



Maryland
DEPARTMENT OF HEALTH



Maryland HealthChoice Program

Population Health Incentive Program (PHIP)

Measurement Year 2024

Submitted February 2026

Qlarant 

Table of Contents

- Measurement Year 2024 Population Health Incentive Program (PHIP) 1**
- Introduction 1**
 - HealthChoice Program Overview 1
 - External Quality Review 1
 - Goals 2
- Methodology 2**
 - Population Health Incentive Program 6
 - Validation Methodology and Results 7
- Results10**
 - PHIP Model Parameters 10
 - PHIP Performance Measure Results 10
 - PHIP Financial Incentive Results 12
- Conclusion16**
 - Quality Strategy Highlights 16
 - Quality, Access, and Timeliness 17
 - Assessment of Previous Annual Recommendations 17
- Appendix A: Quality Strategy HEDIS Performance Measures by MCO18**
- Appendix B: MCO Profiles24**

List of Figures and Tables

Figures

| | |
|---|----|
| Figure 1. Asthma Medication Ratio (AMR): Ages 5-64 | 18 |
| Figure 2. Continued Opioid Use (COU): ≥31 Days Covered* | 19 |
| Figure 3. Glycemic Status Assessment for Patients with Diabetes (GSD): HbA1c Control (>9%)* | 20 |
| Figure 4. Lead Screening in Children (LSC)..... | 21 |
| Figure 5. Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | 22 |
| Figure 6. Prenatal and Postpartum Care (PPC-AD): Postpartum Care..... | 23 |

Tables

| | |
|--|----|
| Table 1. MetaStar's MY 2024 HEDIS Strengths, Improvements, and Recommendations | 5 |
| Table 2. MY 2024 PHIP Measures | 6 |
| Table 3. MY 2024 Encounter Data Measure Validation Results | 7 |
| Table 4. MetaStar's MY 2024 HEDIS Measure Validation Results | 8 |
| Table 5. Total Available Funds for PHIP | 10 |
| Table 6. Tier 1 Performance Incentives: MY 2024 Benchmark Percentiles | 11 |
| Table 7. Tier 2 Improvement Incentives | 12 |
| Table 8. MY 2024 Performance Incentive Dollars Awarded (Tier 1)..... | 13 |
| Table 9. MY 2024 Improvement Incentive Dollars Awarded (Tier 2) | 14 |
| Table 10. MY 2024 Round 1 Incentive Award Summary (Tier 1 & Tier 2) | 15 |
| Table 11. MY 2024 Round 1 and Round 2 Incentives Awarded (Summary) | 15 |
| Table 12. MY 2024 Maryland Reportable Rate Against Quality Strategy Targets | 16 |

Maryland HealthChoice Program

Measurement Year 2024 Population Health Incentive Program (PHIP)

Introduction

HealthChoice Program Overview

Maryland’s Medicaid Managed Care Program, known as HealthChoice, is a comprehensive system of continuous quality improvement, which includes problem identification, analysis, corrective action, and re-evaluation, to identify and address areas for improvement. 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 (COMAR) through the Centers for Medicare & Medicaid Services (CMS) protocols. Qlarant’s annual, independent reviews evaluate quality, access, and timeliness of care; and validate Population Health Incentive Program (PHIP) measures according to the *CMS External Quality Review (EQR) Protocol 7 - Calculation of Additional Performance Measures*¹.

This report identifies PHIP activities conducted for the measurement year (MY) 2024 reporting period of January 1 to December 31, 2024. No MCOs were exempt from this task. The following MCOs contracted to provide services and assessed in this report are:

- Aetna Better Health of Maryland (ABH)
- CareFirst Community Health Plan (CFCHP)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)

¹ [CMS EQRO Protocols](#)

- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Maryland (WPM)

Goals

MDH utilizes PHIP activities as part of an incentive program designed to provide financial incentives to MCOs, based on their performance in standardized measures that demonstrate high-quality care. Measure selection includes input from stakeholders, including MCOs and the Maryland Medicaid Advisory Committee, and is based on legislative priorities, HealthChoice enrollee healthcare needs, and the following criteria:

- Whether the topic is relevant to the HealthChoice core populations, which include children, special needs children, pregnant women, adults with disabilities, and adults with chronic conditions;
- Whether the topic is prevention-oriented to promote optimum health;
- Whether the topic is measurable with data availability;
- Whether the topic is consistent with CMS Medicaid Core Set or Healthcare Effectiveness Data and Information Set (HEDIS)² performance measures; and
- Whether the MCOs can achieve quality improvement and positive health outcomes in this topic.

Methodology

The PHIP activity consists of validations and source material from several collaborative vendors, as identified below:

- MDH contracts with MetaStar, Inc. (MetaStar), a National Committee for Quality Assurance (NCQA)-Licensed Organization, to conduct HEDIS audits.
- MDH contracts with The Hilltop Institute at the University of Maryland, Baltimore County (Hilltop) to calculate PHIP encounter data measures.
- Qlarant validates the encounter data measures calculated by Hilltop and reports financial incentives, as provided by MDH.

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

Healthcare Effectiveness Data and Information Set

Healthcare Effectiveness Data and Information Set. More than 90% of national health plans utilize HEDIS performance measures to compare the performance of quality, access, and enrollee satisfaction. Providers, employers, consumers, and state purchasers of healthcare utilize aggregated HEDIS rates to evaluate an MCO's ability to demonstrate an improvement in preventive health outreach to enrollees. MDH incorporates six HEDIS measures in PHIP activities, with the intent of improving MCO performance with incentives.

Description of Data Obtained. Qlarant received information from the sources below to satisfy validation requirements.

- MDH provided all the MetaStar data, Hilltop data, and benchmark percentiles for each MCO.
- MetaStar provided HEDIS Final Audit Reports and reports summarizing results from the NCQA HEDIS Compliance Audits™³.

Technical Methods of Data Collection and Analysis. HealthChoice MCOs are required to collect and report audited HEDIS data under COMAR 10.67.04.03B(2). The PHIP program includes the following six HEDIS measures:

- Asthma Medication Ratio (AMR): Ages 5-64
- Continued Opioid Use (COU): ≥31 days covered
- Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%)
- Lead Screening in Children (LSC)
- Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care
- Prenatal and Postpartum Care (PPC-AD): Postpartum Care

MDH contracted with MetaStar to validate the six HEDIS measures and conduct the NCQA HEDIS Compliance Audits™ to ensure HEDIS data reported publicly by MCOs are accurate and reliable. The audit included a pre-visit teleconference; review of information systems standards, HEDIS measure determination standards, and the HEDIS Record of Administration, Data Management, and Processes (Roadmap); medical record review validation, and final audit opinion.

Pre-Visit Teleconference. MetaStar schedules a conference call two to four weeks prior to the audit visit to introduce key personnel, review the agenda, identify participants, and structure an approach to auditing data sources used for HEDIS.

HEDIS Roadmap Review. NCQA designed the Roadmap as a comprehensive instrument for collecting information from each MCO regarding structure, data collection, processing, and HEDIS reporting procedures. Each MCO completes and submits the Roadmap to MetaStar by January

³ NCQA HEDIS Compliance Audits™ is a trademark of the National Committee for Quality Assurance (NCQA).

31 of each reporting year. MetaStar reviews the Roadmap prior to the audit visit to make preliminary assessments regarding information system compliance and to identify areas requiring follow-up at the audit visit.

Information Systems Standards. The audit visit portion of the HEDIS Compliance Audit expands upon information gleaned from the HEDIS Roadmap to enable MetaStar to make conclusions about each MCO's compliance with information system standards. These standards measure how each MCO collects, stores, analyzes, and reports medical, customer service, enrollee, practitioner, and vendor data; identify the minimum requirements for information systems and processes used in HEDIS data collection; and provide the foundation on which MetaStar assesses the organization's ability to report HEDIS data accurately, completely, and reliably. MetaStar reviews data collection and management processes, including the monitoring of vendors, to determine the soundness and completeness of data used for HEDIS reporting.

HEDIS Measure Determination Standards. MetaStar uses both pre-audit visit and post-audit visit activities to determine compliance with MDH standards and to assess each MCO's adherence to HEDIS technical specifications and report production protocols. Activities conducted during the audit process confirm that NCQA-certified measure software is used. All MCOs, except for KPMAS, continue to utilize certified measure software to produce HEDIS reports. Instead, KPMAS contracted directly with NCQA to evaluate and approve their internally developed measure production programming. MetaStar then reviews KPMAS' sampling protocols for the hybrid method. Later in the audit season, MetaStar reviews HEDIS results for algorithmic compliance and performs benchmark comparisons against NCQA-published means and percentiles.

Medical Record Review Validation (MRRV). MetaStar's MRRV assesses the integrity of data obtained from medical records for any measures calculated using the hybrid method. MetaStar's audit team compares findings to each MCO's abstraction forms for a sample of positive numerator events. Part one of the validation may also include a review of a convenience sample of medical records for the purpose of finding procedural errors early in the medical record abstraction process so that timely corrective action can be made. This activity is optional and conducted based on NCQA standards and MetaStar's opinion. MetaStar's MRRV is an important component of the HEDIS Compliance Audit and ensures that reviews performed by each MCO or each MCO's contracted vendor meet audit standards for sound processes and that abstracted medical data are accurate. In part two of the MRRV, MetaStar selects hybrid measures from like-measure groupings for measure validation. MetaStar's MRRV tests medical records and the appropriate application of the HEDIS hybrid specifications (i.e., the enrollee is a numerator positive or an exclusion for the measure). NCQA uses an acceptable quality level of 2.5 percent for the sampling process, which translates to a sample of 16 medical records for each selected measure.

Final Audit Opinion. At the close of the audit, the auditor renders the Final Audit Opinion, containing a Final Audit Statement along with measure-specific rates/results and comments.

MetaStar uses the following compliance designations when conducting the HEDIS audit:

- **Reportable (R).** The MCO submitted a reportable rate for the measure.

- **Not Applicable (NA).** The MCO followed the specifications, but the denominator was too small (e.g., <30) to report a valid rate.
- **No Benefit (NB).** The MCO did not offer the health benefit required by the measure.
- **Not Reported (NR).** The MCO chose not to report the measure.

Timeline. MetaStar conducted MY 2024 performance measures validation (PMV) activities from January to December 2024.

Aggregate HealthChoice HEDIS Performance. MetaStar identified strengths, improvements, and recommendations that summarize aggregate performance across MCOs, based on the results of each MCO’s MY 2024 HEDIS compliance audit for PMV. Qlarant aligns these strengths, improvements, and/or recommendations to applicable domains in quality, access, and timeliness of services provided to enrollees; and identifies positive (↑), negative (↓), or NA assessments of aggregate MCO performance ([Appendix B](#)).

MetaStar did not make any formal recommendations or observe any formal improvements from the MCOs and identified the following strengths in their “Implications and Discussion” section of the Statewide Executive Summary Report for HEDIS MY 2024.

Table 1. MetaStar's MY 2024 HEDIS Strengths, Improvements, and Recommendations

| Domain | Strengths, Improvements, and Recommendations | Assessment |
|-----------------------------|--|------------|
| Quality, Access, Timeliness | <p>Strengths: MetaStar observed the following strengths:</p> <ul style="list-style-type: none"> • Eight of nine MCO rates were above or better than the National HEDIS Mean (NHM) for Glycemic Status Assessment for Patients with Diabetes (GSD) >9 indicator. • All nine MCOs scored above or better than the NHM for Prenatal Care and Postpartum Care (PPC) Timeliness of Prenatal Care and Postpartum indicators. • In addition, for Lead Screening in Children (LSC), all nine MCO rates benchmarked above the 75th percentile, and of those nine, three MCO rates benchmarked above the 90th percentile. • Seven of nine MCO PPC Postpartum indicator rates benchmarked above the 75th percentile, and of the seven, three benchmarked above the 90th percentile. • Four of nine MCO PPC Timeliness of Prenatal Care indicator rates benchmarked above the 75th percentile, and of the four, three MCO rates benchmarked above the 90th percentile. | ↑ |

Source: [MetaStar's MY 2024 HEDIS Statewide Executive Summary Report](#)

Population Health Incentive Program

MDH selected HEDIS and state-specific performance measures for the PHIP program.

Description of Data Obtained. MCOs demonstrating high-quality care annually receive financial incentives according to COMAR 10.67.04.03-2. MDH designed PHIP to improve MCO performance by applying incentives to standardized measures of performance. Qlarant collaborates with MetaStar and Hilltop for validation activities for the MDH-specified set of performance measures.

Technical Methods of Data Collection and Analysis. Selected HEDIS measures are calculated and validated per *HEDIS Volume 2: Technical Specifications for Health Plans* and then compared to the nationally calculated Quality Compass percentiles (see Table 4 for HEDIS validation results). These percentiles are used as incentive benchmarks to determine if each MCO's quality improvement efforts have successfully resulted in improved health outcomes. For state-specific performance measures, MDH and Hilltop calculate percentiles for comparison across HealthChoice MCOs once Qlarant's validation is complete (see Table 3 for encounter data validation results).

MY 2024 PHIP rates were drawn from HEDIS and encounter data rates. The following table displays the selected PHIP measures for MY 2024.

Table 2. MY 2024 PHIP Measures

| Performance Measure | Domain | Measure Source | Reporting Entity |
|--|---------------------------------|----------------|------------------|
| Ambulatory Care Visits for Supplemental Security Income (SSI) Adults | Access to Care | Encounter Data | MCO |
| Ambulatory Care Visits for SSI Children | Access to Care | Encounter Data | MCO |
| Asthma Medication Ratio (AMR): Ages 5-64 | Effectiveness of Care | HEDIS | MCO |
| Continued Opioid Use (COU): ≥31 days covered | Effectiveness of Care | HEDIS | MCO |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%) [^] | Effectiveness of Care | HEDIS | MCO |
| Lead Screening in Children (LSC) | Effectiveness of Care | HEDIS | MCO |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | Access and Availability to Care | HEDIS | MCO |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | Access and Availability to Care | HEDIS | MCO |

[^] Previously Hemoglobin A1c Control for Patients with Diabetes (HBD): Poor HbA1c Control (>9) during MY 2023.

Validation Methodology and Results

Encounter Data Measure Validation Methodology. PHIP encounter data measures were calculated by Hilltop. Hilltop used MCO encounter and fee-for-service data to calculate the following encounter data measures:

- Ambulatory Care Visits for SSI Adults
- Ambulatory Care Visits for SSI Children

Qlarant validated the encounter data measures by reviewing both data collection and processing systems, as well as the source code for each measure to determine compliance with MDH’s measure specifications. Validation designations were used to characterize the findings:

- **Reportable (R).** The measure was compliant with state specifications.
- **Do Not Report (DNR).** The MCO rate was materially biased and should not be reported.
- **Not Applicable (NA).** The MCO was not required to report the measure.
- **Not Reportable (NR).** The measure was not reported because the MCO did not offer the required benefit.

Qlarant’s Encounter Data Measure Validation Results. The table below displays MY 2024’s encounter data measure validation results, validated by Qlarant.

Table 3. Qlarant’s MY 2024 Encounter Data Measure Validation Results

| Performance Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|---|-----|-------|-----|-------|-----|------|-------|-----|-----|
| Ambulatory Care Visits for SSI Adults | R | R | R | R | R | R | R | R | R |
| Ambulatory Care Visits for SSI Children | R | R | R | R | R | R | R | R | R |

R = Reportable; the measure was compliant with state specifications.

MetaStar’s HEDIS Measure Validation Results. The table below displays MY 2024’s HEDIS data measure validation results, validated by MetaStar.

Table 4. MetaStar's MY 2024 HEDIS Measure Validation Results

| Performance Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|---|-----|-------|-----|-------|-----|------|-------|-----|-----|
| Asthma Medication Ratio (AMR): Ages 5-64 | R | R | R | R | R | R | R | R | R |
| Continued Opioid Use (COU): ≥31 days covered | R | R | R | R | R | R | R | R | R |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%) | R | R | R | R | R | R | R | R | R |
| Lead Screening in Children (LSC) | R | R | R | R | R | R | R | R | R |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | R | R | R | R | R | R | R | R | R |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | R | R | R | R | R | R | R | R | R |

R = Reportable; the MCO submitted a reportable rate for the measure.

Financial Incentive Methodology. The financial rewards to MCOs are based on performance and improvements of HEDIS and non-HEDIS quality measures against objective benchmarks. Available funds will be allocated through two rounds of incentive payments:

- **Round 1.** Payments to plans are made from the allocated incentive funding, based on performance during MY 2024 and improvement from MY 2023. MCOs must demonstrate improvement of at least 0.5 percentage points in the measure compared to the previous measurement year. The amount will be determined by MDH budget allocations for the performance year under review. Round 1 incentives consist of two types of incentives: performance incentives (tier 1) and improvement incentives (tier 2).
- **Round 2.** Unallocated funds from Round 1 are redistributed among high-performing MCOs as additional incentives, up to a per-plan limit of 1% of the MCO’s MY 2024 capitation as total payment from Round 1 and Round 2.

Round 1, Tier 1. Performance incentives reward MCOs for strong objective performance for each performance measure in the current measurement year. This objective assessment will be made by comparing individual MCO performance on each measure, as outlined below.

For each qualifying measure, applicable MCOs would receive up to 100% of the Round 1 incentives through performance on quality measures during MY 2024. Depending on the measure type, the following distribution approach would apply:

- **HEDIS Measures.** Distribution of national Medicaid health maintenance organization (HMO) scores for the measure during MY 2024 using the HEDIS Quality Compass percentiles.

- **Non-HEDIS Measures.** Distribution of Maryland MCO scores for the measure during MY 2024, as determined by Hilltop.

Each measure has a base value of one-eighth (1/8) of the available incentive dollars per plan, which is a percentage of each MCO's total capitation, not to exceed 1%, during MY 2024. MCOs are assigned one of the following four categories for each measure in Tier 1, based on MY 2024's score:

- **Superlative Performance.** Measurement scores at or above the 90th percentile of Medicaid HMOs nationwide (HEDIS) or among Maryland MCOs (non-HEDIS). For a score within this category, qualifying MCOs receive 1/8 of 0.25 percent of capitation.
- **Very Strong Performance.** Measurement scores within the 75th to 89th percentiles (inclusive) of Medicaid HMOs nationwide (HEDIS) or among Maryland MCOs (non-HEDIS). For a score within this category, qualifying MCOs receive 2/3 of 1/8 of 0.25 percent of capitation.
- **Strong Performance.** Measurement scores within the 50th to 74th percentiles (inclusive) of Medicaid HMOs nationwide (HEDIS) or among Maryland MCOs (non-HEDIS). For a score within this category, qualifying MCOs receive 1/3 of 1/8 of 0.25 percent of capitation.
- **No Incentive for Performance.** Measurement scores below the 50th percentile of all Medicaid HMOs nationwide (HEDIS) or among Maryland MCOs (non-HEDIS). The MCO would not receive an incentive within this category.

Round 1, Tier 2. Improvement incentives reward year-over-year improvement and objectively strong improvement for MCOs that did not achieve superlative performance in the current measurement year. For each qualifying measure, applicable MCOs would receive up to one-third (1/3) of the Round 1 incentives through improvement for MCOs that do not earn full performance incentives. MCOs would receive 1/3 of the 1/8 of 1 percent capitation if the following requirements are met:

- The MCO demonstrated improvement of at least 0.5 percentage points in the measure from the previous year, AND
- The MCO's current MY 2024 score is greater than or equal to the 50th percentile of all Medicaid HMOs nationwide (HEDIS) or among Maryland MCOs (non-HEDIS).

For any performance measures in which a lower score indicates stronger performance, year-over-year "improvement" is a reduction of at least 0.5 percentage points in the score for that measure.

Round 2 Incentives. In addition to Round 1 funding, in Round 2, unallocated program-wide funds from Round 1— that is, funds not disbursed from the total allocated to all MCOs in Round 1— would be redistributed among MCOs that meet the following qualifying criteria:

- The MCO earned more than 80% of possible Round 1 incentives, AND
- The MCO performed sufficiently on the HEDIS Performance Monitoring Policy requirements for the measurement year.

The incentive payments from Round 2 are not to exceed 1% of capitation in total across both rounds of incentives for any individual MCO. If the remaining funds from Round 1 are not sufficient to settle all qualifying MCOs up to 1% of capitation in Round 2, then the remaining funds will be disbursed proportionally among qualifying MCOs based on the amount of funding needed to achieve 1% of total capitation. If there are additional funds remaining after settling qualifying MCOs up to 1% of capitation across both rounds, then MDH may, within its discretion, make additional payments to MCOs that are below 1% of capitation based on improvement or performance, or place remaining funds into a non-lapsing pool.

Results

PHIP Model Parameters

The table below displays the total funding available for incentives for each MCO. Per MDH, the funding for PHIP incentives was based on 0.25% of total MCO capitation, or \$18,901,766.

Table 5. Total Available Funds for PHIP

| Capitation Payments | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|---|-----------|-------------|-----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Total Available for Incentives (based on % cap approved by DBM ¹) | \$797,688 | \$1,392,778 | \$495,590 | \$1,348,572 | \$3,329,417 | \$1,376,461 | \$4,502,823 | \$2,080,461 | \$3,577,976 |
| Max Payout for Each of the Measures (1/8th of available cap) | \$99,711 | \$174,097 | \$61,949 | \$168,572 | \$416,177 | \$172,058 | \$562,853 | \$260,058 | \$447,247 |

¹Department of Budget and Management

PHIP Performance Measure Results

This section identifies Tier 1 and Tier 2 incentive results.

Table 6. Tier 1 Performance Incentives: MY 2024 Benchmark Percentiles

| Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Ambulatory Care Visits for SSI Adults (MDH) | 60.9% | 75.1% | 83.7% | 73.3% | 83.4% | 79.6% | 81.9% | 76.2% | 78.9% |
| Ambulatory Care Visits for SSI Children (MDH) | 63.0% | 72.5% | 77.2% | 78.6% | 81.9% | 71.8% | 82.6% | 77.3% | 79.9% |
| Asthma Medication Ratio (AMR): Ages 5-64 | 61.2% | 74.1% | 76.4% | 97.1% | 81.3% | 58.2% | 77.6% | 58.4% | 51.2% |
| Continued Opioid Use (COU): ≥31 days covered^ | 3.5% | 3.5% | 4.3% | 1.3% | 4.7% | 2.8% | 3.8% | 4.1% | 2.7% |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%)^ | 31.4% | 26.3% | 29.4% | 28.7% | 28.5% | 27.3% | 33.3% | 35.0% | 36.0% |
| Lead Screening in Children (LSC) | 72.7% | 75.4% | 82.9% | 86.6% | 76.2% | 71.5% | 79.3% | 74.9% | 79.6% |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | 87.9% | 95.1% | 88.3% | 94.6% | 92.7% | 83.8% | 89.8% | 85.4% | 87.8% |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | 83.3% | 89.1% | 87.8% | 95.2% | 81.8% | 85.0% | 84.2% | 79.6% | 84.4% |

Red = <50th percentile (no incentive); Yellow = 50-74th percentile (strong); Light green = 75-89th percentile (very strong); Dark green = 90th percentile (superlative)

^A lower rate indicates better performance.

Table 7. Tier 2 Improvement Incentives

| Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|--|-----|-------|-----|-------|-----|------|-------|-----|-----|
| Ambulatory Care Visits for SSI Adults (MDH) | NO | NO | NO | NO | YES | YES | YES | NO | YES |
| Ambulatory Care Visits for SSI Children (MDH) | NO | NO | NO | YES | YES | NO | NO | YES | YES |
| Asthma Medication Ratio (AMR): Ages 5-64 | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| Continued Opioid Use (COU): ≥31 days covered^ | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%)^ | YES | NO | YES | NO | YES | YES | YES | NO | NO |
| Lead Screening in Children (LSC) | YES | YES | NO | NO | YES | NO | YES | YES | NO |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | NO | NO | YES | NO | NO | NO | YES | NO | YES |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | NO | NO | NO | NO | NO | YES | YES | NO | YES |

Blue Yes = Improvement; Gray No = No Improvement

^ A lower rate indicates better performance.

PHIP Financial Incentive Results

Performance incentives reward MCOs for strong objective performance on each performance measure. The tables below display the financial incentives for each MCO across the specified performance measures.

Round 1. The following table shows the dollars awarded per MCO, based on Tier 1 performance incentives in MY 2024.

Table 8. MY 2024 Performance Incentive Dollars Awarded (Tier 1)

| Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|---|------------------|------------------|------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| Ambulatory Care Visits for SSI Adults (MDH) | \$0 | \$0 | \$41,299 | \$0 | \$277,451 | \$57,353 | \$375,235 | \$0 | \$149,082 |
| Ambulatory Care Visits for SSI Children (MDH) | \$0 | \$0 | \$20,650 | \$56,191 | \$277,451 | \$0 | \$375,235 | \$86,686 | \$149,082 |
| Asthma Medication Ratio (AMR): Ages 5-64 | \$0 | \$116,065 | \$41,299 | \$168,572 | \$416,177 | \$0 | \$562,853 | \$0 | \$0 |
| Continued Opioid Use (COU): ≥31 days covered | \$0 | \$0 | \$0 | \$112,381 | \$0 | \$57,353 | \$0 | \$0 | \$149,082 |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%) | \$33,237 | \$174,097 | \$41,299 | \$112,381 | \$277,451 | \$114,705 | \$187,618 | \$0 | \$0 |
| Lead Screening in Children (LSC) | \$66,474 | \$116,065 | \$61,949 | \$168,572 | \$277,451 | \$114,705 | \$375,235 | \$173,372 | \$447,247 |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | \$33,237 | \$174,097 | \$20,650 | \$168,572 | \$416,177 | \$0 | \$375,235 | \$86,686 | \$149,082 |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | \$66,474 | \$174,097 | \$61,949 | \$168,572 | \$138,726 | \$114,705 | \$375,235 | \$0 | \$298,165 |
| TOTAL | \$199,422 | \$754,421 | \$289,094 | \$955,239 | \$2,080,886 | \$458,820 | \$2,626,647 | \$346,743 | \$1,341,741 |

Red = <50th percentile (no incentive); Yellow = 50-74th percentile (strong); Light green = 75-89th percentile (very strong); Dark green = 90th percentile (superlative)

^A lower rate indicates better performance.

Table 9. MY 2024 Improvement Incentive Dollars Awarded (Tier 2)

| Measure | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM |
|---|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|------------------|
| Ambulatory Care Visits for SSI Adults (MDH) | \$0 | \$0 | \$0 | \$0 | \$138,726 | \$57,353 | \$187,618 | \$0 | \$149,082 |
| Ambulatory Care Visits for SSI Children (MDH) | \$0 | \$0 | \$0 | \$56,191 | \$138,726 | \$0 | \$0 | \$86,686 | \$149,082 |
| Asthma Medication Ratio (AMR): Ages 5-64 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Continued Opioid Use (COU): ≥31 days covered | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%) | \$33,237 | \$0 | \$20,650 | \$0 | \$138,726 | \$57,353 | \$187,618 | \$0 | \$0 |
| Lead Screening in Children (LSC) | \$33,237 | \$58,032 | \$0 | \$0 | \$138,726 | \$0 | \$187,618 | \$86,686 | \$0 |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | \$0 | \$0 | \$20,650 | \$0 | \$0 | \$0 | \$187,618 | \$0 | \$149,082 |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$57,353 | \$187,618 | \$0 | \$149,082 |
| TOTAL | \$66,474 | \$58,032 | \$41,299 | \$56,191 | \$554,903 | \$172,058 | \$938,088 | \$173,372 | \$596,329 |

Blue Yes = Improvement; Gray No = No Improvement

^ A lower rate indicates better performance.

Table 10. MY 2024 Round 1 Incentive Award Summary (Tier 1 & Tier 2)

| Total Payments | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM | HealthChoice Aggregate |
|---|------------------|------------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------------|
| Tier 1 – Performance Incentives | \$199,422 | \$754,421 | \$289,094 | \$955,239 | \$2,080,886 | \$458,820 | \$2,626,647 | \$346,743 | \$1,341,741 | \$9,053,013 |
| Tier 2 – Improvement Incentives | \$66,474 | \$58,032 | \$41,299 | \$56,191 | \$554,903 | \$172,058 | \$938,088 | \$173,372 | \$596,329 | \$2,656,746 |
| TOTAL INCENTIVES FOR ROUND 1 | \$265,896 | \$812,454 | \$330,393 | \$1,011,429 | \$2,635,788 | \$630,878 | \$3,564,735 | \$520,115 | \$1,938,070 | \$11,709,759 |
| Maximum Possible Incentives from Round 1 | \$797,688 | \$1,392,778 | \$495,590 | \$1,348,572 | \$3,329,417 | \$1,376,461 | \$4,502,823 | \$2,080,461 | \$3,577,976 | \$18,901,766 |
| Proportion of Available Round 1 Incentives Earned | 33% | 58% | 67% | 75% | 79% | 46% | 79% | 25% | 54% | 62% |

Round 2. No financial incentives were awarded to any of the MCOs for Round 2.

Summary. After Round 1 incentives were earned, \$7,192,007 of the total available incentive funding remained unallocated. Because no MCO qualified for Round 2 incentives, no Round 2 payments were made. MDH credited this remaining amount to a non-lapsing fund.

Table 11. MY 2024 Round 1 and Round 2 Incentives Awarded (Summary)

| Total Payments | ABH | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC | WPM | HealthChoice Aggregate |
|---|------------------|------------------|------------------|--------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------------|
| Round 1 – Performance (Tier 1) | \$199,422 | \$754,421 | \$289,094 | \$955,239 | \$2,080,886 | \$458,820 | \$2,626,647 | \$346,743 | \$1,341,741 | \$9,053,013 |
| Round 1 – Improvement (Tier 2) | \$66,474 | \$58,032 | \$41,299 | \$56,191 | \$554,903 | \$172,058 | \$938,088 | \$173,372 | \$596,329 | \$2,656,746 |
| TOTAL INCENTIVES FOR ROUND 1 | \$265,896 | \$812,454 | \$330,393 | \$1,011,429 | \$2,635,788 | \$630,878 | \$3,564,735 | \$520,115 | \$1,938,070 | \$11,709,759 |
| Round 2 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Incentives (Round 1 and Round 2) | \$265,896 | \$812,454 | \$330,393 | \$1,011,429 | \$2,635,788 | \$630,878 | \$3,564,735 | \$520,115 | \$1,938,070 | \$11,709,759 |
| Percent of 2024 Capitation Earned as Incentives | 0.08% | 0.15% | 0.17% | 0.19% | 0.20% | 0.11% | 0.20% | 0.06% | 0.14% | 0.15% |

Conclusion

PHIP is an incentive program designed to provide a financial reward to MCOs based on performance within certain measures, including both identified HEDIS measures and MDH-developed encounter measures. Round 1 is based on a two-tier review, looking at MCO performance and improvement within identified measures.

All nine MCOs received a Round 1, Tier 1 performance incentive and a Round 1, Tier 2 improvement incentive. No MCO received a Round 2 incentive. The remaining funds have been credited to a non-lapsing fund.

Quality Strategy Highlights

MDH set task goals for the following HEDIS measures in the HealthChoice Quality Strategy for 2022-2024 based on pre-COVID-19 public health emergency aggregate performance. Quality Strategy targets for the MDH-developed measures are currently in development. Specific HealthChoice performance metrics and targets are shown in the following table.

Table 12. MY 2024 Maryland Reportable Rate Against Quality Strategy Targets

| Performance Measures | MDH Quality Strategy Targets for MY 2024 | Maryland Average Reportable Rate (MARR) |
|--|--|---|
| Asthma Medication Ratio (AMR): Ages 5-64 | 70.6% | 70.61% |
| Continued Opioid Use (COU): ≥31 days covered* | 1.9% | 3.40% |
| Glycemic Status Assessment for Patients with Diabetes (GSD): Poor HbA1c Control (>9%)* | 36.9% | 30.66% |
| Lead Screening in Children (LSC) | 82.8% | 77.68% |
| Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care | 88.2% | 89.48% |
| Prenatal and Postpartum Care (PPC-AD): Postpartum Care | 81.3% | 85.60% |

Source: [HealthChoice Quality Strategy 2022-2024](#) and [MetaStar's MY 2024 HEDIS Statewide Executive Summary Report](#)

*A lower rate indicates better performance.

- Three of the six measures met or outperformed the quality strategy target for MY 2024; Asthma Medication Ratio: Ages 5-64 (70.61%), Prenatal and Postpartum Care: Timeliness of Prenatal Care (89.48%), and Prenatal and Postpartum Care: Postpartum Care (85.60%).
- The Continued Opioid Use: ≥31 days covered measure (3.40%) fell below the quality strategy target by 1.5 percentage points as a lower rate for this measure indicates better performance.

- The Glycemic Status Assessment for Patients with Diabetes: Poor HbA1c Control (>9%) (30.66%) and Lead Screening in Children (77.68%) measures fell below the quality strategy targets by 6.24 and 5.12 percentage points, respectively.

Quality, Access, and Timeliness

MCOs must ensure that HealthChoice enrollees receive high-quality care that increases access to timely services and promotes desired health outcomes. Qlarant identified strengths, improvements, and recommendations summarizing aggregate performance across MCOs, based on PHIP validation activity results. These strengths, improvements, and recommendations correspond to the quality, access, and timeliness of services provided to enrollees.

For MY 2024, the Glycemic Status Assessment for Patients with Diabetes: Poor HbA1c Control (>9%) and Lead Screening in Children measures demonstrated improved performance by most MCOs compared to the other measures. Tier 1 Performance Incentives were awarded to each MCO, ranging from a total of three measures (UHC) to a total of seven measures (JMS, KPMAS, MPC, and PPMCO). All MCOs received a Tier 1 Performance Incentive for the Lead Screening in Children measure. Additionally, Tier 2 Improvement Incentives were awarded to each MCO, ranging from a total of one measure (CFCHP and KPMAS) to a total of five measures (PPMCO).

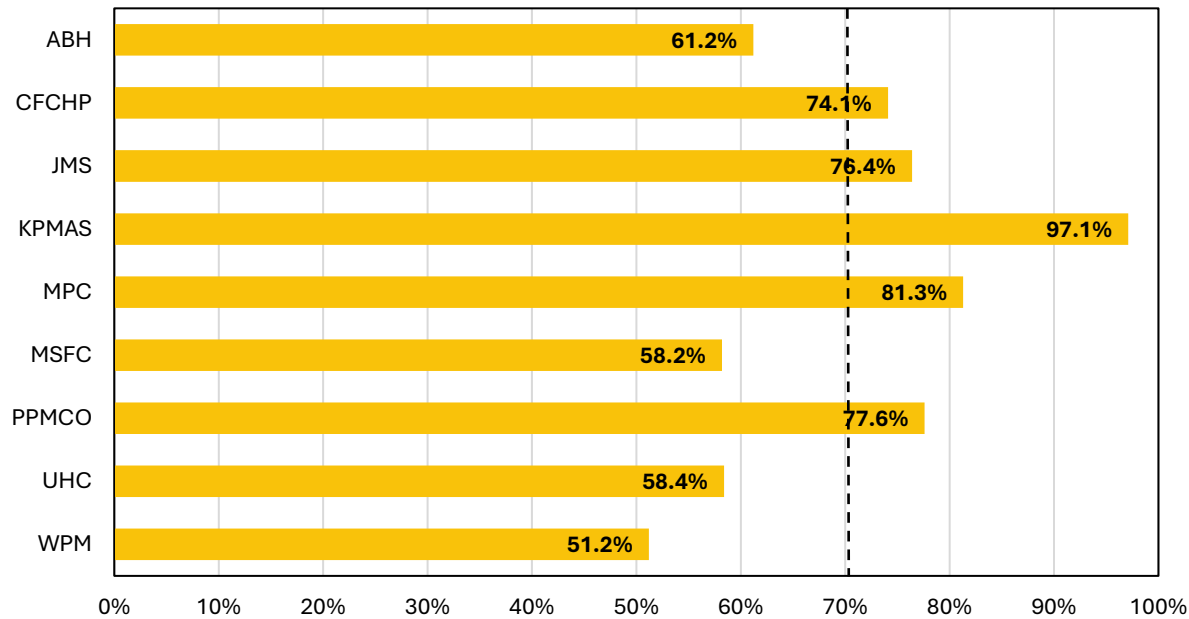
Assessment of Previous Annual Recommendations

There were no formal recommendations that would require action to be taken during the previous measurement year.

Appendix A: Quality Strategy HEDIS Performance Measures by MCO

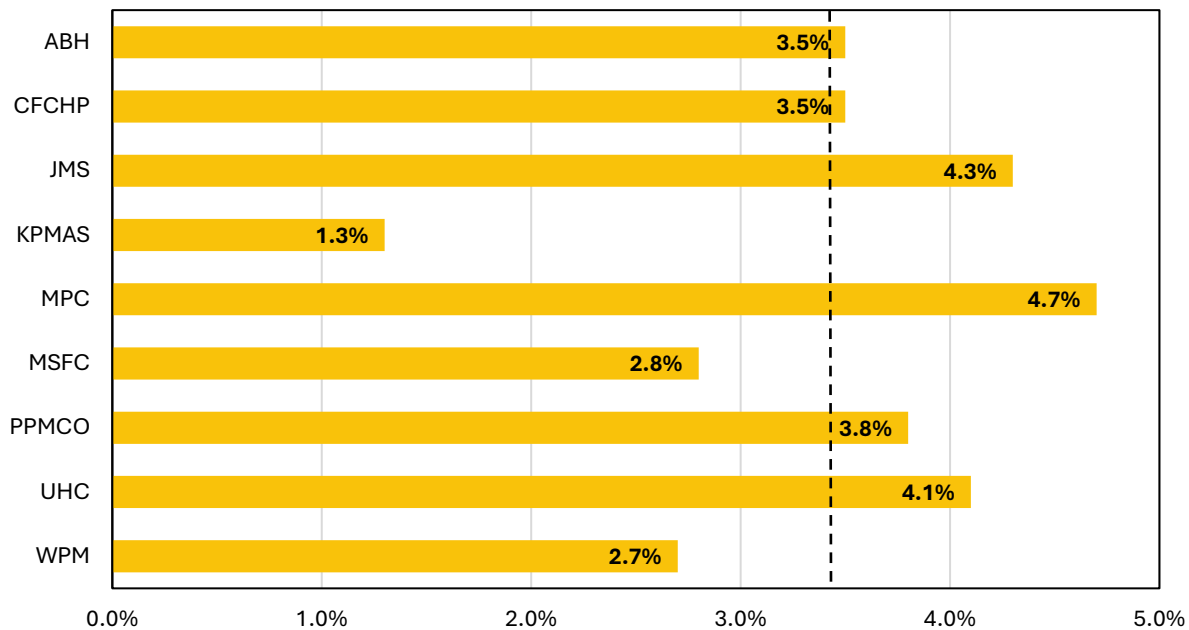
This appendix compares MCO performance of quality strategy performance measures to the Maryland Average Reportable Rate as a benchmark.

Figure 1. Asthma Medication Ratio (AMR): Ages 5-64



^The dotted line represents the Maryland Average Reportable Rate.

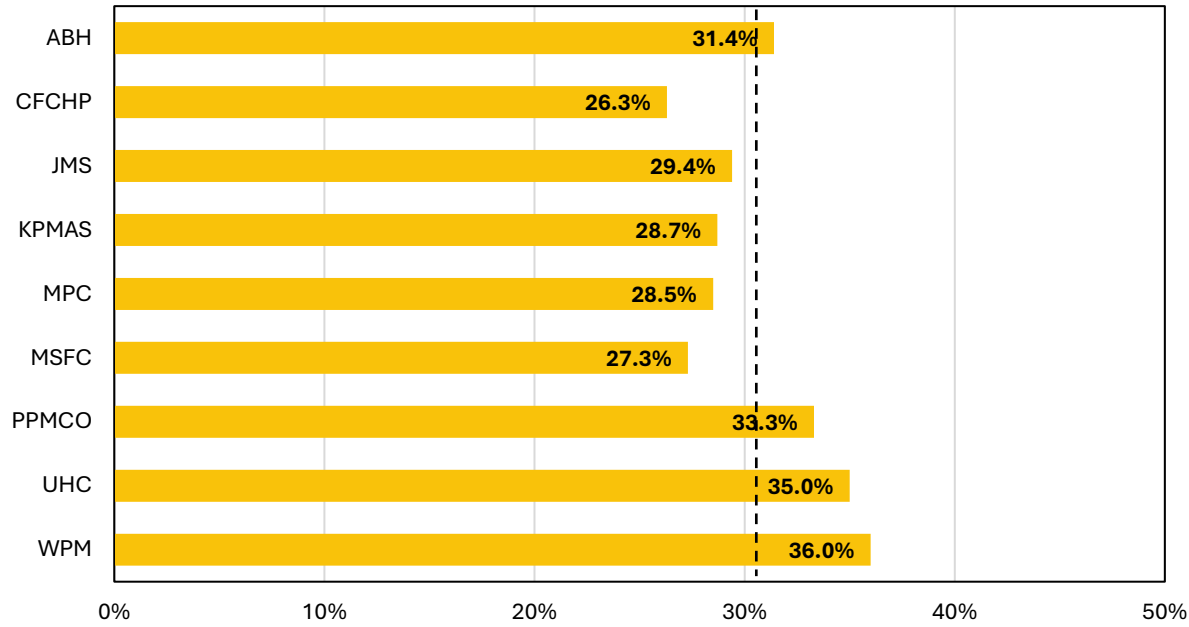
Figure 2. Continued Opioid Use (COU): ≥31 Days Covered*



*A lower rate indicates better performance.

^The dotted line represents the Maryland Average Reportable Rate.

Figure 3. Glycemic Status Assessment for Patients with Diabetes (GSD): HbA1c Control (>9%)*

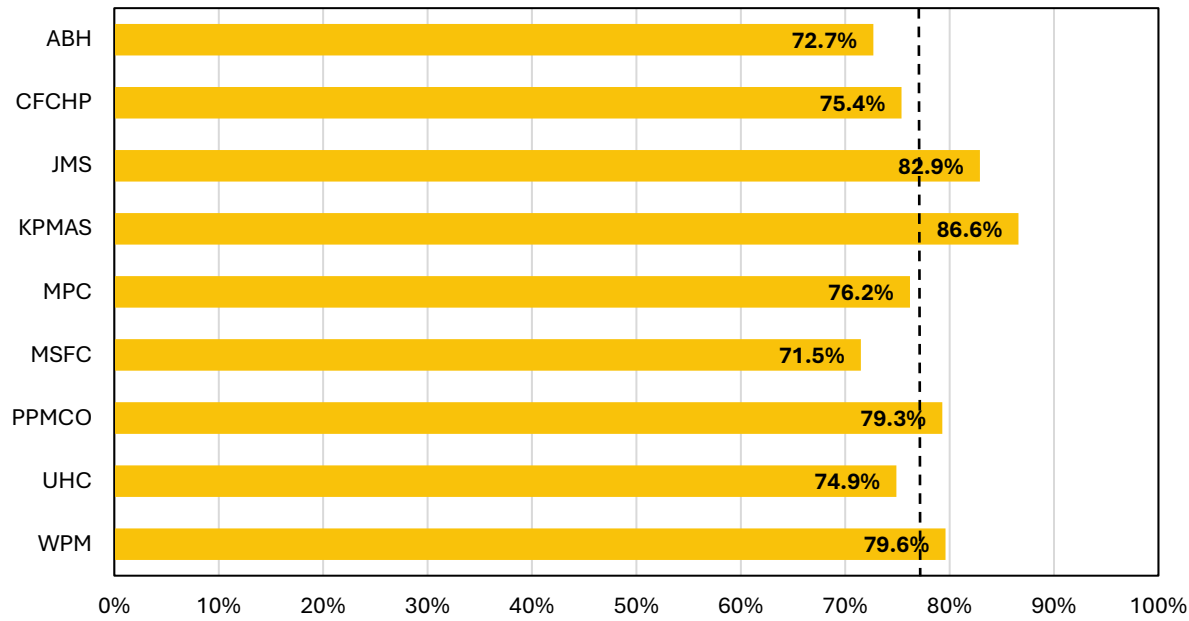


*Previously Hemoglobin A1c Control for Patients with Diabetes (HBD): Poor HbA1c Control (>9%) during MY 2023.

*A lower rate indicates better performance.

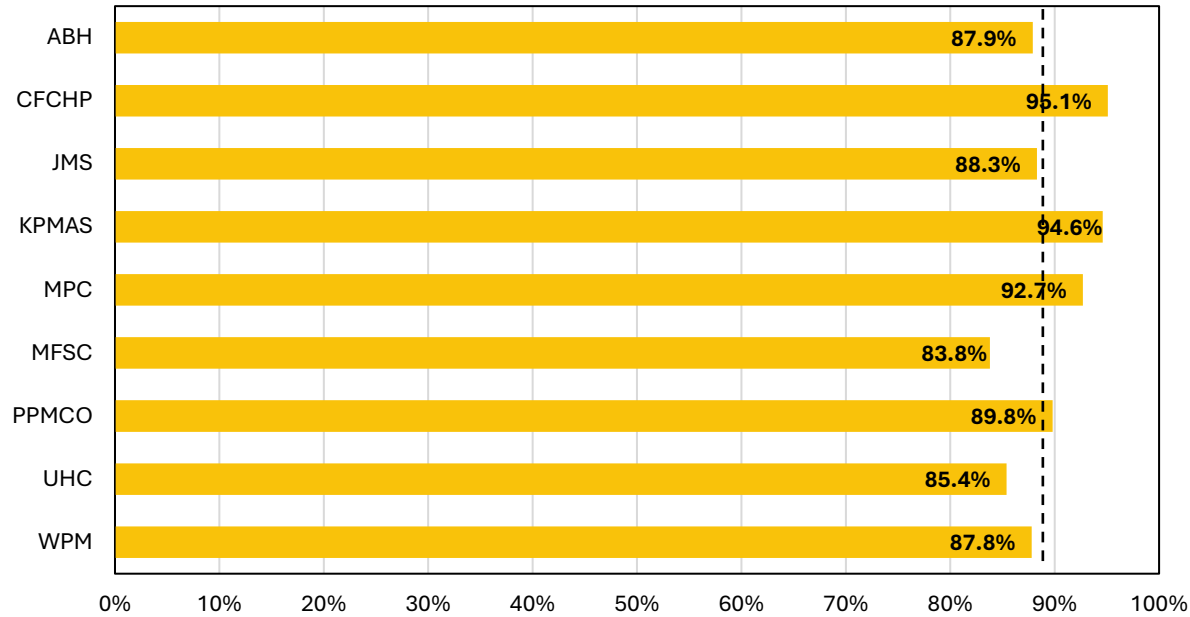
*The dotted line represents the Maryland Average Reportable Rate.

Figure 4. Lead Screening in Children (LSC)



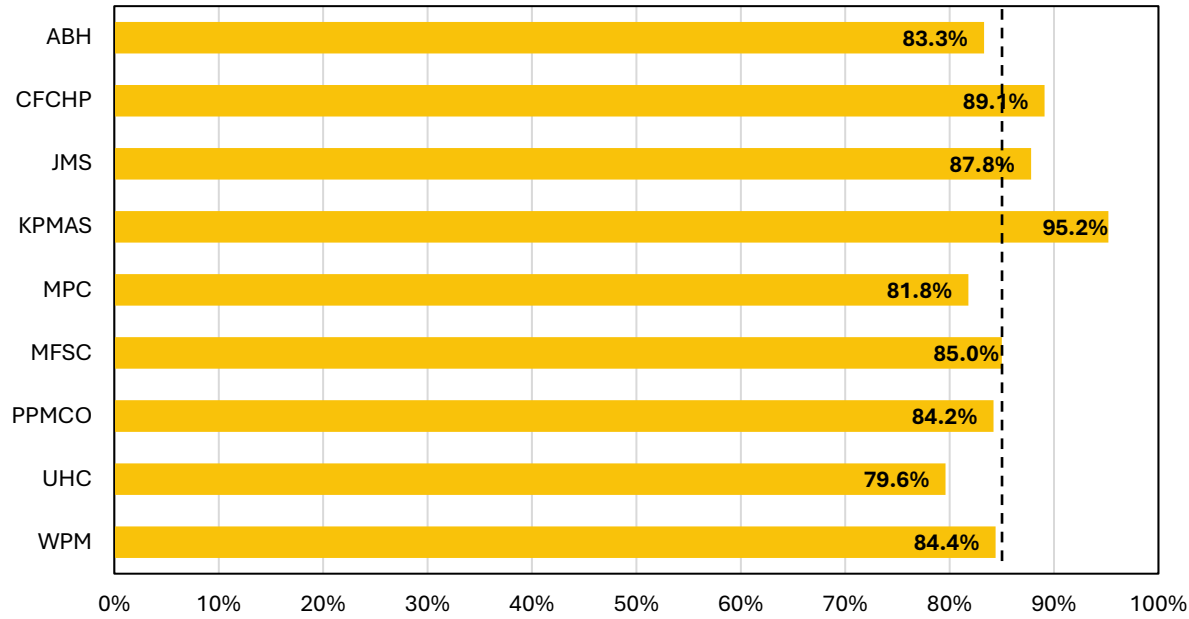
^The dotted line represents the Maryland Average Reportable Rate.

Figure 5. Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care



^The dotted line represents the Maryland Average Reportable Rate.

Figure 6. Prenatal and Postpartum Care (PPC-AD): Postpartum Care



^The dotted line represents the Maryland Average Reportable Rate.

Appendix B: MCO Profiles

MetaStar identified strengths, improvements, and/or recommendations summarizing aggregate performance across MCOs, based on the results of the MY 2024 PMV HEDIS audit. Qlarant aligns these strengths, improvements, and/or recommendations to applicable domains in quality, access, and timeliness of services provided to enrollees; and identifies positive (↑), negative (↓), or NA assessments of individual MCO performance. There are no formal recommendations to assess whether actions were taken from the previous MY.

ABH

| Domain | ABH Summary | Assessment |
|--------------------------------|--|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> No issues were identified with the completion of the Roadmap General Information or Appendix Sections. ABH provided a standardized and well-documented HEDIS measurement year (MY) 2024 Roadmap on time, which greatly facilitated both the offsite and virtual onsite phases of the HEDIS Compliance Audit. ABH utilized a software vendor with NCQA-certified measures. The auditor confirmed via the IDSS that the certified version of the software was used for each measure by ensuring the IDSS did not produce any warnings regarding the globally unique identifiers (GUIDs). In addition, there were no Tier 4 warnings identified by NCQA for ABH. ABH maintained excellent communication with the auditor throughout the audit process, and alerted the auditor when there were concerns that could potentially impact the audit. ABH provided all required documents, databases, and rate files on or prior to the required deadlines. ABH also provided all requested audit follow-up items in a timely manner. | ↑ |
| NA | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> There were no formal improvements identified. | NA |
| Quality, Access | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> The auditor solicited further explanation as needed for rates that were above the 90th percentile or below the 10th percentile, or rates that changed by more than five percentage | ↓ |

| Domain | ABH Summary | Assessment |
|--------|--|------------|
| | points from the prior year. ABH should continue to explore the reasons for any low reported rates to improve for future HEDIS reporting. | |

CFCHP

| Domain | CFCHP Summary | Assessment |
|--------------------------------|---|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> CFCHP’s HEDIS team was responsive to auditor requests and provided information and documentation in a timely manner. The team served as subject matter experts for all organizational functions. The team also worked diligently to identify root causes of any identified reporting issues and implement corrections when necessary to ensure successful reporting. | ↑ |
| Quality, Access | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> CFCHP expanded the list of supplemental data sources to include additional sources for measurement year (MY) 2024. This included sources from the two separate methods used of ingesting the supplemental data, one for Medicaid and Medicare Dual Eligible Special Needs Plan (DSNP) submissions and the other for the Medicare Employer Group Waiver Plan (EGWP) submission. Roadmap documentation was updated for MY 2024 to incorporate processes for all product lines. | ↑ |
| Quality | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> For current claims processing, rendering provider is not a required field, resulting in the lack of servicing provider information for outpatient claims submitted by facilities. It is recommended that CFCHP investigate claims data for services requiring provider specialty to determine if this is resulting in any data gaps. | ↓ |

JMS

| Domain | JMS Summary | Assessment |
|--------------------------------|--|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Access, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> JMS’ HEDIS team continually works to improve its HEDIS processes year after year. The team was extremely responsive to auditor requests and provided information/documentation in a timely manner. The team served as subject matter experts for all organization functions and maintained oversight of the HEDIS reporting process. Similar to the prior year, JMS met many of the HEDIS milestones prior to the deadlines, which resulted in completion of the reporting well prior to the HEDIS submission deadlines. | ↑ |
| NA | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> There were no formal improvements identified. | NA |
| Quality, Access | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> JMS was able to successfully report the required Electronic Clinical Data Systems (ECDS) measures for HEDIS MY 2024. The auditor recommends that JMS continue to explore clinical data sources that will support the reporting of these ECDS measures. Additionally, as HEDIS reporting moves to more administrative data sources such as electronic medical record data from various provider groups and Data Aggregation Validation (DAV) to improve data collection. For the medical record review process, only records that passed or have the potential to pass are entered into the abstraction tool. Fails are mainly just tracked as received chases and do not have overreads conducted on them. While this is not considered an issue for the audit, since there is a possibility to mis-enter or misclassify these cases, it is recommended that JMS enter the dates and values of the failed cases into the tool or have another method to track these cases. Additionally, it is recommended that the failed cases be validated. | ↓ |

KPMAS

| Domain | KPMAS Summary | Assessment |
|--------------------------------|--|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Access | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> • KPMAS was able to report valid rates for all relevant measures to meet accreditation and State-reporting requirements. • KPMAS continues to promote a culture of quality improvement by maintaining its high-performance on many HEDIS measures, while continuing to identify and implement initiatives to improve its performance across the measure set. • KPMAS has robust processes to manage, code, and report performance measure rates, which likely positions the organization for success for digital reporting in the future. In addition, given the KPMAS model and use of a shared electronic medical record (EMR) across its care settings, KPMAS is able to capture nearly all data needed for performance measure reporting through administrative and supplemental data sources, which will allow KPMAS to maintain accuracy of data reporting when hybrid reporting is retired. | ↑ |
| NA | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> • There were no formal improvements identified. | NA |
| Quality, Access | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> • While there were no concerns with data reporting for MY 2024, the auditor recommended that KPMAS could improve its Administrative Data Inventory by adding its internal encounter data as a separate column and data source from external claims processes to better distinguish and delineate each process. • KPMAS should also continue to work with the State of Maryland and its behavioral health pharmacy data vendor to address data integrity concerns, which may allow for data integration in future years. | ↓ |

MPC

| Domain | MPC Summary | Assessment |
|---------------------------------|---|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Access, and Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> MPC was able to report valid rates for all relevant measures to meet accreditation and State-reporting requirements. MPC has an exceptional team dedicated to HEDIS reporting, who demonstrates strong project management to achieve all key milestones timely, and has robust processes for data capture, analysis, mapping, and quality review. MPC implemented efforts to improve performance on the Lead Screening in Children (LSC) measure. | ↑ |
| NA | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> There were no formal improvements identified. | NA |
| Access | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> While there were no concerns with reported rates for MY 2024, MPC should continue to explore opportunities to obtain data via administrative or supplemental data streams for integration as hybrid measures as NCQA continues on its timeline to retire hybrid methodology in the future. | ↓ |

MSFC

| Domain | MSFC Summary | Assessment |
|--------------------------------|---|-------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> No issues were identified with the completion of the Roadmap General Information or Appendix Sections. MSFC provided a standardized and well-documented HEDIS MY 2024 | ↑ |

| Domain | MSFC Summary | Assessment |
|---------------------|---|------------|
| | <p>Roadmap on time, which greatly facilitated both the offsite and virtual onsite phases of the HEDIS Compliance Audit.</p> <ul style="list-style-type: none"> MSFC utilized a software vendor with NCQA-certified measures. The auditor confirmed via the IDSS that the certified version of the software was used for each measure by ensuring the IDSS did not produce any warnings regarding the GUIDs. In addition, there were no Tier 4 warnings identified by NCQA for MSFC. MSFC maintained excellent communication with the auditor throughout the audit process. MSFC provided all required documents, databases, and rate files on or prior to the required deadlines. MSFC also provided all requested audit follow-up items in a timely manner. | |
| Quality, Timeliness | <p>Improvements: MetaStar observed the following improvements:</p> <ul style="list-style-type: none"> For MY 2023 reporting, MSFC was partially compliant for IS M – Medical Record Review Processes, and IS Standard R – Data Management and Reporting. MSFC’s experienced HEDIS staff left in February 2024. This resulted in a breakdown in the health plan’s reporting process, deadlines being missed, and left relatively new staff responsible for critical tasks. MRR abstraction also had some critical errors. These issues almost resulted in measures not being able to be reported. MSFC will need to have appropriate staffing for future reporting to ensure all tasks are completed properly, and timelines are met. The issues appear to have been resolved, as MSFC maintained excellent communication with the auditor throughout the audit process, completed all tasks on or ahead of the timelines, and passed all aspects of the HEDIS Compliance Audit for MY 2024. | ↑ |
| | <p>Recommendations MetaStar recommends the following actions:</p> <ul style="list-style-type: none"> The auditor solicited further explanation as needed for rates that were above the 90th percentile or below the 10th percentile, or rates that changed by more than five percentage points from the prior year. With experienced staff in the HEDIS area leaving, the remaining staff for MSFC attempted to determine the reasons for rates changes. Some of the reasons appeared unknown or unanswered. This was expected due to the staff changes, but MSFC will still need to be able to track quality improvement projects and identify issues and improvements for future reporting for all rate changes. | ↓ |

PPMCO

| Domain | PPMCO Summary | Assessment |
|---------------------------------------|--|--------------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> PPMCO HEDIS team provided all required and requested documentation in a timely manner. The team was dedicated to ensuring successful reporting and maintained robust oversight of data processes involved in HEDIS reporting. PPMCO HEDIS audit scope was expanded to include additional submissions and all submissions were successfully reported. | ↑ |
| NA | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> There were no formal improvements identified. | NA |
| Quality, Access, Timeliness | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> It is recommended that PPMCO investigate and incorporate additional supplemental data sources for future reporting periods. This includes such sources as the health information exchange data. Such data sources would reduce the burden of MRR and possibly improve data completeness. PPMCO members who are dually enrolled in multiple product lines were reported in all product lines. For example, members dually enrolled in commercial and Medicaid were reported in both product lines. It is recommended that PPMCO work to incorporate a unique member ID across all product lines to ensure accurate reporting of members. Additionally, PPMCO should investigate removing segments of dual enrollment as required by the HEDIS specifications. It is recommended that the plan implement a process to review reports generated post integration in CitiusTech to confirm that there are no gaps in the data prior to measure runs. For the HEDIS Roadmap, it is recommended that the plan ensure that the data sources integrated for HEDIS are noted in the Administrative Data Inventory and Clinical Data Inventory based on how each source is deemed. It is recommended that HEDIS stakeholders in the organization should review attachments and Roadmap content prior to submission to the auditor to avoid multiple iterations of documents. | ↓ |

UHC

| Domain | UHC Summary | Assessment |
|---------------------------------------|--|--------------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Access, Timeliness | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> UHC’s HEDIS team was extremely responsive to auditor requests and provided information/documentation in a timely manner. The team served as subject matter experts for all organization functions and was dedicated to ensuring successful reporting. There was robust oversight of data used for HEDIS reporting. | ↑ |
| Quality, Timeliness | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> For MY 2024 reporting, UHC consolidated the various state immunization and lead registry supplemental data sources based on the file types and methods that they are received. This streamlined the review process of these sources. | ↑ |
| Quality | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> UHC was able to successfully report the required ECDS measures for HEDIS MY 2024. As NCQA and state requirements move to more ECDS reporting, it is recommended that UHC investigate the reporting of other ECDS measures to prepare for the phasing out of MRR for a number of measures. The MRRV process noted one error in the sample reviewed for measure Group D due to an abstraction error by the MRR vendor. It is recommended that UHC work to increase the percentage of records overread by the vendor and internal team to ensure issues are identified prior to audit evaluations of the final MRR cases. | ↓ |

WPM

| Domain | WPM Summary | Assessment |
|---------------------------------------|--|--------------------|
| Quality, Access, or Timeliness | Healthcare Effectiveness Data and Information Set (PMV) | ↑, ↓, or NA |
| Quality, Access | <p>Strengths: <i>MetaStar observed the following strengths:</i></p> <ul style="list-style-type: none"> WPM continues to maintain a centralized process across all corporate markets for MRR, which includes oversight of abstraction, as well as conducting training and on-going quality checks. | ↑ |
| Quality | <p>Improvements: <i>MetaStar observed the following improvements:</i></p> <ul style="list-style-type: none"> WPM further updated the supplemental data documentation to provide Roadmap documentation in a more consolidated fashion. Updates on the sources applicable to MD Medicaid were provided through the supplemental data review process. | ↑ |
| Quality, Timeliness | <p>Recommendations <i>MetaStar recommends the following actions:</i></p> <ul style="list-style-type: none"> WPM had approximately 859 supplemental data sources submitted for MY 2024, which increased from the prior year. The initial supplemental data impact was determined based on the prospective HEDIS runs for determining sources with potential impact to MD Medicaid since supplemental data had not yet been fully loaded to the MY 2024 HEDIS build utilized for reporting. WPM used supplemental data sources utilized for all Elevance markets as potential supplemental data sources. Several times through the audit process, the WPM supplemental data team provided updates of sources relevant to MD Medicaid based on membership. However, final impact reports were not available until April 2025, after the supplemental data approval deadline, thus requiring audit review of a substantial number of sources that ultimately had no impact on the MD Medicaid HEDIS submission. It is recommended that WPM continue to investigate approaches to determining more timely and accurate supplemental impact reports. Additionally, it is recommended that WPM ensure that Member ID are accurately linked to members for the supplemental data and sources with impact be identified more timely. | ↓ |