce Healthcare Disparities	5	5	5	5	5	0	0	100%	0	0	0
Committee Structure	9	9	3	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	44	11	11	44	0	0	100%	0	0	0
Provider Training and Performance	11	11	4	4	11	0	0	100%	0	0	0
Satisfaction	5	4	3	3	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	8	8	4	4	8	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	3	10	0	0	100%	0	0	0
Utilization Management	30	29	14	14	30	0	0	100%	0	1	0
Administration and Operations	13	13	3	3	13	0	0	100%	0	0	0
Management Information Systems	18	18	3	3	18	0	0	100%	0	0	0
<b>TOTAL</b>	<b>196</b>	<b>186</b>	<b>83</b>	<b>77</b>	<b>190</b>	<b>6</b>	<b>0</b>	<b>97%</b>	<b>6</b>	<b>2</b>	<b>0</b>

<sup>1</sup>All existing elements were subject to review in the previous review period. The Care Management and Continuity of Care category was removed from the 2020 AA and scored and reviewed independently of the AA.

<sup>2</sup>Elements *Not Met* or *N/A* in prior review, elements *Met* in prior year, but subject to review annually, as well as elements new in this review period. As a result, the sum of “Met Prior Year” and “Subject to Review” might exceed the total number of elements for some standards.

<sup>3</sup>Elements that were *Met* in this review period among those that were subject to review.

<sup>4</sup>Elements that were *Met* in this review period among those that were subject to review as well as elements that were *Met* in the previous review period and were not subject to review (i.e., were deemed *Met*). This total is used to calculate the compliance score for each standard as well as the overall compliance score.

<sup>5</sup>The compliance score is calculated as the number of *Total 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 *Total Met* elements.

## AGNJ Performance Improvement Projects

### AGNJ PIP 1: Reduction of the Amerigroup Preterm Birth Rate by 5%

Amerigroup New Jersey, Inc. (AGNJ) PIP 1 Topic: Reduction of the Amerigroup Preterm Birth Rate by 5%	IPRO Review				
	M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>1</sup>	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			M	M	M
1b. Impacts the maximum proportion of members that is feasible			M	M	M
1c. Potential for meaningful impact on member health, functional status or satisfaction			M	M	M
1d. Reflects high-volume or high risk-conditions			M	M	M
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)			M	M	M
<b>Element 1 Overall Review Determination</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>Element 1 Weighted Score</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			M	PM	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
2c. Objectives align aim and goals with interventions			M	M	M
<b>Element 2 Overall Review Determination</b>			<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>Element 2 Overall Score</b>			<b>50.0</b>	<b>50.0</b>	<b>50.0</b>
<b>Element 2 Weighted Score</b>			<b>2.5</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)			M	M	M
3b. Performance indicators are measured consistently over time			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
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined			M	M	M
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]			NM	NM	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,			N/A	M	M

Amerigroup New Jersey, Inc. (AGNJ) PIP 1 Topic: Reduction of the Amerigroup Preterm Birth Rate by 5%	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>1</sup>	Year 2 Findings	Sustainability Findings	Final Report Findings
and confidence interval.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline			M	M	PM
3h. Study design specifies data analysis procedures with a corresponding timeline			M	M	M
<b>Element 3 Overall Review Determination</b>			<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>Element 3 Overall Score</b>			<b>50.0</b>	<b>50.0</b>	<b>50.0</b>
<b>Element 3 Weighted Score</b>			<b>7.5</b>	<b>7.5</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
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach			M	M	M
4c. Provider input at focus groups and/or Quality Meetings			M	M	M
4d. QI Process data ("5 Why's", fishbone diagram)			M	M	M
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)			N/A	M	M
4f. Literature review			M	M	M
<b>Element 4 Overall Review Determination</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>Element 4 Weighted Score</b>			<b>15.0</b>	<b>15.0</b>	<b>15.0</b>
<b>Element 5. Robust Interventions</b> Items 5a-5c located in PIP Report Section 5, Table 1a. Item 5d located in PIP Report Section 5, Table 1b. <b>(15% weight)</b>					
5a. Informed by barrier analysis			M	M	M
5b. Actions that target member, provider and MCO			M	M	M
5c. New or enhanced, starting after baseline year			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)			PM	PM	M
<b>Element 5 Overall Review Determination</b>			<b>PM</b>	<b>PM</b>	<b>PM</b>
<b>Element 5 Overall Score</b>			<b>50.0</b>	<b>50.0</b>	<b>50</b>
<b>Element 5 Weighted Score</b>			<b>7.5</b>	<b>7.5</b>	<b>7.5</b>
<b>Element 6. Results Table (15% 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	PM	PM
<b>Element 6 Overall Review Determination</b>			<b>PM</b>	<b>PM</b>	<b>PM</b>

Amerigroup New Jersey, Inc. (AGNJ) PIP 1 Topic: Reduction of the Amerigroup Preterm Birth Rate by 5%	IPRO Review				
	M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings <sup>1</sup>	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Overall Score</b>			50.0	50.0	50
<b>Element 6 Weighted Score</b>			2.5	2.5	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)			PM	M	M
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan			M	M	M
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.			M	PM	PM
7d. Lessons learned & follow-up activities planned as a result			PM	M	M
<b>Element 7 Overall Review Determination</b>			PM	PM	PM
<b>Element 7 Overall Score</b>			50.0	50.0	50.0
<b>Element 7 Weighted Score</b>			10.0	10.0	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 was ongoing, additional or modified interventions documented			N/A	N/A	PM
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods			N/A	N/A	PM
<b>Element 8 Overall Review Determination</b>			N/A	N/A	PM
<b>Element 8 Overall Score</b>			N/A	N/A	50.0
<b>Element 8 Weighted Score</b>			N/A	N/A	10.0
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities (Not scored)</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)			N	N	N
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>			80.0	80.0	100.0
<b>Actual Weighted Total Score</b>			50.0	50.0	60.0
<b>Overall Rating</b>			62.5%	62.5%	60.0%

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

<sup>1</sup> The shaded columns represent scoring completed on a different review template, and therefore comparisons cannot be made for these components

**AGNJ PIP 2: Increasing the Utilization of Developmental Screening Tools and Awareness of Early Intervention Services For Members < 3 Years Old**

Amerigroup New Jersey, Inc. (AGNJ) PIP 2 Topic: Increasing the Utilization of Developmental Screening Tools and Awareness of Early Intervention Services For Members < 3 Years Old	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
<b>PIP Components and Subcomponents</b>					
<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	
1b. Impacts the maximum proportion of members that is feasible		M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M	M	
1d. Reflects high-volume or high risk-conditions		M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M	M	
<b>Element 1 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 1 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 1 Weighted Score</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		M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M	M	
2c. Objectives align aim and goals with interventions		M	M	M	
<b>Element 2 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 2 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 2 Weighted Score</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)		PM	M	M	
3b. Performance indicators are measured consistently over time		PM	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	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		PM	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound		M	M	M	

Amerigroup New Jersey, Inc. (AGNJ) PIP 2 Topic: Increasing the Utilization of Developmental Screening Tools and Awareness of Early Intervention Services For Members < 3 Years Old	IPRO Review				
	M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline		PM	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M	M	
<b>Element 3 Overall Review Determination</b>		<b>PM</b>	<b>M</b>	<b>M</b>	
<b>Element 3 Overall Score</b>		<b>50.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 3 Weighted Score</b>		<b>7.5</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		PM	PM	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M	M	
4c. Provider input at focus groups and/or Quality Meetings		M	M	M	
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M	M	
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		N/A	M	M	
4f. Literature review		M	M	M	
<b>Element 4 Overall Review Determination</b>		<b>PM</b>	<b>PM</b>	<b>M</b>	
<b>Element 4 Overall Score</b>		<b>50.0</b>	<b>50.0</b>	<b>100</b>	
<b>Element 4 Weighted Score</b>		<b>7.5</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		M	M	N/A	
5b. Actions that target member, provider and MCO		M	M	N/A	
5c. New or enhanced, starting after baseline year		M	M	N/A	
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)		PM	PM	N/A	
<b>Element 5 Overall Review Determination</b>		<b>PM</b>	<b>PM</b>	<b>N/A</b>	
<b>Element 5 Overall Score</b>		<b>50.0</b>	<b>50.0</b>	<b>N/A</b>	
<b>Element 5 Weighted Score</b>		<b>7.5</b>	<b>7.5</b>	<b>N/A</b>	
<b>Element 6. Results Table (5% weight)</b>					

<b>Amerigroup New Jersey, Inc. (AGNJ)</b> <b>PIP 2 Topic: Increasing the Utilization of Developmental Screening Tools and Awareness of Early Intervention Services For Members &lt; 3 Years Old</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings</b>	<b>Sustainability Findings<sup>2</sup></b>	<b>Final Report Findings</b>
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals		M	M	M	
<b>Element 6 Overall Review Determination</b>		M	M	M	
<b>Element 6 Overall Score</b>		100.0	100.0	100	
<b>Element 6 Weighted Score</b>		5.0	5.0	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)		PM	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan		M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.		PM	M	M	
7d. Lessons learned & follow-up activities planned as a result		PM	M	NM	
<b>Element 7 Overall Review Determination</b>		PM	M	PM	
<b>Element 7 Overall Score</b>		50.0	100.0	50.0	
<b>Element 7 Weighted Score</b>		10.0	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 was ongoing, additional or modified interventions documented		N/A	N/A	PM	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A	M	
<b>Element 8 Overall Review Determination</b>		N/A	N/A	PM	
<b>Element 8 Overall Score</b>		N/A	N/A	50.0	
<b>Element 8 Weighted Score</b>		N/A	N/A	10.0	
<b>Non-Scored Element:</b> <b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		M	Y	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	80.0	80.0	85.0	N/A
<b>Actual Weighted Total Score</b>	N/A	47.5	65.0	65.0	N/A



Amerigroup New Jersey, Inc. (AGNJ) PIP 2 Topic: Increasing the Utilization of Developmental Screening Tools and Awareness of Early Intervention Services For Members < 3 Years Old	IPRO Review				
	M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
<b>Overall Rating</b>	N/A	59.0%	81.3%	76.5%	N/A

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

<sup>1</sup>The shaded column represents scoring completed on a different review template, and therefore comparisons cannot be made for these components

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

### AGNJ PIP 3: MCO Adolescent Risk Behaviors and Depression Collaborative

Amerigroup New Jersey, Inc. (AGNJ) PIP 3 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
	M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100.0	100		
<b>Element 1 Weighted Score</b>	N/A	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		



Amerigroup New Jersey, Inc. (AGNJ) PIP 3 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 2 Weighted Score</b>	N/A	5.0	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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		PM	PM		
<b>Element 3 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 3 Overall Score</b>	N/A	50.0	50		
<b>Element 3 Weighted Score</b>	N/A	7.5	7.5		
<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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data ("5 Why's", fishbone diagram)		PM	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	PM	M		
<b>Element 4 Overall Score</b>	N/A	50.0	100		
<b>Element 4 Weighted Score</b>	N/A	7.5	15.0		

Amerigroup New Jersey, Inc. (AGNJ) PIP 3 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<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		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		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)		NM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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	PM		
<b>Element 6 Overall Review Determination</b>	N/A	M	PM		
<b>Element 6 Overall Score</b>	N/A	100.0	50		
<b>Element 6 Weighted Score</b>	N/A	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)		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	PM		
7d. Lessons learned & follow-up activities planned as a result		N/A	M		
<b>Element 7 Overall Review Determination</b>	N/A	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	N/A	50		
<b>Element 7 Weighted Score</b>	N/A	N/A	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable		N/A	N/A		

Amerigroup New Jersey, Inc. (AGNJ) PIP 3 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
time periods					
<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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	37.5	45.0	N/A	N/A
<b>Overall Rating</b>	N/A	62.5%	69.2%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Phase)

#### AGNJ PIP 4: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members

Amerigroup New Jersey, Inc. (AGNJ) PIP 4 Topic: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	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					
1b. Impacts the maximum proportion of members that is feasible					
1c. Potential for meaningful impact on member health, functional status or satisfaction					
1d. Reflects high-volume or high risk-conditions					
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)					
<b>Element 1 Overall Review Determination</b>	N/A				

<b>Amerigroup New Jersey, Inc. (AGNJ)</b> <b>PIP 4 Topic: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members</b>	<b>I PRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 1 Overall Score</b>	N/A				
<b>Element 1 Weighted Score</b>	N/A				
<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					
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark					
2c. Objectives align aim and goals with interventions					
<b>Element 2 Overall Review Determination</b>	N/A				
<b>Element 2 Overall Score</b>	N/A				
<b>Element 2 Weighted Score</b>	N/A				
<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)					
3b. Performance indicators are measured consistently over time					
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes					
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined					
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]					
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.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline					
3h. Study design specifies data analysis procedures with a corresponding timeline					
<b>Element 3 Overall Review Determination</b>	N/A				
<b>Element 3 Overall Score</b>	N/A				
<b>Element 3 Weighted Score</b>	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:					

<b>Amerigroup New Jersey, Inc. (AGNJ)</b> <b>PIP 4 Topic: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members</b>	<b>I PRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics					
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach					
4c. Provider input at focus groups and/or Quality Meetings					
4d. QI Process data (“5 Why’s”, fishbone diagram)					
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)					
4f. Literature review					
<b>Element 4 Overall Review Determination</b>	N/A				
<b>Element 4 Overall Score</b>	N/A				
<b>Element 4 Weighted Score</b>	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					
5b. Actions that target member, provider and MCO					
5c. New or enhanced, starting after baseline year					
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)					
<b>Element 5 Overall Review Determination</b>	N/A				
<b>Element 5 Overall Score</b>	N/A				
<b>Element 5 Weighted Score</b>	N/A				
<b>Element 6. Results Table (15% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals					
<b>Element 6 Overall Review Determination</b>	N/A				
<b>Element 6 Overall Score</b>	N/A				
<b>Element 6 Weighted Score</b>	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)					
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan					

Amerigroup New Jersey, Inc. (AGNJ) PIP 4 Topic: Increasing Primary Care Physician (PCP) Access and Availability for Amerigroup Members	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.					
7d. Lessons learned & follow-up activities planned as a result					
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A				
<b>Element 7 Weighted Score</b>	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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<b>Element 8 Overall Review Determination</b>	N/A				
<b>Element 8 Overall Score</b>	N/A				
<b>Element 8 Weighted Score</b>	N/A				
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)	N				

	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Overall Rating</b>	N/A	N/A	N/A	N/A	N/A

<sup>1</sup>Proposal Findings were not scored  
≥ 85% met; 60-84% partial met (corrective action plan); <60% not met (corrective action plan)

**AGNJ PIP 5: Prevention of Falls in the Managed Long Term Services and Support (MLTSS) Population**

Amerigroup New Jersey, Inc. (AGNJ) PIP 5 Topic: Prevention of Falls in the Managed Long Term Services and Support (MLTSS) Population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
<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		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100.0	100		
<b>Element 1 Weighted Score</b>	N/A	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		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		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	PM	M		
<b>Element 2 Overall Score</b>	N/A	50.0	100		
<b>Element 2 Weighted Score</b>	N/A	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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		M	M		

Amerigroup New Jersey, Inc. (AGNJ) PIP 5 Topic: Prevention of Falls in the Managed Long Term Services and Support (MLTSS) Population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
confidence interval.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline		M	M		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	M		
<b>Element 3 Overall Score</b>	N/A	100.0	100		
<b>Element 3 Weighted Score</b>	N/A	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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	PM		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	PM		
<b>Element 4 Overall Score</b>	N/A	100.0	50		
<b>Element 4 Weighted Score</b>	N/A	15.0	7.5		
<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		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		PM	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		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	N/A		
<b>Element 6. Results Table (5% weight)</b>					



Amerigroup New Jersey, Inc. (AGNJ) PIP 5 Topic: Prevention of Falls in the Managed Long Term Services and Support (MLTSS) Population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals		PM	PM		
<b>Element 6 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 6 Overall Score</b>	N/A	50.0	50		
<b>Element 6 Weighted Score</b>	N/A	2.5	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)		N/A	PM		
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	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	N/A	50.0		
<b>Element 7 Weighted Score</b>	N/A	N/A	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A		
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		N	N		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A

Amerigroup New Jersey, Inc. (AGNJ) PIP 5 Topic: Prevention of Falls in the Managed Long Term Services and Support (MLTSS) Population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
Actual Weighted Total Score	N/A	47.5	45.0	N/A	N/A
Overall Rating	N/A	79.2%	69.2%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during the PIP Year 2 Findings Phase)

### AGNJ PIP 6: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)

Amerigroup New Jersey, Inc. (AGNJ) PIP 6 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
<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		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		PM	M		
<b>Element 1 Overall Review Determination</b>	N/A	PM	M		
<b>Element 1 Overall Score</b>	N/A	50.0	100		
<b>Element 1 Weighted Score</b>	N/A	2.5	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		

Amerigroup New Jersey, Inc. (AGNJ) PIP 6 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	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)		PM	M		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	PM	M		
<b>Element 3 Overall Score</b>	N/A	50.0	100		
<b>Element 3 Weighted Score</b>	N/A	7.5	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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	NM		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		

Amerigroup New Jersey, Inc. (AGNJ) PIP 6 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
<b>Element 4 Overall Review Determination</b>	N/A	M	PM		
<b>Element 4 Overall Score</b>	N/A	100.0	50		
<b>Element 4 Weighted Score</b>	N/A	15.0	7.5		
<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		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		M	N/A		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)		PM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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		NM	NM		
<b>Element 6 Overall Review Determination</b>	N/A	NM	NM		
<b>Element 6 Overall Score</b>	N/A	0	0		
<b>Element 6 Weighted Score</b>	N/A	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	PM		
<b>Element 7 Overall Review Determination</b>	N/A	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	N/A	50		
<b>Element 7 Weighted Score</b>	N/A	N/A	10.0		
<b>Element 8. Sustainability (20% weight)</b>					

Amerigroup New Jersey, Inc. (AGNJ) PIP 6 Topic: Decreasing Gaps in Care in Managed Long Term Services and Supports (MLTSS)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	37.5	42.5	N/A	N/A
<b>Overall Rating</b>	N/A	62.5%	65.4%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during the PIP Year 2 Findings Phase).

## AGNJ Care Management Audits

### AGNJ 2020 (MY 2019) Core Medicaid Care Management Audit

Determination by Category	DDD 2019 (n=41)	DCP&P 2019 (n=89)
Outreach	98%	98%
Preventive Services	80%	84%
Continuity of Care	80%	84%
Coordination of Services	100%	99%

### AGNJ 2020 Summary of Findings for Core Medicaid Care Management and Continuity of Care Standard

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Amerigroup	30	25	5	83%

AGNJ MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020

Performance Measure	Group <sup>1</sup>	July 2019 – February 2020		
		D	N	Rate
#8. Initial Plan of Care established within 45 days of enrollment into MLTSS/HCBS <sup>2</sup>	Group C	17	4	23.5%
	Group D	73	21	28.8%
	Group E			
	Total	90	25	27.8%
#9. Member’s Plan of Care is reviewed annually within 30 days of the member’s anniversary and as necessary <sup>3</sup>	Group C			
	Group D			
	Group E	21	21	100.0%
	Total	21	21	100.0%
#9a. Member’s Plan of Care is amended based on change of member condition <sup>4</sup>	Group C	0	0	N/A
	Group D	1	1	100.0%
	Group E	2	0	0.0%
	Total	3	1	33.3%
#10. Plans of Care are aligned with members needs based on the results of the NJ Choice Assessment <sup>5</sup>	Group C	14	13	92.9%
	Group D	51	49	96.1%
	Group E	21	21	100.0%
	Total	86	83	96.5%
#11. Plans of Care developed using “person-centered principles” <sup>6</sup>	Group C	14	7	50.0%
	Group D	51	7	13.7%
	Group E	35	33	94.3%
	Total	100	47	47.0%
#12. MLTSS Home and Community-Based Services (HCBS) Plans of Care that contain a Back-up Plan <sup>7</sup>	Group C	9	1	11.1%
	Group D	50	9	18.0%
	Group E	27	12	44.4%
	Total	86	22	25.6%
#16. Member training on identifying/reporting critical incidents	Group C	14	13	92.9%
	Group D	51	50	98.0%
	Group E	35	35	100.0%
	Total	100	98	98.0%

<sup>1</sup>Group C is made up of members new to managed care and newly eligible to MLTSS. Group D is made up of current members newly enrolled to MLTSS. Group E is made up of members enrolled in the MCO and MLTSS prior to the review period.

<sup>2</sup>Compliance with Performance Measure #8 was calculated using 45 calendar days to establish an initial plan of care.

<sup>3</sup>For cases with no evidence of annual review, members are excluded from this measure if there was less than 13 months between the initial POC and the end of the study period.

<sup>4</sup>Members who did not have a documented change in condition during the study period are excluded from this measure.

<sup>5</sup>Members are excluded from this measure if they do not have a completed NJCA or a completed POC.

<sup>6</sup>In the current review period, documentation should have demonstrated that the member and/or authorized representative were involved in goal setting and in agreement with the established goals. The member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the POC.

<sup>7</sup>Members in CARS are excluded from this measure.

CNC: Could not calculate; N/A: Not applicable

### AGNJ MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020 – Results by Category

Determination by Category	Group C	Group D	Group E <sup>1</sup>	Combined <sup>2</sup>
Assessment	100.0%	78.4%	92.6%	81.5%
Outreach	85.7%	80.4%		81.5%
Face-to-Face Visits	50.0%	49.5%	49.6%	49.6%
Initial Plan of Care (Including Back-up Plans)	69.6%	66.4%	92.7%	75.6%
Ongoing Care Management	78.1%	82.8%	51.9%	74.0%
Gaps in Care/Critical Incidents	95.7%	99.0%	100.0%	98.9%

<sup>1</sup>Initial outreach is not assessed for members in Group E because Group E members are not new to MLTSS.

<sup>2</sup>Calculated as an aggregate score by combining elements applicable to each category.

### AGNJ 2020 Results Summary of Findings for MLTSS Care Management and Continuity of Care

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Amerigroup	10	9	1	90%

### AGNJ 2020 Nursing Facility Audit

Due to the COVID-19 Pandemic, it was mutually agreed upon by DMAHS and IPRO that the Nursing Facility Care Management Audit for 2020 would be postponed until the following contract year.



## HNJH Core Medicaid/MLTSS Annual Assessment of MCO Operations

### HNJH 2020 Annual Assessment of MCO Operations

Review Category	Total Elements	Met Prior Year <sup>1</sup>	Subject to Review <sup>2</sup>	Subject to Review and Met <sup>3</sup>	Total Met <sup>4</sup>	Not Met	N/A	% Met <sup>5</sup>	Deficiency Status		
									Prior	Resolved	New
Access	14	11	10	8	12	2	0	86%	2	1	0
Quality Assessment and Performance Improvement	10	10	10	10	10	0	0	100%	0	0	0
Quality Management	19	16	10	10	19	0	0	100%	0	2	0
Efforts to Reduce Healthcare Disparities	5	5	5	5	5	0	0	100%	0	0	0
Committee Structure	9	9	3	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	44	11	11	44	0	0	100%	0	0	0
Provider Training and Performance	11	11	4	4	11	0	0	100%	0	0	0
Satisfaction	5	4	3	3	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	8	8	4	4	8	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	3	10	0	0	100%	0	0	0
Utilization Management	30	29	14	12	28	2	0	93%	0	1	2
Administration and Operations	13	13	3	3	13	0	0	100%	0	0	0
Management Information Systems	18	18	3	3	18	0	0	100%	0	0	0
<b>TOTAL</b>	<b>196</b>	<b>188</b>	<b>83</b>	<b>79</b>	<b>192</b>	<b>4</b>	<b>0</b>	<b>98%</b>	<b>2</b>	<b>4</b>	<b>2</b>

<sup>1</sup> All existing elements were subject to review in the previous review period. The Care Management and Continuity of Care category was removed from the 2020 AA and scored and reviewed independently of the AA.

<sup>2</sup> Elements *Not Met* or *N/A* in prior review, elements *Met* in prior year, but subject to review annually, as well as elements new in this review period. As a result, the sum of “Met Prior Year” and “Subject to Review” might exceed the total number of elements for some standards.

<sup>3</sup> Elements that were *Met* in this review period among those that were subject to review.

<sup>4</sup> Elements that were *Met* in this review period among those that were subject to review as well as elements that were *Met* in the previous review period and were not subject to review (i.e., were deemed *Met*). This total is used to calculate the compliance score for each standard as well as the overall compliance score.

<sup>5</sup> The compliance score is calculated as the number of *Total 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 *Total Met* elements.

## HNJH Performance Measures

### HNJH HEDIS 2020 (MY 2019) Restated Performance Measures

Horizon showed a significant increase in their eligible population in Follow-Up After Emergency Department Visit for Mental Illness (FUM) in HEDIS 2020 (MY 2019). In MY 2019 the behavioral health benefit from the MCO was expanded to include all Medicaid members. It was identified that the significant increase was due to an issue with Horizon’s vendor, Inovalon, with regard to the handling of FFS claims. HNJH ran the measures after the 2020 HEDIS submission date. IPRO reviewed and validated these measures .

The restated rates are indicated below:

<b>HEDIS 2020 (MY 2019) Restated Measures</b>	<b>HNJH Rate</b>	<b>Status</b>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>		
6-17 years - 30-Day Follow-Up	74.01%	R
6-17 years - 7-Day Follow-Up	65.74%	R
18-64 years - 30-Day Follow-Up	63.73%	R
18-64 years - 7-Day Follow-Up	55.65%	R
65+ years - 30-Day Follow-Up	NA	R
65+ years - 7-Day Follow-Up	NA	R
Total - 30 Day Follow-Up	68.52%	R
Total - 7 Day Follow-Up	60.34%	R

## HNJH Performance Improvement Projects

### HNJH PIP 1: Developmental Screening and Early Intervention in Young Children

Horizon NJ Health (HNJH) PIP 1 Topic: Developmental Screening and Early Intervention in Young Children	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	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		M	M	M	
1b. Impacts the maximum proportion of members that is feasible		M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M	M	
1d. Reflects high-volume or high risk-conditions		M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M	M	
<b>Element 1 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 1 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 1 Weighted Score</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		M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M	M	
2c. Objectives align aim and goals with interventions		M	M	M	
<b>Element 2 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 2 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 2 Weighted Score</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)		M	M	M	
3b. Performance indicators are measured consistently over time		M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes		PM	PM	PM	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		M	M	M	
3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound		N/A	M	M	

Horizon NJ Health (HNJH) PIP 1 Topic: Developmental Screening and Early Intervention in Young Children	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
methodology to limit bias. The sampling technique specifies estimated/true frequency, margin of error, and confidence interval.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline		PM	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M	M	
<b>Element 3 Overall Review Determination</b>		<b>PM</b>	<b>PM</b>	<b>PM</b>	
<b>Element 3 Overall Score</b>		<b>50.0</b>	<b>50.0</b>	<b>50.0</b>	
<b>Element 3 Weighted Score</b>		<b>7.5</b>	<b>7.5</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	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M	M	
4c. Provider input at focus groups and/or Quality Meetings		M	M	M	
4d. QI Process data ("5 Why's", fishbone diagram)		M	M	M	
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M	M	
4f. Literature review		M	M	M	
<b>Element 4 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 4 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 4 Weighted Score</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	N/A	
5b. Actions that target member, provider and MCO		M	M	N/A	
5c. New or enhanced, starting after baseline year		M	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)		M	M	N/A	
<b>Element 5 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>N/A</b>	
<b>Element 5 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>N/A</b>	
<b>Element 5 Weighted Score</b>		<b>15.0</b>	<b>15.0</b>	<b>N/A</b>	
<b>Element 6. Results Table (5% weight)</b> Item 6a located in PIP Report Section 6, Table 2.					

Horizon NJ Health (HNJH) PIP 1 Topic: Developmental Screening and Early Intervention in Young Children	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals		M	M	M	
<b>Element 6 Overall Review Determination</b>		M	M	M	
<b>Element 6 Overall Score</b>		100.0	100.0	100	
<b>Element 6 Weighted Score</b>		5.0	5.0	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)		M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan		M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.		M	M	M	
7d. Lessons learned & follow-up activities planned as a result		M	M	M	
<b>Element 7 Overall Review Determination</b>		M	M	M	
<b>Element 7 Overall Score</b>		100.0	100.0	100	
<b>Element 7 Weighted Score</b>		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 was ongoing, additional or modified interventions documented		N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A	M	
<b>Element 8 Overall Review Determination</b>		N/A	N/A	M	
<b>Element 8 Overall Score</b>		N/A	N/A	100	
<b>Element 8 Weighted Score</b>		N/A	N/A	20.0	
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		M	Y	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	80.0	80.0	85.0	N/A
<b>Actual Weighted Total Score</b>	N/A	72.5	72.5	77.5	N/A
<b>Overall Rating</b>	N/A	90.6%	90.6%	91.2%	N/A

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

<sup>1</sup>The shaded column represents scoring completed on a different review template, and therefore comparisons cannot be made for these components.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

## HNJH PIP 2: MCO Adolescent Risk Behaviors and Depression Collaborative

<b>Horizon NJ Health (HNJH) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative</b>	<b>IPRO Review</b> M=Met PM=Partially Met NM=Not Met				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100.0	100		
<b>Element 1 Weighted Score</b>	N/A	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	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)					

<b>Horizon NJ Health (HNJH)</b> <b>PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
3a. Performance Indicators are clearly defined and measurable (specifying numerator and denominator criteria)		M	M		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	M		
<b>Element 3 Overall Score</b>	N/A	100.0	100		
<b>Element 3 Weighted Score</b>	N/A	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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		

<b>Horizon NJ Health (HNJH)</b> <b>PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 4 Overall Score</b>	N/A	100.0	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	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		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		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)		M	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	M	N/A		
<b>Element 5 Overall Score</b>	N/A	100.0	N/A		
<b>Element 5 Weighted Score</b>	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		M	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100.0	100		
<b>Element 6 Weighted Score</b>	N/A	5.0	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		



Horizon NJ Health (HNJH) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
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	N/A	M		
<b>Element 7 Overall Score</b>	N/A	N/A	100		
<b>Element 7 Weighted Score</b>	N/A	N/A	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	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	Y		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Overall Rating</b>	N/A	100%	100%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Phase).

**HNJH PIP 3: Increasing PCP Access and Availability for Members with low acuity, non-emergent ED visits**

<b>Horizon NJ Health (HNJH)</b> <b>PIP 3 Topic: Increasing PCP Access and Availability for Members with low acuity, non-emergent ED visits</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	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					
1b. Impacts the maximum proportion of members that is feasible					
1c. Potential for meaningful impact on member health, functional status or satisfaction					
1d. Reflects high-volume or high risk-conditions					
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)					
<b>Element 1 Overall Review Determination</b>	N/A				
<b>Element 1 Overall Score</b>	N/A				
<b>Element 1 Weighted Score</b>	N/A				
<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					
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark					
2c. Objectives align aim and goals with interventions					
<b>Element 2 Overall Review Determination</b>	N/A				
<b>Element 2 Overall Score</b>	N/A				
<b>Element 2 Weighted Score</b>	N/A				
<b>Element 3. Methodology</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)					
3b. Performance indicators are measured consistently over time					
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes					
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined					
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]					
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.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline					

<b>Horizon NJ Health (HNJH)</b> <b>PIP 3 Topic: Increasing PCP Access and Availability for Members with low acuity, non-emergent ED visits</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings</b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
3h. Study design specifies data analysis procedures with a corresponding timeline					
<b>Element 3 Overall Review Determination</b>	N/A				
<b>Element 3 Overall Score</b>	N/A				
<b>Element 3 Weighted Score</b>	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					
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach					
4c. Provider input at focus groups and/or Quality Meetings					
4d. QI Process data (“5 Why’s”, fishbone diagram)					
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)					
4f. Literature review					
<b>Element 4 Overall Review Determination</b>	N/A				
<b>Element 4 Overall Score</b>	N/A				
<b>Element 4 Weighted Score</b>	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					
5b. Actions that target member, provider and MCO					
5c. New or enhanced, starting after baseline year					
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)					
<b>Element 5 Overall Review Determination</b>	N/A				
<b>Element 5 Overall Score</b>	N/A				
<b>Element 5 Weighted Score</b>	N/A				
<b>Element 6. Results Table (15% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals					
<b>Element 6 Overall Review Determination</b>	N/A				
<b>Element 6 Overall Score</b>	N/A				

<b>Horizon NJ Health (HNJH)</b> <b>PIP 3 Topic: Increasing PCP Access and Availability for Members with low acuity, non-emergent ED visits</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 6 Weighted Score</b>	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)					
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan					
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.					
7d. Lessons learned & follow-up activities planned as a result					
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A				
<b>Element 7 Weighted Score</b>	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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<b>Element 8 Overall Review Determination</b>	N/A				
<b>Element 8 Overall Score</b>	N/A				
<b>Element 8 Weighted Score</b>	N/A				
<b>Non-Scored Element:</b> <b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed	N				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Overall Rating</b>	N/A	N/A	N/A	N/A	N/A

<sup>1</sup>Proposal Findings were not scored.

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

**HNJH PIP 4: Reducing Admissions, Readmissions and Gaps in Service for Members with Congestive Heart Failure in the Horizon MLTSS Home and Community Based Setting population**

<b>Horizon NJ Health (HNJH)</b> <b>PIP 4 Topic: Reducing Admissions, Readmissions and Gaps in Service for Members with Congestive Heart Failure in the Horizon MLTSS Home and Community Based Setting population</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100	100		
<b>Element 1 Weighted Score</b>	N/A	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability]		M	M		

<b>Horizon NJ Health (HNJH)</b> <b>PIP 4 Topic: Reducing Admissions, Readmissions and Gaps in Service for Members with Congestive Heart Failure in the Horizon MLTSS Home and Community Based Setting population</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
(IRR)]					
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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	M		
<b>Element 3 Overall Score</b>	N/A	100	100		
<b>Element 3 Weighted Score</b>	N/A	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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		
<b>Element 4 Overall Score</b>	N/A	100	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	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		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		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)		M	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	M	N/A		

<b>Horizon NJ Health (HNJH)</b> <b>PIP 4 Topic: Reducing Admissions, Readmissions and Gaps in Service for Members with Congestive Heart Failure in the Horizon MLTSS Home and Community Based Setting population</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 5 Overall Score</b>	N/A	100	N/A		
<b>Element 5 Weighted Score</b>	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		M	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100	100		
<b>Element 6 Weighted Score</b>	N/A	5.0	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	PM		
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	N/A	PM		
<b>Element 7 Overall Score</b>	N/A	0	50		
<b>Element 7 Weighted Score</b>	N/A	0.0	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A		
<b>Non-Scored Element:</b> <b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)	N	N	N		

Horizon NJ Health (HNJH) PIP 4 Topic: Reducing Admissions, Readmissions and Gaps in Service for Members with Congestive Heart Failure in the Horizon MLTSS Home and Community Based Setting population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
Maximum Possible Weighted Score	N/A	60.0	65.0	N/A	N/A
Actual Weighted Total Score	N/A	60.0	55.0	N/A	N/A
Overall Rating	N/A	100.0%	84.6%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Findings Phase).

## HNJH Care Management Audits

### HNJH 2020 (MY 2019) Core Medicaid Care Management Audit

Determination by Category	DDD 2019 (n=68)	DCP&P 2019 (n=100)
Outreach	99%	99%
Preventive Services	77%	91%
Continuity of Care	79%	90%
Coordination of Services	99%	100%

### HNJH 2020 Summary of Findings for Core Medicaid Care Management and Continuity of Care Standard

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Horizon	30	25	5	83%



## HNJH MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020

Performance Measure	Group <sup>1</sup>	July 2019 – February 2020		
		D	N	Rate
#8. Initial Plan of Care established within 45 days of enrollment into MLTSS/HCBS <sup>2</sup>	Group C	34	33	97.1%
	Group D	54	51	94.4%
	Group E			
	Total	88	84	95.5%
#9. Member’s Plan of Care is reviewed annually within 30 days of the member’s anniversary and as necessary <sup>3</sup>	Group C			
	Group D			
	Group E	24	24	100.0%
	Total	24	24	100.0%
#9a. Member’s Plan of Care is amended based on change of member condition <sup>4</sup>	Group C	0	0	N/A
	Group D	1	1	100.0%
	Group E	1	0	0.0%
	Total	2	1	50.0%
#10. Plans of Care are aligned with members needs based on the results of the NJ Choice Assessment <sup>5</sup>	Group C	22	22	100.0%
	Group D	43	43	100.0%
	Group E	24	24	100.0%
	Total	89	89	100.0%
#11. Plans of Care developed using “person-centered principles” <sup>6</sup>	Group C	22	21	95.5%
	Group D	43	43	100.0%
	Group E	35	35	100.0%
	Total	100	99	99.0%
#12. MLTSS Home and Community-Based Services (HCBS) Plans of Care that contain a Back-up Plan <sup>7</sup>	Group C	14	13	92.9%
	Group D	42	42	100.0%
	Group E	32	25	78.1%
	Total	88	80	90.9%
#16. Member training on identifying/reporting critical incidents	Group C	22	22	100.0%
	Group D	43	43	100.0%
	Group E	35	35	100.0%
	Total	100	100	100.0%

<sup>1</sup>Group C is made up of members new to managed care and newly eligible to MLTSS. Group D is made up of current members newly enrolled to MLTSS. Group E is made up of members enrolled in the MCO and MLTSS prior to the review period.

<sup>2</sup>Compliance with Performance Measure #8 was calculated using 45 calendar days to establish an initial plan of care.

<sup>3</sup>For cases with no evidence of annual review, members are excluded from this measure if there was less than 13 months between the initial POC and the end of the study period.

<sup>4</sup>Members who did not have a documented change in condition during the study period are excluded from this measure.

<sup>5</sup>Members are excluded from this measure if they do not have a completed NJCA or a completed POC.

<sup>6</sup>In the current review period, documentation should have demonstrated that the member and/or authorized representative were involved in goal setting and in agreement with the established goals. The member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the POC.

<sup>7</sup>Members in CARS are excluded from this measure.

CNC: Could not calculate; N/A: Not applicable

### HNJH MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020 – Results by Category

Determination by Category	Group C	Group D	Group E <sup>1</sup>	Combined <sup>2</sup>
Assessment	100.0%	92.4%	100.0%	94.4%
Outreach	86.4%	74.4%		78.5%
Face-to-Face Visits	87.3%	98.3%	83.5%	91.1%
Initial Plan of Care (Including Back-up Plans)	97.7%	98.7%	94.2%	96.9%
Ongoing Care Management	89.8%	89.9%	72.0%	85.2%
Gaps in Care/Critical Incidents	100.0%	100.0%	100.0%	100.0%

<sup>1</sup>Initial outreach is not assessed for members in Group E because Group E members are not new to MLTSS.

<sup>2</sup>Calculated as an aggregate score by combining elements applicable to each category.

### HNJH 2020 Results Summary of Findings for MLTSS Care Management and Continuity of Care

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
Horizon	10	10	0	100%

### HNJH 2020 Nursing Facility Audit

Due to the COVID-19 Pandemic, it was mutually agreed upon by DMAHS and IPRO that the Nursing Facility Care Management Audit for 2020 would be postponed until the following contract year.

## UHCCP Core Medicaid/MLTSS Annual Assessment of MCO Operations

### UHCCP 2020 Annual Assessment of MCO Operations

Review Category	Total Elements	Met Prior Year <sup>1</sup>	Subject to Review <sup>2</sup>	Subject to Review and Met <sup>3</sup>	Total Met <sup>4</sup>	Not Met	N/A	% Met <sup>5</sup>	Deficiency Status		
									Prior	Resolved	New
Access	14	10	10	6	10	4	0	71%	4	0	0
Quality Assessment and Performance Improvement	10	10	10	10	10	0	0	100%	0	0	0
Quality Management	19	14	12	11	18	1	0	95%	1	3	0
Efforts to Reduce Healthcare Disparities	5	4	5	4	4	1	0	80%	1	0	0
Committee Structure	9	9	3	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	43	12	8	40	4	0	91%	0	1	4
Provider Training and Performance	11	10	5	5	11	0	0	100%	0	1	0
Satisfaction	5	4	3	3	5	0	0	100%	0	0	0
Enrollee Rights and Responsibilities	8	8	4	3	7	1	0	88%	0	0	1
Credentialing and Recredentialing	10	9	4	2	8	2	0	80%	1	0	1
Utilization Management	30	22	14	11	27	1	2	96%	1	5	0
Administration and Operations	13	12	3	3	13	0	0	100%	0	1	0
Management Information Systems	18	18	3	3	18	0	0	100%	0	0	0
<b>TOTAL</b>	<b>196</b>	<b>173</b>	<b>88</b>	<b>72</b>	<b>180</b>	<b>14</b>	<b>2</b>	<b>93%</b>	<b>8</b>	<b>11</b>	<b>6</b>

<sup>1</sup> All existing elements were subject to review in the previous review period. The Care Management and Continuity of Care category was removed from the 2020 AA and scored and reviewed independently of the AA.

<sup>2</sup> Elements *Not Met* or *N/A* in prior review, elements *Met* in prior year, but subject to review annually, as well as elements new in this review period. As a result, the sum of “Met Prior Year” and “Subject to Review” might exceed the total number of elements for some standards.

<sup>3</sup> Elements that were *Met* in this review period among those that were subject to review.

<sup>4</sup> Elements that were *Met* in this review period among those that were subject to review as well as elements that were *Met* in the previous review period and were not subject to review (i.e., were deemed *Met*). This total is used to calculate the compliance score for each standard as well as the overall compliance score.

<sup>5</sup> The compliance score is calculated as the number of *Total 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 *Total Met* elements.

## UHCCP Performance Improvement Projects

### UHCCP PIP 1: Early Intervention for Children in Lead Case Management (Age Birth to 2.99 Years Old)

UnitedHealthcare Community Plan (UHCCP) PIP 1 Topic: Early Intervention for Children in Lead Case Management (Age Birth to 2.99 Years Old)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
<b>PIP Components and Subcomponents</b>					
<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	
1b. Impacts the maximum proportion of members that is feasible		M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M	M	
1d. Reflects high-volume or high risk-conditions		M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M	M	
<b>Element 1 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 1 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 1 Weighted Score</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		M	M	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M	M	
2c. Objectives align aim and goals with interventions		PM	M	M	
<b>Element 2 Overall Review Determination</b>		<b>PM</b>	<b>M</b>	<b>M</b>	
<b>Element 2 Overall Score</b>		<b>50.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 2 Weighted Score</b>		<b>2.5</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)		M	PM	M	
3b. Performance indicators are measured consistently over time		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	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		M	M	M	

<b>UnitedHealthcare Community Plan (UHCCP)</b> <b>PIP 1 Topic: Early Intervention for Children in Lead Case Management (Age Birth to 2.99 Years Old)</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings</b>	<b>Sustainability Findings<sup>2</sup></b>	<b>Final Report Findings</b>
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		M	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M	M	
<b>Element 3 Overall Review Determination</b>		M	PM	M	
<b>Element 3 Overall Score</b>		100.0	50.0	100	
<b>Element 3 Weighted Score</b>		15.0	7.5	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	N/A	N/A	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M	M	
4c. Provider input at focus groups and/or Quality Meetings		M	N/A	N/A	
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M	M	
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	N/A	N/A	
4f. Literature review		M	N/A	N/A	
<b>Element 4 Overall Review Determination</b>		M	M	M	
<b>Element 4 Overall Score</b>		100.0	100.0	100	
<b>Element 4 Weighted Score</b>		15.0	15.0	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		M	M	N/A	
5b. Actions that target member, provider and MCO		PM	M	N/A	
5c. New or enhanced, starting after baseline year		PM	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)		M	M	N/A	
<b>Element 5 Overall Review Determination</b>		PM	M	N/A	
<b>Element 5 Overall Score</b>		50.0	100.0	N/A	
<b>Element 5 Weighted Score</b>		7.5	15.0	N/A	

UnitedHealthcare Community Plan (UHCCP) PIP 1 Topic: Early Intervention for Children in Lead Case Management (Age Birth to 2.99 Years Old)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
<b>PIP Components and Subcomponents</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		M	M	M	
<b>Element 6 Overall Review Determination</b>		M	M	M	
<b>Element 6 Overall Score</b>		100.0	100.0	100	
<b>Element 6 Weighted Score</b>		5.0	5.0	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)		M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan		M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.		M	M	M	
7d. Lessons learned & follow-up activities planned as a result		PM	M	M	
<b>Element 7 Overall Review Determination</b>		PM	M	M	
<b>Element 7 Overall Score</b>		50.0	100.0	100	
<b>Element 7 Weighted Score</b>		10.0	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 was ongoing, additional or modified interventions documented		N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A	M	
<b>Element 8 Overall Review Determination</b>		N/A	N/A	M	
<b>Element 8 Overall Score</b>		N/A	N/A	100	
<b>Element 8 Weighted Score</b>		N/A	N/A	20.0	
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		Y	Y	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	80.0	80.0	85.0	N/A

UnitedHealthcare Community Plan (UHCCP) PIP 1 Topic: Early Intervention for Children in Lead Case Management (Age Birth to 2.99 Years Old)	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
PIP Components and Subcomponents					
Actual Weighted Total Score	N/A	60.0	72.5	85.0	N/A
Overall Rating	N/A	75.0%	90.6%	100%	N/A

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

<sup>1</sup>The shaded column represents scoring completed on a different review template, and therefore comparisons cannot be made for these components

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

### UHCCP PIP 2: MCO Adolescent Risk Behaviors and Depression Collaborative

UnitedHealthcare Community Plan (UHCCP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
<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		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100.0	100		
<b>Element 1 Weighted Score</b>	N/A	5.0	5		
<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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	5		

UnitedHealthcare Community Plan (UHCCP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<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)		PM	M		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		PM	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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	PM	M		
<b>Element 3 Overall Score</b>	N/A	50.0	100		
<b>Element 3 Weighted Score</b>	N/A	7.5	15		
<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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		
<b>Element 4 Overall Score</b>	N/A	100.0	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	15		
<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.					



<b>UnitedHealthcare Community Plan (UHCCP)</b> <b>PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
<b>PIP Components and Subcomponents</b>					
5a. Informed by barrier analysis		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		M	N/A		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)		PM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100.0	100		
<b>Element 6 Weighted Score</b>	N/A	5.0	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)		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	N/A	M		
<b>Element 7 Overall Score</b>	N/A	N/A	100		
<b>Element 7 Weighted Score</b>	N/A	N/A	20		
<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		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		

UnitedHealthcare Community Plan (UHCCP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>Element 8 Weighted Score</b>	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/A	N	N		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	45.0	65.0	N/A	N/A
<b>Overall Rating</b>	N/A	75.0%	100%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

### UHCCP PIP 3: Decrease Emergency Room Utilization

UnitedHealthcare Community Plan (UHCCP) PIP 3 Topic: Decrease Emergency Room Utilization	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	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					
1b. Impacts the maximum proportion of members that is feasible					
1c. Potential for meaningful impact on member health, functional status or satisfaction					
1d. Reflects high-volume or high risk-conditions					
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)					
<b>Element 1 Overall Review Determination</b>	N/A				
<b>Element 1 Overall Score</b>	N/A				
<b>Element 1 Weighted Score</b>	N/A				
<b>Element 2. Aim (5% weight)</b> Items 2a-2c located in PIP Report Section 3, bullet 2 (Aim Statement, Objectives, and Goals)					

<b>UnitedHealthcare Community Plan (UHCCP)</b> <b>PIP 3 Topic: Decrease Emergency Room Utilization</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings</b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
<b>PIP Components and Subcomponents</b>					
2a. Aim specifies Performance Indicators for improvement with corresponding goals					
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark					
2c. Objectives align aim and goals with interventions					
<b>Element 2 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 2 Overall Score</b>	<b>N/A</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)					
3b. Performance indicators are measured consistently over time					
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes					
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined					
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]					
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.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline					
3h. Study design specifies data analysis procedures with a corresponding timeline					
<b>Element 3 Overall Review Determination</b>	<b>N/A</b>				
<b>Element 3 Overall Score</b>	<b>N/A</b>				
<b>Element 3 Weighted Score</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					
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach					
4c. Provider input at focus groups and/or Quality Meetings					
4d. QI Process data ("5 Why's", fishbone diagram)					
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)					

UnitedHealthcare Community Plan (UHCCP) PIP 3 Topic: Decrease Emergency Room Utilization	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4f. Literature review					
<b>Element 4 Overall Review Determination</b>	N/A				
<b>Element 4 Overall Score</b>	N/A				
<b>Element 4 Weighted Score</b>	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					
5b. Actions that target member, provider and MCO					
5c. New or enhanced, starting after baseline year					
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)					
<b>Element 5 Overall Review Determination</b>	N/A				
<b>Element 5 Overall Score</b>	N/A				
<b>Element 5 Weighted Score</b>	N/A				
<b>Element 6. Results Table (15% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals					
<b>Element 6 Overall Review Determination</b>	N/A				
<b>Element 6 Overall Score</b>	N/A				
<b>Element 6 Weighted Score</b>	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)					
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan					
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.					
7d. Lessons learned & follow-up activities planned as a result					
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A				
<b>Element 7 Weighted Score</b>	N/A				
<b>Element 8. Sustainability (20% weight)</b>					

UnitedHealthcare Community Plan (UHCCP) PIP 3 Topic: Decrease Emergency Room Utilization	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<b>Element 8 Overall Review Determination</b>	N/A				
<b>Element 8 Overall Score</b>	N/A				
<b>Element 8 Weighted Score</b>	N/A				
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)	N				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Overall Rating</b>	N/A	N/A	N/A	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

#### UHCCP PIP 4: Improving Influenza and Pneumococcal Immunization Rates in the MLTSS Home and Community Based Services (HCBS) Population

UnitedHealthcare Community Plan (UHCCP) PIP 4 Topic: Improving Influenza and Pneumococcal Immunization Rates in the MLTSS Home and Community Based Services (HCBS) Population	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	PM		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		

<b>UnitedHealthcare Community Plan (UHCCP)</b> <b>PIP 4 Topic: Improving Influenza and Pneumococcal Immunization Rates in the MLTSS Home and Community Based Services (HCBS) Population</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
<b>PIP Components and Subcomponents</b>					
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	PM		
<b>Element 1 Overall Score</b>	N/A	100.0	50		
<b>Element 1 Weighted Score</b>	N/A	5.0	2.5		
<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	PM		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		PM	M		
<b>Element 2 Overall Review Determination</b>	N/A	PM	PM		
<b>Element 2 Overall Score</b>	N/A	50.0	50		
<b>Element 2 Weighted Score</b>	N/A	2.5	2.5		
<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	PM		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline		M	PM		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	PM		
<b>Element 3 Overall Score</b>	N/A	100.0	50		
<b>Element 3 Weighted Score</b>	N/A	15.0	7.5		

UnitedHealthcare Community Plan (UHCCP) PIP 4 Topic: Improving Influenza and Pneumococcal Immunization Rates in the MLTSS Home and Community Based Services (HCBS) Population	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		
<b>Element 4 Overall Score</b>	N/A	100.0	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	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		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		M	N/A		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)		PM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	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		PM	M		
<b>Element 6 Overall Review Determination</b>	N/A	PM	M		
<b>Element 6 Overall Score</b>	N/A	50.0	100		
<b>Element 6 Weighted Score</b>	N/A	2.5	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					

<b>UnitedHealthcare Community Plan (UHCCP)</b> <b>PIP 4 Topic: Improving Influenza and Pneumococcal Immunization Rates in the MLTSS Home and Community Based Services (HCBS) Population</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
<b>PIP Components and Subcomponents</b>					
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	N/A	M		
<b>Element 7 Overall Score</b>	N/A	N/A	100		
<b>Element 7 Weighted Score</b>	N/A	N/A	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	N/A	N/A	N/A		
<b>Non-Scored Element:</b> <b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		N	N		
	<b>Proposal Findings</b>	<b>Year 1 Findings</b>	<b>Year 2 Findings</b>	<b>Sustainability Findings</b>	<b>Final Report Findings</b>
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	47.5	52.5	N/A	N/A
<b>Overall Rating</b>	N/A	79.2%	80.8%	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's during the Year 2 Findings Phase).



## UHCCP Care Management Audits

### UHCCP 2020 (MY 2019) Core Medicaid Care Management Audit

Determination by Category	DDD 2019 (n=53)	DCP&P 2019 (n=100)
Outreach	100%	97%
Preventive Services	73%	83%
Continuity of Care	78%	95%
Coordination of Services	98%	100%

### UHCCP 2020 Summary of Findings for Core Medicaid Care Management and Continuity of Care Standard

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
United	30	25	5	83%

## UHCCP MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020

Performance Measure	Group <sup>1</sup>	July 2019 – February 2020		
		D	N	Rate
#8. Initial Plan of Care established within 45 days of enrollment into MLTSS/HCBS <sup>2</sup>	Group C	46	20	43.5%
	Group D	45	25	55.6%
	Group E			
	Total	91	45	49.5%
#9. Member’s Plan of Care is reviewed annually within 30 days of the member’s anniversary and as necessary <sup>3</sup>	Group C			
	Group D			
	Group E	22	22	100.0%
	Total	22	22	100.0%
#9a. Member’s Plan of Care is amended based on change of member condition <sup>4</sup>	Group C	1	1	100.0%
	Group D	0	0	N/A
	Group E	0	0	N/A
	Total	1	1	100.0%
#10. Plans of Care are aligned with members needs based on the results of the NJ Choice Assessment <sup>5</sup>	Group C	31	28	90.3%
	Group D	35	34	97.1%
	Group E	23	22	95.7%
	Total	89	84	94.4%
#11. Plans of Care developed using “person-centered principles” <sup>6</sup>	Group C	31	11	35.5%
	Group D	35	4	11.4%
	Group E	34	19	55.9%
	Total	100	34	34.0%
#12. MLTSS Home and Community-Based Services (HCBS) Plans of Care that contain a Back-up Plan <sup>7</sup>	Group C	20	18	90.0%
	Group D	35	32	91.4%
	Group E	30	22	73.3%
	Total	85	72	84.7%
#16. Member training on identifying/reporting critical incidents	Group C	31	25	80.6%
	Group D	35	34	97.1%
	Group E	34	33	97.1%
	Total	100	92	92.0%

<sup>1</sup>Group C is made up of members new to managed care and newly eligible to MLTSS. Group D is made up of current members newly enrolled to MLTSS. Group E is made up of members enrolled in the MCO and MLTSS prior to the review period.

<sup>2</sup>Compliance with Performance Measure #8 was calculated using 45 calendar days to establish an initial plan of care.

<sup>3</sup>For cases with no evidence of annual review, members are excluded from this measure if there was less than 13 months between the initial POC and the end of the study period.

<sup>4</sup>Members who did not have a documented change in condition during the study period are excluded from this measure.

<sup>5</sup>Members are excluded from this measure if they do not have a completed NJCA or a completed POC.

<sup>6</sup>In the current review period, documentation should have demonstrated that the member and/or authorized representative were involved in goal setting and in agreement with the established goals. The member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the POC.

<sup>7</sup>Members in CARS are excluded from this measure.

CNC: Could not calculate; N/A: Not applicable

### UHCCP MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020 – Results by Category

Determination by Category	Group C	Group D	Group E <sup>1</sup>	Combined <sup>2</sup>
Assessment	100.0%	69.6%	91.2%	77.9%
Outreach	71.0%	65.7%		68.2%
Face-to-Face Visits	69.7%	71.5%	74.4%	71.9%
Initial Plan of Care (Including Back-up Plans)	75.8%	80.8%	87.9%	81.8%
Ongoing Care Management	77.9%	79.8%	53.3%	72.8%
Gaps in Care/Critical Incidents	86.3%	95.8%	93.9%	92.6%

<sup>1</sup>Initial outreach is not assessed for members in Group E because Group E members are not new to MLTSS.

<sup>2</sup>Calculated as an aggregate score by combining elements applicable to each category.

### UHCCP 2020 Results Summary of Findings for MLTSS Care Management and Continuity of Care

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
United	10	9	1	90%

### UHCCP 2020 Nursing Facility Audit

Due to the COVID-19 Pandemic, it was mutually agreed upon by DMAHS and IPRO that the Nursing Facility Care Management Audit for 2020 would be postponed until the following contract year.

## WCHP Core Medicaid/MLTSS Annual Assessment of MCO Operations

### WCHP 2020 Annual Assessment of MCO Operations

Review Category	Total Elements	Met Prior Year <sup>1</sup>	Subject to Review <sup>2</sup>	Subject to Review and Met <sup>3</sup>	Total Met <sup>4</sup>	Not Met	N/A	% Met <sup>5</sup>	Deficiency Status		
									Prior	Resolved	New
Access	14	8	10	8	12	2	0	86%	1	5	1
Quality Assessment and Performance Improvement	10	10	10	10	10	0	0	100%	0	0	0
Quality Management	19	17	10	10	19	0	0	100%	0	1	0
Efforts to Reduce Healthcare Disparities	5	5	5	5	5	0	0	100%	0	0	0
Committee Structure	9	9	3	3	9	0	0	100%	0	0	0
Programs for the Elderly and Disabled	44	44	11	11	44	0	0	100%	0	0	0
Provider Training and Performance	11	11	4	4	11	0	0	100%	0	0	0
Satisfaction	5	4	3	2	4	1	0	80%	0	0	1
Enrollee Rights and Responsibilities	8	8	4	4	8	0	0	100%	0	0	0
Credentialing and Recredentialing	10	10	3	3	10	0	0	100%	0	0	0
Utilization Management	30	30	14	12	28	2	0	93%	0	0	2
Administration and Operations	13	13	3	3	13	0	0	100%	0	0	0
Management Information Systems	18	18	3	3	18	0	0	100%	0	0	0
<b>TOTAL</b>	<b>196</b>	<b>187</b>	<b>83</b>	<b>78</b>	<b>191</b>	<b>5</b>	<b>0</b>	<b>97%</b>	<b>1</b>	<b>6</b>	<b>4</b>

<sup>1</sup> A total of 94 elements were reviewed in the previous review period; of these 94, 87 were *Met* and 7 were *Not Met*. Remaining existing elements (131) that were *Met Prior Year* were deemed *Met* in the previous review period. The Care Management and Continuity of Care category was removed from the 2020 AA and scored and reviewed independently of the AA.

<sup>2</sup> Elements *Not Met* or *N/A* in prior review, elements *Met* in prior year, but subject to review annually, as well as elements new in this review period. As a result, the sum of “*Met Prior Year*” and “*Subject to Review*” might exceed the total number of elements for some standards.

<sup>3</sup> Elements that were *Met* in this review period among those that were subject to review.

<sup>4</sup> Elements that were *Met* in this review period among those that were subject to review as well as elements that were *Met* in the previous review period and were not subject to review (i.e., were deemed *Met*). This total is used to calculate the compliance score for each standard as well as the overall compliance score.

<sup>5</sup> The compliance score is calculated as the number of *Total 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 *Total Met* elements.

## WCHP Performance Improvement Projects

### WCHP PIP 1: Improving the Rate of Developmental Screening and Early Intervention in Children 0-3 Years of Age

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 1 Topic: Increasing the Rate of Developmental Screening and Early Intervention in Children 0-3 Years of Age	IPRO Review M=Met PM=Partially Met NM=Not Met				
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	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		M	M	M	
1b. Impacts the maximum proportion of members that is feasible		M	M	M	
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M	M	
1d. Reflects high-volume or high risk-conditions		M	M	M	
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M	M	
<b>Element 1 Overall Review Determination</b>		M	M	M	
<b>Element 1 Overall Score</b>		100.0	100.0	100	
<b>Element 1 Weighted Score</b>		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	M	
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M	M	
2c. Objectives align aim and goals with interventions		M	M	M	
<b>Element 2 Overall Review Determination</b>		M	M	M	
<b>Element 2 Overall Score</b>		100.0	100.0	100	
<b>Element 2 Weighted Score</b>		5.0	5.0	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	
3b. Performance indicators are measured consistently over time		M	M	M	
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes		PM	M	M	
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M	M	
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		PM	M	M	

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 1 Topic: Increasing the Rate of Developmental Screening and Early Intervention in Children 0-3 Years of Age	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	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	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		PM	M	M	
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M	M	
<b>Element 3 Overall Review Determination</b>		<b>PM</b>	<b>M</b>	<b>M</b>	
<b>Element 3 Overall Score</b>		<b>50.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 3 Weighted Score</b>		<b>7.5</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		M	M	M	
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M	M	
4c. Provider input at focus groups and/or Quality Meetings		M	M	M	
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M	M	
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M	M	
4f. Literature review		M	M	M	
<b>Element 4 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>M</b>	
<b>Element 4 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>100</b>	
<b>Element 4 Weighted Score</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	N/A	
5b. Actions that target member, provider and MCO		M	M	N/A	
5c. New or enhanced, starting after baseline year		M	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)		M	M	N/A	
<b>Element 5 Overall Review Determination</b>		<b>M</b>	<b>M</b>	<b>N/A</b>	
<b>Element 5 Overall Score</b>		<b>100.0</b>	<b>100.0</b>	<b>N/A</b>	
<b>Element 5 Weighted Score</b>		<b>15.0</b>	<b>15.0</b>	<b>N/A</b>	

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 1 Topic: Increasing the Rate of Developmental Screening and Early Intervention in Children 0-3 Years of Age	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
<b>PIP Components and Subcomponents</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		M	M	M	
<b>Element 6 Overall Review Determination</b>		M	M	M	
<b>Element 6 Overall Score</b>		100.0	100.0	100	
<b>Element 6 Weighted Score</b>		5.0	5.0	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)		M	M	M	
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan		M	M	M	
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.		M	M	PM	
7d. Lessons learned & follow-up activities planned as a result		M	M	M	
<b>Element 7 Overall Review Determination</b>		M	M	PM	
<b>Element 7 Overall Score</b>		100.0	100.0	50.0	
<b>Element 7 Weighted Score</b>		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 was ongoing, additional or modified interventions documented		N/A	N/A	M	
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A	M	
<b>Element 8 Overall Review Determination</b>		N/A	N/A	M	
<b>Element 8 Overall Score</b>		N/A	N/A	100	
<b>Element 8 Weighted Score</b>		N/A	N/A	20.0	
<b>Non-Scored Element: Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)		M	Y	Y	
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	80.0	80.0	85.0	N/A
<b>Actual Weighted Total Score</b>	N/A	72.5	80.0	75.0	N/A

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 1 Topic: Increasing the Rate of Developmental Screening and Early Intervention in Children 0-3 Years of Age	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings <sup>2</sup>	Final Report Findings
PIP Components and Subcomponents					
Overall Rating	N/A	90.6%	100.0%	88.2%	N/A

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

<sup>1</sup>The shaded column represents scoring completed on a different review template, and therefore comparisons cannot be made for these components

<sup>2</sup>Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Sustainability Phase).

### WCHP PIP 2: MCO Adolescent Risk Behaviors and Depression Collaborative

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
PIP Components and Subcomponents					
<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		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100.0	100		
<b>Element 1 Weighted Score</b>	N/A	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100.0	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	5.0		



WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	M		
<b>Element 3 Overall Score</b>	N/A	100.0	100		
<b>Element 3 Weighted Score</b>	N/A	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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	PM		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	PM		
<b>Element 4 Overall Score</b>	N/A	100.0	50		
<b>Element 4 Weighted Score</b>	N/A	15.0	7.5		
<b>Element 5. Robust Interventions (15% weight)</b> Items 5a-5c located in PIP Report Section 5,					

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
Table 1a. Item 5d located in PIP Report Section 5, Table 1b.					
5a. Informed by barrier analysis		M	N/A		
5b. Actions that target member, provider and MCO		M	N/A		
5c. New or enhanced, starting after baseline year		M	N/A		
5d. With corresponding monthly or quarterly intervention tracking measures (aka process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)		PM	N/A		
<b>Element 5 Overall Review Determination</b>	N/A	PM	N/A		
<b>Element 5 Overall Score</b>	N/A	50.0	N/A		
<b>Element 5 Weighted Score</b>	N/A	7.5	N/A		
<b>Element 6. Results Table (15% 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	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100.0	100		
<b>Element 6 Weighted Score</b>	N/A	5.0	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	N/A	M		
<b>Element 7 Overall Score</b>	N/A	N/A	100		
<b>Element 7 Weighted Score</b>	N/A	N/A	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		N/A	N/A		

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 2 Topic: MCO Adolescent Risk Behaviors and Depression Collaborative	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	52.5	57.5	N/A	N/A
<b>Overall Rating</b>	N/A	87.5%	88.5%	N/A	N/A

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

<sup>1</sup> Proposal Findings were not scored

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Findings Phase)

### WCHP PIP 3: Medicaid Primary Care Physician Access and Availability

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 3 Topic: Medicaid Primary Care Physician Access and Availability	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	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					
1b. Impacts the maximum proportion of members that is feasible					
1c. Potential for meaningful impact on member health, functional status or satisfaction					
1d. Reflects high-volume or high risk-conditions					
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)					
<b>Element 1 Overall Review Determination</b>	N/A				
<b>Element 1 Overall Score</b>	N/A				
<b>Element 1 Weighted Score</b>	N/A				

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 3 Topic: Medicaid Primary Care Physician Access and Availability	IPRO Review				
	M=Met	PM=Partially Met	NM=Not Met		
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<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					
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark					
2c. Objectives align aim and goals with interventions					
<b>Element 2 Overall Review Determination</b>	N/A				
<b>Element 2 Overall Score</b>	N/A				
<b>Element 2 Weighted Score</b>	N/A				
<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)					
3b. Performance indicators are measured consistently over time					
3c. Performance Indicators measure changes in health status, functional status, satisfaction or processes of care with strong associations with improved outcomes					
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined					
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]					
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.					
3g. Study design specifies data collection methodologies that are valid and reliable, and representative of the entire eligible population, with a corresponding timeline					
3h. Study design specifies data analysis procedures with a corresponding timeline					
<b>Element 3 Overall Review Determination</b>	N/A				
<b>Element 3 Overall Score</b>	N/A				
<b>Element 3 Weighted Score</b>	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					
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach					
4c. Provider input at focus groups and/or Quality Meetings					

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 3 Topic: Medicaid Primary Care Physician Access and Availability	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
4d. QI Process data (“5 Why’s”, fishbone diagram)					
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)					
4f. Literature review					
<b>Element 4 Overall Review Determination</b>	N/A				
<b>Element 4 Overall Score</b>	N/A				
<b>Element 4 Weighted Score</b>	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					
5b. Actions that target member, provider and MCO					
5c. New or enhanced, starting after baseline year					
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)					
<b>Element 5 Overall Review Determination</b>	N/A				
<b>Element 5 Overall Score</b>	N/A				
<b>Element 5 Weighted Score</b>	N/A				
<b>Element 6. Results Table (15% weight)</b>					
Item 6a located in PIP Report Section 6, Table 2.					
6a. Table shows Performance Indicator rates, numerators and denominators, with corresponding goals					
<b>Element 6 Overall Review Determination</b>	N/A				
<b>Element 6 Overall Score</b>	N/A				
<b>Element 6 Weighted Score</b>	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)					
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan					
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.					
7d. Lessons learned & follow-up activities planned as a result					
<b>Element 7 Overall Review Determination</b>	N/A				
<b>Element 7 Overall Score</b>	N/A				

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 3 Topic: Medicaid Primary Care Physician Access and Availability	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Element 7 Weighted Score</b>	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					
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods					
<b>Element 8 Overall Review Determination</b>	N/A				
<b>Element 8 Overall Score</b>	N/A				
<b>Element 8 Weighted Score</b>	N/A				
<b>Non-Scored Element:</b>					
<b>Element 9. Healthcare Disparities</b>					
9a. Healthcare disparities are identified, evaluated and addressed (Y=Yes N=No)	N				
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	N/A	N/A	N/A	N/A
<b>Overall Rating</b>	N/A	N/A	N/A	N/A	N/A

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

<sup>1</sup>Proposal Findings were not scored.

#### WCHP PIP 4: Early Detection and Prevention of Sepsis in the MLTSS HCBS Population at Risk for Sepsis

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 4 Topic: Early Detection and Prevention of Sepsis in the MLTSS HCBS Population at Risk for Sepsis	IPRO Review				
		M=Met	PM=Partially Met	NM=Not Met	
PIP Components and Subcomponents	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	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		M	M		
1b. Impacts the maximum proportion of members that is feasible		M	M		
1c. Potential for meaningful impact on member health, functional status or satisfaction		M	M		

WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 4 Topic: Early Detection and Prevention of Sepsis in the MLTSS HCBS Population at Risk for Sepsis	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
1d. Reflects high-volume or high risk-conditions		M	M		
1e. Supported with MCO member data (e.g., historical data related to disease prevalence)		M	M		
<b>Element 1 Overall Review Determination</b>	N/A	M	M		
<b>Element 1 Overall Score</b>	N/A	100	100		
<b>Element 1 Weighted Score</b>	N/A	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		
2b. Goal sets a target improvement rate that is bold, feasible, & based upon baseline data & strength of interventions, with rationale, e.g., benchmark		M	M		
2c. Objectives align aim and goals with interventions		M	M		
<b>Element 2 Overall Review Determination</b>	N/A	M	M		
<b>Element 2 Overall Score</b>	N/A	100	100		
<b>Element 2 Weighted Score</b>	N/A	5.0	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		
3b. Performance indicators are measured consistently over time		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		
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined		M	M		
3e. Procedures indicate data source, hybrid vs. administrative, reliability [e.g., Inter-Rater Reliability (IRR)]		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		
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		
3h. Study design specifies data analysis procedures with a corresponding timeline		M	M		
<b>Element 3 Overall Review Determination</b>	N/A	M	M		
<b>Element 3 Overall Score</b>	N/A	100	100		
<b>Element 3 Weighted Score</b>	N/A	15.0	15.0		

<b>WellCare Health Plans of New Jersey, Inc. (WCHP)</b> <b>PIP 4 Topic: Early Detection and Prevention of Sepsis in the MLTSS HCBS Population at Risk for Sepsis</b>	<b>IPRO Review</b> <b>M=Met PM=Partially Met NM=Not Met</b>				
<b>PIP Components and Subcomponents</b>	<b>Proposal Findings<sup>1</sup></b>	<b>Year 1 Findings</b>	<b>Year 2 Findings<sup>2</sup></b>	<b>Sustainability Findings</b>	<b>Final Report Findings</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		
4b. Member input at focus groups and/or Quality Meetings, and/or from CM outreach		M	M		
4c. Provider input at focus groups and/or Quality Meetings		M	M		
4d. QI Process data (“5 Why’s”, fishbone diagram)		M	M		
4e. HEDIS® rates (or other performance metric; e.g., CAHPS)		M	M		
4f. Literature review		M	M		
<b>Element 4 Overall Review Determination</b>	N/A	M	M		
<b>Element 4 Overall Score</b>	N/A	100	100		
<b>Element 4 Weighted Score</b>	N/A	15.0	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		M	NA		
5b. Actions that target member, provider and MCO		M	NA		
5c. New or enhanced, starting after baseline year		M	NA		
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	NA		
<b>Element 5 Overall Review Determination</b>	N/A	PM	NA		
<b>Element 5 Overall Score</b>	N/A	50	NA		
<b>Element 5 Weighted Score</b>	N/A	7.5	NA		
<b>Element 6. Results Table (15% 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	M		
<b>Element 6 Overall Review Determination</b>	N/A	M	M		
<b>Element 6 Overall Score</b>	N/A	100	100		
<b>Element 6 Weighted Score</b>	N/A	5.0	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.					



WellCare Health Plans of New Jersey, Inc. (WCHP) PIP 4 Topic: Early Detection and Prevention of Sepsis in the MLTSS HCBS Population at Risk for Sepsis	IPRO Review M=Met PM=Partially Met NM=Not Met				
	Proposal Findings <sup>1</sup>	Year 1 Findings	Year 2 Findings <sup>2</sup>	Sustainability Findings	Final Report Findings
<b>PIP Components and Subcomponents</b>					
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	N/A	M		
<b>Element 7 Overall Score</b>	N/A	0	100		
<b>Element 7 Weighted Score</b>	N/A	0.0	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 was ongoing, additional or modified interventions documented		N/A	N/A		
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods		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		
<b>Element 8 Weighted Score</b>	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		
	Proposal Findings	Year 1 Findings	Year 2 Findings	Sustainability Findings	Final Report Findings
<b>Maximum Possible Weighted Score</b>	55.0	60.0	65.0	N/A	N/A
<b>Actual Weighted Total Score</b>	N/A	52.5	65.0	N/A	N/A
<b>Overall Rating</b>	N/A	87.5%	100%	N/A	N/A

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

<sup>1</sup> Proposal Findings were not scored.

<sup>2</sup> Due to COVID-19 impacting interventions, Element 5 is not scored in 2020 (during this PIP's Year 2 Phase)

## WCHP Care Management Audits

### WCHP 2020 (MY 2019) Core Medicaid Care Management Audit

Determination by Category	DDD 2019 (n=43)	DCP&P 2019 (n=21)
Outreach	99%	93%
Preventive Services	73%	75%
Continuity of Care	74%	81%
Coordination of Services	99%	100%

### WCHP 2020 Summary of Findings for Core Medicaid Care Management and Continuity of Care Standard

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
WellCare	30	27	3	90%

WCHP MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020

Performance Measure	Group <sup>1</sup>	July 2019 – February 2020		
		D	N	Rate
#8. Initial Plan of Care established within 45 days of enrollment into MLTSS/HCBS <sup>2</sup>	Group C	13	7	53.8%
	Group D	77	55	71.4%
	Group E			
	Total	90	62	68.9%
#9. Member’s Plan of Care is reviewed annually within 30 days of the member’s anniversary and as necessary <sup>3</sup>	Group C			
	Group D			
	Group E	21	18	85.7%
	Total	21	18	85.7%
#9a. Member’s Plan of Care is amended based on change of member condition <sup>4</sup>	Group C	0	0	N/A
	Group D	0	0	N/A
	Group E	0	0	N/A
	Total	0	0	N/A
#10. Plans of Care are aligned with members needs based on the results of the NJ Choice Assessment <sup>5</sup>	Group C	10	9	90.0%
	Group D	55	53	96.4%
	Group E	24	23	95.8%
	Total	89	85	95.5%
#11. Plans of Care developed using “person-centered principles” <sup>6</sup>	Group C	10	9	90.0%
	Group D	55	49	89.1%
	Group E	35	24	68.6%
	Total	100	82	82.0%
#12. MLTSS Home and Community-Based Services (HCBS) Plans of Care that contain a Back-up Plan <sup>7</sup>	Group C	9	7	77.8%
	Group D	54	48	88.9%
	Group E	35	34	97.1%
	Total	98	89	90.8%
#16. Member training on identifying/reporting critical incidents	Group C	10	9	90.0%
	Group D	55	54	98.2%
	Group E	35	34	97.1%
	Total	100	97	97.0%

<sup>1</sup>Group C is made up of members new to managed care and newly eligible to MLTSS. Group D is made up of current members newly enrolled to MLTSS. Group E is made up of members enrolled in the MCO and MLTSS prior to the review period.

<sup>2</sup>Compliance with Performance Measure #8 was calculated using 45 calendar days to establish an initial plan of care.

<sup>3</sup>For cases with no evidence of annual review, members are excluded from this measure if there was less than 13 months between the initial POC and the end of the study period.

<sup>4</sup>Members who did not have a documented change in condition during the study period are excluded from this measure.

<sup>5</sup>Members are excluded from this measure if they do not have a completed NJCA or a completed POC.

<sup>6</sup>In the current review period, documentation should have demonstrated that the member and/or authorized representative were involved in goal setting and in agreement with the established goals. The member's expressed needs and preferences, informal and formal supports, and options should have been addressed in the POC.

<sup>7</sup>Members in CARS are excluded from this measure.

CNC: Could not calculate; N/A: Not applicable

### WCHP MLTSS HCBS Care Management Audit – July 1, 2019 – February 29, 2020 – Results by Category

Determination by Category	Group C	Group D	Group E <sup>1</sup>	Combined <sup>2</sup>
Assessment	100.0%	65.6%	88.9%	70.4%
Outreach	90.0%	85.5%		86.2%
Face-to-Face Visits	79.1%	93.8%	80.2%	87.8%
Initial Plan of Care (Including Back-up Plans)	78.9%	88.1%	90.2%	88.0%
Ongoing Care Management	74.1%	77.8%	59.7%	72.4%
Gaps in Care/Critical Incidents	89.5%	98.2%	97.1%	97.0%

<sup>1</sup>Initial outreach is not assessed for members in Group E because Group E members are not new to MLTSS.

<sup>2</sup>Calculated as an aggregate score by combining elements applicable to each category.

### WCHP 2020 Results Summary of Findings for MLTSS Care Management and Continuity of Care

MCO	Total Elements Reviewed	Total Elements Met	Total Elements Not Met	Compliance Percentage
WellCare	10	10	0	100%

### WCHP 2020 Nursing Facility Audit

Due to the COVID-19 Pandemic, it was mutually agreed upon by DMAHS and IPRO that the Nursing Facility Care Management Audit for 2020 would be postponed until the following contract year.