New Jersey Comprehensive Demonstration
Section 1115 Quarterly Report
***Demonstration Year: 9* (7/1/20-6/30/21)**
***State Fiscal Quarter:* Quarter 1 (7/01/20-9/30/20).**

I. Introduction

The New Jersey Comprehensive Demonstration (NJCW) was approved by the Centers for Medicare and Medicaid Services (CMS) on October 2, 2012, and is effective August 1, 2017 through June 30, 2022.

This five year demonstration will:

- Maintain Medicaid and CHIP State Plan benefits without change;
- Streamline benefits and eligibility for four existing 1915(c) home and community-based services (HCBS) waivers under one Managed Long Term Services and Supports Program;
- Continue the service delivery system under two previous 1915(b) managed care waiver programs;
- Eliminate the five year look back at time of application for applicants or beneficiaries seeking long term services and supports who have income at or below 100 percent of the Federal Poverty Level (FPL);
- Cover additional home and community-based services to Medicaid and CHIP beneficiaries with serious emotional disturbance, autism spectrum disorder, and intellectual disabilities/developmental disabilities;
- Transform the State's behavioral health system for adults by delivering behavioral health through behavioral health administrative service organizations; and
- Furnish premium assistance options to individuals with access to employer-based coverage.

In this demonstration the State seeks to achieve the following goals:

- Create "no wrong door" access and less complexity in accessing services for integrated health and Long-Term Care (LTC) care services;
- Provide community supports for LTC and mental health and addiction services;
- Provide in-home community supports for an expanded population of individuals with intellectual and developmental disabilities;
- Provide needed services and HCBS supports for an expanded population of youth with severe emotional disabilities; and
- Provide need services and HCBS supports for an expanded population of individuals with co-occurring developmental/mental health disabilities.
- Encourage structural improvements in the health care delivery system through DSRIP funding.

This quarterly report is submitted pursuant to Special Term and Condition (STC) 71 in the New Jersey Comprehensive Demonstration; and in the format outlined in Attachment A of the STCs.

II. Enrollment and Benefit Information

Summary of current trends and issues related to eligibility, enrollment, disenrollment, access, and delivery network.

Excepting certain temporary changes due to the COVID-19 emergency, there have been no anticipated changes in trends or issues related to eligibility, enrollment, disenrollment, access, and delivery networks in the current quarter.

Summary of any changes or anticipated changes in populations served and benefits. Progress on implementing any demonstration amendments related to eligibility or benefits.

There are no anticipated changes in populations served or benefits.

III. Enrollment Counts for Quarter

Demonstration Populations by MEG	Total Number of Demonstration participants Quarter Ending 12/19	Total Number of Demonstration participants Quarter Ending 03/20	Total Number of Demonstration participants Quarter Ending 06/20	Total Number of Demonstration participants Quarter Ending 09/20
Title XIX	654,665	652,687	684,028	706,561
ABD	231,700	228,819	225,552	223,238
LTC				
HCBS - State plan	16,646	16,831	16,620	16,521
TBI – S				
ACCAP – SP				
CRPD – SP				
GO – SP				
HCBS - 217-Like	16,414	16,744	16,622	16,975
TBI – 217-Like				
ACCAP – 217-Like				
CRPD – 217-Like				
GO – 217-Like				
SED - 217 Like	358	333	341	321
IDD/MI – (217 Like)	684	686	527	367
NJ Childless Adults				
AWDC	346,194	345,063	374,746	395,368
New Adult Group	187,656	185,921	194,780	201,046
SED at Risk	2,675	2,916	2,715	2,363

MATI at Risk	[redacted]
Title XXI Exp Child	
NJFAMCAREWAIV-POP 1	
NJFAMCAREWAIV-POP 2	
XIX CHIP Parents	

IV. Outreach/Innovative Activities to Assure Access

MLTSS
The State has continued to maintain its efforts to ensure that consumers, stakeholders, MCOs, providers and other community-based organizations are knowledgeable about MLTSS and informed of changes. The State has depended on its relationships with stakeholder groups to inform consumers. During this quarter, DHS gave an MLTSS update to the following long-term care industry providers: July 22, 2020- the New Jersey Medical Assistance Advisory Council, a group comprised of medical care and health services professionals as well as advocacy groups who advise the State's Medicaid Director. The meeting topic focused on COVID-19 Program Impact including federal flexibilities, NJ FamilyCare enrollment trends, county eligibility processing, and care management for nursing facility residents. During the state of emergency, DHS continues outreach and technical assistance efforts with consumers and stakeholders. DHS has a webpage dedicated to COVID-19 waiver flexibilities and interim processes to communicate to providers and facilitate access to services for consumers. The Office of Managed Health Care (OMHC) has remained committed to its communications efforts to ensure access through its provider networks. Its provider-relations unit has continued to respond to inquiries through its email account on these issues among others: MCO contracting, credentialing, reimbursement, authorizations, appeals and complaint resolution.
ASD/I-DD/SED
CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.
Supports Program and Community Care Program
Division of Developmental Disabilities (DDD) is responsible for the daily operations of both the Supports Program (SP) and the Community Care Program (CCP). DDD addresses outreach and activities for both their programs concurrently as the same providers and advocacy organizations are affiliated with both programs. Additionally, the majority of the supports and services are identical in both programs. The primary difference between the two programs is the required level of care. Therefore, the below represents outreach and collaboration with our State partners, beneficiaries, families, and the provider and advocacy communities that is representative of both DDD programs. However, data metrics are broken down by program. The Demonstration Unit established a "DDD Medicaid Eligibility Helpdesk" to assist families, providers, advocates, etc. with questions related to Medicaid and the operations of the SP and CCP as related to

Medicaid and billing. During this quarter, there were 1,626 questions submitted and answered. Three domains compose approximately 74% of the emails received. These areas are Medicaid troubleshooting (35%), voucher payments (22%), and transitioning between demonstration programs (i.e.: From MLTSS to Supports Program + Private Duty Nursing, SP to CCP, CCP to MLTSS, etc.) (17%). The remainder of the questions focus on citizenship issues, wavier admission questions, follow-up emails that resulted in an immediate resolution, emails that need to be routed to a different helpdesk or Unit, and Boards of Social Services verifying that certain applicants were DDD eligible. The Boards of Social Services reaching to the helpdesk is new this quarter and represents the success of the DDD and Medicaid teams working together and meeting routinely to discuss systems intersection. This confirmation will ensure that all available Medicaid types are looked into before a determination is made. It is a positive thing for families. The helpdesk is also involved in assisting DDD eligible children who are losing their EPSDT PDN services on their 21st birthday as well as individuals who want to change from one program to another. Examples include children losing their educational entitlement and needing SP+PDN services, specifically the PDN or individuals wanting to transfer from MLTSS to a DDD program. During this quarter state staff worked remotely and congregate day facilities were closed for the entire quarter. This quarter represented the second decrease in the number of questions submitted to the helpdesk since its inception. Similar to the last quarter there was a decrease of approximately 300 questions. Anecdotally, the decrease may be due to the decrease in individuals losing Medicaid due to the approved 1135 modifications and the bi-weekly Communication Update webinars conducted by DDD's Assistant Commissioner.

Interim Management Entity (IME)

During FFQ1, the Interim Managing Entity (IME) received 12,486 calls from individuals seeking information, referral or admission to SUD treatment. There were 1,422 referrals to treatment and 1,269 individuals who received Care Coordination to facilitate treatment admission. The Utilization Management (UM) staff issued 3,936 clinical reviews for admission to the appropriate level of care and 746 clinical reviews for extended treatment for Medicaid recipients. The IME received and responded to a total of 1,219 calls on the provider assistance call line.

During this timeframe, COVID-19 UM requirements for providers were lessened to facilitate care for individuals in need. In addition, the IME worked with the NJFC and the NJ Centers of Excellence to facilitate referral to Waivered Prescribers of MAT who were accepting new patients. The IME, the State and the Centers of Excellence will be collaborating to establish a more formal referral and tracking system that does not currently exist for Waivered prescribers except through the Medicaid Managed Care Plans.

V. Collection and Verification of Encounter Data and Enrollment Data

Summary of Issues, Activities or Findings

No issues or findings.

VI. Operational/Policy/Systems/Fiscal Developments/Issues

MLTSS

DMAHS convenes a bi-weekly meeting with state staff from the various Divisions involved in MLTSS to discuss any issues to ensure that they are resolved timely and in accordance with the rules and regulations that govern the Medicaid program. The state also continues to have monthly conference calls with the MCOs to review statistics and discuss and create an action plan for any issues that either the state or the MCOs are encountering.

ASD/I-DD/SED

There were a total of 829 youth enrolled in the Children's Support Services Program Intellectual/Developmental Disabilities (CSSP I/DD) during this reporting period. There were an additional 365 youth enrolled in the CSSP Serious Emotional Disturbance (SED) that received Plan A Medicaid benefits that would have not otherwise been eligible for these benefits if not for waiver participation.

As needed, implementation meetings were held with the Division of Medical Assistance and Health Services (DMAHS), Gainwell Technologies (Medicaid's fiscal agent), Children's System of Care (CSOC) and CSOC's Contracted Systems Administrator (CSA). CSOC will continue to assist and provide technical assistance to providers as it relates to procedures. CSOC will continue to promote services at community meetings and will review the need to expand the network of providers to assure timely access to services as appropriate.

Supports and Community Care Program

At the close of this quarter, the SP enrollment was approximately 11,350 and the CCP enrollment was approximately 11,750. Despite significantly higher enrollment averages per month the actual number of individuals at the end of the quarter for each program is far less. This is due to a variety of reasons including a similar amount of individuals being terminated each month and re-establishing Medicaid in subsequent months. DDD has been working on strategies with both Medicaid and their stakeholders to decrease the number of people who are terminated each month due to failure to respond to Medicaid notices.

Despite working remotely this quarter DDD administration continued to participate in or facilitate meetings with the provider community, families, advocacy organizations, councils, and disability rights leaders through bi-weekly webinars which provided operational updates and guidance. In addition to the bi-weekly webinars the Department of Human Services created a COVID-19 webpage that provides ongoing guidance in addition to a dashboard related to DDD operations and individuals served. NJ also submitted and received approvals from CMS for an Appendix K and 1135 that included requests for temporary modifications as a result of the COVID-19 health crisis. Work also continued on NJ's electronic visit verification implementation with its state and community partners.

DSRIP

Payment Reports – The DY8 Interim Payments were approved by CMS on August 18, 2020. As a result of this approval, DOH distributed DY8 Interim payments to hospitals on August 26, 2020. Hospitals submitted their Chart/EHR reporting templates to DOH by June 30, 2020 which drives the majority of the DY8 Final Payment. DOH calculated the DY8 Final Payment based on hospital results and submitted its findings for the Chart/EHR DY8 Final Payment to CMS on September 18, 2020.

Progress in meeting DSRIP goals – All hospitals submitted their Demonstration Year 8 Semi-Annual 2 (DY8SA2) Progress Report materials by June 30, 2020. DOH reviewed, reached out to hospitals for additional information, and submitted the final reports to CMS on July 23, 2020. CMS reviewed and provided feedback to DOH on September 8, 2020. DOH submitted responses to CMS feedback on September 16, 2020.

Performance – DY8 MMIS Measure Results were approved by CMS on August 18, 2020 and the results were shared with hospitals on August 20, 2020. The DY8 chart-based measure reporting templates were submitted by all hospitals by June 30, 2020. DOH reviewed and calculated performance for the DY8 Chart/EHR measures and submitted the results to CMS on September 18, 2020.

Challenges – Due to the COVID-19 pandemic, no in-person learning collaboratives were held this quarter. Additionally, the DY8 reporting and payment timelines were postponed, after receiving CMS approval, to allow hospitals more time and capacity to respond to the pandemic and complete DSRIP-related tasks.

Mid-course corrections – None.

Successes and evaluation – DOH provided monthly updates to participating hospitals via the NJ DSRIP monthly newsletter.

Other

Managed Care Contracting:

There are no updates for this quarter.

Self-attestations:

There were a total of 13 self-attestations for the time period of July 1, 2020 to September 30, 2020.

MCO Choice and Auto-assignment:

The number of individuals who changed their MCO after auto-assignment is 3,582.

MLR:

	SFY19 MLR Summary	
	Acute	**MLTSS**
Horizon	91.1%	91.9%
UHC	96.0%	94.3%
Amerigroup	92.4%	98.7%
Aetna	90.3%	93.5%
Wellcare	96.8%	95.4%

VII. Action Plan for Addressing Any Issues Identified

No issues identified.

VIII. Financial/Budget Neutrality Development/Issues

No issues identified.

IX. Member Month Reporting

Please refer to attachment A for Member Month Reporting.

A. For Use in Budget Neutrality Calculations

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending XX/XX
Title XIX				
ABD				
LTC (following transition to MLTSS)				
HCBS -State Plan				
TBI – SP				
ACCAP – SP				
CRPD – SP				
GO – SP				
HCBS -217 Like				
TBI – 217-Like				
ACCAP – 217-Like				
CRPD – 217-Like				
GO – 217-Like				
SED -217 Like				
IDD/MI -(217 Like)				
NJ Childless Adults				
New Adult Group				
Title XXI Exp Child				
XIX CHIP Parents				

X. Consumer Issues

Summary of Consumer Issues

Call Centers: Top reasons for calls and %(MLTSS members)					
	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	PCP Changes	Member calling for authorization Status	Eligibility	Medical Benefits	Change of PCP
2	Eligibility	Provider calling for authorization status	Authorization requests	PCP Update/ID Cards	New ID card

3	Provider Search	Members calling to contact their care manager	Requests to speak to CM	Misdirected call received	Status of authorizations
4	PPP questions	Members calling with questions regarding the PPP program	Member requests to speak with on-call nurse	PPP questions	New authorization requests
5	Care manager contact		PPP questions	Care Manager contact	Member seeking to speak their care manager

Call Centers: Top reasons for calls and % (MLTSS providers)

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	PPP questions Prior Auth Status	PPP questions	PPP questions	PPP question	PPP question
2	Claims status	Eligibility verification	Claims status	Member eligibility status	Service coordination
3	Service coding	Service coding	Prior Authorization	Claims status	Provider network status
4	Eligibility verification	Claims status	Claims payment issue	Prior authorization status	Member eligibility verification
5			Member eligibility status	Service Coordination	Claims status

XI. Quality Assurance/Monitoring Activity

MLTSS:					
MLTSS Claims Processing Information by MCO					
	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
# Claims Received	108,763	253,157	830,877	59,990	203,691
# Claims Paid	86,871	236,655	743,849	56,997	182,892
# Claims Denied	20,829	14,557	76,801	2,541	15,620
# Claims Pending	1,063	1,945	10,227	452	5,179
Average # days for adjudication	15	15	15	15	15

Top Reasons for MLTSS Claims Denial by MCO

	Aetna	Amerigroup	Horizon NJ Health	UnitedHealthcare	WellCare
1	M86-Service Denied because payment already made for same/similar procedure within set time frame	Paid at contract rate.	Resubmit with EOB from Medicare	benefits based on admission date	No Authorization
2	18- Exact duplicate claim/service	Paid per established rates	Received after Timely Filing Limit	Secondary med coverage	No Patient Responsibility
3	96 –Non-covered charges	Disallow – not allowed under contract	This claim is a duplicate of a previously submitted claim	no authorization on file	Timely Filing
4	200- Expenses incurred during lapse in service	Procedure not reimbursable	Incomplete/Missing Payor Claim Control Number		
5		Laterality Diagnosis required	Provider not eligible by contract for payment		

SED/IDD/ASD:

Data reports were created through CSOC's Contracted System Administrator (CSA) to assist CSOC in measuring waiver outcomes, delivery of service and other required quality strategy assurances.

- CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
- CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
- CSA NJ1220 Waiver Services Provided
- CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
- CSA NJ1289 Waiver ISP Aggregate Report All Youth
- CSA NJ2021 CANS Waiver Outcome
- CSA NJ1384 Waiver Sub Assurance

CSOC continues ongoing collaboration with the DMAHS Quality Monitoring team that is providing oversight on quality assurance. Please see Attachment C.

Supports and Community Care Program:

Similar quality reviews, audits, and monitoring are conducted for both the SP and the CCP. Data is provided for each Program and then reviewed to determine if there are systemic issues occurring in either or both programs. Systemic and individual remediation occurs as required.

DDD requires reporting on approximately 80 Incident Reporting (IR) codes. The IR codes are the same for both DDD demonstration programs. During this quarter there were 208 incidents reported for 192 individuals on the Supports Program. Approximately 92% of those incidents were coded as a COVID-19 medical event. The event ranges from possible exposure to a negative or positive COVID-19 outcome. Incident reporting numbers in the other categories dropped for the second quarter since the public health emergency. Anecdotally, it is believed that the decrease may be due to day facilities closing and individual's schedules being more fluid (i.e.: not having to wake up at a certain time for work, not having to take transportation to work, etc.). Conversations with other states have confirmed that they have also seen a decline in incidents. For the CCP, there were 2,825 incidents reported for 2,626 individuals this quarter. This represents an increase of approximately 100 incidents this quarter, but again the COVID-19 related incidents represent the vast majority of incidents (64%). The majority of individuals with incident reports filed in both programs experienced a single incident this quarter. Due to the State of Emergency and anticipated health crisis 2 new Incident Codes were developed for COVID in March 2020. One was for a medically related COVID incident and the other was for an operational breakdown. For example, insufficient staffing. These codes already existed, but a modifier of COVID was added for trending and tracking. Some IR codes, such as abuse, neglect, or exploitation require an investigation by the Office of Investigations. Less than 1% of the Incident Reports filed required an investigation by the Office of Investigations. If there were minor or no injuries, then the provider agency is responsible to conduct an investigation and submit their findings/action plan for review by the Department of Human Services Critical Incident Management Unit. If there were moderate to major injuries, then the Department of Human Services Special Response Unit will conduct an investigation. During the previous quarter the Office of Risk Management developed findings reports on both choking and walkaway IRs based upon data demonstrating an increase in these areas. Meetings with the Support Coordination Unit occurred and preventative protocols were implemented in this quarter. Protocols included training and additional questions highlighted and incorporated into the service plan. The ORM will continue to conduct quarterly analysis around these two areas and provide updates to supporting units (Support Coordination Unit/Provider Performance and Monitoring Unit). The annual Walkaway Report was worked on this quarter and is expected to be finalized and shared next quarter.

A Risk Council meets to look at IR from a system perspective. This committee meets quarterly and develops action items based on the data, however this has been put on hold since moving to remote work and new COVID-19 initiatives and policies needed to be developed and implemented by this team. The Risk Management Unit also conducts systemic and individual remediation activities because of IR analysis which has continued during the remote work.

Demonstration Unit staff and the Provider Performance & Monitoring Unit created monitoring activities and tools. These tools are utilized to monitor Medicaid/DDD approved providers for both DDD programs and provides further guidance technical assistance based on the results/findings. Data

is entered into the databases and reports continue to be developed. Databases were/are being built so that data may be analyzed more efficiently and systemic issues can be identified and corrected. However, the Provider Performance and Monitoring Unit has conducted reviews of Day Services and Individual and Community Based Supports and has been providing exit interviews, findings reports, and technical assistance to a variety of providers. Providers are required to submit a plan of correction to PPMU. The PPMU and Demonstration Unit are conducting monthly meetings to ensure demonstration compliance and improvement activities when needed. The PPMU conducted outreach to providers as a result of day facilities closing and to residential providers and families who might be in need of personal protective equipment. A web page dedicated to COVID-19 communications and guidance documents was developed and weekly webinars are conducted for the DDD community to get updates. Since the day facilities have closed due to COVID-19 the Provider Performance and Monitoring Unit, together with the Provider community is working on developing the requirements and protocols to be put into place when they are allowed to reopen.

Three surveys were developed around the demonstration service: support coordination. Specifically, the surveys were: 1) Providers to complete on various questions related to their overall experiences with support coordination agencies, 2) Support Coordinators are to complete various questions related to their caseload size, salary, overall experiences with provider agencies, 3) Support Coordination Supervisors to complete various questions related to their role and tasks. Because of feedback from the advocacy community, a fourth survey was created for families to complete including a Spanish version. All surveys were released and closed the end of July, but were re-opened for an additional few weeks to allow for additional respondents. The survey results have been placed into 3 different Power Point presentations and was shared with Division Leadership. The data was scheduled to be shared at the March 2020 quarterly Provider and Family meetings, however due to the State of Emergency and work from home order, this did not occur. The quarterly meetings did occur, but they were focused on the new work climate and COVID. The intent remains to share the results of the survey, receive feedback from the provider and family community, and implement quality improvement initiatives, however this has not yet occurred.

A committee was developed to create a guidebook for Support Coordinators related to the Person Centered Planning Tool that is used to develop Outcomes in the service plan. The guidebook was developed as a quality improvement activity to increase the person-centered philosophy when completing the PCPT and NJ ISP (DDD's service plan). DDD is working on developing a review sheet to determine if the guidebook is having an influence of the service plan development.

Audits were conducted by internal and external entities and the draft findings have been received. DDD is drafting their response to the draft reports, which will include individual and systemic remediation activities.

One external audit, conducted by Medicaid Quality Management Unit staff, for both DDD programs, looks at 5 Assurances (Service Plan, Level of Care, Qualified Providers, Financial Accountability, and Health and Welfare) with a total of 17 sub-assurances with those 5 assurances. The Division responds to the audit findings addressing each individual finding as well as addressing systemic findings. Over the years there has been significant improvements noted with a minimum compliance rate of 86% in almost all sub-assurances. This is the first year that the CCP audit consisted entirely of service recipients that have transitioned into the FFS model that has a new service plan, new wavier services, and new rules and requirements. The DRAFT report showed a decrease in compliance. The Demonstration staff

were beginning to analyze the data when there was a need to work remotely. This analysis was temporarily halted due to COVID activities taking precedence. DDD participates in the National Core Indicators. This DY DDD conducted over 400 face-to-face interviews with adults receiving services in both programs as well as the NCI Staff Stability Survey. DDD will be participating again this year and hopes to include the COVID-19 questions developed by HSR will be included.
Other Quality/Monitoring Issues:
EQR PIP
Currently, the Division of Medical Assistance and Health Services (DMAHS) is actively engaged in three performance improvement projects (PIPs) in both clinical and non-clinical areas. In January 2017, Amerigroup initiated a non-collaborative Prenatal PIP with the focus on Reduction of Preterm Births. Amerigroup revised their aim statement and performance indicators from their initial project proposal in 2014, resulting in a new PIP cycle. In August 2020, Amerigroup submitted a final report for this PIP, and is currently under review by the EQRO. In January 2018, Aetna (ABHNJ), Amerigroup (AGNJ), Horizon (HNJH), United (UHC), and Wellcare (WCHP) initiated a PIP with the focus on Developmental Screening and Early Intervention. The MCOs submitted a PIP progress report in August 2020 which included results of remeasurement year 2, and sustainability period update, and were reviewed by the EQRO. In January 2019, the MCOs initiated a collaborative PIP with a focus on Risk Behaviors and Depression in the Adolescent Population. The MCOs submitted a PIP progress report in August 2020 which included results of remeasurement year 1, and remeasurement year 2 update, and were reviewed by the EQRO. In September 2020, the MCOs submitted individual PIP proposals with a focus on Access to and Availability of Provider Services tied to claims. The individual proposals are currently under review by the EQRO.
State Sanctions against MCO, ASO, SNP or PACE Organization:
There were no State Sanctions taken against an MCO, ASO, SNP, or Pace Organization this quarter.

XII. Demonstration Evaluation

The State is testing the following hypotheses in its evaluation of the demonstration:

A.	***Expanding Medicaid managed care to include long-term care services and supports will result in improved access to care and quality of care and reduced costs, and allow more individuals to live in their communities instead of institutions.***
	The State's independent evaluator delivered a draft report covering stakeholder feedback on successes and challenges of MLTSS to the state on June 30, 2020. On July 30, 2020, the State's independent evaluator delivered another draft report to the State with annual estimates of claims-based evaluation metrics related to the long-term care population (and several other groups of Medicaid beneficiaries relevant to the evaluation). These estimates were for fiscal year 2019. The purpose of this report, like the one delivered in October 2019, with fiscal year 2018 estimates, was to communicate the definitions and methodologies used in the preparation of evaluation measures and our strategy for identification of the relevant Demonstration populations and potential comparison populations in claims data. Both the MLTSS stakeholder

	report and the fiscal year 2018 estimates report were discussed with Medicaid senior leadership and subject matter experts on July 13, 2020 and August 10, 2020, respectively. During this quarter, the State's independent evaluator continued planning and working for the interim report due in June 2021. They clarified timelines that allow for State review of report components, requested HEDIS and CAHPS reports that will help the State's independent evaluator monitor overall quality in managed care during the Demonstration, and held several meetings with the co-investigator leading the cost effectiveness analysis to refine the methodological approach and plan for potential data needs from the State. The cost effectiveness analysis will address policies relating to this, and several other research questions under the Demonstration. The State's independent evaluator also continued preparing claims-based metrics and indicators on a calendar year basis for the study years that will be covered in the interim report. Finally during this quarter, the State's independent evaluator continued to monitor developments related to the Managed Long-term Services and Supports program and Medicaid overall through attendance at the Medical Assistance Advisory Council meeting on July 22, 2020.
B.	***Providing home and community-based services to Medicaid and CHIP beneficiaries and others with serious emotional disturbance, autism spectrum disorder, or intellectual disabilities/developmental disabilities will lead to better care outcomes.***
	On July 8th, State's independent evaluator met with representatives from Medicaid and the Department of Children and Families (DCF) to discuss progress on demonstration initiatives related to this research question. The State's independent evaluator further reviewed specifications for identifying the relevant populations of children and youth in Medicaid claims data at this meeting and codes for identifying stays in residential treatment centers. As part of the meetings mentioned above, State's independent evaluator also discussed and planned approaches for a cost-effectiveness analysis related to this research question with the co-investigator.
C.	***Utilizing a projected spend-down provision and eliminating the look back period at time of application for transfer of assets for applicants or beneficiaries seeking long term services and supports whose income is at or below 100% of the FPL will simplify Medicaid eligibility and enrollment processes without compromising program integrity.***
	No activities related to this hypothesis were undertaken this quarter.
D.	***The Delivery System Reform Incentive Payment (DSRIP) Program will result in better care for individuals (including access to care, quality of care, health outcomes), better health for the population, and lower cost through improvement.***
	During this quarter, the State's independent evaluator conducted all of the telephone interviews for the DSRIP round 3 stakeholder report which was delivered to the State on September 30, 2020. The State's independent evaluator completed 13 interviews with 24 subjects in total, including hospital staff members from different regions of the state, members of various DSRIP Programs, and officials from the New Jersey Department of Health. The report addresses stakeholder perceptions of DSRIP's impact on quality of care, cost, and population health during Demonstration Years 6-8 of the program and summarizes findings across all three rounds. It is the final qualitative assessment of the DSRIP program.

XIII. Enclosures/Attachments

A. Budget Neutrality Report
B. MLTSS Quality Measures
C.ASD/ ID/DD-MI Performance Measures

XIV. State Contact(s)

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XV. Date Submitted to CMS

June 23, 2021

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

The Division of Medical Assistance and Health Services' (DMAHS) Office of Managed Long-Term Services and Supports Quality Monitoring (MLTSS QM) receives and analyzes the Performance Measure (PM) data submitted by the respective data source. This quarterly report reflects the Performance Measures (PMs) that were reported by the Managed Care Organizations (MCOs) and the Division of Aging Services (DoAS) to the Office of MLTSS QM during the seventh year, first quarter (7/1/2020 – 9/30/2020) of the MLTSS program. Depending on the data source for the numerator/denominator, some PMs require longer lag times to allow for collection and analysis of the information. Because of the different lag times, each Performance Measure in this report identifies the measurement period being reported.

The Office of MLTSS QM continues to meet with the Managed Care Organizations (MCOs) at the MLTSS MCO Quality Workgroup on a monthly basis. The workgroup provides the opportunity to share information on new or revised reporting requirements and provides a forum for the discussion of issues raised by DMAHS, the Division of Aging Services (DoAS), and the MCOs to facilitate resolution. An ongoing agenda item for the workgroup is the discussion of the MLTSS Performance Measures. The State's External Quality Review Organization, IPRO, continues to work with MLTSS QM and the MCOs to refine and clarify the Performance Measure (PM) specifications and to work with the MCOs to validate their system's source code for each PM and to confirm that the data produced is accurate and captures the information required by the PM specifications. After their source code is approved, the MCOs submit their PM reports to MLTSS QM for review and analysis.

The Division of Aging Services (DoAS) obtains information from their Telesys database, SAMS database, MCO feedback, and the Shared Data Warehouse to compile the data necessary in reporting their PMs to the Office of MLTSS QM.

Unless otherwise noted, Performance Measure (PM) data reports that were due during this reporting period but not included in this document may be a result of source code still in the validation process with the State's External Quality Review Organization, IPRO. In some instances, multiple reporting periods may be included in this report due to an MCO's delay in receiving approval for their source code or an MCO's resubmission of a PM. These exceptions will be noted in the narrative for the respective PM in this report.

In March 2020, challenges related to the COVID-19 pandemic mandated changes to the MLTSS program, including the suspension of face-to-face assessments and in-person CM visits. The Office of MLTSS QM anticipates that these changes will be reflected in many of the PMs reported for the measurement periods that include the changes imposed during the COVID-19 pandemic. For those PMs impacted by COVID-19, the data analysis will identify how the data was affected.

Annually, DMAHS evaluates the MCO performance against MLTSS CM contract requirements through its EQRO. The MLTSS HCBS Care Management audit addresses MCO contract requirements for monitoring performance based on the MCO Contract. The results of these audits are used to improve MCO performance.

Typically, the review period for the annual HCBS audit is from July 1 through June 30. However, due to the COVID-19 pandemic, IPRO and DMAHS agreed that for the current review cycle the MCOs would be evaluated only for the period through which they could conduct normal business activities. This meant that the review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020. The performance measures calculated from the MLTSS HCBS CM audit findings for this review period are contained in this report.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 03	Nursing facility level of care assessments conducted by the MCO determined to be "Not Authorized"
Numerator:	Total number of "Not Authorized" reassessments conducted by OCCO with a determination of "Approved"
Denominator:	Total number of MLTSS level of care assessments that were conducted by MCO with a determination of "Authorized" and "Not Authorized" by OCCO during the measurement period
Data Source:	DoAS
Frequency:	Quarterly beginning July 1, 2019

1/1/2020 – 3/31/2020	A	B	C	D	E	TOTAL
Numerator						
Denominator						
%						

The MCO Comprehensive Waiver Contract Article 9.2.3 NJ Choice Assessment System Data J. States: *The Contractor shall not exceed a five percent (5%) Not Authorized rate. The Not Authorized rate is defined as the percentage of MCO assessments with a Not Authorized outcome that are subsequently determined as Approved for clinical eligibility following the OCCO reassessment. This rate shall be calculated and maintained by the Division of Aging and reported quarterly to the MCO and MLTSS Quality Monitoring. The Contractor is responsible for conducting further analysis of the report to identify and implement a remediation plan. The remediation plan shall be submitted to DoAS within 30 days of the DoAS report for review, requested revisions, and approval.*

The DoAS does a monthly 100% audit on all MCO Not Authorized cases to monitor and ensure a 95% satisfactory rate. The DoAS has provided training for the MCOs regarding streamlined assessment review; Nursing Facility Level of Care Review and requirements for a Corrective Action Plan if the MCO is out of compliance.

As of November 2019, the revised report reflects the DoAS 100% Not Authorized Monthly Auditing data. This report is an accurate reporting for PM #03 defined as: nursing facility level of care assessments conducted by the MCO determined to be "Not Authorized" with a State determination of “Approved”. There is a four-month lag to allow the State reassessment to be completed and recorded.

The pending report is for January through March, due to the lag time in which it takes OCCO to reassess all Not Authorized Reassessment and the State of Emergency Order with the subsequent suspension of all face to face assessments (initial and annual) effective March 18, 2020, Performance Measure #03 has no data at this time to report on. Once the assessment restrictions are lifted, the State will resume their 100% Audit of all Not Authorized Assessments. Reporting will resume on a quarterly basis.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 04	Timeliness of nursing facility level of care assessment by MCO
Numerator:	Cases in the denominator who received an assessment within 30 days of referral to the MCO or from the date of discharge from rehabilitation.
Denominator:	Unique count of MCO enrolled members with a referral for MLTSS during the measurement period
Data Source:	MCO
Frequency:	Monthly – Due 15th of the 2nd month (lag report) following reporting period

May 2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	0	0	0	0	0	**0**
Denominator	1	0	1	0	286	**288**
%	0	0	0	0	0	**0**

June 2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	0	0	0	0	0	**0**
Denominator	11	0	3	0	121	**135**
%	0	0	0	0	0	**0**

July 2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	0	0	0	0	0	**0**
Denominator	1	0	7	0	219	**227**
%	0	0	0	0	0	**0**

The MCOs are monitoring the timeliness of level of care (LOC) assessments and have identified that there were no assessments completed for referrals received due to COVID-19 NJ State mandate effective March 19, 2020, which states MCOs were to discontinue assessing members face to face for the purposes of MLTSS eligibility. MCO A reported during the May 2020 measurement period that they identified one valid referral of a 65 years old male. The assessment could not be completed because assessors were removed out of field due to COVID-19 and assessment could not be completed telephonically. MCO C reported during the July 2020 measurement period that there were seven members referred. None of the seven members received a face to face visit due to visit restrictions per COVID-19 NJ State mandate. However, out of the seven members that were referred, five have been approved by Office of Community Choice Options (OCCO) and are now enrolled in the MLTSS Program, one member was identified to have a DDD diagnosis requiring a referral for the State DDD Program and is pending determination and one member was identified to have a need for ALR placement, of which a referral was submitted to the State and pending eligibility determination. MCO E reported during the June 2020 measurement period that there were 121 members identified for referral. There were no assessments completed for the members referred due to COVID-19 NJ State mandate. A review of the referral source showed 14 custodial members newly admitted to a NF setting during the measurement period and 107 HCBS members. The MCOs will continue to monitor members referred for MLTSS eligibility assessment and will prioritize members upon changes in State guidance regarding field visits. Currently, members' needs are coordinated by care managers assigned as needed.

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

PM # 04a	Timeliness of nursing facility level of care assessment
Numerator:	The number of assessments in the denominator where the OCCO/ADRC assessment/determination date is less than 30 days from the referral date
Denominator :	Number of new MLTSS enrollees within the reporting month with an assessment completed by OCCO/ADRC
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the 2nd month (lag report) following reporting period

Measurement period	5/2020	6/2020	7/2020
Numerator	N/A	N/A	N/A
Denominator	N/A	N/A	N/A
%	N/A	N/A	N/A

Performance Measure #04a is a report of all Assessments assigned to OCCO assessors and monitor's timeliness of the completion of the NJ Choice Assessment. A satisfactory time is 30 days from assignment.

Due to the State of Emergency Order and the subsequent suspension of all face to face assessments (initial and annual) effective March 18, 2020, Performance Measure #04a has no data at this time to report. Once the assessment restrictions are lifted, the State will resume monitoring the timeliness of NJ Choice Assessment completion. Reporting will resume on a monthly basis.

PM # 05	Timeliness of nursing facility level of care re-determinations
Numerator:	Total number of MLTSS members in the denominator who are confirmed as appropriate for continued MLTSS enrollment who have not had a level of care assessment by report close out.
Denominator:	Total number of MLTSS members with no level of care assessment conducted in the last 16 months
Data Source:	DoAS
Frequency:	Quarterly – Due 3 months after 13-month report is run

As per the MLTSS contract 9.6.1 (E) 1. The Contractor shall ensure that all annual clinical eligibility redeterminations are conducted eleven to thirteen months from the last clinical eligibility determination by the Office of Community Choice Options (OCCO). The clinical assessment is known as the NJ Choice Assessment System. MLTSS Performance Measure #05: Timeliness of the Annual Clinical Assessment is monitored by the Division of Aging Services (DoAS) through standardized reports which identify overdue assessments and requires corrective action by the MCO.

Beginning in mid-2015, reports were run to identify MLTSS members with a clinical assessment date older than 13 months. Due to MLTSS implementation challenges, system changes required to prevent

involuntary disenrollment, and the high volume of overdue assessments, the clinical assessment report was adjusted to a 16 month report in order to provide some flexibility while the required changes were made.

In January 2020, the DoAS retired the 16 month report and began implementing two reports:

1. Twelve (12) Month Report – identifies MLTSS members due for an annual assessment for whom the prior clinical assessment at least 12 months ago but not more than 13 months. The intent of the 12-month report is to provide an alert that the MLTSS annual reassessment is due with the potential for non-compliance. There is no review by DoAS of the data nor is the MCO required to respond or develop a corrective action plan to the 12-Month Report.
2. Thirteen (13) Month Report - identifies MLTSS members overdue for an annual assessment for whom the prior assessment was more than 13 months ago. The intent of the 13-month report is to notify the MCO that the MLTSS annual reassessment is overdue and non-compliant with contractual requirements. The following actions are required by the MCO for each MLTSS member identified within the report.
    a. Research each member, identify the issue, and identify an action plan for assessment completion, disenrollment, or other closure.
    b. The MCO is required to submit a second report within 30 calendar days of initial report receipt providing final outcomes and closing out the report with 100% compliance.
    c. Upon receipt of the second report, DoAS will issue a Corrective Action Plan for compliance below 100% of the contractual obligation article 9.6.1 (E) 1.

There are limited instances in which extenuating member circumstances hinder the assessment completion for which an extension of the assessment completion is considered appropriate and the member will not be factored into the compliance rate.

1. The MCO shall document the reason in the spreadsheet for these instances that includes but may not be limited to:
    a. The member was newly enrolled in the MCO during a month in which the 12 or 13-month report was run and they are compliant with enrollment timeframes for new member assessment and plan of care completion
    b. The member has been hospitalized during a month in which the 12 or 13-month report was run and the member is not eligible for MLTSS reassessment while in an acute care setting
    c. Member is Not Authorized and is awaiting the DoAS reassessment
    d. Member is Denied and pending Fair Hearing or Termination
    e. Member is incarcerated
    f. Member is currently placed in a State Psychiatric institution
2. Upon change in circumstance, the MCO is responsible for completing the reassessment.

Due to the State of Emergency Order and the subsequent suspension of all face to face assessments (initial and annual) effective March 18, 2020, the 12 and 13 month reports are being sent to the MCOs, however, no action plan is required. Therefore, there is no data to report for the quarterly report due August 2020. Once the assessment restrictions are lifted, the State will issue guidance for the MCO's to initiate clinical assessments. Reporting capabilities will be reported quarterly.

PM # 07	Members offered a choice between institutional and HCBS settings
Numerator:	Number of assessments in the denominator with an indicator showing choice of setting within the IPOC
Denominator:	Number of level of care assessments with a completed Interim Plan of Care (IPOC)
Data Source:	DoAS
Frequency:	Monthly – Due the 15th of the following month

Measurement period	5/2020	6/2020	7/2020	8/2020
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A
%	N/A	N/A	N/A	N/A

MCO to ensure their assessor staff are continually updated on the coding requirements to ensure choice of setting is documented on the IPOC as a result of the Options Counseling session. The report is a state run report on 100% of the NJ Choice assessments submitted. The report is run on a monthly basis.

Due to the State of Emergency Order and the subsequent suspension of all face to face assessments (initial and annual) effective March 18, 2020, Performance Measure #07 was last sent to the MCO's on June 15th. The data in those reports were based on assessments that were completed prior to the Public Health Emergency and shuttled through the system late. There is no data to audit at this time. Once the assessment restrictions are lifted, the State will resume monitoring the documentation of choice between institutional and HCBS settings. Reporting will resume on a monthly basis.

PM # 08	Initial Plans of Care established within 45 days of MLTSS/HCBS enrollment
Numerator:	Number of records in the denominator that have a Plan of Care developed within 45 days of MLTSS enrollment
Denominator:	Total number of records selected for review for members newly enrolled in MLTSS in the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	A	B	C	D	E	TOTAL
Numerator	47	25	84	45	62	**263**
Denominator	94	90	88	91	90	**453**
%	50.0	27.8	95.5	49.5	68.9	**58.1**

PM #08 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be

evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 27.8% to 95.5% with an overall average of 58.1%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan (CAP) to the State. MCO A, B, D, and E were required to submit a CAP. Only MCO C scored above the minimum standard.

PM # 09	MLTSS HCBS Member's Plan of Care is reviewed annually within 30 days of the member's anniversary and as necessary
Numerator:	Number of records in the denominator that have a Plan of Care developed 30 days or less from re-determination date
Denominator:	Total number of MLTSS HCBS records selected for review for members receiving an annual level of care re-determination for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	12	21	24	22	18	**97**
Denominator	13	21	24	22	21	**101**
%	92.3	100	100	100	85.7	**96.0**

PM #09 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 85.7% to 100% with an overall average of 96%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan to the State. Only MCO E was required to submit a CAP.

PM # 09a	MLTSS HCBS Member's Plan of Care is amended based on change of Member condition
Numerator:	Number of records in the denominator that had a revised Plan of Care
Denominator:	Total number of MLTSS HCBS Member records selected for review where there was a significant change in the member's condition in the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	A	B	C	D	E	TOTAL
Numerator	1	1	1	1	0	**4**
Denominator	4	3	2	1	0	**10**
%	25.0	33.3	50.0	100	N/A	**40.0**

PM #09a is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 25% to 100% with an overall average of 40%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Corrective Action Plan to the State. MCO E did not have any cases under review that demonstrated a significant change in member condition. MCO A, B, and C had scores at or below 50% with a very low volume of cases.

PM # 10	MLTSS HCBS Member's Plan of Care is aligned with Member's needs based on the results of the NJ Choice Assessment
Numerator:	Number of records in the denominator where the Plan of Care aligned with member needs based on NJ Choice results, including type, scope, amount, frequency, and duration
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	A	B	C	D	E	TOTAL
Numerator	80	83	89	84	85	**421**
Denominator	83	86	89	89	89	**436**
%	96.4	96.5	100	94.4	95.5	**96.6**

PM #10 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-

19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 94.4% to 100% with an overall average of 96.6%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a corrective action to the State. All five MCOs scored above 86% for this measurement period.

PM # 11	MLTSS HCBS Member's Plan of Care is developed using "Person-Centered Principles"
Numerator:	Number of records in the denominator that were developed using Person-Centered Principles
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	**A**	**B**	**C**	**D**	**E**	**TOTAL**
Numerator	16	47	99	34	82	**278**
Denominator	100	100	100	100	100	**500**
%	16.0	47.0	99.0	34.0	82.0	**55.6**

PM #11 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 16% to 99% with an overall average of 55.6%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a corrective action to the State. Four of the five MCOs failed to score above 86% for this measurement period. The EQRO recommended in the reports to those four MCOS that they should ensure that the Plan of Care reflects a member-centric approach, and that the member/member representative is present and involved in the Plan of Care development.

PM # 12	MLTSS HCBS Member's Plan of Care contains a Back-up Plan
Numerator:	Number of records in the denominator in which the Plan of Care included a Back-up plan
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year that required a Back-up Plan
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	A	B	C	D	E	TOTAL
Numerator	64	22	80	72	89	**327**
Denominator	82	86	88	85	98	**439**
%	78.0	25.6	90.9	84.7	90.8	**74.5**

PM #12 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 25.6% to 90.9% with an overall average of 74.5%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a Correction Action Plan to the State. MCO A, B, and D scored below 86% and are required to submit a CAP.

PM # 16	MLTSS HCBS Member training on identifying/reporting critical incidents
Numerator:	Number of records in the denominator where the MLTSS HCBS member (or family member/authorized representative) received information/education on identifying and reporting abuse, neglect, and/or exploitation at least annually
Denominator:	Total number of MLTSS HCBS records selected for review for the measurement year
Data Source:	Annual MLTSS HCBS Care Management Audit conducted by the EQRO
Frequency:	Annually

Waiver Year 2020	A	B	C	D	E	TOTAL
Numerator	97	98	100	92	97	**484**
Denominator	100	100	100	100	100	**500**
%	97.0	98.0	100	92.0	97.0	**96.8**

PM #16 is calculated by the EQRO as part of the comprehensive annual MLTSS HCBS CM Audit. The annual HCBS CM audit review period is from July 1st through June 30th. However, due to the COVID-19 pandemic, the EQRO and DMAHS agreed that for the current review cycle, the MCOs would be evaluated only for the period through which they could conduct normal business activities. The 2020 HCBS CM review period changed from a full year review to a partial year review beginning July 1, 2019 and ending February 29, 2020.

The MCOs results ranged from a low of 92% to 100% with an overall average of 96.8%. Article 9.11.E in the DMAHS MCO contract requires that the MCOs maintain a compliance standard of at least 86% for each MLTSS-specific Care Management PM, unless otherwise specified. Failure to achieve the minimum standard will require the MCO to submit a corrective action to the State. All five MCOs scored above 86% for this measurement period.

PM # 17	Timeliness of Critical Incident (CI) reported to DoAS for measurement month
Numerator:	#CI reported in writing to DoAS within 2 business days
Denominator:	Total # of CI reported to DoAS for measurement month
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the following month

Measurement period	**6/2020**	**7/2020**	**8/2020**
Numerator	0	0	0
Denominator	1279	885	754
%	N/A*	N/A*	N/A*

* As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS on March 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limited to, 1135 waiver reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration.

PM # 17a	Timeliness of Critical Incident(CI) reporting (verbally within 1 business day) for media and unexpected death incidents
Numerator:	# CI reported to DoAS verbally reported within 1 business day for media and unexpected death incidents
Denominator:	Total # of CI reported verbally to DoAS for measurement month
Data Source:	DoAS
Frequency:	Monthly – Due 15th of the following month

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Measurement period	6/2020	7/2020	8/2020
Numerator	0	0	0
Denominator	325	71	44
%	N/A*	N/A*	N/A*

* As per the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, issued by CMS on March 30, 2020 with a retroactive effective date of March 1, 2020, 1135 waivers can be used to implement a range of flexibilities. These flexibilities include, but are not limited to, 1135 waiver reporting and oversight. As such, the one-day and two-day reporting time requirement for critical incident reporting has been waived during the COVID-19 emergency declaration.

DoAS reported that of the 325 critical incidents in June 2020 requiring state notification within one day, one was recorded as potential media event and 324 events were recorded as unexpected deaths. For July, 71 critical incidents requiring state notification within one day, three were recorded as potential media event and 68 events were recorded as unexpected deaths. For August, of the 44 critical incidents requiring state notification within one day, one was recorded as potential media event and 43 events were recorded as unexpected deaths.

PM # 19	Timeliness for investigation of appeals and grievances (complete within 30 days)
Numerator:	# of appeals and grievances investigated within 30 days
Denominator:	Total # of appeals and grievances received for measurement period
Data Source:	MCO Table 3A and 3B Reports
Frequency:	Quarterly - Due 45 days after reporting period.

Table 3A UM Appeals

4/1/2020 – 6/30/2020	A	B	C	D	E	TOTAL
Numerator	6	9	82	36	43	**176**
Denominator	6	9	82	36	43	**176**
%	100	100	100	100	100	**100**

Table 3B Non-UM Grievances

4/1/2020 - 6/30/2020	A	B	C	D	E	TOTAL
Numerator	27	25	56	13	2	**123**
Denominator	27	25	56	13	2	**123**
%	100	100	100	100	100	**100**

During the 4/1/2020 – 6/30/2020 measurement period all five MCOs reported 100% of cases in Tables 3A and 3B were resolved within 30 days.

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Beginning January 1, 2020 several UM appeal categories were added to allow for the reporting of UM appeals by providers on behalf of members for denial of inpatient hospital stays, reduced acuity, etc. due to medical necessity. Because of this change, the top UM appeal categories have changed from those most frequently reported in prior measurement periods.

The tables below detail the number and type of MLTSS enrollee appeals (Table 3A) and grievances (Table 3B) filed during the measurement period of 4/1/2020 – 6/30/2020. For this measurement period, the top UM appeal categories for all MCOs combined were: Denial of inpatient hospital stays (30/176 = 17.0%); Denial of outpatient medical treatment/diagnostic testing (28/176 = 15.9%); Denial of dental services (20/176 = 11.4%); and Denial of medical equipment (DME) and/or supplies (20/176 = 11.4%).

The top three non-UM grievance categories were: Dissatisfaction with provider office administration (22/123 = 17.9%); Reimbursement problems/unpaid claims (20/123 = 16.3%); and Dissatisfaction with quality of medical care, other type of provider (17/123 = 13.8%).

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM 19 - Table 3A Utilization Management (UM) enrollee appeal by Category

PM 19 - Table 3A Utilization Management (UM) enrollee appeal categories	April - June 2020					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Denial of acute inpatient rehabilitation services						
Denial of assisted living services				1	1	2
Denial of dental services		**2**	**9**	**3**	**6**	**20**
Denial of hearing aid services						
Denial of home delivered meal services						
Denial of hospice care					1	1
Denial of in-home periodic skilled services (nursing, social services, nutrition, etc.)					1	1
Denial of in-home rehabilitation therapy (PT, OT, speech, etc.)						
Denial of inpatient hospital days	**2**	**4**	**13**		**11**	**30**
Denial of Medical Day Care (adult & pediatric)				1	2	3
Denial of medical equipment (DME) and/or supplies		**2**	**11**	**7**		**20**
Denial of Mental Health services						
Denial of non-medical transportation						
Denial of optical appliances						
Denial of optometric services						
Denial of other TBI services (CRS, Structured Day, Supported Day, etc.)						
Denial of outpatient medical treatment/diagnostic testing			**18**		**10**	**28**
Denial of outpatient rehabilitation therapy (PT, OT, Cardiac, Speech, Cognitive, etc.)					1	1
Denial of outpatient TBI habilitation therapy (PT, OT, speech, cognitive etc.)						
Denial of PCA services	1		10	12		23
Denial of Personal Emergency Response Systems (PERS)						
Denial of Private Duty Nursing				6		6
Denial of referral to out-of-network specialist						
Denial of residential modification						
Denial of respite services						
Denial of skilled nursing facility (custodial)				1	3	4
Denial of skilled nursing facility inpatient rehabilitation services			9			9
Denial of Special Care Nursing Facility (custodial) SCNF						
Denial of sub-acute inpatient rehabilitation services			1			1
Denial of SUD services			1			1
Denial of surgical procedure					1	1
Denial of vehicle modification						
Other (MLTSS)	1					1
Other (non-MLTSS)						
Pharmacy	2		4	5	5	16
Reduction of acuity level (inpatient)		1	6		1	8
Service considered cosmetic, not medically necessary						
Service considered experimental/investigational						
Table 3A/UM Appeal TOTALS	**6**	**9**	**82**	**36**	**43**	**176**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM 19 - Table 3B non-utilization management (non-UM) enrollee grievance by Category

PM 19 - Table 3B non-utilization management (non-UM) enrollee grievance categories	April - June 2020					
	MCO A	MCO B	MCO C	MCO D	MCO E	TOTAL
Appointment availability, other type of provider			1	1		2
Appointment availability, PCP						
Appointment availability, specialist						
Difficulty obtaining access to a healthcare professional after hours (via phone)			1			1
Difficulty obtaining access to DME and/or medical supplies				1		1
Difficulty obtaining access to mental health providers						
Difficulty obtaining access to MLTSS providers						
Difficulty obtaining access to non-MLTSS providers						
Difficulty obtaining access to other in-home health services (skilled/non-skilled)		1				1
Difficulty obtaining access to PCA services				1		1
Difficulty obtaining access to PDN services						
Difficulty obtaining access to self-directed PCA services (PPP)						
Difficulty obtaining access to SUD providers						
Difficulty obtaining access to transportation services						
Difficulty obtaining referral to network specialist of member's choice						
Difficulty obtaining referrals for covered mental health services						
Difficulty obtaining referrals for covered MLTSS services		2				2
Difficulty obtaining referrals for covered services, dental services						
Difficulty obtaining referrals for covered SUD services						
Difficulty related to obtaining emergency services						
Dissatisfaction with dental services	1	1	4			6
Dissatisfaction with DME and/or medical supplies		1	6	1		8
Dissatisfaction with marketing, member services, member handbook, etc.	7		2	2		11
Dissatisfaction with NJ FamilyCare Benefits						
Dissatisfaction with other in-home health services (skilled/non-skilled)			2			2
Dissatisfaction with PCA services	1		4			5
Dissatisfaction with PDN services						
Dissatisfaction with policies regarding specialty referrals						
Dissatisfaction with provider network						
Dissatisfaction with provider office administration		**3**	**19**			**22**
Dissatisfaction with quality of medical care, hospital						
Dissatisfaction with quality of medical care, other type of provider	**4**	**9**	**2**		**2**	**17**
Dissatisfaction with quality of medical care, PCP		1	1			2
Dissatisfaction with quality of medical care, specialist			6			6
Dissatisfaction with transportation services		1				1
Dissatisfaction with utilization management appeal process				3		3
Dissatisfaction with vision services			2			2
Enrollment issues	1	1				2
Laboratory issues						
Pharmacy/formulary issues		2	4	2		8
Reimbursement problems/unpaid claims	**13**	**3**	**2**	**2**		**20**
Waiting time too long at office, PCP						
Waiting time too long at office, specialist						
Table 3B/non-UM Grievance TOTALS	**27**	**25**	**56**	**13**	**2**	**123**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

PM # 20	MLTSS members receiving MLTSS services
Numerator:	The unique count of members in the denominator with at least one claim for MLTSS services during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	3063	6135	16725	N/A	6384	**N/A**
Denominator	3804	7803	21391	N/A	10522	**N/A**
%	80.5	78.6	78.2	N/A	60.7	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	3318	6535	17208	N/A	6701	**N/A**
Denominator	4050	8544	21850	N/A	11073	**N/A**
%	81.9	76.5	78.8	N/A	60.5	**N/A**

The MCOs continue to claim under reporting for this measure. MCOs report that there are members receiving services for which the MCO had not yet received a claim as some providers are not submitting claims and/or are delaying the submission of claims for services. For the 10/1/2019 – 12/31/2019 measurement period, MCO A reported the majority of MLTSS members with claims for services during this quarter represent residential authorizations as the remaining authorizations in order of prevalence are PERS (Personal Emergency Response Systems), Home Delivered Meals, PERS SET UP, Private Duty Nursing, Residential Modifications and evaluations, Respite Services, TBI (Behavioral Management), Structured Day Program, Community Residential services, Home Based Supportive Care, Medication Dispensing Device monitoring and Social Adult Day Care. MCO A reports 4050 MLTSS members were enrolled at any time during the measurement period. Of this number, MCO A reports 3318 unique MLTSS members who had claims for at least one MLTSS-specific service during the period. These results calculate to 81.9% of MLTSS members having claims for MLTSS-specific services during the measurement period. This is a slight increase from the previous report, which showed 80.5%. MCO A reported that CMs continue to offer options counseling to all HCBS members, encouraging them to utilize their MLTSS-specific benefits to meet their needs. MCO C reported that during the 10/1/2019 – 12/31/2019 measurement period that of the 21,850 unique MLTSS Members, 17,208 of the members had a paid MLTSS service claim during the measurement period. Of the 17,208 that had a paid MLTSS service claim on file, 983 were enrolled in a MLTSS SNP plan. Of the 4,642 members that had no claims submitted for MLTSS Services 204 members had denied MLTSS Service claims. In addition, MCO C reported that the data review shows that 79% of MLTSS members are receiving at least one MLTSS service, which is consistent with the previous quarters. Of the remaining 4,642 that did not have any paid MLTSS service claims, they found that 64.97% had paid PCA/MDC claims, 7.07% were on Hospice, 4.39% had denied MLTSS Service claims and 23.07% had no IP, PCA/MDC or Hospice claims. Furthermore, MCO C found during the analysis

that 0.50% members had both PCA/MDC Claims and Hospice Claims. The top denial reasons for the total number of claims were 46% denied for no authorization, 10% denied for encounter adjustments and 5% were denied for charges exceed the contracted amount for service. The reported rates for MCO C during the 7/1/2019 - 9/30/2019 measurement period is reported within the table above and are indicated with red font. MCO D is working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 21	MLTSS members transitioned from NF to Community.
Numerator:	The unique count of members in the denominator who transitioned from NF to HCBS during the measurement period. Members should be counted only once.
Denominator:	The unique count of members meeting eligibility criteria during the measurement period who were enrolled in custodial NF at any point during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually – Due: 30 days after the quarter and year

4/1/2020-6/30/2020	A	B	C	D	E	TOTAL
Numerator	7	14	114	36	14	**185**
Denominator	1763	2395	6720	3948	1802	**16628**
%	0.4	0.6	1.7	0.9	0.8	**1.1**

7/1/2019-6/30/2020	A	B	C	D	E	TOTAL
Numerator	21	25	233	88	45	**412**
Denominator	1231	1807	4928	3237	1276	**12479**
%	1.7	1.4	4.7	2.7	3.5	**3.3**

The MCOs report that they continue to work with approved programs such as Money Follows the Person to identify members who are appropriate for NF to HCBS transitions. For the 4/1/2020 - 6/30/2020 measurement period, MCO A reported that 7 members (four men and three women) out of the 1,763 NF members who met the inclusion criteria transitioned to the community. Additionally, MCO A reported the age range was 62-104 with 4 transition in April, 1 in May, and 2 in June. Furthermore, MCO A reported that COVID-19 pandemic affected NF to HCBS transition process. During COVID-19 pandemic, Member Advocates, Care Managers, Housing Specialists were unable to visit members face to face, unable to view properties, unable to meet leasing agents. The member advocates were unable to set up apartments and take deliveries of transition supplies. All the NF transition activities were completed telephonically during the pandemic. This includes transition IDT, care plan development, the procurement of transition supplies and services. Once the member transitions to the community, case managers follow the HCBS workflows and visit the member telephonically on a quarterly basis and make monthly calls. NF Transition Liaison and housing/member advocate attend collaborative meetings with the State to identify new housing opportunities while assisting members with community placement. MCO C reported that during the 4/1/2020 - 6/30/2020 measurement period, 114 members out of the 6,720 NF members transitioned to the community. MCO C reported that of those 114 members, 107 transitioned to a

private residence, 4 transitioned into an ALR/ALP and 3 were TBI members that transitioned into CRS. Additionally, MCO C reported the age span of the members that transitioned ranged from 6-102 years old, with an average of 66. The highest age range was 51-79 with 61 members. During this measurement period, 3 were MLTSS SNP members who transitioned to the community and of the 114 who transitioned, 72 were MLTSS dual Medicaid/Medicare of which 3 were enrolled in their MLTSS SNP Plan. MCO C reported continuing collaborative efforts to identify members that wish to transition to a community setting and continue to track and trend the members that are transitioned to the community to ensure they are safely transitioned and adapt well to their new environment. During 7/1/2019 - 6/30/2020 measurement period, MCO E reported 45 of the 1,276 NF members transitioned to the community. Additionally, MCO E reported that of those 1,276 NF members, 1074 members were age 65 or older, and of those 45 members that transitioned from a nursing facility to a HCBS setting, 40 members were 65 years or older. Furthermore, MCO E reported that 36 of the 45 members who transitioned from a NF to a community setting still remain in an HCBS setting. MCO E discovered there was a significant increase in the number of transitions reported from the previous year, from 25 transitions in SFY 2019 to 45 transitions in SFY 2020 for a percentage increase of 80%. MCO E has continued to see an increase in NF to HCBS transitions due in a large part to the focus of the Transition Team making the availability of this option for members a priority during case rounds and team discussions.

PM # 23	MLTSS NF to HCBS transitions who returned to NF within 90 days.
Numerator:	The unique count of members in the denominator with a NF living arrangement status within 90 days of initial HCBS transition date.
Denominator:	The unique count of members continuously enrolled with the MCO in MLTSS from the beginning of measurement period or from date of initial enrollment in MLTSS NF, whichever is later, through 90 days after the HCBS transition date.
Data Source:	MCO
Frequency:	Quarterly/Annually – Lag Report Due: 120 days after reporting quarter or year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	0	0	4	N/A	1	**N/A**
Denominator	6	0	44	N/A	11	**N/A**
%	0	0	9.1	N/A	9.1	**N/A**

10/1/2019 -12/31/2019	A	B	C	D	E	TOTAL
Numerator	0	0	3	N/A	0	**N/A**
Denominator	7	12	53	N/A	15	**N/A**
%	0	0	5.7	N/A	0	**N/A**

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

1/1/2020 -3/31/2020	A	B	C	D	E	TOTAL
Numerator	0	0	2	N/A	1	**N/A**
Denominator	11	10	42	N/A	17	**N/A**
%	0	0	4.8	N/A	5.9	**N/A**

The MCOs are continuing to track and trend members returning to the NF within 90 days. MCO A reported that during the 1/1/2020 - 3/31/2020 measurement period, they identified eleven members who transitioned from a NF to HCBS setting, none of the members returned to the NF setting within 90 days of the transition. Additionally, MCO A reported the age range was 38-92 with 4 transitions in January, 4 in February, and 3 in March. Furthermore, MCO A reported they will continue to provide intensive care management for members who have transitioned to the home setting, which includes monthly calls and quarterly visits. For the Measurement Period 1/1/2020 – 3/31/2020, MCO C reported that 42 members transitioned from a NF to HCBS setting, four members returned to the NF within 90 days of transition. MCO C discovered that of the 2 members that returned to the NF, 1 member returned at the member or family member's request and 1 member returned due to lack of informal supports/needs not met in the community. In addition, it was discovered that 1 member transitioned from NF to Private Residence with Family Members and 1 member that lived alone in a Private Residence returned back to the NF within 90 days. The average age of these members was 64 years old. MCO C will continue to monitor and track the reasons members return to the Nursing Facility as an effort to increase successful transitions. The reported rates for MCO A, during the 7/1/2019 - 9/30/2019 and 10/1/2019 – 12/31/2019 measurement periods are reported within the tables above and are indicated with red font. MCO D is working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 26	Acute inpatient utilization by MLTSS HCBS members: HEDIS IPU
Numerator:	Reporting is at the Total level for Total Inpatient. Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report member months, events, and rates per 1000 for the three youngest age groups in Data Analysis.
Denominator:	Follow HEDIS specifications for Inpatient Utilization (IPU) for MLTSS HCBS members. Sum of MLTSS HCBS member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	154	350	1704	N/A	458	**N/A**
Denominator	3901	12678	37320	N/A	23013	**N/A**
%	3.9	2.8	4.6	N/A	2.0	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	159	403	1789	N/A	526	**N/A**
Denominator	4264	14819	38071	N/A	24562	**N/A**
%	3.7	2.7	4.7	N/A	2.1	**N/A**

Data for this measure is captured on a monthly basis. Quarterly data reflects the number of hospitalizations that occurred per member month. This measure is based on hospital events, not unduplicated members. For the Measurement Period 10/1/2019 – 12/31/2019, MCO A reported 4264 member months as defined in the 2020 HEDIS specifications for Inpatient Utilization, there were 159 acute inpatient visits that calculated 3.7% admissions per member months of HCBS members during the reporting period. Additionally, MCO A reported the 159 inpatient events represented 124 unique members with identified diagnosis of Acute Kidney Failure Unspecified, Sepsis Unspecified Organism, Urinary Tract Infection Site Not Specified, Chronic Obstructive Pulmonary DZ W/Exacerbation, and Hypertensive Heart Disease with Heart Failure. Furthermore, MCO A reported 53 admissions occurred in October, 51 occurred in November, and 55 admissions occurred in December 2019. MCO C reported during the 10/1/2019 - 12/31/2019 measurement period of the 38,071 member months identified in the denominator, there were 1789 unique inpatient hospitalizations corresponding to a 4.7% rate or 46.7 authorizations per thousand and discovered there were a total of 1,341 Dual Medicaid/Medicare of which 216 MLTSS FIDE-SNP HCBS members had an acute inpatient hospitalization. Additionally, MCO C reported the clinical team and Care Management team reviews daily admissions, contact facilities and review discharge planning. Furthermore, MCO C reported upon discharge, the Care Managers contact members on a weekly basis for 30 days, visit them post discharge, review plans of care, implement new services if needed and provide education to member in order to prevent readmission. For the Measurement Period 10/1/2019 – 12/31/2019, MCO E reported of the 24,562 member months as defined in the 2020 HEDIS specifications for Inpatient Utilization, there were 526 acute inpatient visits that calculated 2.1% admissions per member month of HCBS members during the reporting period. Additionally, MCO E reported that upon review, the most frequent reported reason for inpatient admission during this quarter was related to circulatory disorders with 129 events, of which 30 or 23.6% events were due to congestive heart failure. MCO E reported continuing in depth reviews on all members with multiple admissions during the measurement period broken down by team and care manager to identify trends to further pinpoint reasons for recurring readmissions.. The reported rates for MCOs A and B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCO D is working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 27	Acute inpatient utilization by MLTSS NF members: HEDIS IPU
Numerator:	Reporting is at the Total level for Total Inpatient. Report rate per 100 in the State template and rate per 1000 in Data Analysis. Report member months, events, and rates per 1000 for the three youngest age groups in Data Analysis.
Denominator:	Follow HEDIS specifications for Inpatient Utilization (IPU) for MLTSS NF members. Sum of MLTSS NF member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	144	148	754	N/A	103	**N/A**
Denominator	6533	9199	21592	N/A	5997	**N/A**
%	2.2	1.6	3.5	N/A	1.7	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	176	192	759	N/A	143	**N/A**
Denominator	6785	9293	21982	N/A	6149	**N/A**
%	2.6	2.1	3.5	N/A	2.3	**N/A**

Data for this measure is captured on a monthly basis. Quarterly data reflects the number of hospitalizations that occurred per member month. This measure is based on hospital events, not unduplicated members. MCOs A, C and E reported that diagnoses for hospital admissions included: Sepsis Unspecified Organism, Acute Kidney Failure Unspecified, Sepsis due to Escherichia Coli E. Coli, Urinary Tract Infection Site Not Specified, Congestive Heart Failure, Digestive System disorders, and Injuries/Poisoning due to external causes. MCO A reported during the 10/1/2019 - 12/31/2019 measurement period of the 6785 member months as defined in the 2020 HEDIS specifications for Inpatient Utilization, there were 176 acute inpatient visits that calculated 2.6% admissions per member month of NF members during the reporting period. Additionally, MCO A reported the 176 inpatient events represented monthly inpatient data of 49 visits in October, 60 in November, and 67 visits in December 2019. For the Measurement Period 10/1/2019 to 12/31/2019, MCO C reported of the 21,982 member months as defined in the 2020 HEDIS specifications for Inpatient Utilization, there were 759 acute inpatient visits that calculated 3.5% admissions per member month of NF members during the reporting period. Additionally, MCO C reported for the 759 inpatient events, the top three diagnoses identified for MLTSS NF members was Sepsis, unspecified organism at 14% (106), Urinary tract infection, site not specified at 3% (23) and 3% (23) had Acute kidney failure, unspecified. Furthermore, MCO C reported that the Care management and clinical team reviews daily admissions, contact facilities, and discharge planning. MCO C reported that upon discharge, the Care Managers contact members on a weekly basis for 30 days, visit them post discharge, review plans of care, implement new services if needed and provide education to member in order to prevent readmission. MCO E reported during the 10/1/2019 - 12/31/2019 measurement period of the reported of the 6,149 member months as defined in the 2020 HEDIS specifications for Inpatient Utilization, there were 143 acute inpatient visits that calculated 2.3% admissions per member month of NF members during the reporting period. Additionally, MCO E reported that upon review, diagnosis categories showed the highest incidence reported continues to be among infectious disease, of which (36) or 92.31% had a diagnosis of sepsis. In addition, MCO E reviews trends for members with Chronic Conditions such as CHF, COPD and Hypertension quarterly as part of the Population Health Committee meeting to further discuss and strategize on interventions and review best practices. MCO E reported continued monitoring of inpatient admissions in real time using the discharge planning report to help improve timely outreach and appropriate discharge planning including follow up appointments and medication reconciliation. The reported rates for MCOs A and B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCO D is working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

PM # 28	All Cause Readmissions of MLTSS HCBS members to hospital within 30 days: HEDIS PCR
Numerator:	Report Observed Readmissions as the numerator and the Observed Readmission rate.
Denominator:	Follow HEDIS specifications for Plan All Cause Readmission (PCR) for the Medicare product for MLTSS HCBS members. Report Observed Discharges as the denominator.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	22	367	N/A	189	**N/A**
Denominator	N/A	145	2219	N/A	895	**N/A**
%	N/A	15.2	16.5	N/A	21.1	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	23	359	N/A	173	**N/A**
Denominator	N/A	177	2253	N/A	979	**N/A**
%	N/A	13	15.9	N/A	17.7	**N/A**

Data for this measure is captured on a monthly basis and the numerators are added together and the denominators are added together to report quarterly data reflecting the number of hospitalizations that occurred per member month. It is based on hospital events and not unduplicated members. For the Measurement Period 10/1/2019 – 12/31/2019, MCO B reported 177 discharges in this quarter with 23 readmissions within 30 days of discharge. Additionally, of Medicaid only members, the highest readmission rate is amongst the 45-54 age band. Furthermore, MCO Care Managers monitor inpatient census, authorization and claim data to track inpatient admissions and upon planned discharges, Care Managers schedule post-hospitalization visits within 10 days to ensure all services are in place with the home to meet the member's needs in an effort to prevent a readmit. MCO C reported during the 10/1/2019 - 12/31/2019 measurement period, 2,253 Acute Inpatient discharges for the quarter, of which 289 were MLTSS SNP HCBS members. Additionally, MCO C reported the top three diagnoses for acute inpatient utilization for MLTSS HCBS members to be 4.78% (106) Sepsis, unspecified organism, 3.79% (84) chronic obstructive pulmonary disease with (acute) exacerbation and 3.52% (78) Urinary tract infection, site not specified. Furthermore, MCO C reported that the Clinical and Care Management team reviews daily admissions, contacts hospitals to discuss discharge planning. MCO C reported that upon discharge, the Care Managers contact members on a weekly basis for 30 days, visits them after discharge, reviews plan of care, implements new services and provides education to the members in order to prevent readmission. For the Measurement Period 10/1/2019 – 12/31/2019, MCO E reported, 979 acute inpatient events were identified for inclusion in the denominator and of the 173 identified readmissions there were 135 unique members, 111 of who were age 65 or older. MCO E reported 92 of the 135 unique members remain actively enrolled in the plan with 80 members continuing to live in a community setting and of those 135 unique members, 107 presented with more than 1 readmission event. There were 23 unique members presenting with 2 readmission events without significant trends identified, 1

member reported with 3 readmissions events related to Congestive heart failure and hypertension. Additionally 3 members reported with 4 readmission events each related to chronic degenerative conditions such as diabetes, hypertensive heart disease, heart failure and COPD. There was 1 member presenting with 5 readmission events related to COPD. MCO E discovered data comparison reported in the 7/1/2019-9/30/2019 measurement period showed a decrease in the readmission rates from 21.1% to 17.7%. Additionally, MCO E reported members presenting with high readmission utilization are part of the plan's on-going High Utilization Task Force and are discussed regularly in an interdisciplinary forum to identify additional interventions to help decrease member's utilization. The reported rates for MCOs B and C during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A and D are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 29	All Cause Readmissions of MLTSS NF members to hospital within 30 days: HEDIS PCR
Numerator:	Report Observed Readmissions as the numerator and the Observed Readmission rate.
Denominator:	Follow HEDIS specifications for Plan All Cause Readmission (PCR) for the Medicare product for MLTSS NF members. Report Observed Discharges as the denominator.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	8	119	N/A	39	**N/A**
Denominator	N/A	38	821	N/A	226	**N/A**
%	N/A	21.1	14.5	N/A	17.3	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	17	125	N/A	62	**N/A**
Denominator	N/A	53	835	N/A	280	**N/A**
%	N/A	32.1	15	N/A	22.1	**N/A**

Data for this measure is captured on a monthly basis and the numerators are added together and the denominators are added together to report quarterly data reflecting the number of hospitalizations that occurred per member month. It is based on hospital events and not unduplicated members. For the Measurement Period 10/1/2019 – 12/31/2019, MCO B reported 17 readmissions within 30 days of discharge date. Additionally, Of the 17 readmissions, 15 are Medicaid, 2 are Medicare. MCO B reported of Medicaid only members, the highest readmission rate was amongst the 18-44 age band (50%), and for Medicare members under age of 65, the higher readmission rate by age band is 55-64 (33%). Furthermore, MCO B reported that Care Managers continue to monitor inpatient census, authorization and claim data to track inpatient admissions and upon planned discharges, Care Managers schedule post-hospitalization visits within 10 days to ensure all services are in place with the home to meet the member's needs in an effort to prevent a readmit. MCO C reported during the

10/1/2019 - 12/31/2019 measurement period, 835 acute inpatient discharges for the quarter, of which 11 were MLTSS SNP NF. Additionally, MCO C identified the top three diagnoses for acute inpatient utilization for MLTSS NF members to be 11.38% (95) Sepsis, unspecified organism, 3.47% (29) Urinary tract infection, site not specified and 2.87% (24) Acute kidney failure, unspecified. Furthermore, MCO C reported that the Clinical and Care Management team reviews daily admissions, contacts hospitals to discuss discharge planning. MCO C reported the Care Managers collaborates with the facility of residence for plans on preventing readmission of the member. For the Measurement Period 10/1/2019 – 12/31/2019, MCO E reported that 280 acute inpatient events identified for inclusion in the denominator and of the 62 identified readmissions there were 45 unique members, 36 of who were age 65 or older. MCO E reported that 21 of the 45 unique members remain actively enrolled in the plan, and the remainder in a nursing facility setting. MCO E reported the continued presence of Sepsis as readmitting diagnosis for this population was found through analysis of all reported events. Sepsis diagnosis was the primary diagnosis for 15 of the 17 events (88.24%) under the category of infectious diseases, which was the highest reported category for admitting diagnoses in the numerator. The second highest category included general signs and symptoms with 9 events where chest pain was reported in 3 events (33.33%) no other trends identified. The third highest category identified included diseases of the endocrine system with diabetes reported in 4 out of 7 events (57.14%). The fourth highest category reported was for injuries/poisoning due to external causes, without significant trends noted. Finally, the fifth highest category reported was genitourinary disorders and diseases of the respiratory system with 4 events each; urinary tract infections and pneumonia presented in 3 of the four events reported in each category or 75%. Additionally, MCO E reported ongoing collaborations with management and staff, including the Quality department for further look at trends by facility for sepsis. In addition, the Population Health Committee meets to analyze trends quarterly, specifically related to utilization of services with diagnosis of sepsis to better understand the root causes in an effort to reduce the occurrence. MCO E reported that they will continue to closely monitor trends by facility to develop initiatives aimed at educational opportunities, especially within chronic degenerative disease processes. The reported rates for MCOs B and C during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A and D are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 30	Emergency Department utilization by MLTSS HCBS members: HEDIS AMB
Numerator:	Reporting is at the Total level for ED events. Report rate per 100 in the State template and rate per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for Ambulatory Care (AMB) for ED Visits for MLTSS HCBS members. Sum of MLTSS HCBS member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	830	N/A	N/A	N/A	**N/A**
Denominator	N/A	12678	N/A	N/A	N/A	**N/A**
%	N/A	6.5	N/A	N/A	N/A	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	935	N/A	N/A	N/A	**N/A**
Denominator	N/A	14819	N/A	N/A	N/A	**N/A**
%	N/A	6.3	N/A	N/A	N/A	**N/A**

Data for this measure is captured on a monthly basis. Quarterly data reflects the number of ED visits that occurred per member month. This measure is based on ER utilization events and not unduplicated members. MCO B reported during the 10/1/2019 - 12/31/2019 measurement period, a readmission within 30 days rate of 6.31% for this population or 63.09 per 1000, which is slightly lower than last quarter's reported rate for the same population. Additionally, the highest per 1000 rate occurred amongst the 45-64 age band of members in the HCBS population for this quarter. Furthermore, MCO B reported that they continue to work to enhance the emergency room care management process to decrease ER use for members with ED utilization and a preventable ER diagnosis through utilization of weekly reporting to identify members that may benefit from further education to reduce ER utilization based diagnosis. The reported rates for MCO B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, C, D and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 31	Emergency Department utilization by MLTSS NF members: HEDIS AMB
Numerator:	Reporting is at the Total level for ED events. Report rate per 100 in the State template and rate per 1000 in Data Analysis.
Denominator:	Follow HEDIS specifications for Ambulatory Care (AMB) for ED Visits for MLTSS NF members. Sum of MLTSS NF member months in the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	43	N/A	N/A	N/A	**N/A**
Denominator	N/A	9199	N/A	N/A	N/A	**N/A**
%	N/A	0.5	N/A	N/A	N/A	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	70	N/A	N/A	N/A	**N/A**
Denominator	N/A	9293	N/A	N/A	N/A	**N/A**
%	N/A	0.8	N/A	N/A	N/A	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Data for this measure is captured on a monthly basis. Quarterly data reflects the number of ED visits that occurred per member month. This measure is based on ER utilization events and not unduplicated members. For the Measurement Period 10/1/2019 – 12/31/2019, MCO B reported a readmission within 30 days rate of 0.75% for this population or 7.53 per 1000, which is slightly higher than last quarter's reported rate for the same population. Furthermore, MCO B reported that they continue to work to enhance the emergency room care management process to decrease ER use for members with ED utilization and a preventable ER diagnosis through use of weekly reporting to identify members that may benefit from further education to reduce ER utilization based diagnosis. The reported rates for MCO B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, C, D and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 33	MLTSS services used by MLTSS HCBS members: PCA services only
Numerator:	The unique count of members with at least one claim for PCA services during the measurement period. Exclude members with a claim for any other MLTSS service or for claims for Medical Day services during the measurement period.
Denominator:	Unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 – 9/30/2019	A	B	C	D	E	TOTAL
Numerator	160	833	2735	860	692	**5280**
Denominator	1494	4443	13417	6049	8205	**33608**
%	10.7	18.7	20.4	14.2	8.4	**15.7**

10/1/2019 – 12/31/2019	A	B	C	D	E	TOTAL
Numerator	177	983	2652	853	694	**5359**
Denominator	1616	5087	13652	6053	8662	**35070**
%	11.0	19.3	19.4	14.1	8.0	**15.3**

The above data reflects per MCO the unique count of members enrolled in MLTSS HCBS at any time during the measurement period with at least one claim for PCA services, excluding members with a claim for any other MLTSS service or Medical Day services. MCO A reported during the 10/1/2019 - 12/31/2019 measurement period, 1616 HCBS members met eligibility criteria during the measurement period, and of these HCBS members, 177 had claims for PCA services ONLY during the measurement period which calculates to 11% of the HCBS population, a slight increase from the previous reporting period which showed 10.7% result. For the Measurement Period 10/1/2019 – 12/31/2019, MCO C reported 19% (2,652) of the members out of the 13,652 had only PCA services during the measurement period. Additionally, MCO C reported that out of the 2,652 members that had only PCA services, there were 38% (1,020) that received PCA services through the self-directed

program and 62% (1,632) that received their services from a PCA provider. Furthermore, MCO C reported Care Managers will continue to monitor members to verify that they continue to be appropriate for the MLTSS program. The Care Manager will also determine if the member can benefit from additional services. MCO E reported during the 10/1/2019 - 12/31/2019 measurement period, identified 8662 unique members for inclusion in the denominator, of whom 694 members were identified as having had only PCA services. Additionally, MCO E reported a decrease in the percentage of members receiving PCA services only from the prior quarter from 8.43% to 8.01%. The decrease can be attributed to the increase in membership seen in the denominator. Of the 694 members identified for this measurement period, 593 remain enrolled in the plan, and 4 members have transitioned to a nursing facility setting. Furthermore, MCO E reported that they will continue to monitor in real time through the utilization of care plan review, case rounds, 1:1 care conferences and monthly audits to ensure that members are offered the full complement of services available under the program to ensure that they are able to be safely maintained in the least restrictive environment of their choice. The reported rates for MCO D during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font.

PM # 34	MLTSS services used by MLTSS HCBS members: Medical Day services only
Numerator:	The unique count of members with at least one claim for Medical Day services during the measurement period. Exclude members with a claim for any other MLTSS service or for PCA services during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	124	119	184	150	1472	**2049**
Denominator	1494	4443	13417	6049	8205	**33608**
%	8.3	2.7	1.4	2.5	17.9	**6.1**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	134	220	187	149	1515	**2205**
Denominator	1616	5087	13652	6053	8662	**35070**
%	8.3	4.3	1.4	2.5	17.5	**6.3**

The above data reflects the number of the unique count of MLTSS HCBS members with at least one claim for Medical Day services, excluding members with a claim for any other MLTSS service or PCA services during the measurement period. The reported rates for MCO D during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font.

PM # 36	Follow-up after mental health hospitalization for MLTSS HCBS members: HEDIS FUH
Numerator:	Sum of qualifying follow-up visits with a mental health practitioner within 30 days after discharge. Only the 30-day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Hospitalization for Mental Illness (FUH) for MLTSS HCBS members. The denominator for this measure is based on discharges, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	2	N/A	N/A	N/A	**N/A**
Denominator	N/A	8	N/A	N/A	N/A	**N/A**
%	N/A	25	N/A	N/A	N/A	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	4	N/A	N/A	N/A	**N/A**
Denominator	N/A	11	N/A	N/A	N/A	**N/A**
%	N/A	36.4	N/A	N/A	N/A	**N/A**

MCOs are reporting challenges in obtaining this data due to dual eligible members and limited access to Medicare claims. For the Measurement Period 10/1/2019 – 12/31/2019, MCO B reported 11 discharges that required follow-up after hospitalization for mental illness; and of the 11, 4 successfully resulted in a follow-up with a mental health professional within 30 days of discharge. Additionally, MCO B reported that of the 11 discharges, 1 of the 4 follow-ups occurred within 7 days of discharge, the remainder were outside 7 days but within 30 days. Furthermore, MCO B MLTSS Care Managers continue to collaboratively work with BH Care Managers to ensure MLTSS members are adhering to follow-up visits and have the support they need to reside safely in the setting of their choice. This includes integrated care management approaches, ongoing re-education on appropriateness of BH referrals and mining of the BH inpatient report to identify potential admissions for intervention. The reported rates for MCO B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, C, D and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 38	Follow-up after mental health hospitalization for MLTSS NF members: HEDIS FUH
Numerator:	Sum of qualifying follow-up visits with a mental health practitioner within 30 days after discharge. Only the 30-day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Hospitalization for Mental Illness (FUH) for MLTSS NF members. The denominator for this measure is based on discharges, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	N/A	N/A	N/A	**N/A**
Denominator	N/A	0	N/A	N/A	N/A	**N/A**
%	N/A	0	N/A	N/A	N/A	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	N/A	N/A	N/A	**N/A**
Denominator	N/A	0	N/A	N/A	N/A	**N/A**
%	N/A	0	N/A	N/A	N/A	**N/A**

MCOs are reporting some challenges in obtaining this data due to dual eligible members and limited access to Medicare claims. MCO B reported during the 10/1/2019 - 12/31/2019 measurement period that there were no acute inpatient discharges of eligible MLTSS NF members with a principal diagnosis of Mental Illness for this measurement period. MCO B reported that MLTSS Care Managers continue to work collaboratively with BH Care Managers to ensure MLTSS members are adhering to follow-up visits and have the support they need to reside safely in the setting of their choice. This includes integrated care management approaches, ongoing re-education on appropriateness of BH referrals and mining of the BH inpatient report to identify potential admissions for intervention. The reported rates for MCO B during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, C, D and E are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 41	MLTSS services used by MLTSS HCBS members: PCA services and Medical Day services only.
Numerator:	The unique count of members with at least one claim for Medical Day services AND at least one claim for PCA services during the measurement period. Exclude members with a claim for any other MLTSS service during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the measurement period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 210 day lag after quarter and year

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	84	278	630	155	1280	**2427**
Denominator	1494	4443	13417	6049	8205	**33608**
%	5.6	6.3	4.7	2.6	15.6	**7.2**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	98	348	607	141	1338	**2532**
Denominator	1616	5087	13652	6053	8662	**35070**
%	6.1	6.8	4.4	2.3	15.4	**7.2**

The above data reflects per MCO the unique count of members enrolled in MLTSS HCBS at any time during the measurement period with at least one claim for Medical Day services AND at least one claim for PCA services, excluding members with a claim for any other MLTSS service during the measurement period. For the Measurement Period 10/1/2019 – 12/31/2019, MCO A reported they identified 98 MLTSS members who had claims submitted for PCA and adult Medical Day Care services. Additionally, MCO A reported that according to paid claims, the identified 98 did not have MLTSS-specific services during this period and all 98 MDC recipients were receiving Adult Day services and identified none received Pediatric Day services during the measurement period. MCO A reported they noticed slight increase in claims for medical day services than previous quarter. Furthermore, MCO A reported that data for this measure is shared with MLTSS Care Managers, so that members can be targeted for options counseling to add MLTSS-specific services. If data review indicates authorizations for MLTSS services but no claims for that period, the Provider Relations liaison will be notified to follow up with providers. MCO C reported during the 10/1/2019 - 12/31/2019 measurement period, 4% (607) members out of 13,652 had at least one claim for PCA and MDC services and did not have any other MLTSS service claims during the measurement period. Additionally, MCO C reported of the 607 members, 543 have MLTSS with Medicare and 77 of those 607 were enrolled in a FIDE SNP MLTSS. MCO C reported the average amount of PCA services authorized was 19 hours per week, the average amount of MDC services authorized was four days per week and the member's age ranged from 33 years old to 103 years old. Furthermore, MCO C reported they will continue to monitor these members to verify their needs are being met, continue to be appropriate for the MLTSS Program and will also determine if the member can benefit from additional services. MCO E reported that 1,338 members out of the 8,662 had at least one claim for PCA and MDC services and did not have any other MLTSS service claims. Additionally, MCO E reported that 1253 members are still active in the plan, while 10 members have since transitioned to a NF setting. MCO E reported analysis of the population identifies a large representation of members of Asian or Indian ethnicity and Care managers continue to offer the full complement of MLTSS services to all members but have found cultural values can affect the services members are comfortable accepting and may be a factor for this measure. MCO E reported that they will continue to re-educate staff regarding MLTSS services and continue routine review of services offered by care managers to monitor for trends and to ensure that the full complement of MLTSS services is made available to all members. The reported rates for MCO D during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font.

PM # 42	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS HCBS members: HEDIS FUA
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of AOD within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS HCBS members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	1	4	N/A	0	**N/A**
Denominator	N/A	10	33	N/A	15	**N/A**
%	N/A	10	12.1	N/A	0	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	9	N/A	1	**N/A**
Denominator	N/A	4	31	N/A	10	**N/A**
%	N/A	0	29	N/A	10	**N/A**

The MCOs are reporting some challenges in obtaining this data due to limited access to Medicare claims for dual eligible members. MCO B reported during the 10/1/2019 - 12/31/2019 measurement period that of the four unique of ED visits for MLTSS HCBS members with a principal diagnosis of Alcohol or Other Drug Dependence (AOD), no members completed a qualifying follow-up visit within 30 days of the ED visit in this measurement period. In addition, MCO B reported that they have a dedicated team of BH CMs that complete appropriate follow-up when notified of an ED visit related to AOD and the CM will adjust the plan of care as needed to minimize a future occurrence if possible. For the Measurement Period 10/1/2019 – 12/31/2019, MCO C reported of the 31 MLTSS HCBS members that had a ED visit there were 9 (29%) follow-up visits that occurred within 30 days following the ED visit. MCO C identified the top three diagnoses of Alcohol or Other Drug Dependence during the measurement period to be 8 (26%) Alcohol abuse with intoxication, unspecified, 5 (16%) Alcohol abuse with intoxication, uncomplicated and 4 (13%) Alcohol abuse, uncomplicated. Furthermore, MCO C reported they will continue to track the number of follow up visits within 30 days of the ED visits for the MLTSS HCBS members with a principle diagnosis of Alcohol or Other Drug Dependence and are in the process of developing more frequent claims reports to identify members that have been treated in an ED for AOD dependence. MCO E reported during the 10/1/2019 - 12/31/2019 measurement period identified 10 Emergency Department events for 8 unique HCBS members with a principal diagnosis of Alcohol or other Drug Dependence (AOD), and of the 10 ED events, there was only 1 member who received a follow up visit after the ED event (10%). Additionally, there was a slight increase in the percentage of members reported for this measure from 0% in the previous quarter to the current 10% quarter. MCO E reported that they will continue to have care management staff reinforce the need for notification for all ED visits to ensure ongoing appropriate follow up and care. The reported rates for MCOs B, C, and E during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, and D are working with the State's EQRO on their coding for this performance measure

and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 43	Follow-up after Emergency Department visit for Alcohol or Other Drug Dependence (AOD) for MLTSS NF members: HEDIS FUA
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of AOD within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for MLTSS NF members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	3	N/A	0	**N/A**
Denominator	N/A	0	8	N/A	0	**N/A**
%	N/A	0	37.5	N/A	0	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	0	N/A	0	**N/A**
Denominator	N/A	0	3	N/A	0	**N/A**
%	N/A	0	0	N/A	0	**N/A**

The MCOs are reporting some challenges in obtaining this data due to limited access to Medicare claims for dual eligible members. MCO B reported during the 10/1/2019 - 12/31/2019 measurement period no ED visits for MLTSS NF members with a principal diagnosis of Alcohol or Other Drug Dependence (AOD). In addition, MCO B reported that they have a dedicated team of BH CMs that complete appropriate follow-up when notified of an ED visit related to AOD and the CM will adjust the plan of care as needed to minimize a future occurrence if possible. MCO C reported during the 10/1/2019 - 12/31/2019 measurement period they discovered that as per data analysis, it was discovered that out of the three MLTSS NF members that were seen in the ED with a principal diagnosis of Alcohol or Other Drug Dependence, none of them (0%) had a follow up visit within 30 days of their ED visit. Additionally, MCO C reported they will continue to track the number of follow up visits within 30 days of the ED visits for the MLTSS NF members with a principle diagnosis of Alcohol or Other Drug Dependence and are in the process of developing more frequent claims reports to identify members that have been treated in an ED for AOD dependence. The reported rates for MCOs B, C, and E during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, and D are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 44	Follow-up after Emergency Department visit for Mental Illness for MLTSS HCBS members: HEDIS FUM
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of a mental health disorder or with a principle diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Mental Illness (FUM) for MLTSS HCBS members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 – 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	5	15	N/A	6	**N/A**
Denominator	N/A	10	35	N/A	8	**N/A**
%	N/A	50.0	42.9	N/A	75.0	**N/A**

10/1/2019 – 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	2	22	N/A	2	**N/A**
Denominator	N/A	6	41	N/A	3	**N/A**
%	N/A	33.3	53.7	N/A	66.7	**N/A**

The MCOs are reporting some challenges in obtaining this data due to limited access to Medicare claims for dual eligible members. For the Measurement Period 10/1/2019 – 12/31/2019, MCO B reported six ED visits for mental illness that required a follow-up visit with a healthcare professional, and of those visits, two successfully resulted in a visit within 30 days of discharge. Additionally, MCO B reported that 5 of the 6 visits were in the 18-64 age band of which 1 resulted in a successful follow-up visit and 1 of the 6 was in the 65+ with a successful follow-up visit. MCO B reported that they have a dedicated team of BH CMs that are consistently mining census reports to ensure BH intervention is timely for appropriate admissions. MCO C reported during the 10/1/2019 - 12/31/2019 measurement period, 41 MLTSS HCBS ED visits with a principal diagnosis of Mental Illness during the measurement period, of which 22 (54%) had follow-up visits that occurred within 30 days following the ED visit. Additionally, MCO C identified the top 3 diagnoses for Mental Illness during the measurement period to be 14 (34%) Major depressive disorder, single episode, unspecified, 5 (12%) Acute stress reaction and 3 (7%) Bipolar disorder, unspecified. MCO C reported they will continue to track the number of follow up visits within 30 days of the ED visits for the MLTSS HCBS members with a principle diagnosis of Mental Illness and are in the process of developing more frequent claims reports to identify members that have been treated in an ED for AOD dependence. For the Measurement Period 10/1/2019 – 12/31/2019, MCO E reported 3 qualifying events for 3 unique members, and there were 2 events identified as meeting inclusion criteria for the numerator (66.67%). MCO E reported that they will continue to monitor claims-based reporting on a regular basis and continue to discuss high ED utilizers within the plan's High Utilizer Task Force. The purpose of this group is to develop inter-departmental interventions to decrease ED utilization. The reported rates for MCOs C, and E during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, and D are working with the State's EQRO

on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

PM # 45	Follow-up after Emergency Department visit for Mental Illness for MLTSS NF members: HEDIS FUM
Numerator:	Sum of qualifying follow-up visits with any practitioner, with a principle diagnosis of a mental health disorder or with a principle diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Only the 30 day follow-up rate is reported.
Denominator:	Follow HEDIS specifications for Follow-Up after Emergency Department Visit for Mental Illness (FUM) for MLTSS NF members. The denominator for this measure is based on ED visits, not on members.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 240 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	7	N/A	0	**N/A**
Denominator	N/A	0	19	N/A	0	**N/A**
%	N/A	0	36.8	N/A	0	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	0	5	N/A	0	**N/A**
Denominator	N/A	0	17	N/A	0	**N/A**
%	N/A	0	29.4	N/A	0	**N/A**

MCO C reported during the 10/1/2019 - 12/31/2019 measurement period, 17 MLTSS NF ED visits with a principal diagnosis of Mental Illness during the measurement period, of which 5 (29%) follow-up visits occurred within 30 days following the ED visit. Additionally, MCO C identified the top diagnoses for Mental Illness during the measurement period to be 4 (24%) Schizoaffective disorder, unspecified, 3 (18%) Adjustment disorder, unspecified and 3 (18%) Major depressive disorder, single episode, unspecified. MCO C reported they will continue to track the number of follow up visits within 30 days of the ED visits for the MLTSS NF members with a principle diagnosis of Mental Illness. The reported rates for MCOs C, and E during the 7/1/2019 - 9/30/2019 measurement period are reported within the tables above and are indicated with red font. MCOs A, and D are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 46	MLTSS HCBS members not receiving MLTSS HCBS, PCA or Medical Day Services
Numerator:	The unique count of members with no PCA, Medical Day or MLTSS HCBS services while enrolled in MLTSS HCBS during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS at any time during the reporting period.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 180 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

The MCOs are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data will be included in the next quarterly report.

PM # 46a	MLTSS HCBS members not receiving MLTSS HCBS, PCA or Medical Day Services: Members with 60 days continuous enrollment in MLTSS HCBS
Numerator:	The unique count of members with no PCA, Medical Day or MLTSS HCBS services while enrolled in MLTSS HCBS during the measurement period.
Denominator:	The unique count of members enrolled in MLTSS HCBS during the reporting period who met continuous enrollment criteria.
Data Source:	MCO
Frequency:	Quarterly/Annually - Lag Report Due: 180 day lag after quarter and year

7/1/2019 - 9/30/2019	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

10/1/2019 - 12/31/2019	A	B	C	D	E	TOTAL
Numerator	N/A	N/A	N/A	N/A	N/A	**N/A**
Denominator	N/A	N/A	N/A	N/A	N/A	**N/A**
%	N/A	N/A	N/A	N/A	N/A	**N/A**

The MCOs are working with the State's EQRO on their coding for this performance measure and have an extension to submit this report next quarter. This data along with any reconciled rates will be included in the next quarterly report.

Deliverables due during MLTSS 4th quarter (7/1/2020 – 9/30/2020)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 9/30/2019

Measurement Period 7/1/2019 - 9/30/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100	5	5	100	2	2	100	8	8	100	1	1	100	17	17	100
Media involvement or the potential for media involvement	2	2	100	3	3	100	8	8	100	4	4	100	2	2	100	19	19	100
Physical abuse (incl. seclusion and restraints both physical and chemical)				3	3	100	12	12	100	3	3	100	3	3	100	21	21	100
Psychological/Verbal abuse	1	1	100	1	1	100	2	2	100	4	4	100	1	1	100	9	9	100
Sexual abuse and/or suspected sexual abuse	1	1	100	1	1	100	1	1	100							3	3	100
Fall resulting in the need of medical treatment	63	61	96.8	138	138	100	151	150	99.3	119	119	100	38	38	100	509	506	99.4
Medical emergency resulting in need for medical treatment	294	292	99.3	599	599	100	472	471	99.8	58	58	100	7	7	100	1430	1427	99.8
Medication error resulting in serious consequences				1	1	100	2	2	100	2	2	100	1	1	100	6	6	100
Psychiatric emergency resulting in need for medical treatment	11	11	100	24	24	100	22	22	100	4	4	100				61	61	100
Severe injury resulting in the need of medical treatment	1	1	100				6	6	100	2	2	100	4	4	100	13	13	100
Suicide attempt resulting in the need for medical attention							2	2	100							2	2	100
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	2	2	100	5	5	100	6	6	100	3	3	100	18	18	100
Neglect/Mistreatment, self	3	3	100	2	2	100	8	8	100	1	1	100				14	14	100
Neglect/Mistreatment, other										2	2	100				2	2	100
Exploitation, financial							1	1	100							1	1	100
Exploitation, theft				1	1	100	1	1	100							2	2	100
Exploitation, destruction of property																		
Exploitation, other				1	1	100	1	1	100							2	2	100
Theft with law enforcement involvement				2	2	100	1	1	100							3	3	100
Failure of member's Back-up Plan				10	10	100	1	1	100							11	11	100
Elopement/Wandering from home or facility	1	1	100	5	5	100				4	4	100	2	2	100	12	12	100
Inaccessible for initial/on-site meeting				17	17	100	10	10	100	26	26	100	9	9	100	62	62	100
Unable to Contact				17	17	100	44	43	97.7	15	15	100	6	6	100	82	81	98.8
Inappropriate/unprofessional conduct by provider involving member				2	2	100	69	69	100	6	6	100	1	1	100	78	78	100
Cancellation of utilities							1	1	100							1	1	100
Eviction/loss of home	2	2	100	4	4	100	9	9	100	1	1	100				16	16	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				1	1	100	23	23	100							24	24	100
Other	1	1	100	17	17	100	4	4	100	58	58	100	1	1	100	81	81	100
PM #18 A Totals	**383**	**379**	**99.0**	**856**	**856**	**100**	**858**	**855**	**99.7**	**323**	**323**	**100**	**79**	**79**	**100**	**2499**	**2492**	**99.7**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2019 – 12/31/2019

Measurement Period: 10/1/2019 - 12/31/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	2	2	100	3	3	100	5	5	100	2	2	100				12	12	100
Media involvement or the potential for media involvement	2	2	100				2	2	100				1	1	100	5	5	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	4	100	3	3	100	11	11	100	4	4	100	1	1	100	23	23	100
Psychological/Verbal abuse				1	1	100	3	3	100	1	1	100	1	1	100	6	6	100
Sexual abuse and/or suspected sexual abuse							2	2	100	1	1	100	1	1	100	4	4	100
Fall resulting in the need of medical treatment	54	54	100	132	132	100	132	132	100	107	107	100	47	47	100	472	472	100
Medical emergency resulting in need for medical treatment	279	271	97.1	596	596	100	485	485	100	62	62	100	3	3	100	1425	1417	99.4
Medication error resulting in serious consequences	1	1	100				2	2	100							3	3	100
Psychiatric emergency resulting in need for medical treatment	13	13	100	40	40	100	19	19	100	1	1	100	1	1	100	74	74	100
Severe injury resulting in the need of medical treatment				8	8	100	12	12	100	3	3	100	3	3	100	26	26	100
Suicide attempt resulting in the need for medical attention													1	1	100	1	1	100
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100				7	7	100	2	2	100				10	10	100
Neglect/Mistreatment, self	1	1	100	2	2	100	7	7	100				1	1	100	11	11	100
Neglect/Mistreatment, other				1	1	100	1	1	100	1	1	100				3	3	100
Exploitation, financial										3	3	100				3	3	100
Exploitation, theft							1	1	100				1	1	100	2	2	100
Exploitation, destruction of property	1	1	100													1	1	100
Exploitation, other																		
Theft with law enforcement involvement							2	2	100	1	1	100				3	3	100
Failure of member's Back-up Plan	1	1	100	4	4	100	1	1	100							6	6	100
Elopement/Wandering from home or facility				4	4	100	1	1	100	6	6	100	1	1	100	12	12	100
Inaccessible for initial/on-site meeting	3	3	100	7	7	100	8	8	100	22	22	100	4	4	100	44	44	100
Unable to Contact	3	3	100	25	25	100	46	44	95.7	14	14	100	8	8	100	96	94	97.9
Inappropriate/unprofessional conduct by provider involving member				2	2	100	80	80	100				1	1	100	83	83	100
Cancellation of utilities													2	2	100	2	2	100
Eviction/loss of home				6	6	100	8	8	100	1	1	100	2	2	100	17	17	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				21	21	100										21	21	100
Other	1	1	100	10	10	100				41	41	100	1	1	100	53	53	100
PM #18 A Totals	**366**	**358**	**97.8**	**865**	**865**	**100**	**835**	**833**	**99.8**	**272**	**272**	**100**	**80**	**80**	**100**	**2418**	**2408**	**99.6**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	1/1/2020 – 3/31/2020

Measurement Period 1/1/2020 - 3/31/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	4	4	100	15	13	86.7	16	16	100	5	5	100	3	3	100	43	41	95.3
Media involvement or the potential for media involvement				1	1	100	1	1	100	1	1	100	1	1	100	4	4	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	4	100	3	3	100	13	13	100	4	4	100	3	3	100	27	27	100
Psychological/Verbal abuse				1	1	100	1	1	100				3	3	100	5	5	100
Sexual abuse and/or suspected sexual abuse				1	1	100				1	1	100	1	1	100	3	3	100
Fall resulting in the need of medical treatment	61	61	100	112	112	100	151	151	100.0	105	105	100	33	33	100	462	462	100
Medical emergency resulting in need for medical treatment	319	319	100	467	465	99.6	540	539	99.8	69	69	100	8	8	100	1403	1400	99.8
Medication error resulting in serious consequences	6	6	100													6	6	100
Psychiatric emergency resulting in need for medical treatment	17	17	100	27	27	100	19	19	100	2	2	100				65	65	100
Severe injury resulting in the need of medical treatment				11	10	90.9	14	14	100	3	3	100	3	3	100	31	30	96.8
Suicide attempt resulting in the need for medical attention	1	1	100	2	2	100	2	2	100							5	5	100
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100	1	1	100	5	5	100	3	3	100				12	12	100
Neglect/Mistreatment, self	1	1	100	2	2	100	3	3	100	2	2	100	1	1	100	9	9	100
Neglect/Mistreatment, other	2	2	100	2	2	100	1	1	100							5	5	100
Exploitation, financial				1	1	100				3	3	100	1	1	100	5	5	100
Exploitation, theft							6	6	100				1	1	100	7	7	100
Exploitation, destruction of property							1	1	100							1	1	100
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement				4	4	100	2	2	100	2	2	100	2	2	100	10	10	100
Failure of member's Back-up Plan	1	1	100	1	1	100	2	2	100							4	4	100
Elopement/Wandering from home or facility				2	2	100	1	1	100	1	1	100				4	4	100
Inaccessible for initial/on-site meeting	2	2	100	4	4	100	6	6	100	21	21	100	8	8	100	41	41	100
Unable to Contact	2	2	100	19	18	94.7	34	34	100	22	22	100	8	8	100	85	84	98.8
Inappropriate/unprofessional conduct by provider involving member							63	63	100	4	4	100	3	3	100	70	70	100
Cancellation of utilities				1	1	100	1	1	100							2	2	100
Eviction/loss of home				5	5	100	7	7	100	2	2	100	1	1	100	15	15	100
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare										2	2	100				2	2	100
Operational Breakdown																		
Other	1	1	100	5	5	100	1	1	100	33	33	100	3	3	100	43	43	100
PM #18 A Totals	**424**	**424**	**100**	**687**	**681**	**99.1**	**891**	**890**	**99.9**	**286**	**286**	**100**	**83**	**83**	**100**	**2371**	**2364**	**99.7**

N = Numerator D = Denomination % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2020 –6/30/2020

Measurement Period 4/1/2020 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	217	217	100	314	314	100	1041	1041	100	464	463	99.8	318	318	100.0	2354	2353	100
Media involvement or the potential for media involvement	1	1	100	60	60	100	4	4	100	1	1	100.0				66	66	100
Physical abuse (incl. seclusion and restraints both physical and chemical)							8	8	100	2	2	100.0	4	4	100.0	14	14	100
Psychological/Verbal abuse							1	1	100	1	1	100.0	2	2	100.0	4	4	100
Sexual abuse and/or suspected sexual abuse	1	0	0.0	1	1	100	2	2	100							4	3	75.0
Fall resulting in the need of medical treatment	40	40	100	74	74	100	153	153	100	66	66	100.0	32	32	100.0	365	365	100
Medical emergency resulting in need for medical treatment	444	444	100	717	717	100	428	428	100	42	42	100.0	5	5	100.0	1636	1636	100
Medication error resulting in serious consequences	1	1	100	1	1	100	1	1	100							3	3	100
Psychiatric emergency resulting in need for medical treatment	7	7	100	27	27	100	16	16	100	1	1	100.0				51	51	100
Severe injury resulting in the need of medical treatment				1	1	100	7	7	100	5	5	100.0	1	1	100.0	14	14	100
Suicide attempt resulting in the need for medical attention	2	2	100	1	1	100	4	4	100	1	1	100.0	2	2	100.0	10	10	100
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	1	1	100	5	5	100	2	2	100.0				10	10	100
Neglect/Mistreatment, self				1	1	100	4	4	100							5	5	100
Neglect/Mistreatment, other				3	3	100	1	1	100	1	1	100.0				5	5	100
Exploitation, financial										2	2	100.0				2	2	100
Exploitation, theft							1	1	100				1	1	100.0	2	2	100
Exploitation, destruction of property																		
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement							1	1	100	2	2	100.0				3	3	100
Failure of member's Back-up Plan				6	6	100	1	1	100	1	1	100.0	1	1	100.0	9	9	100
Elopement/Wandering from home or facility				1	1	100	2	2	100	1	1	100.0	2	2	100.0	6	6	100
Inaccessible for initial/on-site meeting	11	11	100	1	1	100	2	2	100	7	7	100.0	2	2	100.0	23	23	100
Unable to Contact	1	1	100	1	1	100	20	20	100	12	12	100.0	2	2	100.0	36	36	100
Inappropriate/unprofessional conduct by provider involving member							54	54	100	4	4	100.0				58	58	100
Cancellation of utilities																		
Eviction/loss of home				2	2	100	1	1	100				1	1	100.0	4	4	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare	1	1	100													1	1	100
Operational Breakdown				1	1	100	1	1	100							2	2	100
Other				697	697	100	2	2	100	14	14	100.0	7	7	100.0	720	720	100
PM #18 A Totals	**728**	**727**	**99.9**	**1910**	**1910**	**100**	**1761**	**1761**	**100**	**629**	**628**	**99.8**	**380**	**380**	**100**	**5408**	**5406**	**100**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18A	% of CIs the MCO became aware of during the measurement period that were reported to the State
Numerator:	# of CIs in the denominator reported to the State as of the 7th day of the month following the end of the measurement period
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 6/30/2020

Measurement Period 7/1/2019 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	224	224	100	337	337	100	1064	1064	100	479	478	99.8	322	322	100	2426	2425	100
Media involvement or the potential for media involvement	5	5	100	64	64	100	15	15	100	6	6	100	4	4	100	94	94	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	8	8	100	9	9	100	44	44	100	13	13	100	11	11	100	85	85	100
Psychological/Verbal abuse	1	1	100	3	3	100	7	7	100	6	6	100	7	7	100	24	24	100
Sexual abuse and/or suspected sexual abuse	2	1	50.0	3	3	100	5	5	100	2	2	100	2	2	100	14	13	92.9
Fall resulting in the need of medical treatment	219	219	100	457	457	100	586	586	100	397	397	100	150	150	100	1809	1809	100
Medical emergency resulting in need for medical treatment	1339	1339	100	2387	2385	99.9	1924	1924	100	231	231	100	23	23	100	5904	5902	100
Medication error resulting in serious consequences	8	8	100	2	2	100	5	5	100	2	2	100	1	1	100	18	18	100
Psychiatric emergency resulting in need for medical treatment	48	48	100	118	118	100	76	76	100	8	8	100	1	1	100	251	251	100
Severe injury resulting in the need of medical treatment	2	2	100	20	20	100	39	39	100	13	13	100	11	11	100	85	85	100
Suicide attempt resulting in the need for medical attention	3	3	100	3	3	100	8	8	100	1	1	100	3	3	100	18	18	100
Neglect/Mistreatment, caregiver (paid or unpaid)	8	8	100	4	4	100	21	21	100	13	13	100	3	3	100	49	49	100
Neglect/Mistreatment, self	5	5	100	7	7	100	22	22	100	3	3	100	2	2	100	39	39	100
Neglect/Mistreatment, other	2	2	100	6	6	100	3	3	100	4	4	100				15	15	100
Exploitation, financial				1	1	100	1	1	100	8	8	100	1	1	100	11	11	100
Exploitation, theft				1	1	100	9	9	100				3	3	100	13	13	100
Exploitation, destruction of property	1	1	100				1	1	100							2	2	100
Exploitation, other				1	1	100	3	3	100							4	4	100
Theft with law enforcement involvement				6	6	100	6	6	100	5	5	100	2	2	100	19	19	100
Failure of member's Back-up Plan	2	2	100	21	21	100	5	5	100	1	1	100	1	1	100	30	30	100
Elopement/Wandering from home or facility	1	1	100	12	12	100	4	4	100	12	12	100	5	5	100	34	34	100
Inaccessible for initial/on-site meeting	16	16	100	29	29	100	26	26	100	76	76	100	23	23	100	170	170	100
Unable to Contact	7	7	100	62	62	100	145	144	99.3	63	63	100	24	24	100	301	300	99.7
Inappropriate/unprofessional conduct by provider involving member				4	4	100	269	269	100	14	14	100	5	5	100	292	292	100
Cancellation of utilities				1	1	100	2	2	100				2	2	100	5	5	100
Eviction/loss of home	2	2	100	17	17	100	25	25	100	4	4	100	4	4	100	52	52	100
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare	1	1	100							2	2	100				3	3	100
Operational Breakdown				23	23	100	24	24	100							47	47	100
Other	3	3	100	728	728	100	7	7	100	147	147	100	12	12	100	897	897	100
PM #18 A Totals	**1907**	**1906**	**99.9**	**4326**	**4324**	**100**	**4346**	**4345**	**100**	**1511**	**1510**	**99.9**	**622**	**622**	**100**	**12712**	**12707**	**100**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 9/30/2019

Measurement Period 7/1/2019 - 9/30/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100	5	3	60.0	2	2	100	8	8	100	1	1	100	17	15	88.2
Media involvement or the potential for media involvement	2	2	100	3	3	100	8	8	100	4	4	100	2	2	100	19	19	100
Physical abuse (incl. seclusion and restraints both physical and chemical)				3	1	33.3	12	12	100	3	3	100	3	3	100	21	19	90.5
Psychological/Verbal abuse	1	1	100	1	1	100	2	2	100	4	4	100	1	1	100	9	9	100
Sexual abuse and/or suspected sexual abuse	1	1	100	1	1	100	1	1	100							3	3	100
Fall resulting in the need of medical treatment	63	61	96.8	138	102	73.9	151	143	94.7	119	118	99.2	38	37	97.4	509	461	90.6
Medical emergency resulting in need for medical treatment	294	290	98.6	599	453	75.6	472	462	97.9	58	58	100	7	5	71.4	1430	1268	88.7
Medication error resulting in serious consequences				1	0	0.0	2	2	100	2	2	100	1	1	100	6	5	83.3
Psychiatric emergency resulting in need for medical treatment	11	11	100	24	24	100	22	22	100	4	4	100				61	61	100
Severe injury resulting in the need of medical treatment	1	1	100				6	6	100	2	2	100	4	4	100	13	13	100
Suicide attempt resulting in the need for medical attention							2	2	100							2	2	100
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	2	1	50.0	5	5	100	6	6	100	3	3	100	18	17	94.4
Neglect/Mistreatment, self	3	3	100	2	2	100	8	8	100	1	1	100				14	14	100
Neglect/Mistreatment, other										2	2	100				2	2	100
Exploitation, financial							1	1	100							1	1	100
Exploitation, theft				1	1	100	1	1	100							2	2	100
Exploitation, destruction of property																		
Exploitation, other				1	1	100	1	1	100							2	2	100
Theft with law enforcement involvement				2	2	100	1	1	100							3	3	100
Failure of member's Back-up Plan				10	7	70.0	1	1	100							11	8	72.7
Elopement/Wandering from home or facility	1	1	100	5	5	100				4	4	100	2	2	100	12	12	100
Inaccessible for initial/on-site meeting				17	14	82.4	10	7	70.0	26	26	100	9	9	100	62	56	90.3
Unable to Contact				17	8	47.1	44	33	75.0	15	15	100	6	6	100	82	62	75.6
Inappropriate/unprofessional conduct by provider involving member				2	1	50.0	69	69	100	6	6	100	1	1	100	78	77	98.7
Cancellation of utilities							1	1	100							1	1	100
Eviction/loss of home	2	2	100	4	1	25.0	9	8	88.9	1	1	100				16	12	75.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				1	1	100	23	23	100							24	24	100
Other	1	1	100	17	12	70.6	4	4	100	58	57	98.3	1	1	100	81	75	92.6
PM #18 B Totals	**383**	**377**	**98.4**	**856**	**644**	**75.2**	**858**	**825**	**96.2**	**323**	**321**	**99.4**	**79**	**76**	**96.2**	**2499**	**2243**	**89.8**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2019 – 12/31/2019

Measurement Period: 10/1/2019 - 12/31/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	2	2	100	3	3	100	5	5	100	2	2	100				12	12	100
Media involvement or the potential for media involvement	2	2	100				2	2	100				1	1	100	5	5	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	4	100	3	3	100	11	11	100	4	4	100	1	1	100	23	23	100
Psychological/Verbal abuse				1	1	100	3	3	100	1	1	100	1	1	100	6	6	100
Sexual abuse and/or suspected sexual abuse							2	2	100	1	1	100	1	1	100	4	4	100
Fall resulting in the need of medical treatment	54	54	100	132	111	84.1	132	127	96.2	107	106	99.1	47	46	97.9	472	444	94.1
Medical emergency resulting in need for medical treatment	279	263	94.3	596	505	84.7	485	480	99.0	62	62	100	3	3	100	1425	1313	92.1
Medication error resulting in serious consequences	1	1	100				2	2	100							3	3	100
Psychiatric emergency resulting in need for medical treatment	13	13	100	40	38	95.0	19	19	100	1	1	100	1	1	100	74	72	97.3
Severe injury resulting in the need of medical treatment				8	6	75.0	12	11	91.7	3	3	100	3	3	100	26	23	88.5
Suicide attempt resulting in the need for medical attention													1	1	100	1	1	100
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100				7	7	100	2	2	100				10	10	100
Neglect/Mistreatment, self	1	1	100	2	2	100	7	7	100				1	1	100	11	11	100
Neglect/Mistreatment, other				1	1	100	1	1	100	1	1	100				3	3	100
Exploitation, financial										3	3	100				3	3	100
Exploitation, theft							1	1	100				1	1	100	2	2	100
Exploitation, destruction of property	1	1	100													1	1	100
Exploitation, other																		
Theft with law enforcement involvement							2	2	100	1	1	100				3	3	100
Failure of member's Back-up Plan	1	1	100	4	4	100	1	1	100							6	6	100
Elopement/Wandering from home or facility				4	3	75.0	1	1	100	6	6	100	1	1	100	12	11	91.7
Inaccessible for initial/on-site meeting	3	3	100	7	7	100	8	8	100	22	22	100	4	4	100	44	44	100
Unable to Contact	3	3	100	25	25	100	46	40	87.0	14	13	92.9	8	8	100	96	89	92.7
Inappropriate/unprofessional conduct by provider involving member				2	2	100	80	74	92.5				1	1	100	83	77	92.8
Cancellation of utilities													2	2	100	2	2	100
Eviction/loss of home				6	6	100	8	8	100	1	1	100	2	2	100	17	17	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				21	0	0.0										21	0	0.0
Other	1	1	100	10	9	90.0				41	41	100	1	1	100	53	52	98.1
PM #18 B Totals	**366**	**350**	**95.6**	**865**	**726**	**83.9**	**835**	**812**	**97.2**	**272**	**270**	**99.3**	**80**	**79**	**98.8**	**2418**	**2237**	**92.5**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	1/1/2020 – 3/31/2020

Measurement Period 1/1/2020 - 3/31/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	4	4	100	15	13	86.7	16	16	100	5	5	100	3	3	100	43	41	95.3
Media involvement or the potential for media involvement				1	1	100	1	1	100	1	1	100	1	1	100	4	4	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	4	100	3	3	100	13	12	92.3	4	4	100	3	3	100	27	26	96.3
Psychological/Verbal abuse				1	1	100	1	1	100				3	3	100	5	5	100
Sexual abuse and/or suspected sexual abuse				1	1	100				1	1	100	1	1	100	3	3	100
Fall resulting in the need of medical treatment	61	60	98.4	112	112	100	151	146	96.7	105	105	100	33	32	97.0	462	455	98.5
Medical emergency resulting in need for medical treatment	319	312	97.8	467	457	97.9	540	533	98.7	69	69	100	8	8	100	1403	1379	98.3
Medication error resulting in serious consequences	6	6	100													6	6	100
Psychiatric emergency resulting in need for medical treatment	17	17	100	27	27	100	19	19	100	2	2	100				65	65	100
Severe injury resulting in the need of medical treatment				11	10	90.9	14	14	100	3	3	100	3	3	100	31	30	96.8
Suicide attempt resulting in the need for medical attention	1	1	100	2	2	100	2	2	100							5	5	100.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100	1	1	100	5	4	80.0	3	3	100				12	11	91.7
Neglect/Mistreatment, self	1	0	0.0	2	2	100	3	2	66.7	2	2	100	1	1	100	9	7	77.8
Neglect/Mistreatment, other	2	2	100	2	2	100	1	1	100							5	5	100
Exploitation, financial				1	1	100				3	3	100	1	1	100	5	5	100
Exploitation, theft							6	6	100				1	1	100	7	7	100
Exploitation, destruction of property							1	1	100							1	1	100
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement				4	4	100	2	2	100	2	2	100	2	2	100	10	10	100
Failure of member's Back-up Plan	1	1	100	1	1	100	2	2	100							4	4	100
Elopement/Wandering from home or facility				2	2	100	1	1	100	1	1	100				4	4	100
Inaccessible for initial/on-site meeting	2	2	100	4	4	100	6	5	83.3	21	21	100	8	8	100	41	40	97.6
Unable to Contact	2	1	50.0	19	18	94.7	34	29	85.3	22	22	100	8	8	100	85	78	91.8
Inappropriate/unprofessional conduct by provider involving member							63	63	100	4	3	75.0	3	2	66.7	70	68	97.1
Cancellation of utilities				1	1	100	1	1	100							2	2	100
Eviction/loss of home				5	5	100	7	6	85.7	2	2	100	1	1	100	15	14	93.3
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare										2	2	100				2	2	100
Operational Breakdown																		
Other	1	1	100	5	5	100	1	1	100	33	33	100	3	3	100	43	43	100
PM #18 B Totals	**424**	**414**	**97.6**	**687**	**673**	**98.0**	**891**	**869**	**97.5**	**286**	**285**	**99.7**	**83**	**81**	**97.6**	**2371**	**2322**	**97.9**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2020 –6/30/2020

Measurement Period 4/1/2020 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	217	174	80.2	314	106	33.8	1041	691	66.4	464	147	31.7	318	318	100	2354	1436	61.0
Media involvement or the potential for media involvement	1	0	0.0	60	1	1.7	4	4	100	1	0	0.0				66	5	7.6
Physical abuse (incl. seclusion and restraints both physical and chemical)							8	5	62.5	2	2	100	4	4	100	14	11	78.6
Psychological/Verbal abuse							1	1	100	1	1	100	2	2	100	4	4	100
Sexual abuse and/or suspected sexual abuse	1	0	0.0	1	1	100	2	2	100							4	3	75.0
Fall resulting in the need of medical treatment	40	37	92.5	74	40	54.1	153	133	86.9	66	41	62.1	32	32	100	365	283	77.5
Medical emergency resulting in need for medical treatment	444	386	86.9	717	338	47.1	428	372	86.9	42	18	42.9	5	5	100	1636	1119	68.4
Medication error resulting in serious consequences	1	1	100	1	0	0.0	1	0	0.0							3	1	33.3
Psychiatric emergency resulting in need for medical treatment	7	7	100	27	16	59.3	16	15	93.8	1	0	0.0				51	38	74.5
Severe injury resulting in the need of medical treatment				1	0	0.0	7	7	100	5	4	80.0	1	1	100	14	12	85.7
Suicide attempt resulting in the need for medical attention	2	2	100	1	0	0.0	4	4	100	1	1	100	2	2	100	10	9	90.0
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	1	0	0.0	5	4	80.0	2	0	0.0				10	6	60.0
Neglect/Mistreatment, self				1	1	100	4	2	50.0							5	3	60.0
Neglect/Mistreatment, other				3	0	0.0	1	1	100	1	1	100				5	2	40.0
Exploitation, financial										2	0	0.0				2	0	0.0
Exploitation, theft							1	1	100				1	1	100	2	2	100
Exploitation, destruction of property																		
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement							1	1	100	2	1	50.0				3	2	66.7
Failure of member's Back-up Plan				6	4	66.7	1	1	100	1	1	100	1	1	100	9	7	77.8
Elopement/Wandering from home or facility				1	0	0.0	2	2	100	1	0	0.0	2	2	100	6	4	66.7
Inaccessible for initial/on-site meeting	11	10	90.9	1	1	100	2	2	100	7	3	42.9	2	2	100	23	18	78.3
Unable to Contact	1	1	100	1	0	0.0	20	14	70.0	12	7	58.3	2	2	100	36	24	66.7
Inappropriate/unprofessional conduct by provider involving member							54	45	83.3	4	3	75.0				58	48	82.8
Cancellation of utilities																		
Eviction/loss of home				2	2	100	1	1	100				1	1	100	4	4	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare	1	1	100													1	1	100
Operational Breakdown				1	1	100	1	1	100							2	2	100
Other				697	240	34.4	2	0	0.0	14	9	64.3	7	5	71.4	720	254	35.3
PM #18 B Totals	**728**	**621**	**85.3**	**1910**	**751**	**39.3**	**1761**	**1310**	**74.4**	**629**	**239**	**38.0**	**380**	**378**	**99.5**	**5408**	**3299**	**61.0**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 6/30/2020

Measurement Period 7/1/2019 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	224	181	80.8	337	127	37.7	1064	714	67.1	479	162	33.8	322	322	100	2426	1506	62.1
Media involvement or the potential for media involvement	5	4	80.0	64	5	7.8	15	15	100	6	5	83.3	4	4	100	94	33	35.1
Physical abuse (incl. seclusion and restraints both physical and chemical)	8	8	100	9	9	100	44	40	90.9	13	13	100	11	11	100	85	81	95.3
Psychological/Verbal abuse	1	1	100	3	3	100	7	7	100	6	6	100	7	7	100	24	24	100
Sexual abuse and/or suspected sexual abuse	2	1	50.0	3	3	100	5	5	100	2	2	100	2	2	100	14	13	92.9
Fall resulting in the need of medical treatment	219	212	96.8	457	419	91.7	586	548	93.5	397	370	93.2	150	147	98.0	1809	1696	93.8
Medical emergency resulting in need for medical treatment	1339	1251	93.4	2387	1964	82.3	1924	1846	95.9	231	207	89.6	23	21	91.3	5904	5289	89.6
Medication error resulting in serious consequences	8	8	100	2	0	0.0	5	4	80.0	2	2	100	1	1	100	18	15	83.3
Psychiatric emergency resulting in need for medical treatment	48	48	100	118	106	89.8	76	75	98.7	8	7	87.5	1	1	100	251	237	94.4
Severe injury resulting in the need of medical treatment	2	1	50.0	20	18	90.0	39	38	97.4	13	12	92.3	11	11	100	85	80	94.1
Suicide attempt resulting in the need for medical attention	3	3	100	3	2	66.7	8	8	100	1	1	100	3	3	100	18	17	94.4
Neglect/Mistreatment, caregiver (paid or unpaid)	8	8	100	4	3	75.0	21	19	90.5	13	11	84.6	3	3	100	49	44	89.8
Neglect/Mistreatment, self	5	4	80.0	7	7	100	22	19	86.4	3	3	100	2	2	100	39	35	89.7
Neglect/Mistreatment, other	2	2	100	6	3	50.0	3	3	100	4	4	100				15	12	80.0
Exploitation, financial				1	1	100	1	1	100	8	6	75.0	1	1	100	11	9	81.8
Exploitation, theft				1	1	100	9	9	100				3	3	100	13	13	100
Exploitation, destruction of property	1	1	100				1	1	100							2	2	100
Exploitation, other				1	1	100	3	3	100							4	4	100
Theft with law enforcement involvement				6	6	100	6	6	100	5	4	80.0	2	2	100	19	18	94.7
Failure of member's Back-up Plan	2	2	100	21	18	85.7	5	5	100	1	1	100	1	1	100	30	27	90.0
Elopement/Wandering from home or facility	1	1	100	12	10	83.3	4	4	100	12	11	91.7	5	5	100	34	31	91.2
Inaccessible for initial/on-site meeting	16	15	93.8	29	29	100	26	22	84.6	76	72	94.7	23	23	100	170	161	94.7
Unable to Contact	7	5	71.4	62	59	95.2	145	116	80.0	63	57	90.5	24	24	100	301	261	86.7
Inappropriate/unprofessional conduct by provider involving member				4	4	100	269	254	94.4	14	12	85.7	5	4	80.0	292	274	93.8
Cancellation of utilities				1	1	100	2	2	100				2	2	100	5	5	100
Eviction/loss of home	2	2	100	17	15	88.2	25	23	92.0	4	4	100	4	4	100	52	48	92.3
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare	1	1	100							2	2	100				3	3	100
Operational Breakdown				23	20	87.0	24	24	100							47	44	93.6
Other	3	3	100	728	269	37.0	7	5	71.4	147	141	95.9	12	10	83.3	897	428	47.7
PM #18 B Totals	**1907**	**1762**	**92.4**	**4326**	**3103**	**71.7**	**4346**	**3816**	**87.8**	**1511**	**1116**	**73.9**	**622**	**614**	**98.7**	**12712**	**10411**	**81.9**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 9/30/2019

Measurement Period 7/1/2019 - 9/30/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	1	1	100	5	5	100	2	2	100	8	8	100	1	1	100	17	17	100
Media involvement or the potential for media involvement	2	2	100	3	3	100	8	7	87.5	4	4	100	2	2	100	19	18	94.7
Physical abuse (incl. seclusion and restraints both physical and chemical)				3	3	100	12	12	100	3	2	66.7	3	3	100	21	20	95.2
Psychological/Verbal abuse	1	1	100	1	1	100	2	2	100	4	4	100	1	1	100	9	9	100
Sexual abuse and/or suspected sexual abuse	1	0	0.0	1	1	100	1	1	100							3	2	66.7
Fall resulting in the need of medical treatment	63	62	98.4	138	137	99.3	151	145	96.0	119	118	99.2	38	38	100	509	500	98.2
Medical emergency resulting in need for medical treatment	294	292	99.3	599	598	99.8	472	465	98.5	58	58	100	7	7	100	1430	1420	99.3
Medication error resulting in serious consequences				1	1	100	2	2	100	2	2	100	1	1	100	6	6	100
Psychiatric emergency resulting in need for medical treatment	11	11	100	24	24	100	22	22	100	4	4	100				61	61	100
Severe injury resulting in the need of medical treatment	1	1	100				6	6	100	2	2	100	4	4	100	13	13	100
Suicide attempt resulting in the need for medical attention							2	2	100							2	2	100
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	2	2	100	5	5	100	6	6	100	3	3	100	18	18	100
Neglect/Mistreatment, self	3	3	100	2	2	100	8	8	100	1	1	100				14	14	100
Neglect/Mistreatment, other										2	2	100				2	2	100
Exploitation, financial							1	1	100							1	1	100
Exploitation, theft				1	1	100	1	1	100							2	2	100
Exploitation, destruction of property																		
Exploitation, other				1	1	100	1	1	100							2	2	100
Theft with law enforcement involvement				2	2	100	1	1	100							3	3	100
Failure of member's Back-up Plan				10	10	100	1	1	100							11	11	100
Elopement/Wandering from home or facility	1	1	100	5	5	100				4	4	100	2	2	100	12	12	100
Inaccessible for initial/on-site meeting				17	17	100	10	10	100	26	26	100	9	9	100	62	62	100
Unable to Contact				17	17	100	44	44	100	15	15	100	6	6	100	82	82	100
Inappropriate/unprofessional conduct by provider involving member				2	2	100	69	68	98.6	6	6	100	1	1	100	78	77	98.7
Cancellation of utilities							1	1	100							1	1	100
Eviction/loss of home	2	1	50.0	4	4	100	9	9	100	1	1	100				16	15	93.8
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				1	1	100	23	23	100							24	24	100
Other	1	1	100	17	16	94.1	4	4	100	58	57	98.3	1	1	100	81	79	97.5
PM #18 C Totals	**383**	**378**	**98.7**	**856**	**853**	**99.6**	**858**	**843**	**98.3**	**323**	**320**	**99.1**	**79**	**79**	**100**	**2499**	**2473**	**99.0**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2019 – 12/31/2019

Measurement Period: 10/1/2019 - 12/31/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	2	2	100	3	3	100	5	5	100	2	2	100				12	12	100
Media involvement or the potential for media involvement	2	2	100				2	2	100				1	1	100	5	5	100
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	4	100	2	2	100	11	11	100	4	3	75.0	1	1	100	22	21	95.5
Psychological/Verbal abuse				1	1	100	3	3	100	1	1	100	1	1	100	6	6	100
Sexual abuse and/or suspected sexual abuse							2	2	100	1	1	100	1	1	100	4	4	100
Fall resulting in the need of medical treatment	54	53	98.1	123	123	100	132	125	94.7	107	106	99.1	47	47	100	463	454	98.1
Medical emergency resulting in need for medical treatment	279	278	99.6	588	588	100	485	483	99.6	62	62	100	3	3	100	1417	1414	99.8
Medication error resulting in serious consequences	1	1	100				2	2	100							3	3	100
Psychiatric emergency resulting in need for medical treatment	13	13	100	40	40	100	19	19	100	1	1	100	1	1	100	74	74	100
Severe injury resulting in the need of medical treatment				8	8	100	12	11	91.7	3	3	100	3	3	100	26	25	96.2
Suicide attempt resulting in the need for medical attention													1	1	100	1	1	100
Neglect/Mistreatment, caregiver (paid or unpaid)	1	1	100				7	7	100	2	2	100				10	10	100
Neglect/Mistreatment, self	1	1	100	2	2	100	7	7	100				1	1	100	11	11	100
Neglect/Mistreatment, other							1	1	100	1	1	100				2	2	100
Exploitation, financial										3	2	66.7				3	2	66.7
Exploitation, theft							1	1	100				1	1	100	2	2	100
Exploitation, destruction of property	1	1	100													1	1	100
Exploitation, other																		
Theft with law enforcement involvement							2	2	100	1	1	100				3	3	100
Failure of member's Back-up Plan	1	1	100	4	4	100	1	1	100							6	6	100
Elopement/Wandering from home or facility				4	4	100	1	1	100	6	6	100	1	1	100	12	12	100
Inaccessible for initial/on-site meeting	3	0	0.0	7	7	100	8	8	100	22	22	100	4	4	100	44	41	93.2
Unable to Contact	3	3	100	25	25	100	46	46	100	14	14	100	8	8	100	96	96	100
Inappropriate/unprofessional conduct by provider involving member				1	1	100	80	76	95.0				1	1	100	82	78	95.1
Cancellation of utilities													2	2	100	2	2	100
Eviction/loss of home				6	6	100	8	8	100	1	1	100	2	2	100	17	17	100
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				21	21	100										21	21	100
Other	1	1	100	9	9	100				41	41	100	1	1	100	52	52	100
PM #18 C Totals	**366**	**361**	**98.6**	**844**	**844**	**100**	**835**	**821**	**98.3**	**272**	**269**	**98.9**	**80**	**80**	**100**	**2397**	**2375**	**99.1**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	1/1/2020 – 3/31/2020

Measurement Period 1/1/2020 - 3/31/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%	D	N	%
Unexpected death of a member	4	3	75.0	15	15	100	16	16	100	5	5	100	3	3	100	43	42	97.7
Media involvement or the potential for media involvement				1	1	100	1	1	100	1	0	0.0	1	1	100	4	3	75.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	2	50.0	3	3	100	13	13	100	4	4	100	3	3	100	27	25	92.6
Psychological/Verbal abuse				1	1	100	1	1	100				3	3	100	5	5	100
Sexual abuse and/or suspected sexual abuse				1	1	100				1	1	100	1	1	100	3	3	100
Fall resulting in the need of medical treatment	61	60	98.4	112	110	98.2	151	149	98.7	105	104	99.0	33	33	100	462	456	98.7
Medical emergency resulting in need for medical treatment	319	317	99.4	467	464	99.4	540	534	98.9	69	69	100	8	8	100	1403	1392	99.2
Medication error resulting in serious consequences	6	6	100													6	6	100
Psychiatric emergency resulting in need for medical treatment	17	16	94.1	27	27	100	19	19	100	2	2	100				65	64	98.5
Severe injury resulting in the need of medical treatment				11	11	100	14	13	92.9	3	3	100	3	3	100	31	30	96.8
Suicide attempt resulting in the need for medical attention	1	0	0.0	2	2	100	2	2	100							5	4	80.0
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	100	1	1	100	5	5	100	3	3	100				12	12	100
Neglect/Mistreatment, self	1	1	100	2	2	100	3	3	100	2	2	100	1	1	100	9	9	100
Neglect/Mistreatment, other	2	2	100	2	2	100	1	1	100							5	5	100
Exploitation, financial				1	0	0.0				3	2	66.7	1	1	100	5	3	60.0
Exploitation, theft							6	6	100				1	1	100	7	7	100
Exploitation, destruction of property							1	1	100							1	1	100
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement				4	4	100	2	2	100	2	2	100	2	2	100	10	10	100
Failure of member's Back-up Plan	1	1	100	1	1	100	2	2	100							4	4	100
Elopement/Wandering from home or facility				2	2	100	1	1	100	1	1	100				4	4	100
Inaccessible for initial/on-site meeting	2	1	50.0	4	4	100	6	6	100	21	21	100	8	8	100	41	40	97.6
Unable to Contact	2	1	50.0	19	19	100	34	34	100	22	22	100	8	8	100	85	84	98.8
Inappropriate/unprofessional conduct by provider involving member							63	58	92.1	4	4	100	3	3	100	70	65	92.9
Cancellation of utilities				1	1	100	1	1	100							2	2	100
Eviction/loss of home				5	5	100	7	6	85.7	2	2	100	1	1	100	15	14	93.3
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare										2	2	100				2	2	100
Operational Breakdown																		
Other	1	1	100	5	4	80.0	1	1	100	33	32	97.0	3	3	100.0	43	41	95.3
PM #18 C Totals	**424**	**414**	**97.6**	**687**	**680**	**99.0**	**891**	**876**	**98.3**	**286**	**282**	**98.6**	**83**	**83**	**100.0**	**2371**	**2335**	**98.5**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	4/1/2020 –6/30/2020

Measurement Period 4/1/2020 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	217	214	98.6	314	313	99.7	1041	1037	99.6	464	463	99.8	318	318	100	2354	2345	99.6
Media involvement or the potential for media involvement	1	1	100	60	60	100	4	4	100	1	1	100				66	66	100
Physical abuse (incl. seclusion and restraints both physical and chemical)							8	7	87.5	2	2	100	4	4	100	14	13	92.9
Psychological/Verbal abuse							1	1	100	1	1	100	2	2	100	4	4	100
Sexual abuse and/or suspected sexual abuse	1	1	100	1	1	100	2	2	100							4	4	100
Fall resulting in the need of medical treatment	40	39	97.5	74	71	95.9	153	150	98.0	66	64	97.0	32	32	100	365	356	97.5
Medical emergency resulting in need for medical treatment	444	438	98.6	717	715	99.7	428	424	99.1	42	42	100	5	5	100	1636	1624	99.3
Medication error resulting in serious consequences	1	1	100	1	1	100	1	1	100							3	3	100
Psychiatric emergency resulting in need for medical treatment	7	7	100	27	27	100	16	16	100	1	1	100				51	51	100
Severe injury resulting in the need of medical treatment				1	1	100	7	7	100	5	5	100	1	1	100	14	14	100
Suicide attempt resulting in the need for medical attention	2	2	100	1	1	100	4	4	100	1	1	100	2	2	100	10	10	100
Neglect/Mistreatment, caregiver (paid or unpaid)	2	2	100	1	1	100	5	5	100	2	2	100				10	10	100
Neglect/Mistreatment, self				1	1	100	4	4	100							5	5	100
Neglect/Mistreatment, other				3	3	100	1	1	100	1	1	100				5	5	100
Exploitation, financial										2	2	100				2	2	100
Exploitation, theft							1	1	100				1	1	100	2	2	100
Exploitation, destruction of property																		
Exploitation, other							1	1	100							1	1	100
Theft with law enforcement involvement							1	1	100	2	2	100				3	3	100
Failure of member's Back-up Plan				6	6	100	1	1	100	1	1	100	1	1	100	9	9	100
Elopement/Wandering from home or facility				1	1	100	2	2	100	1	1	100	2	2	100	6	6	100
Inaccessible for initial/on-site meeting	11	11	100	1	1	100	2	2	100	7	7	100	2	2	100	23	23	100
Unable to Contact	1	0	0.0	1	1	100	20	20	100	12	12	100	2	2	100	36	35	97.2
Inappropriate/unprofessional conduct by provider involving member							54	48	88.9	4	3	75.0				58	51	87.9
Cancellation of utilities																		
Eviction/loss of home				2	2	100	1	1	100				1	1	100	4	4	100.0
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare	1	1	100													1	1	100
Operational Breakdown				1	1	100	1	1	100							2	2	100
Other				697	691	99.1	2	2	100	14	13	92.9	7	7	100	720	713	99.0
PM #18 C Totals	**728**	**717**	**98.5**	**1910**	**1898**	**99.4**	**1761**	**1743**	**99.0**	**629**	**624**	**99.2**	**380**	**380**	**100**	**5408**	**5362**	**99.1**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18C	% of CIs that the MCO became aware of during the measurement period for which a date of occurrence was available
Numerator:	# of CIs in the denominator for which a date of occurrence is known
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 6/30/2020

Measurement Period 7/1/2019 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**	**D**	**N**	**%**
Unexpected death of a member	224	220	98.2	337	336	99.7	1064	1060	99.6	479	478	99.8	322	322	100	2426	2416	99.6
Media involvement or the potential for media involvement	5	5	100	64	64	100	15	14	93.3	6	5	83.3	4	4	100	94	92	97.9
Physical abuse (incl. seclusion and restraints both physical and chemical)	8	6	75.0	9	8	88.9	44	43	97.7	13	11	84.6	11	11	100	85	79	92.9
Psychological/Verbal abuse	1	1	100	3	3	100	7	7	100	6	6	100	7	7	100	24	24	100
Sexual abuse and/or suspected sexual abuse	2	1	50.0	3	3	100	5	5	100	2	2	100	2	2	100	14	13	92.9
Fall resulting in the need of medical treatment	219	215	98.2	457	444	97.2	586	568	96.9	397	392	98.7	150	147	98.0	1809	1766	97.6
Medical emergency resulting in need for medical treatment	1339	1328	99.2	2387	2376	99.5	1924	1905	99.0	231	231	100	23	23	100	5904	5863	99.3
Medication error resulting in serious consequences	8	8	100	2	2	100	5	5	100	2	2	100	1	1	100	18	18	100
Psychiatric emergency resulting in need for medical treatment	48	47	97.9	118	118	100	76	76	100	8	8	100	1	1	100	251	250	99.6
Severe injury resulting in the need of medical treatment	2	2	100	20	20	100	39	37	94.9	13	13	100	11	11	100	85	83	97.6
Suicide attempt resulting in the need for medical attention	3	2	66.7	3	3	100	8	8	100	1	1	100	3	3	100	18	17	94.4
Neglect/Mistreatment, caregiver (paid or unpaid)	8	8	100	4	4	100	21	21	100	13	13	100	3	3	100	49	49	100
Neglect/Mistreatment, self	5	5	100	7	7	100	22	22	100	3	3	100	2	2	100	39	39	100
Neglect/Mistreatment, other	2	2	100	6	5	83.3	3	3	100	4	4	100				15	14	93.3
Exploitation, financial				1	0	0.0	1	1	100	8	6	75.0	1	1	100	11	8	72.7
Exploitation, theft				1	1	100	9	9	100				3	3	100	13	13	100
Exploitation, destruction of property	1	1	100				1	1	100							2	2	100
Exploitation, other				1	1	100	3	3	100							4	4	100
Theft with law enforcement involvement				6	6	100	6	6	100	5	5	100	2	2	100	19	19	100
Failure of member's Back-up Plan	2	2	100	21	21	100	5	5	100	1	1	100	1	1	100	30	30	100
Elopement/Wandering from home or facility	1	1	100	12	12	100	4	4	100	12	12	100	5	5	100	34	34	100
Inaccessible for initial/on-site meeting	16	12	75.0	29	29	100	26	26	100	76	76	100	23	23	100	170	166	97.6
Unable to Contact	7	4	57.1	62	62	100	145	145	100	63	63	100	24	24	100	301	298	99.0
Inappropriate/unprofessional conduct by provider involving member				4	3	75.0	269	253	94.1	14	13	92.9	5	5	100	292	274	93.8
Cancellation of utilities				1	1	100	2	2	100				2	2	100	5	5	100
Eviction/loss of home	2	1	50.0	17	17	100	25	24	96.0	4	4	100	4	4	100	52	50	96.2
Facility closure with direct impact to member's health/welfare										1	1	100				1	1	100
Natural disaster with direct impact to member's health/welfare	1	1	100							2	2	100				3	3	100
Operational Breakdown				23	23	100	24	24	100							47	47	100
Other	3	3	100	728	720	98.9	7	7	100	147	144	98.0	12	12	100	897	886	98.8
PM #18 C Totals	**1907**	**1875**	**98.3**	**4326**	**4289**	**99.1**	**4346**	**4284**	**98.6**	**1511**	**1496**	**99.0**	**622**	**619**	**99.5**	**12712**	**12563**	**98.8**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	7/1/2019 – 9/30/2019

Measurement Period 7/1/2019 - 9/30/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member	1	3	3.0	5	13	2.6	2	4	2.0	8	28	3.5	1	6	6.0	17	54	3.2
Media involvement or the potential for media involvement	2	0	0.0	3	4	1.3	7	9	1.3	4	1	0.3	2	8	4.0	18	22	1.2
Physical abuse (incl. seclusion and restraints both physical and chemical)				3	4	1.3	12	83	6.9	2	37	18.5	3	121	40.3	20	245	12.3
Psychological/Verbal abuse	1	0	0.0	1	0	0.0	2	0	0.0	4	8	2.0	1	1	1.0	9	9	1.0
Sexual abuse and/or suspected sexual abuse				1	37	37.0	1	4	4.0							2	41	20.5
Fall resulting in the need of medical treatment	62	1876	30.3	137	3169	23.1	145	3104	21.4	118	3109	26.3	38	701	18.4	500	11959	23.9
Medical emergency resulting in need for medical treatment	292	8186	28.0	598	9193	15.4	465	6129	13.2	58	338	5.8	7	12	1.7	1420	23858	16.8
Medication error resulting in serious consequences				1	6	6.0	2	27	13.5	2	5	2.5	1	1	1.0	6	39	6.5
Psychiatric emergency resulting in need for medical treatment	11	182	16.5	24	263	11.0	22	195	8.9	4	6	1.5				61	646	10.6
Severe injury resulting in the need of medical treatment	1	43	43.0				6	82	13.7	2	95	47.5	4	178	44.5	13	398	30.6
Suicide attempt resulting in the need for medical attention							2	119	59.5							2	119	59.5
Neglect/Mistreatment, caregiver (paid or unpaid)	2	3	1.5	2	32	16.0	5	10	2.0	6	55	9.2	3	20	6.7	18	120	6.7
Neglect/Mistreatment, self	3	10	3.3	2	25	12.5	8	4	0.5	1	0	0.0				14	39	2.8
Neglect/Mistreatment, other										2	2	1.0				2	2	1.0
Exploitation, financial							1	0	0.0							1	0	0.0
Exploitation, theft				1	1	1.0	1	1	1.0							2	2	1.0
Exploitation, destruction of property																		
Exploitation, other				1	0	0.0	1	0	0.0							2	0	0.0
Theft with law enforcement involvement				2	16	8.0	1	4	4.0							3	20	6.7
Failure of member's Back-up Plan				10	35	3.5	1	0	0.0							11	35	3.2
Elopement/Wandering from home or facility	1	0	0.0	5	12	2.4				4	10	2.5	2	26	13.0	12	48	4.0
Inaccessible for initial/on-site meeting				17	12	0.7	10	22	2.2	26	141	5.4	9	0	0.0	62	175	2.8
Unable to Contact				17	152	8.9	44	75	1.7	15	46	3.1	6	0	0.0	82	273	3.3
Inappropriate/unprofessional conduct by provider involving member				2	28	14.0	68	752	11.1	6	20	3.3	1	0	0.0	77	800	10.4
Cancellation of utilities							1	1	1.0							1	1	1.0
Eviction/loss of home	1	0	0.0	4	2	0.5	9	40	4.4	1	0					15	42	2.8
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				1	2	2.0	23	50	2.2							24	52	2.2
Other	1	2	2.0	16	377	23.6	4	47	11.8	57	557	9.8	1	0	0.0	79	983	12.4
PM #18 D Totals	**378**	**10305**	**27.3**	**853**	**13383**	**15.7**	**843**	**10762**	**12.8**	**320**	**4458**	**13.9**	**79**	**1074**	**13.6**	**2473**	**39982**	**16.2**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	10/1/2019 – 12/31/2019

Measurement Period: 10/1/2019 - 12/31/2019	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member	2	9	4.5	3	11	3.7	5	13	2.6	2	6	3.0				12	39	3.3
Media involvement or the potential for media involvement	2	0	0.0				2	0	0.0				1	3	3.0	5	3	0.6
Physical abuse (incl. seclusion and restraints both physical and chemical)	4	122	30.5	2	110	55.0	11	44	4.0	3	14	4.7	1	24	24.0	21	314	15.0
Psychological/Verbal abuse				1	6	6.0	3	6	2.0	1	30	30.0	1	0	0.0	6	42	7.0
Sexual abuse and/or suspected sexual abuse							2	43	21.5	1	1	1.0	1	2	2.0	4	46	11.5
Fall resulting in the need of medical treatment	53	1117	21.1	123	1986	16.1	125	2264	18.1	106	2036	19.2	47	739	15.7	454	8142	17.9
Medical emergency resulting in need for medical treatment	278	7090	25.5	588	8429	14.3	483	5490	11.4	62	633	10.2	3	10	3.3	1414	21652	15.3
Medication error resulting in serious consequences	1	2	2.0				2	4	2.0							3	6	2.0
Psychiatric emergency resulting in need for medical treatment	13	229	17.6	40	376	9.4	19	222	11.7	1	0	0.0	1	1	1.0	74	828	11.2
Severe injury resulting in the need of medical treatment				8	65	8.1	11	147	13.4	3	25	8.3	3	36	12.0	25	273	10.9
Suicide attempt resulting in the need for medical attention													1	3	3.0	1	3	3.0
Neglect/Mistreatment, caregiver (paid or unpaid)	1	0	0.0				7	20	2.9	2	13	6.5				10	33	3.3
Neglect/Mistreatment, self	1	2	2.0	2	0	0.0	7	3	0.4				1	0	0.0	11	5	0.5
Neglect/Mistreatment, other							1	0	0.0	1	28	28.0				2	28	14.0
Exploitation, financial										2	11	5.5				2	11	5.5
Exploitation, theft							1	0	0.0				1	3	3.0	2	3	1.5
Exploitation, destruction of property	1	1	1.0													1	1	1.0
Exploitation, other																		
Theft with law enforcement involvement							2	35	17.5	1	5	5.0				3	40	13.3
Failure of member's Back-up Plan	1	0	0.0	4	1	0.3	1	2	2.0							6	3	0.5
Elopement/Wandering from home or facility				4	75	18.8	1	3	3.0	6	23	3.8	1	24	24.0	12	125	10.4
Inaccessible for initial/on-site meeting				7	1	0.1	8	4	0.5	22	145	6.6	4	0	0.0	41	150	3.7
Unable to Contact	3	35	11.7	25	22	0.9	46	93	2.0	14	26	1.9	8	0	0.0	96	176	1.8
Inappropriate/unprofessional conduct by provider involving member				1	1	1.0	76	417	5.5				1	5	5.0	78	423	5.4
Cancellation of utilities													2	21	10.5	2	21	10.5
Eviction/loss of home				6	277	46.2	8	6	0.8	1	0	0.0	2	2	1.0	17	285	16.8
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare																		
Operational Breakdown				21	21	1.0										21	21	1.0
Other	1	4	4.0	9	66	7.3				41	454	11.1	1	4	4.0	52	528	10.2
PM #18 D Totals	**361**	**8611**	**23.9**	**844**	**11447**	**13.6**	**821**	**8816**	**10.7**	**269**	**3450**	**12.8**	**80**	**877**	**11.0**	**2375**	**33201**	**14.0**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	1/1/2020 – 3/31/2020

Measurement Period 1/1/2020 - 3/31/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg	D	N	Avg
Unexpected death of a member	3	6	2.0	15	102	6.8	16	35	2.2	5	21	4.2	3	23	7.7	42	187	4.5
Media involvement or the potential for media involvement				1	0	0.0	1	0	0.0				1	0	0.0	3	0	0.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	2	4	2.0	3	117	39.0	13	96	7.4	4	43	10.8	3	80	26.7	25	340	13.6
Psychological/Verbal abuse				1	1	1.0	1	0	0.0				3	38	12.7	5	39	7.8
Sexual abuse and/or suspected sexual abuse				1	21	21.0				1	6	6.0	1	4	4.0	3	31	10.3
Fall resulting in the need of medical treatment	60	1265	21.1	110	2942	26.7	149	3181	21.3	104	2376	22.8	33	958	29.0	456	10722	23.5
Medical emergency resulting in need for medical treatment	317	7381	23.3	464	7345	15.8	534	7231	13.5	69	367	5.3	8	67	8.4	1392	22391	16.1
Medication error resulting in serious consequences	6	256	42.7													6	256	42.7
Psychiatric emergency resulting in need for medical treatment	16	803	50.2	27	242	9.0	19	343	18.1	2	4	2.0				64	1392	21.8
Severe injury resulting in the need of medical treatment				11	133	12.1	13	324	24.9	3	66	22.0	3	10	3.3	30	533	17.8
Suicide attempt resulting in the need for medical attention		0		2	4	2.0	2	19	9.5							4	23	5.8
Neglect/Mistreatment, caregiver (paid or unpaid)	3	3	1.0	1	75	75.0	5	5	1.0	3	3	1.0				12	86	7.2
Neglect/Mistreatment, self	1	6	6.0	2	2	1.0	3	7	2.3	2	0	0.0	1	2	2.0	9	17	1.9
Neglect/Mistreatment, other	2	6	3.0	2	232	116.0	1	0	0.0							5	238	47.6
Exploitation, financial										2	2	1.0	1	22	22.0	3	24	8.0
Exploitation, theft							6	55	9.2				1	19	19.0	7	74	10.6
Exploitation, destruction of property							1	6	6.0							1	6	6.0
Exploitation, other							1	2	2.0							1	2	2.0
Theft with law enforcement involvement				4	20	5.0	2	51	25.5	2	51	25.5	2	27	13.5	10	149	14.9
Failure of member's Back-up Plan	1	8	8.0	1	0	0.0	2	7	3.5							4	15	3.8
Elopement/Wandering from home or facility				2	1	0.5	1	2	2.0	1	3	3.0				4	6	1.5
Inaccessible for initial/on-site meeting	1	3	3.0	4	0	0.0	6	0	0.0	21	2	0.1	8	0	0.0	40	5	0.1
Unable to Contact	1	0	0.0	19	0	0.0	34	182	5.4	22	1	0.0	8	0	0.0	84	183	2.2
Inappropriate/unprofessional conduct by provider involving member							58	509	8.8	4	44	11.0	3	17	5.7	65	570	8.8
Cancellation of utilities				1	0	0.0	1	14	14.0							2	14	7.0
Eviction/loss of home				5	40	8.0	6	23	3.8	2	0	0.0	1	34	34.0	14	97	6.9
Facility closure with direct impact to member's health/welfare										1	0	0.0				1	0	0.0
Natural disaster with direct impact to member's health/welfare										2	0	0.0				2	0	0.0
Operational Breakdown																		
Other	1	4	4.0	4	0	0.0	1	1	1.0	32	252	7.9	3	19	6.3	41	276	6.7
PM #18 D Totals	**414**	**9745**	**23.5**	**680**	**11277**	**16.6**	**876**	**12093**	**13.8**	**282**	**3241**	**11.5**	**83**	**1320**	**15.9**	**2335**	**37676**	**16.1**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	4/1/2020 –6/30/2020

Measurement Period 4/1/2020 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**
Unexpected death of a member	214	2804	13.1	313	2579	8.2	1037	7406	7.1	463	6744	14.6	318	2943	9.3	2345	22476	9.6
Media involvement or the potential for media involvement	1	0	0.0	60	33	0.6	4	37	9.3	1	0	0.0				66	70	1.1
Physical abuse (incl. seclusion and restraints both physical and chemical)							7	74	10.6	2	4	2.0	4	11	2.8	13	89	6.8
Psychological/Verbal abuse							1	2	2.0	1	37	37.0	2	3	1.5	4	42	10.5
Sexual abuse and/or suspected sexual abuse	1	45	45.0	1	17	17.0	2	244	122.0							4	306	76.5
Fall resulting in the need of medical treatment	39	968	24.8	71	1822	25.7	150	1826	12.2	64	1182	18.5	32	487	15.2	356	6285	17.7
Medical emergency resulting in need for medical treatment	438	7771	17.7	715	9246	12.9	424	2739	6.5	42	428	10.2	5	79	15.8	1624	20263	12.5
Medication error resulting in serious consequences	1	3	3.0	1	2	2.0	1	1	1.0							3	6	2.0
Psychiatric emergency resulting in need for medical treatment	7	229	32.7	27	187	6.9	16	64	4.0	1	3	3.0				51	483	9.5
Severe injury resulting in the need of medical treatment				1	0	0.0	7	222	31.7	5	27	5.4	1	38	38.0	14	287	20.5
Suicide attempt resulting in the need for medical attention	2	3	1.5	1	40	40.0	4	83	20.8	1	11	11.0	2	23	11.5	10	160	16.0
Neglect/Mistreatment, caregiver (paid or unpaid)	2	29	14.5	1	0	0.0	5	7	1.4	2	30	15.0				10	66	6.6
Neglect/Mistreatment, self				1	0	0.0	4	5	1.3							5	5	1.0
Neglect/Mistreatment, other				3	13	4.3	1	3	3.0	1	1	1.0				5	17	3.4
Exploitation, financial										2	82	41.0				2	82	41.0
Exploitation, theft							1	41	41.0				1	0	0.0	2	41	20.5
Exploitation, destruction of property																		
Exploitation, other							1	0	0.0							1	0	0.0
Theft with law enforcement involvement							1	5	5.0	2	3	1.5				3	8	2.7
Failure of member's Back-up Plan				6	1	0.2	1	22	22.0	1	0	0.0	1	0	0.0	9	23	2.6
Elopement/Wandering from home or facility				1	0	0.0	2	3	1.5	1	1	1.0	2	7	3.5	6	11	1.8
Inaccessible for initial/on-site meeting	11	0	0.0	1	0	0.0	2	0	0.0	7	0	0.0	2	0	0.0	23	0	0.0
Unable to Contact				1	0	0.0	20	147	7.4	12	46	3.8	2	0	0.0	35	193	5.5
Inappropriate/unprofessional conduct by provider involving member							48	364	7.6	3	10	3.3				51	374	7.3
Cancellation of utilities																		
Eviction/loss of home				2	5	2.5	1	3	3.0				1	5	5.0	4	13	3.3
Facility closure with direct impact to member's health/welfare																		
Natural disaster with direct impact to member's health/welfare	1	6	6.0													1	6	6.0
Operational Breakdown				1	1	1.0	1	1	1.0							2	2	1.0
Other				691	5296	7.7	2	8	4.0	13	29	2.2	7	18	2.6	713	5351	7.5
PM #18 D Totals	**717**	**11858**	**16.5**	**1898**	**19242**	**10.1**	**1743**	**13307**	**7.6**	**624**	**8638**	**13.8**	**380**	**3614**	**9.5**	**5362**	**56659**	**10.6**

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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18D	Of those CIs with a known date of occurrence, average # of days from date of occurrence to date MCO became aware
Numerator:	Sum of days from date of occurrence to date MCO became aware of the CI
Denominator:	# of CIs the MCO became aware of during the measurement period for which a date of occurrence is known
Data source:	MCO
Measurement period:	7/1/2019 – 6/30/2020

Measurement Period 7/1/2019 - 6/30/2020	MCO A			MCO B			MCO C			MCO D			MCO E			TOTAL		
Critical Incident (CI) reporting types:	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**	**D**	**N**	**Avg**
Unexpected death of a member	220	2822	12.8	336	2705	8.1	1060	7458	7.0	478	6799	14.2	322	3017	9.4	2416	22801	9.4
Media involvement or the potential for media involvement	5	0	0.0	64	37	0.6	14	46	3.3	5	1	0.2	4	11	2.8	92	95	1.0
Physical abuse (incl. seclusion and restraints both physical and chemical)	6	126	21.0	8	231	28.9	43	392	9.1	11	98	8.9	11	236	21.5	79	1083	13.7
Psychological/Verbal abuse	1	0	0.0	3	7	2.3	7	8	1.1	6	75	12.5	7	42	6.0	24	132	5.5
Sexual abuse and/or suspected sexual abuse	1	45	45.0	3	75	25.0	5	291	58.2	2	7	3.5	2	6	3.0	13	424	32.6
Fall resulting in the need of medical treatment	215	5263	24.5	444	97465	219.5	568	10368	18.3	392	8337	21.3	147	2885	19.6	1766	124318	70.4
Medical emergency resulting in need for medical treatment	1328	30525	23.0	2376	165672	69.7	1905	21586	11.3	231	1766	7.6	23	168	7.3	5863	219717	37.5
Medication error resulting in serious consequences	8	261	32.6	2	8	4.0	5	32	6.4	2	62	31.0	1	1	1.0	18	364	20.2
Psychiatric emergency resulting in need for medical treatment	47	1443	30.7	118	1068	9.1	76	824	10.8	8	13	1.6	1	1	1.0	250	3349	13.4
Severe injury resulting in the need of medical treatment	2	127	63.5	20	198	9.9	37	775	20.9	13	213	16.4	11	262	23.8	83	1575	19.0
Suicide attempt resulting in the need for medical attention	2	3	1.5	3	44	14.7	8	221	27.6	1	11	11.0	3	26	8.7	17	305	17.9
Neglect/Mistreatment, caregiver (paid or unpaid)	8	35	4.4	4	107	26.8	21	38	1.8	13	101	7.8	3	20	6.7	49	301	6.1
Neglect/Mistreatment, self	5	18	3.6	7	27	3.9	22	19	0.9	3	0	0.0	2	2	1.0	39	66	1.7
Neglect/Mistreatment, other	2	6	3.0	5	245	49.0	3	3	1.0	4	31	7.8				14	285	20.4
Exploitation, financial							1	0	0.0	6	95	15.8	1	22	22.0	8	117	14.6
Exploitation, theft				1	1	1.0	9	97	10.8				3	22	7.3	13	120	9.2
Exploitation, destruction of property	1	1	1.0				1	6	6.0							2	7	3.5
Exploitation, other				1	0	0.0	3	2	0.7							4	2	0.5
Theft with law enforcement involvement				6	36	6.0	6	95	15.8	5	59	11.8	2	27	13.5	19	217	11.4
Failure of member's Back-up Plan	2	8	4.0	21	37	1.8	5	31	6.2	1	0	0.0	1	0	0.0	30	76	2.5
Elopement/Wandering from home or facility	1	0	0.0	12	88	7.3	4	8	2.0	12	37	3.1	5	57	11.4	34	190	5.6
Inaccessible for initial/on-site meeting	12	3	0.3	29	13	0.4	26	26	1.0	76	288	3.8	23	0	0.0	166	330	2.0
Unable to Contact	4	35	8.8	62	174	2.8	145	496	3.4	63	119	1.9	24	0	0.0	298	824	2.8
Inappropriate/unprofessional conduct by provider involving member				3	29	9.7	253	2056	8.1	13	74	5.7	5	22	4.4	274	2181	8.0
Cancellation of utilities				1	0	0.0	2	15	7.5				2	21	10.5	5	36	7.2
Eviction/loss of home	1	0	0.0	17	324	19.1	24	73	3.0	4	0	0.0	4	41	10.3	50	438	8.8
Facility closure with direct impact to member's health/welfare										1	0	0.0				1	0	0.0
Natural disaster with direct impact to member's health/welfare	1	6	6.0							2	0	0.0				3	6	2.0
Operational Breakdown				23	24	1.0	24	51	2.1							47	75	1.6
Other	3	10	3.3	720	49428	68.7	7	56	8.0	144	1323	9.2	12	41	3.4	886	50858	57.4
PM #18 D Totals	**1875**	**40737**	**21.7**	**4289**	**318043**	**74.2**	**4284**	**45073**	**10.5**	**1496**	**19509**	**13.0**	**619**	**6930**	**11.2**	**12563**	**430292**	**34.3**

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

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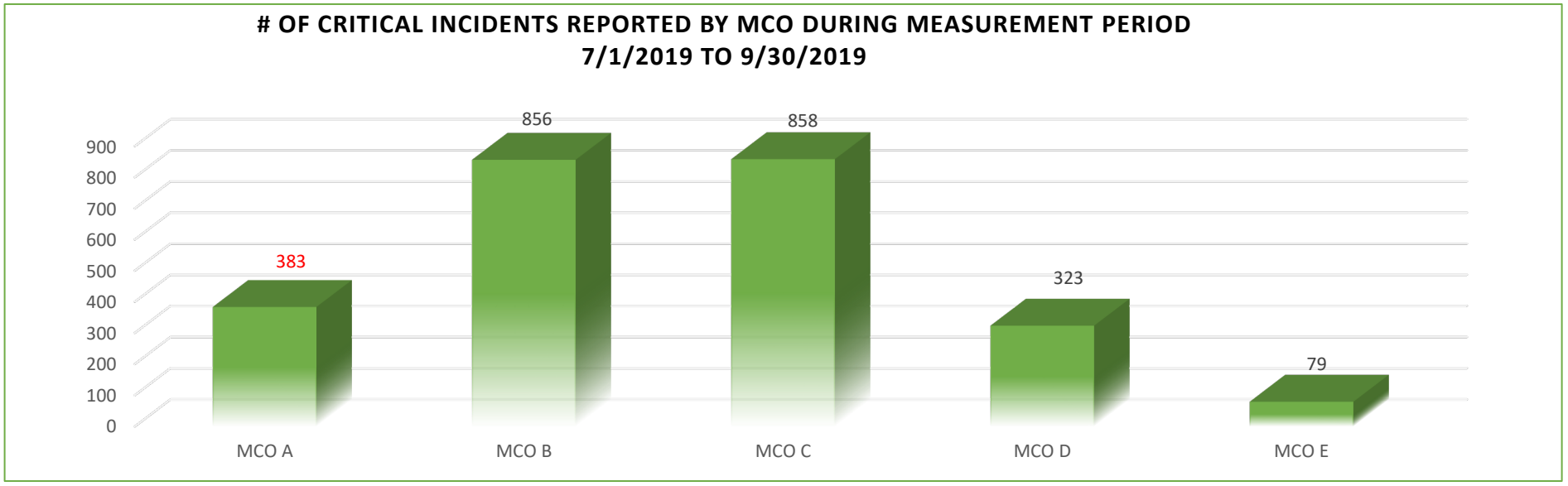
The fourth quarter and annual PM #18 Critical Incident Report (CIR) Trends Analysis provides a summary review of the data submitted by five Managed Care Organizations (MCOs) for Managed Long Term Services and Supports (MLTSS) members. This report consists of data and discovery from PM #18A, #18B, #18C, and #18D for the measurement periods 4/1/2020-6/30/2020; and 7/1/2019 to 6/30/2020. The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported within the tables and chart below and are indicated with red font.

Reported Critical Incidents for Measurement Period (7/1/2019 - 9/30/2019)

During the measurement period of 7/1/2019 - 9/30/2019, MCO A became aware of 383 critical incidents; MCO B became aware of 856 critical incidents; MCO C became aware of 858 critical incidents; MCO D became aware of 323 critical incidents, and MCO E became aware of 79 critical incidents. Figure 1 provided below displays the number of critical incidents by each MCO.

Figure 1



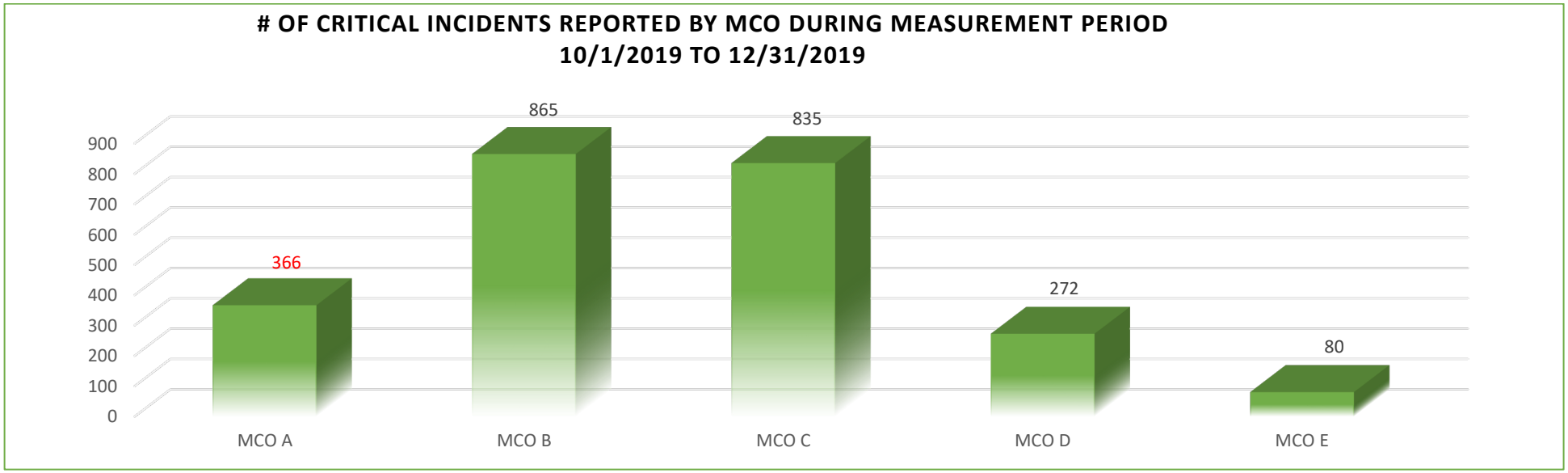
N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Reported Critical Incidents for Measurement Period (10/01/2019 to 12/31/2019).

During the measurement period of 10/1/2019 - 12/31/2019, MCO A became aware of 366 critical incidents; MCO B became aware of 865 critical incidents; MCO C became aware of 835 critical incidents; MCO D became aware of 272 critical incidents, and MCO E became aware of 80 critical incidents. Figure 2 provided below displays the number of critical incidents by each MCO.

Figure 2



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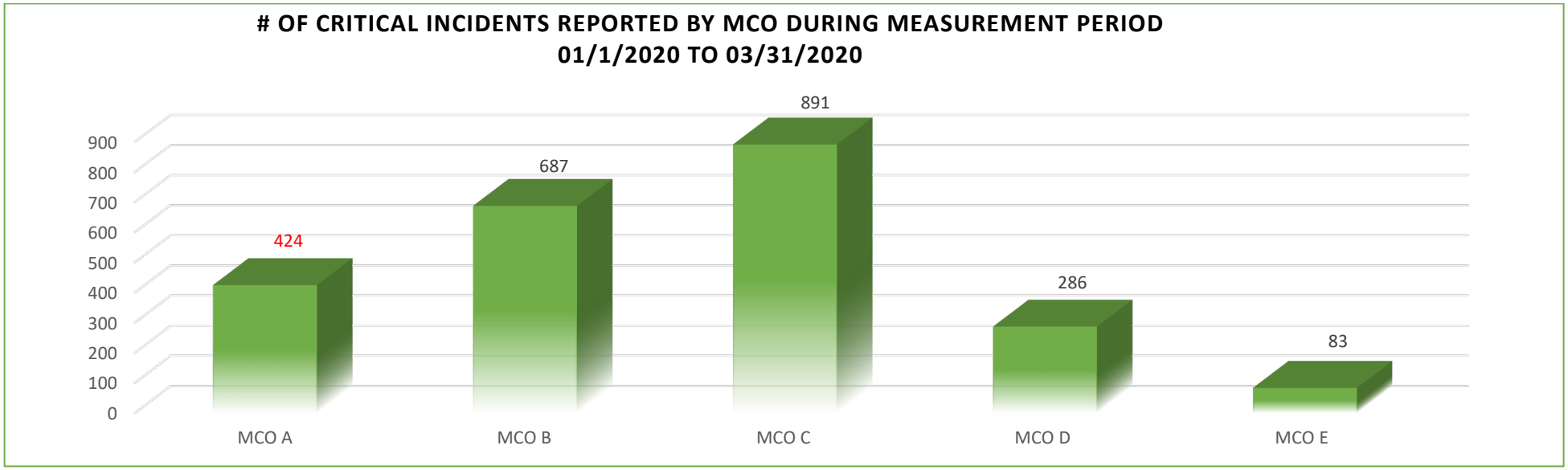
Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Reported Critical Incidents for Measurement Period (1/1/2020 - 3/31/2020)

During the measurement period of 1/1/2020 - 3/31/2020, MCO A became aware of 424 critical incidents; MCO B became aware of 687 critical incidents; MCO C became aware of 891 critical incidents; MCO D became aware of 286 critical incidents, and MCO E became aware of 83 critical incidents. Figure 3 provided below displays the number of critical incidents by each MCO.

Figure 3



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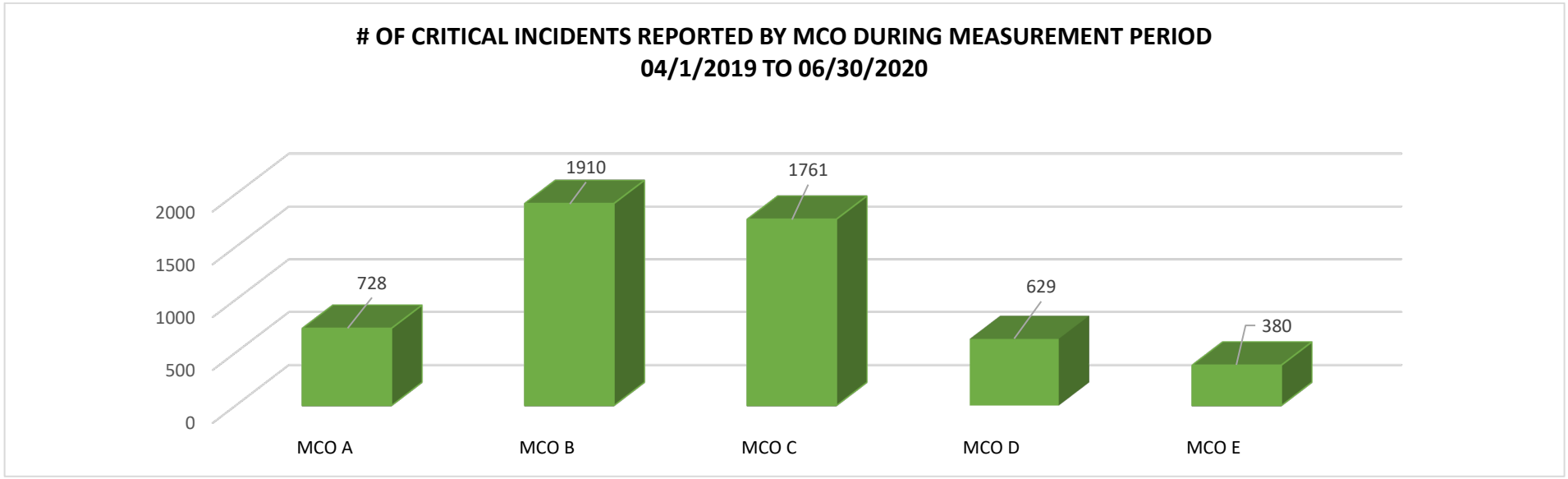
Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Reported Critical Incidents for Measurement Period (4/1/2020 - 6/30/2020)

During the measurement period of 4/1/2020 - 6/30/2020, MCO A became aware of 728 critical incidents; MCO B became aware of 1910 critical incidents; MCO C became aware of 1761 critical incidents; MCO D became aware of 629 critical incidents, and MCO E became aware of 380 critical incidents. Figure 3 provided below displays the number of critical incidents by each MCO.

Figure 4



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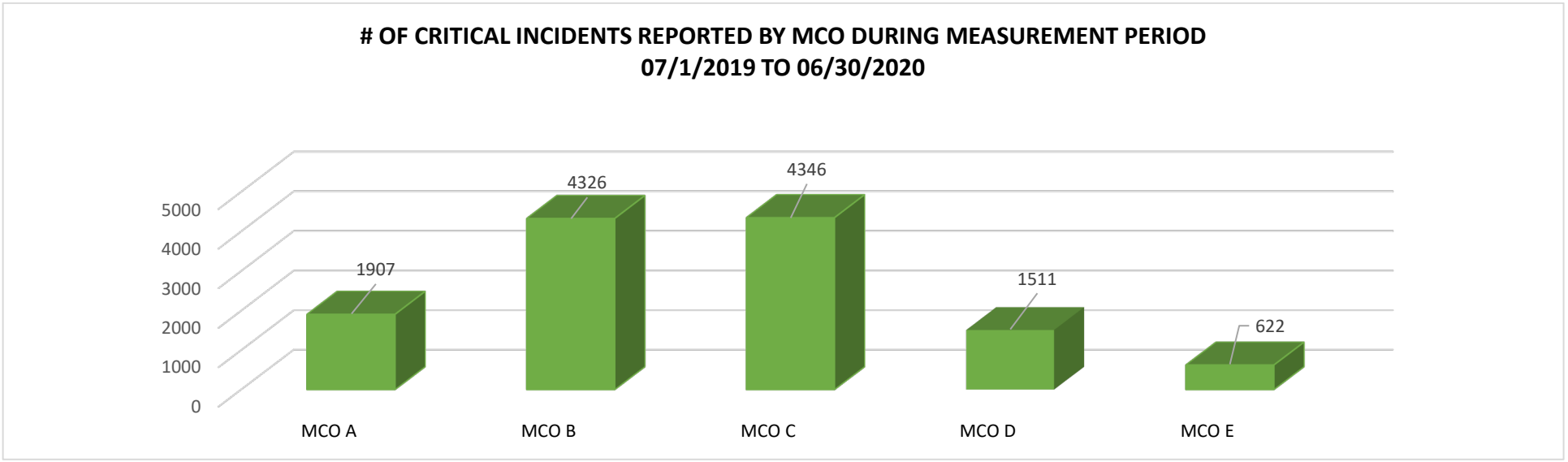
Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Reported Critical Incidents for Measurement Period (7/1/2019 - 6/30/2020)

During the measurement period of 7/1/2020 - 6/30/2020, MCO A became aware of 1907 critical incidents; MCO B became aware of 4326 critical incidents; MCO C became aware of 4346 critical incidents; MCO D became aware of 1511 critical incidents, and MCO E became aware of 622 critical incidents. Figure 3 provided below displays the number of critical incidents by each MCO.

Figure 5



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Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Table 1

Measurement Period	MCO A	MCO B	MCO C	MCO D	MCO E	Total
7/01/2019-9/30/2019	383	856	858	323	79	**2499**
10/01/2019-12/31/2019	366	865	835	272	80	**2418**
01/01/2020-03/31/2020	424	687	891	286	83	**2371**
04/01/2020-06/30/2020	728	1910	1761	629	380	**5408**

The table above reflects the number of critical incident for each MCO over the last four measurement periods. There was significant increase from measurement period 01/01/2020-3/31/2020 to 04/01/2020-6/30/2020 for all MCOs. The increase can be attributed to Covid-19 related deaths under the unexpected death category. The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported in Table 1 and are indicated with red font.

Table 2: Leading Critical Incident Reporting Type

Top Critical Incident Categories 7/1/2019 – 9/30/2019	MCO A	MCO B	MCO C	MCO D	MCO E
Medical emergency resulting in need for medical treatment	76.8%	70%	55%	18%	8.9%
Fall resulting in the need of medical treatment	16.5%	16.1%	17.6%	36.9%	48.1%
Top Critical Incident Categories 10/1/2019 – 12/31/2019	**MCO A**	**MCO B**	**MCO C**	**MCO D**	**MCO E**
Medical emergency resulting in need for medical treatment	76.2%	69%	58%	22.8%	3.7%
Fall resulting in the need of medical treatment	14.7%	15.3%	15.8%	39.3%	58.7%
Top Critical Incident Categories 1/1/2020 – 3/31/2020	**MCO A**	**MCO B**	**MCO C**	**MCO D**	**MCO E**
Medical emergency resulting in need for medical treatment	75.2%	68%	60.6%	24.1%	9.6%
Fall resulting in the need of medical treatment	14.4%	16.3%	16.9%	36.7%	39.7%
Top Critical Incident Categories 4/1/2020 – 6/30/2020	**MCO A**	**MCO B**	**MCO C**	**MCO D**	**MCO E**
Unexpected death of a member	29.8%	16.4%	59.1%	73.4%	83.7%
Medical emergency resulting in need for medical treatment	61%	37.5%	24.3%	6.7%	1.3%

The COVID pandemic had a direct impact on the top two Critical Incident Categories. The highest critical incident categories reported for measurement period 4/1/2020 - 6/30/2020 were "Unexpected death of a member" and "Medical emergency resulting in need for medical treatment." The most

frequently reported critical incident category by MCO C, MCO D, and MCO E for the measurement period 4/1/2020-6/30/2020 was "Unexpected death of a member," of which were COVID-19 related. The most frequently reported critical incident category by MCO A and MCO B for the measurement period 4/1/2020-6/30/2020 was "Medical emergency resulting in need for medical treatment." For the measurement period 4/1/2020-6/30/2020, MCO B reported that 685 confirmed COVID positive cases were classified in the "Other" critical incident category. Of the 685 positive cases, 631 were nursing facility residents (92.1%) and the remainder of members in this category of positive cases lived in the community. Additionally, MCO B reported that of the 314 cases reported as unexpected death, 242 were confirmed COVID related deaths (77.1%). Furthermore, MCO B reported that the unexpected death category related to COVID may be underreported due to the limited detail reported during the peak of COVID. The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported in Table 2 and are indicated with red font.

Table 3: Timeliness of CI reporting to the State

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	7/1/2019 – 09/30/2019

7/1/2019 –09/30/2019	A	B	C	D	E	TOTAL
Numerator	377	644	825	321	76	2243
Denominator	383	856	858	323	79	2499
%	98.4	75.2	96.2	99.4	96.2	89.8

Out of the total 856 Critical Incidents reported for MCO B, 644 (75.2%) were reported to the State within the 2 business day requirement. MCO B continues to educate members and providers on the importance of reporting critical incidents to reduce the days between occurence and MCO notification for better intervention. MCO B has also revised the critical incident process to be reported into SAMs by the Quality department. This enhancement includes additional resources to improve timliness of reporting, a streamlined gap in care process and additional follow-up external to the care mangement process.

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due
A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Out of the total 858 Critical Incidents reported for MCO C, 825 (96.2%) were reported to the State within the 2 business day requirement. Of note, 33% or Eleven (11) out of the thirty-three (33) untimely Critical Incidents were CI Type, Unable To Contact. A retraining was provided to the Care Management Supervisors in December 2019, on the timeliness requirements surrounding Unable To Contact Critical Incidents. Out of thirty-three (33) cases, there were thirty-two (32) unduplicated Care Managers and one (1) Critical Incident Team Member, who were found to have reported Critical Incidents untimely. While researching the thirty-three (33) untimely Critical Incidents, it was noted that there were no repeat Care Managers, nor CI Team Members, late in reporting for the quarter.

Out of the total 323 Critical Incidents reported for MCO D, 321(99.4%) were reported to the State within the 2 business day requirement. There were two (0.61%) incidents that were not reported to the State within the two business day time frame.

There were a total of 321 (99.3%) Critical Incidents that were reported to the State within two business days of the MCO initial notification/discovery. There were two (0.61%) incidents that were not reported to the State within the two business day time frame. Two of the late reported critical incidents were reported by unique Care Managers. One of the cases, the Care Managers missed submission due date. One of the cases, the Care Manager is new and was not sure if bed bugs situation should be reported. All Care Managers were re-educated by their supervisor on timely submission of Critical Incidents to the Critical Incident department.

Out of the total 79 Critical Incidents reported for MCO E, 76 (96.2%) were reported to the State within the 2 business day requirement. Three (3) critical events were not entered into SAMs timely, 1 was due to a failure of a Care Manager in reporting this event to the Manager timely and two were a result of the CM not realizing the event qualified as a CI. Corrective action plans were done to address all three. Re-education of members on what constitutes a Critical Incident at each face to face visit with documentation of discussion in the electronic health record. In addition, there was reinforcement with the Care Management Team at monthly Team meetings regarding what constitutes a CI and the importance of timely reporting as well as reinforcement of the reporting process and designation of one MLTSS Manager who maintains responsibility for CI data collection and analysis for PM18.

The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported in Table 3 and are indicated with red font.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	10/1/2019 – 12/31/2019

10/1/2019 –12/31/2019	A	B	C	D	E	TOTAL
Numerator	350	726	812	270	79	2237
Denominator	366	865	835	272	80	2418
%	95.6	83.9	97.2	99.3	98.8	92.5

Out of the total 865 Critical Incidents reported for MCO B, 726 (83.9%) were reported to the State within the 2 business day requirement. MCO B continues to educate members and providers on the importance of reporting critical incidents to reduce the days between occurence and MCO notification for better intervention. MCO B has also revised the critical incident process to be reported into SAMs by the Quality department. This enhancement includes additional resources to improve timliness of reporting, a streamlined gap in care process and additional follow-up external to the care mangement process. During this quater, MCO B MLTSS and QM teams partnered to review and enhance the CI reporting process in hopes of improved timeliness, trending and interventions. All revised processes are accompanied by new workflows and desktop processes with increased monitoring. MCO B expects to see improvement in the upcoming quarters in 2020.

Out of the total 835 Critical Incidents reported for MCO C, 812 (97.2%) were reported to the State within the 2 business day requirement. In researching the 23 (2.8%) Critical Incidents that were not reported to the State within 2 business days, it was identified that all twenty-three (23) Incidents resulted in a delay from the MLTSS Care Managers not reporting the Incident to the MCO C Critical Incident Team within 1 Business Day of Discovery. Out of twenty-three (23) cases, there were twenty-two (20) unduplicated Care Managers who were found to have reported Critical Incidents untimely. It was noted that there was one (1) Care Manager late in reporting three (3) separate Critical Incident cases for the month of December. MCO C Critical Incident Remediation Workflow was followed, and the CM's Supervisor was notified for appropriate staff re-education.

Out of the total 272 Critical Incidents reported for MCO D, 270 (99.3%) were reported to the State within the 2 business day requirement. There were two (0.4%) incidents that were not reported to the State within the two business day time frame. Two of the late reported critical incidents were

reported by unique Care Managers. One of the cases, the Care Managers missed submission due date. One of the cases, the Care Manager had technical difficulties with her fax machine. All Care Managers were re-educated by their supervisor on timely submission of Critical Incidents to the Critical Incident department. Care Managers and analysts receive initial on boarding education regarding critical incident reporting at the time of hire. Care managers also receive annual training on critical incidents by the quality analyst team along with periodic reinforcement throughout the year.

Out of the total 80 Critical Incidents reported for MCO E, 79 (98.8%) were reported to the State within the 2 business day requirement. One critical incident was not entered into SAMs timely because the CM was new and did not realize the event qualified as a critical incident. There was reinforcement with the Care Management Team at monthly Team meetings regarding what constitutes a CI and the importance of timely reporting as well as reinforcement of the reporting process and designation of one MLTSS Manager who maintains responsibility for CI data collection and analysis for PM18.

The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported in the table above and are indicated with red font.

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	01/01/2020 – 03/31/2020

01/1/2020 –03/31/2020	A	B	C	D	E	TOTAL
Numerator	414	673	869	285	81	2322
Denominator	424	687	891	286	83	2371
%	97.6	98.0	97.5	99.7	97.6	97.9

Out of the total 687 Critical Incidents reported for MCO B, 673 (98.0%) were reported to the State within the 2 business day requirement. There were 11 cases (1.6%) that were reported >2 days from notification to SAMS entry. During this submission, MCO B did not identify any significant Care Manager

trends, however, majority of the 11 late cases were due to delay in Care Management process. MCO B is working with CMs that show reported delays in following the critical incident reporting process to avoid delays.

Out of the total 891 Critical Incidents reported for MCO C, 869 (97.5%) were reported to the State within the 2 business day requirement. In researching the twenty-two cases, (2.5%), being untimely, there were twenty (20) Care Managers and two (2) Critical Incident Team Members, who were found to have reported Critical Incidents untimely. While researching the twenty-two (22) untimely Critical Incidents, it was noted that there were no repeat Care Managers, or CI Team Members, late in reporting for the quarter. MCO C Critical Incident Remediation Workflow was followed, and the CM's Supervisor was notified for appropriate staff re-education.

Out of the total 286 Critical Incidents reported for MCO D, 285 (99.7%) were reported to the State within the 2 business day requirement. There were two (0.4%) incidents that were not reported to the State within the two business day time frame. One of the late reported critical incidents was reported by unique Care Managers. The one case the Care Managers missed submission due date because she was not aware that CI should be reported immediately regardless not having all the details. All Care Managers were re-educated by their supervisor on timely submission of Critical Incidents to the Critical Incident department. Care Managers and analysts receive initial on boarding education regarding critical incident reporting at the time of hire. Care managers also receive annual training on critical incidents by the quality analyst team along with periodic reinforcement throughout the year.

Out of the total 83 Critical Incidents reported for MCO E, 81 (97.6%) were reported to the State within the 2 business day requirement. Two critical incidents were not entered into SAMs timely – one because the entering Manager did not receive the fax sent to the Quality Dept. from the Provider timely, and one because the Manager entering into the State database did not save and close and information had to be re-entered. Care Managers will educate providers such as MDC, PCA agencies, Nursing Facilities and HDM staff to notify MCO E via fax or phone In addition, there was reinforcement with the Care Management Team at monthly Team meetings regarding what constitutes a CI and the importance of timely reporting as well as reinforcement of the reporting process and designation of one MLTSS Manager who maintains responsibility for CI data collection and analysis for PM18.

The reported rates for MCO A during the 7/1/2019 - 9/30/2019; 10/1/2019-12/31/2019; and 1/1/2020-3/31/2020 measurement period are reported in the table above and are indicated with red font.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	04/01/2020 – 06/30/2020

04/1/2020 –06/30/2020	A	B	C	D	E	TOTAL
Numerator	621	751	1310	239	378	3299
Denominator	728	1910	1761	629	380	5408
%	85.3	39.3	74.4	38.0	99.5	61.0

The number of critical incidents and reporting timeliness for the measurement period 04/1/2020 – 6/30/2020 for all MCOs was largely affected by COVID-19 pandemic. MCO A reported that 107 of the 728 incidents were reported late, which calculates to a 85.3% success rate in timely entry of critical incidents within 2 business days of MCO notification. Additionally, MCO A reported critical incident reporting was late due to the large number of critical incidents reported and also difficulties reaching members/ families or facilities to gather further information on critical incidents. MCO C reported that out of the total 1,761 Critical Incidents reported, 1,310 (74%) were reported to the State within the 2 business day requirement. Additionally, MCO C reported that in researching the 451 Critical Incidents that were not reported to the State within 2 business days, it was identified that the main cause in the delay was due to a backlog of reported "Unexpected Death" CIs related to the COVID pandemic. Furthermore, MCO C reported there was a 107% increase between measurement period 1/1/2020 – 3/31/2020 and 4/1/2020 -6/30/2020 in the number of Critical Incidents reported and processed, making it a great challenge to report them to the State all within the 2 business day requirement. MCO E reported that 2 critical incidents were reported late during the measurement. Additionally, MCO E reported the critical incidents were late because the Care Manager did not realize the events qualified as a CI – they were both for Gap in Service – the senior housing complex in which the members lived would not allow for the PCA to enter due to the pandemic, and the members, who are a married couple, did not have PCA services as a result.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

PM # 18B	% of CIs in the denominator the MCO reported to the State within 2 business days
Numerator:	# of CIs in the denominator that were reported to the State within two business days
Denominator:	# of CIs the MCO became aware of during the measurement period
Data source:	MCO
Measurement period:	07/01/2019 – 06/30/2020

07/1/2020 –06/30/2020	A	B	C	D	E	TOTAL
Numerator	1762	3103	3816	1116	614	10411
Denominator	1907	4326	4346	1511	622	12712
%	92.4	71.7	87.8	73.9	98.7	81.9

There was a significant increase the number of Critical Incidents reported and processed in last two quarters due to the COVID-19 pandemic. This in turn impacted the Annual report findings. MCO A reported that one hundred and forty five critical incidents were reported late, accounting for a 92.4% success rate in timely reporting. Additionally, MCO A reported 21 CAPS for late CIs for this measurement period. The late reporting of CIs were due to CM waiting to gather further CI information, followed by CIs discovered during reconciliation and were missed sending to CI reporter. MCO C reported that out of the total 4,346 Critical Incidents reported, 3,816 (87.8%) were reported to the State within the 2 business day requirement. Additionally, MCO C reported that in researching the 530 (12.2%) Critical Incidents that were not reported to the State within 2 business days, it was identified that the main cause in the delay was due to a backlog of reported "Unexpected Death" CI's directly related to the COVID pandemic. MCO E reported that eight critical events were not reported to the State timely. Additionally, MCO E reported that the Critical incidents were reported late due to the following: 5 were not entered timely due to the care manager not being aware the incident qualified as a critical incident, 1 was not entered timely due to the care manager not notifying the Manager timely, 1 was due to the Quality Dept. not notifying the entering Manager timely of their notification by a provider of a CI, and 1 was due to the entering Manager not “saving” in SAMS and the incident had to be re-entered and was late. MCO E reported that the timeliness of reporting has improved from 96.58% in the measurement period 07/1/2018 – 6/30/2019 to 98.7% in the measurement period 07/1/2019 – 6/30/2020.

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

Process Changes and Systems Improvement

The Critical Incident Reporting (CIR) process is an important and continuous aspect of MLTSS quality management system. Thorough review of the data and substantive dialogue within the MCOs, and the State resulted in temporary process changes and a number of planned systems improvements. They are as follows:

1. MCO A reported that in the effect of COVID-19 pandemic, all in person visits were converted to telephonic visits. Care management team reached out to members and facilities as per the state requested contingency plan to ensure member health, safety, supplies and other necessities were met. Critical Incident reporter and Care Managers put all efforts in obtaining information and timely submission. Additionally, MCO A has incorporated "high cost" reporting to ensure that identified members are closely monitored for appropriate utilization. This review may identify additional hospitalizations about which the CM is unaware: MLTSS staff is reminded to incorporate file review and timely CI reporting as appropriate. Furthermore, MCO A has implemented additional tracking capabilities within the Critical Incident Grid in order to track if providers report a CI. Monthly and quarterly reports are being generated to identify NFs with unreported CIs. MCO A will continue to track and trend NFs that remain non-compliant in the following months. After the betterment of Pandemic situations, participating NFs will be targeted by the Provider Relations team for re-education and possible sanctions. MLTSS, Quality Management, and Provider Relations review results, reporting up to Plan leadership on participating versus non-participating compliance issues. Furthermore, MCO A leadership will target noncompliant NF providers for re-education and will develop a plan to address the non-participating NFs and ALs who fail to report CIs timely.

2. MCO B implemented daily cross departmental reporting in June 2020 to ensure immediate feedback and correction of errors. In July 2020, reporting was increased to twice a day to ensure reporting turnaround times were met. Analysis was also conducted on non-COVID related late case submissions from care managers. Additionally, MCO B enacted that members with multiple critical incidents are to be sent to clinical managers to ensure field CMs are increasing touches/check-ins with members as necessary. This may include telephonic outreaches or additional home visits. CMs are also asked to include PCPs and other providers to ensure all parties are aware of members' care. Furthermore, MCO B is completing fall prevention education with nursing home/assisted livings and all residents to improve fall prevention strategies in facilities. MCO B is using claim data with falls diagnoses codes to monitor improvement. MCO B continues to educate members and providers on the importance of reporting critical incidents to reduce the days between occurrence and MCO notification for better intervention. MCO B has also revised the critical incident process to be reported into SAMs by the Quality department. This enhancement includes additional resources to improve timeliness of reporting, a streamlined gap in care process and additional follow-up external to the care management process.

3. MCO C reported that MLTSS CI team communicates Critical Incidents involving contracted providers to HNJH's Provider Contracting and Strategy Department (PC&S) and Quality Management Department for further review. A retraining was provided to the Care Management Supervisors on the timeliness requirements surrounding Unable to Contact Critical Incidents.

N = Numerator D = Denominator % = Percentage N/A = Not Available O/D = Over due

A = Aetna B = Amerigroup C = Horizon NJ Health D = United HealthCare E = WellCare

Deliverables due during MLTSS 1st quarter (7/1/2020 – 9/30/2020)

4. MCO D Care managers will continue to educate members and their care takers on critical incident types and the importance of reporting all critical incidents to case managers at the time of occurrence. MCO D will continue to educate providers on timely submission of Critical Incidents. Critical incident reporting is covered in MCO D's education deck that is shared with every provider during orientation and again annually during their annual re-education. MCO D will document all trainings within IMPACT reporting, which includes an attendance roster which the providers sign.

5. MCO E has a MLTSS designated Manager and QI Specialist that will monitor and/or investigate all reported CIs. In addition, they will discuss and review reported CIs monthly and as needed to ensure appropriate follow up/resolution as well as timely entry into SAMS. MCO E will continue to report CIs monthly on State calls. A CI Database has been created and is presently being used by Management and Care Managers. Continued Provider education for PCA agencies, MDC, ALFs and NF. The continued use of the process is put in place ensuring CI Resolutions within 30 days which includes designated MLTSS Manager reviews of CI log and sending of calendar invite to CM after CI is entered into SAMS. This is a reminder for the CM to document a follow up note in member's record within 30 days after the incident has been entered. Falls continue to represent the highest percentage of Critical Incidents for MCO E, and Falls prevention/reduction remains at top of mind. To prevent/reduce Falls:

The Care Manager is to educate members/caregivers/family on reporting any falls upon initial enrollment into MCO E, during monthly calls and at 90 day visits; also CM to educate them to utilize PERS when a fall occurs – the PERS provider will, in turn, notify MCO E of the fall. For falls that occur outside those parameters, the CM will educate members/ caregivers/family to call to report a fall. CMs will continue to educate providers such as MDC, PCA agencies, Nursing Facilities and HDM staff to notify MCO E via fax or phone. Members are identified as being at risk for falls and fall reports are completed when a member falls. MCO E has a Fall Protocol in place in order to: Prevent falls and serious injury; Improve safety; Recognize multifactorial risks and causes of falls in older adults; and improve overall quality of life for members. Physical therapy to be offered on a wider scale including arranging for therapy to be provided onsite at MDCs.

6. The State issued guidance to all MCOs, that the 2 business day requirement for reporting CIs timely was being waived until further notice due to COVID-19 pandemic. In addition, no CAPS will be issued regarding timeliness of reporting, backdated effective as of 3/15/2020.

1115 Comprehensive Waiver Quarterly Report
Demonstration Year 9
Federal Fiscal Quarter: 1 (7/01/20-9/30/20)
Department of Children and Families
Division of Children's System of Care

Quality Strategy Measures

Data reports were created through CSOC's Contracted System Administrator (CSA) to assist CSOC in measuring waiver outcomes, delivery of service and other required quality strategy assurances.

- CSA NJ1218 New Enrollees, Quarterly Count and IOS Completed
- CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
- CSA NJ1220 Waiver Services Provided
- CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
- CSA NJ1289 Waiver ISP Aggregate Report All Youth
- CSA NJ2021 CANS Waiver Outcome
- CSA NJ1384 Waiver Sub Assurance

A summary of the outcomes of the State's Quality Strategy for HCBS - CSSP I/DD Waiver

#1 Administrative Authority Sub Assurance	The New Jersey State Medicaid Agency, Division of Medical Assistance and Health Services (DMAHS) retains the ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and contracted agencies
Data Source	DMAHS reports on this sub assurance
Sampling Methodology	DMAHS reports on this sub assurance
Numerator: Number of sub assurances that are substantially compliant (86 % or greater)	DMAHS reports on this sub assurance
Denominator: **T**otal number of sub assurances audited	DMAHS reports on this sub assurance
Percentage	DMAHS reports on this sub assurance

#2 Quality of Life Sub Assurance	All youth that meet the clinical criteria for services through the Department of Children and Families (DCF), Division of Children' s System of Care (CSOC) will be assessed utilizing the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment tool

Data Source	Review of Child and Adolescent Needs and Strengths scores Contracted System Administrator (CSA) Data Data report: CSA NJ1225 Strengths & Needs Assessment – Post SPC Start
Sampling Methodology	100% New youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving Child and Adolescent Needs and Strengths (CANS) assessment	140
Denominator: Total number of new enrollees	141
Percentage	99%

CSOC conducted a review of the data for all the youth enrolled during the reporting period under the CSSP I/DD waiver. One youth was enrolled in the waiver in error and was promptly removed but was counted in the data for this quarter.

#3 Quality of Life Sub Assurance	80% of youth should show improvement in Child and Adolescent Needs and Strengths composite rating within a year
Data Source	CSA Data on CANS Initial and Subsequent Assessments Data report: CSA NJ2021CANS Waiver Outcome
Sampling Methodology	Number of youth enrolled in the waiver for at least 1 year
Waiver	**I/DD**
Numerator: Number of youth who improved within one year of admission	717
Denominator: Number of youth with Child and Adolescent Needs and Strengths assessments conducted 1 year from admission or last CANS conducted	792
Percentage	91%

#4 Level of Care Sub Assurance	CSOC's Contracted System's Administrator (CSA), conducts an initial Level of Care assessments (aka Intensity of Services (IOS) prior to

	enrollment for all youth
Data Source	CSA Data report: CSA 136 New Enrollees, Quarterly Count and IOS Completed
Sampling Methodology	100% new youth enrolled in the waiver
Waiver	**I/DD**
Numerator: Number of youth receiving initial level of care determination prior to enrollment	136
Denominator: Number of new enrollees	141
Percentage	96%

One youth was added to the waiver in error and was promptly removed but was included in the data reporting. Four youth became eligible due to having Mobile Response and Stabilization Services (MRSS) but the existing waiver report does not capture MRSS correctly. CSOC is modifying this report to appropriately include MRSS.

#5 Plan of Care Sub Assurance	The Plan of Care (aka Individual Service Plan (ISP)) is developed based on the needs identified in the Child and Adolescent Needs and Strengths assessment tool and according to CSOC policies
Data Source	CSA Data on Plans of Care completions, Record Review Data report: CSA NJ1219 Follow – Up Treatment Plan and Associated SNA
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of Plans of Care that address youth's assessed needs	139
Denominator: Number of Plans of Care reviewed	141
Percentage	99%

One youth was added at the end of the quarter. The ISP was completed outside of this reporting period but within the required time frame based on waiver enrollment. Therefore, this ISP was

completed appropriately but was not counted in the data for this quarter. One youth was added in error and promptly removed.

#6 Plan of Care Sub Assurance	Plan of Care (ISP) is updated at least annually or as the needs of the youth changes
Data Source	CSA Data Report: CSA NJ1289 Waiver ISP Aggregate Report All Youth
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of current Plans of Care updated at least annually	228
Denominator: Number of Plans of Care reviewed	228
Percentage	100%

#7 Plan of Care Sub Assurance	Services are authorized in accordance with the approved plan of care Data Report: CSA NJ1220 Waiver Services Provided
Data Source	CSA Data Report of Authorizations Record Review
Sampling Methodology	100% of youth enrolled during the measurement period
Waiver	**I/DD**
Numerator: Number of Plans of Care that had services authorized based on the Plan of Care	141
Denominator: Number of Plans of Care reviewed	141
Percentage	100%

#8 Plan of Care Sub Assurance	Services are delivered in accordance with the approved plan of care
Data Source	CSA Data Report of Authorizations

	Claims paid on authorized services through MMIS Record Review
Sampling Methodology	Random sample representing a 95% confidence level
Waiver	**I/DD**
Numerator: Number of services that were delivered	In Development
Denominator: Number of services that were authorized	In Development
Percentage	In Development

The reporting of this quality strategy is in development and will be addressed at a later date.

#9 Plan of Care Sub Assurance	Youth/families are provided a choice of providers, based on the available qualified provider network
Data Source	Record review Statewide CSA Data Report: NJ1384 Provider List - CSA Data Report
Sampling Methodology	Random sample representing a 95% confidence level
Waiver	I/DD
Numerator: Number of youth/families given a choice of providers as indicated in progress notes	475
Denominator: Number of records reviewed	663
Percentage	72%

A review for all the youth during the reporting period served under the I/DD waiver was conducted. Families are provided a choice during the Child Family Team Meeting and the care managers are required to upload the sign off form into the youth's record. The form is not always uploaded timely and counted towards the data in the reporting quarter. CSOC will continue to monitor this indicator to ensure the form is being uploaded into the youth's record according to the established protocol.

#10 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services initially meet required qualified status, including any applicable licensure and/or certification standards prior to their furnishing waiver services
Data Source	Record review
Sampling Methodology	100% Agency
Waiver	**I/DD**
Numerator: Number of new providers that met the qualifying standards prior to furnishing waiver services	0
Denominator: Total number of new providers	0
Percentage	N/A

No new waiver providers were enrolled during this reporting period.

# 11 Qualified Providers Sub Assurance	Children's System of Care verifies that providers of waiver services continually meet required qualified status, including any applicable licensure and/or certification standards
Data Source	Provider Certification
Sampling Methodology	100% Agency
Waiver	**I/DD**
Numerator: Number of providers that meet the qualifying standards applicable-licensures/certification	144*
Denominator: **Total** number of providers that initially met the qualified status	158
Percentage	91%

The information is obtained based on the provider's contracted renewal date. The data only includes provider information for those providers that had a contracted renewal date that fell between the date of implementation and the end the reporting period. It would not include any provider that had a contracted date outside of this time period.

* The contracting unit is waiting on data from 14 providers that are late in submitting the required paperwork. They will be working to ensure that data is received timely. The data can be updated as needed to reflect any change in reporting.

# 12 Qualified Providers Sub Assurance	CSOC implements its policies and procedures for verifying that applicable certifications/checklists and training are provided in accordance with qualification requirements as listed in the waiver
Data Source	Record Review
Sampling Methodology	100% Community Provider Agencies
Waiver	**I/DD**
Numerator: Number of providers that have been trained and are qualified to provide waiver services	In Development
Denominator: Total number of providers that provide waiver services	In Development
Percentage	In Development

The reporting of this quality strategy is in development and will be addressed at a later date.

# 13 Health and Welfare Sub Assurance	The State demonstrates on an on-going basis, that it identifies, addresses and seeks to prevent instances of abuse, neglect and exploitation
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: Total number of UIRs submitted timely according to State policies	23
Denominator: Number of UIRs submitted involving enrolled youth	23

Percentage	100%

# 14 Health and Welfare Sub Assurance	The State incorporates an unusual incident management reporting system (UIRMS), as articulated in Administrative Order 2:05, which reviews incidents and develops polices to prevent further similar incidents (i.e., abuse, neglect and runaways)
Data Source	Review of UIRMS database and Administrative policies & procedures
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: The number of incidents that were reported through UIRMS and had required follow up	23
Denominator: Total number of incidents reported that required follow up	23
Percentage	100%

# 15 Health and Welfare Sub Assurance	The State policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed
Data Source	Review of UIRMS
Sampling Methodology	100% of all allegations of restrictive interventions reported
Waiver	**I/DD**
Numerator: Number of unusual incidents reported involving restrictive interventions that were remediated in accordance to policies and procedures	0
Denominator: Total number of unusual incidents reported involving	0

restrictive interventions	
Percentage	N/A

No incidents of restraints were documented this quarter.

# 16 Health and Welfare Sub Assurance	The State establishes overall healthcare standards and monitors those standards based on the NJ established EPSDT periodicity schedule for well visits
Data Source	MMIS Claims/Encounter Data -this is a DMAHS measure
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: Number of youth enrolled that received a well visit	DMAHS reports on this sub assurance
Denominator: Total number of youth enrolled	DMAHS reports on this sub assurance
Percentage	DMAHS reports on this sub assurance

# 17 Financial Accountability Sub Assurance	The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered
Data Source	Claims Data, Plans of Care, Authorizations
Sampling Methodology	100% of youth enrolled for the reporting period
Waiver	**I/DD**
Numerator: The number of claims there were paid according to code within youth's centered plan of care authorization	In Development
Denominator: Total number of claims submitted	In Development
Percentage	In Development

The reporting of this quality strategy is in development and will be addressed at a later date.