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

Annual 2025 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 1.35 million participants as of Calendar Year (CY) 2024, constituting nearly 87% of Maryland's Medicaid recipients.[1] 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 (MCO'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

[1] 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. PIP topics have been chosen to align with the goals of SHIP and SIHIS to lower maternal morbidity.

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 on 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 (CQI) process, and their own evaluation of the performance of their 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 second measurement year for the 2023 - 2026 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 Healthcare Effectiveness Data and Information Set (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 Clinical Transformation Unit's (CTU) Physician Advisor for HealthChoice, the Division Chief for HealthChoice Quality Assurance (HCQA), the HCQA Health Policy Analyst, and the CTU Population Health and Quality Manager. Together, they assess each MCO's annual PIP report 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 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)

The average Total Evaluation Score for the Prenatal PIP topic was 5.8 compared to the average Total Evaluation Score of 8.6 for the Postpartum PIPs. For the Prenatal PIPs, the MCOs with the highest total score were ABH and PPMCO, followed by KPMAS, WPM, and JMS. Five MCOs scored over 8 out of 11 points for the Postpartum PIPs with ABH and PPMCO achieving a perfect score of 11

points. Similar to the prior year's evaluation, the Prenatal PIP interventions continue to have the greatest opportunity for improvement.

While MCOs maintained improvements in their application of the CQI process to their intervention designs and evaluations, many MCOs began to implement and strengthen their collaborative process with meaningful stakeholders as part of their interventions. Greater emphasis has also been placed on conducting more insightful root cause analyses (RCAs) as part of their planning process. MCOs continue to measure the success of their interventions using Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals to determine how their interventions may be more effective across a larger number of members, address more systemic root causes, and present sustainable solutions.

ABH scored highest among the MCOs on intervention planning and design of their Prenatal PIPs. ABH worked with community partnerships on more than one intervention and gathered feedback from a key priority group as part of their Plan-Do-Study-Act (PDSA) process. For the Postpartum PIP, ABH continued to improve their referral pathways for greater enrollment in case management and other maternity support services. ABH's reports for both projects demonstrated that they acted to address identified barriers and applied lessons discovered from one intervention to others.

PPMCO scored well across all categories on both the Prenatal and Postpartum PIPs. One of the MCO's most notable community partnerships highlighted a need for language translation as a significant barrier to early childhood preventive services. Through this partnership, PPMCO developed a sustainable and impactful intervention that would greatly benefit those directly involved with improving child immunization rates as well as ensure the community at-large could access necessary translation services.

Overall, HealthChoice MCOs could improve the desired health outcomes for both PIP topics by focusing on a RCA that identifies root causes that are "the fundamental, underlying system-related reason why an incident or error occurred" as defined by the Institute of Healthcare Improvement. If this reason were addressed, then it is expected that the problem would not occur. PIPs should reveal the underlying cause for the undesired health outcome or process failure, then apply solutions to these issues. Some MCOs continue to report "lack of knowledge" as a barrier, leading to interventions that emphasize education and outreach. While this may be a barrier to a successful intervention, greater attention to the root cause of lower quality of delivered care, or care that fails to reach the desired outcomes, is needed for successful pregnancies and early child care. MCOs should reconsider what the fundamental issues are and then work with the population of interest or apply evidence-based approaches to affect healthy outcomes.

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 or the SMART goals were conflated with the process metric. When this happens, the MCO may have challenges reaching the benchmark for the performance indicator.

Intervention SMART goals serve as an essential guide towards improvement. If the measurable impact of each intervention was minimal, it may be 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 PDSA cycle as part of the CQI process.

Figure 1. PRENATAL PIP Annual 2025 (MY2024)
Total Evaluation Scores

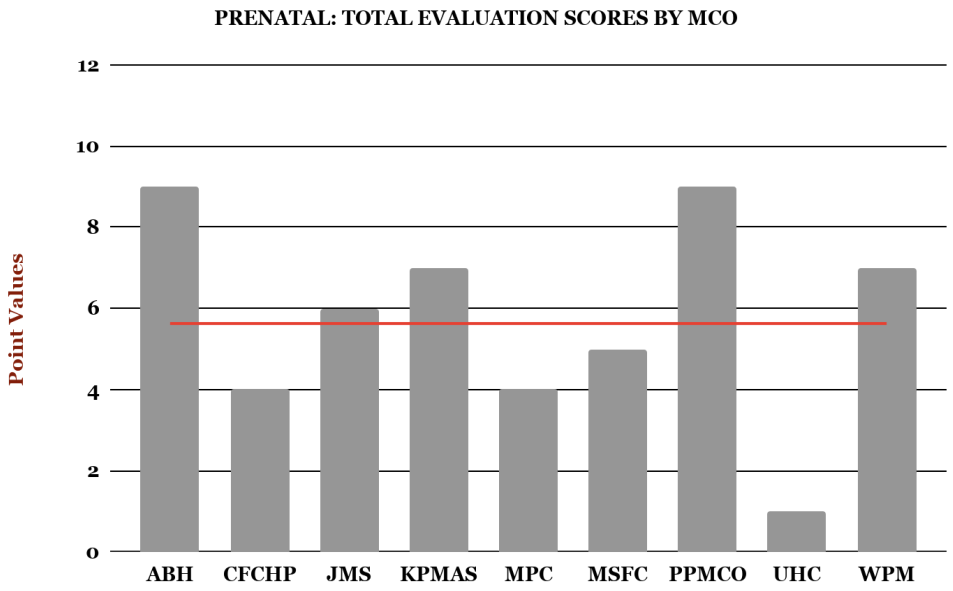
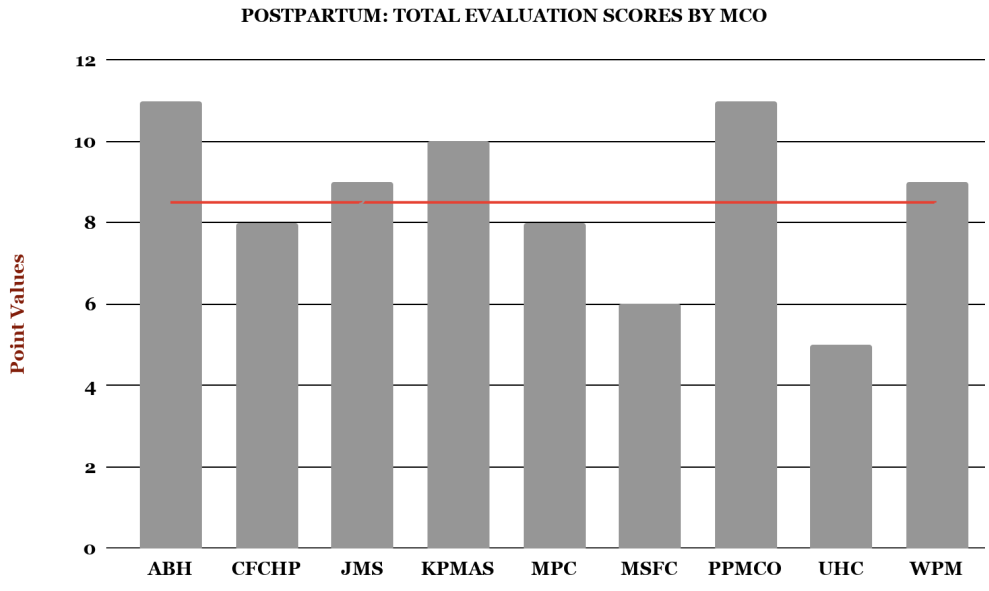


Figure 2. POSTPARTUM PIP Annual 2025 (MY2024)
Total Evaluation Scores



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

Maryland
DEPARTMENT OF HEALTH

Evaluation Grades Across MCOs

An Evaluation Grade is based on the Total Evaluation Score, as shown in the legend (Table 1). The grades include A (Excellent), B (Satisfactory), C (Needs improvement), and D (Unsatisfactory).

Table 1. Evaluation Grades and Score Equivalents

Grade A Total Evaluation Score 9-11	**Grade B** Total Evaluation Score 6-8	**Grade C** Total Evaluation Score 3-5	**Grade D** 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

PRENATAL PIP EVALUATION GRADES BY MCO									
	ABH	**CFCHP**	**JMS**	**KPMAS**	**MPC**	**MSFC**	**PPMCO**	**UHC**	**WPM**
Annual 2024	A	B	B	B	B	D	B	D	C
Annual 2025	A	C	B	B	C	C	A	D	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									
	ABH	**CFCHP**	**JMS**	**KPMAS**	**MPC**	**MSFC**	**PPMCO**	**UHC**	**WPM**
Annual 2024	A	B	A	B	A	B	A	D	C
Annual 2025	A	B	A	A	B	B	A	C	A

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 with grammatical issues, spelling mistakes, and/or simple calculation errors.

Figure 3. PRENATAL PIP Annual 2025 (MY2024)
Total Report Quality Scores

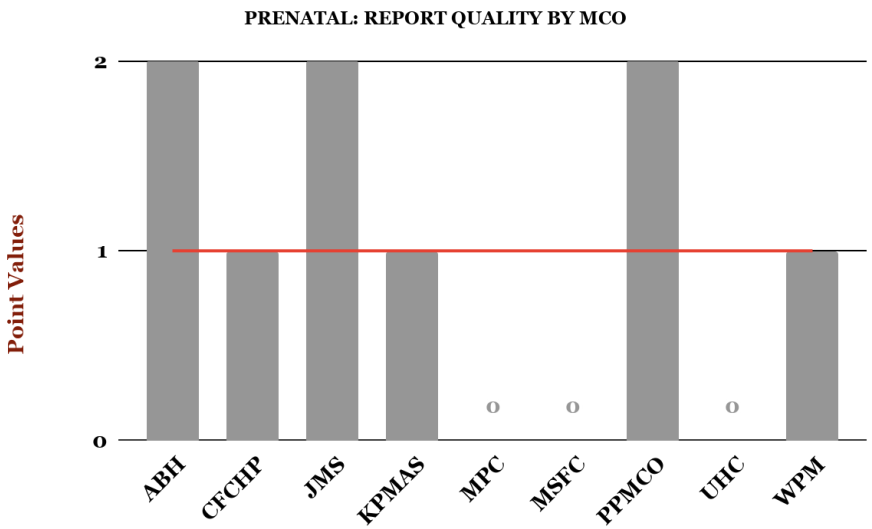
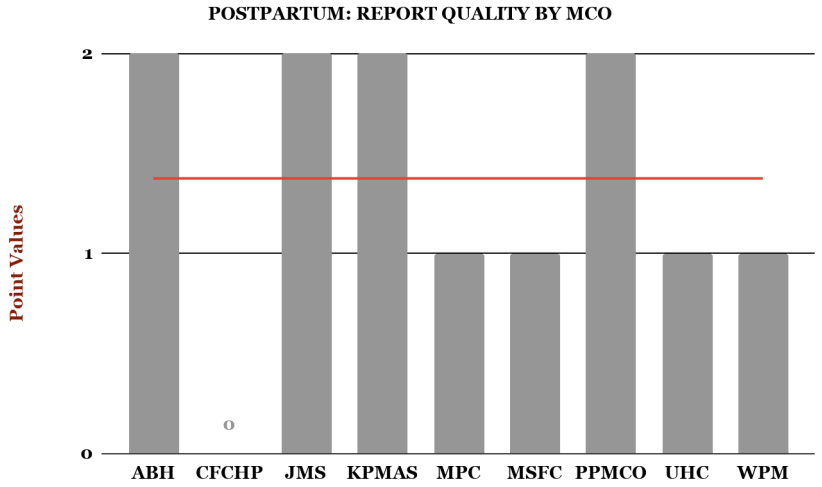


Figure 4. POSTPARTUM PIP Annual 2025 (MY2024)
Total Report Quality Scores



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)

HealthChoice MCOs must design their PIP interventions to sustainably improve the selected PIP performance indicator. In this category, MDH evaluates the MCO's determination of root causes and identification of member groups prioritized for the goal. MCOs should seek collaborative partnerships and design interventions to include holistic, 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 above 3 out of 5 possible points. For the Prenatal PIP, ABH, KPMAS, and PPMCO scored above average in this category. ABH received 5 out of 5 points while KPMAS and PPMCO scored 4 points. These three MCOs engaged stakeholders for input on intervention design and planning, identified social determinants of health (SDoH) that created barriers to the success of their interventions, and developed unique ways to address and overcome those barriers. KPMAS initiated KP ConnectCare to address transportation needs, ABH implemented the Over the Counter program to supplement dietary needs, and PPMCO utilized a doula service to help identify pregnant persons with substance use disorder (SUD).

Upon review of the Postpartum PIPs, there were four MCOs who scored the maximum points (5) for the Intervention Design and Planning Category. ABH worked with multiple community partnerships and expanded home visiting services referrals and networks to help meet their SMART goal. CFCHP also worked with a variety of partners and used available data to drive their intervention design. PPMCO applied infrastructure investments and systems reforms to sustainably improve childhood immunization rates. WPM invested in new models for postpartum service that met its SMART goal and may prove to be a best practice.

Overall, there has been improvement in the MCOs' involvement of stakeholders and community partnerships in their intervention design and evaluation, using activities to address SDoH, and implementing systems-level changes to improve their performance. All MCOs appear to review member and measure data to determine the population that may benefit most from quality interventions. In-depth RCAs appear to be an opportunity for improvement for many MCOs over the next measurement year to encourage the adoption of upstream strategies and move beyond direct services to individuals to achieve a broader, population-level impact. Examples of upstream strategies might include policy and process reforms, investment in regional infrastructure, or the development of new clinical decision models.

Figure 5. PRENATAL PIP Annual 2025 (MY2024)
Total Intervention Planning and Design Scores

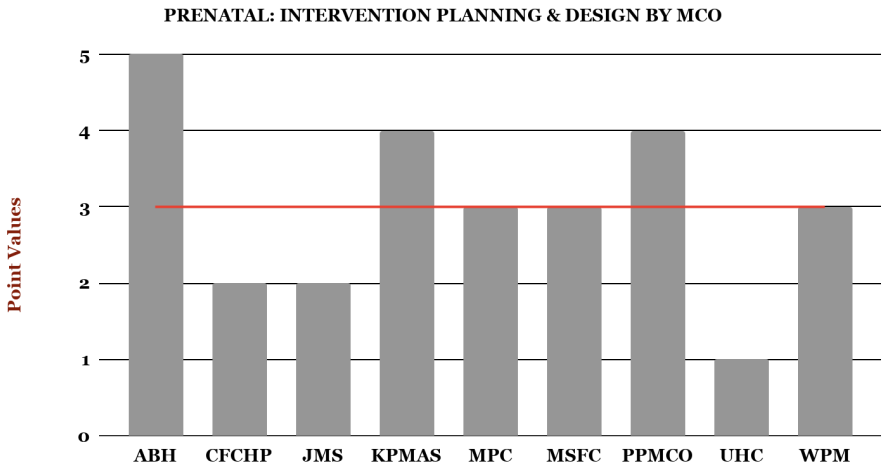
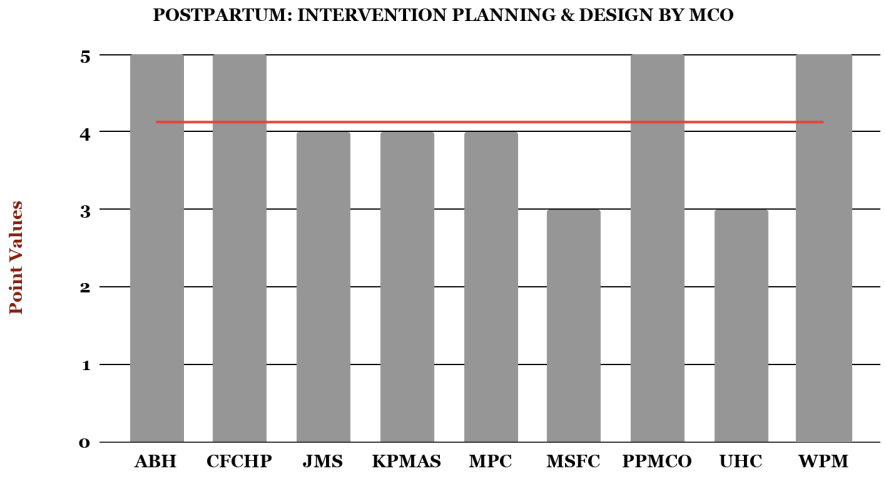


Figure 6. POSTPARTUM PIP Annual 2025 (MY2024)
Total Intervention Planning and Design Scores



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 CQI tools, such as SMART objectives and PDSA cycles. These tools allow 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 intervention 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 were at or above average for this evaluation category. There were 6 out of 9 MCOs that scored above average for the evaluation process of their Prenatal PIPs and 7 of the 9 MCOs scored 3-4 out of the 4 possible points on the Postpartum PIPs.

Results varied in this category depending on the PIP topic. For the Prenatal PIP, PPMCO and WPM scored the highest. PPMCO saw success on its intervention SMART goals and subsequently increased the strategy process metric. Although WPM did not meet their process metric or SMART goals, they correctly applied the steps for their PDSA cycle and evaluation process. The MCOs performed much better on the Postpartum PIPs for this category. ABH, KPMAS, and PPMCO received 100% of the total possible points for the PIP Intervention Evaluation. ABH has applied CQI tools to sustainably improve the Postpartum PIP performance indicators. Their interventions also have a broad reach that could potentially help other Marylanders, regardless of Medicaid enrollment. KPMAS' evaluation process successfully followed the recommended CQI steps and achieved sustainable improvement on the performance indicator. The combination of new workflows, dashboards, and embedded reporting systems help not only the providers and members participating in the intervention, but also may help improve systems that can be applied to other areas within the health system. Finally, PPMCO correctly implemented the CQI evaluation process to develop effective SMART goals, applied PDSA cycles, and designed activities that move towards greater impact and sustainable outcomes.

As a whole, the MCOs strengthened their strategic assessment of the interventions to make broader improvements for the communities served and identified sustainable best practices that can be absorbed into each respective MCO's daily operations.

Figure 7. PRENATAL PIP Annual 2025 (MY2024)
Total Intervention Evaluation Scores

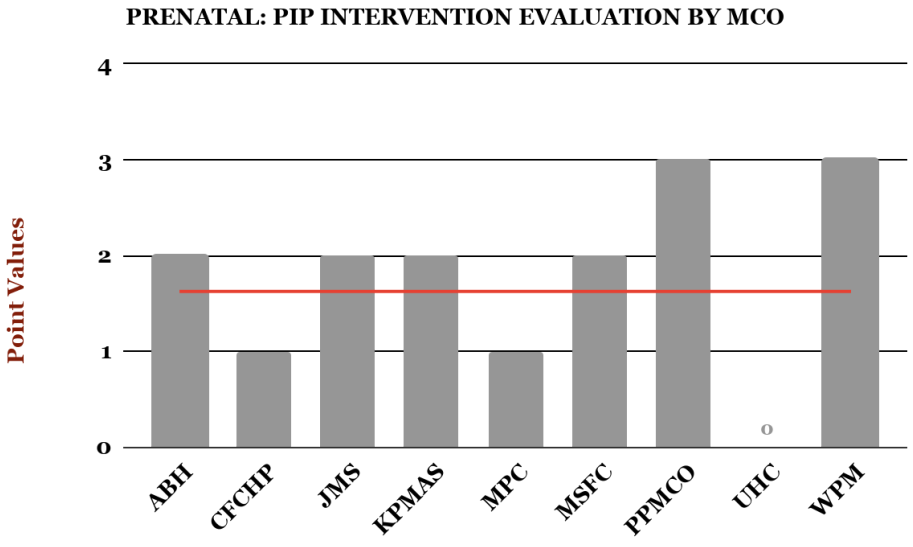
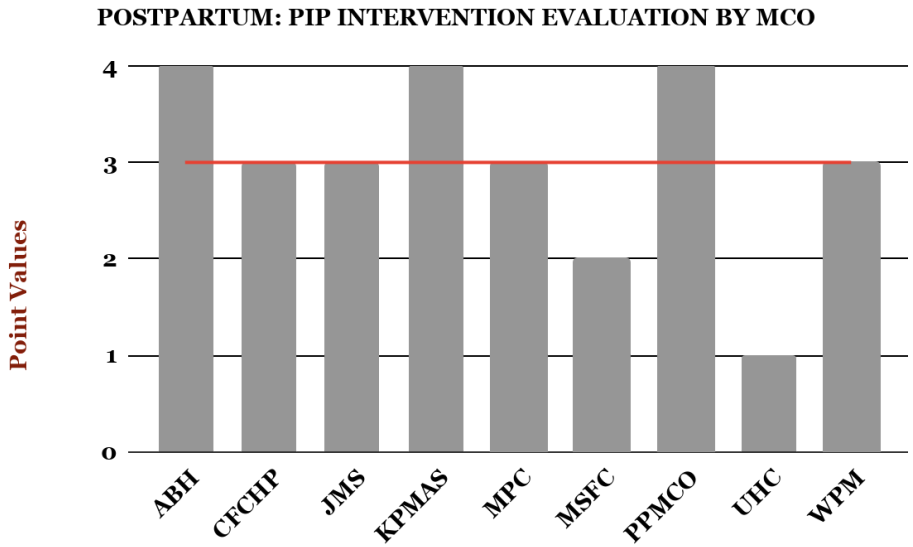


Figure 8. POSTPARTUM PIP Annual 2025 (MY2024)
Total Intervention Evaluation Scores



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

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.

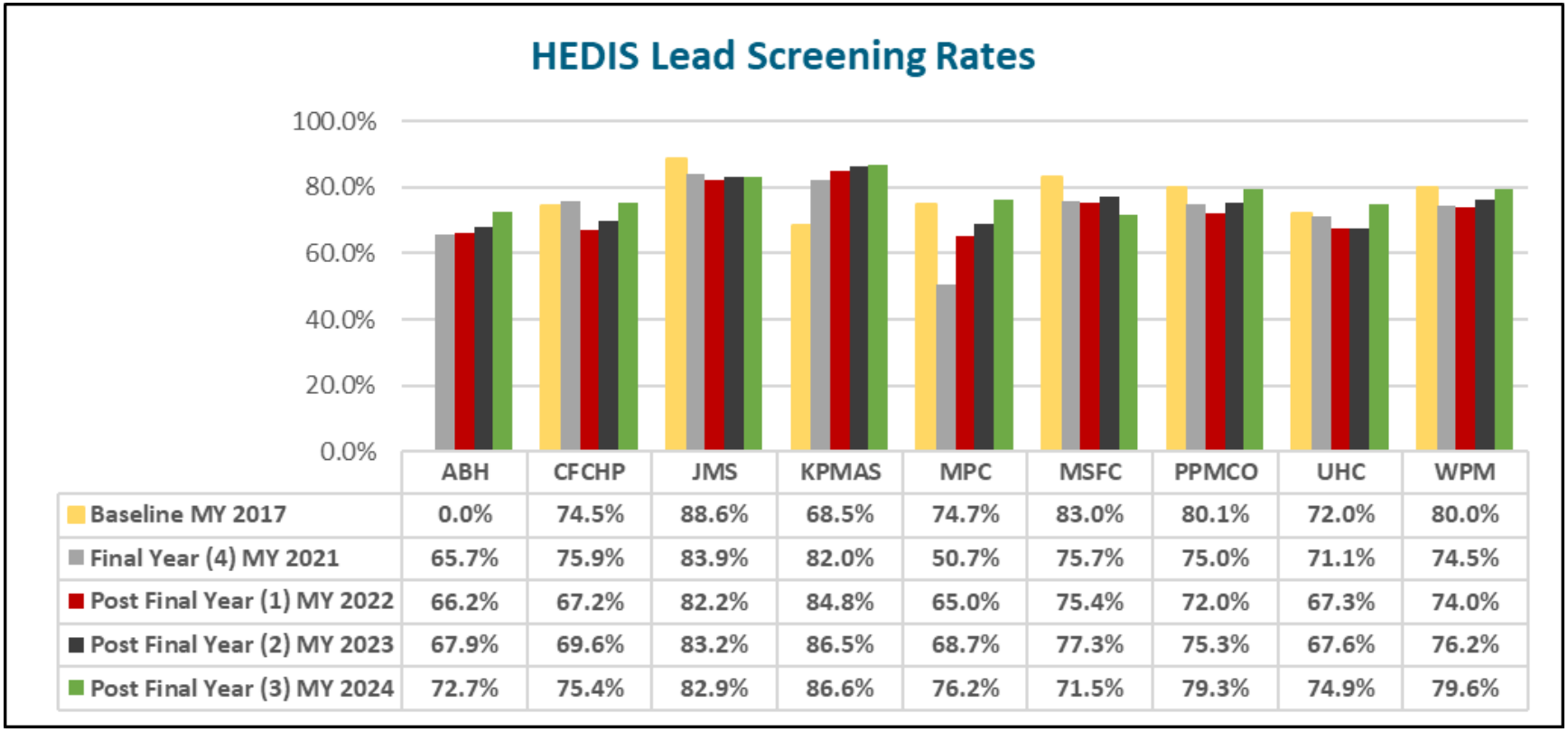
Sustainability Results: HEDIS Performance

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

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

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

Figure 1. HEDIS Lead Screening Rates, MY 2017, MY 2021 - MY 2024



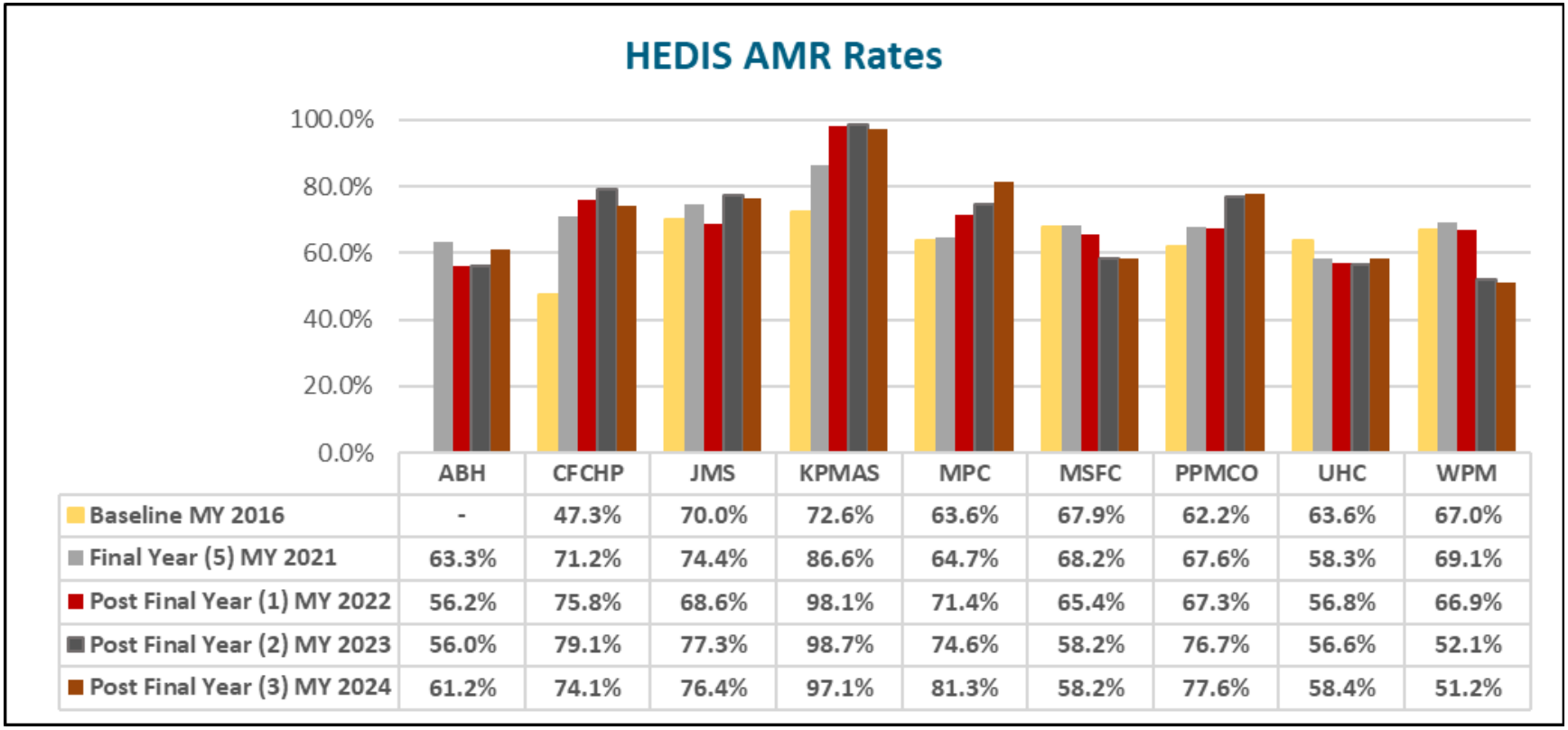
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2017	0.0%	74.5%	88.6%	68.5%	74.7%	83.0%	80.1%	72.0%	80.0%
Final Year (4) MY 2021	65.7%	75.9%	83.9%	82.0%	50.7%	75.7%	75.0%	71.1%	74.5%
Post Final Year (1) MY 2022	66.2%	67.2%	82.2%	84.8%	65.0%	75.4%	72.0%	67.3%	74.0%
Post Final Year (2) MY 2023	67.9%	69.6%	83.2%	86.5%	68.7%	77.3%	75.3%	67.6%	76.2%
Post Final Year (3) MY 2024	72.7%	75.4%	82.9%	86.6%	76.2%	71.5%	79.3%	74.9%	79.6%

Note: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), five of the nine MCOs showed an increase in the third year post-PIP from the PIP's final year. Of those that increased their rate, three MCO rates have increased higher than baseline. The AMR HEDIS rates (Figure 2) increased in the third year post-PIP for five MCOs compared to PIP's final year and its baseline. Two MCOs maintained a similar rate (the change in rate percent was less than 1%) in the third year post-PIP as the second 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 affect the calculation of the ratio of asthma controller and reliever medications. In addition, the calculation uses a methodology that requires 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 providers have adopted the new guidelines.

Figure 2. HEDIS AMR Rates, MY 2016, MY 2021 - MY 2024



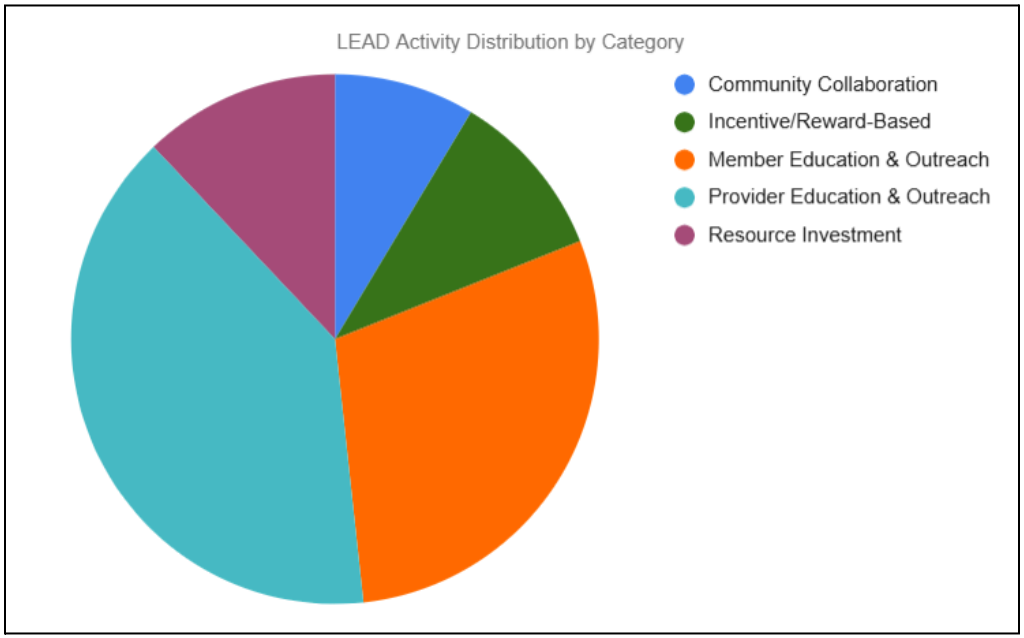
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2016	-	47.3%	70.0%	72.6%	63.6%	67.9%	62.2%	63.6%	67.0%
Final Year (5) MY 2021	63.3%	71.2%	74.4%	86.6%	64.7%	68.2%	67.6%	58.3%	69.1%
Post Final Year (1) MY 2022	56.2%	75.8%	68.6%	98.1%	71.4%	65.4%	67.3%	56.8%	66.9%
Post Final Year (2) MY 2023	56.0%	79.1%	77.3%	98.7%	74.6%	58.2%	76.7%	56.6%	52.1%
Post Final Year (3) MY 2024	61.2%	74.1%	76.4%	97.1%	81.3%	58.2%	77.6%	58.4%	51.2%

Note: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.

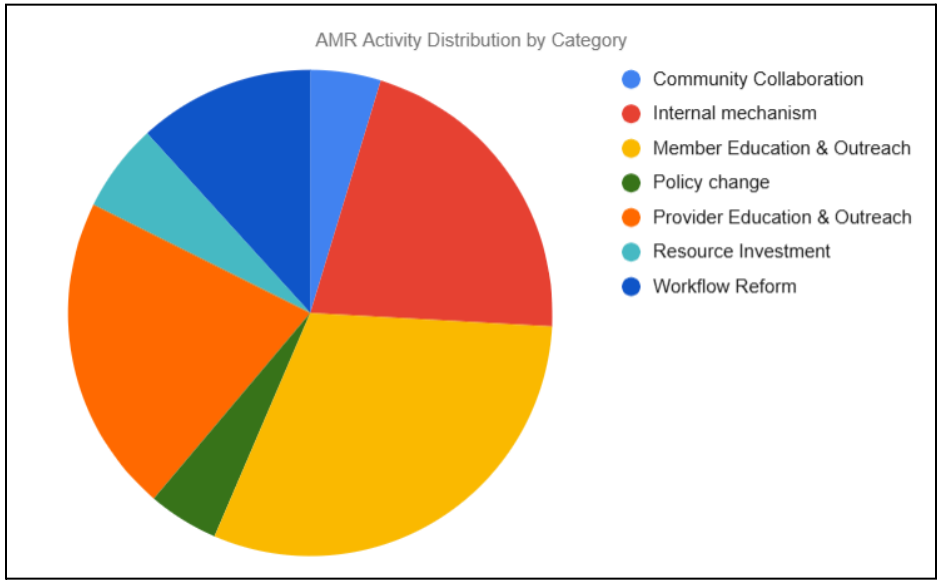
Sustainability Results: Continued Performance Improvement Activities

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 shows the variation of intervention categories most widely used across all MCOs. *Provider Education & Outreach* ranked highest among the intervention categories reported, followed by *Member Education & Outreach*. Frequently reported provider-focused interventions included Gaps in Care reports, provider education and collaboration reports, PCP missed opportunity initiatives, and medical record audits. Member-focused interventions commonly included centralized outreach letters and electronic messages, texting campaigns, implementation of new member outreach campaigns, and dedicated Medicaid outreach teams. *Resource Investment*, *Incentive/Reward-Based*, and *Community Collaboration* interventions were also reported, with examples including free same-day transportation, clinic days, provider and member incentives, and partnerships with community providers to improve lead testing.



Pie Chart 2: AMR Activity Distribution by Category shows the variation of AMR intervention categories most prevalently used across MCOs for adults and children 5–64 years of age. *Member Education & Outreach* ranked highest among the intervention categories reported, followed by *Provider Education & Outreach*, *Internal Mechanism*, and *Workflow Reform*. Frequently reported member-focused interventions included care management, member-directed asthma education, medication reminders, asthma quality programs, and targeted telephonic health coaching. Provider-focused activities commonly included 90-day controller conversion programs, albuterol safety initiatives, physician outreach, and interventions to reduce excessive albuterol use. Internal mechanisms and workflow reform activities, such as AMR/Pharmacy and Quality Workgroups, Electronic Medical Record alerts, NDC code mapping, and provider HEDIS Gaps in Care reports, also remained common strategies to support appropriate asthma medication use and improve medication adherence.



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. Interventions that apply new or modified workflows, resource investments, and dashboards/report generation to track performance data appear to be the most sustainable.

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.

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DEPARTMENT OF HEALTH

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.

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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.

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DEPARTMENT OF HEALTH

Appendix C:

Lead Activities and Corresponding Measure Change, 2025 (MY 2023 vs. MY 2024)

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
ABH	Partnership with Community Providers to improve coordination and collaboration of efforts to close gaps in Lead testing	Increased
	Value Based Solutions	
	Utilize the QPL program to improve Gaps in Care related to Lead testing	
CFCHP	Free, Same-day Transportation through Lyft	Increased
	Centralized outreach letter and electronic messages	
	Gaps in Care Report Delivery	
JMS	PCP Missed Opportunities	Decreased
KPMAS	Drive Up Phlebotomy	Increased
	Centralized outreach letter and electronic messages	
	Implementation of New Member Outreach Campaigns via Mail & SMS Texting	
	Texting Campaign	
	PCP Missed Opportunities	
	Provider Education Collaboration & Opportunity Reports	
	Dedicate Medicaid Outreach Team	
	Gaps in Care Report Delivery	
MPC	Clinic Day	Increased
	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	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Texting Campaign	
	Incentivized lead screening for Members	
	Gaps in Care Report Delivery	
	Remote Scheduling to HV Provider Offices	
MSFC	Free, Same-day Transportation through Lyft	Decreased
	In-home blood draws for lead testing	
	Lead testing through Wellness Events and Doctor Days	
	Centralized outreach letter and electronic messages	
	Implementation of New Member Outreach Campaigns via Mail & SMS Texting	
	Texting Campaign	
	PCP Missed Opportunities	
	Incentivized lead screening for Members	
	Dedicate Medicaid Outreach Team	
	Gaps in Care Report Delivery	
PPMCO	Free, Same-day Transportation through Lyft	Increased
	Establish Community Partnerships - Live Chair Health Pilot	
	Centralized outreach letter and electronic messages	
	Implementation of New Member Outreach Campaigns via Mail & SMS Texting	
	Texting Campaign	
	PCP Missed Opportunities	
	Pilot Project of Provider Engagement	
	Provider Education / Medical Record Audit	
	Provider Education Collaboration & Opportunity Reports	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Incentivized lead screening for Members	
	Provider Performance Incentive	
	Value Based Solutions	
	Value-based Contracting with Providers	
	Dedicate Medicaid Outreach Team	
	Gaps in Care Report Delivery	
UHC	Clinic Day	Increased
	Partnership with Community Providers to improve coordination and collaboration of efforts to close gaps in Lead testing	
	PCP Missed Opportunities	
	Provider Education / Medical Record Audit	
	Provider Education Collaboration & Opportunity Reports	
	Incentivized lead screening for Members	
	Provider Performance Incentive	
	Value-based Contracting with Providers	
	Dedicate Medicaid Outreach Team	
	Gaps in Care Report Delivery	
WPM	Provider Education / Medical Record Audit	Increased

AMR Activities and Corresponding Measure Change, 2025 (MY 2023 vs. MY 2024)

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
ABH	N/A	Increased
CFCHP	90-Day Controller Conversion Program	Decreased
	Albuterol Safety Program	
	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	
	Virtual Medication Adherence Vendor: emocha	
JMS	Biweekly review of controller medication refills	Decreased
	Controlling Excessive Fills for Albuterol	
KPMAS	ACT Workflow (ages 12 and older)	Decreased
	Asthma Quality Program	
	Care Management	
	ER or Hospitalized Member Plans	
	90-Day Rx Refill Program	
	Controlling Excessive Fills for Albuterol	
	Enhanced Mail Order Services	
	Mail Order Program and Retail-90	
	Medication Reminders	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Targeted Telephonic Health Coaching	
	Detailed Opportunity (Gaps in Care) reports	
	Direct Email Communication with Providers	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure.	
	Pharmacy Clinician Phone Outreach to Members and Providers	
	Physician Outreach	
	AMR/Pharmacy and Quality Workgroup	
	Electronic Medical Record Alert	
	Monthly Clinical Quality Performance Report	
MPC	Care Management	Increased
	90-Day Controller Conversion Program	
	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.	
MSFC	Asthma Quality Program	No Change
	Care Management	
	Green and Healthy Homes Initiative (GHHI)	
	90 Day Montelukast supply	
	90-Day Controller Conversion Program	
	Biweekly review of controller medication refills	
	Controlling Excessive Fills for Albuterol	
	Mail Order Program and Retail-90	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Member Formulary	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Detailed Opportunity (Gaps in Care) reports	
	Direct Email Communication with Providers	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure.	
	AMR/Pharmacy and Quality Workgroup	
PPMCO	Asthma Quality Program	Increased
	Care Management	
	Green and Healthy Homes Initiative (GHHI)	
	90 Day Montelukast supply	
	90-Day Controller Conversion Program	
	90-Day Prescriptions for Select Medications	
	90-Day Rx Refill Program	
	Member Formulary	
	Cipher Outreach	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Health Education Classes and Community Health Worker Outreach	
	Medication Reminders	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Detailed Opportunity (Gaps in Care) reports	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure.	
	Opportunity Reports	
	Physician Outreach	
	AMR/Pharmacy and Quality Workgroup	
	Monthly Clinical Quality Performance Report	
	NDC Code Mapping	
UHC	ACT Workflow (ages 12 and older)	Increased
	Care Management	
	Green and Healthy Homes Initiative (GHHI)	
	90-Day Controller Conversion Program	
	90-Day Prescriptions for Select Medications	
	Albuterol Safety Program	

MCO	Activity	HEDIS Rate Change (MY 2023 vs. MY 2024) (Increased, Decreased, No Change, N/A)
	Mail Order Program and Retail-90	
	Asthma Action Plan Comprehensive Outreach	
	Medication Reminders	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Targeted Telephonic Health Coaching	
	Detailed Opportunity (Gaps in Care) reports	
	Monthly Provider HEDIS Gaps in Care Report distribution to notify providers of their members who are non-compliant with the AMR measure.	
	Opportunity Reports	
	AMR/Pharmacy and Quality Workgroup	
	Asthma Therapy Optimization Report	
	Directly Observed Video Therapy	
	Monthly Clinical Quality Performance Report	
	NDC Code Mapping	
WPM	90 Day Montelukast supply	Decreased
	Clinical Pharmacy Call Center Asthma Call Campaigns / Medicaid Quality Pharmacy Programs	
	Green and Healthy Homes Initiative (GHHI)	