Maryland
DEPARTMENT OF HEALTH

Maryland HealthChoice Program

Performance Improvement Project Validation

Perinatal Health Topic Annual Report

Measurement Year 2024

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Qlarant

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HealthChoice Program Overview

Maryland's Medicaid Managed Care Program, known as HealthChoice, follows a comprehensive system of continuous quality improvement, which includes problem identification, analysis, corrective action, and re-evaluation. HealthChoice serves Marylanders on Medicaid by developing processes and systems capable of profiling and tracking information regarding the care received by HealthChoice enrollees. Guiding principles for HealthChoice's operations are to provide quality healthcare that is equitable, patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. HealthChoice emphasizes health promotion and disease prevention and requires enrollees to receive health education and outreach services.

External Quality Review

The Maryland Department of Health (MDH) is responsible for evaluating the quality of care provided to eligible HealthChoice enrollees by contracted managed care organizations (MCOs). MDH contracts with Qlarant to conduct external quality reviews (EQRs) and to assess compliance with standards governing the HealthChoice program in the Code of Federal Regulations and Code of Maryland Regulations through the Centers for Medicare & Medicaid Services (CMS) protocols. Qlarant's annual, independent reviews evaluate quality, access, and timeliness of care by validating performance improvement projects (PIPs) conducted by HealthChoice MCOs.

This report identifies PIP activities conducted for measurement year (MY) 2024, the second remeasurement year for Perinatal Health PIP topics. No MCOs were exempt from this task. The following MCOs are assessed in this report:

- Aetna Better Health of Maryland (ABH)
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)
- Jai Medical Systems, Inc. (JMS)
- 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)

PIP Goals

PIPs are designed to achieve and sustain improvement in clinical outcomes, administrative processes, or enrollee satisfaction. PIPs use a systematic approach to quality improvement and can be effective tools to assist MCOs in identifying root causes, barriers, and implementing targeted interventions. Projects must be designed, conducted, and reported in a methodologically sound manner. PIP review and validation assess the level of improvement across MCOs and provides MDH and other stakeholders with confidence in project results. Qlarant additionally assesses whether MCOs meet state-specific requirements for incorporating national standards for Culturally and Linguistically Appropriate Services (CLAS) to prioritize health equity for HealthChoice enrollees.

PIP Topics. HealthChoice MCOs conduct two PIPs annually. To align with statewide public health and the specific Medicaid innovation initiatives in Maryland's Statewide Integrated Health Improvement Strategy (SIHIS),[1] MCOs completed perinatal 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 morbidity and address preventive care services in early childhood. HEDIS®[2] performance measures were followed for each PIP.

Appendix A identifies the list of strategies selected by MDH and provided to the MCOs from which to choose for each PIP topic. MCOs selected PIP strategies most appropriate for their enrollee populations and available resources, which were required to include a health equity focus to address health outcomes among the most disparate populations by conducting disparity analyses, including enrollee feedback, and examining resources.

Table 1. MY 2024 MDH-Selected PIPs

MY 2024 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 W30: 15-30 Months) • Childhood Immunization Status: Combo 3 (CIS-3)

[1] Maryland's Statewide Integrated Health Improvement Strategy (SIHIS).
[2] Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of the National Committee for Quality Assurance (NCQA).

MY 2024 PIPs	Prenatal Care PIP	Postpartum Care-Related PIP
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 Care?	Will the implementation of targeted interventions focused on enrollees, providers, and the MCOs improve and sustain annual HEDIS performance rates in the areas 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).* MCOs were required 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 MCOs. MCOs were required to select the PIP strategies most appropriate for their enrollee populations and available resources.

Key Findings

This section identifies remeasurement percentage indicator results from MY 2024 for each MCO, as demonstrated in the table below. Per the HEDIS measurement descriptions for MY 2024, MCOs measured the following:

- **Timeliness of Prenatal and Postpartum Care (PPC)**: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care.
  - Timeliness of Prenatal Care (PPC-CH): The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.
  - 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.
- **Childhood Immunization Status (CIS-3):** 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.

Table 2. MY 2024 Remeasurement Indicator Rate Percentages

Indicator	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Prenatal Care PIP: PPC-CH	87.9%	95.1%	88.3%	94.6%	92.7%	83.8%	89.8%	85.4%	87.8%
Postpartum Care-Related PIP: PPC-AD	83.3%	89.1%	87.8%	95.2%	81.8%	85.0%	84.2%	79.6%	84.4%
Postpartum Care-Related PIP: W30 (0-15 Months)	53.3%	68.1%	54.6%	79.1%	60.9%	58.1%	62.6%	64.0%	61.0%
Postpartum Care-Related PIP: W30 (15-30 Months)	71.4%	70.9%	74.7%	79.6%	72.2%	76.8%	75.7%	76.3%	80.1%
Postpartum Care-Related PIP: CIS-3	68.6%	71.5%	67.5%	77.9%	72.8%	68.4%	76.2%	70.1%	75.9%

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 for increasing the PPC-CH, PPC-AD, and CIS-3 measure rates for all MCOs in the HealthChoice Quality Strategy for 2022-2024.[3] Expectations are set according to the ninetieth percentile: MCOs performing within the ninetieth percentile are expected to maintain performance within the ninetieth percentile, and MCOs performing below the ninetieth percentile are expected to improve the baseline MY 2022 measure rates by five percentage points over the life of the PIP. The table below identifies specific HealthChoice performance metrics for these three measures.

Table 3. MY 2024 PIP HealthChoice Performance against Quality Strategy Targets

Performance Measure	Quality Strategy Targets	HealthChoice Aggregate Performance	Percentage Point Progress
Prenatal Care PIP	**MY 2024**	**Remeasurement MY 2024**	**Value (↑, ↓, or NA)**
PPC-CH Performance	88.2%	89.5%	1.3↑
Postpartum Care-Related PIP	**MY 2024**	**Remeasurement MY 2024**	**Value (↑, ↓, or NA)**
PPC-AD Performance	81.3%	85.6%	4.3↑
W30 (0-15 Months) Performance	NA	62.4%	NA
W30 (15-30 Months) Performance	NA	75.3%	NA
CIS-3 Performance	77.4%	72.1%	5.3↓

NA (Not Applicable). The MDH Quality Strategy did not identify quality strategy targets for the W30 measures because the measure was baseline at the time of issuance, so there was not a specific target for MY 2024.

[3] HealthChoice Quality Strategy 2022-2024

Remeasurement Year 2024 Statewide Executive Summary Report

Methodology

Introduction

Qlarant uses the CMS EQR Protocol 1 – Validation of Performance Improvement Projects as a guideline in PIP review activities and to verify that the MCOs used sound methodology in designing, implementing, analyzing, and reporting PIP activities. This section describes the MY 2024 validation processes used, including the use of the rapid cycle PIP process.

Description of Data Obtained. During remeasurement year 2024, MCOs focused on addressing root causes and barriers to successful implementation, modifying interventions, and studying outcomes.

Technical Methods of Data Collection and Analysis. Using the nine steps of the CMS EQR Protocol 1 as a guideline, MCOs submitted 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.

Timeline. Qlarant conducted PIP activities from January 2025 to March 2026 for MY 2024 PIP data.

PIP Validation

Qlarant reviews each PIP to assess each MCO's PIP methodology and to perform an annual validation of PIP results. Qlarant's approach to the nine PIP review steps is outlined below.

1. **Review the selected PIP topic.** MDH selected the PIP topic.
2. **Review the PIP aim statement.** MDH provided the aim statement to align with statewide public health and Medicaid innovation initiatives. Strategies and process metrics were additionally provided to the MCOs and are included in Appendix A.
3. **Review the identified PIP population, selected PIP variables, and performance measures.** Qlarant executed this step according to CMS EQR Protocol 1 and cross-walked our approach in this step:
    a. ***Population:*** Qlarant determined whether the MCO identified the PIP population in congruence with the aim statement.
    b. ***PIP Variables:*** Qlarant assessed whether the selected PIP variables were appropriate for measuring and tracking improvement.
    c. ***Performance Measures:*** Qlarant assessed whether performance measures were objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on enrollee outcomes.

4. **Review the sampling method.** This step is required only when the MCO studies a sample of the entire population. Qlarant assessed the appropriateness of the MCO's sampling technique.
5. **Review the data collection procedures.** Qlarant evaluated the validity and reliability of MCO procedures used to collect the data displaying PIP measurements. Qlarant executed this step according to the CMS EQR Protocol 1.
6. **Review the data analysis and interpretation of PIP results.** Qlarant assessed the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used and if each MCO's analysis and interpretation were accurate. A comprehensive quantitative and qualitative analysis is required for each project indicator. The quantitative analysis compares current performance to baseline, assessed previous measurements, and evaluated performance against goals/benchmarks. The qualitative analysis provides an assessment of interventions and evaluates the project's level of success and identifies root causes and barriers. Each intervention utilizes the continuous quality improvement process using the PDSA cycle 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.
7. **Assess the improvement interventions.** Qlarant assessed the appropriateness of interventions for achieving improvement. Each intervention is assessed to ensure that barriers are addressed. Interventions must be multifaceted and produce impactful and sustainable change. Effective interventions use specific, measurable, achievable, relevant, and time-oriented (SMART) objectives designed for the priority population. Interventions also use upstream approaches, such as policy reforms, workflow changes, and resource investments.
8. **Assess the likelihood that significant and sustained improvement occurred.** Qlarant evaluated improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance. Improvement should also connect to interventions and 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 with 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.
9. **Assess state-specific strategies.** MDH and Qlarant added this step to evaluate evidence provided by the MCOs to determine if interventions were modified to improve the effectiveness of each MCO's strategies, based on process metric feedback. Improvement strategies must identify and prioritize enrollees specific to the selected strategies.

Rapid Cycle 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 Protocol 1 to allow the MCOs an opportunity to monitor their improvement efforts over shorter time periods. Frequent monitoring allows for quick modifications when needed. The goal is for the MCOs to improve performance efficiently and sustain improvement, resulting in a long-term, positive impact on enrollee health outcomes.

Qlarant assists the MCOs in the Rapid Cycle PIP process by providing quarterly reporting templates and quarterly PIP assessments, making recommendations, providing quarterly technical assistance as requested by MCOs, 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 ensures MCOs have the appropriate performance measures and data collection methodologies to facilitate accurate and valid performance measure reporting.
3. Identify enrollee, provider, and MCO barriers and conduct a root cause analysis.
4. Develop improvement processes and interventions that include key stakeholders and address the identified root cause. 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. The MCO should be able to assess how the intervention impacts the study indicator(s).

PIP Scoring

For each PIP, Qlarant generates the following validation ratings:

- **Methodology Validation Rating.** The methodology validation rating refers to Qlarant's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. Elements assessed in PIP steps 1 to 7 are used to calculate the methodology validation score.
- **Significant and Sustained Improvement Validation Rating.** The significant and sustained improvement validation rating refers to Qlarant's overall confidence that the PIP produced evidence of significant improvement, based on performance measure results. Elements assessed in step 8 are used to calculate the significant improvement validation score.
- **Overall Validation Rating.** The overall validation rating refers to Qlarant's overall confidence in the MCO's PIP process and results. All elements in steps 1 to 9 are used to calculate the overall validation score.

Qlarant rates each 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 assessed component could result in varying total points due to the determination of components as *NA* for individual MCOs. Descriptions for each determination and the associated score include:

- **Met.** All required components are present (100%).
- **Partially Met.** At least one, but not all, components are present (total percentage varies).
- **Unmet.** None of the required components are present (0%).
- **Not Applicable.** None of the required 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 CMS EQR Protocol 1 requirements. Reviewers sought additional information and/or corrections from MCOs, when needed, during quarterly evaluations in preparation for the annual review.

The overall 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 MDH can have in the reported results. Qlarant evaluates confidence levels based on the PIP validation scores. Validation ratings for both an overall confidence of adherence to methodology and an overall confidence of significant and sustained improvement include:

- **High confidence (High)** in MCO compliance: 90% to 100%
- **Moderate confidence (Moderate)** in MCO compliance: 75% to 89%
- **Low confidence (Low)** in MCO compliance: 60% to 74%
- **No confidence (Not Credible)** in MCO compliance: 59% or lower

Qlarant uses a diamond rating system to compare each MCO's PIP performance to National Committee for Quality Assurance (NCQA) benchmarks.

- Four diamonds (♦♦♦♦) indicate the MCO rate meets or exceeds the NCQA Quality Compass ninetieth percentile.
- Three diamonds (♦♦♦) indicate the MCO rate meets or exceeds the NCQA Quality Compass seventy-fifth percentile but is below the ninetieth percentile.
- Two diamonds (♦♦) indicate the MCO rate meets or exceeds the NCQA Quality Compass fiftieth percentile but is below the seventy-fifth percentile.
- One diamond (♦) indicates the MCO rate is below the NCQA Quality Compass fiftieth percentile.

Results

Validation results and findings for MY 2024's performance are captured in the results section for each PIP topic. Each MCO's PIPs were reviewed against all applicable components contained within the nine steps. MCOs received recommendations for each step that did not achieve a *Met*

rating. Aggregate and individual recommendations applicable to MCOs follow the results in this report. NCQA recommends considering HEDIS trending between MY 2023 and previous MYs with caution due to clarifications for continuous enrollment requirements for the PPC-CH numerator provided in the HEDIS MY 2023 Trending Memo.

Prenatal Care: Timeliness of Prenatal Care and Identification of High-Risk Pregnancies

Purpose. Prenatal Care PIPs focused on the overarching goal of increasing the percentage of pregnant enrollees engaging with timely prenatal care visits during MY 2024, 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:

- Implemented automatic reports for identifying pregnant members to ensure MPRAs are completed in a timely manner.
- Coordinated and collaborated with local county health departments (LHDs) and/or Federally Qualified Health Centers (FQHCs) to improve provider completion and timely submission of MPRAs to LHD/MCOs.
- Standardized an electronic workflow for MPRA.
- Contracted with Medicaid-enrolled doulas, implemented a referral workflow, and increased enrollee engagement.
- Expanded doula and home visiting services (HVS) network, implemented a referral workflow, and increased enrollee engagement.
- Established partnerships through clinical-community linkages, such as with Healthy Start and Healthy Families, to increase timely prenatal care visits.
- Implemented automatic reports for increasing the number of identified pregnant enrollees with substance use disorder (SUD) and integrated workflows to increase the number of identified pregnant SUD enrollees into enhanced case management.
- Established community-based substance use provider partnerships to identify pregnant persons with opioid use disorder (OUD) and increased referrals to the Maternal Opioid Misuse (MOM) Case Management Program.
- Expanded CenteringPregnancy to contracted provider locations.

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 transportation to appointments.
- encounter limited obstetrical (OB) providers in rural areas.
- lack awareness or acceptance of pregnancy.
- lack adequate doulas/HVS to serve their geographic location.
- lack awareness of the benefits and services that doulas and HVS agencies provide.
- are fearful of admitting SUD to providers due to fear that they could face criminal charges or have their child taken away postpartum.

Provider Barriers
Providers:

- experience administrative barriers due to limited staffing.
- are not aware of the importance of completing the MPRA or having a process in place for consistently completing the MPRA.
- lack availability and number of doulas/HVS.
- have offices that are unable to reach enrollees consistently for appointment reminders.
- have offices that are not aware of a patient's pregnancy until after the patient has reached out to ask for the visit.
- experience a complicated process to enroll in ePREP and experience low payment rates for doulas and HVS available through Medicaid.
- lack time to develop the relationship needed for patients to share their SUD status.
- lack understanding regarding the importance of communicating the SUD statuses of their patients back to the MCO.

MCO Barriers
MCOs:

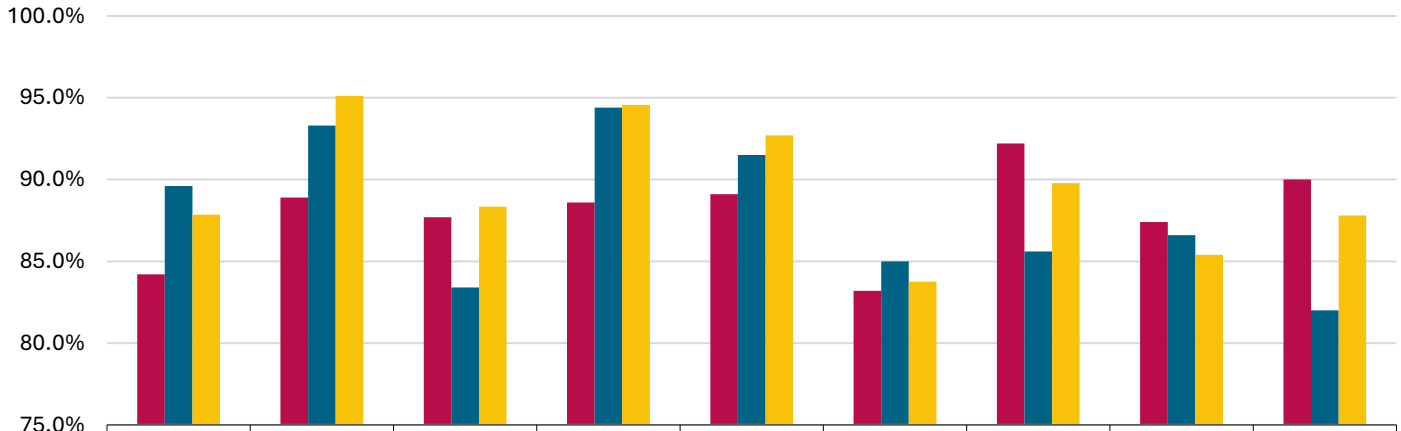
- need to strengthen relationships with LHD(s) and network OB providers.
- track MPRAs inefficiently.
- note enrollees' full data availability for the treatment and/or history of SUD is unavailable due to the carve-out of behavioral healthcare; need to develop or improve reports for data collection.
- lack in-network doulas and/or HVS providers.
- need to be able to quickly identify all enrollees who are pregnant and determine if an enrollee has received care during the first trimester.

Prenatal Care PIP Indicators Results

This section represents data collection results from MY 2024 as the second remeasurement year for the Prenatal Care PIP. Below, figure(s) represent indicator rates for all MCOs, and table(s) compare indicator rates to the HEDIS 2024 NCQA Quality Compass Medicaid benchmarks.

The MCOs' prenatal care rates for MY 2024 ranged from 83.8% (MSFC) to 95.1% (CFCHP). ABH, CFCHP, JMS, KPMAS, MPC, and MSFC's MY 2024 rates increased in comparison to the baseline MY 2022, with the greatest increase of 6.2 percentage points being for CFCHP. PPMCO, UHC, and WPM's MY 2024 rates decreased in comparison to the baseline rates in MY 2022, with the greatest decrease of 2.4 percentage points being for PPMCO.

Figure 1. MY 2024 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%
Remeasurement Year 2024	87.9%	95.1%	88.3%	94.6%	92.7%	83.8%	89.8%	85.4%	87.8%

The HealthChoice Aggregate for each PIP cycle is: Baseline MY 2022: 87.9%, Remeasurement Year 2023: 87.9%, and Remeasurement Year 2024: 89.5%.

PIP Validity and Reliability Results

PIP Validation Step Results. This section represents data collection results for MY 2024 as the second remeasurement year for the Prenatal Care PIP. MCOs' total points available for scoring varies due to the determination of components as *NA* for individual MCOs. All MCOs were given a rating of *NA* for Step 2 (Aim Statement), since MDH provided the aim statement. 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 that Qlarant has assigned for each MCO's PIPs for MY 2024.

Overall PIP Validation Rating: Eight of the nine MCOs' performances resulted in a confidence level of *High Confidence* for the Overall PIP Validation Rating, ranging from 91.0% (UHC) to 100% (MPC). The remaining MCO's performance, WPM's (88.4%), resulted in a confidence level of *Moderate Confidence*.

Methodology Validation Rating: Eight of the nine MCOs' performances resulted in a confidence level of *High Confidence* for the Methodology Validation Rating, ranging from 96.4% (KPMAS) to 100% (ABH, CFCHP, JMS, MPC, MSFC, PPMCO, and UHC). WPM's (88.9%) performance resulted in a confidence level of *Moderate Confidence*.

Significant and Sustained Improvement Validation Rating: MPC (100%) was the only MCO with performance that resulted in a confidence level of *High Confidence* for the Significant and Sustained Improvement Validation Rating. Three of the nine MCOs' performances resulted in a confidence level of *Moderate Confidence* at 80.0% (CFCHP, KPMAS, and WPM). ABH (60.0%) was the only MCO with performance that resulted in a confidence level of *Low Confidence*. Four of the nine MCOs had performance scores resulting in a confidence level of *No Confidence*: JMS (40.0%), MSFC (20.0%), PPMCO (40.0%), and UHC (20.0%).

Table 4. MY 2024 Remeasurement Validation Rating and Confidence Levels (Prenatal Care PIP)

Step/Description	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Step 1. Topic	M	M	M	M	M	M	M	M	M
Step 2. Aim Statement	NA	NA	NA	NA	NA	NA	NA	NA	NA
Step 3. Performance Measures and Population	M	M	M	M	M	PM	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	M	M
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	PM	PM	PM	PM	M	PM	PM	PM	PM
Step 9. State-Specific Strategies	M	M	M	M	M	M	M	M	M
Methodology Validation Rating	100%	100%	100%	96.4%	100%	100%	100%	100%	88.9%

Step/Description	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Significant and Sustained Improvement Validation Rating	60.0%	80.0%	40.0%	80.0%	100%	20.0%	40.0%	20.0%	80.0%
Overall PIP Validation Rating	95.7%	98.0%	93.6%	94.9%	100%	91.8%	93.5%	91.0%	88.4%

Validation rating percentages rounded to the nearest tenth for reporting purposes.
Green = *High Confidence*, **Yellow** = *Moderate Confidence*, **Gold** = *Low Confidence*, **Pink** = *No Confidence.*
M = *Met*, PM = *Partially Met*, NA = *Not Applicable*.

Indicator Results

Indicator Rate Performance – HealthChoice Performance. Below, figure(s) represent trended indicator rates, and table(s) compare indicator rates to the 2024 NCQA Quality Compass Medicaid HEDIS benchmarks. The MCOs' prenatal care rates for MY 2024 ranged from 83.8% (MSFC) to 95.1% (CFCHP). ABH's, CFCHP's, JMS's, KPMAS's, MPC's, and MSFC's performance rate increased in comparison to MY 2022's baseline performance rate. PPMCO's, UHC's, and WPM's performance rate decreased in comparison to MY 2022's baseline performance rate.

Indicator Rate Performance Compared to National Benchmarks. MCOs' performance rates for prenatal care varied in comparison to the MY 2024 national benchmarks. CFCHP (95.1%), KPMAS (94.6%), and MPC's (92.7%) performance met or exceeded the ninetieth percentile. PPMCO (89.8%) met or exceeded the seventy-fifth percentile. ABH (87.9%), JMS (88.3%), and WPM (87.8%) met or exceeded the fiftieth percentile. MSFC (83.8%) and UHC (85.4%) fell below the fiftieth percentile.

Table 5. MY 2024 Remeasurement Performance Comparison to NCQA's Quality Compass (Prenatal Care PIP)

MY 2024 HealthChoice Performance	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Measure Rate	**87.9%**	**95.1%**	**88.3%**	**94.6%**	**92.7%**	**83.8%**	**89.8%**	**85.4%**	**87.8%**
Qlarant Diamond Rating	♦♦	♦♦♦♦	♦♦	♦♦♦♦	♦♦♦♦	♦	♦♦♦	♦	♦♦

Measure rate percentages rounded to the nearest tenth for reporting purposes.
♦♦♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass ninetieth percentile. ♦♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass seventy-fifth percentile but is below the ninetieth percentile. ♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass fiftieth percentile but is below the seventy-fifth percentile. ♦ indicate the MCO rate is below the NCQA Quality Compass fiftieth percentile.

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

Purpose. Postpartum Care-Related PIPs focused on the improvement of specific postpartum care-related HEDIS measure rates that correlated with the individual MCOs' selected strategies during MY 2024. The MCOs selected strategies and correlating HEDIS measures are indicated in the table below.

Table 6. MY 2024 MCO-Selected Strategies and Correlating HEDIS Measure (Postpartum Care-Related PIP)

HEDIS Measure/Selected Strategy	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
PPC-AD: Increase engagement throughout the 12-month coverage period	Yes	Yes	No	No	No	No	No	Yes	No
PPC-AD: Clinic-community linkages on behavioral health referrals and parenting supports	No	No	No	No	No	No	No	No	Yes
PPC-AD: Implement an electronic postpartum depression scoring tool	No	No	No	Yes	No	No	Yes	No	No
W30: Promote WCV through engagement with doulas/HVS	Yes	No	Yes	No	Yes	No	No	No	Yes
W30: Value-added benefits for well child care	No	No	No	Yes	No	Yes	No	No	No
CIS-3: Improve immunization rates	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No

Yes and blue = MCO selected strategy; **No and gray** = MCO did not select strategy.

Postpartum Care Interventions Implemented

MCOs implemented the following interventions:

- Prioritized enrollees with higher/increased health risk for HVS referrals through an HVS process.
- Scheduled immunization clinic days at FQHCs.
- Established a postpartum home visit referral process.
- Identified enrollees overdue for Diphtheria, Tetanus, and Pertussis vaccines.
- Established a postpartum depression screening patient-level tracking system.
- Leveraged provider-patient relationships to refer and enroll individuals in doula and/or HVS.
- Established a HealthySteps enrollment process.
- Increased providers' utilization and documentation of an electronic postpartum depression screening tool: The Edinburgh Postnatal Depression Scale (EPDS).
- Screened individuals that did not participate in prenatal care.
- Assessed Social Determinants of Health (SDoH) to improve immunization rates.
- Increased in-person translation services for scheduling and coordination to close gaps in care.

Postpartum Care PIP Identified Barriers

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

Enrollee Barriers
Enrollees:

- experience unstable housing, leading to inaccurate contact information.
- experience limited transportation.
- have a knowledge deficit regarding MCO resources and benefits.
- experience poor health literacy.
- PPC-AD
    - experience unmet social needs (e.g. housing, food, transportation) that impact the ability to attend visits.
    - have a knowledge deficit of how postpartum and preventive/chronic condition management visits contribute to overall health and well-being.
    - experience insufficient appointment availability due to a limited number of providers.
- W30
    - experience difficulty attending the multiple visits required.
    - do not want HVS/doula staff in their home.
- CIS-3
    - have a knowledge deficit of the importance of age-specific immunizations.
    - exhibit reservations about engagement with healthcare/immunizations.

Provider Barriers
Providers:

- experience administrative barriers due to limited staffing.
- have low reimbursement for doula services and experience challenges with the requirements to enroll doula providers (i.e., ePREP).
- have a sparse provider network (medical desert).
- PPC-AD
    - are inconsistent with use of the correct postpartum code and prenatal depression screening code.
    - do not have a follow-up process for positive postpartum depression screenings.
    - experience unfamiliarity with cultural norms or alternative therapies used in the postpartum recovery period.
- W30

  - are operating at capacity and unable to enroll new enrollees for HVS.
  - lack a consistent referral process across service providers.
  - have limited provider office staffing and appointment availability.
  - have knowledge deficits regarding specific enrollee gaps in well-child visits.
- CIS-3
  - have knowledge deficits and lack workflows for specific enrollee gaps in immunizations.
  - lack the time to contact enrollees to close gaps in care.

MCO Barriers
MCOs:

- do not provide transportation as a plan benefit.
- have limited staffing impacting administrative tasks.
- lack updated contact information for enrollees.
- PPC-AD
  - have 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
  - experience gaps in care for babies being enrolled during the first few months of life that are already missing timely WCVs.
  - lack knowledge provided to enrollees regarding MCO benefits.
  - lack consistency of contracted HVS and doula providers across counties.
- CIS-3
  - lack awareness of when enrollees are behind on vaccines.
  - are unable to determine an accurate membership count by race/ethnicity due to the considerable number of enrollees not self-reporting their race and/or ethnicity.

Validity and Reliability Results

PIP Validation Step Results. This section represents data collection results for MY 2024 as the second remeasurement year for the Postpartum Care-Related PIP. MCOs' total points available for scoring vary due to the determination of components as *NA* for individual MCOs. All MCOs were given a rating of *NA* for Step 2 (Aim Statement), since MDH provided the aim statement. An assessment of the validity and reliability of the PIP study design 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 2024.

Methodology Validation Rating: Eight of the nine MCOs' performances resulted in a confidence level of *High Confidence*, ranging from 91.8% (CFCHP) to 100% (ABH, JMS, MPC, MSFC, and PPMCO). UHC's performance resulted in a confidence level of *Moderate Confidence* at 84.8%.

Significant and Sustained Improvement Validation Rating: Five of the nine MCOs' performances resulted in a confidence level of *High Confidence,* ranging at 100% (ABH, MPC, MSFC, PPMCO, and WPM). Two MCOs' performances resulted in a confidence level of *Moderate Confidence* at 80.0% (CFCHP and KPMAS). JMS' and UHC's performance resulted in a confidence level of *Low Confidence* at 60.0%.

Overall Validation Rating: Eight of the nine MCOs' performances resulted in a confidence level of *High Confidence,* ranging from 90.9% (CFCHP) to 100% (ABH, MPC, MSFC, and PPMCO). UHC's performance resulted in a confidence level of *Moderate Confidence* at 82.8%.

Table 7. MY 2024 Validation Rating and Confidence Levels (Postpartum Care-Related PIP)

Step/Description	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Step 1. Topic	M	M	M	M	M	M	M	M	M
Step 2. Aim Statement	NA	NA	NA	NA	NA	NA	NA	NA	NA
Step 3. Performance Measures and Population	M	M	M	M	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	M	M
Step 6. Data Analysis and Interpretation of Results	M	PM	M	PM	M	M	M	PM	M
Step 7. Improvement Strategies (Interventions)	M	PM	M	M	M	M	M	PM	PM
Step 8. Significant and Sustained Improvement	M	PM	PM	PM	M	M	M	PM	M
Step 9. State-Specific Strategies	M	M	M	M	M	M	M	M	M
Methodology Validation Rating	**100%**	**91.8%**	**100%**	**96.5%**	**100%**	**100%**	**100%**	**84.8%**	**94.0%**
Significant and Sustained Improvement Validation Rating	**100%**	**80.0%**	**60.0%**	**80.0%**	**100%**	**100%**	**100%**	**60.0%**	**100%**
Overall Validation Rating	**100%**	**90.9%**	**95.7%**	**95.0%**	**100%**	**100%**	**100%**	**82.8%**	**94.9%**

Validation rating percentages rounded to the nearest tenth for reporting purposes.
Green = *High Confidence*, **Yellow** = *Moderate Confidence*, **Gold** = *Low Confidence*, **Pink** = *No Confidence*.
M = *Met*, PM = *Partially Met*, NA = *Not Applicable*.

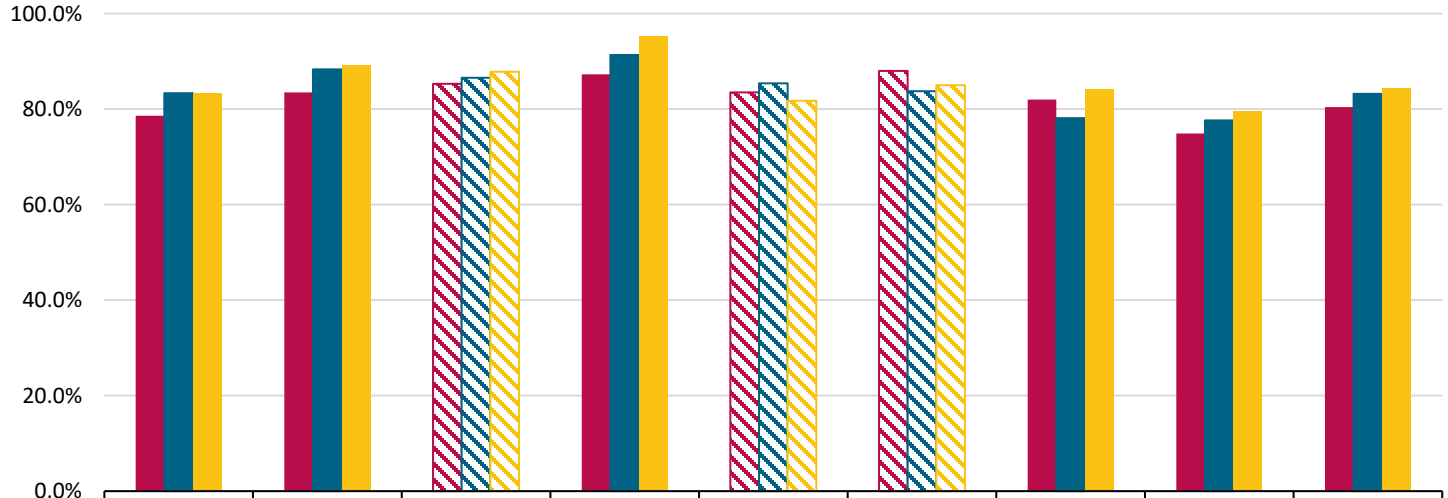
Postpartum Care PIP Indicator Results

Indicator Rate Performance – HealthChoice Performance. Below, figures represent trended indicator rates and table(s) compare indicator rates to the 2024 NCQA Quality Compass Medicaid HEDIS benchmarks.

Postpartum Care. The MY 2024 rates for MCOs who selected strategies for PPC-AD ranged from 79.6% (UHC) to 95.2% (KPMAS). All MCOs who selected strategies for PPC-AD increased performance rates from the baseline MY 2022 to MY 2024, with the most significant increase of 7.9 percentage points for KPMAS (87.3% to 95.2%).

The MY 2024 rates for MCOs who did not select strategies for PPC-AD were 87.8% (JMS), 81.8% (MPC), and 85.0% (MSFC). JMS increased its performance rate from baseline MY 2022 to MY 2024 by 2.5 percentage points. MPC and MSFC decreased their performance rates from baseline MY 2022 to MY 2024 by 1.7 and 3 percentage points, respectively.

Figure 2. MY 2024 PPC-AD Indicator Rates (Postpartum Care-Related PIP)



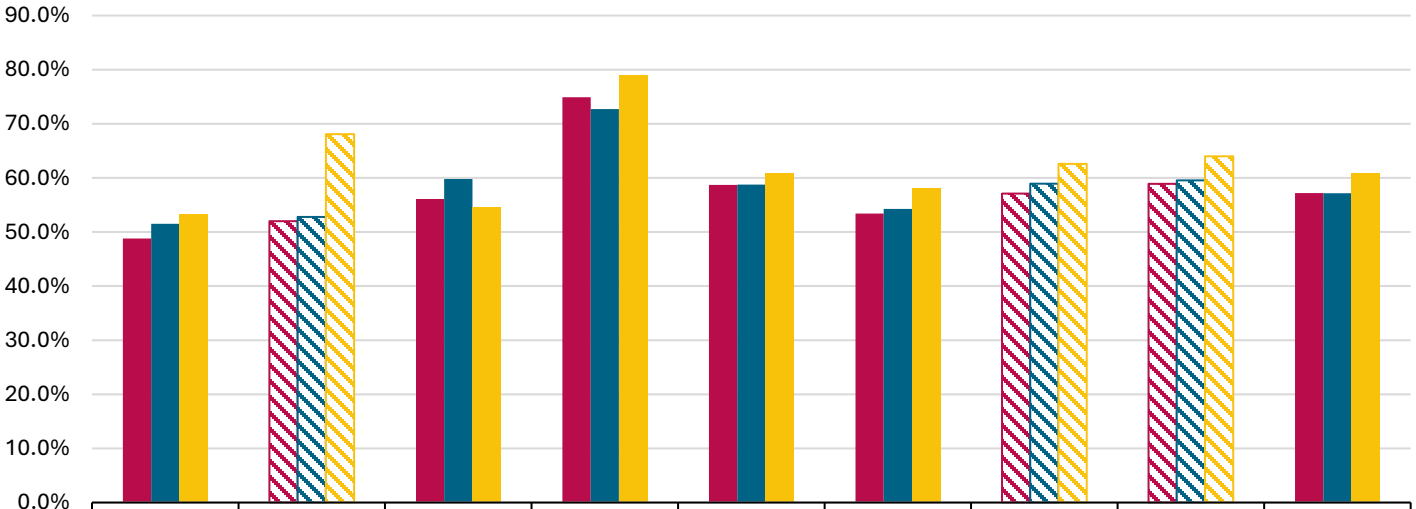
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	78.6%	83.5%	85.3%	87.3%	83.5%	88.0%	82.0%	74.9%	80.4%
Remeasurement Year 2023	83.3%	88.3%	86.6%	91.3%	85.4%	83.8%	78.1%	77.6%	83.2%
Remeasurement Year 2024	83.3%	89.1%	87.8%	95.2%	81.8%	85.0%	84.2%	79.6%	84.4%

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

Well-Child Visits (0-15 Months). The MY 2024 rates for MCOs who selected strategies for W30 (0-15 Months) ranged from 53.3% (ABH) to 79.1% (KPMAS). All MCOs, except JMS, increased performance rates from the baseline MY 2022 to MY 2024. JMS' performance rate decreased by 1.5 percentage points from baseline MY 2022 (56.1%) to MY 2024 (54.6%).

The MY 2024 rates for MCOs who did not select strategies for W30 (0-15 Months) were 68.1% (CFCHP), 62.6% (PPMCO), and 64.0% (UHC). All three MCOs increased their performance rate from baseline MY 2022 to MY 2024 by 16.1, 5.5, and 5.1 percentage points, respectively.

Figure 3. MY 2024 W30 0-15 Months Indicator Rates (Postpartum Care-Related PIP)



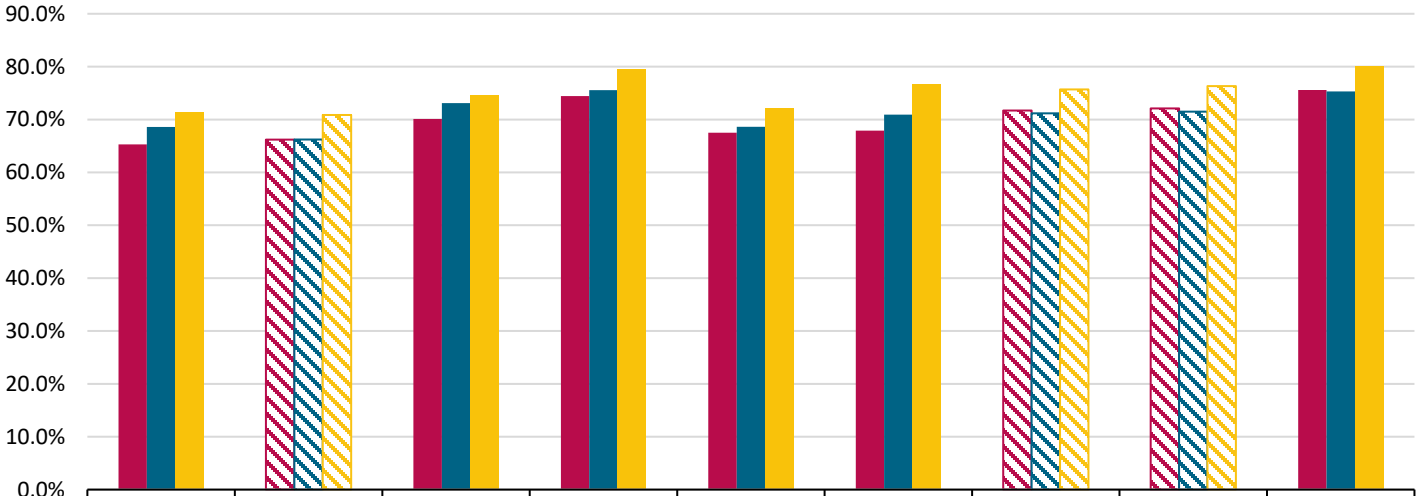
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	48.8%	52.0%	56.1%	74.9%	58.7%	53.4%	57.1%	58.9%	57.2%
Remeasurement Year 2023	51.5%	52.8%	59.8%	72.7%	58.8%	54.3%	58.9%	59.5%	57.2%
Remeasurement Year 2024	53.3%	68.1%	54.6%	79.1%	60.9%	58.1%	62.6%	64.0%	61.0%

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

Well-Child Visits (15-30 Months). The MY 2024 rates for MCOs who selected strategies for W30 (15-30 Months) ranged from 71.4% (ABH) to 80.1% (WPM). All MCOs' performance rates increased from the baseline MY 2022 to MY 2024, with the most significant increase of 8.9 percentage points for MSFC (67.9% to 76.8%).

The MY 2024 rates for MCOs who did not select strategies for W30 (15-30 Months) were 70.9% (CFCHP), 75.7% (PPMCO), and 76.3% (UHC). All three MCOs increased their performance rate from baseline MY 2022 to MY 2024 by 4.7, 4.0, and 4.2 percentage points, respectively.

Figure 4. MY 2024 W30 15-30 Months Indicator Rates (Postpartum Care-Related PIP)



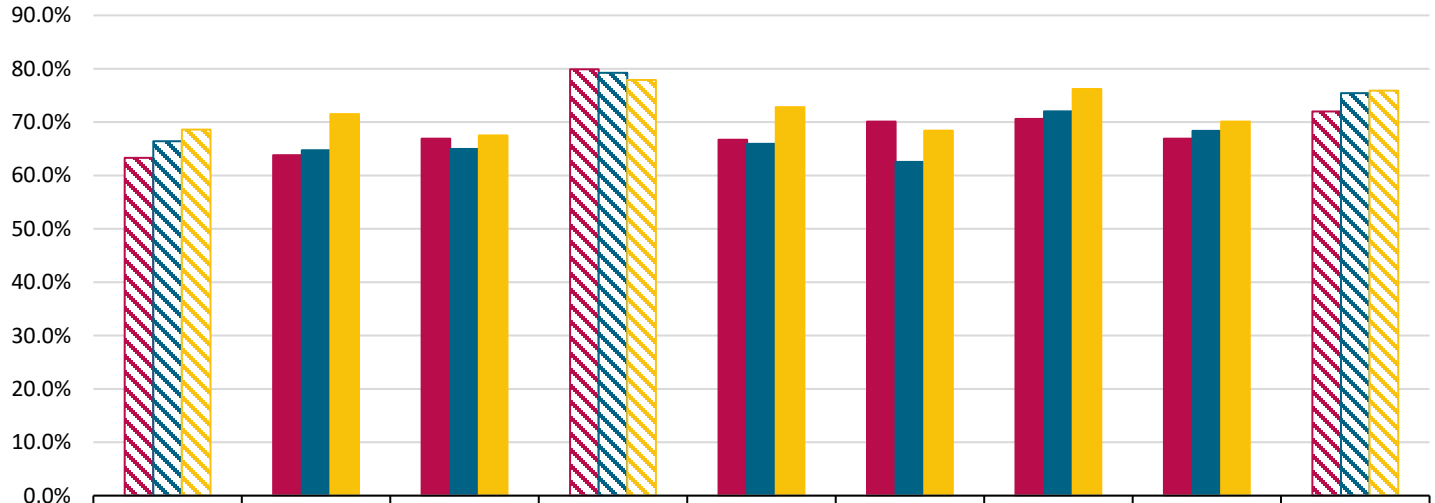
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Baseline MY 2022	65.3%	66.2%	70.1%	74.4%	67.5%	67.9%	71.7%	72.1%	75.6%
Remeasurement Year 2023	68.6%	66.2%	73.1%	75.6%	68.6%	70.9%	71.2%	71.5%	75.3%
Remeasurement Year 2024	71.4%	70.9%	74.7%	79.6%	72.2%	76.8%	75.7%	76.3%	80.1%

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

Childhood Immunization Status. The MY 2024 rates for MCOs who selected strategies for CIS-3 ranged from 67.5% (JMS) to 76.2% (PPMCO). All MCOs who selected strategies for CIS-3, except for MSFC, increased performance rates from the baseline MY 2022 to MY 2024, with the most significant increase of 7.7 percentage points for CFCHP (63.8% to 71.5%). MSFC's performance rate decreased by 1.7 percentage points from the baseline MY 2022 to MY 2024.

The MY 2024 rates for MCOs who did not select strategies for CIS-3 were 68.6% (ABH), 77.9% (KPMAS), and 75.9% (WPM). ABH and WPM increased their performance rates from baseline MY 2022 to MY 2024 by 5.3 and 3.9 percentage points, respectively. KPMAS decreased its performance rate from baseline MY 2022 to MY 2024 by 2.0 percentage points.

Figure 5. MY 2024 CIS-3 Indicator Rates (Postpartum Care-Related PIP)



	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%
Remeasurement Year 2024	68.6%	71.5%	67.5%	77.9%	72.8%	68.4%	76.2%	70.1%	75.9%

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

Indicator Rate Performance Compared to National Benchmarks.

PPC-AD. For the MY 2024 PPC-AD measure, CFCHP (89.1%) and KPMAS (95.2%) performed within the ninetieth percentile. JMS (87.8%) performed within the seventy-fifth percentile. ABH (83.3%), MSFC (85.0%), PPMCO (84.2%), and WPM (84.4%) performed within the fiftieth percentile. MPC (81.8%) and UHC (79.6%) performed below the fiftieth percentile.

W30 (0-15 Months). For the MY 2024 W30 (0-15 Months) measure, KPMAS (79.1%) performed within the ninetieth percentile. CFCHP (68.1%) performed within the seventy-fifth percentile. UHC (64.0%) performed within the fiftieth percentile. ABH (53.3%), JMS (54.6%), MPC (60.9%), MSFC (58.1%), PPMCO (62.6%), and WPM (61.0%) performed below the fiftieth percentile.

W30 (15-30 Months). For the MY 2024 W30 (15-30 Months) measure, KPMAS (79.6%) and WPM (80.1%) performed within the seventy-fifth percentile. JMS (74.7%), MSFC (76.8%), PPMCO (75.7%), and UHC (76.3%) performed within the fiftieth percentile. ABH (71.4%), CFCHP (70.9%), and MPC (72.2%) performed below the fiftieth percentile.

CIS-3. For the MY 2024 CIS-3 measure, KPMAS (77.9%), PPMCO (76.2%), and WPM (75.9%) performed within the ninetieth percentile. MPC (72.8%) performed within the seventy-fifth percentile. ABH (68.6%), CFCHP (71.5%), JMS (67.5%), MSFC (68.4%), and UHC (70.1%) performed within the fiftieth percentile.

Table 8. MY 2024 Remeasurement Performance Comparison to NCQA's Quality Compass (Postpartum Care-Related PIP)

MCO Rate Performance	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
PPC-AD Rate	83.3%	89.1%	87.8%	95.2%	81.8%	85.0%	84.2%	79.6%	84.4%
Diamond Rating	♦♦	♦♦♦♦	♦♦♦	♦♦♦♦	♦	♦♦	♦♦	♦	♦♦
W30 (0-15 Months) Rate	53.3%	68.1%	54.6%	79.1%	60.9%	58.1%	62.6%	64.0%	61.0%
Diamond Rating	♦	♦♦♦	♦	♦♦♦♦	♦	♦	♦	♦♦	♦
W30 (15-30 Months) Rate	71.4%	70.9%	74.7%	79.6%	72.2%	76.8%	75.7%	76.3%	80.1%
Diamond Rating	♦	♦	♦♦	♦♦♦	♦	♦♦	♦♦	♦♦	♦♦♦
CIS-3 Rate	68.6%	71.5%	67.5%	77.9%	72.8%	68.4%	76.2%	70.1%	75.9%
Diamond Rating	♦♦	♦♦	♦♦	♦♦♦♦	♦♦♦	♦♦	♦♦♦♦	♦♦	♦♦♦♦

Measure rate percentages rounded to the nearest tenth for reporting purposes.
Blue = MCO selected strategies that align with the HEDIS rate. **Gray** = MCO did not select strategies that align with the HEDIS rate.
♦♦♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass ninetieth percentile. ♦♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass seventy-fifth percentile but is below the ninetieth percentile. ♦♦ indicate the MCO rate meets or exceeds the NCQA Quality Compass fiftieth percentile but is below the seventy-fifth percentile. ♦ indicate the MCO rate is below the NCQA Quality Compass fiftieth percentile.

Conclusion

Overall analysis of PIP strategies and interventions submitted by MCOs enhances HEDIS measure rates and plans for quality assessment and performance improvement programs. Three of the nine MCOs (CFCHP, KPMAS, and MPC) performed at levels of *High Confidence* and *Moderate Confidence* for both the prenatal care and postpartum care-related PIP topics during MY 2024 for Methodology, Significant Improvement, and Overall Validation Ratings. All MCOs, except for UHC and WPM, performed at *High Confidence* levels for the overall validation of both PIP topics. WPM was the only MCO that performed at a *Moderate Confidence* level for the overall validation of the prenatal care-related PIP topic during MY 2024. UHC was the only MCO that performed at a *Moderate Confidence* level for the overall validation of the postpartum care-related PIP topic during MY 2024.

The following tables provide overall conclusions for MCO performance for the prenatal care and postpartum care-related PIP topics during the MY 2024 remeasurement year, respectively.

Prenatal Care PIP Conclusions.

Methodology Rating: Eight of the nine MCOs performed at *High Confidence* levels at 100% (ABH, CFCHP, JMS, MPC, MSFC, PPMCO, and UHC) and 96.4% (KPMAS). WPM performed at a *Moderate Confidence* level of 88.9%.

Significant and Sustained Improvement Validation Rating: MPC (100%) was the only MCO that performed at a *High Confidence* level. Three of the nine MCOs performed at a *Moderate Confidence* level at 80.0% (CFCHP, KPMAS, and WPM). ABH (60.0%) was the only MCO that performed at a *Low Confidence* level. Four of the nine MCOs performed at a *No Confidence* level (JMS and PPMCO at 40.0%, MSFC and UHC at 20.0%).

Overall Improvement Validation Rating: Eight of the nine MCOs performed at a *High Confidence* level, ranging from 91.0% (UHC) to 100% (MPC). WPM was the only MCO to perform at a *Moderate Confidence* level (88.4%).

Any HEDIS Rate Improvement: All MCOs, except for UHC, demonstrated HEDIS rate improvement.

Any Statistically Significant Improvement in HEDIS Rate: Four of the nine MCOs (CFCHP, KPMAS, MPC, and WPM) demonstrated statistically significant improvement in the HEDIS rate.

Any Sustained Improvement in HEDIS Rate: Three of the nine MCOs (CFCHP, KPMAS, and MPC) demonstrated sustained improvement in the HEDIS rate for MY 2024. ABH, JMS, MSFC, PPMCO, UHC, and WPM did not demonstrate sustained improvement in the HEDIS rate for MY 2024.

Table 9. MY 2024 Remeasurement Overall Performance (Prenatal Care PIP)

Prenatal Care PIP	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Any HEDIS Rate Improvement? (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Any Statistically Significant Improvement in HEDIS Rate? (Yes/No)	No	Yes	No	Yes	Yes	No	No	No	Yes
Any Sustained Improvement in HEDIS Rate? (Yes/No/NA)	No	Yes	No	Yes	Yes	No	No	No	No
Methodology Validation Rating (%)	100%	100%	100%	96.4%	100%	100%	100%	100%	88.9%
Significant and Sustained Improvement Validation Rating (%)	60.0%	80.0%	40.0%	80.0%	100%	20.0%	40.0%	20.0%	80.0%
Overall Validation Rating (%)	95.7%	98.0%	93.6%	94.9%	100%	91.8%	93.5%	91.0%	88.4%

Green = *High Confidence*, **Yellow** = *Moderate Confidence*, **Gold** = *Low Confidence*, **Pink** = *No Confidence*

Postpartum Care-Related Conclusions.

Methodology Rating: Eight of the nine MCOs performed at a *High Confidence* level of 100% (ABH, JMS, MPC, MSFC, and PPMCO), 91.8% (CFCHP), 96.5% (KPMAS), and 94.0% (WPM). One of the nine MCOs performed at a *Moderate Confidence* level of 84.8% (UHC).

Significant and Sustained Improvement Validation Rating: Five of the nine MCOs performed at a *High Confidence* level of 100% (ABH, MPC, MSFC, PPMCO, and WPM). Two of the nine MCOs performed at a *Moderate Confidence* level of 80.0% (CFCHP and KPMAS). Two of the nine MCOs performed at a *Low Confidence* level of 60.0% (JMS and UHC).

Overall Improvement Validation Rating: Eight of the nine MCOs performed at a *High Confidence* level of 100% (ABH, MPC, MSFC, and PPMCO), 90.9% (CFCHP), 95.7% (JMS), 95.0% (KPMAS), and 94.9% (WPM). One of the nine MCOs performed at a *Moderate Confidence* level at 82.8% (UHC).

Any HEDIS Rate Improvement: All MCOs with selected strategies for the PPC-AD measure demonstrated HEDIS rate improvement (ABH, CFCHP, KPMAS, PPMCO, UHC, and WPM). All MCOs with selected strategies for the W30 measure demonstrated HEDIS rate improvement (ABH, JMS, KPMAS, MPC, MSFC, and WPM). All MCOs with selected strategies for the CIS-3 measure demonstrated HEDIS rate improvement except for MSFC.

Any Statistically Significant Improvement in HEDIS Rate: Seven of the nine MCOs demonstrated statistically significant improvement in the HEDIS rates (ABH, CFCHP, KPMAS, MPC, MSFC, PPMCO, and WPM). Two of the nine MCOs did not demonstrate statistically significant improvement in the HEDIS rates (JMS and UHC).

Any Sustained Improvement in HEDIS Rate? All nine MCOs demonstrated sustained improvement in one or more HEDIS rates.

Table 10. MY 2024 Remeasurement Overall Performance (Postpartum Care-Related PIP)

Postpartum Care-Related PIP	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Any Postpartum Care HEDIS Rate Improvement? (Yes/No/NA)	Yes	Yes	NA	Yes	NA	NA	Yes	Yes	Yes
Any Well-Child Visits in the First 30 Months of Life HEDIS Rate Improvement? (Yes/No/NA)	Yes	NA	Yes	Yes	Yes	Yes	NA	NA	Yes
Any Childhood Immunization Status HEDIS Rate Improvement? (Yes/No/NA)	NA	Yes	Yes	NA	Yes	No	Yes	Yes	NA
Any Statistically Significant Improvement in HEDIS Rate? (Yes/No/NA)	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Any Sustained Improvement in HEDIS Rate? (Yes/No/NA)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Methodology Validation Rating (%)	**100%**	**91.8%**	**100%**	**96.5%**	**100%**	**100%**	**100%**	**84.8%**	**94.0%**
Significant and Sustained Improvement Validation Rating (%)	**100%**	**80.0%**	**60.0%**	**80.0%**	**100%**	**100%**	**100%**	**60.0%**	**100%**
Overall Validation Rating (%)	**100%**	**90.9%**	**95.7%**	**95.0%**	**100%**	**100%**	**100%**	**82.8%**	**94.9%**

Validation rating percentages rounded to the nearest tenth for reporting purposes.
Green = *High Confidence*, **Yellow** = *Moderate Confidence*, **Gold** = *Low Confidence*, **Pink** = *No Confidence*
NA = Not Applicable, MCO did not select related strategies.

Quality, Access, and Timeliness

Qlarant identified strengths, improvements, opportunities, and recommendations summarizing aggregate performance for MCOs, based on the results of the MY 2024 PIP validations. These strengths, improvements, opportunities, and recommendations correspond to the quality, access, and timeliness of services provided to enrollees. If an MCO did not demonstrate formal strengths, improvements, opportunities, or recommendations, it was excluded from the table. Qlarant adopted the following definitions for MY 2024 PIP validations:

- MCOs demonstrated **quality** by ensuring that strategic, systemic, and impactful interventions were developed and implemented to improve the quality of care that enrollees receive in the areas of perinatal healthcare and preventive care for infants and toddlers. MCOs were required to incorporate a health equity focus utilizing each component of CLAS standards. The incorporation of CLAS standards assists in overcoming root causes and barriers related to timely prenatal care, postpartum care, and/or preventive care for infants and toddlers for disparate populations.

- MCOs demonstrated **access** by ensuring that interventions assessed and reassessed root causes and barriers related to timely prenatal care, postpartum care, and/or preventive care for infants and toddlers using a 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 care management for pregnant enrollees with substance use disorder.
- MCOs demonstrated **timeliness** by ensuring that interventions addressed barriers related to the timeliness of prenatal care, postpartum care, and/or preventive care for infants and toddlers. Following a PDSA cycle, MCOs modified interventions to ensure enrollee engagement. MCOs followed 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.

Applicable domains in quality, access, or timeliness correspond to areas of impact during the MY 2024 PIP validations and identify positive (↑), negative (↓), or NA (neutral) assessments of each MCO's performance. Positive performance was indicated through identified strengths and demonstrated improvements in PIP development and performance rates. Negative performance was indicated through ineffective PIP development and lack of performance rate improvement. Neutral assessments provide additional guidance and recommendations for MCO PIP performance and reporting.

Table 11. MY 2024 Aggregate Strengths, Improvements, Opportunities, and Recommendations

Domain	MCOs' Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • For MY 2024, all MCOs performed at confidence levels of *High* and *Moderate Confidence* for the overall validation rating. ABH, CFCHP, JMS, KPMAS, MPC, MSFC, and PPMCO performed at a *High Confidence* level for the overall validation of both PIP topics.	↑
Quality and Access	**Improvements:** • Reported performance improvement included incorporating CLAS within the interventions for both PIP topics. • Conducted root cause analyses to overcome barriers for the member, provider, and MCO. • Reported measures appropriately for both PIP topics.	↑
Quality	**Opportunities:** • Demonstrate statistically significant improvement for each HEDIS rate that aligns with the PIP strategies through the implementation of its interventions. • Utilize the same methodology as the baseline year.	↓
Quality, Access, and Timeliness	**Recommendations:** • Ensure evidence-based sources are relevant and describe how the proven-successful methodology in the source is being incorporated within the intervention. • Ensure the template is not altered and ensure all questions are answered thoroughly.	**NA**

Domain	MCOs' Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• Review and identify confounding variables that could have an obvious impact on outcomes. • 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. • Continue to modify interventions as needed to address barriers to timeliness of prenatal and postpartum/infant and toddler care. • Review the provided aim statement in the quarterly templates or PIP Orientation Manual.	

Table 12. MY 2024 ABH Strengths, Improvements, Opportunities, and Recommendations

Domain	ABH's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • ABH's performance resulted in confidence levels of *High Confidence* for both PIP topics for the Overall and Methodology Validation Ratings. • ABH continues to demonstrate and enhance efforts toward incorporating a health equity focus within its interventions. • ABH followed the PDSA cycle to assess interventions and identify barriers on the enrollee, provider, and MCO levels. • ABH conducted a disparity analysis stratified by race/ethnicity for each strategy. • ABH reviewed data on a quarterly basis through the rapid cycle PIP process.	↑
Quality	**Improvements:** • ABH sustained or improved performance in comparison with the baseline MY 2022 and MY 2023 for all postpartum care-related measures.	↑
Access and Timeliness	**Opportunities:** • ABH may consider analyzing its goal of increasing enrollment for the disparate populations in home visiting (HVS) by 5% above the prior year's rate each subsequent MY to determine if the goal is attainable within the postpartum care-related PIP.	**NA**
Quality and Timeliness	**Recommendations:**	↓

Domain	ABH's Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• ABH should consider system change solutions and individual behavior in utilizing member feedback as to why members do not start prenatal care in the first trimester. • ABH should conduct a root cause analysis to identify why the improved performance for the PPC-CH rate for MY 2023 was not sustained. • ABH should conduct a root cause analysis to identify why the PPC-AD rate for MY 2024 was sustained rather than increased from MY 2023.	

Table 13. MY 2024 CFCHP Strengths, Improvements, Opportunities, and Recommendations

Domain	CFCHP's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • CFCHP's performance resulted in a confidence level of *High Confidence* for both PIP topics, for the methodology validation rating and the overall validation rating. • With a rate of 89.1% for MY 2024, CFCHP's PPC-AD rate is well beyond the National HEDIS Mean (NHM), the Maryland Average Reportable Rate (MARR) and is well positioned beyond the ninetieth percentile. • CFCHP's PPC-CH HEDIS rate of 95.1% for MY 2024, surpassed the performance goal rate by 1.8 percentage points. When comparing the MY 2024 final rate to other benchmarks, CFCHP surpassed the ninetieth percentile and the NHM. CFCHP's MY 2024 PPC-CH rate also exceeded the MARR.	↑
Quality, Access, and Timeliness	**Improvements:** • CFCHP has steadily improved each HEDIS rate from baseline MY 2022 to MY 2024.	↑
Quality and Timeliness	**Opportunities:** • Demonstrate statistically significant improvement for the PPC-AD HEDIS rate**.** • Cite evidence-based sources and describe how the proven successful methodology in the source is being incorporated within the interventions.	**NA**
Quality	**Recommendations:** • Report accurate HEDIS numerator, denominator, and rate for each MY. • Maintain performance within the ninetieth percentile for the PPC-CH and PPC-AD rates.	**NA**

Table 14. MY 2024 JMS Strengths, Improvements, Opportunities, and Recommendations

Domain	JMS's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • JMS' performance resulted in a confidence level of *High Confidence* for both PIP topics for the methodology validation rating and overall validation rating.	↑
Quality and Access	**Improvements:** • JMS provided further details regarding provider barriers. • JMS provided each aspect of SMART in a clear and concise SMART objective statement. • JMS' performance has resulted in a steady increase in the W30 (15-30 Months) HEDIS rate from baseline MY 2022 to MY 2024.	↑
Quality and Timeliness	**Opportunities:** • Review data for accuracy. • Demonstrate statistically significant improvement for each HEDIS rate as a result of implemented interventions.	**NA**
Quality	**Recommendations:** • Properly cite sources, such as using American Psychological Association format. • Continue modifying interventions as needed to address barriers to timeliness of prenatal care.	**NA**

Table 15. MY 2024 KPMAS Strengths, Improvements, Opportunities, and Recommendations

Domain	KPMAS's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • KPMAS' performance resulted in a confidence level of *High Confidence* for both PIP topics for the methodology validation rating and overall validation rating.	↑
Quality, Access, and Timeliness	**Improvements:** • KPMAS clearly reported all MYs for the life of the PIP. • The disparate population was clearly defined in both prenatal and postpartum care PIP topics. • KPMAS' performance has resulted in steady improvement of the PPC-CH, PPC-AD, and W30 (15-30 Months) HEDIS rates from baseline MY 2022 to MY 2024.	↑
Quality	**Opportunities:** • Ensure data is validated for each measure. • Ensure member, provider, and MCO barriers are clearly identified and addressed.	**NA**
Quality	**Recommendations:** • Utilize the same methodology as the baseline year for the prenatal care PIP.	**NA**

Domain	KPMAS's Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• Conduct a barrier analysis to ensure barriers are addressing the member, provider, and MCO for the postpartum care-related PIP topic.	

Table 16. MY 2024 MPC Strengths, Improvements, Opportunities, and Recommendations

Domain	MPC's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • MPC's performance resulted in a confidence level of *High Confidence* for both PIP topics and all three validation ratings. • MPC achieved performance within the ninetieth percentile for the PPC-CH HEDIS rate.	↑
Quality, Access, and Timeliness	**Improvements:** • MPC demonstrated how all aspects of CLAS are being implemented within each intervention specifically. • MPC's performance resulted in steady improvement for the PPC-CH, W30 (0-15 Months), and W30 (15-30 Months) HEDIS rates.	↑
Quality	**Recommendations:** • MPC may consider performing a root cause analysis to determine if other barriers can be overcome to improve performance for the W30 and CIS-3 HEDIS rates. • Maintain performance within the ninetieth percentile for the PPC-CH rate.	**NA**

Table 17. MY 2024 MSFC Strengths, Improvements, Opportunities, and Recommendations

Domain	MSFC's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • MSFC's performance resulted in a confidence level of *High Confidence* for both PIP topics for the methodology validation rating and overall validation rating.	↑
Quality and Timeliness	**Improvements:** • MSFC provided a clear narrative regarding comparisons to goals, benchmarks, or state averages for the prenatal care PIP topic. • MSFC's performance resulted in steady improvement for the W30 (0-15 Months) and W30 (15-30 Months) HEDIS rates from baseline MY 2022 to MY 2024.	↑
Quality	**Recommendations:** • MSFC should review PIP submissions to ensure accuracy and formatting.	↓

Domain	MSFC's Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• Identify and overcome root causes for performance decreasing from MY 2023 to MY 2024 for the PPC-CH rate despite implemented interventions.	

Table 18. MY 2024 PPMCO Strengths, Improvements, Opportunities, and Recommendations

Domain	PPMCO's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • PPMCO's performance resulted in a confidence level of *High Confidence* for both PIP topics for the methodology validation rating and overall validation rating.	↑
Quality, Access, and Timeliness	**Improvements:** • PPMCO provided further details regarding the impact or effectiveness of its postpartum intervention. • PPMCO's performance resulted in steady improvement for the CIS-3 HEDIS rate from baseline MY 2022 to MY 2024.	↑
Quality and Timeliness	**Opportunities:** • Demonstrate statistically significant improvement as a result of the implemented interventions, for the PPC-CH HEDIS rate.	↓
Quality	**Recommendations:** • Review PIP submissions for format accuracy before submitting. • PPMCO should ensure sources cited are within a ten-year timeframe.	**NA**

Table 19. MY 2024 UHC Strengths, Improvements, Opportunities, and Recommendations

Domain	UHC's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality and Access	**Improvements:** • UHC improved performance for Data Collection Procedures. • UHC incorporated CLAS standards on an interventional level. • UHC's performance resulted in steady improvement for the PPC-AD and CIS-3 HEDIS rates from baseline MY 2022 to MY 2024.	↑
Quality and Access	**Opportunities:** • Demonstrate statistically significant improvement, as a result of implemented interventions. • Identify and address root causes for the steady decline in performance for the PPC-CH HEDIS rate despite implemented interventions.	↓

Domain	UHC's Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• Incorporate each component of CLAS in more detail addressing Governance, Leadership, and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability on an interventional level to ensure interventions are culturally and linguistically appropriate. • Briefly summarize the impact or effectiveness of its strategies for the postpartum PIP topic. • Review and identify confounding variables that could have an impact on outcomes for the prenatal care PIP topic.	
Quality and Access	**Recommendations:** • UHC should consider reviewing calculations for accuracy. • Identify contributing factors that warranted new/modified interventions. • Review the provided aim statement in the quarterly templates or PIP Orientation Manual. • Utilize the same intervention titles for tracking purposes. • Identify confounding variables, which should be different from the identified barriers. • UHC should continue to identify and address barriers to member and provider engagement.	**NA**

Table 20. MY 2024 WPM Strengths, Improvements, Opportunities, and Recommendations

Domain	WPM's Strengths, Improvements, Opportunities, and Recommendations	Assessment
Quality, Access, and Timeliness	**Strengths:** • WPM incorporated quarterly feedback and recommendations by continuing to demonstrate and enhance efforts towards the health equity focus.	↑
Quality and Timeliness	**Improvements:** • WPM included a comparison of the NHM and identified opportunities for improvement for the postpartum care PIP topic. • WPM's performance resulted in steady improvement for the PPC-AD HEDIS rate from baseline MY 2022 to MY 2024.	↑
Quality and Access	**Opportunities:** • Review and proofread work to ensure a finalized draft is submitted for review. • Demonstrate the incorporation of CLAS within each intervention. • Demonstrate statistically significant improvement as a result of implemented interventions.	↓
Quality and Access	**Recommendations:** • Review the confounding variables, as some are described as barriers to the interventions, such as socio-economic barriers and provider constraints.	**NA**

Domain	WPM's Strengths, Improvements, Opportunities, and Recommendations	Assessment
	• Consider strategies to reduce the impact of confounding variables where possible. • Include all remeasurement years for analysis comparison. • Include the root cause analysis tool used for interventions in the prenatal care PIP topic.	

Appendix A: Prenatal and Postpartum PIP Strategies and Process Metrics

Prenatal Care PIP

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

Performance/Evaluation Measure and Goal:

- MCOs currently performing at or above the HEDIS National ninetieth percentile benchmark for PPC-CH should maintain current performance during the life of the project.
- MCOs currently performing below the HEDIS National ninetieth 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 the 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-healthcare 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/HVS 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.

Postpartum Care-Related PIP

PIP Topic: 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 ninetieth percentile benchmark should maintain current performance during the life of the project.
  - MCOs currently performing below the HEDIS National ninetieth 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 Obstetricians and Gynecologists (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 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 HVS, doulas
    - Process Metric: Enroll *X% of the identified disparate populations in HVS and/or with Medicaid-enrolled doulas 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.