NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

Plan – Technical Report
For
Fidelis Care at Home

Reporting Years 2013 and 2014

February 2017

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans and to maintain the continuity of care to the public.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Member Satisfaction, SAAM and UAS Clinical Assessment Data, and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, and timeliness .For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

During the review period of this report (2013-14), there were three (3) MLTC plan types:

a) Partially Capitated
b) Program of All-inclusive Care for the Elderly (PACE)
c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated - A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non-MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE - A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP) - MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and, where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for reporting years 2013 and 2014.

Section Two: Plan Profile

NY State Catholic Health Plan, Inc. (Fidelis Care at Home) is a Managed Long-Term Care (MLTC) plan with partially capitated and Medicaid Advantage Plus (MAP) products. The following report presents plan-specific information.

- Partially Capitated Plan ID: 01788325
- MAP Plan ID: 02927631
- Managed Long-Term Care Start Date: September 1993 (Partially Capitated), 2010 (MAP)
- Product Line(s): Partially Capitated and MAP
- MLTC Age Requirement: 18 and older
- Contact Information:

Partially Capitated	MAP
400 Rella Blvd Suite 116	95-25 Queens Blvd
Suffern, NY 10901	Rego Park, NY 11374
(800) 688-7422	(888) 343-3547

Participating Counties and Programs

Albany	Partial Cap	MAP
Bronx	Partial Cap	
Broome	Partial Cap	
Cattaraugus	Partial Cap	
Cayuga	Partial Cap	
Chautauqua	Partial Cap	
Chenango	Partial Cap	
Columbia	Partial Cap	
Cortland	Partial Cap	
Delaware	Partial Cap	
Dutchess	Partial Cap	
Erie	Partial Cap	
Essex	Partial Cap	
Fulton	Partial Cap	
Kings	Partial Cap	
Livingston	Partial Cap	
Monroe	Partial Cap	
Montgomery	Partial Cap	MAP
Nassau	Partial Cap	
New York	Partial Cap	MAP
Niagara	Partial Cap	
Oneida	Partial Cap	
Onondaga	Partial Cap	
Ontario	Partial Cap	
Orange	Partial Cap	
Orleans	Partial Cap	
Oswego	Partial Cap	
Putnam	Partial Cap	
Richmond	Partial Cap	
Rockland	Partial Cap	
Schenectady	Partial Cap	MAP
Schoharie	Partial Cap	
Steuben	Partial Cap	
Suffolk	Partial Cap	
Sullivan	Partial Cap	
Tioga	Partial Cap	
Tompkins	Partial Cap	
Ulster	Partial Cap	
Warren	Partial Cap	
Washington	Partial Cap	
Wayne	Partial Cap	
Westchester	Partial Cap	

Greene	Partial Cap		Queens	Partial Cap	
Herkimer	Partial Cap		Rensselaer	Partial Cap	MAP

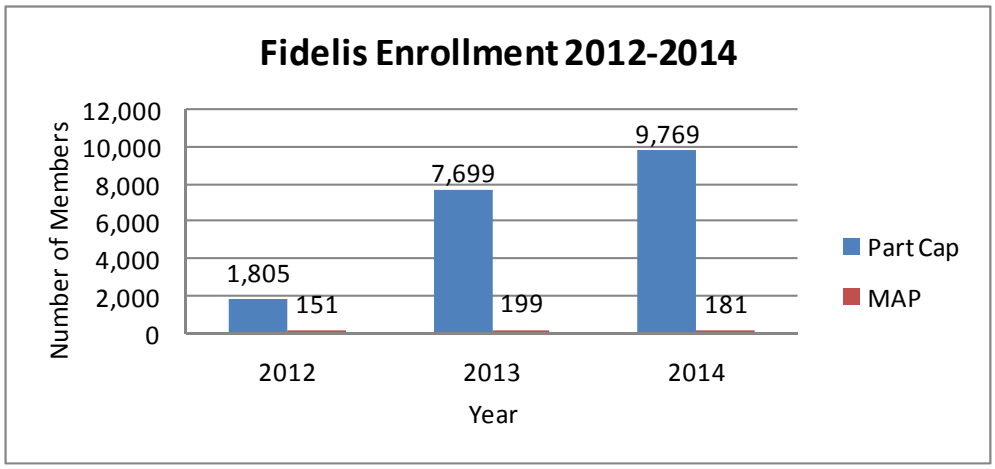
Section Three: Enrollment

Figure 1 depicts membership for the Fidelis' partially capitated and MAP product lines for calendar years 2012 to 2014, as well as the percent change from the previous year (the data reported are from December of each of these years). Membership in the partially capitated plan grew over this period, increasing by 326.5% from 2012 to 2013 and by 26.9% from 2013 to 2014. For the MAP line, membership increased by 31.8% from 2012 to 2013 and decreased by 9.0% from 2013 to 2014. Figure 1a trends the enrollment for both the partially capitated and MAP product lines.

Figure 1: Membership: Partially Capitated and MAP 2012-2014

	2012	2013	2014
Partially Capitated			
Number of Members	1,805	7,699	9,769
% Change From Previous Year	316.9%	326.5%	26.9%
MAP			
Number of Members	151	199	181
% Change From Previous Year	88.8%	31.8%	-9.0%

Figure 1a: Enrollment Trends 2012-2014



Section Four: Member Satisfaction

IPRO, in conjunction with the NYSDOH, conducted a member satisfaction survey mailed between December 2014 and May 2015. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 18,909 surveys that were mailed, 1,109 were returned as undeliverable due to either mailing address issues or the member being deceased. This yielded an adjusted population of 17,800. A total of 4,592 surveys were completed, yielding an overall response rate of 25.8%.

The response rate for Fidelis' partially capitated product line was 27.7% (159 respondents out of 573 members in the sample). The response rate for Fidelis' MAP product line was 25.8% (40 respondents out of 155 members in the sample).

IPRO had previously conducted a similar satisfaction survey that was mailed between December 2012 and May 2013. Figure 2a represents the results of these two satisfaction surveys from Fidelis' partially capitated product line, compared with all other partially capitated plans throughout the state, as well as all MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives. Figure 2b represents survey results from Fidelis' MAP product line, compared with all other MAP plans throughout the state, as well as all MLTC plans statewide, in these same areas.

Figure 2a: Satisfaction Survey Results Fidelis Compared with all Partially Capitated Plans, and all Plans Statewide	Fidelis 2012-2013 (N=102)[a]		Overall Part Cap 2012-2013 (N=1,662)[a]		Statewide 2012-2013 (N=2,522)[a]		Fidelis 2014-2015 (N=159)[a]		Overall Part Cap 2014-2015 (N=3,306)[a]		Statewide 2014-2015 (N=4,592)[a]	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**
Plan requested list of Rx/OTC meds **	87	91%	1,439	87%	2,197	88%	136	92%	2,677	94%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	100	80%	1,831	77%	2,495	75%
Plan rated as good or excellent	96	87%	1,625	84%	2,458	84%	142	88%	2,688	87%	3,739	87%
Quality of Care Rated as Good or Excellent												
Dentist	58	79%	1,009	71%	1,530	70%	88	80%	1,669	73%	2,382	73%
Eye Care-Optometry	73	93%▲	1,279	82%	1,951	81%	114	83%	2,167	81%	3,079	82%
Foot Care	72	85%	1,087	82%	1,640	80%	96	90%	1,903	83%	2,637	83%
Home Health Aide	79	86%	1,358	88%	2,056	87%	118	87%	2,437	87%	3,351	87%
Care Manager	91	88%	1,389	84%	2,108	84%	121	84%	2,479	83%	3,445	83%
Regular Visiting Nurse	86	92%	1,420	84%	2,132	84%	118	88%	2,412	83%	3,355	83%
Medical Supplies	83	89%	1,185	85%	1,844	86%	111	87%	2,066	82%	2,937	82%
Transportation Services	80	89%	1,242	77%	1,916	78%	103	82%	2,000	77%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	80	84%	1,258	79%	1,897	78%	125	93%	2,471	92%	3,385	93%
Care Manager	88	76%	1,225	70%	1,876	69%	105	90%	2,270	83%	3,144	83%
Regular Visiting Nurse	85	79%	1,351	70%	2,027	69%	109	89%	2,297	81%	3,177	81%
Transportation TO the Doctor	76	86%▲	1,147	68%	1,766	69%	91	88%	1,763	81%	2,515	81%
Transportation FROM the Doctor	76	83%▲	1,124	67%	1,742	67%	90	83%	1,753	78%	2,505	78%
Access to Routine Care (<1 Month)												
Dentist	50	72%▲	832	47%	1,234	46%	77	92%▲	1,323	75%	1,873	73%
Eye Care/Optometry	70	56%	1,093	43%	1,647	43%	97	89%	1,767	80%	2,486	79%
Foot Care/Podiatry	69	62%	932	45%	1,390	45%	86	92%▲	1,608	82%	2,220	80%
Access to Urgent Care (Same Day)												
Dentist	40	18%	612	28%	920	26%	67	39%	1,062	31%	1,526	29%
Eye Care/Optometry	46	17%	788	25%	1,195	22%	75	39%	1,497	34%	2,165	33%
Foot Care/Podiatry	54	19%	692	27%	1,039	26%	74	39%	1,368	35%	1,912	34%

Advance Directives												
Plan has discussed appointing someone to make decisions	83	86%▲	1,346	64%	2,087	68%	118	53%▼	2,660	64%	3,757	67%
Member has legal document appointing someone to make decisions	89	70%	1,387	55%	2,145	61%	128	52%	2,645	53%	3,722	58%
Health plan has a copy of this document ◊	43	88%	533	74%	956	77%	41	71%	913	75%	1,506	79%

LEGEND	
Symbol	**Description**
[a]	N reflects the total number of members who completed the survey
[b]	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
▲	Represents a significantly higher rate versus the Partially Capitated/statewide rate ($p < .001$)
▼	Represents a significantly lower rate versus the Partially Capitated/statewide rate ($p < .001$)
◊	Item based on a skip pattern

Satisfaction Survey Results Summary

Satisfaction survey results demonstrated that Fidelis' partially capitated members rated the majority of their services and care similar to members enrolled in other partially capitated plans, and in all plans statewide. There was significant improvement observed for access to routine care, as well as same day care, from 2012/2013 - 2014/2015. In contrast, there was a decline observed in each of the three advance directive indicators (discussion, execution, and health plan receipt) from 2012/2013 to 2014/2015.

In the most recent satisfaction survey administered to Fidelis' members, there were several statistically significant differences between these members, and those enrolled in other partially capitated plans and all plans statewide. With regard to access to routine care, a higher percentage of Fidelis members indicated that they had access to routine care for dentists (92% vs. 75% and 73%, respectively) and to podiatrists (92% vs. 82% and 80%, respectively). In contrast, a significantly lower percentage of Fidelis members reported that the Plan discussed appointing someone to make health care decisions for them, when compared to members in all partially capitated plans and members statewide (53% vs. 64% and 67%, respectively).

Figure 2b: Satisfaction Survey Results Fidelis Compared with all MAP Plans, and all Plans Statewide	Fidelis 2012-2013 (N=25)[a]		Overall MAP 2012-2013 (N=414)[a]		Statewide 2012-2013 (N=2,522)[a]		Fidelis 2014-2015 (N=40)[a]		Overall MAP 2014-2015 (N=712)[a]		Statewide 2014-2015 (N=4,592)[a]	
Description	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**	**n[b]**	**%**
Plan requested list of Rx/OTC meds **	22	82%[c]	377	93%	2,197	88%	29	93%[c]	593	95%	3,702	94%
Plan explained the Consumer Directed Personal Assistance option ++	-	-	-	-	-	-	22	86%[c]	397	74%	2,495	75%
Plan Rated as Good or Excellent	24	83%[c]	403	85%	2,458	84%	35	94%	598	90%	3,739	87%
Quality of Care Rated as Good or Excellent												
Regular Doctor (PCP)	23	87%[c]	375	88%	2,247	89%	29	86%[c]	583	90%	3,572	91%
Dentist	14	71%[c]	230	62%	1,530	70%	20	65%[c]	376	72%	2,382	73%
Eye Care-Optometry	18	94%[c]	317	78%	1,951	81%	29	86%[c]	521	86%	3,079	82%
Foot Care	15	87%[c]	275	77%	1,640	80%	24	79%[c]	412	80%	2,637	83%
Home Health Aide	21	86%[c]	361	85%	2,056	87%	27	85%[c]	541	86%	3,351	87%
Care Manager	20	85%[c]	353	84%	2,108	84%	28	86%[c]	552	81%	3,445	83%
Regular Visiting Nurse	21	81%[c]	352	79%	2,132	84%	24	83%[c]	542	81%	3,355	83%
Medical Supplies	19	79%[c]	304	82%	1,844	86%	23	74%[c]	471	81%	2,937	82%
Transportation Services	17	88%[c]	287	69%	1,916	78%	25	84%[c]	432	72%	2,853	77%
Timeliness- Always or Usually On Time												
Home Health Aide, Personal Care Aide	21	57%[c]	320	78%	1,897	78%	24	100%[c]	540	95%	3,385	93%
Care Manager	19	58%[c]	310	67%	1,876	69%	23	83%[c]	494	81%	3,144	83%
Regular Visiting Nurse	21	57%[c]	336	64%	2,027	69%	21	67%[c]	512	78%	3,177	81%
Transportation TO the Doctor	18	61%[c]	249	66%	1,766	69%	23	83%[c]	382	75%	2,515	81%
Transportation FROM the Doctor	16	56%[c]	252	63%	1,742	67%	23	87%[c]	382	73%	2,505	78%
Access to Routine Care (<1 Month)												
Regular Doctor (PCP)	23	48%[c]	358	58%	2,104	59%	28	89%[c]	533	86%	3,328	88%
Dentist	13	54%[c]	173	46%	1,234	46%	18	67%[c]	297	67%	1,873	73%
Eye Care/Optometry	16	44%[c]	272	40%	1,647	43%	22	82%[c]	419	79%	2,486	79%
Foot Care/Podiatry	15	33%[c]	235	40%	1,390	45%	16	69%[c]	357	76%	2,220	80%
Access to Urgent Care (Same Day)												
Regular Doctor (PCP)	21	43%[c]	307	38%	1,755	45%	26	62%[c]	460	49%	2,885	50%
Dentist	9	33%[c]	135	29%	920	26%	13	31% [c]	243	32%	1,526	29%
Eye Care/Optometry	13	15%[c]	207	21%	1,195	22%	25	36%[c]	390	33%	2,165	33%
Foot Care/Podiatry	13	15%[c]	184	25%	1,039	26%	16	13%[c]	309	32%	1,912	34%

Figure 2b: Satisfaction Survey Results Fidelis Compared with all MAP Plans, and all Plans Statewide	Fidelis 2012-2013 (N=25)[a]		Overall MAP 2012-2013 (N=414)[a]		Statewide 2012-2013 (N=2,522)[a]		Fidelis 2014-2015 (N=40)[a]		Overall MAP 2014-2015 (N=712)[a]		Statewide 2014-2015 (N=4,592)[a]	
Advance Directives												
Plan has discussed appointing someone to make decisions	21	57%[c]	352	70%	2,087	68%	33	76%	600	75%	3,757	67%
Member has legal document appointing someone to make decisions	23	52%[c]	363	62%	2,145	61%	31	58%	583	61%	3,722	58%
Health plan has copy of this document ◊	7	57%[c]	154	65%	956	77%	12	50%[c]	245	71%	1,506	79%

LEGEND	
Symbol	**Description**
[a]	N reflects the total number of members who completed the survey
[b]	n reflects the total number of members who responded to each survey item
**	Represents question that has been added to the 2013-2014 technical report
++	Represents new question in 2014-2015 survey
◊	Item based on a skip pattern
[c]	Significance testing could not be performed due to small sample size (n<30)

Among Fidelis MAP members, there was an improvement in satisfaction across the majority of categories of care from 2012/2013 to 2014/2015. This difference was especially notable in several areas, including timeliness, access to routine care, and whether the plan discussed appointing a healthcare proxy with members.

Results from these surveys should be interpreted with caution, as small sample sizes have the potential to skew results.

Section Five: SAAM and UAS

The Semi Annual Assessment of Members (SAAM) was the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter, through 2013. There are fifteen (15) care categories, or domains in SAAM, as follows:

Diagnosis/Prognosis/Surgeries
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Nursing Home Admissions
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
Hospitalizations

SAAM data were submitted to the NYSDOH twice annually, in January and July, through July 2013. The January submission consisted of assessments conducted between July and December of the prior year; the July submission consisted of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issued plan-specific reports containing plan mean results and comparison to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consisted of 13 items/questions, as follows:

Urinary Incontinence
Bowel incontinence frequency
Cognitive functioning
Confusion
Anxiety
Depression
Ability to dress upper body
Ability to dress lower body
Bathing
Toileting
Transferring
Ambulation/Locomotion
Feeding/Eating

Each item had a point value; a combined total score of 5 or greater constituted MLTC eligibility.

Effective October 2013, the SAAM tool was replaced by the Uniform Assessment System for NY (UAS-NY). The UAS-NY is a web based clinical assessment tool based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York[1]. Data are immediately available to users during and upon completion of the assessment.

Figure 3a contains Fidelis' July 2013 SAAM results, and Figure 3b contains Fidelis' January-June and July-December 2014 UAS results for their partially capitated line.

Figure 4a contains Fidelis' July 2013 SAAM results, and Figure 4b contains Fidelis' January-June and July-December 2014 UAS results for their MAP line.

[1] NYS Department of Health, *2014 Managed Long Term Care Report*. http://health.ny.gov

Figure 3a: Fidelis Partially Capitated and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=4,906	Statewide SAAM N=106,806
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	88%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	81%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	78%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	72%	79%
Toileting – % of members able to perform task independently, with setup help, or with supervision	86%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	82%	88%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	99%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	32%	26%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	65%	80%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	42%	40%
When Confused – % with no confusion	30%	35%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	28%	38%
Depressed – % with no feelings of depression	51%	75%

SAAM Items	July 2013	
	Plan SAAM N=4,906	Statewide SAAM N=106,806
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	31%	45%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	65%	54%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	67%	73%

Fidelis Partially Capitated Product: SAAM July 2013

A lower percentage of Fidelis' partially capitated members were able to perform the 7 Activities of Daily Living (ADLS), with the exception of eating. In addition, a lower percentage of members reported having no feelings of anxiety or depression, and no pain. It should be noted the SAAM questions pertaining to mood and behavior are prone to a high level of subjectivity on the part of the assessor and may also be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

Figure 3b: Fidelis Partially Capitated and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=8,041	Statewide UAS N=125,702	Plan UAS N=8,671	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	56%	56%	49%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	14%	20%	9%	17%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	27%	33%	21%	31%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	18%	18%	12%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	58%	64%	49%	58%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	79%	88%	74%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	38%	36%	37%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	80%	83%	80%	83%
Cognition				
Cognitive functioning – % with intact functioning	44%	39%	40%	33%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	81%	75%	79%	74%
Depressed – % with no feelings of depression	77%	71%	74%	68%
Health Conditions				
Frequency of Pain –	29%	26%	24%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=8,041	Statewide UAS N=125,702	Plan UAS N=8,671	Statewide UAS N=132,429
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	86%	88%	89%	91%
Prevention				
Dental Exam – % who had dental exam in last year	44%	49%	46%	50%
Eye Exam – % who had eye exam in last year	63%	72%	66%	73%
Hearing Exam – % who had hearing exam in last 2 years	32%	33%	32%	33%
Influenza Vaccine – % who had influenza vaccine in last year	66%	75%	67%	76%

Fidelis Partially Capitated Product: UAS January-June 2014
Compared with members statewide, a lower percentage of Fidelis members were able to independently dress their upper body, use the toilet or eat. Additionally, a lower percentage of members received an influenza vaccine. There were higher percentage of members who demonstrated intact cognitive functioning, as well as who exhibited no anxiety or depression.

Fidelis Partially Capitated Product: UAS July-December 2014
Fidelis members had slightly lower rates for falls resulting in medical intervention, prevention measures and for the ability to perform the 7 ADLs compared to members statewide. However, Fidelis had higher rates for members with no feelings of anxiety or depression, and for those with intact cognitive functioning.

Figure 4a: Fidelis MAP and Statewide SAAM Data 2013

SAAM Items	July 2013	
	Plan SAAM N=155	Statewide SAAM N=111,557
Activities of Daily Living (ADL)		
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	93%	92%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	88%	89%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	91%	87%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	87%	79%
Toileting – % of members able to perform task independently, with setup help, or with supervision	91%	91%
Transferring- % of members able to transfer independently, with use of an assistive device, or with supervision/minimal assistance	88%	88%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	99%	99%
Continence		
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	37%	27%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	76%	79%
Cognition		
Cognitive Impairment – % members with no cognitive impairment	44%	40%
When Confused – % with no confusion	25%	34%
Mood and Behavior		
Anxiety – % with no feelings of anxiety	26%	38%
Depressed – % with no feelings of depression	65%	74%

SAAM Items	July 2013	
	Plan SAAM N=155	Statewide SAAM N=111,557
Health Conditions		
Frequency of Pain – % experiencing no pain, or pain less than daily	46%	44%
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	52%	55%
Prevention		
Influenza Vaccine – % who had influenza vaccine in last year	76%	73%

SAAM July 2013

The percentage of members who could perform lower body dressing was higher for Fidelis MAP members. A lower percentage of members reported no feeling of anxiety and depression compared to members statewide. It should be noted that these SAAM questions pertaining to mood are prone to a high level of subjectivity on the part of the assessor and may also be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

Figure 4b: Fidelis MAP and Statewide UAS Data 2014

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=147	Statewide UAS N=125,702	Plan UAS N=139	Statewide UAS N=132,429
Activities of Daily Living (ADL)				
Ambulation/Locomotion – % of members who could perform task independently, with setup help/device, or with supervision	74%	56%	55%	53%
Bathing – % of members who could perform task independently, with setup help/device, or with supervision	29%	19%	19%	16%
Upper Body Dressing – % of members able to perform task independently, with setup help, or with supervision	56%	33%	37%	30%
Lower Body Dressing – % of members able to perform task independently, with setup help, or with supervision	44%	19%	26%	16%
Toileting – % of members able to perform task independently, with setup help, or with supervision	76%	63%	60%	57%
Feeding/Eating – % of members able to eat/drink independently, with setup help, or with supervision	91%	87%	79%	86%
Continence				
Urinary Continence – % who are continent, have control with catheter/ostomy, or were infrequently incontinent	31%	36%	29%	36%
Bowel Continence – % who are continent, have control with ostomy, or were infrequently incontinent	82%	83%	79%	83%
Cognition				
Cognitive functioning – % with intact functioning	40%	39%	26%	34%
Mood and Behavior				
Anxiety – % with no feelings of anxiety	80%	76%	79%	75%
Depressed – % with no feelings of depression	67%	71%	76%	68%
Health Conditions				
Frequency of Pain –	27%	26%	37%	22%

UAS Items	Jan-June 2014		July-Dec 2014	
	Plan UAS N=147	Statewide UAS N=125,702	Plan UAS N=139	Statewide UAS N=132,429
% experiencing no severe daily pain				
Falls Resulting in Medical Intervention – % of members experiencing no falls requiring medical intervention	84%	88%	91%	91%
Prevention				
Dental Exam – % who had dental exam in last year	40%	49%	37%	50%
Eye Exam – % who had eye exam in last year	71%	71%	69%	73%
Hearing Exam – % who had hearing exam in last 2 years	21%	33%	24%	33%
Influenza Vaccine – % who had influenza vaccine in last year	69%	75%	69%	76%

UAS January-June 2014

Compared with members statewide, a lower percentage of Fidelis members had no falls resulting in medical intervention. Similarly, a lower percentage of members reported having a dental or hearing exam, as well as the influenza vaccine. In contrast, a higher percentage of Fidelis members could perform the 7 ADLs listed in Figure 4b above, when compared with members statewide.

UAS July-December 2014

A lower percentage of Fidelis members demonstrated intact cognitive functioning. Similarly, a lower percentage of members complied with the four prevention indicators represented in Figure 4b. In contrast, a higher percentage of Fidelis members reported no feelings of anxiety, depression, or pain.

Section Six: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of Fidelis' PIP for 2013:

Fidelis sought to improve workflows, processes and procedures for assisting MLTC Plan members with their Medicaid recertification process in order to increase the rate of recertification and retention of these members. Annually, most members must recertify and be deemed eligible for Medicaid coverage to continue enrollment in the MLTC. However, the majority of these vulnerable members of the community require "high-touch" assistance to be able to do so.

The goal of this project was to improve the recertification rate. The objectives were as follows:

1) To reduce the number of individuals who have lost Medicaid coverage based on failure to recertify annually and ensure continuity of care.
2) To develop and implement an internal workflow and process to facilitate the identification of members due for recertification.
3) To develop and implement an internal workflow to facilitate outreach efforts and home visit assessments by Fidelis retention staff to assist in the recertification process.

Interventions included the following:

- To Address Internal Process Barriers:
  - Marketing Support Associates and Retention Staff received further training in ePACES Medicaid eligibility inquiry system (February 2013).
  - Modified outreach workflow so that when a member who cannot be reached after 3 phone attempts, the Fidelis Care MLTC service coordinator is contacted for an alternate number.
  - Further improved workflow process by providing retention staff with access to clinical notes.
  - Implemented two-step process to check latest renewal status on members.
    - Step 1 = Check HRA Hotline prior to outreach call.
    - Step 2 = Check renewal status file on weekly basis thereafter.
  - Created an email inbox "MLTCRetention@fideliscare.org" to ensure that all incoming messages were addressed in a timely fashion (Sept. 2013).
  - Redesigned outreach tracking spreadsheet to be able to monitor the effectiveness of different types of outreach efforts and collect success stories.
  - Transitioned the handling of recertification efforts for Upstate MLTC members to their respective Fidelis Care Syracuse, Buffalo and Albany offices for outreach (September 2013).
- To Address External Process Barriers:
  - Participation in monthly calls with HRA and Maximus (vendor hired by the State to administer enrollment processing).
  - Implemented a train-the-trainer program to translate information received from HRA and Maximus.
  - Creation of a LDSS contacts spreadsheet.
  - Worked actively with LDSS offices to resolve pending cases.
  - Increased outreach time-span from 30 to 60 days prior to the recertification date in order to allow outreach to members to begin earlier.

- To Address Individual (Member) Barriers:
  - Began verifying the address on the envelopes which members received from HRA and providing them with a new envelope with the correct address, as necessary. This will ensure that the renewal will be mailed to the appropriate Medicaid office.
  - Implemented a process for request and delivery of replacement renewal applications for members who need it (April 2013).

The project team also came up with an "If, Then" analysis as a solution to bridge the gap between the current state and the target state:

If we…	**Then we will…**
Learn how to deal with the different LDSS offices according to their rules	Become more efficient at helping members recertify
Identify an IT point person for MLTC	Receive data in a more timely fashion
Can't reach member after 3 phone attempts	Contact service coordinator and/or agency for alternate number
Inform members not to use the envelope they have, and provide them with a new envelope	Prevent members from sending MLTC recertification paperwork to the regular Medicaid renewal office
Send IT the cases that are showing ineligible in FACETS but are actually pending renewal	Prevent these members from potentially getting service denials
Have official FACETS training for new staff	Help speed up the process and eliminate time wasted clicking through different screens for the information
Were able to obtain access to clinical notes	Have a more comprehensive understanding of individual member issues

Results are summarized as follows:

- The FCAH (partially capitated)recertification rate was 91.2% in September 2013, compared with the January 2013 baseline of 84.9%.
- The MAP recertification rate was 100% throughout all time periods except for July 2013, due to the disenrollment of one member.
- The combined cumulative recertification rate for FCAH and MAP together was higher in September 2013 than at baseline in January 2013 (91.6% vs. 85.5%). However, this trend was not deemed statistically significant.
- There was not a statically significant reduction in the number of individuals who had lost Medicaid coverage based on failure to recertify as a result of the study. However, analysis suggests an upward trend in improvement in the recertification rate overtime.
- This study was helpful in achieving improved communication and coordination among the involved departments at Fidelis Care. The Plan developed and implemented efficient internal workflows and processes to facilitate the identification of members due for recertification. It developed and implemented an internal workflow to facilitate outreach efforts and home visit assessments by Fidelis retention staff to assist in the recertification process.

Conclusions:
There was not a statistically significant reduction in the number of individuals who have lost Medicaid coverage based on failure to recertify as a result of the study. However, analysis suggests an upward trend in improvement in the recertification rate over time.

This study was helpful in achieving improved communication and coordination among the involved departments at Fidelis Care. The Plan developed and implemented efficient internal workflows and processes to facilitate the identification of members due for recertification. It developed and implemented an internal workflow to facilitate outreach efforts and home visit assessments by Fidelis retention staff to assist in the recertification process.

The following represents a summary of Fidelis' PIP for 2014:

Fidelis conducted a project, "Reducing Emergency Room Care for Managed Long Term Care (MLTC) Members," to decrease the incidence of emergency room visits through improved care planning in newly enrolled MLTC members in Fidelis Care's two lines of business who have recently utilized the ER as reported on their baseline UAS.

The objectives of this project included the following:
- Reduce ER visits for enrolled members.
- Bolster the Plan's care management initiatives through improved care planning.
- Increase the percentage of members with "No Known Emergency Care" as defined by the Consumer's Guide to Managed Long Term Care in New York City.
- Perform well on the NYSDOH Proposed 2014 MLTC Quality Incentive Program Quality Measures.

Interventions included the following:
- Training of Care Managers regarding expectations for documentation, frequency of and content of care management records to assure implementation of interventions as stipulated on individual member care plans.
- Review of ongoing results at Care Management Committee meetings and at routine project meetings to evaluate the effectiveness of interventions with MLTC Care Managers.
- At the department level – Ensure ongoing PCP contact and coordination.

The main outcome measure for this project was the average number of emergency room visits (not counting overnight stay) as assessed on the UAS under Section L: Treatment and Procedures.

Results are summarized as follows:
The results showed that the number of these members who reported an ER visit within the 90 days prior to their reassessment was 16. As all participants had reported an ER visit at the onset of the study, the percentage decrease in the number of members reporting an ER visit at reassessment was 64.4%. There was also an improvement in the average number of ER visits among these 45 members; this number improved from 1.33 upon initial assessment to 0.42 upon reassessment, with a corresponding percentage decrease of 68.3%. The 2014 Consumer Guide to Managed Long Term Care in New York City awarded Fidelis 4 stars for patient safety for its Part Cap product line and 3 stars for its MAP product line. Improvements were also seen in reported ER utilization on the New York State Managed Long Term Care Report; the percentage of Part Cap members reporting "No known emergency care" improved from 68% in 2013 to 92% in 2014 and is now in the 90th percentile compared with the

statewide average. The percentage of MAP members improved from 69% in 2013 to 83% in 2014 and is also no longer significantly below the statewide average.

Conclusions:
Fidelis was successful at improving the ER utilization among its MLTC members; the project may have also had a positive effect on the larger MLTC population. The study objectives were largely met, as shown by the study results. Work flows were put into place that should continue beyond the project's conclusion and can be replicated for future projects.

Section Seven: Summary/Overall Strengths and Opportunities

Strengths

Partially Capitated

Access to Routine Care
The 2014/2015 satisfaction survey revealed that a higher percentage of Fidelis members had access to routine dental and foot care, when compared with members in other partially capitated plans and all plans statewide. Ninety-two percent (92%) of Fidelis members reported having access to a dentist within a month, compared with those enrolled in the other partially capitated plans and in all plans statewide (75% and 73%, respectively). Similarly, ninety-two percent (92%) of Fidelis members reported having access to a podiatrist within a month, compared with those in similar plans and all plans statewide (82% and 80%, respectively). These differences between Fidelis members and those enrolled in other plans are statistically significant.

Similarly, the 2012/2013 satisfaction survey revealed that a higher percentage of Fidelis members had access to routine dental and foot care, however the difference in foot care between members and those enrolled in other plans was not statistically significant. In terms of dental care, 72% of Fidelis members indicated timely access to routine care, compared with 47% of members in other partially capitated plans, and 46% of members statewide.

Mood and Behavior
In both UAS reporting periods in 2014, a higher percentage of Fidelis members reported no feelings of depression, compared with members statewide. In the January to June assessment period, 77% of Fidelis members indicated they did not experience feelings of depression or sadness, compared with 71% of members statewide. In the July to December assessment period, 74% of Fidelis members indicated no feelings of depression or sadness, compared with 68% of members statewide.

MAP

Timeliness
The 2014/2015 satisfaction survey results indicate that 100% of Fidelis respondents reported satisfaction with the timeliness of their home health or personal care aid, compared with members enrolled in other MAP plans and all members statewide (95% and 93%, respectively). It should be noted that the sample size of the MAP population was small, and since less than 30 members responded to these timeliness questions, results should be interpreted with caution.

Access to Urgent Care
A higher percentage of Fidelis members indicated they had access to a regular doctor for urgent care in the 2014-2015 satisfaction survey. Sixty-two percent (62%) of Fidelis members reported having same-day access to a PCP, compared with members in the other MAP plans (49%) and all members statewide (50%). As noted above, the sample size of the MAP population was small, and thus results should be interpreted with caution.

PIPs
Fidelis conducted successful PIPs throughout 2013 and 2014. In 2013, the Plan sought to improve workflows, processes and procedures for assisting MLTC Plan members with their Medicaid

recertification process in order to increase the rate of recertification and retention of these members. Although there was not a statistically significant reduction in the number of individuals who had lost Medicaid coverage based on failure to recertify as a result of the study, analysis suggested an upward trend in improvement in the recertification rate over time. Additionally, this study appeared to help foster communication and coordination among the various departments involved in the project at Fidelis.

In 2014, Fidelis conducted a PIP to reduce ER use of MLTC members, through improved care planning. The Plan reported a decrease in the percent of members reporting ER visits, as well as a decrease in the average number of ER visits per member.

Opportunities

Partially Capitated

Advance Directives (2014/2015 Satisfaction Survey)
A lower percentage of Fidelis members indicated that they had legal documentation appointing someone to make decisions, and that the plan had a copy of this documentation. A significantly lower percentage indicated that the Plan had discussed appointing someone to make decisions.

Fidelis may consider conducting a focused study to determine barriers associated with advance directive completion, and ensure that providers and Fidelis staff are discussing this topic with their members.

Activities of Daily Living
The percentage of members able to perform the six activities of daily living (ADLs) was lower than members statewide for each of these activities. With regard to the most recent UAS reporting period in 2014 (July-December), the largest percentage-point difference was in eating (74% vs. 86% for Fidelis members and members statewide, respectively), whereas the smallest difference was in ambulation/locomotion (49% vs. 53% for Fidelis members and members statewide, respectively) and lower body dressing (12% vs. 16%).

Prevention
A lower percentage of Fidelis members had completed an eye or dental exam in 2014, as well as received the influenza vaccine, when compared with members statewide.

It is recommended that Fidelis attempt to validate these data through comparison to medical records and / or care management correspondence. If data are validated, Fidelis may consider conducting a performance improvement project that is focused on preventive care.

MAP

Activities of Daily Living
The ability of Fidelis members to perform the six activities of daily living represented in Figure 4b declined from the January-June reporting period to the July-December reporting period.

Satisfaction Survey
(Note: the following observations should be interpreted with caution, as they originate from a survey with a small sample size)

Access to Urgent Care
Thirteen percent (13%) of satisfaction survey respondents from 2014-2015 indicated they were able to access their podiatrist for same day urgent care. This is in contrast to the 32% of other MAP members and 34% of other plan members in the state who are able to see a podiatrist for same day care.

A focused member survey should be considered, to determine if access issues exist with these providers.

Advance Directives
The most recent satisfaction survey results indicated that Fidelis should consider taking a more proactive role with regard to getting a copy of their members' healthcare proxy documentation. Of those members who responded to this question on the survey, 50% reported that the plan had a copy of this documentation, compared with 71% of other MAP members, and 79% of all members statewide.

Fidelis should consider a performance improvement project that focuses on advance directive procurement.