

Maryland Medicaid Administration

HealthChoice Quality Strategy Evaluation

2022-2024

Release: October 2025



Table of Contents

Introduction 4

Quality Strategy Goals and Objectives..... 7

HealthChoice Quality Metrics and Performance Targets 8

HealthChoice External Quality Review Recommendations 34

Conclusion..... 40

Appendix A: Reports and Publications..... 41



Table of Figures

Table 1: HealthChoice Managed Care Organizations, Authorities, and Covered Populations	5
Table 2: HealthChoice Covered Services and Exclusions	6
Table 3: Summary Evaluation of HEDIS Measure Performance Against Quality Strategy Targets and NHMs	8
Table 4: HealthChoice Performance Metrics and Targets – HEDIS	9
Table 5: Summary Evaluation of CAHPS Performance Against Quality Strategy Targets and Quality Compass Rates	22
Table 6: HealthChoice Performance Metrics and Targets – CAHPS Adult and Child	22
Table 7: Summary Evaluation of SPR Performance Against Quality Strategy Targets	27
Table 8: HealthChoice Performance Metrics and Targets - Systems Performance Review	27
Table 9: Summary Evaluation of NAV Performance Against Quality Strategy Targets	28
Table 10: HealthChoice Performance Metrics and Targets - Network Adequacy Validation	29
Table 11: Summary Evaluation of EDV Performance Against Quality Strategy Targets	30
Table 12: HealthChoice Performance Metrics and Targets - Encounter Data Validation	30
Table 13: Summary Evaluation of EPSDT Performance Against Quality Strategy Targets	31
Table 14: HealthChoice Performance Metrics and Targets - EPSDT/Healthy Kids Medical Record Review	31
Table 15: Responses to MDH Recommendations from External Quality Review Activities, 2022-2024	32

HealthChoice Quality Strategy Evaluation

Introduction

Under 42 CFR 438.340(a) and 42 CFR 457.1240(e), the Centers for Medicare and Medicaid Services (CMS) require that state Medicaid and CHIP managed care programs develop and maintain a Medicaid and CHIP quality strategy to assess and improve the quality of healthcare and services managed care plans provide.

The purpose of Maryland's HealthChoice Quality Strategy Evaluation is to determine the program's effectiveness of meeting the population health and quality improvement priorities, health reform efforts, and goals and objectives identified in the HealthChoice Quality Strategy. The HealthChoice Quality Strategy Evaluation covers measurement year (MY) 2022 through MY 2024, which used baseline data from MY 2018 through MY 2021 to aid with target setting. This report evaluates the performance of HealthChoice based on the goals and objectives set during the Quality Strategy's measurement period by comparing each plan's scores to the targets and identifying ongoing opportunities for improvement.

HealthChoice is Maryland's statewide, mandatory, Medicaid managed care program. The Maryland General Assembly passed Senate Bill 750 on April 8, 1996, which authorized the Maryland Department of Health (MDH) to require Medicaid participants to enroll in MCOs. To implement SB 750, Maryland prepared an application for waiver of certain Medicaid requirements, under Section 1115(a) of the Social Security Act (1115 Waiver). The 1115 Waiver proposed the development and implementation of a Medicaid Managed Care Program. The application was submitted to CMS, formerly the Health Care Financing Administration (HCFA), on May 3, 1996, and was approved by HCFA on October 30, 1996.

HealthChoice enables the extension of coverage and/or targeted benefits to certain participants who would otherwise be without health insurance or access to benefits tailored to the participant's specific medical needs. HealthChoice combines Medicaid and the Maryland Children's Health Program (MCHP), and Maryland's Children's Health Insurance Program (CHIP) coverage. Maryland currently contracts with nine managed care organizations (MCOs) to provide HealthChoice services and benefits.

Table 1: HealthChoice Managed Care Organizations, Authorities, and Covered Populations

Program Name	Managed Care Entity Type	Managed Care Authority	Managed Care Program Type
HealthChoice	Managed Care Organizations	Section 1115 of the Social Security Act	Combined Medicaid and CHIP
Contracted Managed Care Organizations		Populations Covered by HealthChoice MCOs	
• Aetna Better Health of Maryland (ABH) • CareFirst BlueCross BlueShield Community Health Plan of Maryland (CFCHP) • Jai Medical Systems (JMS) • Kaiser Permanente of the Mid-Atlantic States (KPMAS) • Maryland Physicians Care (MPC) • MedStar Family Choice (MSFC) • Priority Partners (PPMCO) • UnitedHealthcare (UHC) • Wellpoint Maryland (WPM)		• Families with low income that have children • Families receiving Temporary Assistance for Needy Families • Children younger than 19 years eligible for MCHP • Children in foster care • Former foster care adults up to age 26 • Adults under the age of 65 with income up to 138% of the federal poverty level (FPL) • Pregnant individuals with income up to 264% of the FPL or individuals who are one year postpartum • Participants receiving Supplemental Security Income (SSI) who are under 65 and ineligible for Medicare	

Currently, HealthChoice covers 84% of Marylanders on Medicaid and MCHP, which represents over 1.2 million participants. Eligible Medicaid participants may choose a contracted MCO along with primary care providers (PCP) in MCO networks to serve as their medical homes. HealthChoice benefits are equivalent to those provided through the Medicaid fee-for-service (FFS) program, except for certain carved-out services.

Table 2: HealthChoice Covered Services and Exclusions

HealthChoice Covered Services	Services “Carved Out” of HealthChoice
● Inpatient and outpatient hospital care ● Physician care ● Clinic services ● Laboratory and x-ray services ● Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children ● Prescription drugs (see carved out column for exceptions) ● Durable medical equipment and disposable medical supplies ● Home health care ● Vision services ● Dialysis ● Skilled nursing facility or rehabilitation care up to 90 days ● Primary mental health care	● Specialty behavioral health care ● Substance use disorder treatment services ● Specialty behavioral health drugs and substance use disorder drugs ● Dental care for Medicaid participants ● Health-related services and targeted case management services are provided to children through individualized Education Plans (IEPs) or individualized Family Service Plans (IFSPs) ● Occupational therapy, physical therapy, and speech therapy for children ● Personal care services ● Long-term care services after the first 90 days ● HIV/AIDS drug resistance testing, including but not limited to viral load testing, genotypic testing, phenotypic testing ● Services covered under 1915(c) home and community-based services waivers

MDH is the state agency responsible for HealthChoice and the Maryland Medical Assistance Program generally. Coordination and oversight fall under the Maryland Medicaid Administration, which includes the Office of Medical Benefits Management. Within the Office of Medical Benefits Management, Managed Care ensures that the requirements established in 42 CFR 438, Subpart D, are adhered to and that all MCOs apply these principles universally and appropriately. Quality monitoring, evaluation, and education through participant and provider feedback are integral components of the managed care program and help to ensure that health care is not compromised. The functions and infrastructure of the administration support efforts to identify and address quality issues efficiently and effectively.

Quality Strategy Goals and Objectives

According to the Section 1115 waiver filing that establishes the Maryland HealthChoice Program, HealthChoice's broader program goals are:

- Improving access to health care for the Medicaid population
- Improving the quality of health services delivered
- Providing patient-focused, comprehensive, and coordinated care through the medical home
- Emphasizing health promotion and disease prevention
- Expanding coverage through resources generated through managed care efficiencies

Maryland identified the following specific goals and measurable objectives for the HealthChoice Quality Strategy's coverage period:

Goal 1: Improve HealthChoice aggregate performance on Medicaid HEDIS measures by reaching or exceeding the pre-pandemic HealthChoice aggregate by MY 2024.

Objective 1: Increase the number of HEDIS measures that meet or exceed the HealthChoice aggregate achieved in MY 2018 or MY 2019, whichever is highest, by MY 2024.

Objective 2: Once Objective 1 is achieved, ensure HealthChoice aggregate meets or exceeds the NCQA National HEDIS Means by MY 2024.

Goal 2: Improve overall health outcomes for HealthChoice enrollees through expanding the network of available provider types, creating targeted quality and operational initiatives to enhance enrollee access to care, and promoting health service delivery innovation.

Objective 1: Increase the HealthChoice aggregate for the HEDIS Prenatal and Postpartum Care measures by three percentage points no later than MY 2024.

Objective 2: Improve the HealthChoice aggregate for measures tracking chronic health outcomes by MY 2024.

Goal 3: Ensure HealthChoice MCOs are complying with all state and federal requirements by meeting or exceeding the minimum compliance scores for all administrative quality assurance activities.

Objective 1: Increase the HealthChoice aggregate scores to 100% for all Systems Performance Review standards by MY 2024.

Objective 2: Increase the HealthChoice aggregate scores to at least 80% for all EPSDT/Healthy Kids Medical Record Review components by MY 2024.

Objective 3: Increase the HealthChoice aggregate scores to at least 85% for all network adequacy validation activities by MY 2024.

Objective 4: Increase the HealthChoice aggregate scores to at least 90% for encounter data validation by MY 2024.

Objective 5: Increase the HealthChoice aggregate to minimum compliance for each element of review for grievances, appeals, and pre-service determinations by MY 2024.

HealthChoice Quality Metrics and Performance Targets

Maryland works collaboratively with MCOs and stakeholders to identify opportunities for continuous quality improvement. Through our quality assurance program, Maryland oversaw and monitored the following activities to evaluate the effectiveness of the health care delivered by the MCOs. Please note that the HealthChoice program targets that follow this activity overview are not the equivalent of the HealthChoice MCO minimum compliance scores. The targets were intended to drive continuous quality improvement on the program level.

The following tables are a comprehensive compilation of the quality metrics and performance targets that Maryland evaluates for HealthChoice MCOs.

Healthcare Effectiveness Data and Information Set (HEDIS)

Targets were established by evaluating the highest HealthChoice aggregate rate for MY 2018 and MY 2019. The MY 2024 targets set for measures that demonstrated a decline over MY 2019 and MY 2020 are baseline with a goal to return to those higher rates, where data collection and medical record review were not impacted by the coronavirus public health emergency (pre-pandemic). For measures not impacted by the public health emergency or other data collection issues, those targets are set to improve by 2 percentage points over the three-year strategy cycle. Table 3 demonstrates the HealthChoice aggregate rates through MY 2024, which were evaluated against the MDH MY 2024 associated targets as well as against the MY 2023 Medicaid National HEDIS Mean (NHM) calculated by the National Committee for Quality Assurance (NCQA) to determine performance.

A review of MCO aggregate HEDIS performance at the conclusion of the review Quality Strategy period is provided in Table 4.

Table 3. Summary Evaluation of HEDIS Measure Performance Against Quality Strategy Targets and NHMs

Measure Comparison between MY 2024 Quality Strategy Targets and MY 2024 HEDIS rates		
# Measures At/Above MY 2024 Quality Strategy Targets	# Measures Below MY 2024 Quality Strategy Targets	Total # Measures for Quality Strategy Target Comparison
17	31	48
Measure Comparison between MY 2023 National HEDIS Means (NHM) and MY 2024 HEDIS rates		
# Measures At/Above MY 2023 NHM	# Measures Below MY 2023 NHM	Total # Measures for HEDIS Comparison
47	20	67

Note: Measures with Trend Breaks/Without Targets = 19, Retired measures = 19

Measures that were retired or removed by NCQA during the period through which the MDH Quality Strategy was evaluated are:

- Childhood Immunization Screening (CIS) Combo 2, 4, 5, 6, 8, and 9
- Adult BMI Assessment (ABA)
- Medication Management for People with Asthma (MMA) 50% and 75%
- Children and Adolescents Access to Primary Care Practitioners (CAP)
- Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- Comprehensive Diabetes Care (CDC)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Antibiotic Utilization (ABX)
- Inpatient Utilization—General Hospital/Acute Care (IPU)
- Frequency of Selected Procedures (FSP)
- Ambulatory Care (AMB)
- Annual Dental Visit (ADV)
- Flu Vaccinations for Adults Ages 18-64 (FVA)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Breast Cancer Screening (BCS) – Only the BCS-E measure will be reported.
- Colorectal Cancer Screening (COL) – Only the COL-E measure will be reported.
- Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Only the ADD-E measure will be reported.
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Only the APM-E measure will be reported

Measures where NCQA specifications were modified, creating a break in year-over-year trending, are identified as TB (trend break) in the table below. Targets for measures identified as TB are unable to be evaluated and will be adjusted in the Quality Strategy for 2025-2027. Measures that were introduced prior to MY 2022 are included for reporting where possible, and targets will be set for those measures in the Quality Strategy for 2025-2027. Measures that were released in MY 2023 and MY 2024 were not included in this evaluation, and targets will be set for those new measures in the Quality Strategy for 2025-2027, where appropriate.

Table 4. HealthChoice Performance Metrics and Targets – HEDIS

HEDIS	NCQA’s HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Effectiveness of Care: Prevention and Screening								
Breast Cancer Screening (BCS)* (E-Measure as of MY 2023)	The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.	64.4%	63.1%	59.2%	60.9%	72.6%	↓	↑
Cervical Cancer Screening (CCS top and CCS-E bottom) Reported as the E-Measure starting with MY 2023	The percentage of women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria: 1. Women aged 21 – 64 who had cervical cytology performed within the last 3 years. 2. Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. 3. Women aged 30 – 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.	58.1%	59.4%	57.6%	61.2%	63.8%	↓	↑
				45.1%	57.4%	Not Set	⊙	↑
Chlamydia Screening in Women (CHL)	The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.							
Chlamydia Screening in Women (CHL), Total		65.1%	66.2%	65.9%	66.2%	70.4%	↓	↑
Childhood Immunization Status (CIS)	The percentage of children two years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three Haemophilus influenza type B (HiB); three hepatitis B (HepB), one chickenpox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotaviruses (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.							
CIS, Combo 3		68.4%	68.9%	68.8%	72.1%	77.4%	↓	↑

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
	CIS, Combo 7	59.5%	59.4%	59.6%	62.4%	65.0%	↓	↑
	CIS, Combo 10	41.6%	36.2%	33.5%	32.3%	43.9%	↓	↑
Immunizations for Adolescents (IMA)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.							
	IMA, Combo 1	81.2%	84.6%	83.6%	84.8%	89.3%	↓	↑
	IMA, Combo 2	41.6%	41.9%	39.9%	42.6%	46.2%	↓	↑
Lead Screening in Children (LSC)	The percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday	74.6%	72.7%	74.7%	77.7%	82.8%	↓	↑
Colorectal Cancer Screening (COL-E) (MY 2022 - First year measure)	The percentage of members 45 – 75 years of age who had appropriate screening for colorectal cancer (annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years).	N/A	28.2%	24.3%	38.8%	Not Set	⊙	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. -BMI percentile documentation -Counseling for nutrition -Counseling for physical activity							

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), BMI Percentile Documentation, Total		73.6%	82.1%	81.8%	85.5%	80.1%	↑	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Nutrition, Total		70.7%	77.2%	75.6%	77.5%	80.0%	↓	↑
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Counseling for Physical Activity, Total		67.4%	74.9%	72.7%	74.2%	76.3%	↓	↑
Effectiveness of Care: Respiratory Conditions								
Asthma Medication Ratio (AMR)	The percentage of members 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.	69.2%	69.6%	69.9%	70.61%	70.60%	↑	↑
Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for members three years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.	67.5%	74.9%	79.4%	83.0%	85.7%	↓	↑
Pharmacotherapy Management of COPD Exacerbation (PCE)	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.							
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid		74.6%	71.0%	75.8%	72.7%	74.5%	↓	↓

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator		89.0%	87.4%	89.0%	86.5%	88.8%	↓	↑
Effectiveness of Care: Cardiovascular Conditions								
Controlling High Blood Pressure (CBP)	The percentage of members 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.	59.2%	60.0%	63.1%	67.0%	54.7%	↑	↑
Cardiac Rehabilitation (CRE) (First year measure – MY 2020)	The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement. Four rates are reported: -Initiation -Engagement 1 -Engagement 2 -Achievement							
Achievement		0.8%	1.1%	1.8%	1.6%	Not Set	⊙	↓
Engagement 1		2.0%	1.8%	2.6%	3.0%	Not set	⊙	↓
Engagement 2		2.1%	2.1%	3.7%	2.6%	Not set	⊙	↓
Initiation		1.0%	0.7%	0.9%	0.8%	Not set	⊙	↓
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement	TB	TB	54.6%	51.8%	81.7%	⊙	↓

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
	year with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months after discharge.							
Statin Therapy for Patients with Cardiovascular Disease (SPC)	The percentage of males 21 – 75 years of age and females 40 – 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: 1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. 2. Statin Adherence 80 percent. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80 percent of the treatment period.							
Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy, Total		81.2%	80.3%	83.1%	81.8%	83.0%	↓	↑
Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80%, Total		62.3%	63.1%	62.9%	65.5%	66.7%	↓	↑
Effectiveness of Care: Diabetes								
Blood Pressure Control for Patients with Diabetes (BPD) – Formerly Comprehensive Diabetes Care (CDC), BP Control (<140/90 mm Hg)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	57.5%	63.6%	66.7%	71.3%	55.9%	↑	↑
Eye Exam for Patients with Diabetes (EED) – Formerly Comprehensive Diabetes Care (CDC), Eye Exam (Retinal) Performed	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	50.3%	53.1%	55.6%	58.5%	54.7%	↑	↑

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Glycemic Status Assessment for Patients with Diabetes (GSD)	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period: -HbA1c control (<8%) -HbA1c poor control (>9%)*							
Glycemic Status Assessment for Patients with Diabetes (GSD), Control Formerly Hemoglobin A1c Control for Patients with Diabetes (HBD) Control (<8.0%) – Formerly Comprehensive Diabetes Care (CDC), HbA1c Control (<8.0%)		56.3%	57.3%	59.0%	60.5%	55.6%	↑	↑
Glycemic Status Assessment for Patients with Diabetes (GSD), Control Formerly Hemoglobin A1c Control for Patients with Diabetes (HBD) Poor Control (>9.0%) – Formerly Comprehensive Diabetes Care (CDC), HbA1c Poor Control (>9.0%)		34.6%	33.9%	31.9%	30.7%	36.9%	↑	↑
Kidney Health Evaluation for Patients with Diabetes (KED) (First year measure – MY 2020)	The percentage of members 18 – 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin- creatinine ratio (uACR), during the measurement year.	44.9%	45.8%	46.1%	50.2%	Not set	⊙	↑
Statin Therapy for Patients with Diabetes (SPD)	The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. 2. Statin Adherence 80 percent. Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.							
Statin Therapy for Patients with Diabetes (SPD), Received Statin Therapy		66.7%	66.3%	66.4%	68.5%	67.2%	↑	↑

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Statin Therapy for Patients with Diabetes (SPD), Statin Adherence 80%		57.0%	58.5%	59.1%	59.0%	60.6%	↓	↓
Effectiveness of Care: Behavioral Health								
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) Reported as the E-Measure starting with MY 2024	The percentage of persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. 1. Initiation Phase. The percentage of members 6–12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.							
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Acute Phase		16.0%	32.4%	8.6%	34.5%	Not set	⊙	↓
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation Phase		14.3%	38.2%	6.3%	35.4%	Not set	⊙	↓
Antidepressant Medication Management (AMM)	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported. 1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).							
Antidepressant Medication Management (AMM), Acute Phase		46.2%	44.0%	44.7%	45.5%	46.4%	↓	↓
Antidepressant Medication Management (AMM), Continuation Phase		29.4%	32.5%	28.5%	29.1%	30.8%	↓	↓

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) Reported as the E-Measure starting with MY 2024	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing. 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing. 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.							
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose Total		74.2%	71.4%	76.8%	75.5%	Not set	⊙	↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Cholesterol Total		63.7%	61.3%	66.0%	66.2%	Not set	⊙	↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), Blood Glucose and Cholesterol Total		62.3%	59.6%	65.1%	65.5%	61.9%	↑	↑
Diagnosed Mental Health Disorders (DMH) (First Year Measure – MY 2022)	The percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the measurement year.	N/A	18.6%	20.2%	22.1%	Not Set	⊙	↓
Diagnosed Substance Use Disorders (DSU) (First Year Measure – MY 2022)	The percentage of members 13 years of age and older who were diagnosed with a substance use disorder during the measurement year. Four rates are reported: 1. The percentage of members diagnosed with an alcohol disorder 2. The percentage of members diagnosed with an Opioid disorder 3. The percentage of members diagnosed with a disorder for other unspecified drugs	N/A	5.5%	5.5%	5.6%	Not Set	⊙	↓

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
	4. The percentage of members diagnosed with any substance use disorder							
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 days among members aged 16 and older with a diagnosis of OUD.	19.5%	11.0%	18.8%	16.7%	8.8%	↑	↓
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	59.6%	45.9%	49.7%	50.4%	57.4%	↓	↑
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.	78.4%	72.4%	75.0%	Retired	82.0%	↓	↓
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	64.2%	69.0%	72.4%	75.4%	76.0%	↓	↑
Diabetes Screening for People with Schizophrenia or Bipolar Disorder	The percentage of members 18-64 years of age with schizophrenia,	86.4%	86.8%	90.5%	91.5%	93.6%	↓	↑

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Who Are Using Antipsychotic Medication (SSD)	schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.							
Effectiveness of Care: Overuse/Appropriateness								
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.	53.2%	61.2%	63.3%	61.5%	55.9%	↑	↓
Risk of Continued Opioid Use (COU)*	The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.							
Risk of Continued Opioid Use (COU), 15 Days, Total		5.3%	4.8%	4.8%	5.2%	4.5%	↓	↑
Risk of Continued Opioid Use (COU), 31 Days, Total		3.3%	3.0%	3.1%	3.4%	1.9%	↓	↑
Use of Opioids at High Dosage (HDO)*	The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.	7.3%	6.7%	6.3%	6.2%	6.4%	↑	↑
Use of Imaging Studies for Low Back Pain (LBP)	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28	TB	78.6%	76.6%	75.9%	83.7%	↓	↑

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
	days of the diagnosis. (TB=trend break and results cannot be compared to prior year benchmarks)							
Use of Opioids from Multiple Providers (UOP)*	The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported. 1. Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year. 2. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).							
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers		24.0%	23.1%	22.9%	22.6%	22.3%	↓	↓
Use of Opioids from Multiple Providers (UOP), Multiple Pharmacies		5.1%	3.2%	3.5%	2.5%	2.7%	↑	↑
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies		2.8%	2.0%	2.4%	1.8%	0.8%	↓	↑
Appropriate Treatment for Upper Respiratory Infection (URI)	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	89.8%	90.8%	89.3%	89.5%	90.8%	↓	↑
Access/Availability of Care								
Adults' Access to Preventive/Ambulatory Health Services (AAP)	The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. -Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. -Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.							

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 years		69.8%	66.0%	65.2%	69.9%	73.8%	↓	↓
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 years		80.2%	77.8%	77.2%	81.3%	84.4%	↓	↑
Prenatal and Postpartum Care								
Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. 1. Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization. 2. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.							
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care		88.9%	87.9%	87.9%	89.5%	88.2%	↑	↑
Prenatal and Postpartum Care (PPC), Postpartum Care		83.7%	82.6%	84.2%	85.6%	81.3%	↑	↑
Prenatal Immunization Status (PRS-E) (First year measures MY 2021)	The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.	23.0%	21.4%	23.1%	25.2%	Not set	⊙	↑
Utilization and Risk Adjusted Utilization								
Antibiotic Utilization for Respiratory Conditions (AXR) (First year measure – MY 2022)	The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. *Antibiotic Utilization (ABX) retired in MY 2021	N/A	15.5%	23.2%	25.1%	Not Set	⊙	↓

HEDIS	NCQA's HEDIS Volume 2: Technical Specifications	Baseline MY 2021	MY 2022	MY 2023	MY 2024	QUALITY STRATEGY TARGET FOR MY 2024	Performance against Target	MY 2024 Performance against MY 2023 NHM
Plan All-Cause Readmissions (PCR)	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that was followed by an unplanned acute readmission or any diagnosis within 30 days and the predicted probability of an acute readmission. Note: For commercial and Medicaid, report only members 18–64 years of age.							
Plan All-Cause Readmissions (PCR) - Observed / Expected		0.97	1.01	0.97	1.16	1.04	↑	↑
Plan All-Cause Readmissions (PCR) – Observed <i>The observed rate itself just shows utilization and is not meant for use such as performance monitoring.</i>		9.5%	9.9%	9.4%	9.9%	10.3%	↑	↓
Well-Child Visits in the First 30 Months of Life (W30) (First year measure MY 2020)	The percentage of members who had the following number of well-child visits with a primary care provider during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months – 30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.							
Well-Child Visits in the First 30 Months of Life (W30), 15 months		54.8%	57.5%	58.4%	62.4%	Not set	⊙	↑
Well-Child Visits in the First 30 Months of Life (W30), 15-30 months		73.4%	70.1%	71.2%	75.3%	Not set	⊙	↑
Child and Adolescent Well-Care Visits (WCV) (First year measure MY 2020)	The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.	57.8%	54.6%	56.2%	60.1%	Not set	⊙	↑

TB=trend break, and results cannot be compared to prior year benchmarks

*Lower indicates better performance

⊙ =No target was established for comparison due to timing of measure release; ↑=Improvement over rate; ↓=Decline over rate

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Targets were established by evaluating the highest HealthChoice aggregate rate for MY 2019 through MY 2021 and comparing those against the 2021 Quality Compass rates for Medicaid plans nationally. The MY 2024 targets set for Satisfaction Survey scores that demonstrated meeting or exceeding the 2021 Quality Compass rate over the prior three-year period were set using NCQA's 95th percentile rate. Satisfaction Survey scores that did not meet or exceed the 2021 Quality Compass rate over the prior three-year period were set to improve by 2 percentage points over the three-year strategy cycle. Table 5 provides a summary of the evaluation, while Table 6 evaluates MCO CAHPS performance against MY 2024 quality strategy targets. There was no performance improvement observed, and these targets will be continued for the 2025-2027 Quality Strategy. None of the ten Adults CAHPS measures met MY 2024 targets or achieved performance above the NCQA Quality Compass National Medicaid Average, although three measures improved since MY 2021 (Rating of a Specialist Seen Most Often, Rating of Health Plan, and Shared Decision Making). None of the 14 Child CAHPS measures met MY 2024 targets, and only one measure achieved performance above the NCQA Quality Compass National Medicaid Average (Access to Prescriptions), although six measures maintained or improved since MY 2021 (Getting Care Quickly, Rating of All Health Care, Rating of Health Plan, Access to Prescription Medicines, Getting Needed Information, and Personal Doctor Who Knows Child). CAHPS performance demonstrates an opportunity for improvement of member satisfaction across HealthChoice MCOs.

Table 5. Summary Evaluation of CAHPS Performance Against Quality Strategy Targets and Quality Compass Rates

Measure Comparison between MY 2024 Quality Strategy Targets and MY 2024 Adult CAHPS rates		
# Measures At/Above MY 2024 Quality Strategy Targets	# Measures Below MY 2024 Quality Strategy Targets	Total # CAHPS Measures for Quality Strategy Target Comparison
0	10	10
Measure Comparison between MY 2023 NCQA Quality Compass National Avg and MY 2024 Adults CAPHS rates		
# Measures At/Above MY 2023 Quality Compass Rates	# Measures Below MY 2023 Quality Compass Rates	Total # CAHPS Measures for Comparison*
0	9	9
Measure Comparison between MY 2024 Quality Strategy Targets and MY 2024 Child CAHPS rates		
# Measures At/Above MY 2024 Quality Strategy Targets	# Measures Below MY 2024 Quality Strategy Targets	Total # CAHPS Measures for Quality Strategy Target Comparison
0	15	15
Measure Comparison between MY 2023 NCQA Quality Compass National Avg and MY 2024 Adults CAPHS rates		
# Measures At/Above MY 2023 Quality Compass Rates	# Measures Below MY 2023 Quality Compass Rates	Total # CAHPS Measures for Comparison*
1	13	14

*The *Shared Decision Making* measure is not supported by NCQA, and data is independently collected for MDH.

Table 6. HealthChoice Performance Metrics and Targets – CAHPS Adult and Child

CAHPS - ADULT > NCQA 90th percentile		2022 (MY 2021)	2023 (MY 2022)	2024 (MY 2023)	2025 (MY 2024)	TARGET MY 2024	Performance against Target	Performance against MY 2023 NCQA Quality Compass National Avg (All LOBS)
Getting Needed Care	Patient Experience Domain (Combines two survey questions that address member access to care. Both questions use a Never, Sometimes, Usually, or Always response scale, with Always being the most favorable response. This measure is included in HPR under the sub-domain of Getting Care.	82.9%	78.2%	79.7%	79.1%	86.6%	↓	↓
Getting Care Quickly	Patient Experience Domain (Combines responses to two survey questions that address the timely availability of both urgent and check-up/routine care. The questions use a Never, Sometimes, Usually, or Always scale, with Always being the most favorable response. This measure is reported in HPR under the sub-domain of Getting Care.).	80.8%	78.3%	78.8%	76.8%	85.8%	↓	↓
Rating of Personal Doctor	Satisfaction with Plan Physicians (Patient Experience Domain)	65.25%	64.89%	66.2%	64.7%	68.3%	↓	↓
Rating of Specialist Seen Most Often	Satisfaction with Plan Physicians (Patient Experience Domain)	61.6%	61.8%	65.3%	64.6%	68.3%	↓	↓
Rating of All Health Care	Satisfaction with Plan Physicians (Patient Experience Domain)	55.45%	55.2%	54.5%	54.1%	57.0%	↓	↓
Coordination of Care	Satisfaction with Plan Physicians	84.8%	82.5%	84.6%	81.5%	85.8%	↓	↓

	(Patient Experience Domain)							
Rating of Health Plan	Satisfaction with Plan Services (Patient Experience Domain)	56.5%	55.9%	55.4%	56.9%	58.8%	↓	↓
How Well Doctors Communicate	Combines responses to four survey questions that address physician communication. Results are reported as the proportion of members responding Always or Usually.	93.1%	91.8%	92.6%	92.3%	95.7%	↓	↓
Shared Decision Making	Combines responses to three survey questions that focus on decisions related to prescription medicines. Results are reported as the proportion of members responding Yes. (Note: NCQA retired this composite measure in 2020. The Maryland Department of Health received permission from NCQA to continue using the three Shared Decision-Making questions for tracking purposes.)	80.2%	78.2%	79.9%	80.7%	81.3%	↓	Measure not supported by NCQA
Customer Service	Combines responses to two survey questions about member experience with the health plan's customer service. Results are reported as the proportion of members responding Always or Usually.	89.99%	88.6%	88.7%	87.0%	93.3%	↓	↓
CAHPS - CHILD w/CCC ≥ NCQA 90th percentile		2022 (MY 2021)	2023 (MY 2022)	2024 (MY 2023)	2025 (MY 2024)	TARGET MY 2024	Performance against Target	Performance against NCQA Quality Compass National Avg (All LOBS)

Getting Needed Care	Patient Experience Domain (Combines two survey questions that address member access to care. Both questions use a Never, Sometimes, Usually, or Always response scale, with Always being the most favorable response. This measure is included in HPR under the sub-domain of Getting Care.).	80.2%	78.0%	79.9%	79.8%	92.3%	↓	↓
Getting Care Quickly	Patient Experience Domain (Combines responses to two survey questions that address the timely availability of both urgent and check-up/routine care. The questions use a Never, Sometimes, Usually, or Always scale, with Always being the most favorable response. This measure is reported in HPR under the sub-domain of Getting Care.).	82.1%	81.7%	82.5%	82.1%	93.6%	↓	↓
Rating of Personal Doctor	Satisfaction with Plan Physicians (Patient Experience Domain)	74.8%	73.6%	75.4%	75.9%	79.7%	↓	↓
Rating of Specialist Seen Most Often	Satisfaction with Plan Physicians (Patient Experience Domain)	68.1%	67.4%	70.8%	67.8%	74.8%	↓	↓
Rating of All Health Care	Satisfaction with Plan Physicians (Patient Experience Domain)	70.8%	67.8%	70.6%	70.8%	75.9%	↓	↓
Coordination of Care	Satisfaction with Plan Physicians (Patient Experience Domain)	81.3%	77.9%	80.4%	80.4%	87.2%	↓	↓
Rating of Health Plan	Satisfaction with Plan Services (Patient Experience Domain)	68.4%	66.8%	69.7%	68.9%	72.2%	↓	↓
How Well Doctors Communicate	Combines responses to four survey questions that address physician communication. Results are	92.8%	90.8%	91.5%	91.7%	97.9%	↓	↓

	reported as the proportion of members responding Always or Usually.							
Shared Decision Making	Combines responses to three survey questions that focus on decisions related to prescription medicines. Results are reported as the proportion of members responding Yes. (Note: NCQA retired this composite measure in 2020. The Maryland Department of Health received permission from NCQA to continue using the three Shared Decision-Making questions for tracking purposes.)	78.6%	75.9%	75.5%	74.5%	83.3%	↓	Measure not supported by NCQA
Customer Service	Combines responses to two survey questions about member experience with the health plan's customer service. Results are reported as the proportion of members responding Always or Usually.	89.01%	82.7%	86.9%	85.7%	91.3%	↓	↓
Access to Prescription Medicines	Results are reported as the proportion of members responding Always or Usually.	88.1%	88.3%	88.5%	89.3%	93.3%	↓	↑
Access to Specialized Services	Combines responses to three survey questions addressing the child's access to special equipment or devices, therapies, treatments, or counseling. Results are reported as the proportion of members responding Always or Usually.	69.2%	66.3%	68.8%	69.0%	80.4%	↓	↓
Getting Needed Information	Results are reported as the proportion of members responding	88.7%	88.02%	87.8%	89.6%	95.95%	↓	↓

	Always or Usually.							
Personal Doctor Who Knows Child	Combines responses to three survey questions addressing the doctor's understanding of the child's health issues. Results are reported as the proportion of members responding Yes.	89.9%	90.2%	89.1%	90.5%	92.4%	↓	↓
Coordination of Care for Children with Chronic Conditions	Combines responses to two survey items addressing care coordination needs related to the child's chronic condition. Results are reported as the proportion of members responding Yes.	73.5%	70.1%	73.6%	72.8%	74.8%	↓	↓

↑=Improvement over rate; ↓=Decline over rate

Systems Performance Review

The Systems Performance Review (SPR) is an annual independent review performed by MDH's EQRO to determine whether the MCOs are delivering care in accordance with the federal and state laws, regulations, and policies governing Medicaid managed care. A comprehensive review of eleven standards is conducted every three years. During the interim years, MCOs are evaluated on any newly introduced elements or components, areas where MCOs received unmet findings that required corrective action, and areas meeting standards with additional opportunities for improvement. The minimum compliance score and MY 2024 target for all plans and all standards is 100%.

Table 7 provides a summary of the evaluation, while Table 8 evaluates MCO SPR performance against MY 2024 quality strategy targets. Six of the eleven standards met the 100% compliance requirement. All but one standard (Standard 9) saw improvement since the previous review in MY 2021 (Standard 2 saw improvement when compared to the last review in MY 2018). The HealthChoice composite score for MY 2024 did not meet the 100% performance target and compliance requirement by one percentage point (99%). MCOs with corrective action plans for the standards below compliance thresholds will continue to be monitored.

Table 7. Summary Evaluation of SPR Performance Against Quality Strategy Targets

Comparison between MY 2024 Quality Strategy Targets and MY 2024 SPR Performance		
# Standards At/Above MY 2024 Quality Strategy Targets	# Standards Below MY 2024 Quality Strategy Targets	Total # Standards for Quality Strategy Target Comparison
6	5	11

Table 8. HealthChoice Performance Metrics and Targets - Systems Performance Review

SPR Standards	MY 2015	MY 2018	MY 2021	MY 2024	TARGET MY 2024	Performance against Target
Standard 1: Systematic Process of Quality Assessment	100%	100%	100%	100%	100%	↕
Standard 2: Accountability to the Governing Body*	99%	93%	-	97%	100%	↓
Standard 3: Oversight of Delegated Entities	93%	88%	95%	100%	100%	↕
Standard 4: Credentialing and Recredentialing*	99%	99%	99%	100%	100%	↕
Standard 5: Enrollee Rights	99%	91%	96%	98%	100%	↓
Standard 6: Availability and Access	96%	86%	99%	100%	100%	↕
Standard 7: Utilization Review	94%	93%	94%	95%	100%	↓
Standard 8: Continuity of Care	100%	100%	100%	100%	100%	↕
Standard 9: Health Plan Education*	95%	100%	-	97%	100%	↓
Standard 10: Outreach	96%	100%	99%	100%	100%	↕
Standard 11: Fraud and Abuse	96%	94%	98%	99%	100%	↓
COMPOSITE SCORE	98%	97%	98%	99%	100%	↓

*These standards were exempt from review for MCOs that achieved 100% in past reviews (except for new elements and/or components).

↕=Target achieved; ↑=Improvement over rate; ↓=Decline over rate

Network Adequacy Validation

The HealthChoice Network Adequacy Validation is a direct test of each MCO's primary care network. The EQRO uses a sample of primary care providers (PCPs) drawn from each plan's listing and contacts PCPs via telephone to verify demographic details, panel information, ages served, appointment availability, and more for accuracy. The EQRO then compares the telephonic survey results to the MCO's online provider network directory to determine if the information provided is consistent and easy for HealthChoice consumers to navigate and understand. The primary metrics for the activity are identified below. Table 9 provides a summary of the evaluation, while Table 10 evaluates MCO NAV performance against MY 2024 quality strategy targets. Eight of the nine metrics for MY 2024 are below performance targets and will continue to be monitored, although three compliance areas saw improvement since MY 2021 (Urgent Care Appointment Compliance, PCP Listed in Online Directory, and PCP Accepts New Medicaid Patients for the Listed MCO and Matches Survey Response). The HealthChoice Composite Target for MY 2024 was exceeded by seven percentage points. New Network Adequacy Assessment Protocol 4 was released by CMS in February 2023 and will be incorporated into the next strategy's goals and objectives using MY 2024 as a baseline.

Table 9. Summary Evaluation of NAV Performance Against Quality Strategy Targets

Measure Comparison between MY 2024 Quality Strategy Targets and MY 2024 NAV Performance		
# Metrics At/Above MY 2024 Quality Strategy Targets	# Metrics Below MY 2024 Quality Strategy Targets	Total # Metrics for Quality Strategy Target Comparison
1	8	9

Table 10. HealthChoice Performance Metrics and Targets - Network Adequacy Validation

Network Adequacy Validation Minimum Compliance Score: $\geq 80\%$ HealthChoice Composite Target $\geq 85\%$		MY 2021	MY 2022	MY 2023	MY 2024	TARGET 2024	Performance against Target
Routine Care Appointment Compliance <i>COMAR 10.67.05.07A(3)(b)(iv)</i>		93.8%	87.6%	90.5%	89.4%	100%	↓
Urgent Care Appointment Compliance <i>COMAR 10.67.05.07A(3)(b)(iv)</i>		86.8%	85.2%	89.7%	91.0%	93%	↓
Accuracy of Provider Directory <i>COMAR 10.67.05.02C(1)(d)</i>	PCP Listed in Online Directory $\geq 80\%$	95.9%	96.9%	97.3%	96.7%	97%	↓
	PCP's Practice Location Matched Survey Response $\geq 80\%$	98.2%	93.0%	90.5%	93.1%	98%	↓
	PCP's Practice Telephone Number Matched Survey Response $\geq 80\%$	96.9%	91.0%	92.6%	92.1%	96%	↓
	Specifies that PCP Accepts New Medicaid Patients for the Listed MCO	80.5%	78.3%	77.8%	80.7%	80%	↑

	and Matches Survey Response $\geq 80\%$						
	Specifies Age Specification of Patients Seen $\geq 80\%$	99.6%	96.6%	97.4%	97.1%	100%	↓
	Specifies Languages Spoken by PCP $\geq 80\%$	99.9%	96.6%	96.9%	97.1%	100%	↓
	Specifies Practice Accommodations for Patients with Disabilities (with specific details) $\geq 80\%$	95.8%	92.4%	94.7%	94.8%	100%	↓
HealthChoice Composite		94.16%	90.84%	91.93%	92.44%	$\geq 85\%$	↑

↔=Target achieved; ↑=Improvement over rate; ↓=Decline over rate

HealthChoice Encounter Data Validation

Encounter Data Validation (EDV) is an annual assessment of the completeness and accuracy of the encounter data submitted by the HealthChoice MCOs to MDH. This activity is conducted jointly by the EQRO and MDH's Medicaid data warehouse vendor, The Hilltop Institute, University of Maryland Baltimore County (Hilltop). Hilltop conducts an overall assessment of the encounter data collected to ensure that edit checks work properly, data is submitted timely, and there are few anomalies that could impact the validity of the information provided. The EQRO then selects a sampling of inpatient, outpatient, and office visit medical records to compare the information in the records to the information present on the encounter for accuracy. The primary metrics for the medical record review aspect of the activity are presented below. Table 11 provides a summary of the evaluation, while Table 12 evaluates MCO EDV performance against MY 2024 quality strategy targets. The MY 2024 Targets have been achieved for inpatient match rates in MY 2023, and outpatient match rates are on track to be achieved for MY 2024. Office visit match rates are not on track to meet target rates and are demonstrating a decline in performance, although still above the 90% minimum compliance threshold. The results for MY 2024 are not available until the end of calendar year 2025; therefore, MY 2023 rates were used for target rate comparisons.

Table 11. Summary Evaluation of EDV Performance Against Quality Strategy Targets

Measure Comparison between MY 2024 Quality Strategy Targets and MY 2023 EDV Performance		
# Metrics At/Above MY 2024 Quality Strategy Targets	# Metrics Below MY 2024 Quality Strategy Targets	Total # Metrics for Quality Strategy Target Comparison
1	2	3

Table 12. HealthChoice Performance Metrics and Targets - Encounter Data Validation

EDV Minimum Compliance Score: $\geq 90\%$ HealthChoice Composite Target $\geq 99\%$	Baseline MY 2021	MY 2022	MY 2023	TARGET MY 2024	Performance Against Target
Inpatient Match Rates	99%	100%	99%	99%	↔
Outpatient Match Rates	99%	99%	98%	99%	↓
Office Visits Match Rates	99%	96%	95%	99%	↓

↔=Target achieved; ↑=Improvement over rate; ↓=Decline over rate

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/Healthy Kids Medical Record Review

The EPSDT/Healthy Kids Medical Record Review is conducted annually. This review evaluates PCP adherence to the EPSDT Healthy Kids Periodicity Schedule maintained by the Maryland Healthy Kids Program. The Maryland Healthy Kids Program's primary focus is compliance with EPSDT standards, and a team of nurse consultants work with MCO PCPs to certify whether they understand the principles of EPSDT care. To conduct this activity, the EQRO receives from Hilltop a sample of children aged 0-21 who received services during the calendar year being assessed. The EQRO then reaches out to each provider's office to request a copy of the child's full medical record to determine if they received the appropriate EPSDT services for their age group. Table 13 provides a summary of the evaluation, while Table 14 evaluates MCO EPSDT performance against MY 2024 quality strategy targets. There are five principal components reviewed, and their primary metrics are listed below. Four of the five components are performing below the MY 2024 targets, although above the 80% compliance threshold. Three components (Comprehensive Physical Examination, Immunizations, and Health Education/Anticipatory Guidance) saw improvement when compared to MY 2021 rates. Special focus will be given to specific elements within the Laboratory Tests/At-Risk Screenings component due to the persistent downward trend in performance. The results for MY 2024 are not available until the end of calendar year 2025; therefore, MY 2023 rates were used for target rate comparisons.

Table 13. Summary Evaluation of EPSDT Performance Against Quality Strategy Targets

Measure Comparison between MY 2024 Quality Strategy Targets and MY 2023 EPSDT Performance		
# Metrics At/Above MY 2024 Quality Strategy Targets	# Metrics Below MY 2024 Quality Strategy Targets	Total # Metrics for Quality Strategy Target Comparison
1	4	5

Table 14. HealthChoice Performance Metrics and Targets - EPSDT/Healthy Kids Medical Record Review

EPSDT Minimum Compliance Score: $\geq 80\%$ HealthChoice Aggregate Target $\geq 94\%$		Baseline MY 2021	MY 2022	MY 2023	TARGET MY 2024	Performance Against Target
Health & Developmental History	A comprehensive medical and family history assists the provider in determining health risks and providing appropriate laboratory testing and anticipatory guidance.	95%	96%	93%	94%	↓
Comprehensive Physical Examination	The comprehensive physical exam uses a systems review method that requires documentation of a minimum of five systems (–e.g., heart, lungs, eyes, ears, nose, throat, abdominal, genitals, skeletal-muscular, neurological, skin, head, and face) to meet EPSDT standards.	96%	98%	97%	97%	↔
Laboratory Tests/At-Risk Screenings	The Healthy Kids Program requires assessments of risk factors associated with heart disease, tuberculosis, lead exposure, anemia, and STI/HIV.	83%	85%	80%	87%	↓
Immunizations	Children receiving Medical Assistance must be immunized according to the current MDH Recommended Childhood Immunization Schedule. The immunization schedule is endorsed by The Maryland State Medical Society and is based on the current recommendations of the U.S. Public Health Service’s Advisory Committee of Immunization Practices and the American Academy of Pediatrics. PCPs who see Medicaid enrollees through 18 years of age must participate in the MDH’s Vaccines for Children (VFC) Program.	91%	95%	92%	93%	↓
Health Education/Anticipatory Guidance	Health education enables the patient and family to make informed healthcare decisions. Anticipatory guidance provides the family with information on what to expect in terms of the child’s current and next developmental stage. Information should be provided about the benefits of healthy lifestyles and practices, as well as injury and disease prevention.	94%	97%	96%	94%	↓
HealthChoice Aggregate Totals		93%	95%	93%	$\geq 94\%$	↓

↔=Target achieved; ↑=Improvement over rate; ↓=Decline over rate

HealthChoice External Quality Review Recommendations

In Maryland's [2022](#), [2023](#), and [2024](#) Annual Technical Reports, the EQRO recommended various actions for MDH to take. The Quality Strategy goals and targets were not modified; however, MDH did make improvements to individual activities based on the EQRO's feedback. Responses to those recommendations are outlined below in Table 15.

Table 15. Responses to MDH Recommendations from External Quality Review Activities, 2022-2024

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
Performance Improvement Projects (PIPs)	Provide a forum for MCOs to discuss barriers and share best practices to improve rates among all HealthChoice MCOs *Continued recommendation in 2022, 2023, and 2024 ATRs	MDH hosts quarterly quality assurance liaison committee meetings with MCOs and the quality assurance vendors. During these meetings, MDH has hosted discussions about best practices and common barriers faced during the performance improvement project implementation, in addition to providing technical assistance to improve MCOs' proposed interventions and evaluation. MDH has also implemented an annual sustainability survey that provides MCO productivity updates on terminated strategies and best practices within the current PIP cycle interventions. Because the PIPs have moved to rapid cycle evaluation each quarter, MDH has opportunities to identify common barriers in alignment with the quarterly meetings.	No – Ongoing recommendation;
Encounter Data Validation (EDV)	Continue to work with MCOs to resolve provider data problems *Continued recommendation in 2022 and 2023 ATRs	MDH, in partnership with its data warehouse vendor, continues to review reports more frequently to determine each MCO's encounter data error rate and actively identifies issues that may impact multiple plans.	Yes - This recommendation has been achieved and not continued in the 2024 ATR.

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
	Monitor and work with the MCOs to resolve the usage of the MDH Provider Master File and NPI Crosswalk process. *New recommendation in 2024 ATR	MDH and MCOs continue to meet for review and discussion of issues at the Encounter Data Workgroup Meeting.	No - Currently being monitored.
	Encourage MCOs to ensure providers are enrolled on the date of service and verify their status to address the rise in rejected encounters *Continued recommendation in 2022, 2023, and 2024 ATRs	MDH and MCOs continue to encourage providers to enroll with fee-for-service, maintain active status, and use the tools available online to verify a provider's active enrollment.	No - Ongoing Recommendation
	Continue to monitor monthly encounter submissions to ensure MCOs submit data timely *Continued recommendation from 2022 and 2023 ATRs	MDH continues to encourage MCOs to monitor the consistency of timely monthly encounter data submissions. New goals are being established to further improve timely submissions.	Yes - This recommendation has been achieved and not continued in the 2024 ATR.
	Automatically denying encounters submitted after the maximum time allotted for an encounter. *New recommendation in 2024 ATR	MDH will monitor the volume of encounters submitted after allowance.	No - Currently being monitored.
	Continue to monitor PCP visits by MCO in future validations *Continued recommendation in 2022 and 2023 ATRs	MDH continues to incorporate monitoring PCP visits as part of its validation.	Yes - This recommendation has been achieved and not continued in the 2024 ATR.

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
	Ensure appropriate utilization and improvement in the accuracy of the provider reimbursement field on accepted encounters. *New recommendation in 2024 ATR	MDH will monitor the provider reimbursement fields on accepted encounters.	No - Currently being monitored.
	Continue to work with the MCOs to instill best practices to improve their numbers of denied encounters. Require MCOs with unusually high volumes of \$0 encounters to provide an explanation to MDH and automatically deny \$0 encounters submitted without an indicator as enforcement. *New recommendation in 2024 ATR	MDH will monitor the denied encounters to determine MCO best practice and establish goals.	No - Currently being monitored.
	Continue to review inpatient visit, ED visit, and observation stay data in encounters and compare trends to look for consistency	MDH continues to monitor these trends as part of its encounter data validation activities.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Continue to review and audit participant-level reports for delivery, dementia, participants over age 65, pediatric dental, and missing age outliers in encounter data *Continued recommendation in 2023 and 2024 ATR	MDH continues to monitor encounter anomalies and outliers to verify accuracy.	No – Ongoing Recommendation.
	Instruct MCOs to direct providers to update and maintain accurate billing/claims	MCOs will continue their ongoing efforts in keeping provider billing and claims addresses up to date. MDH	Yes - This recommendation has been achieved and not

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
	address information to reduce returned mail for medical record reviews	worked with each MCO via an EQRO-generated report to rectify provider address issues in the provider sample.	continued in the 2024 ATR.
	Communicate with provider offices and hospitals to reinforce sending all supporting medical record documentation for encounter data review to achieve minimum samples in a timely manner.	MDH continues to work with the MCOs and the EQRO to encourage responsiveness to medical record documentation requests for this activity.	Yes - This recommendation has been achieved and is not continued in the 2023 or 2024 ATRs.
Focused Review of Grievances, Appeals, and Denials	Require MCOs to implement routine quality oversight of report submissions and explore supporting ongoing data quality of reports	MDH and the EQRO work together to share resubmission data with the MCOs. In addition, MDH continues to adjust the submission templates to include formulas and macros that promote accurate reporting. MCOs now utilize attestations when completing their GAD submissions.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Cross-check MCO-reported provider grievances with grievances submitted to MDH to ensure all grievances are counted in MCO reports.	MDH continues to work on an internal process to compare self-reported MCO data to complaint data through its customer service lines.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Clarify the requirements of Hepatitis C preauthorization and appeal reporting requirements to ensure a consistent understanding among MCOs	Hepatitis C medication costs are managed through a separate risk pool and reconciliation process, as outlined in the 2022 HealthChoice MCO Agreement in Appendix L-2. Now that MCOs are responsible for the preauthorization process, the statistics may be reported through the preauthorization template.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Clarify the preauthorization requirements for covered outpatient drugs and the expectation that additional information, if needed to demonstrate medical necessity, be requested at the time of submission of	MDH released transmittal PT85-25 in June 2025 to clarify MCO timelines for Pharmacy preauthorization decisions.	Yes - This recommendation has been achieved.

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
	the preauthorization request. *New recommendation in 2024 ATR		
	Consider conducting focused record reviews of pharmacy-related denials and appeals to determine key drivers of consistently high volume among MCOs	MDH has established an internal process to review preauthorization denials more closely on at least a semiannual basis.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Consider including compliance with timeframes for sending written acknowledgment of grievance receipt, a written resolution of the grievance, and written acknowledgment of appeal receipt in quarterly reporting	MDH will monitor this requirement through the annual SPR. Transmittal PT19-56 was released in September 2025 to address timeframes for written acknowledgements of enrollee grievances.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
	Assess the need for additional grievance service categories	MDH continues to evaluate additional grievance and denial categories to MCO reporting, has added new categories, and will continue to add new categories as needed.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.
Network Adequacy Validation (NAV)	Promote standards/best practices for MCO online provider directory information, including: • Use of consistent lexicon for provider detail information • Use of placeholders with consistent descriptions for provider details that are missing, such as “none” or “none specified” rather than blanks • Require all directories to state the date the information was last updated for easy monitoring	MDH continues to utilize feedback from the EQRO’s provider directory assessments to develop best practices for online provider directories among MCOs.	Yes - This recommendation has been achieved and is not continued in the 2024 ATR.

Activity	ATR EQRO Recommendation	MDH Response	Recommendation Implemented Yes/No
	Continue to monitor the use of urgent care and emergency department services and review utilization trends to ensure members are not accessing these services due to an inability to identify or access PCPs *Recommendation in 2023 ATR and modified in 2024.	MDH continues to evaluate the availability of resources and data for this recommendation.	No - Ongoing Recommendation.
	Ensure MCOs are providing an adequate provider network to promote access and timeliness of care by monitoring MCO enrollee-to-provider ratios. *Continued from 2023 and 2024 ATRs	MDH is monitoring MCO provider networks through an enhanced Network Adequacy Validation based on the new CMS Protocol 4. MCOs also submit network access and availability reports to MDH's Provider Network Management team for review on a quarterly basis.	No - Ongoing Recommendation.
	Ensure MCOs are implementing policies and procedures to promote health equity and monitor the availability of diverse providers with language fluencies other than English. *Continued from 2023 and 2024 ATRs	MDH is monitoring through its annual Network Adequacy Validation activities.	No - Ongoing Recommendation.
	Continue allowing telemedicine appointments for routine or urgent care appointments to accommodate enrollee preferences and needs when appropriate. *Continued in 2022, 2023, and 2024 ATRs	MDH currently permits the use of telehealth for routine and urgent care appointments, as indicated through the NAV reviews.	Yes - This recommendation has been achieved.

Conclusion

Using the principles of continuous quality improvement, Maryland's quality strategy evaluation identified new areas of improvement that will inform the next strategy's development. As demonstrated in this evaluation, Maryland Medicaid continues to overcome the impact of the COVID-19 pandemic on its healthcare quality and will continue monitoring and assessing goals and objectives through quality oversight, collaboration with MCOs and stakeholders, data analysis, health equity initiatives, and performance monitoring. Throughout the evaluation process, MDH discovered that setting pre-pandemic targets for many goals and activities, particularly for HEDIS performance, was not the best approach for long-term goals. While achieving pre-pandemic performance is ideal, MDH intends to set more obtainable goals using prior year benchmarks with yearly quality checks to evaluate if targets need to be realigned with regional or national trends or circumstances like a public health emergency. HealthChoice continues aiming to provide healthcare to low-income Marylanders that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. MDH will continue its commitment to customer service, high-quality care, and stewardship through the implementation and reevaluation of each strategy over time.

Appendix A: Reports and Publications

Current and historical quality assurance reports for the following activities reported in this evaluation may be found on the Maryland Department of Health's [HealthChoice Quality Assurance website](#):

- Annual Technical Report
- Systems Performance Review
- Encounter Data Validation
- Early and Periodic Screening, Diagnosis, and Treatment Healthy Kids Medical Record Review
- Network Adequacy Validation
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The Section 1115 waiver renewal documents may be found [here](#). The Section 1115 HealthChoice evaluations may be found [here](#).

The HealthChoice MCO Agreements by year can be found [here](#).



Maryland Department of Health
Maryland Medicaid Administration
201 West Preston Street
Baltimore, MD 21201