



mosaic health

Better happens together.

2024 UDS Metrics

TY 10/31/2024

National and NY State Averages: 2023 Reporting Period

- <https://bphc.hrsa.gov/datareporting/reporting/index.html>

National Data:

- **1362 Program Awardees**
- **31,277,341 patients served**
- **Highest # in nearly 60 years**

New York State Data:

- **63 Health Centers reporting**
- **2,323,885 patients served**

2023 NYS and National Data!

Preventive Measures	2022 UDS National Avg	2023 UDS National Avg	2022 UDS NYS Avg	2023 UDS NYS Avg
Childhood Immunization Status	33%	30%	31%	28%
Weight Assessment & Counseling for Children	70%	72%	70%	69%
Adult Weight Screening & Follow Up	61%	67%	50%	58%
<small>* Measure change now includes some Dental and BH visit types</small>				
Adults Screened for Tobacco	85%	85%	78%	78%
Depression Screening and F/U	70%	72%	63%	63%
Colorectal Cancer Screening	43%	41%	48%	46%
Cervical Cancer Screening	54%	55%	59%	60%
Breast Cancer Screening	50%	52%	56%	57%
HIV Screening	44%	48%	55%	56%
Dental Sealants-MH Sites	58%	59%	54%	58%
Dental Sealants-CDP	58%	59%	54%	58%

National and State Data cont..

Chronic Measures	2022 UDS National Avg	2023 UDS National Avg	2022 UDS NYS Avg	2023 UDS NYS Avg
Depression Remission at 12 months	14%	14%	12%	14%
Statin Therapy Prevention/Treatment of CVD	76%	77%	73%	74%
Heart Attack / Stroke Treatment (IVD)	77%	76%	76%	74%
Blood Pressure Control (<140/90)	63%	66%	66%	68%
Diabetes with HbA1c > 9%	30%	29%	27%	26%

Mosaic Health Totals: Preventive Measures

Preventive Measures	2023 UDS National Ave	2023 UDS NYS Ave	MH 2023 Total	MH Total TY October 2024	Delta from 2023
Childhood Immunization Status	30%	28%	43%	31%	-12%
Weight Assessment & Counseling for Children	72%	69%	93%	81%	-12%
Adult Weight Screening & Follow Up *Measure change now includes some Dental and BH visit types	67%	58%	61%	68%	7%
Tobacco and Nicotine use Screening *2024 Measure change now includes pts age 12+	85%	78%	92%	82%	-10%
Depression Screening and F/U *2024 Measure change no longer excludes pts with	72%	63%	77%	69%	-8%
Colorectal Cancer Screening	41%	46%	50%	51%	1%
Cervical Cancer Screening	55%	60%	57%	52%	-5%
Breast Cancer Screening	52%	57%	63%	56%	-7%
HIV Screening	48%	56%	32%	33%	1%
Dental Sealants-MH Sites	59%	58%	94%	93%	-1%
Dental Sealants-CDP/SBHC					

Mosaic Health Performing At/Above National Baseline

Mosaic Health Performing Below National Baseline

red text indicates a decline from previous month

Mosaic Health Totals: Chronic Measures

Chronic Measures	2023 UDS National Avg	2023 UDS NYS Avg	MH 2023 Total	MH Total TY October 2024	Delta from 2023
Depression Remission at 12 months	14%	14%	11%	4%	-7%
Statin Therapy Prevention/Treatment of CVD *2024 measure change-denominator now included ASCVD risk score > or = to 20%	77%	74%	88%	86%	-2%
Heart Attack / Stroke Treatment (IVD)	76%	74%	78%	74%	-4%
Blood Pressure Control (<140/90)	66%	68%	78%	78%	0%
Diabetes with HbA1c > 9%	29%	26%	24%	24%	0%

Mosaic Health Performing At/Above National Baseline

Mosaic Health Performing Below National Baseline

red text indicates a decline from previous month



VBP Updates

November 2024

United Health Community

Measures	Eligible	Completed	Incomplete	Quality Rate	Targets
Breast Cancer Screening	5	1	4	20.0%	62.68%
Cervical Cancer Screening	28	12	16	42.9%	67.40%
Colorectal Cancer Screening	15	5	10	33.3%	56.93%
Eye Exam for Patients with Diabetes Non-Medicare - Non-Medicare Eye Exam	6	2	4	33.3%	59.37%
Postpartum Care	3	2	1	66.7%	79.81%

We continue to see a decrease in the enrolled number of UHC Community Plan (Medicaid, Essential and HARP) members as they continue their various outreach methods.

With this we are getting closer to the actual roster of patients actively engaged with Mosaic Health for care, but we still have many that are not ours.

This has made it difficult to meet measures as the patients not engaged with us have far outweighed the engaged volume. This has been a similar trend for the other FLIPA members as well.



Fidelis Medicaid

Measures	Eligible	Completed	Incomplete	Quality Rate
Breast Cancer Screening	62	29	33	46.8%
Child and Adolescent Well-Care Visits	523	171	352	32.7%
Childhood Immunization Status: Combo 3	9	7	2	77.8%
Follow-up after ED visit for mental illness - 7 days	2	2	0	100.0%
Immunization for Adolescents: Combo 2	28	11	17	39.3%
Postpartum Care	17	12	5	70.6%

We continue to maintain a roster that is proportionately our engaged patients, which allows us to meet all targets for these measures.

We continue to see an increase in gap closure month over month, but not as large of increases as we would like.

Part of this is we are seeing our roster size increasing month over month, some of this may be due to disenrollments from other insurances and reenrollment with Fidelis. We also see a large volume of our increasing Refugee Health assessments establish as new medical patients and the majority carry Fidelis Medicaid.

We are also seeing an influx of new patients at our medical sites and many in Utica and Ilion carry Fidelis, but do not have their quality measures completed prior to establishing.



Fidelis HARP

Measures	Eligible	Completed	Incomplete	Quality Rate
Breast Cancer Screening	13	6	7	46.1%
Follow-up after ED visit for mental illness - 7 days	1	0	1	0.0%

This roster remains small

We continue to remain stable month over month with the closure of these measures and have not seen a change in several months.

These members are on focused work lists, but several are not patients, and of these engaged members they often have complex needs that require strong care coordination with their external care managers to navigate completion of appointments and screenings.



CVS ACO

This Contract includes multiple elements including quality metrics, Chronic Care Management and Medicare Annual Wellness Visit completion.

These are area's that we continue to learn about and build a strong structure around, moving forward.

We have developed an AWV workflow that has been piloted in Ilion which has shown an increase in completion.

We are now working to expand the training to the other sites, with Utica as the next focused site, with Dr. Jones on site support.

We have a new module in the EMR to track, measure and bill for Chronic Care Management by our RN Care Managers. This should be implemented the beginning of 2025. Delays from technical glitches on the EMR side are being fixed and were looked at in depth and escalated while we attended the ECW conference.



Measures	Eligible	Excluded	Completed	Incomplete	Skipped	Denominator	Numerator	Quality Rate
Falls Risk	74	0	0	74	0	0	0	0.00%
Diabetes Mellitus	51	0	0	51	0	0	0	0.00%
Hypertension	9	0	0	9	0	0	0	0.00%
Mental Health	6	0	0	6	0	0	0	0.00%
Brst Ca Scrn	45	0	0	45	0	0	0	0.00%
ColRec Ca Scrn	106	0	0	106	0	0	0	0.00%
Flu Vaccine	142	0	0	142	0	0	0	0.00%
Tobacco Scrn	142	0	26	116	22	4	4	100.00%
Clncl Dprsn Scrn	142	0	0	142	0	0	0	0.00%
Statin Use	56	0	0	56	0	0	0	0.00%

This VBP program works differently than the others.

This program takes an initial roster of patients via CMS and twice during the contract period we are given randomized charts to review for completed metrics.

Based on this our compliance is calculated and we receive a total quality rating at the end of the year.