



**Maryland Department of Health (MDH)  
Managed Care Administration  
Report on  
HealthChoice Performance Improvement Project (PIP) Interventions  
*Annual 2024 Report Analysis***

## **Introduction**

In 1997, the Centers for Medicare & Medicaid Services (CMS) approved Maryland's §1115 demonstration waiver, which allowed the establishment of its Medicaid managed care program known as HealthChoice. Since its initiation, HealthChoice has grown to serve over 1.45 million participants as of CY 2023, constituting nearly 87% of Maryland's Medicaid recipients.<sup>1</sup> CMS approved the 2022 renewal of this waiver, encouraging Maryland to continue to build upon the innovations of the previous extensions by focusing on developing cost-effective services that target the significant and complex healthcare needs of individuals enrolled in Maryland Medicaid. To this end, HealthChoice MCOs conduct Performance Improvement Projects (PIPs). PIPs are a federally required component of the managed care organization's quality assessment and performance improvement program per 42 CFR 438.330 and 457.1240(b). PIPs provide important opportunities for the HealthChoice MCOs to work with communities and within their organizations to address specific challenges to improving the processes and health outcomes affecting HealthChoice enrollees.

In addition to Maryland's contracted External Quality Review Organization (EQRO) PIP validation analysis of the MCOs' PIP design and implementation, the Maryland Department of Health (MDH) Managed Care Administration evaluates the created PIP strategies and intervention activities to help the HealthChoice MCOs develop sustainable improvements and identify best practices. Ultimately, MDH aims to encourage MCOs to utilize their PIPs to promote population health efforts, such as the State Health Improvement Program (SHIP) and the Statewide Integrated Health Improvement Strategy (SIHIS). SHIP is Maryland's health improvement planning initiative, which identifies the State's top health priorities, goals, and objectives for improved outcomes over five years. SIHIS is a collaboration between Maryland and the Center for Medicare and Medicaid Innovation

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<sup>1</sup> [2017-2021 HealthChoice Demonstration Evaluation Design](#)



(CMMI) to address the domains of healthcare quality and delivery that impact the Total Cost of Care (TCOC) model and lower the cost of care. For this report, MDH combines two reviews:

1. Evaluation and comparative analysis of the MCOs' approach to improvement during the current PIP cycle
2. Assessment of the MCOs' sustained performance improvements from past PIP cycles

### ***Part 1: Intervention Evaluation***

For the current PIP cycle, MDH analyzes the MCOs' Annual PIP reports for the necessary elements for the success of their interventions and provides feedback on the strengths of their interventions and areas for improvement. PIPs are evaluated in three (3) major areas: **Report Quality**, **Intervention Planning & Design**, and **Intervention Evaluation**. Each category is scored based on the met elements and an Evaluation Grade is assigned based on the Total Evaluation Score. Each MCO is expected to provide a clear and concise annual report that illustrates the past years' intervention designs, the continuous quality improvement process, and the MCO's evaluation of the performance of its interventions. MCOs are expected to implement strategies that incorporate input from community-based partnerships, provide an opportunity to add resources that address health equity, promote best practices and systems-level advancements, and contribute to the overall health of the population most at risk.

This is the first measurement year for the 2023 - 2027 PIP cycle. MDH selected two topics that aligned with statewide public health and Medicaid innovation initiatives specifically identified in SIHIS and SHIP: 1) Timeliness of Prenatal Care and Identification of High-Risk Pregnancies (Prenatal PIP) and 2) the Maternal Health and Infant/Toddler Care During the Postpartum Period (Postpartum PIP). These topics were selected to reduce severe maternal morbidity and address preventive care services in early childhood among HealthChoice program enrollees.

Since the baseline year, MCOs have designed PIPs to answer each of the following study questions:

1. Will the implementation of targeted interventions focused on enrollees, providers, and the MCOs improve and sustain annual HEDIS performance rates in the area of Timeliness of Prenatal Care?



2. Will the implementation of targeted interventions focused on enrollees, providers, and the MCOs improve and sustain annual HEDIS performance rates in the area of Postpartum Care; Well-Child Visits in the First 30 Months of Life; and/or Childhood Immunization Status?

### *Review Process*

The MDH review panel includes the HealthChoice Medical Director and the Division Chief for HealthChoice Quality Assurance. Together, they assess each MCO's annual PIP reports based on three major categories. See [Appendix A](#) for further explanation of these categories. The corresponding Evaluation Grades based on the Total Evaluation Score are explained in [Appendix B](#).

### *Evaluation Scores and Grades*

This section will describe and compare the MDH evaluation results for the current evaluation period across all nine of the Maryland HealthChoice MCOs:

- Aetna Better Health (ABH)
- CareFirst BlueCross BlueShield Community Health Plan Maryland (CFCHP)
- Jai Medical Systems (JMS)
- Kaiser Permanente of the Mid-Atlantic States (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice (MSFC)
- Priority Partners Managed Care Organization (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Maryland (WPM)

### **Total Evaluation Scores Across MCOs for the Current Evaluation Period (Maximum Total Evaluation Score = 11)**

For the Prenatal PIP topic, there were 5 out of 9 MCOs who had an above average Total Evaluation Score. The MCO with the highest total score was ABH, followed by JMS, KPMAS, and MPC. Five MCOs scored at least 8 out of 11 points for the Postpartum PIPs with ABH and PPMCO having nearly 100% of the total points, with a score of 10 each. Comparatively, the Prenatal PIP interventions have the greatest opportunity for improvement.



Over the past year, more MCOs have consistently applied the continuous quality improvement process to their intervention designs and evaluations. Their use of goals that are Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) has helped MCOs develop interventions that may be more effective across a larger number of members, address more systemic root causes, or present sustainable solutions. Through their objective and measured evaluation of their interventions, the MCOs have been able to create a portfolio of ongoing interventions and focus on meaningful and efficient activities. As MCOs adjust their interventions towards a greater impact, their findings may show these actions to be a best practice to adopt into their day-to-day operations and for other health plans to adapt across broader populations.

ABH scored highest among the MCOs on the intervention evaluation for their PIPs. They invested in technical solutions as well as recruitment and referral pathways to generate improvements. Their reports for both projects showed ABH acted to address identified barriers and applied lessons discovered from one intervention to others. Community partnerships were another strength of their improvement process.

PPMCO also partnered with community-level organizations and high-volume providers to determine solutions and make improvements. They included insight from member groups/representatives in their process. PPMCO identified barriers that presented opportunities for systemic changes, such as investing in the expansion of CenteringPregnancy sites. A need for translation services was recognized as a barrier to improving child immunization rates by one of their provider partners, and PPMCO created a unique solution that addressed the need for a disparate population and offered an opportunity for students at a local college.

Overall, HealthChoice MCOs could improve the desired health outcomes for both PIP topics by focusing on a root cause analysis that reveals the underlying causes of barriers to improvement and then applying strategies that implement solutions to these issues. Most MCOs report “lack of knowledge” as the barrier to address, leading to interventions that emphasize education and outreach. Instead, MCOs should work with the population of interest and research evidence-based approaches to learn more about the fundamental issues that affect healthy outcomes. Working with representatives of the identified priority groups and organizations or agencies linked to their communities helps better identify the problems faced by members, providers, and MCOs alike. The MCOs must gather feedback on their intervention planning and designs to ensure the prioritized stakeholders engage in the improvement process and help make alterations when the interventions prove unsuccessful.

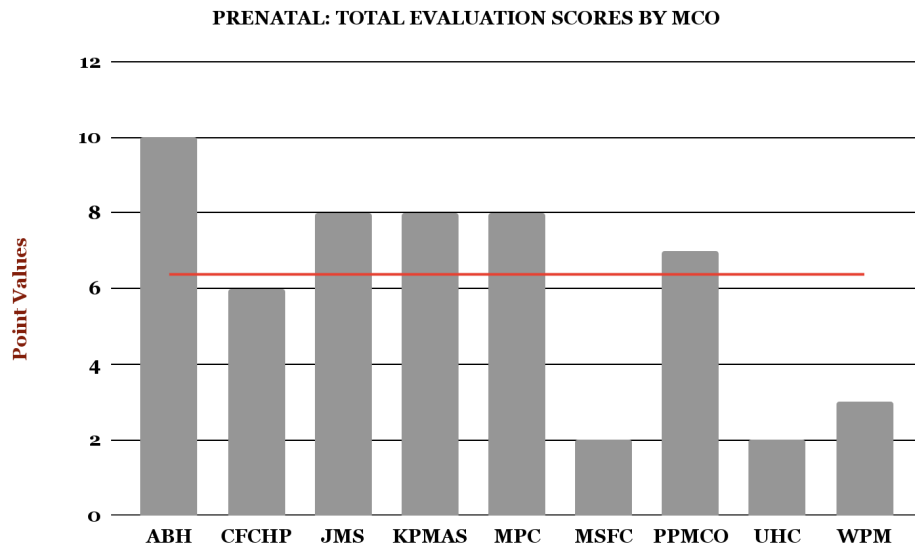
Some MCOs also had difficulty setting impactful goals. MDH developed strategy process metrics for each PIP topic to work together to improve the overarching performance indicator. MCOs are responsible for setting benchmarks for these metrics that are



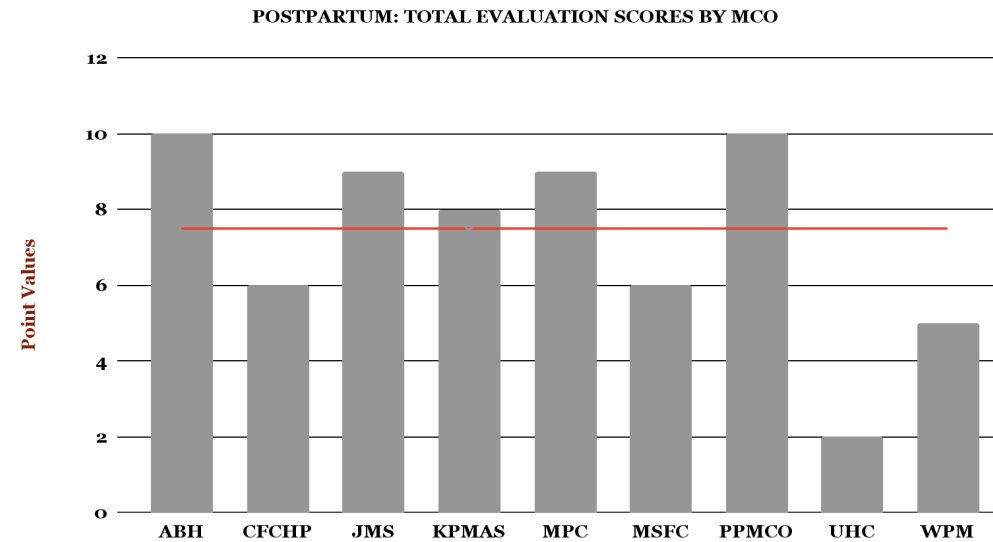
reasonable and beneficial for their membership. This evaluation found that MCO-established benchmarks may have been set too low to influence the performance indicator.

Intervention SMART goals are also an essential guide towards improvement. The measurable impact of each intervention was minimal, making it less likely to meet the benchmark for the process metric. Goals should be adjusted for greater impact on the PIP performance measures and the population of interest. Interventions that do not meet those goals should be modified through the Plan-Do-See-Act (PDSA) cycle as part of the continuous quality improvement (CQI) process.

**Figure 1. PRENATAL PIP Annual 2024 (MY2023)**  
Total Evaluation Scores



**Figure 2. POSTPARTUM PIP Annual 2024 (MY2023)**  
Total Evaluation Scores



Maximum Total Evaluation Score = 11  
Average Evaluation Score Across All MCOs



### **Evaluation Grades Across MCOs**

Evaluation grades are based on the Total Evaluation Scores shown in the table legends. The grades include A (Excellent), B (Satisfactory), C (Needs improvement), and D (Unsatisfactory) as seen in Table 1.

**Table 1.** Evaluation Grades and Score Equivalents

<b>Grade A</b>	<b>Grade B</b>	<b>Grade C</b>	<b>Grade D</b>
Total Evaluation Score 9-11	Total Evaluation Score 6-8	Total Evaluation Score 3-5	Total Evaluation Score 0-2

Evaluation grades assist MDH with tracking and trending MCO performance. Tables 2 and 3 provide the evaluation grades for the Annual 2024 evaluation periods. As MCOs continue to apply the suggested improvements to their PIP interventions, HealthChoice timely prenatal care and postpartum care, immunizations, and well-care visits in early childhood should also increase. The next section breaks down the scores MCOs earned by category.

**Table 2.** PRENATAL PIP Evaluation Grades by MCO

<b>PRENATAL PIP EVALUATION GRADES BY MCO</b>									
<b>Evaluation Intervals</b>	<b>ABH</b>	<b>CFCHP</b>	<b>JMS</b>	<b>KPMAS</b>	<b>MPC</b>	<b>MSFC</b>	<b>PPMCO</b>	<b>UHC</b>	<b>WPM</b>
<b>Annual 2024</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>D</b>	<b>B</b>	<b>D</b>	<b>C</b>

**A**=Total Evaluation Score 9-11; **B**=Total Evaluation Score 6-8; **C**=Total Evaluation Score 3-5; **D**=Total Evaluation Score 0-2



**Table 3. POSTPARTUM PIP Evaluation Grades by MCO**

POSTPARTUM PIP EVALUATION GRADES BY MCO									
Evaluation Intervals	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Annual 2024	A	B	A	B	A	B	A	D	C

A=Total Evaluation Score 9-11; B=Total Evaluation Score 6-8; C=Total Evaluation Score 3-5; D=Total Evaluation Score 0-2

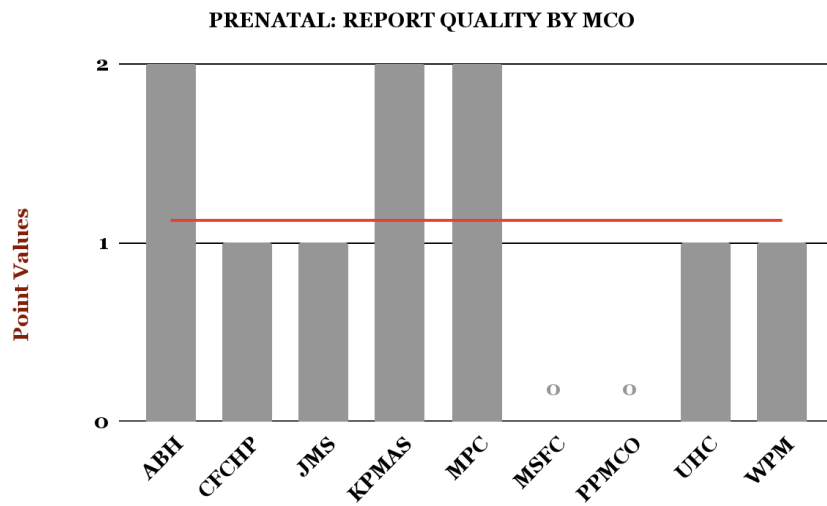
**Comparative Scores for Category 1: Report Quality (Maximum Score = 2)**

The category, *Report Quality*, evaluates the MCO's description of their intervention design, planning, implementation, and evaluation. The PIP reports should illustrate the MCO's rationale and data supporting the PIP activities. Each MCO should clearly describe how each intervention is continually assessed and altered for effectiveness through each cycle.

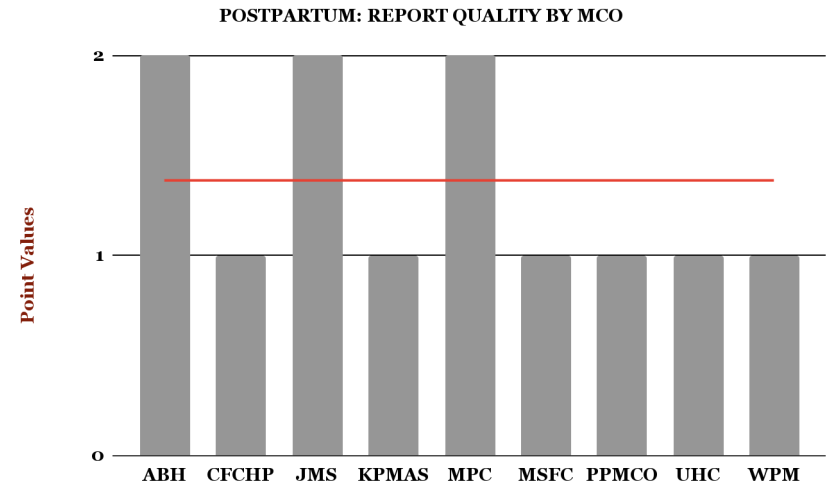
This year's reporting showed an overall attention to detail and professionalism with the Annual PIP reports, as the average score in this category was either 1 or above 1 out of 2 possible points. MCOs that did not score a 2 did not follow the reporting template or did not report their process metrics and the related performance data. Additionally, lower scores in this category reflect reports that were not proofread for grammatical and spelling mistakes or simple calculation errors.




**Figure 3. PRENATAL PIP Annual 2024 (MY2023)**  
Total Report Quality Scores



**Figure 4. POSTPARTUM PIP Annual 2024 (MY2023)**  
Total Report Quality Scores



Maximum Category Score for Report Quality = 2

 Average Evaluation Score Across All MCOs





**Comparative Scores for Category 2: Intervention Planning and Design (Maximum Score = 5)**

MDH expects all HealthChoice MCOs to design their PIP interventions to be impactful on the selected health measure. In this category, MDH evaluates the MCO's determination of barriers and identification of member groups prioritized for the goal. MCOs should seek collaborative partnerships and design interventions to include upstream solutions. Ultimately, the MCO should develop best practice approaches that may ideally roll into the MCO's standard operations and reformed policies or be replicated beyond the MCO's membership, impacting the community at large.

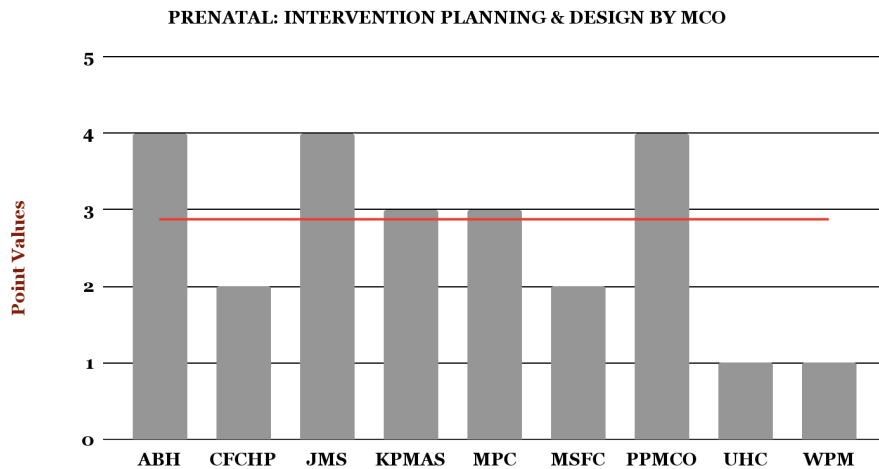
During this reporting period, HealthChoice MCOs achieved average scores at or near 3 out of 5 possible points. For the Prenatal PIP, ABH, JMS, and PPMCO scored the highest of all MCOs in this category. They received 4 out of 5 possible points. All three MCOs involved community stakeholder input or developed strategic partnerships as part of their intervention design. Through their CQI process, PPMCO discovered that increasing the number of available CenteringPregnancy sites might address low utilization of this service. A financial grant was offered to encourage providers to implement a CenteringPregnancy program. JMS applied workflow reforms throughout their Prenatal PIP interventions and provided additional support for pregnant members with identified unmet social needs.

Upon review of the Postpartum PIPs, PPMCO scored the maximum points (5) for the Intervention Design and Planning Category. To address childhood immunization rates in early childhood, PPMCO collaborated with Chesapeake Health Care (CHC) on the rural Eastern Shore to support their Haitian Creole population. By applying the CLAS principles, PPMCO designed its intervention based on the input from this partnership. CHC shared that Haitian Creole members in the community prefer in-person translation services, rather than language line services that are currently available. Their design also built upon an additional need in this community by referring interested community members and CHC staff to available translation certification courses at local colleges. The improvements noted in targeted immunization rates have the potential for greater sustainability by providing a necessary resource not only for PPMCO's members but the community at large. Investing in in-person translators may also benefit other health outcomes and opportunities for improvement. ABH also scored above average with 4 out of 5 possible points. Their MCO relied on data to determine the population and geographic area of focus. Their partnership with a local health department helped to identify eligible members for home visiting programs to keep mothers engaged with healthcare through their postpartum period. Referrals to the home visiting programs also aimed to increase well-child visits and address social needs of participants. Applying member and provider feedback was another strength of ABH's approach.

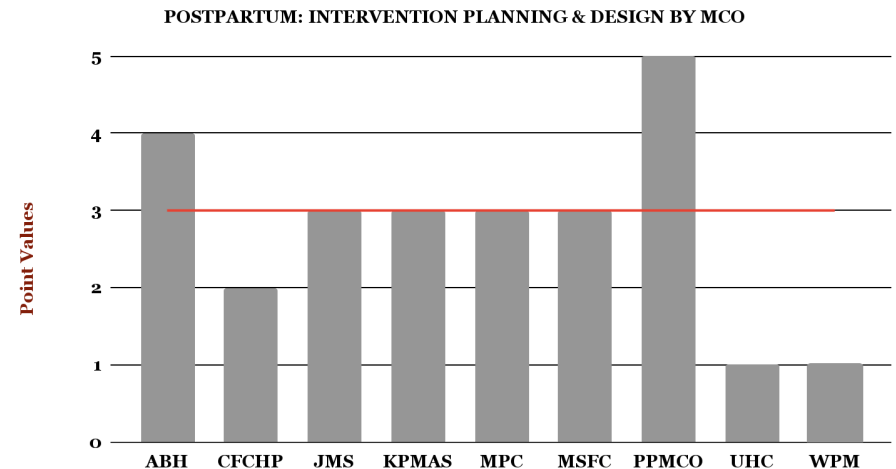


Overall, MCOs' involvement of stakeholders and community partnerships in their intervention design and evaluation remains an area for improvement. All MCOs appear to review member and measure data to determine the population that may benefit most from quality interventions; however, PIP interventions continue to focus on outreach and education to resolve barriers such as a lack of knowledge. More robust interventions and those that address root causes for poor health outcomes are needed. MDH continues to encourage MCOs to adopt upstream strategies and move beyond direct services to individuals to achieve a broader population-level impact. Examples of upstream strategies might include policy/process reforms, investment in regional infrastructures, or the development of new clinical decision models.

**Figure 5. PRENATAL PIP Annual 2024 (MY2023)**  
Total Intervention Planning and Design Scores



**Figure 6. POSTPARTUM PIP Annual 2024 (MY2023)**  
Total Intervention Planning and Design Scores



Maximum Category Score for Intervention Planning & Design = 5  
Average Evaluation Score Across All MCOs



### **Comparative Scores for Category 3: Intervention Evaluation (Maximum Score = 4)**

PIP interventions should be evaluated using continuous quality improvement tools such as SMART objectives and PDSA cycles. This approach allows the MCOs to test solutions on a small scale and make adjustments to improve outcomes. Multiple stakeholders should be involved in the analysis to ensure barriers are addressed from multiple perspectives and the intended audiences are reached by the intervention's efforts. Contributing stakeholders should include representatives from the eligible population measured by the PIP, providers impacted by the interventions, MCO thought leaders, and MCO frontline staff to supply diverse viewpoints and feedback on PIP strategy development and evaluation. SMART objectives help the MCO determine the impact of each intervention on the desired outcomes. Ultimately, through the intervention's design and evaluation, the PIPs should demonstrate a sustainable improvement process on the performance measure and health outcomes.

The majority of MCOs scored above average for this evaluation category. At least 5 out of 9 MCOs scored 3 out of 4 possible points for the evaluation process of their Prenatal PIPs and the maximum possible points on the Postpartum PIPs.

ABH scored the highest of all the MCOs across both PIP topics, receiving 100% of the total points in this category. ABH remains a leader among MCOs in this category through their application of the PDSA cycles and review of intervention outcome data. Their evaluative process led to lessons learned and modifications to their interventions for greater success. Improvements were noted in ABH's evaluation, and each measure exceeded the yearly goal, although improvements were not statistically significant. Sustainability will be evaluated in the next remeasurement year, but the Quality Management Postpartum Process intervention could improve health outcomes beyond the PIP and beyond the postpartum period, as their intervention also seeks to re-connect the member with a primary care practitioner as needed.

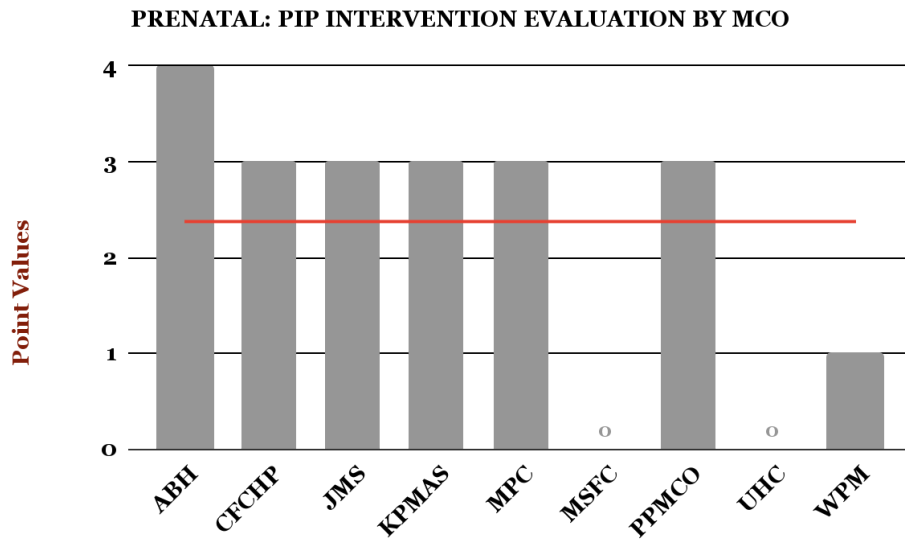
JMS also received high scores in this category as they successfully applied the PDSA process. JMS' interventions applied workflow reforms and policy changes that led to improvements that have the potential to be sustained and possibly adapted by other MCOs as a best practice. An in-depth root cause analysis also helped JMS develop more impactful interventions. Other MCOs that performed well in this category received points for developing effective SMART goals and designing activities that move towards greater impact and sustainable outcomes.

Finally, with a more in-depth evaluation of root causes, the inclusion of a variety of stakeholders in the design and evaluation process, and a strategic assessment of the interventions, the MCOs could potentially implement interventions that make broader



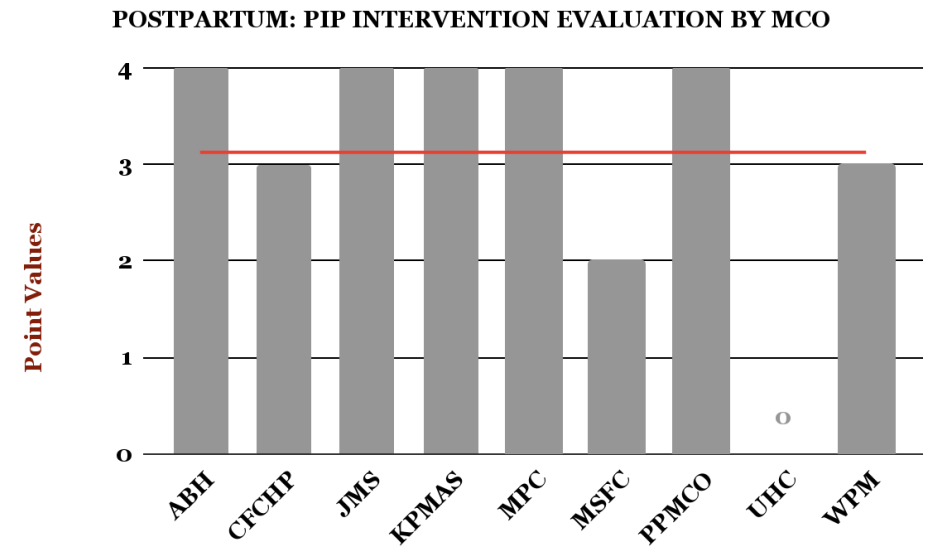
improvements for the communities served and identify sustainable best practices that can be absorbed into the MCO's daily operations.

**Figure 7. PRENATAL PIP Annual 2024 (MY2023)**  
Total Intervention Evaluation Scores



Maximum Category Score for Intervention Category = 4  
Average Evaluation Score Across All MCOs

**Figure 8. POSTPARTUM PIP Annual 2024 (MY2023)**  
Total Intervention Evaluation Scores





## ***Part 2: Sustainability Assessment***

Sustainability of the PIP interventions and continued activities from the 2016-2021 PIP cycle is assessed in the second half of this report.

MDH surveys HealthChoice MCOs to learn more about the actions taken to maintain improvement on the previous PIP topics. The team monitors the previous study performance indicators after the conclusion of the PIP. This MY 2023 report describes the MCOs' survey responses about the ongoing activities and outcomes of the previous PIP Topics Childhood Lead Screening (Lead) (MY 2017 - MY 2021) and Asthma Medication Ratio (AMR) (MY 2016 - MY 2021).

Throughout the PIP cycle, MCOs are expected to implement strategies that incorporate input from community-based partnerships, provide an opportunity to add resources that address health equity, promote best practices and systems-level advancements, and contribute to the overall health of the population most at risk. The benefits gained through the improvement strategies should be sustained well beyond the conclusion of the PIP cycle.

### ***Review Process***

To assess the sustainability of the prior years' PIP interventions, MCOs completed a survey and listed the PIP interventions they chose to continue once the PIP ended and any other improvement activities they began since the end of CY 2022. Those survey responses were tabulated and labeled under the following categories:

- Policy Change
- Workflow Reform
- Member Education & Outreach
- Formulary Update
- Resource Investment
- Incentive/Reward-Based
- Internal Mechanism
- Community Collaboration
- Provider Education & Outreach



MDH reviewed the MCOs' performance on the following two HEDIS measures that served as indicators for the Lead and AMR PIPs:

1. **Lead HEDIS measure:** The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.
2. **AMR HEDIS measure:** Assesses adults and children 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

The MCOs' ongoing activities were then correlated with the MCOs' performance for the current measurement year to see if the measure increased, decreased, or remained the same compared to the performance at the end of the PIP cycle.

#### *Sustainability Results: HEDIS Performance*

This section will describe and compare the sustainability results across all nine of the MCOs: ABH<sup>2</sup>, CFCHP, JMS, KPMAS, MPC, MSFC, PPMCO, UHC, and WPM<sup>3</sup>.

The measurement year rates for the baseline year, the final year of the PIP, the first year post-PIP, and the second year post-PIP were compared and shown in [Figures 1](#) and [2](#) below.

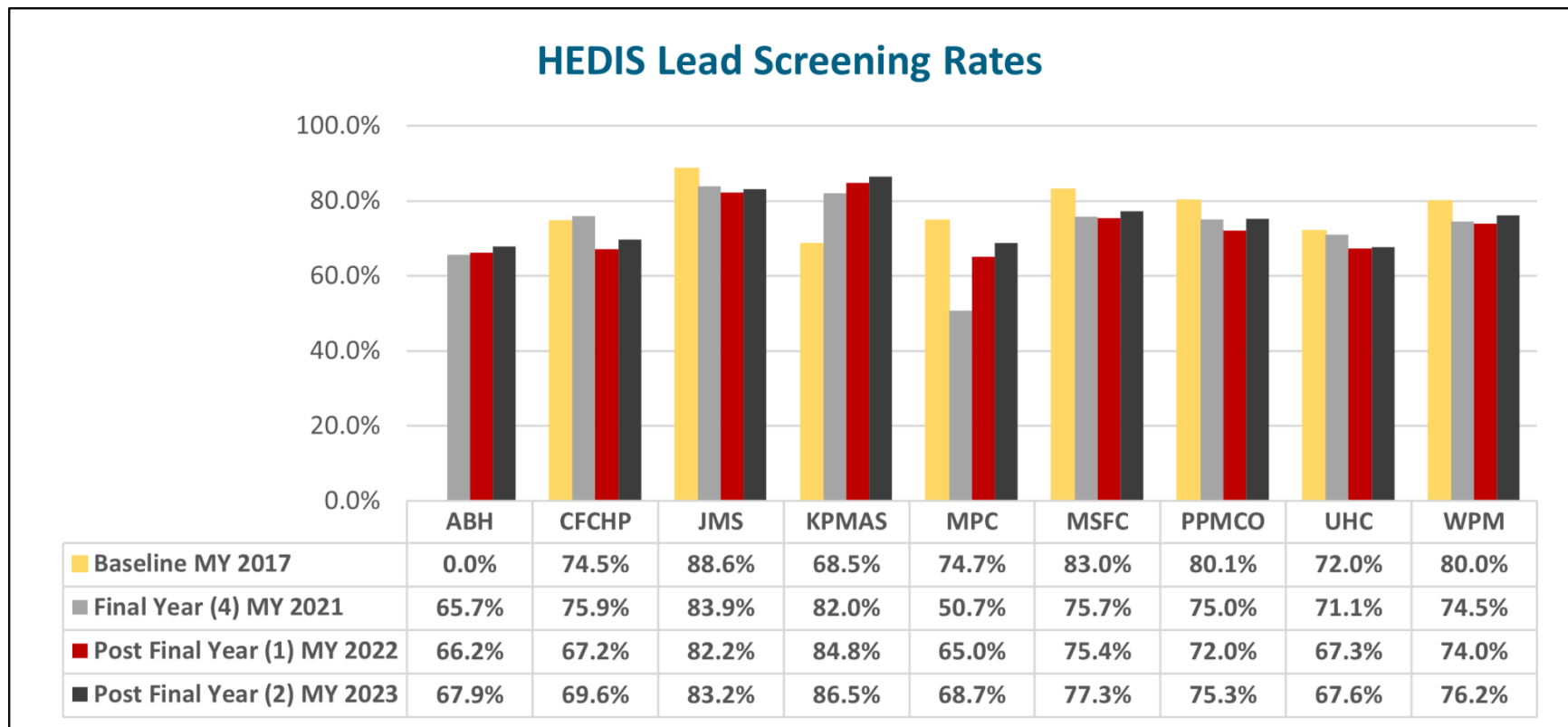
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<sup>2</sup> ABH joined the HealthChoice program mid-cycle in October 2017. They were excluded from the MDH PIP Intervention Evaluation in MY 2021.

<sup>3</sup> WPM was formerly known as AMERIGROUP Community Care (ACC) during MY 2021.



**Figure 1.** HEDIS Lead Screening Rates, MY 2017, MY 2021, MY 2022, MY 2023



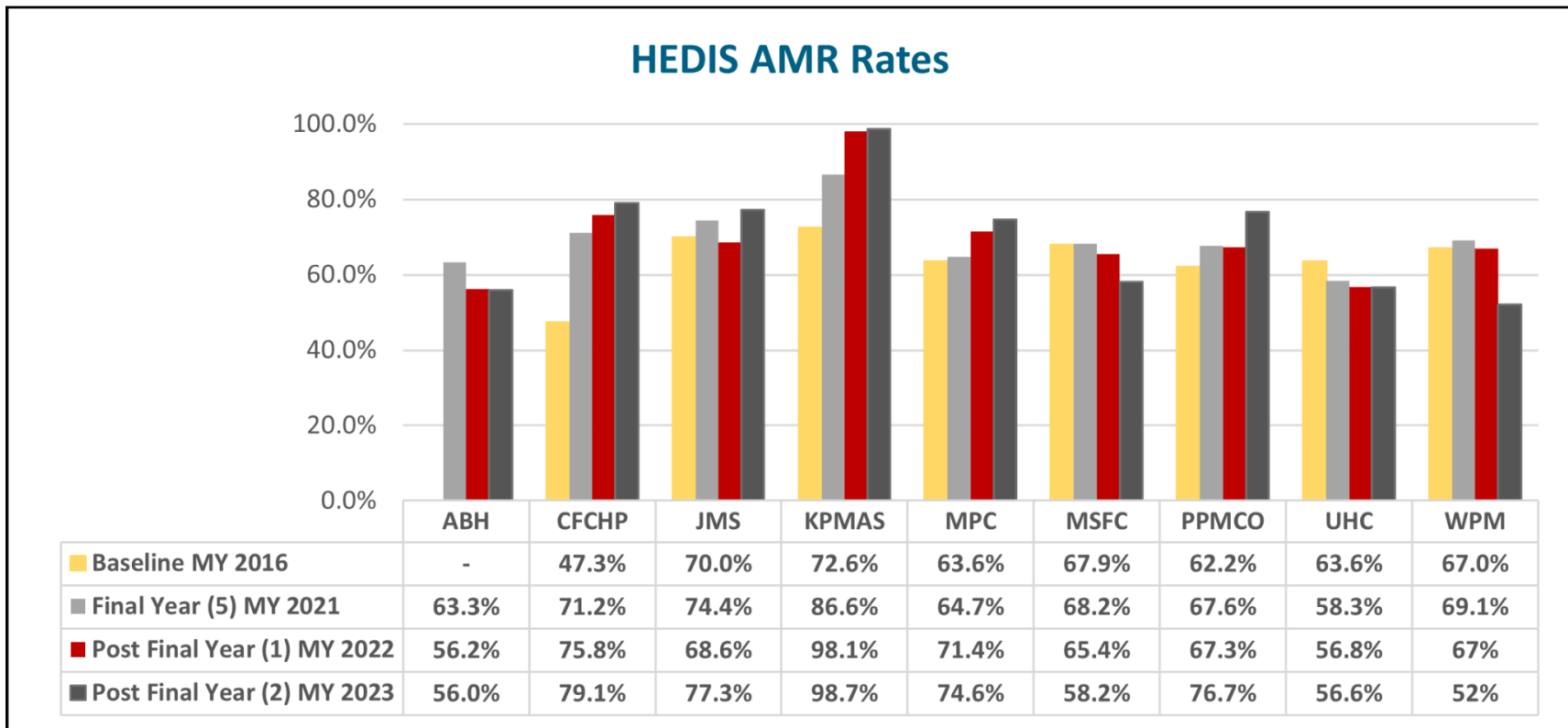
\*ABH joined the HealthChoice program mid-cycle in October 2017. They were excluded from the MDH PIP Intervention Evaluation in MY 2021. WPM was formerly known as AMERIGROUP Community Care (ACC) during MY 2021.

For Lead HEDIS rates (Figure 1), all but one of the nine MCOs showed an increase in the second year post-PIP. Of those that increased their rate, two MCO rates remain higher than baseline. The AMR HEDIS rates (Figure 2) increased in the second year post-PIP for five MCOs compared to baseline. Two MCOs maintained a similar rate (the change in rate percent was less than 1%) in the second year post-PIP as the first year post-PIP, while one MCO's rate continued to decrease. Of note, the National Committee for



Quality Assurance (NCQA) will retire the AMR HEDIS measure in MY 2026 due to changes in the asthma medication management guidelines which affects the calculation of the ratio of asthma control and relief medications. In addition, the calculation uses a methodology requiring information on package and unit size, which is not consistently available. These challenges with the measure calculation may have affected MCO performance since CY 2023, as the new guidelines have been adopted by providers.

**Figure 2.** HEDIS AMR Rates, MY 2016, MY 2021, MY 2022, MY 2023



\*ABH joined the HealthChoice program mid-cycle in October 2017. They were excluded from the MDH PIP Intervention Evaluation in MY 2021. WPM was formerly known as AMERIGROUP Community Care (ACC) during MY 2021.



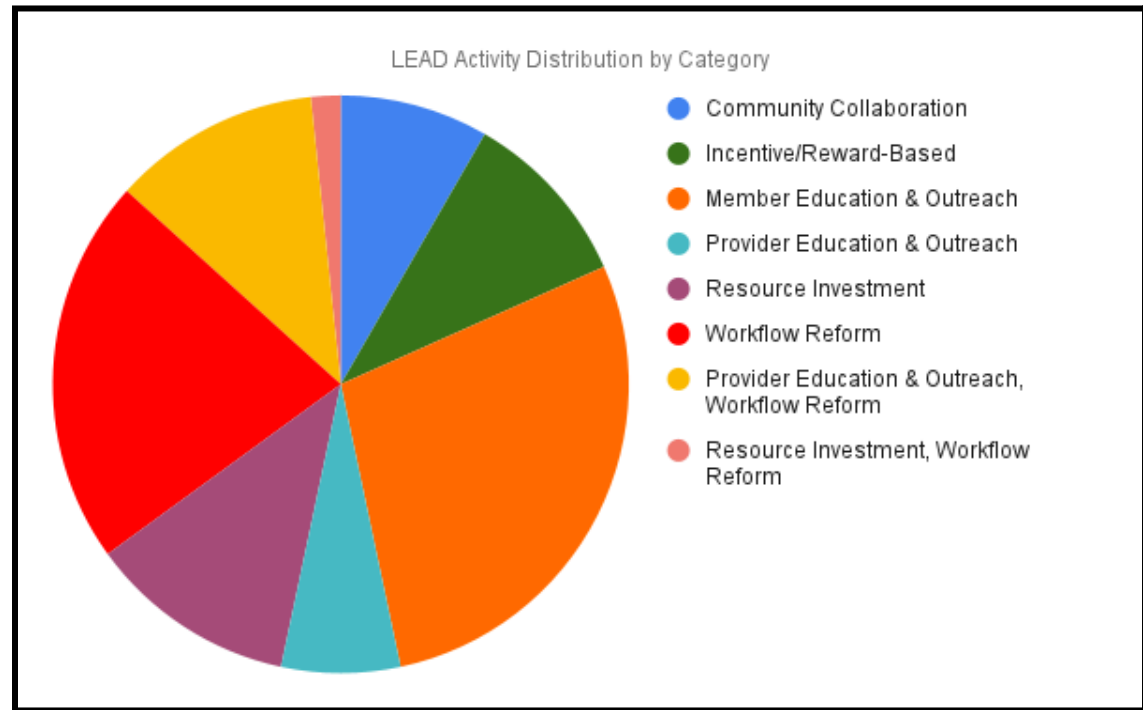


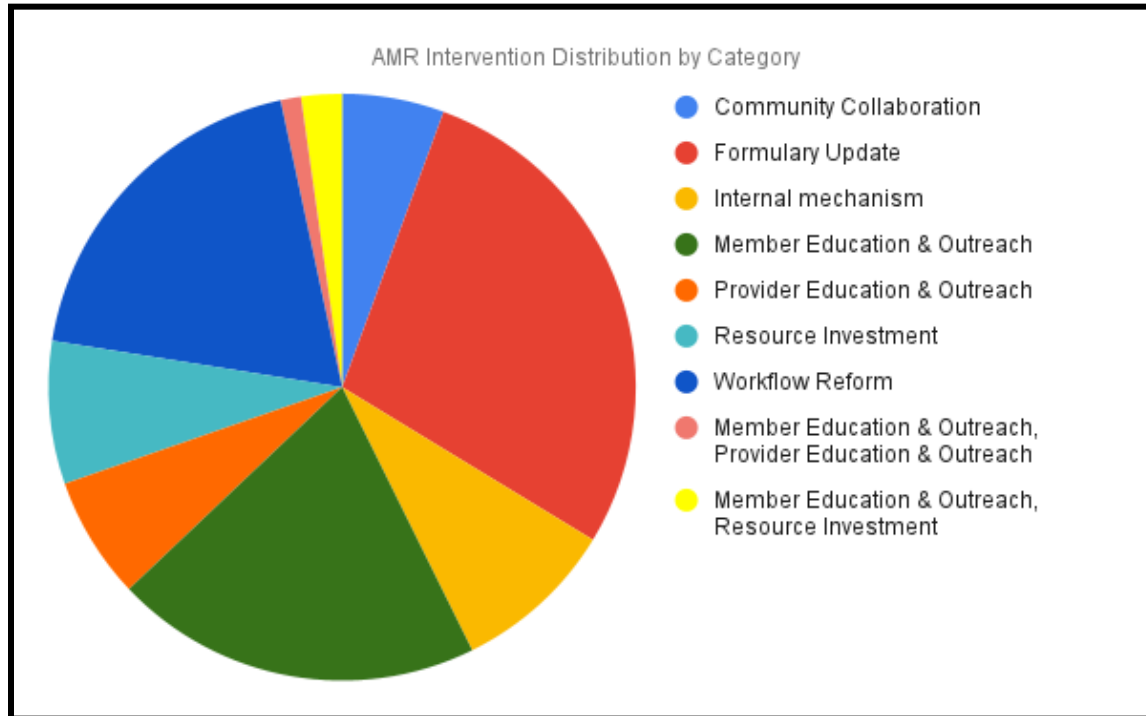
### *Sustainability Results: Continued Performance Improvement Activities*

The following pie charts show the various categories of approaches the MCOs take toward performance improvement. The sustainability survey results listing MCO activity titles are tabulated in [Appendix C](#) and correlated with increase/decrease/no change in the HEDIS measures for the Lead and AMR PIPs.

#### ***Pie Chart 1: LEAD Activity Distribution by Category***

***by Category*** shows the variation of activity categories most widely used across all MCOs. *Member Education & Outreach* and *Workflow Reform* ranked the highest in methods of approach to improve lead testing measures among children 2 years of age. MCOs who had ongoing activities that combined outreach and education with community collaborations and investment in additional resources for providers and members appeared to have better success. Examples of activities that helped MCOs maintain or increase their HEDIS rates include provider performance incentives and identifying gaps in care. *Resource Investment* and *Provider Education & Outreach*, *Workflow Reform* followed closely, with examples such as providing free same-day transportation, developing Gaps in Care-Delivery Reports to providers, and implementing lead testing initiatives through wellness events.





**Pie Chart 2: AMR Activity Distribution by Category** shows the variation of AMR activity categories most prevalently used across MCOs for adults and children 5–64 years of age. *Formulary Update*, *Workflow Reform*, and *Member Education & Outreach* ranked the highest in methods used to improve the asthma medication ratio among enrollees. Higher performing AMR activities among the MCOs that maintained or increased their HEDIS rates include establishing Asthma Quality Programs, medication reminders, and 90-day Prescription Refill Programs. Internal Mechanism Interventions such as Electronic Medical Record Alerts, Mail Order Programs, and NDC Code Mapping followed closely as progressive efforts to balance the use of controller and rescue asthma medications for enrollees.



## Conclusion

MDH's evaluation process monitors the reporting professionalism and effectiveness of the HealthChoice MCOs' Annual PIP Reports, the design of the interventions, and the MCOs' evaluation of their interventions. This review gives additional feedback to help improve MCOs' application of the continuous quality Improvement process to their PIPs. MDH also assesses the sustainability of improvements gained from previous PIP cycles. This assessment should inform MCOs of the intervention categories that have lasting impact and prompt the MCOs to build upon previous approaches within their current PIP process. MCOs are encouraged to make the most of the PIP process by using lessons learned from the EQRO and MDH feedback to accelerate their performance on the selected quality measures. Reviewing the sustainability of the achievements from their previous PIPs should also help the MCOs assess their strengths and areas for improvement in their future PIP designs and evaluation plans.

In 2022, the Lead PIP and the AMR PIP were retired and new PIP topics, Prenatal and Postpartum PIPs, were introduced in CY 2023. All of these topics align with Maryland's population health goals and remain relevant to transforming healthcare and advancing successful health outcomes for all Marylanders. MCOs who performed well on this evaluation developed strategic partnerships with stakeholders, members, or providers; identified barriers and solutions that were specific to the population of interest; and used the PDSA cycle to inform their process and progression. The most sustainable interventions from previous PIP cycles appear to apply new or modified workflows, resource investments, and dashboards/report generation to track performance data.

Based on the results of this year's intervention evaluation and sustainability assessment as well as ongoing feedback provided by the EQRO, MCOs should lean towards developing and maintaining activities that are multi-focused, address more than one root cause, and combine efforts among outreach/education, collaboration with communities served, and standing investments in additional resources. PIPs continue to be an important component of Medicaid's quality program and offer an opportunity to contribute to a community-based effort to better the health of its members and improve the quality of Maryland's health services.



## Appendix A:

### Evaluation Categories

**Category 1: Report Quality Description (2 possible points):** The PIP description, intervention designs, and evaluations are clearly stated. The report details ongoing assessment and evaluation of interventions helping the reader understand any adjustments made to either improve or discontinue the intervention.

**Category 2: Intervention Planning and Design Description (5 possible points):** Interventions address the identified barriers and priority populations. The PIP includes collaborative partnerships with appropriate entities. The design includes upstream strategies and represents best practices that may be replicated outside of the MCO.

**Category 3 Intervention Evaluation Description (4 possible points):** Evaluation methods are used to make alterations to improve each intervention and is designed to determine the impact of each intervention on the desired outcomes. The PIP demonstrates a sustainable improvement benefiting not only MCO members but also impacts the service areas where they live.



## Appendix B:

### Scoring Definitions:

- *1 point:* The PIP meets the defined category element.
- *0 point:* The PIP does not meet the defined category element.
- Maximum score for Category 1 = 2 points
- Maximum score for Category 2 = 5 points
- Maximum score for Category 3 = 4 points
- Maximum Total Evaluation Score = 11 points

### Grading Interpretation:

**Grade A (Excellent = 9-11 points):** The Total Evaluation Score measured 9-11 points. The PIP exceeds expectations, demonstrating a model design that reflects collaborative community partnerships, identifies root causes, reasonably addresses barriers, and defines priority populations. The PIP scored “met” in most or all of the review criteria and presents a strategy for systemic, sustainable improvement beyond the life cycle of the PIP. The model provides best practices that may be adopted by other entities working towards improved health status and outcomes across the state. The design and evaluation processes are clearly described in the MCOs reports.

**Grade B (Satisfactory = 6-8 points):** The Total Evaluation Score measured 6-8 points. The PIP presents a good effort to meet review criteria, but could strengthen certain elements of the subcriteria to improve its design and evaluation to achieve greater sustainability and improved health outcomes.

**Grade C (Needs Improvement = 3-5 points):** The Total Evaluation Score measured 3-5 points. The PIP on average meets the review criteria but requires the MCO to make a stronger overall effort in intervention design and evaluation to show an improvement in systems and health outcomes.

**Grade D (Unsatisfactory = 0-2 points):** The Total Evaluation Score measured 0-2 points. The PIP meets little of the review criteria and does not apply performance or quality improvement processes in its design or evaluation. The MCO should strongly reconsider the continuation of its interventions in order to show improvement in systems and health outcomes.



## Appendix C:

### Lead Activities and Corresponding Measure Change, 2024 (MY 2021 vs. MY 2023)

MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
Aetna Better Health	Lead Point of Care Testing Pilot with Community Providers to improve Lead testing Gaps in Care.	↑
	Partnership with Community Providers to improve coordination and collaboration of efforts to close gaps in Lead testing	
	Utilize the QPL program to improve Gaps in Care related to Lead testing.	
Carefirst	Establish Community Partnerships - Live Chair Health Pilot	↓
	Gaps in Care Report Delivery	
	Pilot Project of Provider Engagement	
Jai Medical Systems	Partnership with MDH Environmental Case Mgmt Program	⊘
	PCP Missed Opportunities	
Kaiser Permanente	N/A	↑
Maryland Physicians Care	Lead testing through Wellness Events and Doctor Days	↑



MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
Medstar Family Choice	Gaps in Care Report Delivery	↑
	Lead Point of Care Testing Pilot with Community Providers to improve Lead testing Gaps in Care	
	Lead testing through Wellness Events and Doctor Days	
	Partnership with MDH Environmental Case Mgmt Program	
	Incentivized lead screening for members	
Priority Partners	Free, Same-day Transportation through Lyft	⊘
	Lead Point of Care Testing Pilot with Community Providers to improve Lead testing Gaps in Care	
	Provider Education Collaboration & Opportunity Reports	
	Provider Performance Incentive	
United Healthcare	Gaps in Care Report Delivery	↓
	PCP Missed Opportunities	
	Provider Education / Medical Record Audit	
	Provider Education Collaboration & Opportunity Reports	
	Provider Performance Incentive	
Wellpoint Maryland	Provider Education / Medical Record Audit	↑

⊘ = No Change, ↓ - Decrease, ↑ = Increase



*AMR Activities and Corresponding Measure Change, 2024 (MY 2021 vs.MY 2023)*

MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
<b>Aetna Better Health</b>	N/A	↓
<b>Carefirst</b>	90 Day Montelukast supply	↑
	90-Day Controller Conversion Program	
	90-Day Prescriptions for Select Medications	
	Asthma Quality Program	
	Medication Reminders	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure	
	NDC Code Mapping	
	Physician Outreach	
<b>Jai Medical Systems</b>	Biweekly review of controller medication refills	↑
	Controlling Excessive Fills for Albuterol	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
<b>Kaiser Permanente</b>	ACT Workflow (ages 12 and older)	↑
	Electronic Medical Record Alert	
	Enhanced Mail Order Services	





MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
	Medication Reminders	
	Monthly Clinical Quality Performance Report	
Maryland Physicians Care	90-Day Rx Refill Program	↑
	Asthma Action Plan Comprehensive Outreach	
Medstar Family Choice	90-Day Controller Conversion Program	↓
	Asthma Quality Program	
	Biweekly review of controller medication refills	
	Controlling Excessive Refills for Albuterol	
	Direct Email Communication with Providers	
	Electronic Medical Record Alert	
	Mail Order Program and Retail-90	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure.	
	Physician Outreach	
Priority Partners	90-Day Prescriptions for Select Medications	↑
	Cipher Outreach	



MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
	First Fill Drop Off Outreach	
	Off Therapy Outreach	
	Opportunity Reports	
	Pharmacy Clinician Phone Outreach to Members and Providers	
	Pharmacy Fax Program	
United Healthcare	90-Day Rx Refill Program	↓
	AdhereHealth	
	Asthma Therapy Optimization Report	
	Contract with emocha Health to provide video-based medication adherence services	
	Controlling Excessive Fills for Albuterol	
	Green and Healthy Homes Initiative (GHHI)	
	Medication Reminders	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Member Formulary	
	Opportunity Reports	
	Physician Outreach	
	Targeted Telephonic Health Coaching	



MCO	Activity	HEDIS Rate Change (2021 vs. 2023) (Increased, Decreased, No Change, N/A)
	Virtual Medication Adherence Vendor: emocha	
Wellpoint Maryland	90 Day Montelukast supply	↓
	Clinical Pharmacy Call Center Asthma Call Campaigns / Medicaid Quality Pharmacy Programs	
	Green and Healthy Homes Initiative (GHHI)	

⊘ = No Change, ↓ - Decrease, ↑ = Increase