Qlarant

Maryland
DEPARTMENT OF HEALTH

Medicaid Managed Care Organization

Performance Improvement Project Validation

Annual Report

Measurement Year 2023

Submitted March 2025

Table of Contents

List of Figures and Tables

Figures

Tables

Maryland HealthChoice Program

Performance Improvement Project Validation

Executive Summary

Introduction

The Maryland Department of Health (MDH) administers the state's Medicaid managed care program, Maryland HealthChoice Program (HealthChoice), and is responsible for the evaluation of the quality of care provided to Medical Assistance enrollees. 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 HealthChoice 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. Through PIP validation, Qlarant assessed whether MCOs met state-specific requirements for incorporating national standards for Culturally and Linguistically Appropriate Services (CLAS) to prioritize health equity for HealthChoice enrollees. 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. To align with statewide public health and Medicaid innovation initiatives specifically identified in the Statewide Integrated Health Improvement Strategy (SIHIS), MCOs completed PIPs related to 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) topics to reduce severe maternal morbidity and address preventive care services in early childhood. HEDIS®[2] performance measures were followed for each PIP.

[1] CMS EQRO Protocols

[2] Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 1. MY 2023 MDH-Selected PIPs

MY 2023 PIPs	Prenatal Care PIP	Postpartum Care-Related PIP
Topic	Timeliness of Prenatal Care and Identification of High-Risk Pregnancies	Maternal Health and Infant/Toddler Care During the Postpartum Period
Performance Measure(s)	• Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	• Prenatal and Postpartum Care: Postpartum Care (PPC-AD) • Well-Child Visits in the First 30 Months of Life (W30 0-15 Months and 15-30 Months) • Childhood Immunization Status: Combo 3 (CIS-3)
Aim	Will the implementation of targeted interventions focused on enrollees, providers, and the MCOs improve and sustain annual HEDIS performance rates in the area of Timeliness of Prenatal Care?	Will the implementation of targeted interventions focused on enrollees, providers, and the MCOs improve and sustain annual HEDIS performance rates in the area of Postpartum Care; Well-Child Visits in the First 30 Months of Life; and/or Childhood Immunization Status?
State-Specific Strategies	The prenatal care PIP topic consists of one mandatory strategy, *improve completion and use of the Maryland Prenatal Risk Assessment (MPRA)*; and MCOs were to select two additional PIP strategies most appropriate to their enrollee populations and available resources.	The postpartum care-related topic focused on two strategies selected by the MCO. MCOs were to select PIP strategies most appropriate for their enrollee populations and available resources.

Appendix A identifies the list of strategies selected by MDH and provided to the MCOs to choose from for each PIP topic. MCOs were required to include a health equity focus with a race/ethnicity lens for all strategies selected to address health outcomes among the most disparate populations by conducting disparity analyses, including enrollee 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) processes. During the remeasurement year, MCOs focused on addressing barriers to successful implementation, modifications to interventions, and studying outcomes.

No MCOs were exempt from PIPs for MY 2023. This report summarizes MY 2023 findings from validating both PIPs for the following MCOs:

- Aetna Better Health of Maryland (ABH)
- CareFirst BlueCross BlueShield Community Health Plan (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 Community Plan (UHC)
- Wellpoint Maryland (WPM)

Key Findings

This section identifies remeasurement percentage indicator results from MY 2023 for each MCO as demonstrated in Table 2 below. Per the HEDIS measurement descriptions for MY 2023[3], MCOs are to measure the following:

- **Timeliness of Prenatal and Postpartum Care (PPC):** The percentage of deliveries of live births on or between October 8th of the year prior to the measurement year and October 7th of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care.
  - Timeliness of Prenatal Care (PPC-CH): The percentage of delivers 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.
  - Postpartum Care (PPC-AD): The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.
- **Well-Child Visits in the First 30 Months of Life (W30):** The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported.
  - W30 (0-15 months): Children who turned 15 months old during the measurement year: Six or more well-child visits.
  - W30 (15-30 months): Children who turned 30 months old during the measurement year: Two or more well-child visits.
  - Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.
- **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) and one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

[3] HEDIS MY 2023 Measures and Descriptions

Table 2. MY 2023 PIP First Remeasurement Indicator Rate Performance

Indicator		ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Timeliness of Prenatal Care and Identification of High-Risk Pregnancies (Prenatal Care PIP)										
PPC-CH		89.6%	93.3%	83.4%	94.4%	91.5%	85.0%	85.6%	86.6%	82.0%
Maternal Health and Infant/Toddler Care During the Postpartum Period (Postpartum Care-Related PIP)										
PPC-AD		83.3%	88.3%	86.6%	91.3%	85.4%	83.8%	78.1%	77.6%	83.2%
W30	0-15 Months	51.5%	52.8%	59.8%	72.7%	58.8%	54.3%	58.9%	59.5%	57.2%
	15-30 Months	68.6%	66.2%	73.1%	75.6%	68.6%	70.9%	71.2%	71.5%	75.3%
CIS-3		66.4%	64.7%	65.0%	79.2%	65.9%	62.5%	72.0%	68.4%	75.4%

Quality Strategy Highlights

To achieve MDH's goal of delivering high-quality, accessible care to managed care enrollees, MDH developed a framework to focus on quality improvement efforts for the HealthChoice program. MDH set task goals of increasing the PPC-CH, PPC-AD, and CIS-3 measure rates for all MCOs according to specific HealthChoice performance metrics, identified in the HealthChoice Quality Strategy for 2022-2024[4], in the table below. MCOs performing within the 90th percentile are expected to maintain performance within the 90th percentile. MCOs performing below the 90th percentile are expected to improve the baseline MY 2022 measure rates by five percent.

Table 3. MY 2023 PIP HealthChoice Performance against Quality Strategy Targets

Performance Indicators	MDH Quality Strategy Targets for MY 2024	HealthChoice Aggregate Remeasurement MY 2023 Performance
Prenatal Care PIP		
PPC-CH	88.2%	87.94%
Postpartum Care PIP		
PPC-AD	81.3%	84.18%
W30 (0-15 Months)	NA	58.40%
W30 (15-30 Months)	NA	71.20%
CIS-3	77.4%	68.80%

NA (Not Applicable)- The MDH Quality Strategy did not identify quality strategy targets for the W30 measures, so there is not a specific percentage for MY 2024.

[4] HealthChoice Quality Strategy for 2022-2024

Remeasurement Year 2023 Statewide Aggregate Report

Methodology

Validation of MCO PIPs follows CMS' EQR Protocol 1, described in detail within this section. MCOs implemented the rapid cycle PIP process for MY 2023 as described below.

Rapid Cycle PIP Process

All PIPs use the Rapid Cycle PIP process to provide MCOs with a quality improvement method that identifies, implements, and measures changes over quarterly periods. This PIP process is continuous and aligns with the CMS EQR PIP Validation Protocol to allow the MCOs the opportunity to monitor their improvement efforts over shorter time periods. Frequent monitoring allows for real-time assessments and quick modifications when necessary, rather than assessing and modifying in retrospect. The goal is for MCOs to improve performance efficiently and sustain improvement resulting in a long-term, positive impact on enrollee health outcomes.

Qlarant assists the MCOs with the Rapid Cycle PIP process by providing quarterly reporting templates and quarterly PIP assessments, making recommendations, providing quarterly technical assistance requested by MCOs, and breaking down the process into manageable steps outlined below 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 enrollee, provider, and MCO barriers.
4. Develop 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).

PIP Validation

Qlarant reviews each PIP to assess the MCOs' PIP methodology and to perform 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*. Qlarant's approach to the nine PIP review steps is defined in the table below.

Table 4. 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.	MDH selected the PIP topic.
Step 2. Aim Statement. The aim statement must be clear, concise, measurable, and answerable.	MDH provided the aim statement 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. The performance measures should be appropriate, measurable, and relative to the study population.	Qlarant determines whether the MCO identifies the PIP population in congruence with the aim statement. 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 enrollee 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

[5] Qlarant executed steps 3 & 5 according to *CMS EQR Protocol 1 and is crosswalked in step 3*.

CMS Protocol Requirement	Qlarant/State Implementation
	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 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 impactful 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. *It should be noted that MCOs are only scored on the improvement of the HEDIS measure rates that align with the MCO's selected strategies.
Step 9. State-Specific Strategies[6]**.** Improvement strategies must prove to be effective and demonstrate efforts to identify and prioritize enrollees 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 enrollees specific to the selected strategies.

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

PIP Scoring

Qlarant rates each component within a step as *Met (M)*, *Partially Met (PM)*, *Unmet (UM)*, or *Not Applicable (NA),* which results in an assigned score. 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 5. MY 2023 PIP Validation Review Determinations and Scoring

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 (NA)	None of the components are applicable	NA

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 when needed during quarterly evaluations in preparation for the annual review.

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.

Table 6. MY 2023 PIP Validation Confidence Levels and Scoring

MCO Reported Results	Criteria	Score
High Confidence (High)	**High confidence** in MCO compliance	90%-100%
Confidence (C)	**Moderate confidence** in MCO compliance	75%-89%
Low Confidence (Low)	**Low confidence** in MCO compliance	60%-74%
Not Credible (NC)	**No confidence** in MCO compliance	59% or lower

Qlarant uses a diamond rating system to compare the MCOs' PIP performance to NCQA benchmarks.

Table 7. MY 2023 Diamond Rating System Used to Compare MCO Performance to Benchmarks

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.

Results

Validation results and findings for MY 2023's remeasurement performance are captured throughout the results section, by PIP topic. Each MCO's PIPs were reviewed against all applicable components contained within the nine steps. Recommendations for each step that did not receive a *Met* rating follow each MCO's results in this report. Per NCQA, HEDIS trending between MY 2023 and previous MYs should be considered with caution due to clarifications for continuous enrollment requirements for the PPC-CH numerator[7].

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 2023, according to the HEDIS PPC-CH measure specifications. The HEDIS PPC-CH measure assesses the access to prenatal care by the percentage of deliveries in which enrollees 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

MCOs implemented the following interventions:

- Coordinate and collaborate with the local county health departments (LHDs) to cultivate improved provider completion and timely submission of MPRAs to the LHD/MCOs.
- Standardize an electronic workflow for MPRA.
- Contract Medicaid-enrolled Doulas, implement a referral workflow, and increase enrollee engagement.
- Expand doula and home visiting services (HVS) network, implement a referral workflow, and increase enrollee engagement.

[7] HEDIS MY 2023 Trending Memo

- Increase the number of identified pregnant enrollees with substance use disorder (SUD) and integrate workflows to increase the number of identified pregnant SUD enrollees 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. This annual analysis identifies barriers to care for enrollees, providers, and the MCOs. This section identifies common barriers across all or the majority of HealthChoice MCOs for the Prenatal Care PIP.

Enrollee Barriers:

- Enrollees 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 pregnancy.
- Lack of adequate Doulas/HVS to serve enrollees' 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 MPRA or having a process in place for consistently completing the MPRA.
- Lack of available doulas/HVS.
- Provider offices unable to reach enrollees consistently for appointment reminders.
- OB office will not be aware of a patient's pregnancy until after the patient has reached out to ask for the visit.
- OBs, primary care providers, 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 doulas 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.

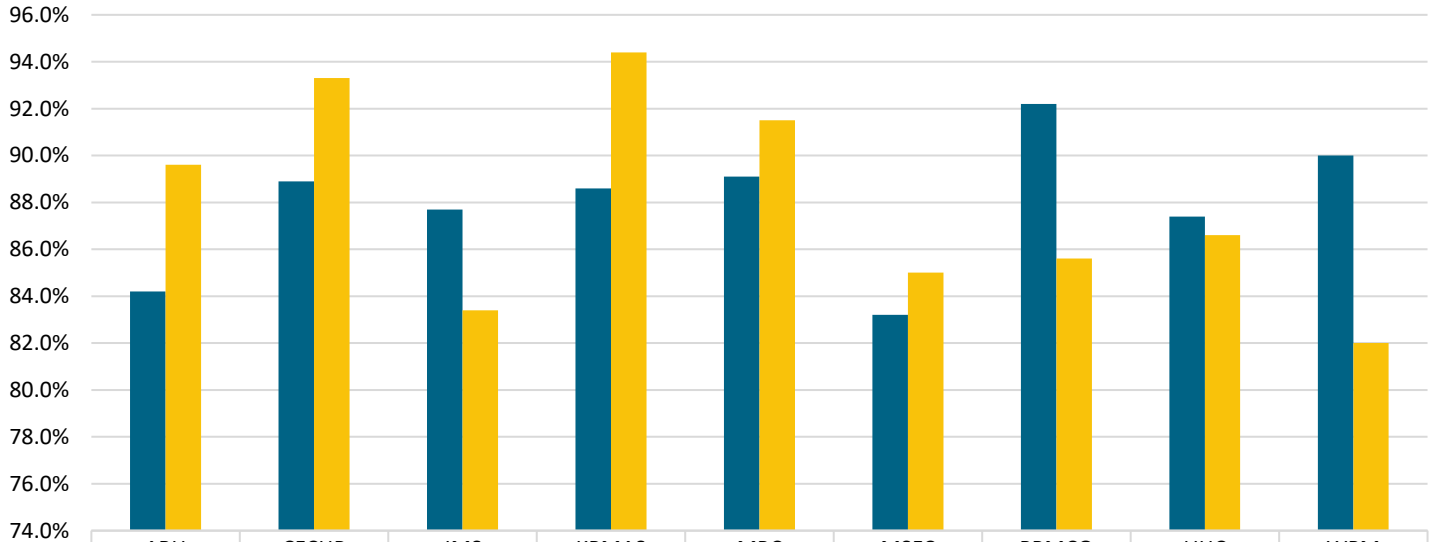
MCO Barriers:

- The need to strengthen relationships with LHD(s) and network OB providers.
- Inefficient tracking of MPRAs.
- The carve-out of behavioral healthcare prevents full enrollee 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 enrollees who are pregnant and determine if an enrollee has received care during the first trimester.

Prenatal Care PIP Indicator Results

This section represents data collection results for MY 2023 as the first remeasurement year for the Prenatal Care PIP. Figure(s) represent indicator rates for all MCOs and table(s) compare indicator rates to the HEDIS 2023 NCQA Quality Compass Medicaid benchmarks.

Figure 1. MY 2023 Prenatal Care Indicator Rates



	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	84.2%	88.9%	87.7%	88.6%	89.1%	83.2%	92.2%	87.4%	90.0%
Remeasurement Year 2023	89.6%	93.3%	83.4%	94.4%	91.5%	85.0%	85.6%	86.6%	82.0%

The MCOs' prenatal care rates for MY 2023 ranged from 82.0% (WPM) to 94.4% (KPMAS). ABH, CFCHP, KPMAS, MPC, and MSFC's performance rates increased in comparison to the baseline in MY 2022. JMS, PPMCO, UHC, and WPM's rates decreased in comparison to the baseline in MY 2022.

Table 8. MY 2023 Prenatal Care Performance Comparison to HEDIS National Benchmarks by MCO

MCO	MY 2023 Indicator Rate	Qlarant Diamond Rating
ABH	89.6%	♦♦♦
CFCHP	93.3%	♦♦♦♦
JMS	83.4%	♦
KPMAS	94.4%	♦♦♦♦
MPC	91.5%	♦♦♦
MSFC	85.0%	♦♦
PPMCO	85.6%	♦♦
UHC	86.6%	♦♦
WPM	82.0%	♦

MCOs' performance rates for prenatal care varied in comparison to MY 2023 national benchmarks. CFHCP (93.3%) and KPMAS (94.4%) exceeded the 90th percentile. ABH (89.6%) and MPC (91.5%) exceeded the 75th percentile. MSFC (85.0%), PPMCO (85.6%), and UHC (86.6%) exceeded the 50th percentile. JMS (83.4%) and WPM (82.0%) fell below the 50th percentile.

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. The following table identifies the validation rating and the corresponding level of confidence Qlarant has assigned to each MCO's PIPs for MY 2023. All MCOs were given a rating of *NA* for Step 2 (Aim Statement), since MDH provided the aim statement.

Table 9. MY 2023 Prenatal Care PIP Validation Rating and Confidence Levels

Step/Description	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Step 1. Topic	M	M	M	M	M	M	M	M	PM
Step 2. Aim Statement	NA	NA	NA	NA	NA	NA	NA	NA	NA
Step 3. Performance Measures and Population	M	M	M	PM	M	M	M	M	M
Step 4. Sampling Method	NA	M	NA	M	M	M	NA	NA	M
Step 5. Data Collection Procedures	M	M	M	M	M	M	M	PM	PM
Step 6. Data Analysis and Interpretation of Results	M	M	M	PM	M	M	M	M	M
Step 7. Improvement Strategies (Interventions)	M	M	M	M	M	M	M	PM	PM
Step 8. Significant and Sustained Improvement	M	PM	PM	M	PM	PM	PM	PM	PM
Step 9. State Specific Strategies	M	M	M	PM	M	M	M	M	M
PIP Numerical Score	90	90	85	91	94	94	84	68	81
PIP Total Available Points	90	96	91	96	96	96	90	88	95
PIP Validation Rating	100%	93.8%	93.4%	94.8%	97.9%	97.9%	93.3%	77.3%	85.3%
Confidence Level	High	High	High	High	High	High	High	C	C

Validation Results: Light Green – M (*Met*); Light Yellow – PM (*Partially Met*); Light Red – UM (*Unmet*); Gray – NA (*Not Applicable*)
Confidence Levels: Green – High (*High Confidence*); Yellow – C (*Confidence*); Orange – Low (*Low Confidence*); Red – NC (*Not Credible*)

Seven of the nine MCOs' performances resulted in a confidence level of *High Confidence* for prenatal care PIP validations, ranging from 93.3% (PPMCO) to 100% (ABH). UHC (77.3%) and WPM's (85.3%) performance resulted in a confidence level of *Confidence*.

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

Postpartum Care-Related PIPs focused on the improvement of specific postpartum care-related HEDIS measure rates that correlated with the individual MCO's selected strategies. The MCOs' selected strategies and correlating HEDIS measures are indicated in the table below.

Table 10. MY 2023 MCO-Selected Strategies and Correlating HEDIS Measure

HEDIS Measure/Selected Strategy		ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
PPC-AD	Increase engagement throughout the 12-month coverage period	X	X	-	-	-	-	-	X	-
	Clinic-community linkages on behavioral health referrals and parenting supports	-	-	-	-	-	-	-	-	X
	Implement an electronic depression screening tool	-	-	-	X	-	-	X	-	-
CIS-3	Improve immunization rates	-	X	X	-	X	X	X	X	-
W30	Promote WCV through engagement with doulas/HVS	X	-	X	-	X	-	-	-	X
	Value-added benefits for well child care	-	-	-	X	-	X	-	-	-

X – MCO selected strategy, Dash – MCO did not select strategy.

Postpartum Care PIP Interventions Implemented

MCOs implemented the following interventions:

- HVS process to prioritize enrollees with higher/increased health risk for HVS referrals.
- Schedule immunization clinic days at Federally Qualified Health Centers (FQHCs).
- Postpartum home visit referral process.
- Identifying enrollees overdue for Diphtheria, Tetanus, and Pertussis.
- 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.

Postpartum Care PIP Identified Barriers

This section identifies common barriers across all or most HealthChoice MCOs for the Postpartum Care PIP.

Enrollee Barriers:

- Inaccuracies of enrollee contact information due to the instability of housing.
- Limited transportation.
- Knowledge deficit regarding MCO resources and benefits.
- Poor health literacy.
- PPC-AD
    - Unmet social needs (e.g. housing, food, transportation) that impact the ability to attend visits.
    - Knowledge deficit of how postpartum and preventive/chronic condition management visits contribute to overall health and well-being.
    - Limited providers and appointment availability.
- W30
    - Difficulty attending the multiple visits required.
    - Not wanting HVS/doula staff in their home.
- CIS-3
    - Knowledge deficit of the importance of age-specific immunizations.
    - Attitudes toward healthcare/immunizations.

Provider Barriers:

- Administrative barriers due to limited staffing.
- Low reimbursement for doula services and the requirements to enroll are challenging for the doula providers (i.e., ePREP).
- Sparse provider network (medical desert).
- PPC-AD
    - Inconsistency with use of the correct postpartum code and prenatal depression screening code.
    - Lack of a follow-up process for positive postpartum depression screenings.
    - Unfamiliarity with cultural norms or alternative therapies used in the postpartum recovery period.

- W30
  - Providers operating at capacity and unable to enroll new enrollees for HVS.
  - Lack of a consistent referral process across service providers.
  - Limited provider office staffing and appointment availability.
  - Knowledge deficits regarding specific enrollee gaps in well-child visits.
- CIS-3
  - Knowledge deficits and workflows regarding specific enrollee gaps in immunizations.
  - Lack of time to contact enrollees to close gaps in care.

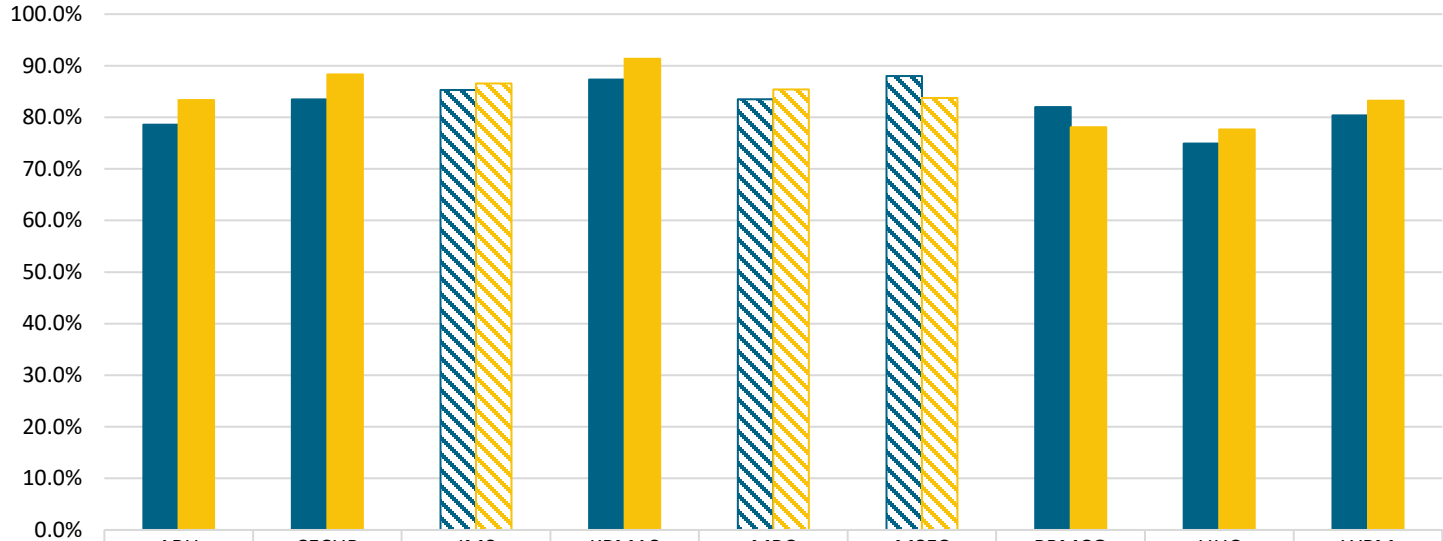
MCO Barriers:

- Transportation is not a plan benefit.
- Limited staffing impacting administrative tasks.
- Lacking updated contact information for enrollees.
- PPC-AD
  - Inefficient reporting and/or data collection including providers' inconsistency with utilizing correct billing codes and the time it takes for claims billing and processing.
- W30
  - Babies being enrolled during the first few months of life that are already missing timely well child visits (WCV).
  - Lack of knowledge provided to enrollees regarding MCO benefits.
  - Lack of consistency in contracted HVS and doula providers across counties.
- CIS-3
  - Lack of awareness when enrollees are behind on vaccines.
  - Unable to determine accurate membership count by race/ethnicity due to the considerable number of enrollees not self-reporting their race and/or ethnicity.

Postpartum Care PIP Indicator Results

This section represents data collection results for MY 2023 as the first remeasurement year for the Postpartum Care-Related PIP. Figures represent indicator rates for all MCOs and tables compare indicator rates to the 2023 NCQA Quality Compass Medicaid HEDIS benchmarks.

Figure 2. MY 2023 Postpartum Care-Related Indicator Rates

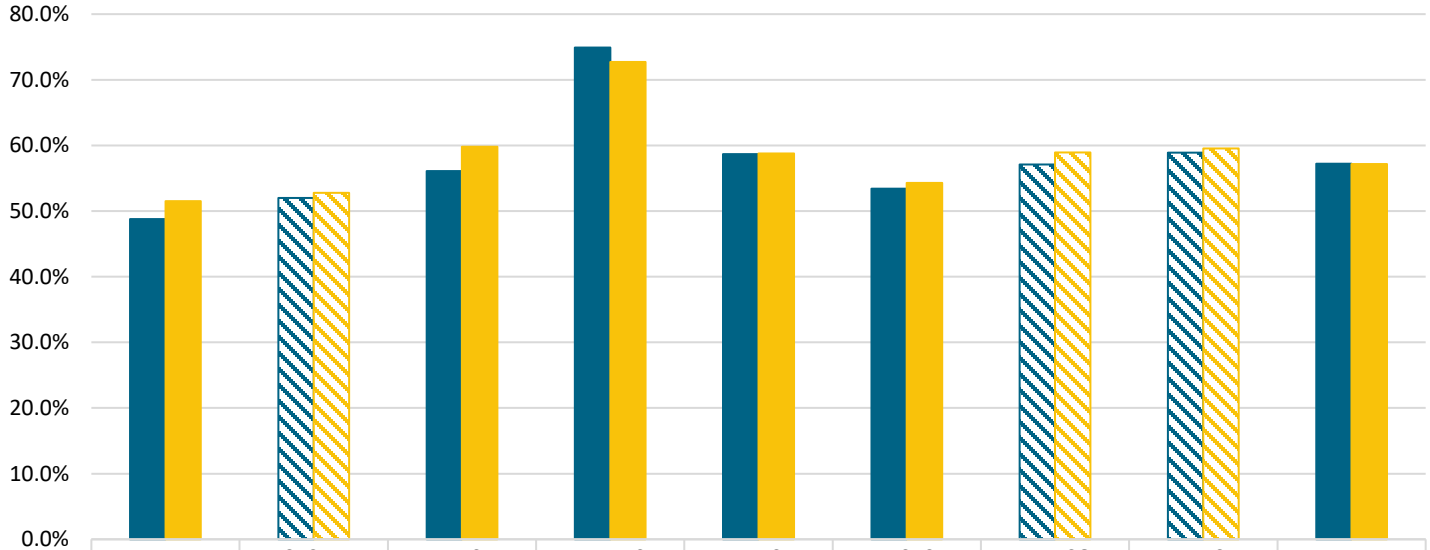


	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	78.6%	83.5%	85.3%	87.3%	83.5%	88.0%	82.0%	74.9%	80.4%
Remeasurement Year 2023	83.3%	88.3%	86.6%	91.3%	85.4%	83.8%	78.1%	77.6%	83.2%

Solid bars represent MCOs that have selected a PPC-AD HEDIS rate strategy.
Striped bars represent MCOs that did not select a PPC-AD HEDIS rate strategy.

The MCOs' postpartum care rates for MY 2023 ranged from 77.6% (UHC) to 91.3% (KPMAS). All but two MCOs (MSFC and PPMCO) increased performance rates in comparison to the baseline in MY 2022.

Figure 3. MY 2023 Well-Child Visits in the First 30 Months of Life (0-15 Months) Indicator Rates

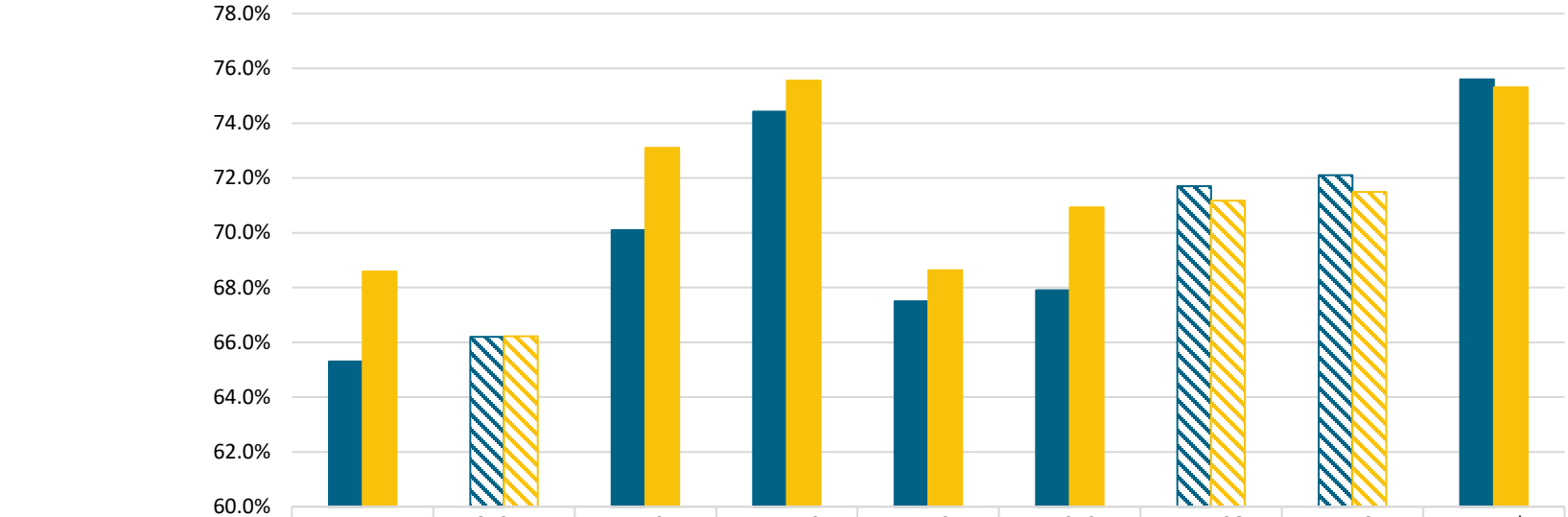


	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	48.8%	52.0%	56.1%	74.9%	58.7%	53.4%	57.1%	58.9%	57.2%
Remeasurement Year 2023	51.5%	52.8%	59.8%	72.7%	58.8%	54.3%	58.9%	59.5%	57.2%

Solid bars represent MCOs that have selected a W30 HEDIS rate strategy.
Striped bars represent MCOs that did not select a W30 rate strategy.

The MCOs' W30 (0-15) rates for MY 2023 ranged from 51.5% (ABH) to 72.7% (KPMAS). All but two MCOs (KPMAS and WPM) increased performance rates compared to the baseline in MY 2022. The KPMAS performance rate decreased, and WPM's rate was sustained from baseline MY 2022 to MY 2023.

Figure 4. MY 2023 Well-Child Visits in the First 30 Months of Life (15-30 Months) Indicator Rates

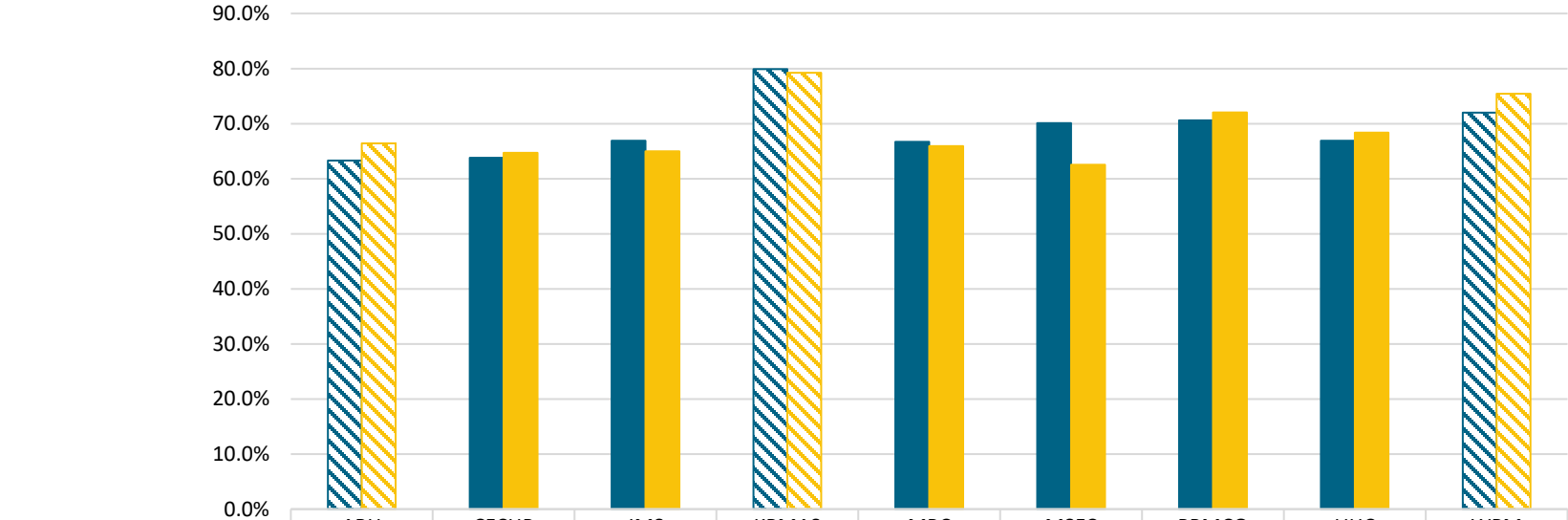


	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM*
Baseline MY 2022	65.3%	66.2%	70.1%	74.4%	67.5%	67.9%	71.7%	72.1%	75.6%
Remeasurement Year 2023	68.6%	66.2%	73.1%	75.6%	68.6%	70.9%	71.2%	71.5%	75.3%

Solid bars represent MCOs that have selected a W30 HEDIS rate strategy.
Striped bars represent MCOs that did not select a W30 rate strategy.

The MCOs' W30 (15-30) rates for MY 2023 ranged from 66.2% (CFCHP) to 75.6% (KPMAS). ABH, JMS, KPMAS, MPC, and MSFC's performance rates increased in comparison to the baseline MY 2022. PPMCO, UHC, and WPM's performance rates decreased in comparison to the baseline MY 2022. CFCHP's rate was sustained from baseline MY 2022 to MY 2023.

Figure 5. MY 2023 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%
Remeasurement Year 2023	66.4%	64.7%	65.0%	79.2%	65.9%	62.5%	72.0%	68.4%	75.4%

Solid bars represent MCOs that have selected a CIS-3 HEDIS rate strategy.
Striped bars represent MCOs that did not select a CIS-3 rate strategy.

The MCOs' CIS-3 rates for MY 2023 ranged from 62.5% (MSFC) to 79.2% (KPMAS). ABH, CFCHP, PPMCO, UHC, and WPM's performance rates increased in comparison to the baseline MY 2022. JMS, KPMAS, MPC, and MSFC's performance rates decreased in comparison to the baseline MY 2022.

Table 11. MY 2023 Postpartum Care-Related Performance Comparison to National Benchmarks by MCO

MCO	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	83.3%	♦♦♦	51.5%	♦	68.6%	♦	66.4%	♦♦
CFCHP	88.3%	♦♦♦♦	52.8%	♦	66.2%	♦	64.7%	♦♦
JMS	86.6%	♦♦♦	59.8%	♦	73.1%	♦♦♦	65.0%	♦♦
KPMAS	91.3%	♦♦♦♦	72.7%	♦♦♦♦	75.6%	♦♦♦	79.2%	♦♦♦♦
MPC	85.4%	♦♦♦	58.8%	♦	68.6%	♦	65.9%	♦♦
MSFC	83.8%	♦♦♦	54.3%	♦	70.9%	♦♦	62.5%	♦
PPMCO	78.1%	♦	58.9%	♦	71.2%	♦♦	72.0%	♦♦♦
UHC	77.6%	♦	59.5%	♦	71.5%	♦♦	68.4%	♦♦
WPM	83.2%	♦♦	57.2%	♦	75.3%	♦♦♦	75.4%	♦♦♦♦

For the MY 2023 PPC-AD measure, CFCHP (88.3%) and KPMAS (91.3%) performed within the 90th percentile. ABH (83.3%), JMS (86.6%), MPC (85.4%), and MSFC (83.8%) performed within the 75th percentile. WPM (83.2%) was the only MCO that performed within the 50th percentile. PPMCO (78.1%) and UHC (77.6%) were the only MCOs that performed below the 50th percentile.

For the MY 2023 W30 (0-15) measure, KPMAS (72.7%) was the only MCO that performed within the 90th percentile. All other MCOs performed below the 50th percentile ranging from 51.53% (ABH) to 59.8% (JMS).

For the MY 2023 W30 (15-30) measure, JMS (73.1%), KPMAS (75.6%), and WPM (75.3%) performed within the 75th percentile. MSFC (70.9%), PPMCO (71.2%), and UHC (71.5%) performed within the 50th percentile. ABH (68.6%), CFCHP (66.2%), and MPC (68.6%) performed below the 50th percentile.

For the MY 2023 CIS-3 measure, KPMAS (79.2%) and WPM (75.4%) performed within the 90th percentile. PPMCO (72.0%) was the only MCO that performed within the 75th percentile. ABH (66.4%), CFCHP (64.7%), JMS (65.0%), MPC (65.9%), and UHC (68.4%) performed within the 50th percentile. MSFC (62.5%) was the only MCO that performed below the 50th percentile.

KPMAS had the highest performance across all four measures.

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. The following table identifies the validation rating and the corresponding level of confidence Qlarant has assigned to each MCO's PIPs for MY 2023. All MCOs were given a rating of *NA* for Step 2 (Aim Statement), since MDH provided the aim statement.

Table 12. MY 2023 Postpartum Care-Related PIP Validation Rating and Confidence Levels

Step/Description	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	NA	NA	NA	NA	NA	NA	NA	NA	NA
Step 3. Performance Measures and Population	M	M	M	PM	M	M	M	PM	M
Step 4. Sampling Method	NA	M	M	M	M	M	NA	M	M
Step 5. Data Collection Procedures	M	M	M	M	M	M	M	M	M
Step 6. Data Analysis and Interpretation of Results	M	PM	M	PM	PM	M	PM	M	PM
Step 7. Improvement Strategies (Interventions)	M	PM	M	M	M	M	M	PM	PM
Step 8. Significant and Sustained Improvement	PM	PM	PM	PM	PM	M	PM	PM	PM
Step 9. State Specific Strategies	M	M	M	PM	M	M	M	M	M
PIP Numerical Score	85	72	93	86	92	95	85	77	81
PIP Total Available Points	87	94	97	97	97	95	90	91	95
PIP Validation Rating	97.70%	76.60%	95.88%	88.66%	94.85%	100%	94.44%	84.62%	85.26%
Confidence Level	High	C	High	C	High	High	High	C	C

Validation Results: Light Green – M (Met); Light Yellow – PM (Partially Met); Light Red – UM (Unmet); Gray – NA (Not Applicable)
Confidence Levels: Green – High (High Confidence); Yellow – C (Confidence); Orange – Low (Low Confidence); Red – NC (Not Credible)

Five of the nine MCOs' performances resulted in a confidence level of *High Confidence* for postpartum care PIP validations, ranging from 94.44% (PPMCO) to 100% (MSFC). Four of the nine MCOs' performance resulted in a confidence level of *Confidence,* ranging from 76.60% (CFCHP) to 88.66% (KPMAS).

Conclusion

HealthChoice is a mature managed care program and, overall, analysis of PIP strategies and interventions submitted by MCOs enhances plans for quality assessment and performance improvement programs and HEDIS measure rates. During MY 2023, MCOs continued to implement and refine interventions to improve health equity and the impact on SMART objectives and process metric goals. The PDSA cycle was used through the rapid cycle PIP process to assess small tests of evidence-based, systemic, and sustainable changes. Processes were implemented to modify interventions 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 MY 2023. Five out of nine MCOs (ABH, JMS, MPC, MSFC, and PPMCO) performed at *High Confidence* levels for validation of both PIP topics.

- **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 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 pregnant 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 13. MY 2023 Overall PIP Performance

Performance Improvement Project		ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Prenatal Care PIP	Validation Rating	**100%**	**93.8%**	**93.4%**	**94.8%**	**97.9%**	**97.9%**	**93.3%**	**77.3%**	**85.3%**
	Confidence Level	**High**	**High**	**High**	**High**	**High**	**High**	**High**	**C**	**C**
	Any HEDIS Rate Improvement?	Yes	Yes	No	Yes	Yes	Yes	No	No	No
	Any Statistically Significant Improvement in HEDIS Rate?	Yes	No	No	Yes	No	No	No	No	No
	Any Sustained Improvement in HEDIS rate?	NA	NA	NA	NA	NA	NA	NA	NA	NA
Postpartum Care-Related PIP	Validation Rating	**97.7%**	**76.6%**	**95.9%**	**88.7%**	**94.9%**	**100%**	**94.4%**	**84.6%**	**85.3%**
	Confidence Level	**High**	**C**	**High**	**C**	**High**	**High**	**High**	**C**	**C**
	Any Postpartum Care HEDIS Rate Improvement?	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Any Well-Child Visits in the First 30 Months of Life HEDIS Rate Improvement?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Any Childhood Immunization Status HEDIS Rate Improvement?	Yes	Yes	No	No	No	No	Yes	Yes	Yes
	Any Statistically Significant Improvement in HEDIS rate?	No	NA	No	No	No	Yes	No	No	No
	Any Sustained Improvement in HEDIS rate?	NA	NA	NA	NA	NA	NA	NA	NA	NA

Confidence Levels: Green – High (High Confidence); **Yellow** – C (Confidence); **Orange** – Low (Low Confidence); **Red** – NC (Not Credible). NA (Not Applicable)
At least two repeat measurements are required to evaluate demonstration of sustained improvement.

For MY 2023, all MCOs performed at confidence levels of *Confidence* and *High Confidence*. ABH, JMS, MPC, MSFC, and PPMCO performed at a confidence level of *High Confidence* for both PIP topics. UHC and WPM performed at a confidence level of *Confidence* for both PIP topics. Validation ratings for the Prenatal Care PIP topic ranged from 77.3% (UHC) to 100% (ABH). Validation ratings for the Postpartum Care-Related

PIP topics ranged from 76.6% (CFCHP) to 100% (MSFC). Although all MCOs performed at levels of *Confidence* and *High Confidence,* opportunities for improvement were identified and additional guidance was provided for each MCO during the rapid cycle PIP process.

Recommendations

MCO Recommendations

The following recommendations are based on results from the MY 2023 PIP Validation.

- Conduct root cause analyses when statistically significant improvement of HEDIS rates was not demonstrated as a direct result of implemented interventions.
- Assess the impact of interventions on health equity and modify as needed to further incorporate each component of the CLAS standards on an interventional level. Utilize enrollee and provider feedback to conduct a barrier analysis. Enrollee and provider feedback should also be incorporated in the design of the interventions to overcome barriers while prioritizing the disparate population to improve healthcare outcomes.
- Conduct barrier analyses on an annual basis at a minimum. MCOs should consider enrollee, 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.
- Incorporate the proven-successful methodology outlined in evidence-based research to support interventions in one or more of the following areas:
    - Improving policies, processes, and protocols
    - Addressing social determinants of health
    - Establishing community partnerships
    - Overcoming cultural barriers related to the desired outcome of the intervention.

ABH's Strengths, Opportunities, and Recommendations

ABH's performance resulted in a confidence level of *High Confidence* for both PIP topics, with performance validation rates of 100% for the Prenatal Care PIP and 97.7% 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 enrollee, provider, and MCO levels. ABH conducted a disparity analysis stratified by race/ethnicity for each strategy. Data was reviewed on a quarterly basis through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- ABH should identify the disparate population in each SMART objective.
- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. ABH should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

CFCHP's Strengths, Opportunities, and Recommendations

CFCHP's performance score of 93.8% resulted in a confidence level of *High Confidence* for the Prenatal Care PIP and a performance score of 76.6% resulted in a confidence level of *Confidence* for the Postpartum Care-Related PIP. CFCHP conducted a disparity analysis stratified by race/ethnicity data for each strategy and reviewed data quarterly through the rapid cycle PIP process. CFCHP identified barriers on the enrollee, provider, and MCO levels.

The following opportunities for improvement were identified:

- Ensure comparability between each MY by following the same methodology for sampling verses studying an entire population.
- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. CFCHP should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.
- Correctly report accurate HEDIS numerators, denominators, and rates for each MY.
- Incorporate proven-successful methodology outlined in evidence-based research to increase the likelihood that interventions will result in the desired outcomes.

JMS' Strengths, Opportunities, and Recommendations

JMS' performance resulted in a confidence level of *High Confidence* for both PIP topics with performance validation rates of 93.4% for the Prenatal Care PIP and 95.9% for the Postpartum Care-Related PIP. JMS continues to demonstrate and enhance efforts towards incorporating a

health equity focus within its interventions. JMS conducted a disparity analysis stratified by race/ethnicity for each strategy and reviewed data quarterly through the rapid cycle PIP process. JMS identified enrollee, provider, and MCO barriers for the PIP topics and its interventions.

The following opportunities for improvement were identified:

- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. JMS should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

KPMAS' Strengths, Opportunities, and Recommendations

KPMAS' performance score of 94.8% resulted in a confidence level of *High Confidence* for the Prenatal Care PIP and a performance score of 88.7% resulted in a confidence level of *Confidence* for the Postpartum Care-Related PIP. KPMAS continued to enhance efforts towards a health equity focus. KPMAS conducted a disparity analysis stratified by race/ethnicity and reviewed data on a quarterly basis through the rapid cycle PIP process. KPMAS provided further information on rates specific to race/ethnicity.

The following opportunities for improvement were identified:

- Clearly identify, define, and provide time-specifications for PIP variables.
- Clearly identify the special populations utilized to address each PIP topic.
- Ensure comparability between each MY by following the same methodology for sampling versus studying an entire population.
- Include enrollee, provider, and MCO barriers related to each PIP topic, interventions, and the identified disparate population.
- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. KPMAS should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

MPC's Strengths, Opportunities, and Recommendations

MPC's performance resulted in a confidence level of *High Confidence* for both PIP topics, with performance validation rates of 97.9% for the Prenatal Care PIP and 94.9% for the Postpartum Care-Related PIP. MPC continued to enhance efforts towards a health equity focus. MPC conducted a disparity analysis stratified by race/ethnicity for each strategy and reviewed data on a quarterly basis through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. MPC should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

MSFC's Strengths, Opportunities, and Recommendations

MSFC's performance resulted in a confidence level of *High Confidence* for both PIP topics, with performance validation rates of 97.9% for the Prenatal Care PIP and 100% for the Postpartum Care-Related PIP. MSFC continued to enhance efforts towards a health equity focus. MSFC conducted a disparity analysis stratified by race/ethnicity for each strategy and reviewed data on a quarterly basis through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. MSFC should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

PPMCO's Strengths, Opportunities, and Recommendations

PPMCO's performance resulted in a confidence level of *High Confidence* for both PIP topics, with performance validation rates of 93.3% for the Prenatal Care PIP and 94.4% 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 through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. PPMCO should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.
- Provide correct statistical significance testing calculations, preferably utilizing a z-score formula.

UHC's Strengths, Opportunities, and Recommendations

UHC's performance resulted in a confidence level of *Confidence* for both PIP topics, with performance validation rates of 77.3% for the Prenatal Care PIP and 84.6% for the Postpartum Care-Related PIP. 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 through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- Identify the full name of each HEDIS measure.
- Ensure all administrative data sources are found to be accurate, complete, and comparable across systems.
- Incorporate each component of the CLAS standards on an interventional level to ensure interventions are culturally and linguistically appropriate.
- Review and identify confounding variables that could have an obvious impact on outcomes.
- Provide a brief summary of the impact or effectiveness of its strategies.
- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. UHC should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

WPM's Strengths, Opportunities, and Recommendations

WPM's performance resulted in a confidence level of *Confidence,* with performance validation rates of 85.3% 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 through the rapid cycle PIP process.

The following opportunities for improvement were identified:

- Provide details utilizing WPM-specific data demonstrating how the PIP topics present opportunities for improvement for WPM.
- Identify the priority service area(s) addressed by each PIP topic.
- Ensure encounter and utilization data is submitted by primary care providers for all encounters, if primary care data is used.
- Incorporate each component of the CLAS standards on an interventional level to ensure interventions are culturally and linguistically appropriate.
- Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. WPM should consider conducting a root cause analysis for barriers impacting desired improvement outcomes.

MDH Recommendations

- Currently, through the rapid cycle PIP process, the quarterly template is focused on evaluating an MCO's progress on achieving SMART objectives and process metric goals. MDH should consider reviewing the MCO-reported proxy HEDIS rates during the rapid cycle PIP process to evaluate if setting higher minimums is necessary.
- Consider providing a forum for MCOs to discuss barriers and share best practices to help improve rates among all HealthChoice MCOs.

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. 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 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 for PPC-CH should maintain current performance during the life of the project.
- MCOs currently performing below the HEDIS National 90th percentile benchmark for PPC-CH 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 MPRA
  - Process Metric: Increase completion rate *X% above the MCO's baseline during the first MY then increase goal an additional *Y% above the prior year's rate each subsequent MY. Must show the ratio of # of completed MPRA/# 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 PPC-CH 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 MY. 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 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:

- PPC-AD, W30, and CIS-3
  - MCOs currently performing at or above the HEDIS National 90th percentile benchmark should maintain current performance 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 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, enrollees should attend ALL of the following visits:
    - Two (2) American College of Obstetrics & Gynecology (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 blood pressure 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 social determinants of health (SDOH), a positive postpartum depression screen, a history of behavioral health disorders, or a history of domestic violence/intimate partner violence, family stressors, and other risk factors identified on the MPRA. 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 enrollees, 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.