Qlarant

Medicaid Managed Care Organization

Performance Improvement Project Validation

Annual Report

Measurement Year 2022

Submitted March 2024

Maryland
DEPARTMENT OF HEALTH

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Maryland HealthChoice Annual Report

Performance Improvement Project Validation

Baseline Measurement Year 2022

Introduction and Overview

The Maryland Department of Health (MDH) is responsible for the evaluation of the quality of care provided to Medical Assistance enrollees in the HealthChoice program. To ensure the services provided meet acceptable standards for quality, access, and timeliness of care, MDH contracts with Qlarant to serve as the external quality review organization (EQRO). As part of the external quality review (EQR), Qlarant completes an annual evaluation of Performance Improvement Projects (PIPs) conducted by the Managed Care Organizations (MCOs).

PIPs are designed to achieve significant improvement, sustained over time, in clinical care and non-clinical care areas. Projects are expected to have a favorable effect on health outcomes and enrollee satisfaction. PIPs must be designed, conducted, and reported in a methodologically sound manner. Qlarant uses the *Centers for Medicare & Medicaid Services (CMS) Protocol 1, Validation of Performance Improvement Projects,* as a guideline in PIP review activities[1].

HealthChoice MCOs conduct two PIPs annually. As designated to align with statewide public health and Medicaid innovation initiatives, specifically, the Statewide Integrated Health Improvement Strategy[2] to reduce severe maternal morbidity, MDH introduced the Timeliness of Prenatal Care and Identification of High-Risk Pregnancies (Prenatal Care PIP) and the Maternal Health and Infant/Toddler Care During the Postpartum Period (Postpartum Care-Related PIP) PIP topics to replace the Asthma Medication Ratio (AMR) PIP and the Lead Screening PIP for measurement year (MY) 2022. For the baseline MY 2022, MCOs were provided the Prenatal and Postpartum Care PIP topics with the following aim statements:

- Prenatal Care PIP topic: Will the implementation of targeted interventions focused on enrollees, providers, and the MCO improve and sustain annual HEDIS performance rates in the area of Timeliness of Prenatal Care?

[1] CMS EQRO Protocols

[2] https://hscrc.maryland.gov/Pages/Statewide-Integrated-Health-Improvement-Strategy-.aspx

- Postpartum Care-Related PIP topic: Will the implementation of targeted interventions focused on enrollees, providers, and the MCO 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?

MCOs were provided a list of strategies to choose from for each PIP topic, which are included in Appendix A. The prenatal care PIP topic consists of one mandatory strategy, *improve completion and use of the Maryland Prenatal Risk Assessment (M-PRA)*, and MCOs were to choose two additional strategies. The postpartum care-related PIP topic focused on two strategies selected by the MCO. MCOs were to select PIP strategies most appropriate for their member populations and available resources. All strategies selected were required to include a health equity focus to address health outcomes among the most disparate populations by conducting disparity analyses, including member feedback, and examining resources.

MCOs submit PIP progress and updates on a quarterly basis for Qlarant and MDH to provide real-time feedback and guidance following the rapid cycle and Plan, Do, Study, Act (PDSA) process. During the MY 2022 baseline year, MCOs focused on research, planning, and development of PIP strategies and interventions.

This report summarizes the findings from the validation of both PIPs. The MCOs who conducted PIPs during calendar year 2023 (MY 2022) are identified below.

- Aetna Better Health (ABH)
- Jai Medical Systems, Inc. (JMS)
- CareFirst Community Health Plan (CFCHP)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Maryland (WPM)[3]

[3] Previously Amerigroup Community Care (ACC) prior to January 1, 2023.

Quality Strategy Highlights

MDH aims to deliver high quality, accessible care to managed care members. To achieve this goal, MDH developed a framework to focus quality improvement efforts for the HealthChoice programs. Per the HealthChoice Quality Strategy 2022-2024[4], MDH has set a task goal of increasing the HEDIS® Prenatal and Postpartum Care: Timeliness of Prenatal Care measure rate to 88.2% and the HEDIS® Prenatal and Postpartum Care: Postpartum Care measure rate to 81.3% for all MCOs. For baseline MY 2022, five of the nine MCOs have exceeded the prenatal care measure rate goal of 88.2% (CFCHP, KPMAS, MPC, PPMCO, and WPM). For baseline MY 2022, six of the nine MCOs have exceeded the postpartum care measure rate goal of 81.3% (CFCHP, JMS, KPMAS, MPC, MSFC, and PPMCO). Each MCO is expected to improve the baseline MY 2022 measure rates (with the exception of Childhood Immunization Status: Combo 3) by five percentage points over the life of the prenatal care and postpartum care PIPs for MCOs that are performing within the 90th percentile. MCOs are expected to improve the baseline MY 2022 measure rate for the Childhood Immunization Status: Combo 3 (CIS-3) measure to perform above the 90th percentile by the end of the life of the PIP.

PIP Validation Methodology

Qlarant reviews each PIP to assess the MCO's PIP methodology and performs an overall validation of PIP results. Qlarant completes these activities in a manner consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects*. The nine PIP review steps and Qlarant's approach are described in Table 1:

Table 1. Nine–Step Review Process

CMS Protocol Requirement	Qlarant/State Implementation
Step 1. Topic	
The study topic selected must be appropriate and relevant to the MCO's population.	The State selected the PIP topic.
Step 2. Aim Statement	
The aim statement must be clear, concise, measurable, and answerable.	The State provided both aim statements to align with statewide public health and Medicaid innovation initiatives. Strategies and process metrics provided to MCOs are included in Appendix A.
Step 3. Performance Measures and Population[5]	
The study population must reflect all individuals to whom the study questions and indicators are relevant.	Qlarant determines whether the MCO identifies the PIP population in congruence with the aim statement.

[4] MDH HealthChoice Quality Strategy
[5] Qlarant executed steps 3 & 5 according to *CMS EQR Protocol 1 and is cross walked in step 3*.

The performance measures should be appropriate, measurable, and relative to the study population.	Qlarant assesses whether the selected PIP variables are appropriate for measuring and tracking improvement. Performance measures should be objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on member outcomes.
Step 4. Sampling Method	
The sampling method must be valid and protect against bias.	If the MCO studied a sample of the population rather than the entire population, Qlarant assesses the appropriateness of the MCO's sampling technique. When the MCO studies the entire population, this step is not required.
Step 5. Data Collection Procedures	
The data collection procedures must use a systematic method of collecting valid and reliable data.	Qlarant evaluates the validity and reliability of MCO procedures used to collect the data displaying PIP measurements.
Step 6. Data Analysis and Interpretation of Results	
The study findings, or results, must be accurately and clearly stated.	Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used and if the MCO's analysis and interpretation were accurate. A comprehensive quantitative and qualitative analysis is required for each project indicator. In the quantitative analysis, current performance compared to baseline and previous measurements are assessed. Performance is also evaluated against goals/benchmarks. The qualitative analysis focuses more on the project's level of success and identified barriers, and provides an assessment of interventions. Each intervention utilizes the continuous quality improvement process using a Plan-Do-Study-Act (PDSA) analysis to determine whether the intervention is achieving the desired outcome. This analysis reflects the study findings and includes a description of the rationale for continuing, discontinuing, or altering the planned activity.
Step 7. Improvement Strategies (Interventions)	
The improvement strategies, or interventions, must be reasonable and address barriers on a system level.	Qlarant assesses the appropriateness of interventions for achieving improvement. Each intervention is assessed to ensure that barriers are addressed. Interventions must be multi-faceted and produce permanent change. Effective interventions are tailored using specific, measurable, achievable, relevant, and time-oriented (SMART) objectives designed for the priority population. Interventions use upstream approaches, such as policy reforms, workflow changes, and resource investments.
Step 8. Significant and Sustained Improvement	
The project results must demonstrate real improvement.	Qlarant evaluates improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance. Improvement should also be

	linked to interventions and based on desired outcomes, as opposed to an unrelated occurrence or solely a participation tally. This assessment is correlated to Step 8, Improvement Strategies. If interventions are assessed as reasonable and expected to improve outcomes, then the improvement is correlated to the project's interventions. Sustained improvement is assessed after the second remeasurement has been reported. Results are compared to baseline to confirm consistent and sustained improvement.
Step 9. State Specific Strategies[6]	
Improvement strategies must prove to be effective and demonstrate efforts to identify and prioritize members specific to the selected strategies.	Evidence must be provided to show that interventions were modified to improve the effectiveness of the strategy based on process metric feedback. Improvement strategies must identify and prioritize members specific to the selected strategies.

Rapid Cycle PIP Process

All PIPs will use the rapid cycle PIP process to provide MCOs with a quality improvement method that identifies, implements, and measures changes over short periods. This PIP process aligns with the CMS EQR PIP Validation Protocol and a quarterly reporting template is provided to MCOs. Qlarant assists the MCOs in the rapid cycle PIP process by providing quarterly PIP assessments, making recommendations, and breaking down the process into manageable steps based on the PIP development and implementation requirements:

1. Develop an appropriate project rationale based on supporting MCO data.
2. Identify performance measures that address the project rationale and reflect the study question/aim statement. Qlarant's team works to ensure MCOs have the appropriate performance measures and data collection methodologies in place to facilitate accurate and valid performance measure reporting.
3. Identify barriers, including enrollee, provider, and MCO barriers.
4. Develop sustainable improvement processes and interventions that include key stakeholders and address the identified barriers. The interventions should support and apply the selected strategies in a strategic, systemic, and sustainable way.
5. Measure, assess, and analyze the impact of the interventions. MCOs must measure performance frequently (such as on a monthly or quarterly basis). It is critical to study intervention outcomes to determine which interventions may be effective and which interventions may need to be modified, replaced, or eliminated using performance measure results. Ultimately, the MCO should be able to assess how the intervention impacts the study indicator(s).

[6] Step 9 has been added by MDH and Qlarant.

The rapid cycle PIP approach is continuous and allows the MCOs to monitor their improvement efforts over short time periods (monthly or quarterly). Frequent monitoring allows for quick modifications when necessary. The ultimate goal is for MCOs to improve performance in a short amount of time and sustain improvement resulting in a long-term, positive impact on enrollee health outcomes.

PIP Scoring Methodology

Qlarant rates each component within a step as *Met (M)*, *Partially Met (PM)*, *Unmet (UM)*, or *Not Applicable (N/A),* which results in an assigned score as defined in Table 2 below. A final assessment is made for all nine steps, with numeric scores provided for each component and step of the validation process. Each component assessed within each step is of equal value. A description of the rating and the associated score follows:

Table 2. Rating Scale for PIP Validation

Rating	Criteria	Score
Met (M)	All required components are present	100%
Partially Met (PM)	At least one, but not all components are present	50%
Unmet (UM)	None of the required components are present	0%
Not Applicable (N/A)	None of the components are applicable	N/A

Qlarant PIP reviewers evaluate the results of each step in the review process by answering a series of applicable questions, consistent with protocol requirements. Reviewers seek additional information and/or corrections from MCOs during quarterly reviews in preparation for the annual review when needed during the evaluation.

The PIP validation score is the sum of all the step scores used to evaluate whether the PIP is designed, conducted, and reported in a sound manner and determines the degree of confidence a state agency can have in the reported results. Qlarant evaluates confidence levels based on the PIP Validation scores as follows in Table 3.

Table 3. Confidence Levels

MCO Reported Results	PIP Validation Score
High Confidence	90%-100%
Confidence	75%-89%
Low Confidence	60%-74%
Not Credible	59% or lower

PIP Validation Results

This section presents an overview of the findings from the MCOs' research and development of strategies and interventions from the validation activities completed for each PIP submitted by the MCOs for baseline MY 2022. Each MCO's PIP was reviewed against all applicable components contained within the nine steps. Step 8, *Significant and Sustained Improvement,* was not included for validation of the baseline MY due to a lack of repeat measurement years for comparison. Recommendations for each step that did not receive a *Met* rating follow each MCO's results in this report.

Timeliness of Prenatal Care and Identification of High-Risk Pregnancies

All Prenatal Care PIPs focused on the overarching goal of increasing the percentage of pregnant enrollees' engagement with timely prenatal care visits during MY 2022 by focusing on the HEDIS®[7] Prenatal and Postpartum Care: Prenatal Care (PPC-CH) measure rates. The HEDIS Prenatal Care measure assesses the access to prenatal care by the percentage of deliveries in which members had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.

Prenatal Care PIP Interventions Implemented

Although there was an absence or limited analysis of the effectiveness of interventions due to the baseline measurement year, the MCOs implemented the following interventions:

- Coordinate and collaborate with the local county health departments (LHDs) to cultivate improved provider completion and timely submission of M-PRAs to the LHD/MCOs
- Standardize an electronic workflow for M-PRA
- Contract Medicaid-enrolled Doulas

[7] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Expand doula and home visiting services (HVS) network
- Referral process improvement for doulas/HVS
- Increase the number of identified pregnant members with substance use disorder (SUD) and integrate workflows to increase the number of identified pregnant SUD members into enhanced case management
- Establish community-based substance use provider partnerships to identify pregnant persons with Opioid Use Disorder (OUD) and refer them to the Maternal Opioid Misuse (MOM) Case Management Program
- Implement a second CenteringPregnancy location

Prenatal Care PIP Identified Barriers

Annually, the HealthChoice MCOs perform a barrier analysis to identify root causes, barriers to optimal performance, and potential opportunities for improvement. The annual analysis identifies barriers to care for enrollees, providers, and the MCOs. Common barriers across all or the majority of MCOs for the Prenatal Care PIP were identified as follows:

Enrollee Barriers:

- Members do not always start their prenatal care during the first trimester
- Lack of transportation to appointments
- Limited obstetrical (OB) providers in rural areas
- Lack of awareness or acceptance of the pregnancy
- Lack of adequate Doulas to serve members' geographic location
- Lack of awareness of the Medicaid benefit for free doula care and/or HVS
- Lack of awareness of the benefits and services that doulas and HVS agencies provide
- Fearful of admitting SUD to providers due to fear that they could face criminal charges or have their child taken away postpartum

Provider Barriers:

- Administrative barriers due to limited staffing
- Providers not aware of the importance of completing the M-PRA or having a process in place for consistently completing the M-PRA
- Lack of available doulas
- Provider offices unable to reach members consistently for appointment reminders
- OB offices operating at capacity
- OB office will not be aware of a patient's pregnancy until after the patient has reached out to ask for the visit
- OBs, PCPs, and Case Managers lack of awareness that their patients are eligible for free doula care and/or HVS as part of their Medicaid benefits

- Complicated process of enrolling in ePREP and the low payment rates for doula and HVS available through Medicaid
- OB providers' lack of time to develop the relationship needed for patients to share their SUD status
- OB providers' lack of understanding the importance of communicating the SUD statuses of their patients back to the MCO

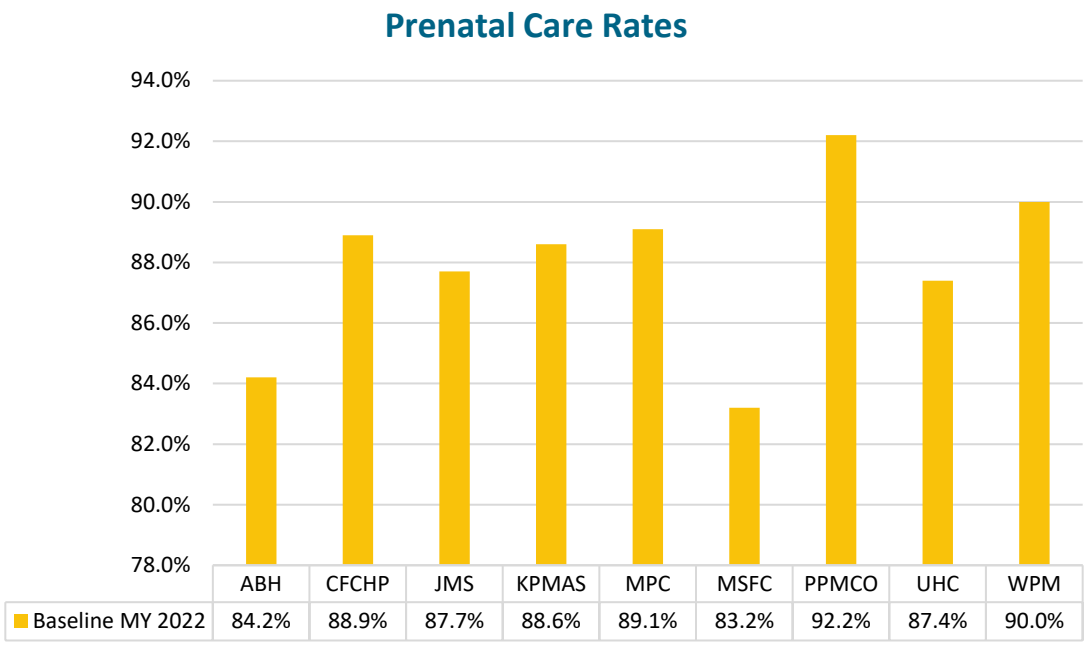
MCO Barriers:

- The need to strengthen relationships with LHD(s) and network OB providers
- Inefficient tracking of M-PRAs
- The carve out of behavioral healthcare prevents full member data availability for treatment or history of SUD
- The need to develop or improve reports for data collection
- Lack of in-network doulas and/or HVS providers
- Being able to quickly identify all members who are pregnant and determine if a member has received care during the first trimester
- Inconsistencies between members identified with SUD based on claims and members who admit to SUD when surveyed

Prenatal Care PIP Indicator Results

MY 2022 is the baseline MY with data collection for the Prenatal Care PIP. Figure 1 represents the Prenatal Care PIP indicator rates for all MCOs. Table 5 compares the MCO indicator rates to the HEDIS® 2022 NCQA Quality Compass Medicaid benchmarks.

Figure 1. MY 2022 Prenatal Care Indicator Rates



The MCOs' prenatal care rates range from 83.2% (MSFC) to 92.2% (PPMCO) for MY 2022.

Table 4. Diamond Rating System Used to Compare MCO Performance to Benchmarks

Diamond Rating System	
Diamonds	MCO Performance Compared to Benchmarks
♦♦♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.
♦♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 75th Percentile but does not meet the 90th Percentile.
♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 50th Percentile but does not meet the 75th Percentile.
♦	MCO rate is below the NCQA Quality Compass 50th Percentile.

Table 5. Prenatal Care Percentage Rates MCO Performance Comparison to Benchmarks

Prenatal Care Rates		
MCO	**MY 2022 Rate**	**Qlarant Diamond Rating**
ABH	84.2%	♦
CFCHP	88.9%	♦♦♦
JMS	87.7%	♦♦
KPMAS	88.6%	♦♦♦
MPC	89.1%	♦♦♦
MSFC	83.2%	♦
PPMCO	92.2%	♦♦♦♦
UHC	87.4%	♦♦
WPM	90.0%	♦♦♦

The majority of MCOs' performance rates for prenatal care met or exceeded the HEDIS® 75th percentile (CFCHP at 88.9%, KPMAS at 88.6%, MPC at 89.1%, and WPM at 90.0%). PPMCO was the only MCO that met or exceeded the HEDIS® 90th percentile at 92.2%. JMS and UHC met or exceeded the HEDIS® 50th percentile at 87.7% and 87.4%, respectively. ABH and MSFC's performance rates fell below the HEDIS® 50th percentile at 84.2% and 83.2%, respectively.

Maternal Health and Infant/Toddler Care During the Postpartum Period PIPs

For the Postpartum Care-Related PIP topic, MCOs selected two out of three strategies in the areas of Prenatal and Postpartum Care: Postpartum Care (PPC-AD), Well-Child Visits in the First 30 Months of Life (W30 First 15 Months and W30 15 Months to 30 Months), and Childhood Immunization Status: Combo 3 (CIS-3). MCOs' goals for improving specific HEDIS® measure rates depended on what HEDIS® measure rates

aligned with the MCOs' selected strategies. For example, MCOs that selected the "Value-added benefits for well-child care" and "Improve immunization rates" strategies set goals to improve the W30 and CIS-3 HEDIS® measure rates.

Postpartum Care-Related PIP Interventions Implemented

Although there was an absence or limited analysis of the effectiveness of interventions due to the baseline measurement year, the MCOs implemented the following interventions:

- HVS process to prioritize members with higher/increased health risk for HVS referrals
- Schedule immunization clinic days at Federally Qualified Health Centers (FQHCs)
- Postpartum home visit referral process
- Identifying members overdue for DTaP
- Postpartum depression screening patient-level tracking
- Leverage provider-patient relationships to refer and enroll individuals in doula and/or home-visiting services
- Healthy Steps enrollment
- Increasing providers' utilization and documentation of an electronic postpartum depression screening tool: The Edinburgh Postnatal Depression Scale (EPDS)
- Improving combo-3 immunization rates
- Assessing Social Determinants of Health (SDoH) to improve immunization rates
- Addressing SDoH to improve overall wellness

Postpartum Care-Related PIP Identified Barriers

Below are common barriers the majority of HealthChoice MCOs identified for the Postpartum Care-Realted PIP.

Enrollee Barriers:

- Inaccuracies of member contact information due to the instability of housing
- Limited transportation
- Knowledge deficit of how postpartum and preventive/chronic condition management visits contribute to overall health and well-being
- Limited providers and appointment availability
- Unmet social needs (e.g. housing, food, transportation) that impact the ability to attend visits
- Knowledge deficit regarding MCO resources
- Attitudes toward healthcare
- Poor health literacy

Provider Barriers:

- Inconsistency with use of the correct postpartum code and prenatal depression screening code
- Providers operating at capacity and unable to enroll new members for HVS
- Limited provider office staffing and appointment availability
- Lack of a consistent referral process across service providers
- Administrative barriers due to limited staffing
- Inconsistency with providing member education
- Low reimbursement for doula services and the requirements to enroll are challenging for the doula providers (i.e., ePREP)
- Knowledge deficits regarding specific member gaps in well-child visits and immunizations
- Sparse provider network (medical desert)
- Unfamiliarity with cultural norms or alternative therapies used in the postpartum recovery period

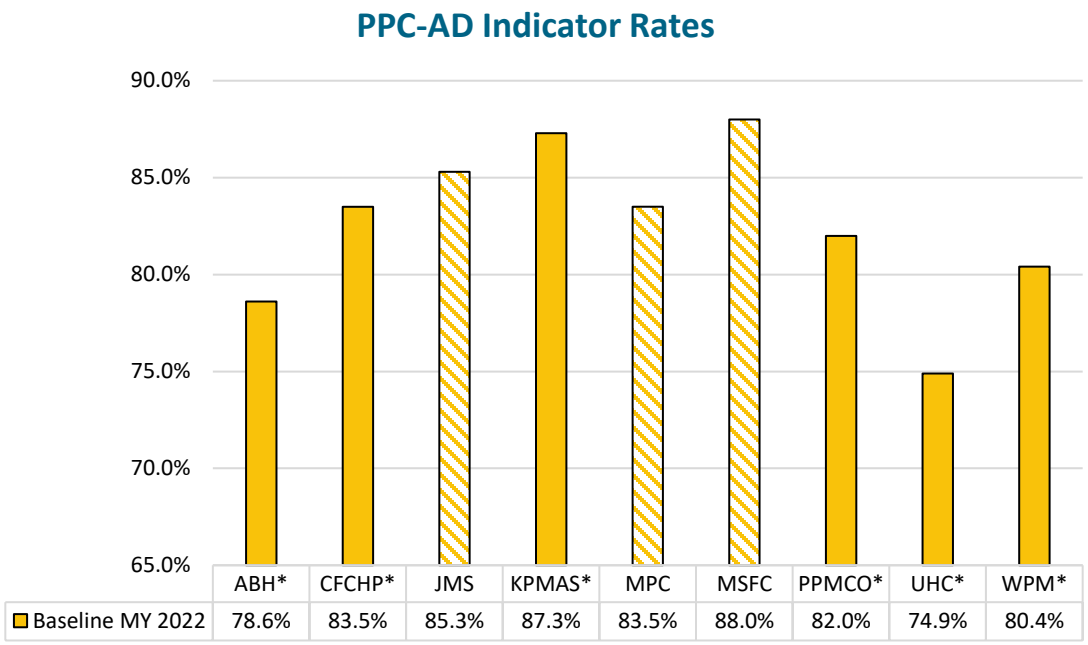
MCO Barriers:

- Inefficient reporting and/or data collection including providers' inconsistency with utilizing correct billing codes and the time it takes for claims billing and processing
- Transportation is not a plan benefit
- Lack of knowledge provided to members regarding MCO benefits
- Lack of consistency in contracted HVS and doula providers across counties
- Lack of awareness when members are behind on vaccines
- Babies being enrolled during the first few months of life and who are already missing a significant portion of well-child visits
- Inconsistent physician access for the postpartum visit
- Limited staffing impacting administrative tasks
- Unable to determine accurate membership count by race/ethnicity due to the considerable number of members not self-reporting their race and/or ethnicity
- Lacking updated contact information for enrollees

Postpartum Care-Related PIP Indicator Results

MY 2022 is the baseline MY with data collection for the Postpartum Care-Related PIP. Figure 2 represents the Postpartum Care-Related PIP indicator rates for all MCOs. Table 7 compares the MCO indicator rates to the HEDIS® 2022 NCQA Quality Compass Medicaid benchmarks.

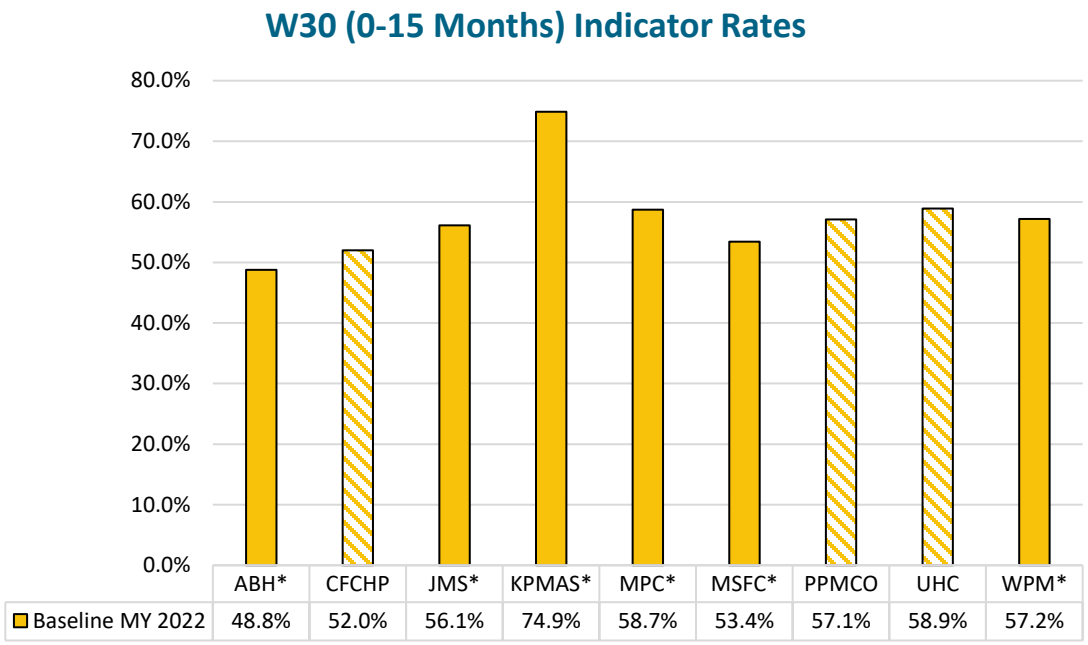
Figure 2. MY 2022 Postpartum Care (PPC-AD) Indicator Rates



*Solid Bar Color: MCO's selected strategy align with the improvement of its specific HEDIS® rate.
Striped Bar Color: MCO's selected strategy does not align with the improvement of its specific HEDIS® rate.

The MCO postpartum care rates range from 74.9% (UHC) to 88.0% (MSFC) for MY 2022.

Figure 3. MY 2022 Well-Child Visits in the First 30 Months of Life (0-15 Months) Indicator Rates

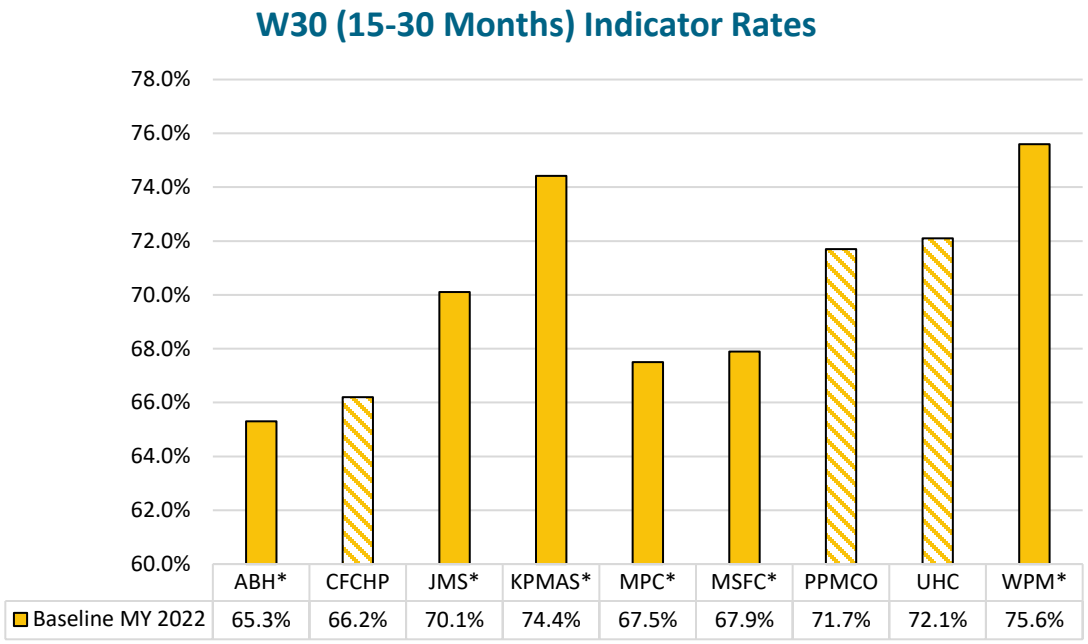


	ABH*	CFCHP	JMS*	KPMAS*	MPC*	MSFC*	PPMCO	UHC	WPM*
Baseline MY 2022	48.8%	52.0%	56.1%	74.9%	58.7%	53.4%	57.1%	58.9%	57.2%

*Solid Bar Color: MCO's selected strategy align with the improvement of its specific HEDIS® rate.
Striped Bar Color: MCO's selected strategy does not align with the improvement of its specific HEDIS® rate.

The W30 (0-15 Months) rates range from 48.8% (ABH) to 74.9% (KPMAS).

Figure 4. MY 2022 Well-Child Visits in the First 30 Months of Life (15-30 Months) Indicator Rates

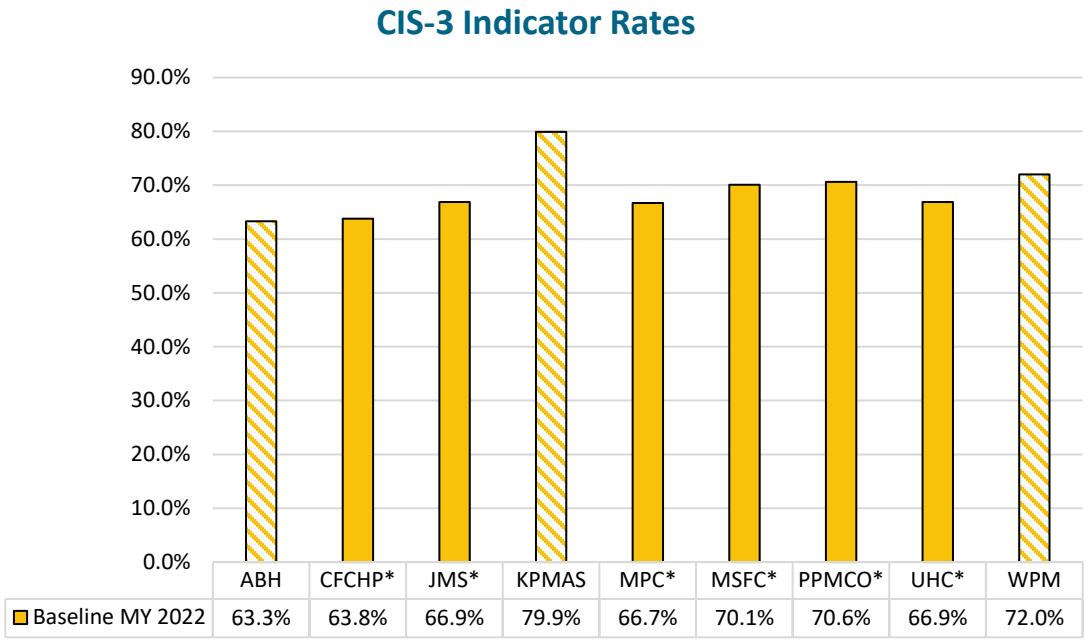


	ABH*	CFCHP	JMS*	KPMAS*	MPC*	MSFC*	PPMCO	UHC	WPM*
Baseline MY 2022	65.3%	66.2%	70.1%	74.4%	67.5%	67.9%	71.7%	72.1%	75.6%

*Solid Bar Color: MCO's selected strategy align with the improvement of its specific HEDIS® rate.
Striped Bar Color: MCO's selected strategy does not align with the improvement of its specific HEDIS® rate.

The W30 (15-30 Months) rates range from 65.3% (ABH) to 75.6% (WPM).

Figure 5. MY 2022 Childhood Immunization Status: Combo 3 Indicator Rates



	ABH	CFCHP*	JMS*	KPMAS	MPC*	MSFC*	PPMCO*	UHC*	WPM
Baseline MY 2022	63.3%	63.8%	66.9%	79.9%	66.7%	70.1%	70.6%	66.9%	72.0%

*Solid Bar Color: MCO's selected strategy align with the improvement of its specific HEDIS® rate.
Striped Bar Color: MCO's selected strategy does not align with the improvement of its specific HEDIS® rate.

The CIS-3 rates range from 63.3% (ABH) to 79.9% (KPMAS).

Table 6. Diamond Rating System Used to Compare MCO Performance to Benchmarks

Diamond Rating System	
Diamonds	MCO Performance Compared to Benchmarks
♦♦♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.
♦♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 75th Percentile but does not meet the 90th Percentile.
♦♦	MCO rate is equal to or exceeds the NCQA Quality Compass 50th Percentile but does not meet the 75th Percentile.
♦	MCO rate is below the NCQA Quality Compass 50th Percentile.

Table 7. Postpartum Care-Related Measure Rates and MCO Performance Comparison to Benchmarks

Postpartum Care-Related Rates								
MCO	**MY 2022 PPC-AD Rate**	**PPC-AD Diamond Rating**	**W30 (0-15) Rate**	**W30 (0-15) Diamond Rating**	**W30 (15-30) Rate**	**W30 (15-30) Diamond Rating**	**CIS-3 Rate**	**CIS-3 Diamond Rating**
ABH	78.6%	♦♦	48.8%	♦	65.3%	♦	63.3%	♦
CFCHP	83.5%	♦♦♦	52.0%	♦	66.2%	♦	63.8%	♦
JMS	85.3%	♦♦♦♦	56.1%	♦	70.1%	♦♦	66.9%	♦♦
KPMAS	87.3%	♦♦♦♦	74.9%	♦♦♦♦	74.4%	♦♦♦	79.9%	♦♦♦♦
MPC	83.5%	♦♦♦	58.7%	♦♦	67.5%	♦♦	66.7%	♦♦
MSFC	88.0%	♦♦♦♦	53.4%	♦	67.9%	♦♦	70.1%	♦♦♦
PPMCO	82.0%	♦♦♦	57.1%	♦	71.7%	♦♦♦	70.6%	♦♦♦
UHC	74.9%	♦	58.9%	♦♦	72.1%	♦♦♦	66.9%	♦♦
WPM	80.4%	♦♦	57.2%	♦	75.6%	♦♦♦	72.0%	♦♦♦

*Not every MCO's selected strategies align with the improvement of each specific HEDIS® rate. Refer to Figures 2-5 for MCO selected strategy and those associated rates.

For the baseline MY 2022 PPC-AD measure, UHC is the only MCO that performed below the 50th percentile at 74.9%. ABH and WPM performed above the 50th percentile, but below the 75th percentile at 78.6% and 80.4%, respectively. CFCHP (83.5%), MPC (83.5%), and PPMCO (82%) performed above the 75th percentile, but below the 90th percentile. JMS (85.3%), KPMAS (87.3%), and MSFC (88%) performed above the 90th percentile.

For the baseline MY 2022, the W30 (First 15 Months) measure resulted in the most MCOs performing below the 50th percentile out of the four measures (ABH 48.8%, CFCHP 52%, JMS 56.1%, MSFC 53.4%, PPMCO 57.1%, and WPM 57.2%). MPC (58.7%) and UHC (58.9%) performed above the 50th percentile but below the 75th percentile. KPMAS (74.9%) was the only MCO to perform above the 75th and the 90th percentiles.

For the baseline MY 2022 W30 (15-30 Months) measure, two of the nine MCOs performed below the 50th percentile (ABH 65.3% and CFCHP 66.2%). Three of the nine MCOs performed above the 50th percentile, but below the 75th percentile (JMS 70.1%, MPC 67.5%, and MSFC 67.9%). KPMAS (74.4%), PPMCO (71.7%), UHC (72.1%), and WPM (75.6%) performed above the 75th percentile, but below the 90th percentile. There were no MCOs that met or exceeded the 90th percentile.

For the baseline MY 2022 CIS-3 measure rate, ABH (63.3%) and CFCHP (63.8%) performed below the 50th percentile. JMS (66.9%), MPC (66.7%), and UHC (66.9%) performed above the 50th percentile, but below the 75th percentile. Three of the nine MCOs performed above the 75th percentile, but below the 90th percentile (MSFC 70.1%, PPMCO 70.6%, and WPM 72%). KPMAS was the only MCO to perform above the 90th percentile at 79.9%.

ABH and CFCHP performed below the 50th percentile for three of the four measures for MY 2022. KPMAS performed the highest across all four measures.

It should be noted for the upcoming remeasurement years, MCOs will only be scored on the improvement of the HEDIS® measure rates that align with the MCO's selected strategies.

PIP Validity and Reliability Results

An assessment of the validity and reliability of the PIP study design and results reflects a detailed review of each MCO's PIPs and audited HEDIS® measure findings for the selected indicators. Tables 8 and 9 identify the validation rating and the corresponding level of confidence Qlarant has assigned to each MCO for MY 2022 PIP performance.

Table 8. MY 2022 Prenatal Care PIP Validation Rating and Confidence Levels

Step/Description	MY 2022 Prenatal Care PIP Validation Results								
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Step 1. Topic	M	M	M	PM	M	M	M	M	PM
Step 2. Aim Statement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Step 3. Performance Measures and Population	PM	M	M	PM	M	M	M	M	M
Step 4. Sampling Method	N/A	N/A	N/A	N/A	M	M	N/A	M	M
Step 5. Data Collection Procedures	M	M	M	PM	M	M	PM	PM	M
Step 6. Data Analysis and Interpretation of Results	PM	PM	M	PM	M	M	PM	M	M
Step 7. Improvement Strategies (Interventions)	PM	PM	PM	PM	PM	PM	M	PM	PM
Step 8. Significant and Sustained Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Step 9. State Specific Strategies	M	UM	M	M	M	M	M	M	M
PIP Numerical Score	60	53	64	54	69	69	61	50	59
PIP Total Available Points	68	68	69	68	74	74	68	67	73
PIP Validation Rating	88%	78%	93%	79%	93%	93%	90%	75%	81%
Confidence Level	C	C	High	C	High	High	High	C	C

Validation Results: Light Green – M (*Met*); Light Yellow – PM (*Partially Met*); Light Red – UM (*Unmet*); Gray – N/A (*Not Applicable*)
Confidence Levels: Green – High (*High Confidence*); Yellow – C (*Confidence*); Orange – Low (*Low Confidence*); Red – NC (*Not Credible*)
*Available points may vary based on whether or not answers were applicable or not applicable, such as whether or not a MCO utilized sampling.

All MCOs received a rating of *N/A* for Step 2 (Aim Statement) since MDH provided the aim statement.

Four of the nine MCOs' performances resulted in a confidence level of *High Confidence* for prenatal care PIP validations at a rating of 93% for JMS, MPC, and MSFC and 90% for PPMCO. The five remaining MCOs' performances resulted in a confidence level of *Confidence* ranging from 75% (UHC) to 88% (ABH).

Table 9. MY 2022 Postpartum Care-Related PIP Validation Rating and Confidence Levels

Step/Description	MY 2022 Postpartum Care-Related PIP Validation Results								
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Step 1. Topic	M	M	M	PM	M	M	M	M	PM
Step 2. Aim Statement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Step 3. Performance Measures and Population	PM	PM	M	PM	M	PM	M	M	M
Step 4. Sampling Method	N/A	N/A	M	N/A	M	M	N/A	N/A	M
Step 5. Data Collection Procedures	M	M	M	PM	M	M	PM	M	M
Step 6. Data Analysis and Interpretation of Results	M	M	M	PM	M	PM	PM	M	M
Step 7. Improvement Strategies (Interventions)	PM	PM	PM	PM	PM	PM	PM	PM	PM
Step 8. Significant and Sustained Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Step 9. State Specific Strategies	M	M	M	M	M	UM	M	M	M
PIP Numerical Score	59	60	70	52	70	55	56	59	59
PIP Total Available Points	65	67	75	68	75	70	68	69	69
PIP Validation Rating	91%	90%	93%	76%	93%	79%	82%	86%	86%
Confidence Level	High	High	High	C	High	C	C	C	C

Validation Results: Light Green – M (*Met*); Light Yellow – PM (*Partially Met*); Light Red – UM (*Unmet*); Gray – N/A (*Not Applicable*)
Confidence Levels: Green – High (*High Confidence*); Yellow – C (*Confidence*); Orange – Low (*Low Confidence*); Red – NC (*Not Credible*)
*Available points may vary based on whether or not answers were applicable or not applicable, such as whether or not a MCO utilized sampling.

All MCOs received a rating of *N/A* for Step 2 (Aim Statement) due to MDH providing the aim statement.

Four of the nine MCOs' performances resulted in a confidence level of *High Confidence* for postpartum care-related PIP validations at ratings of 93% for JMS and MPC, 91% for ABH, and 90% for CFCHP. The remaining five MCOs' performances resulted in a confidence level of *Confidence* ranging from 76% (KPMAS) to 86% (UHC and WPM).

Conclusion

HealthChoice is a mature managed care program and, overall, analysis of performance improvement project strategies and interventions submitted by MCOs enhances MCOs' plans for quality assessment and performance improvement (QAPI) programs and HEDIS measure rates. During baseline MY 2022, MCOs were provided with a mandatory strategy (improving the completion and use of the M-PRA) for the prenatal care PIP topic and then selected two additional strategies for each PIP topic based on what would provide the most value and impact for their member populations and resources. MCOs conducted barrier analyses and developed interventions to address and overcome several barriers, such as breakdowns in communication and processes for completed M-PRAs and inefficient tracking and reporting for accurate and consistent data collection. MCOs were required to conduct a disparity analysis and incorporate a health equity focus to improve outcome measures for identified disparate populations. The Plan, Do, Study, Act (PDSA) cycle was used through the rapid cycle PIP process to assess for small tests of evidence-based, systemic, and sustainable changes. Interventions were modified as needed when tests of change were not successful. All MCOs performed at levels of *Confidence* and *High Confidence* for both the prenatal care and postpartum care-related PIP topics during the baseline MY 2022. Two out of nine MCOs, JMS and MPC, performed at *High Confidence* levels for validations of both PIP topics.

Validations for the upcoming remeasurement years will be based on the effectiveness of the MCO's implemented interventions on the improvement of the relevant HEDIS® measure rates that align with the MCOs' selected PIP strategies.

- **Quality** – MCOs must ensure that strategic, systemic, and impactful interventions are developed and implemented to improve the quality of care enrollees receive in the areas of perinatal healthcare and preventative care for infants and toddlers. Interventions were required to have a health equity focus by overcoming barriers related to timely prenatal care, postpartum care, and/or preventative care for infants and toddlers for disparate populations with the incorporation of each component of the Culturally and Linguistically Appropriate Services (CLAS) standards.

- **Access** – MCOs must ensure that interventions assess and reassess barriers and root causes related to timely prenatal care, postpartum care, and/or preventative care for infants and toddlers using the PDSA cycle. Interventions were required to address barriers to ensure adequate access to timely prenatal and postpartum care services for all enrollees, such as HVS, doula services, and enhanced case management for enrollees with substance use disorder.

- **Timeliness** – MCOs must ensure that interventions address barriers related to the timeliness of prenatal care, postpartum care, and/or preventative care for infants and toddlers. Following the PDSA cycle, MCOs modified interventions as needed to ensure enrollee engagement and follow through with prenatal and postpartum care, such as following the American College of Obstetricians and Gynecologists recommendations for timely postpartum care visits and the childhood immunization status schedule.

Table 10. Overall PIP Performance

Performance Improvement Project		MY 2022 Overall PIP Performance								
		ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Prenatal Care PIP	Validation Rating	88%	78%	93%	79%	93%	93%	90%	75%	81%
	Confidence Level	C	C	High	C	High	High	High	C	C
	Any HEDIS® Rate Improvement?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Statistically Significant Improvement in HEDIS® Rate?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Sustained Improvement?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Sustained Improvement in HEDIS® rate?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Postpartum Care-Related PIP	Validation Rating	91%	90%	93%	76%	93%	79%	82%	86%	86%
	Confidence Level	High	High	High	C	High	C	C	C	C
	Any Postpartum Care HEDIS® Rate Improvement?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Well-Child Visits in the First 30 Months of Life HEDIS® Rate Improvement?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Childhood Immunization Status HEDIS® Rate Improvement?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	Any Statistically Significant Improvement in HEDIS® rate?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Any Sustained Improvement in HEDIS® rate?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Confidence Levels: Green – High (*High Confidence*); **Yellow** – C (*Confidence*); **Orange** – Low *(Low Confidence*); **Red** – NC (*Not Credible*); N/A – Not Applicable

For the baseline MY 2022, all MCOs performed at confidence levels of *confidence* and *high confidence*. Four of the nine MCOs performed at a confidence level of *High Confidence* for the prenatal care PIP topic (JMS 93%, MPC 93%, MSFC 93%, and PPMCO 90%). Three of the nine MCOs performed at a confidence level of *High Confidence* for the postpartum care-related PIP topic (ABH 91%, JMS 93%, and MPC 93%). Two of the nine MCOs, JMS and MPC, performed at confidence levels of *High Confidence* for both PIP topics. Although all MCOs' performed at levels of *Confidence* and *High Confidence,* opportunities for improvement and recommendations were identified and additional guidance was provided for each MCO.

The upcoming remeasurement years will assess the effectiveness of the MCOs' interventions in improving the HEDIS® rates that align with the MCOs' selected strategies. Quarterly monitoring through the rapid cycle PIP process will provide MCOs with additional guidance and feedback to ensure interventions are impactful, sustainable, and leading to the desired outcomes.

Recommendations

MCO Recommendations

Qlarant conducted technical support meetings with MCOs in an effort to support and guide MCOs through the developmental stages of the baseline MY 2022. The technical support meetings provided an opportunity to address ongoing challenges throughout the process of intervention development and the steps within the PDSA cycle. The following recommendations are based on results from the MY 2022 PIP Validation.

- Review prenatal and postpartum care enrollee data and identify how the PIP topics are relevant to the MCO's enrollees. MCOs must provide MCO-specific data to support the relevant justification.
- Ensure SMART objectives identify the details as outlined in the QAPI *"Goal Setting Worksheet"* by answering the following: What do we want to accomplish? Who will be involved and/or affected? Where will it take place? What is the measure you will use? What is the current data figure for that measure? What do you want to increase/decrease that number to? Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark? Is the goal measure set so low that it is not challenging enough?

Does the goal measure require a stretch without being too unreasonable? Briefly describe how the goal will address the problem. What is the target date for achieving this goal?

- Ensure that interventions incorporate each component of the CLAS standards and describe how each component specifically relates to each intervention. Ensure that feedback from members and providers serving those members is included in the identification of barriers to timeliness of prenatal and postpartum care as well as included in the solutions to overcome those barriers.
- Conduct barrier analyses at least on an annual basis. MCOs should consider member, provider, and MCO barriers relevant to the PIP topics, the interventions, and the disparate populations. Identify the tool utilized to conduct the barrier analysis and identify the quality improvement process, such as PDSA.
- Utilize evidence-based research to support interventions. Evidence-based research should identify a proven-successful plan to improve policies, processes, and protocols, address social determinants of health, and community partnerships, or overcome cultural barriers related to the desired outcome of the intervention.
- Accurately identify the HEDIS® rates that align with the selected strategies. Review process metric data and ensure that the intervention is designed to improve the appropriate HEDIS® rate.

ABH's Strengths, Opportunities, and Recommendations

ABH's performance score of 88% resulted in a confidence level of *Confidence* for the prenatal care PIP and a performance score of 91% resulted in a confidence level of *high confidence* for the postpartum care-related PIP. ABH continues to demonstrate and enhance efforts toward incorporating a health equity focus within its interventions. Interventions are assessed following the PDSA cycle and barriers have been identified on the member, provider, and MCO levels. ABH conducted a disparity analysis stratified by race/ethnicity and by geographic data for each strategy. Data was reviewed on a quarterly basis. ABH identified the planned activities for calendar year 2024.

The following opportunities for improvement were identified:

- ABH must accurately identify whether a sample was studied versus the entire population for each strategy. If sampling was used, ABH must identify its sampling methodology.
- ABH must describe how each component of the CLAS standards has been incorporated in the development of each intervention.

CFCHP's Strengths, Opportunities, and Recommendations

CFCHP's performance score of 78% resulted in a confidence level of *Confidence* for the prenatal care PIP and a performance score of 90% resulted in a confidence level of *High Confidence* for the postpartum care-related PIP. CFCHP conducted a disparity analysis stratified by

race/ethnicity data for each strategy and reviewed data quarterly. CFCHP identified barriers on the member, provider, and MCO levels. CFCHP identified the planned activities for calendar year 2024.

The following opportunities for improvement were identified:

- CFCHP should identify the tool used to conduct barrier analyses and identify the quality improvement process utilized, such as the PDSA cycle.
- CFCHP must describe how each component of the CLAS standards has been incorporated into the development of each intervention.
- For the postpartum care PIP, CFCHP must review its selected strategies and report the HEDIS® rate that aligns with each strategy.
- CFCHP must identify the project population according to HEDIS® specifications for each measure.

JMS' Strengths, Opportunities, and Recommendations

JMS' performance score of 93% for both the prenatal care and postpartum care-related PIPs resulted in a confidence level of *High Confidence* for both PIP topics. JMS continued to demonstrate efforts in incorporating a health equity focus. JMS conducted a disparity analysis stratified by race/ethnicity for each strategy and reviewed data quarterly. JMS identified member, provider, and MCO barriers for the PIP topics and its interventions. JMS identified the planned activities for calendar year 2024.

The following opportunity for improvement was identified:

- JMS must describe how each component of the CLAS standards has been incorporated into the development of each intervention.

KPMAS' Strengths, Opportunities, and Recommendations

KPMAS' performance score of 79% resulted in a confidence level of *Confidence* for the prenatal care PIP and a performance score of 76% resulted in a confidence level of confidence for the postpartum care-related PIP. KPMAS continued to incorporate quarterly feedback and recommendations to enhance efforts towards a health equity focus. KPMAS conducted a disparity analysis stratified by race/ethnicity and data was reviewed on a quarterly basis. KPMAS provided further information on rates specific to race/ethnicity. KPMAS identified the planned activities for calendar year 2024.

The following opportunities for improvement were identified:

- KPMAS must provide MCO-specific data to support how the PIP topics are relevant to its enrollee population.
- For the postpartum care PIP, KPMAS must review its selected strategies and report the HEDIS® rate that aligns with each strategy.

- KPMAS must identify member, provider, and MCO barriers related to the PIP topic, interventions, and its disparate population.
- KPMAS must review its SMART objectives to ensure they are measurable and specific.

MPC's Strengths, Opportunities, and Recommendations

MPC's performance score of 93% for both the prenatal care and postpartum care-related PIPs resulted in confidence levels of *High Confidence* for both PIP topics. MPC continued to incorporate quarterly feedback and recommendations to enhance efforts towards a health equity focus. MPC conducted a disparity analysis stratified by race/ethnicity and geographic data for each strategy and reviewed data on a quarterly basis. MPC developed a plan in quarter three to incorporate CLAS standards specific to each intervention.

The following opportunities for improvement were identified:

- MPC must identify member, provider, and MCO barriers relevant to the PIP topic, interventions, and disparate population.
- MPC must describe how each component of the CLAS standards has been incorporated in the development of each intervention.

MSFC's Strengths, Opportunities, and Recommendations

MSFC's performance score of 93% resulted in a confidence level of *high confidence* for the prenatal care PIP and the performance score of 79% resulted in a confidence level of *Confidence* for the postpartum care-related PIP. MSFC incorporated quarterly feedback to clarify the disparate population and identify barriers specific to the disparate population for the prenatal care PIP topic. MSFC provided follow up activities for calendar year 2024, which included obtaining its NCQA Health Equity certification.

The following opportunities for improvement were identified:

- MSFC must describe how each component of the CLAS standards has been incorporated in the development of each intervention.
- MSFC must identify member, provider, and MCO barriers relevant to the PIP topic, interventions, and disparate population.
- MSFC must develop SMART objectives that are specific and measurable.
- MSFC must ensure that all interventions are impactful, systemic, and sustainable.
- MSFC must ensure that each intervention identifies the disparate population.
- MSFC must identify its quality improvement process, such as the PDSA cycle.

PPMCO's Strengths, Opportunities, and Recommendations

PPMCO's performance score of 90% resulted in a confidence level of *High Confidence* for the prenatal care PIP and a performance score of 82% resulted in a confidence level of *Confidence* for the postpartum care-related PIP. PPMCO continued to demonstrate and enhance efforts towards the health equity focus. PPMCO conducted a disparity analysis stratified by race/ethnicity data for each strategy and reviewed data quarterly. PPMCO identified the planned activities for calendar year 2024.
The following opportunities for improvement were identified:

- PPMCO must describe how each component of the CLAS standards has been incorporated into the development of each intervention.
- PPMCO must identify member, provider, and MCO barriers relevant to the PIP topic, interventions, and disparate population.
- PPMCO must develop SMART objectives that are specific and measurable.

UHC's Strengths, Opportunities, and Recommendations

UHC's performance score of 75% for the prenatal care PIP and 86% for the postpartum care-related PIP resulted in confidence levels of *Confidence* for both PIP topics. UHC continued to demonstrate and enhance efforts towards the health equity focus. UHC conducted a disparity analysis stratified by race/ethnicity data for each strategy and reviewed data quarterly. UHC identified the planned activities for calendar year 2024.

The following opportunities for improvement were identified:

- UHC must identify its quality improvement process, such as the PDSA cycle.
- UHC must describe how each component of the CLAS standards has been incorporated into the development of each intervention.
- UHC must ensure that all interventions are impactful, systemic, and sustainable.

WPM's Strengths, Opportunities, and Recommendations

WPM's performance score of 81% for the prenatal care PIP and 86% for the postpartum care-related PIP resulted in a confidence level of *Confidence* for both PIP topics. WPM continued to demonstrate and enhance efforts towards the health equity focus. WPM conducted a disparity analysis stratified by race/ethnicity data for each strategy and reviewed data quarterly. WPM identified the planned activities for calendar year 2024.

The following opportunities for improvement were identified:

- WPM must report whether its interventions were developed utilizing evidence-based literature that would indicate that the tests of change would likely lead to the desired outcome.
- WPM must identify its quality improvement process, such as the PDSA cycle.
- WPM must develop SMART objectives that are specific and measureable.
- WPM must identify member, provider, and MCO barriers relevant to the PIP topic, interventions, and disparate population.

MDH Recommendations

- MDH should continue to monitor the MCOs' progress with the implementation of interventions and observed improvement on the correlating HEDIS® measure rates during upcoming remeasurement years.

In an effort to further encourage MCOs to implement these improvement recommendations on intervention planning, design, and evaluation, MDH has developed an enhanced review of MCOs' PIPs to provide in-depth feedback on MCOs' improvement strategies. With this more in-depth review, MCOs may be able to attain critical insight and increased intervention efficacy. Furthermore, providing a forum for MCOs to discuss barriers and share best practices also may be helpful in improving rates among all HealthChoice MCOs. Qlarant also provides technical assistance meetings individually with MCOs to address ongoing challenges in developing SMART objectives and/or using the PDSA process.

Appendix A: Prenatal and Postpartum Care PIP Strategies and Process Metrics

PIP Topic #1: Timeliness of Prenatal Care and Identification of High-Risk Pregnancies

Performance/Evaluation Measure and Goal

- MCOs currently performing at or above the HEDIS National 90th percentile benchmark should reach a 5% improvement on the HEDIS measure among their selected subpopulation AND at least maintain their current performance across all eligible members during the life of the project.
- MCOs currently performing below the HEDIS National 90th percentile benchmark should improve their rate by 5% from the MCO's baseline measure during the life of the project.

Health Equity Focus

- Stratify data to determine disparate groups by race/ethnicity and tailor ALL interventions to address the unique needs and challenges among those populations. Align the MCO's focus with the specifications of the NCQA's Expansion of Race and Ethnicity Stratification in Select HEDIS Measures.

Strategies: MCOs must choose two additional strategies to include in the PIP along with the mandatory strategy.

- Mandatory: Improve completion and use of the Maryland Prenatal Risk Assessment (M-PRA)
  - Process Metric: Increase completion rate *X% above the MCO's baseline during the first measurement year (MY) then increase goal an additional *Y% above the prior year's rate each subsequent MY. Must show the ratio of # of completed M-PRA/# of unique pregnancies for each rate.

- Clinical-Community linkages
  - Process Metric: Increase the percentage of individuals with a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization by *X% above the MCO's baseline during the first MY then increase the goal an additional *Y% above the prior year's rate each subsequent MY. This increase should directly result from the implementation and continuation of strategic partnerships between a clinical service organization and a non-health care organization that supports the needs of pregnant persons. The timely enrollment will be considered as defined by the

HEDIS PPC measure. Must show the ratio of # of pregnant persons enrolled in the strategic partnership who also had timely prenatal care/Total # of pregnant persons enrolled in the strategic partnership

- Increase engagement with Medicaid-enrolled doulas and/or home-visiting services
    - Process Metric: Increase the number of pregnant persons enrolled in Medicaid doula services and/or a home visiting service by *X% every 6 months of each measurement year. Must show the ratio of # of pregnant persons enrolled in doula/home visiting services who enter into timely prenatal care/Total # of pregnant persons currently enrolled in MCO. (Timely prenatal care is considered to be a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.)

- Pregnancy Medical Homes or Group Prenatal Care
    - Process Metric: Increase the number of pregnant persons enrolled in either a group prenatal care option or Pregnancy Medical Home by *X% above the MCO's baseline during the first MY then increase the goal an additional *Y% above the prior year's rate each subsequent MY. Must include the ratio of # of pregnant persons enrolled in a group prenatal care option or pregnancy medical home and entered into timely prenatal care/Total # of pregnant persons currently enrolled in the MCO. (Timely prenatal care is considered to be a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization).
        - Required components:
            - Decision Making and Consumer Choice
            - Peer-learning and support

- Identification of pregnant persons with SUD and integration of substance use management
    - Process Metric (MUST include BOTH):
        - Increase the number of identified pregnant persons with SUD by *X% during the first MY and by *Y% above the prior year's rate each subsequent MY. Must include the ratio of # of identified pregnant persons with SUD who engage in timely prenatal care/Total estimated pregnant population with SUD. (Timely prenatal care is considered to be a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization).
        - Improve enrollment of identified pregnant persons with SUD into enhanced case management [such as that under the Maternal Opioid Misuse (MOM) model] by *X% during the first MY and by *Y% above the prior year's rate each subsequent MY. Must include ratio as # of those enrolled in enhanced case management/Total number of identified pregnant persons with SUD

PIP Topic #2: Maternal Health and Infant/Toddler Care During the Postpartum Period

Performance/Evaluation Measure and Goal

- HEDIS PPC-AD: Prenatal and Postpartum Care: Postpartum Care
  - MCOs currently performing at or above the HEDIS National 90th percentile benchmark should reach a 5% improvement on the HEDIS measure among their selected subpopulation AND at least maintain their current performance across all eligible members during the life of the project.
  - MCOs currently performing below the HEDIS National 90th percentile benchmark should improve their rate by 5% from the MCO's baseline measure during the life of the project.

- HEDIS W30: Well-Child Visits in the First 30 Months of Life
  - MCOs currently performing at or above the HEDIS National 90th percentile benchmark should reach a 5% improvement on the HEDIS measure among their selected subpopulation AND at least maintain their current performance across all eligible members during the life of the project.
  - MCOs currently performing below the HEDIS National 90th percentile benchmark should improve their rate by 5% from the MCO's baseline measure during the life of the project.

- HEDIS Childhood Immunization Status (CIS-3)
  - Achieve and maintain the threshold for the HEDIS National 90th percentile benchmark.

Health Equity Focus

- Stratify data to determine disparate groups by race/ethnicity and tailor interventions to address the unique needs and challenges among those populations. Align the MCO's focus with the specifications of the NCQA's Expansion of Race and Ethnicity Stratification in Select HEDIS Measures.

Strategies: MCOs must choose two strategies to include in the PIP.

- Increase engagement throughout the 12-month coverage period
  - Process Metric: Increase the percentage of birthing persons who remain engaged with Medicaid benefits for 12 months after delivery by *X % during the first measurement year then by *Y% above the prior year's rate each subsequent MY. Through engagement, members should attend ALL of the following visits:

        - Two (2) ACOG recommended postpartum visits within the first 12 weeks after delivery. A postpartum depression screening and appropriate follow-up should be completed during these visits.
            - Contact with maternal care provider within 3 weeks - timely BP check and high-risk follow-up.
            - Comprehensive postpartum visit within 12 weeks - include elements addressed in ACOG Optimizing Postpartum Care.
        - At least one (1) annual preventive care or a chronic condition management visit.
        - Must show the ratio using # of eligible birthing persons attending the listed visits/Total # of birthing persons eligible for the 12-month postpartum coverage period.

- Implement an electronic postpartum depression screening tool
    - Process Metric: Increase performance on HEDIS Postpartum Depression Screening and Follow-up (PDS) by *X% from baseline during the first measurement year then by *Y% above the prior year's rate each subsequent MY. Must include ratios as defined by HEDIS PDS.

- Clinic-community linkages on behavioral health referrals and parenting supports
    - Process Metric: As a direct result of the implementation of strategic partnerships between a clinical service organization and a non-healthcare organization supplying family support services or behavioral healthcare, an increased percentage of at-risk birthing persons who completed two (2) postpartum visits within 12 weeks after delivery by *X% from baseline for the first measurement year and increase by *Y% above the prior year's rate each subsequent MY. In particular, this strategy should focus on individuals with SUD, challenging SDOH, a positive postpartum depression screen, a history of behavioral health disorders, or a history of DV/IPV, family stressors, and other risk factors identified on the M-PRA. Must include ratio using # of birthing persons referred within the strategic partnership who complete 2 postpartum visits within 12 weeks after delivery/Total # of birthing persons referred within the strategic partnership.

- Value-added benefits for well child care (Pick one)
    - Process Metric: Enroll *X% pediatric members, ages birth to 30 months, in at least one option during the first measurement year then increase by *Y% above the prior year's rate each subsequent MY. Must include ratio using # of eligible children enrolled in one of the value-added options whose immunizations are up to date and attended appropriate WCV/# of eligible children enrolled in one of the value-added options.
    - Value-added Options:
        - Adverse Childhood Experiences (ACES) Screening and Trauma-informed Care Implementation
        - Pediatric Medical Home Model
        - HealthySteps

- Promote WCV through engagement with home visiting services, doulas
    - Process Metric: Enroll *X % of the identified disparate populations in home visiting services and/or with Medicaid-enrolled doula during the first MY then increase by *Y% above the prior year's rate each subsequent MY. Must include ratio using # of eligible children receiving home visiting service and/or parent receiving doula services who also attended age-appropriate WCV up to 1st year of life/Total # of eligible children enrolled in home visiting service and/or parent enrolled in doula services.

- Improve immunization rates
    - Process Metric: Increase immunization rates under the CIS-3 measure by *X% above baseline among identified disparate populations during the first MY then by *Y% above the prior year's rate each subsequent MY. Must include ratio using the parameters of the CIS-3 measure for the selected disparate population.