



**Maryland Department of Health (MDH)  
Managed Care Administration  
Report on  
HealthChoice Performance Improvement Project (PIP) Interventions  
*Annual 2023 Report Analysis***

## **Introduction**

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

In addition to Maryland's contracted External Quality Review Organization (EQRO) PIP validation analysis of the MCOs' PIP design and implementation, the Maryland Department of Health (MDH) Managed Care Administration evaluates the created PIP strategies and intervention activities to help the HealthChoice MCOs develop impactful and sustainable improvements and best practices. Ultimately, MDH aims to encourage MCOs to utilize their PIPs to participate in the population health efforts across Maryland and influence the health and health outcomes across the communities they serve. This report assesses the

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



sustainability of the PIP interventions and continued activities from the 2016-2021 PIP cycle and a comparative analysis of the MCOs' PIP interventions across the HealthChoice program.

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.

In addition to providing ongoing feedback on the current PIP approaches, MDH implemented a new process to conduct a survey of all HealthChoice MCOs to learn more about the actions taken to maintain improvement on the previous PIP topics. The team will continue to monitor the previous study performance indicators for three calendar years after the conclusion of the PIP. The inaugural survey was conducted on June 27, 2023. This MY 2022 report describes the MCOs' survey responses about the ongoing activities and outcomes of the PIP Topics Childhood Lead Screening (Lead) (MY 2017 - MY 2021) and Asthma Medication Ratio (AMR) (MY 2016 - MY2021).

The PIP cycles are typically organized into baseline year, first measurement year, and second measurement year. Due to the negative effects of the pandemic on routine healthcare functions, the AMR and Lead PIPs were extended beyond the traditional three-year period to allow time for adjustments and recovery. At the end of 2022, MDH concluded the previous PIP cycle and selected new PIP topics. In addition to the determination of the ongoing sustainability of improvements achieved in the prior years' PIPs, MDH will resume its annual assessment of interventions under the new PIP topics in next year's report.

## **PIP Sustainability Assessment**

### *Review Process*

The MDH review panel includes the HealthChoice Medical Director and Quality Assurance Health Policy Analyst. Together, they oversee and evaluate all PIP reporting and the MCOs' associated improvement progress. In order to assess the sustainability of the prior years' PIP interventions, a survey was issued to the MCOs to list 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 that 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 MDH evaluation results for the current evaluation period across all nine of the Maryland HealthChoice MCOs: Aetna Better Health (ABH)<sup>2</sup>, 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

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



Choice (MSFC), Priority Partners Managed Care Organization (PPMCO), UnitedHealthcare Community Plan (UHC), and Wellpoint Maryland (WPM<sup>3</sup>).

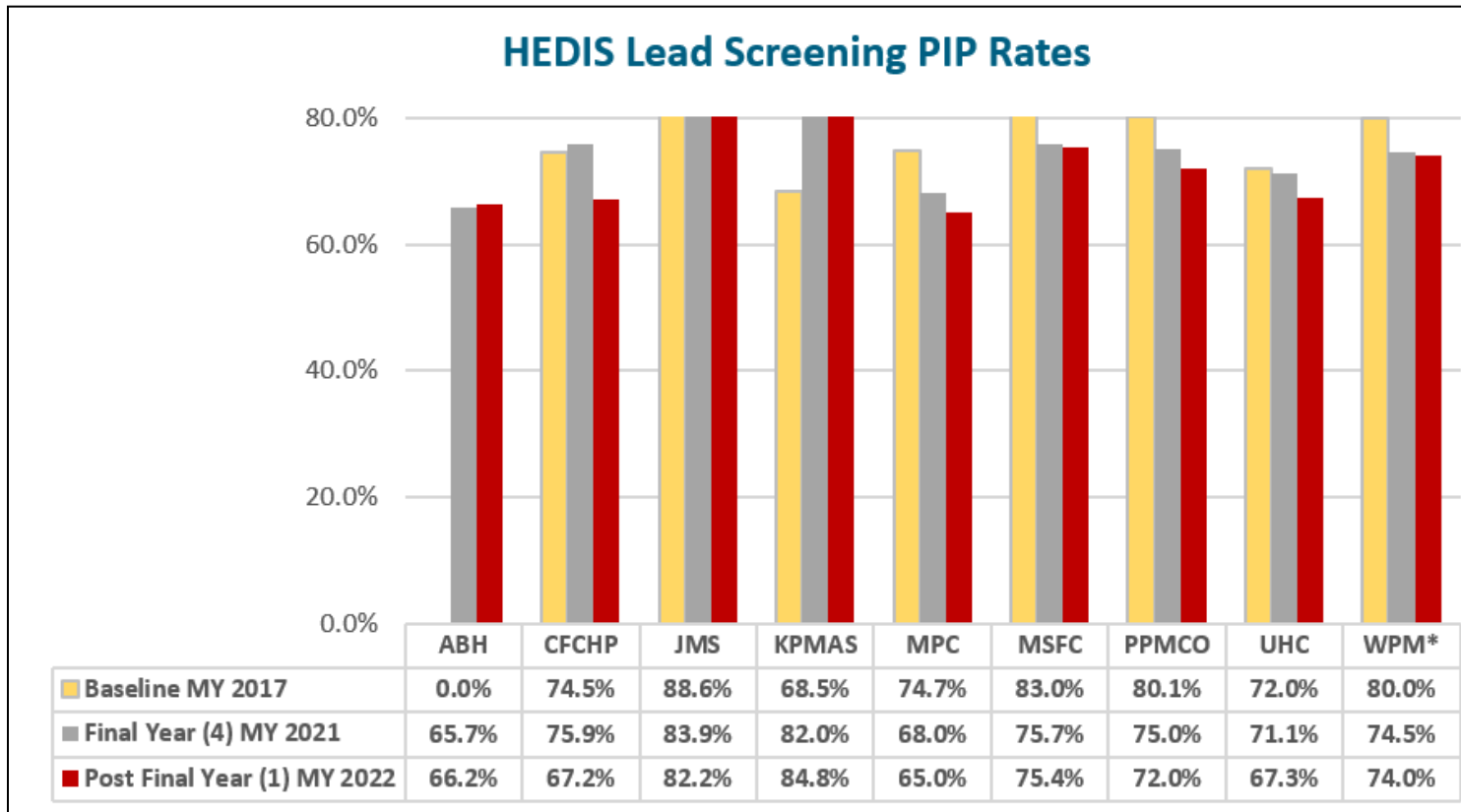
The measurement year rates for the baseline year, the final year of the PIP and the first year post-PIP were compared and shown in [Figures 1](#) and [2](#) below.

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<sup>3</sup> WPM was formerly known as AMERIGROUP Community Care (ACC) during MY2021.



Figure 1: HEDIS Lead Screening Rates, MY 2017, MY 2021, MY 2022

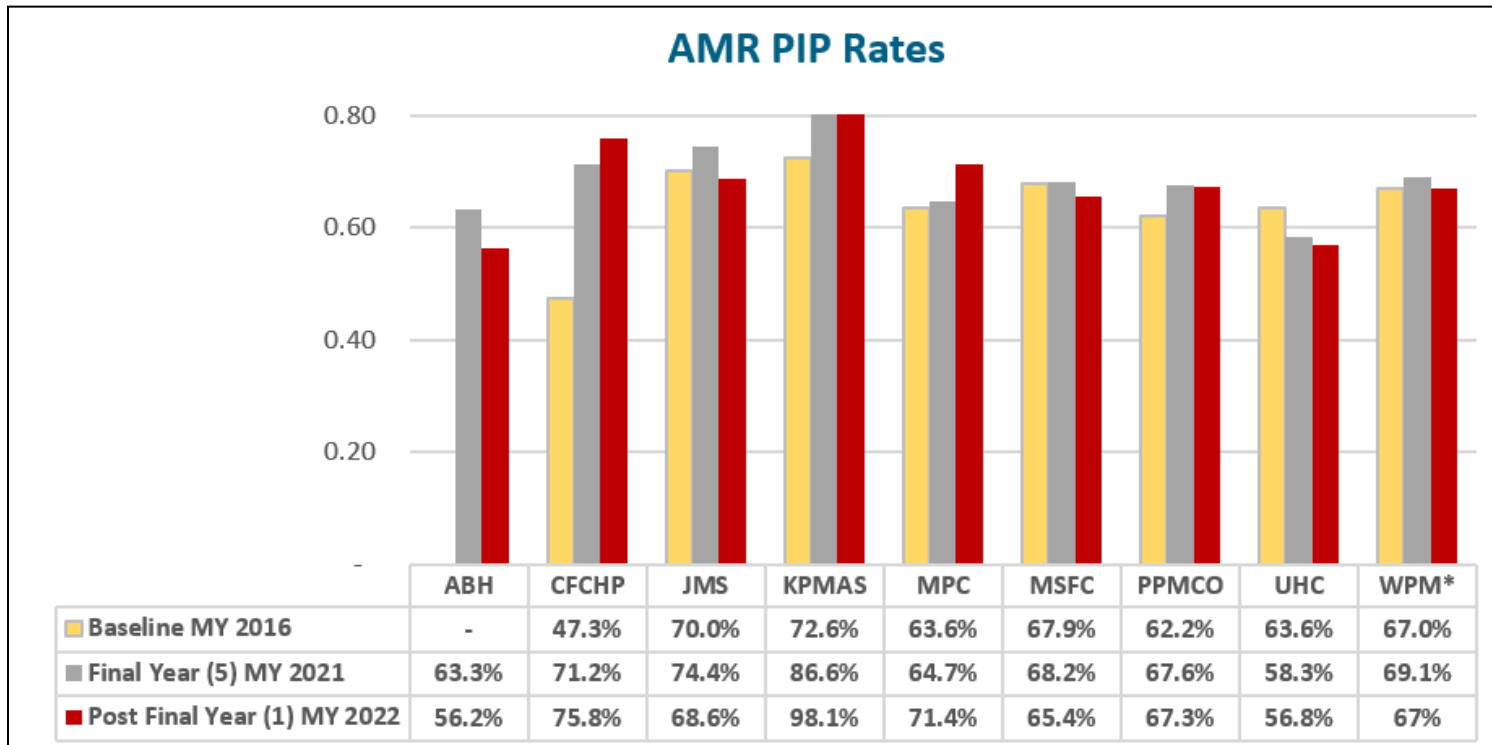


\*WPM was formerly known as AMERIGROUP Community Care (ACC) during MY2021.

For Lead HEDIS rates (Figure 1), four of the nine MCOs showed a decrease in the first year post-PIP. Three MCOs maintained the same rates (the change in rate percent was less than 1%), and two MCOs increased their rates. The AMR HEDIS rates (Figure 2) decreased in the first year post-PIP for five of the nine MCOs. One MCO maintained the same rate, while three MCOs increased their rates.



Figure 2: HEDIS AMR Rates, MY 2016, MY 2021, MY 2022



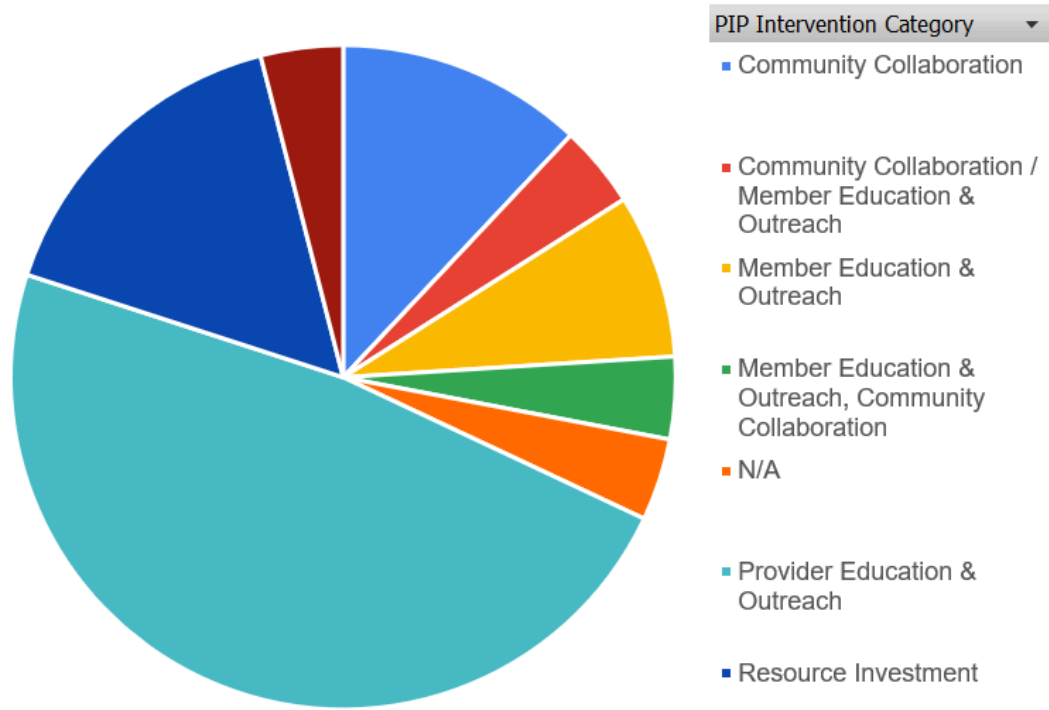
\*WPM was formerly known as AMERIGROUP Community Care (ACC) during MY2021.

**Sustainability Results: Continued Performance Improvement Activities**

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



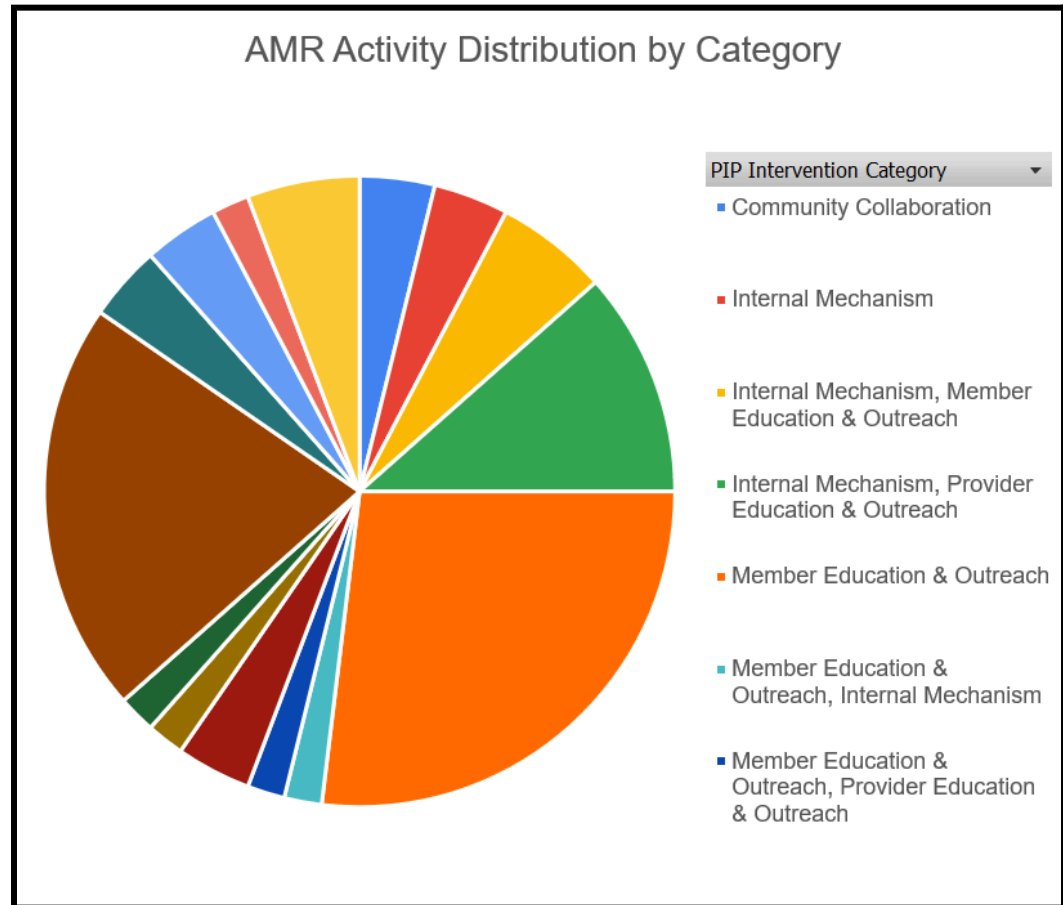
### LEAD Activity Distribution by Category



[Pie Chart 1: LEAD Activity Distribution by Category](#) shows the variation of activity categories most widely used across all MCOs. Provider Education & Outreach and Resource Investment ranked the highest in methods of approach to improve lead testing measures among children 2 years of age. MCOs who had ongoing activities that combined outreach and education with community collaborations and investment in additional resources for providers and members appeared to have better success. Examples of activities that helped MCOs maintain or increase their HEDIS rates include Provider Performance Incentives, and identifying gaps in care. Community Collaboration and Member Education & Outreach followed closely, with examples such as Lead Point of Care Testing Pilots in conjunction with Community Providers and lead testing initiatives through wellness events.

[Pie Chart 2: AMR Activity Distribution by Category](#)

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







## Conclusion

Since the implementation of MDH's evaluation process, the HealthChoice MCOs have shown improvement. The plans have shifted away from interventions that rely heavily on passive improvement tactics and towards more impactful and sustainable approaches that can be evaluated through an iterative process.

In 2022, the Lead PIP and the AMR PIP were retired and new PIP topics were introduced in CY 2023. These topics align with Maryland's population health goals and remain relevant to transforming healthcare and advancing successful health outcomes for all Marylanders. As the MCOs begin a new PIP cycle, they are encouraged to make the most of the PIP process using lessons learned from the EQRO and MDH feedback to help 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.

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



Appendix A:

Lead Activities and Corresponding Measure Change, 2023 (MY 2021 vs. MY 2022)

MCO	Activity	HEDIS Rate Change (↑, ↓, ⊘)
ABH	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	
	Utilize the QPL program to improve Gaps in Care related to Lead testing.	
CFCHP	Establish Community Partnerships - Live Chair Health Pilot	↓
	Gaps in Care Report Delivery	
	Pilot Project of Provider Engagement	
JMS	Partnership with MDH Environmental Case Mgmt Program	↓
	PCP Missed Opportunities	
KPMAS	Dedicated Medicaid Outreach Team, Centralized outreach letter dissemination and electronic messages (including in Spanish Language versions), and Drive Up Phlebotomy*	↑
	Centralized outreach letter dissemination and electronic messages (including in Spanish Language versions)*	
	Drive Up Phlebotomy*	
MPC	Lead testing through Wellness Events and Doctor Days	↓



MCO	Activity	HEDIS Rate Change (↑, ↓, ⊘)
MSFC	Gaps in Care Report Delivery	↓
	Lead Point of Care Testing Pilot with Community Providers to improve Lead testing Gaps in Care	
	Lead testing through Wellness Events and Doctor Days	
	Partnership with MDH Environmental Case Mgmt Program	
	Incentivized lead screening for members	
PPMCO	Free, Same-day Transportation through Lyft	↓
	Lead Point of Care Testing Pilot with Community Providers to improve Lead testing Gaps in Care	
	Provider Education Collaboration & Opportunity Reports	
	Provider Performance Incentive	
UHC	Gaps in Care Report Delivery	↓
	PCP Missed Opportunities	
	Provider Education / Medical Record Audit	
	Provider Education Collaboration & Opportunity Reports	
	Provider Performance Incentive	
WPM	Provider Education / Medical Record Audit	↓

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

\*KPMAS's response on the 2023 PIP Sustainability Survey for MCOs (MY 2022) indicated that all initial Lead interventions have been discontinued and additional interventions were implemented.



*AMR Activities and Corresponding Measure Change, 2023 (MY 2021 vs. MY 2022)*

MCO	Activity	HEDIS Rate Change (↑, ↓, ⊘)
ABH	N/A*	↓
CFCHP	90 Day Montelukast supply	↑
	90-Day Controller Conversion Program	
	90-Day Prescriptions for Select Medications	
	Asthma Quality Program	
	Medication Reminders	
	Monthly Provider HEDIS AMR Gaps in Care Report	
	NDC Code Mapping	
	Physician Outreach	
JMS	Biweekly review of controller medication refills	↓
	Controlling Excessive Fills for Albuterol	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
KPMAS	ACT Workflow (ages 12 and older)	↑
	Electronic Medical Record Alert	
	Enhanced Mail Order Services	
	Medication Reminders	
	Monthly Clinical Quality Performance Report	



MCO	Activity	HEDIS Rate Change (↑, ↓, ⊘)
MPC	90-Day Rx Refill Program	↑
	Asthma Action Plan Comprehensive Outreach	
MSFC	90-Day Controller Conversion Program	↓
	Asthma Quality Program	
	Biweekly review of controller medication refills	
	Controlling Excessive Refills for Albuterol	
	Direct Email Communication with Providers	
	Electronic Medical Record Alert	
	Mail Order Program and Retail-90	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Monthly Provider HEDIS AMR Gaps in Care Report Distribution	
PPMCO	90-Day Prescriptions for Select Medications	↓
	Cipher Outreach	
	First Fill Drop Off Outreach	
	Off Therapy Outreach	
	Opportunity Reports	
	Pharmacy Clinician Phone Outreach to Members and Providers	
	Pharmacy Fax Program	



MCO	Activity	HEDIS Rate Change (↑, ↓, ⊘)
UHC	90-Day Rx Refill Program	↓
	AdhereHealth	
	Asthma Therapy Optimization Report	
	Contract with emocha Health to provide video-based medication adherence services	
	Controlling Excessive Fills for Albuterol	
	Green and Healthy Homes Initiative (GHHI)	
	Medication Reminders	
	Member Direct Health Education Regarding Asthma Medication and Treatment	
	Member Formulary	
	Opportunity Reports	
	Physician Outreach	
	Targeted Telephonic Health Coaching	
	Virtual Medication Adherence Vendor: Eموcha	
WPM	90 Day Montelukast supply	↓
	Clinical Pharmacy Call Center Asthma Call Campaigns / Medicaid Quality Pharmacy Programs	
	Green and Healthy Homes Initiative (GHHI) Partnership	

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

\*As this was ABH's 1st submission and a baseline study, interventions were not required. However, ABH has implemented an ongoing process to refer members identified with persistent Asthma and non-adherence with Asthma medications to Care management for engaged enrollment. To improve the care management coaching of the Asthmatic members, the Pharmacy has provided training/education on Asthmatic rescue Inhalers versus maintenance inhalers to all Care Management staff with a document provided for easy reference.