



**Maryland Department of Health (MDH)
Managed Care Administration
Report on
HealthChoice Performance Improvement Project (PIP) Interventions
*Annual 2022 Report Analysis***

Introduction

In 1997, the Centers for Medicare & Medicaid Services (CMS) approved Maryland's §1115 demonstration waiver which allowed the establishment of its Medicaid managed care program known as HealthChoice. Since its initiation, HealthChoice has grown to serve over 1.33 million participants as of CY 2020, constituting nearly 87% of Maryland's Medicaid recipients.¹ Most recently CMS has approved the 2022 renewal of this waiver encouraging Maryland to continue to build upon the innovations of the previous extensions by focusing on developing cost-effective services that target the significant and complex healthcare needs of individuals enrolled in Maryland Medicaid. To this end, HealthChoice MCOs conduct Performance Improvement Projects (PIPs). PIPs are a required component of the federal External Quality Review (EQR) per 42 CFR 438.330 and 457.1240(b) and provide important opportunities for the HealthChoice MCOs to work with communities and within their organizations to address specific challenges to improving the processes and health outcomes affecting HealthChoice enrollees.

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

¹ [2017-2021 HealthChoice Demonstration Evaluation Design](#)



MDH assesses the MCOs' Annual PIP reports for the necessary elements for the success of their interventions and provides feedback on the strengths of their interventions and areas for improvement. PIPs are evaluated in three (3) major areas: **Report Quality, Intervention Planning & Design**, and **Intervention Evaluation**. Each category is scored based on the met elements and an Evaluation Grade is assigned based on the Total Evaluation Score. Each MCO is expected to provide a clear and concise annual report that illustrates the past years' intervention designs, the continuous quality improvement process, and the MCO's evaluation of the performance of its interventions. MCOs are expected to implement strategies that incorporate input from community-based partnerships, provide an opportunity to add resources that address health equity, promote best practices and systems-level advancements, and contribute to the overall health of the population most at risk.

For its fifth year, MDH continued the following PIP topics: Childhood Lead Screening and Asthma Medication Management. The Childhood Lead Screening PIP supports blood lead testing among children ages 1 and 2 years of age when they are at greatest risk for exposure to this environmental hazard and subsequent long-term neurological damage. The Asthma Medication Management PIP aims to improve prescribing practices among providers and patients' medication adherence. Asthma is the most common chronic condition among children and one of the most common reasons for emergency department visits and hospitalizations among both children and adults. This chronic lung disease can be effectively controlled with self-management education, appropriate medical care, and avoiding exposure to environmental triggers.

The MCOs designed PIPs to answer each of the following study questions:

1. Will the implementation of targeted interventions focused towards members, providers, and the MCO improve and sustain Value-based Purchasing (VBP) and Healthcare Effectiveness and Data Information Set (HEDIS[®]) performance rates in the areas of Lead Screening?
2. Will the implementation of targeted interventions focused towards members, providers, and the MCO improve and sustain HEDIS[®] performance rates in the areas of Asthma Medication Ratio?



Review Process

The MDH review panel includes the HealthChoice Medical Director and Quality Assurance Health Policy Analyst. Together, they assess the MCO's quarterly and annual PIP reports submitted to the EQRO responsible for providing PIP validations based on three major categories. See [Appendix A](#) for further explanation of these categories. The corresponding Evaluation Grades based on the Total Evaluation Score are explained in [Appendix B](#).

Evaluation Scores and Grades

This section will describe and compare the MDH evaluation results for the current evaluation period across all nine of the Maryland HealthChoice MCOs:

- Aetna Better Health (ABH)²
- CareFirst BlueCross BlueShield Community Health Plan Maryland (CFCHP)
- Jai Medical Systems (JMS)
- Kaiser Permanente of the Mid-Atlantic States (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice (MSFC)
- Priority Partners Managed Care Organization (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint of Maryland (WPMD)³

Total Evaluation Scores Across MCOs for the Current Evaluation Period (Maximum Total Evaluation Score = 11)

For the Lead PIP, the average total evaluation scores across MCOs increased from 4 to 5 out of 11 possible points. The MCO with the greatest increase in score was MPC which improved its score by 5 points. KPMAS and JMS remained the top performers in the overall evaluation of their Lead PIP interventions. For MY 2021, UHC improved its score by 1 point for this PIP topic.

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

³ WPMD was formerly known as AMERIGROUP Community Care (ACC) during MY2021.



Across HealthChoice MCOs, the average total evaluation scores for the AMR PIP increased from 4 to nearly 6 out of 11 possible points. The greatest improvements were seen by CFCHP with a score of 7 points followed by PPMCO with 8 points. JMS achieved 11 out of 11 points for the first time since the initiation of this MDH evaluation.

Over the past year, more MCOs have consistently applied the continuous quality improvement process, rethinking their intervention designs and evaluations. Their use of goals that are Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) has helped MCOs shift away from interventions that may not be effective across a large number of members, fully address the barriers and issues at hand, or present sustainable solutions. Through their objective and measured evaluation of their interventions, the MCOs have been able to reconsider their portfolio of ongoing interventions and narrow those down to the most meaningful and efficient activities. Once interventions have been adjusted and modified to show their greatest impact, those may be considered a best practice that the MCO could adopt into their day-to-day operations and others may adopt across broader populations.

MPC was able to increase their total evaluation points on the Lead PIP through their partnerships with local health departments and enhancing member access to bilingual outreach representatives. These activities appeared to help MPC exceed its SMART goals for lead screening completion among participants. CFCHP's 90-day Controller Conversion program combines outreach tactics with process reform. The MCO applied a combination of 90-day refills alongside a pharmacy claim review and provider outreach to ensure members have access to their asthma control medication. The use of continuous quality improvement tools, and reliance on data to identify members most at-risk, also helped to maintain the scores of the leading MCOs.

Overall, HealthChoice MCOs could improve the desired health outcomes for both PIPs by using data to determine which members would benefit most from their interventions and then tailoring those interventions towards removing specific member barriers and meeting the needs of those members. The MCOs should work closely with providers to identify their barriers to achieving their clinical goals and conduct a thorough policy, process, and customer analysis to determine MCO-specific barriers. Working with representatives of the identified priority groups and organizations or agencies linked to their communities helps better identify the problems faced by members, providers, and MCOs alike. The MCOs must gather feedback on their intervention planning and designs to ensure the prioritized stakeholders engage in the improvement process and help make alterations when the interventions prove unsuccessful.



HealthChoice PIP outcomes may also improve by applying health equity strategies to their interventions. As defined by the U.S. Department of Health and Human Services, health equity is the attainment of the highest level of health for all people⁴. Equity strategies instill resources that improve the quality of health services, build trust in the communities served, and remove barriers causing unequal burdens of negative health outcomes. Failure to address population-level factors hinders the improvement of health disparities, which are directly linked to the slow improvement of population health measures and outcomes.

Figure 1. LEAD PIP Annual 2022 (MY2021)
Total Evaluation Scores

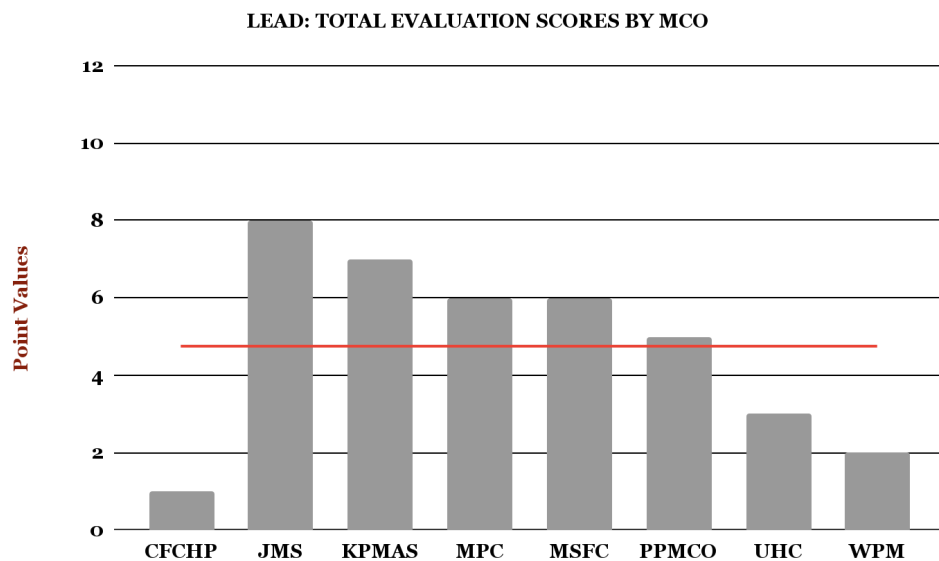
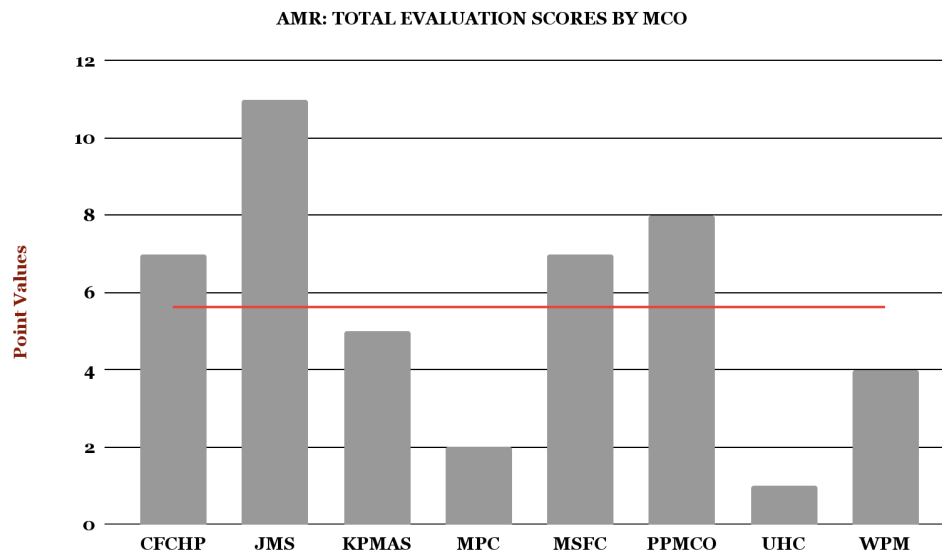


Figure 2. AMR PIP Annual 2022 (MY2021)
Total Evaluation Scores



Maximum Total Evaluation Score = 11

— Average Evaluation Score across all MCOs

⁴ https://www.cdc.gov/minorityhealth/publications/health_equity/index.html



Evaluation Grades Across MCOs

Evaluation grades are based on the Total Evaluation Scores shown in the table legends. The grades include A (Excellent), B (Satisfactory), C (Needs improvement), and D (Unsatisfactory) as seen in Table 1.

Table 1. Evaluation Grades and Score Equivalents

Grade A Total Evaluation Score 9-11	Grade B Total Evaluation Score 6-8	Grade C Total Evaluation Score 3-5	Grade D Total Evaluation Score 0-2
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Evaluation grades assist MDH with tracking and trending MCO performance. Tables 2 and 3 provide the evaluation grades for the Annual 2020, 2021, and 2022 evaluation periods. As MCOs begin to apply the suggested improvements to their PIP interventions, HealthChoice lead screening rates and the appropriate use of an asthma controller medication should also increase. The next sections breaks down the scores MCOs earned by category.

Table 2. Lead PIP Evaluation Grades by MCO

LEAD PIP EVALUATION GRADES BY MCO									
Evaluation Intervals	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Annual 2020	NA	D	C	C	D	C	D	D	C
Annual 2021	NA	D	B	C	D	B	C	D	C
Annual 2022	NA	D	B	B	B	B	C	C	D

A=Total Evaluation Score 9-11; **B**=Total Evaluation Score 6-8; **C**=Total Evaluation Score 3-5; **D**=Total Evaluation Score 0-2



Table 3. AMR PIP Evaluation Grades by MCO

AMR PIP EVALUATION GRADES BY MCO									
Evaluation Intervals	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Annual 2020	NA	C	B	C	C	C	C	B	D
Annual 2021	NA	C	A	C	D	C	C	D	C
Annual 2022	NA	B	A	C	D	B	B	D	C

A=Total Evaluation Score 9-11; B=Total Evaluation Score 6-8; C=Total Evaluation Score 3-5; D=Total Evaluation Score 0-2

Comparative Scores for Category 1: Report Quality (Maximum Score = 2)

The category, *Report Quality*, evaluates the MCO’s description of their intervention design, planning, implementation, and evaluation. The PIP reports should illustrate the MCO’s rationale and data supporting the PIP activities. Each MCO should clearly describe how each intervention is continually assessed and altered for effectiveness through each cycle.

This year’s reporting showed overall improvement and additional attention to detail and professionalism with the Annual PIP reports as the average score in this category increased above 1 out of 2 possible points. MCOs that did not score a 1 or above lacked effective rationales for the continuation of interventions that failed to be impactful, did not describe why a new intervention was created, or failed to explain how ongoing interventions were adjusted or expanded for greater success. Additionally, lower scores in this category reflect reports that were not proofread for grammatical and spelling mistakes or simple calculation errors.



Figure 3. Lead PIP Annual 2022 (MY2021)
Total Report Quality Scores

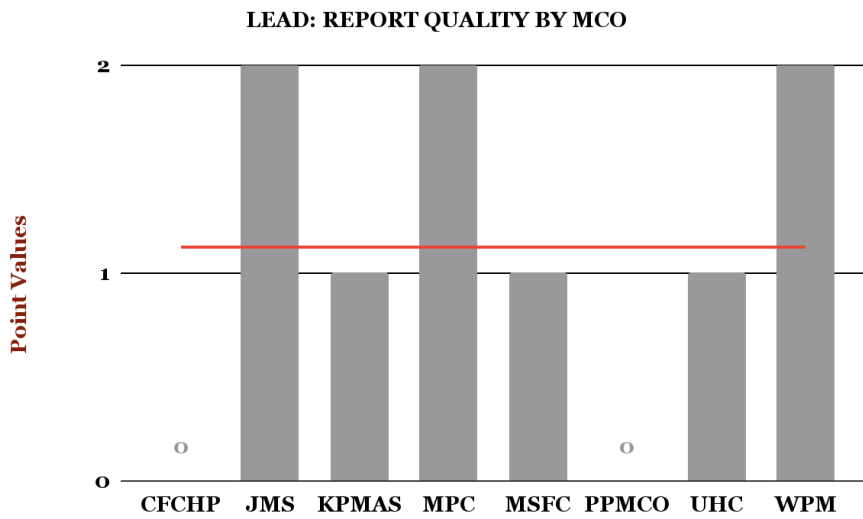
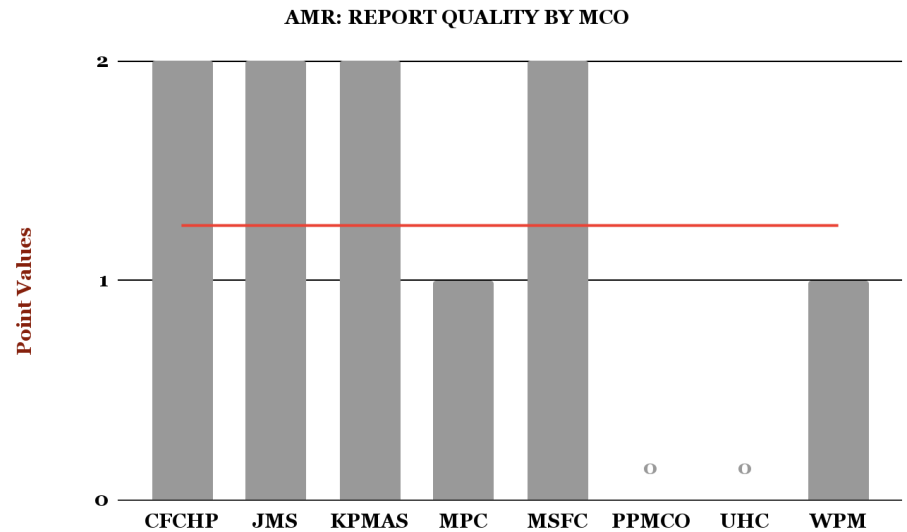


Figure 4. AMR PIP Annual 2022 (MY2021)
Total Report Quality Scores



Maximum Category Score for Report Quality = 2

— Average Evaluation Score across all MCOs



Comparative Scores for Category 2: Intervention Planning and Design (Maximum Score = 5)

MDH expects all HealthChoice MCOs to design their PIP interventions to be equitable and impactful on the selected health measure. In this category, MDH evaluates the MCO's determination of barriers and identification of member groups prioritized for the goal. MCOs should seek collaborative partnerships and design interventions to include upstream strategies. Ultimately, the MCO should develop best practice approaches that may ideally roll into the MCO's standard operations and reformed policies or be replicated beyond the MCO's membership, impacting the community.

During this reporting period, HealthChoice MCOs' average scores for the Lead PIP remained mostly the same, remaining slightly above 2 points out of 5 possible points. The average scores for Category 2 among the AMR PIP showed a minor increase to about 2.5 points.

For the lead screening PIP, JMS scored the highest of all MCOs in this category. They received 4 out of 5 possible points. JMS' Partnerships with MDH Environmental Case Management Program represents a collaboration between the MCO, MDH's Environmental Health, and its connection with local health departments in Baltimore City and Baltimore County to enhance the use of these resources for lead testing among eligible JMS members. Going forward, JMS might consider seeking ways to expand this model to other areas outside of Baltimore City and Baltimore County. MPC achieved a 2-point increase from last year by improving its intervention evaluation process, collecting and analyzing objective intervention outcome data, and establishing a workgroup to cycle through the PDSA process. This approach gave the MCO a guide to make adjustments, justify ongoing activities, and track progress in improvements.

Among the AMR PIPs, JMS achieved the maximum score for this category by modifying their interventions during the pandemic and used demographic/geographic data to determine population needs for getting enrollees into care. MSFC increased their score by 2 points. The MCO focused on interventions that were policy-driven and applied additional resources for the population addressed. The use of evidence-based and data-informed interventions was a reported strength during this measurement year.



Overall, enhancing the PIPs' health equity approach remains an area for improvement. Although most MCOs stratify their population data to determine where the disparities lay, the MCOs struggle with the absence of complete race/ethnicity data when determining which populations to focus on with their root cause analysis and intervention designs.

MDH continues to encourage MCOs to adopt upstream strategies and move beyond direct services to individuals to achieve a broader population-level impact. Examples of upstream strategies might include policy/process reforms, investment in regional infrastructures, or the development of new clinical decision models.

Figure 5. Lead PIP Annual 2022 (MY2021)
Total Intervention Planning and Design Scores

LEAD: INTERVENTION PLANNING & DESIGN BY MCO

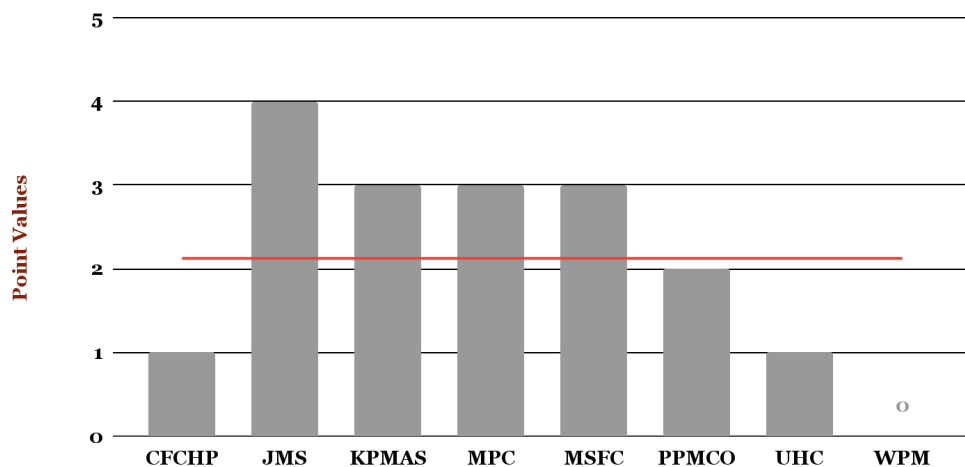
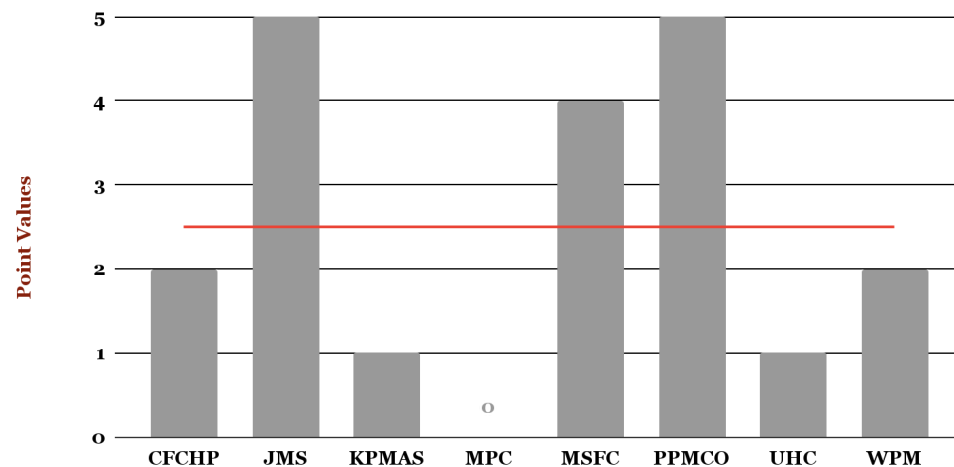


Figure 6. AMR PIP Annual 2022 (MY2021)
Total Intervention Planning and Design Scores

AMR: INTERVENTION PLANNING & DESIGN BY MCO



Maximum Category Score for Intervention Planning & Design = 5

— Average Evaluation Score across all MCOs



Comparative Scores for Category 3: Intervention Evaluation (Maximum Score = 4)

PIP interventions should be evaluated using continuous quality improvement tools such as SMART objectives and PDSA cycles. This allows the MCOs to test solutions on a small scale and make adjustments to improve outcomes. Multiple stakeholders should be involved in the analysis to ensure barriers are addressed from multiple perspectives and the intended audiences are reached by the intervention's efforts. Contributing stakeholders should include various representatives from the eligible population measured by the PIP, providers impacted by the interventions, and MCO thought leaders and frontline staff to supply diverse viewpoints and feedback on PIP strategy development and evaluation. SMART objectives help the MCO determine the impact of each intervention on the desired outcomes. Ultimately through the intervention's design and evaluation, the PIPs should demonstrate a sustainable improvement process on the performance measure and health outcomes.

The average category evaluation score remained about the same for the Lead PIPs and increased to 2 out of 4 possible points for the AMR PIPs for the Annual 2022 evaluation.

KPMAS and PPMCO both scored the highest of all the MCOs in this category for the Lead PIP. These two MCOs also made the greatest increase in their scores. KPMAS successfully applied the PDSA process, and set and achieved its SMART goals. In addition, their drive-up phlebotomy intervention represented a workflow adjustment to ensure access to lead screening. PPMCO implemented point of care (POC) lead screening in select provider offices that not only represented a sustainable improvement for their members but enhanced the services in those offices that benefited other patients. The MCO explained their PDSA process on the POC testing intervention and attempted to develop SMART goals.

JMS scored the highest with the maximum score of 4 points on the AMR PIP and they continue to use the PDSA cycle to test new interventions and reassess during the pandemic to shift resources or priorities. Their SMART objectives were outlined and defined using each criterion. CFCHP and PPMCO experienced the greatest increase in their scores scoring 3 out of 4 possible points in this category. CFCHP not only reported their PDSA process and defined SMART goals, but they also demonstrated sustainable designs and potential best practices with their Interventions that exhibit the potential to influence new CFCHP internal policy implementation. The 90-Day Controller Conversion Program and NDC Code Mapping are examples of interventions that improve internal workflows and could include SOPs, improved quality assurance efforts, and member access to appropriate asthma medications.



Overall, most MCOs improved their use of SMART goals, which helped their assessment of their interventions and the impact the intervention makes on the PIPs performance measure. All elements of the SMART goals especially the relevancy and time-bound elements should get closer attention in the next PIP cycle.

Finally, with a more in-depth evaluation of root causes, the inclusion of a variety of stakeholders in the design and evaluation process, and a strategic assessment of the interventions, the MCOs could potentially implement interventions that make broader improvements for the communities served and identify sustainable best practices that can be absorbed into the MCO's daily operations.

Figure 7. Lead PIP Annual 2022 (MY2021)
Total Intervention Evaluation Scores

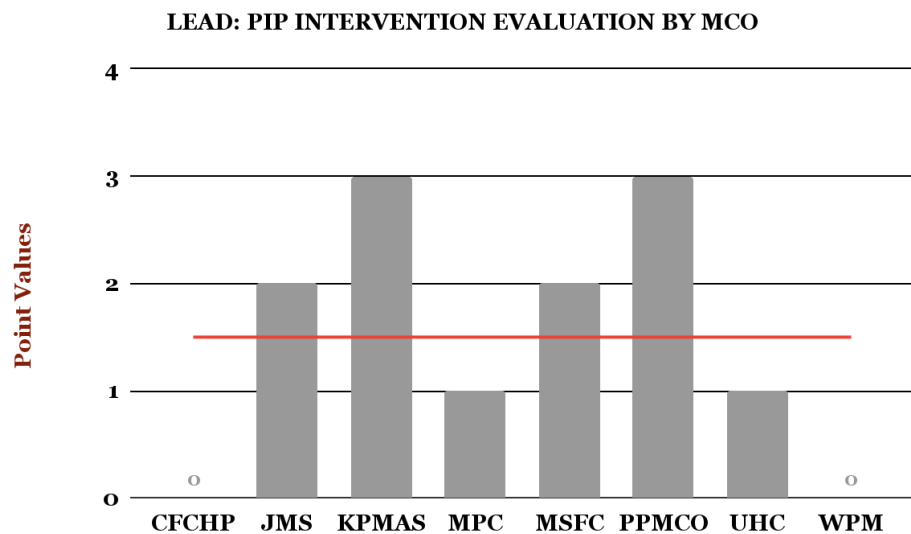
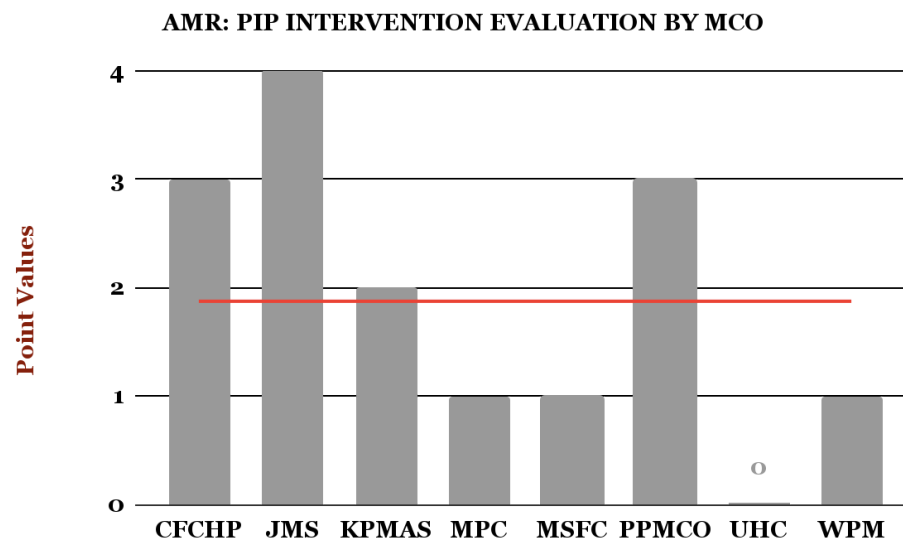


Figure 8. AMR PIP Annual 2022 (MY2021)
Total Intervention Evaluation Scores



Maximum Category Score for Intervention Category = 4
Average Evaluation Score across all MCOs



Conclusion

Since the implementation of this type of evaluation, the HealthChoice MCOs have shown improvement. The plans have shifted away from interventions that rely heavily on passive improvement tactics and towards more impactful and sustainable approaches that can be evaluated through an iterative process. As MDH continues its evaluation process and the MCOs act upon recommendations given, trending towards higher evaluation scores and grades should be evident.

This year, the Lead PIP and the AMR PIP will retire and new PIP topics will be introduced in the upcoming year. As the MCOs begin their assessments of the new topics, they are encouraged to make the most of the PIP process to help accelerate their performance on the selected quality measures. The results of this evaluation should also help the MCOs assess their strengths and areas for improvement in their PIP designs and evaluation plans.

As an important component of Medicaid's quality program, the PIPs provide HealthChoice an opportunity to contribute to a community-based effort to better the health of its members and improve the quality of health services. MCOs' PIP topics align with Maryland's population health goals, and these activities remain relevant to transforming healthcare and advancing successful health outcomes for all Marylanders.



Appendix A:

Evaluation Categories

Category 1: Report Quality Description (2 possible points): The PIP description, intervention designs, and evaluations are clearly stated. The report details the ongoing assessment and evaluation of interventions helping the reader understand any adjustments made to either improve or discontinue the intervention.

Category 2: Intervention Planning and Design Description (5 possible points): Interventions address the identified barriers and priority populations. The PIP includes collaborative partnerships with appropriate entities. The design includes upstream strategies and represents best practices that may be replicated outside of the MCO.

Category 3 Intervention Evaluation Description (4 possible points): Evaluation methods are used to make alterations to improve each intervention and are designed to determine the impact of each intervention on the desired outcomes. The PIP demonstrates a sustainable improvement benefiting not only MCO members but also impacts the service areas where they live.



Appendix B:

Scoring Definitions:

- *1 point:* The PIP meets the defined category element.
- *0 point:* The PIP does not meet the defined category element.
- Maximum score for Category 1 = 2 points
- Maximum score for Category 2 = 5 points
- Maximum score for Category 3 = 4 points
- Maximum Total Evaluation Score = 11 points

Grading Interpretation:

Grade A (Excellent = 9-11 points): The Total Evaluation Score measured 9-11 points. The PIP exceeds expectations, demonstrating a model design that reflects collaborative community partnerships, identifies root causes, reasonably addresses barriers, and defines priority populations. The PIP scored “met” in most or all of the review criteria and presents a strategy for systemic, sustainable improvement beyond the life cycle of the PIP. The model provides best practices that may be adopted by other entities working towards improved health status and outcomes across the state. The design and evaluation processes are clearly described in the MCOs reports.

Grade B (Satisfactory = 6-8 points): The Total Evaluation Score measured 6-8 points. The PIP presents a good effort to meet review criteria, but could strengthen certain elements of the subcriteria to improve its design and evaluation to achieve greater sustainability and improved health outcomes.

Grade C (Needs Improvement = 3-5 points): The Total Evaluation Score measured 3-5 points. The PIP on average meets the review criteria but requires the MCO to make a stronger overall effort in intervention design and evaluation to show an improvement in systems and health outcomes.

Grade D (Unsatisfactory = 0-2 points): The Total Evaluation Score measured 0-2 points. The PIP meets little of the review criteria and does not apply performance or quality improvement processes in its design or evaluation. The MCO should strongly reconsider the continuation of its interventions to show improvement in systems and health outcomes.