



Medicaid Managed Care Organization

2016 Performance Improvement Projects Annual Report



Health Choice



Delmarva Foundation

A Quality Health Strategies Company

Submitted by:
Delmarva Foundation
January 2017

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Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) is responsible for the evaluation of the quality of care provided to Medical Assistance recipients in the HealthChoice program. DHMH contracts with the Delmarva Foundation to serve as the External Quality Review Organization (EQRO). As the EQRO, Delmarva Foundation is responsible for evaluating the Performance Improvement Projects (PIPs) submitted by the Managed Care Organizations (MCOs) according to Centers for Medicare and Medicaid Services' (CMS) *External Quality Review Protocol 3: Validating Performance Improvement Projects*.

HealthChoice MCOs conduct two PIPs annually. As designated by DHMH, the MCOs continued the Adolescent Well Care PIPs and the Controlling High Blood Pressure PIPs. This report summarizes the findings from the validation of both PIPs. The MCOs who conducted PIPs in 2016 were:

- AMERIGROUP Community Care (ACC)
- Jai Medical Systems (JMS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- Riverside Health of Maryland (RHMD)*
- UnitedHealthcare (UHC)

*RHMD completed its first full year of operation in CY 2014 and was able to begin providing data and participating in the Controlling High Blood Pressure PIP in CY 2015.

PIP Purpose and Objectives

Each MCO was required to conduct PIPs that were designed to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical care, or non-clinical care areas that were expected to have a favorable effect on health outcomes. The PIPs included measurements of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement. In addition to improving the quality, access, or timeliness of service delivery, the process of completing a PIP functions as a learning opportunity for the MCO. The processes and skills required in PIPs, such as indicator development, root cause analysis, and intervention development are transferable to other projects that can lead to improvement in other health areas.

Topics Selected

DHMH initiated the Adolescent Well Care PIP in March 2012 using HEDIS® 2012 measurement rates as the baseline measurement for MCOs in developing interventions due in fall 2012. The measure seeks to increase the percentage of adolescents 12–21 years of age who received at least one comprehensive well–care visit with a PCP or OB/GYN practitioner during the measurement year. Maryland’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review program measures health and developmental history; comprehensive physical exam; laboratory tests/at–risk screening; immunizations; and health education and anticipatory guidance for children and adolescents through age 20. The EPSDT 12–20-year age group consistently scores lower than the other four age groups in each of these categories. In addition, the underutilization of an adolescent well–care visit yields missed opportunities for prevention, early detection, and treatment; therefore, increasing routine adolescent utilization is an important health care objective for the Department.

DHMH initiated the Controlling High Blood Pressure PIP in March 2014 using HEDIS® 2014 measurement rates as the baseline measurement for MCOs in developing interventions due in fall 2014. The measure seeks to increase the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. High blood pressure is a serious condition that can lead to coronary artery disease, heart failure, stroke, kidney failure, and other health problems. According to the Maryland Behavioral Risk Factor Surveillance System, an estimated 1.4 million adults in Maryland have HBP. Additionally, every 33 minutes, one person in Maryland dies from heart attack, stroke, or other cardiovascular diseases.

Validation Process

The guidelines utilized for PIP review activities were CMS’ *External Quality Review Protocol 3: Validating Performance Improvement Projects*. The tool assists in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Reviewers evaluated each project submitted using a standard validation tool that employed the CMS validation methodology, which included assessing each project in the following ten critical areas. The 10-step validation is summarized in Table 1.

Table 1. 10-Step Validation Methodology to PIP Validation

Validation Steps	Delmarva Foundation's Validation Process
Step 1. The study topic selected should be appropriate and relevant to the MCO's population.	Review the study topic/project rationale and look for demographic characteristics, prevalence of disease, and potential consequences (risks) of disease. MCO-specific data should support the study topic.
Step 2. The study question(s) should be clear, simple, and answerable.	Identify a study question that addresses the topic and relates to the indicators.
Step 3. The study indicator(s) should be meaningful, clearly defined, and measurable.	Examine each project indicator to ensure appropriateness to the activity. Numerators/denominators and project goals should be clearly defined.
Step 4. The study population should reflect all individuals to whom the study questions and indicators are relevant.	Examine the study population (targeted population) relevancy, which is provided in the project rationale and indicator statements.
Step 5. The sampling method should be valid and protect against bias.	Assess the techniques used to provide valid and reliable information.
Step 6. The data collection procedures should use a systematic method of collecting valid and reliable data representing the entire study population.	Review the project data sources and collection methodologies, which should capture the entire study population.
Step 7. The improvement strategies , or interventions, should be reasonable and address barriers on a system level.	Assess each intervention to ensure project barriers are addressed. Interventions are expected to be multi-faceted and induce permanent change. Interventions should demonstrate consideration of cultural and linguistic differences within the targeted population.
Step 8. The study findings , or results, should be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.	Examine the project results, including the data analysis. Review the quantitative and qualitative analysis for each project indicator.
Step 9. Project results should be assessed as real improvement .	Assess performance improvement to ensure the same methodology is repeated. Improvement should be linked to interventions, as opposed to an unrelated occurrence. Review statistical testing results, if available.
Step 10. Sustained improvement should be demonstrated through repeated measurements.	Review the results after the second re-measurement to determine consistent and sustained improvement when compared to baseline.

As Delmarva Foundation staff conducted the review, each of the components within a step was rated as “Yes”, “No”, or “N/A” (Not Applicable). Components were then aggregated to create a determination of “Met”, “Partially Met”, “Unmet”, or “Not Applicable” for each of the 10 steps.

Table 2 describes the criteria for reaching a determination in the scoring methodology.

Table 2. Rating Scale for PIP Validation

Determination	Criteria
Met	All required components were present.
Partially Met	One but not all components were present.
Unmet	None of the required components were present.
Not Applicable	None of the required components are applicable.

Results

This section presents an overview of the findings from the validation activities completed for each PIP submitted by the MCOs. Each MCO's PIP was reviewed against all components contained within the 10 steps. Recommendations for each step that did not receive a rating of "Met" follow each MCO's results in this report.

Adolescent Well Care PIPs

All Adolescent Well Care PIPs focused on increasing the number of adolescents ages 12–21 who receive at least one comprehensive well–care visit with a PCP or an OB/GYN practitioner during the measurement year, according to HEDIS® technical specifications.

Table 3 represents the PIP Validation Results for all Adolescent Well Care PIPs for CY 2016.

Table 3. Adolescent Well Care PIP Validation Results for CY 2016

Step/Description	Adolescent Well Care CY 2016 PIP Review Determinations					
	ACC	JMS	MPC	MSFC	PPMCO	UHC
1. Assess the Study Methodology	Met	Met	Met	Met	Met	Met
2. Review the Study Question(s)	Met	Met	Met	Met	Met	Met
3. Review the Selected Study Indicator(s)	Met	Met	Met	Met	Met	Met
4. Review the Identified Study Population	Met	Met	Met	Met	Met	Met
5. Review Sampling Methods	Met	Met	Met	Met	Met	Met
6. Review Data Collection Procedures	Met	Met	Met	Met	Met	Met
7. Assess Improvement Strategies	Partially Met	Met	Met	Met	Met	Met
8. Review Data Analysis & Interpretation of Study Results	Partially Met	Met	Met	Met	Met	Met
9. Assess Whether Improvement is Real Improvement	Met	Met	Met	Met	Met	Met
10. Assess Sustained Improvement	Met	Met	Met	Unmet	Met	Met

ACC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) and Step 8 (Review Data Analysis & Interpretation of Study Results). Under Step 7, ACC did not list any new interventions for 2015 including planned interventions from the 2014 qualitative analysis. Step 8 listed an inaccurate increase from the prior period; evidenced a limited analysis of results including a lack of MCO barriers; and did not identify any planned follow-up activities for the coming year.

MSFC received a rating of “Unmet” for Step 10 as sustained improvement was not demonstrated through repeated remeasurements over comparable time periods.

Adolescent Well 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. Additionally, the MCOs are required to identify

member, provider and MCO barriers. The following common barriers were identified among the MCOs for the Adolescent Well Care PIP:

- Member: Knowledge deficits.
- Member: Lack of transportation to PCP appointments.
- Member: Many adolescents have concerns regarding privacy at clinic visits.
- Member: Lack of incentive to schedule and/or keep scheduled appointment.
- Member: Difficulty scheduling appointments that work for the teen, parent, and PCP.
- Provider: Lack of infrastructure to identify members in need of a preventive care visit.
- Provider: Lack of staff and materials to provide member education and outreach.
- Provider: Challenges associated with the high number of members that fail to keep a scheduled appointment.
- Provider: Knowledge deficits relating to optimal billing for comprehensive services and missed opportunities when completing a sports physical or sick visit.
- MCO: Member outreach given that reaching members via phone or mail may be difficult due to inaccurate member demographic information.
- MCO: Lack of ability to capture all AWC visits received outside of the assigned primary care provider site.
- MCO: No provider incentives for providing routine care for adolescents.
- MCO: Members who fall in and out of eligibility within the review period are difficult to track.

Adolescent Well Care Interventions Implemented

The following are examples of interventions which were implemented by the HealthChoice MCOs for the Adolescent Well Care PIPs:

- Member education and outreach.
- Member and provider incentives.
- Onsite and remote appointment scheduling.
- Free transportation for members needing a well care visit.
- Provider opportunity report listings sent regularly and/or posted on MCO provider portal.
- Year round provider HEDIS® education and chart reviews.
- Home Visits targeting adolescents that have never been seen in past two years.
- Ongoing initiatives to improve accuracy of member demographic information.
- Availability of a pediatrician with office hours every Saturday.
- Use of School Based Well Clinics for well-care visits if attempts at assigned provider office are not successful.
- Member appointment reminders sent to help decrease No Shows.

Adolescent Well Care Indicator Results

This is the third remeasurement year for the Adolescent Well Care PIP. Table 4 represents the indicator rates for all MCOs for the PIP.

Table 4. CY 2016 Adolescent Well Care PIP Indicator Rates

Measurement Year	Indicator 1: Adolescent Well Care					
	ACC	JMS	MPC	MSFC	PPMCO	UHC
Baseline Year 1/1/12-12/31/12	68.06%	76.85%	60.20%	69.40%	67.59%	59.71%
Measurement Year 1 1/1/13-12/31/13	67.93%	76.72%	68.75%	67.80%	61.57%	60.80%
Remeasurement Year 2 1/1/14-12/31/14	64.68%	80.27%	68.29%	61.20%	68.75%	58.48%
Remeasurement Year 3 1/1/15-12/31/15	67.92%	82.59%	73.15%	64.03%	72.79%	64.80%

Each MCO targeted the current HEDIS 90th percentile as a goal each year for the AWC PIP. The HEDIS 90th percentile, as described in the *Standards and Guidelines for the Accreditation of Health Plans*, is defined as where NCQA requires organizations to submit specified HEDIS measures annually. NCQA determines the HEDIS measure portion of the score by comparing organization results with a national benchmark (the 90th percentile of national results) and with regional and national thresholds (the 75th, 50th and 25th percentiles). NCQA uses the higher of two scores: the result based on comparison with the average of the regional and national thresholds, or the result based on comparison with national thresholds.

ACC, JMS, MPC, and PPMCO performed above the 90th percentile for measurement year 2015, and the remaining two MCOs performed below the 90th percentile. Four MCOs' (JMS, MPC, PPMCO, and UHC) indicator rates increased over baseline measurement. Those increases ranged from 5.09 percentage points to 12.96 percentage points. Specifically, the improvements in performance rates over baseline measurements were:

- JMS' rate increased by 5.74 percentage points.
- MPC's rate increased by 12.96 percentage points.
- PPMCO's rate increased by 5.2 percentage points.
- UHC's rate increased by 5.09 percentage points.

ACC and MSFC indicator rates for measurement year 2015 decreased over baseline measurement.

Specifically:

- ACC's rate decreased by 0.14 percentage points.
- MSFC's rate decreased by 5.37 percentage points.

Controlling High Blood Pressure PIPs

All Controlling High Blood Pressure PIPs focused on increasing the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Although the HEDIS measure accounts for ages 18–85 years of age, Maryland HealthChoice covers adults through age 64.

Table 5 represents the PIP Validation Results for all Controlling High Blood Pressure PIPs for CY 2016.

Table 5. Controlling High Blood Pressure PIP Validation Results for CY 2016

Step/Description	Controlling High Blood Pressure CY 2016 PIP Review Determinations						
	ACC	JMS	MPC	MSFC	PPMCO	RHMD	UHC
1. Assess the Study Methodology	Met	Met	Met	Met	Met	Met	Met
2. Review the Study Question(s)	Met	Met	Met	Met	Met	Met	Met
3. Review the Selected Study Indicator(s)	Met	Met	Met	Met	Met	Met	Met
4. Review the Identified Study Population	Met	Met	Met	Met	Met	Met	Met
5. Review Sampling Methods	Met	Met	Met	Met	Met	Met	Met
6. Review Data Collection Procedures	Met	Met	Met	Met	Met	Partially Met	Met
7. Assess Improvement Strategies	Partially Met	Met	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met
8. Review Data Analysis & Interpretation of Study Results	Met	Met	Met	Met	Met	Met	Partially Met
9. Assess Whether Improvement Is Real Improvement	Partially Met	Met	Partially Met	Met	Met	Met	Met
10. Assess Sustained Improvement	Met	Met	Met	Met	Met	N/A	Met

RHMD received a rating of “Partially Met” for Step 6 (Review Data Collection Procedures) because it failed again this measurement year to provide information on the staff and personnel collecting the data.

ACC, MPC, MSFC, PPMCO, RHMD, and UHC received ratings of “Partially Met” for Step 7 (Assess Improvement Strategies). ACC, MPC, MSFC, RHMD, and UHC failed to address either the linguistic and/or cultural needs of their membership in the design and implementation of interventions. PPMCO failed to implement interventions that were expected to improve processes or outcomes.

UHC received a rating of “Partially Met” for Step 8 (Review Data Analysis & Interpretation of Study Results) because the analysis of findings was incomplete based upon the data analysis plan. It did not include analysis of results or interpretation of the success of the PIP.

ACC and MPC received a rating of “Partially Met” for Step 9 (Assess Whether Improvement is Real Improvement) because there was no documented quantitative improvement in the rate from the previous measurement year.

RHMD received a rating of “Not Applicable” for Step 10 (Assess Sustained Improvement) because this was the first remeasurement year, and sustained improvement cannot be assessed until two remeasurements have occurred.

Controlling High Blood Pressure PIP Identified Barriers

The following common barriers were identified among the HealthChoice MCOs for the Controlling High Blood Pressure PIP:

- Member: Noncompliance with diet, exercise, and medication regime.
- Member: Noncompliance with follow-up care.
- Member: Lack of transportation for PCP appointments.
- Member: African Americans face more health disparities than Whites for high blood pressure.
- Provider: Lack of continuity and coordination of care between ER, Specialist and PCP.
- Providers: Knowledge deficit of missed appointments by their patient population.
- Provider: Lack of awareness of current treatment guidelines.
- Provider: Lack of awareness of the MCO resources available to assist in member compliance (i.e. member outreach initiatives, available benefits, health education opportunities).
- Provider: Variation in staffing and skill set at practices for taking blood pressure readings.
- MCO: Insufficient or inaccurate member contact and demographic data.
- MCO: Limited line of sight into actual blood pressure readings.
- MCO: Controlling Blood Pressure measure has a unique structure that makes it difficult to follow members’ progress/needs year round.

Controlling High Blood Pressure PIP Interventions Implemented

The following are examples of interventions that were implemented by the HealthChoice MCOs for the Controlling High Blood Pressure PIPs:

- Disease Management Programs addressing management of hypertension.
- Onsite appointment scheduling.
- Medication adherence and gaps in therapy reports/letters to PCPs and members.
- Access to blood pressure readings at high volume provider sites.
- Quarterly newsletters to African Americans with high blood pressure.
- Follow up on ER encounters to ensure appointments with PCP.
- Member and provider education.
- Transportation for member PCP appointments.
- Medical record reviews to ensure documentation of blood pressure readings.

- Member outreach and incentives.
- Shared medical appointments for members with hypertension and/or diabetes funded by a DHMH grant.

Controlling High Blood Pressure Indicator Results

This is the second remeasurement year of data collection for the Controlling High Blood Pressure PIP. Table 6 represents the Controlling High Blood Pressure PIP indicator rates for all MCOs for the PIP.

Table 6. CY 2016 Controlling High Blood Pressure PIP Indicator Rates

Measurement Year	Indicator 1: Controlling High Blood Pressure						
	ACC	JMS	MPC	MSFC	PPMCO	RHMD	UHC
Baseline Year 1/1/13 - 12/31/13	49.00%	56.20%	46.78%	65.52%	56.97%	N/A	42.34%
Measurement Year 1 1/1/14 - 12/31/14	63.87%	69.34%	61.38%	69.15%	59.52%	32.13%	50.85%
Remeasurement Year 2 1/1/15 - 12/31/15	54.10%	76.40%	55.85%	71.19%	60.18%	48.18%	56.93%
Remeasurement Year 3 1/1/16 - 12/31/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Each MCO targeted the current HEDIS 90th percentile as a goal each year for the CBP PIP. There is wide variation among the MCOs in their performance relative to the 2016 HEDIS[®] Medicaid goal. Both JMS and MSFC are performing above the 90th percentile. PPMCO is approaching the 75th percentile, MPC and UHC are slightly above the 50th percentile, ACC is approaching the 50th percentile, and RHMD is slightly above the 25th percentile for this measure.

All seven MCOs made improvements in performance rates over their baseline measurements:

- ACC's rate increased by 5.1 percentage points.
- JMS' rate increased by 20.2 percentage points.
- MPC's rate increased by 9.07 percentage points.
- MSFC's rate increased by 5.67 percentage points.
- PPMCO's rate increased by 3.21 percentage points.
- RHMD's rate increased by 16.05 percentage points.
- UHC's rate increased by 14.59 percentage points.

Recommendations

Delmarva Foundation recommends that the MCOs begin or continue to concentrate on the following:

- Completing thorough and annual barrier analysis, which will direct where limited resources can be most effectively used to drive improvement.
- Developing system-level interventions, which include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives. Face-to-face contact is usually most effective. To improve outcomes, interventions should be systematic (affecting a wide range of members, providers and the MCO), timely, and effective. In particular, increased attention to identifying administrative barriers is recommended.
- Ensuring that interventions address differences among population subgroups, such as differences in health care attitudes and beliefs among various racial/ethnic groups within the MCO's membership.
- Assessing interventions for their effectiveness, and making adjustments where outcomes are unsatisfactory. Consideration should be given to small tests of change to assess intervention effectiveness before implementing across the board.
- Detailing the list of interventions (who, what, where, when, how many) to make the intervention understandable and so that there is enough information to determine if the intervention was effective.