

HealthChoice and Acute Care Administration
Division of HealthChoice Quality Assurance

Maryland Department of Health



MARYLAND
Department of Health

HealthChoice

Maryland's Medicaid Managed Care Program



Delmarva Foundation

A Quality Health Strategies Company

**Medicaid Managed Care
Organization**

**Controlling High Blood Pressure
Performance Improvement Project**

Final Report 2017

Submitted by:
Delmarva Foundation
January 2018

Controlling High Blood Pressure Performance Improvement Project Final Report

Introduction

The Maryland Department of Health (MDH) is required to annually evaluate the quality of care (QOC) provided to Maryland Medical Assistance enrollees in HealthChoice Managed Care Organizations (MCOs). MDH, pursuant to Title 42, Code of Federal Regulations, 438.204, is responsible for monitoring the QOC provided to MCO enrollees when delivered pursuant to the Code of Maryland Annotated Regulations (COMAR) 10.09.65. MDH contracts with 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 MCOs.

The HealthChoice MCOs participating in the Controlling High Blood Pressure (CBP) PIP are:

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

Kaiser Permanente of the Mid-Atlantic States, Inc. entered the HealthChoice system in 2014. Therefore, they were not able to provide data and not required to participate in the CBP PIP.

PIP Purpose and Objectives

Each MCO was required to conduct PIPs designed to achieve, through ongoing measurements and interventions, significant improvement, sustained over time in clinical care and 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.

Topic Selection

The CBP PIP addressed HealthChoice members 18–65 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. For MCOs in Maryland, this HEDIS measure is incorporated into the Value Based Purchasing Program and the Consumer Report Card. Therefore, the CBP rate impacts results in several areas of the MCO's quality review.

High blood pressure (HBP) is a serious condition that can lead to coronary heart 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 disease.

According to the NIH (National Institutes of Health), about 1 in 3 adults in the United States has HBP. However, people of all ages and backgrounds can develop HBP. Certain traits, conditions, and habits can raise your risk for HBP. Hypertension, otherwise known as HBP, is a silent killer since people with hypertension often have no signs or symptoms. Even blood pressure that is slightly high can increase risk of death. When your blood pressure is high:

- You are 4 time more likely to die from stroke
- You are 3 times more likely to die from heart disease

According to the Maryland Health Services Cost Review Commission and the Centers for Disease Control and Research, the following HBP facts are true for Marylanders:

- Heart disease and stroke accounted for \$1.23 billion dollars of hospital expenses in Maryland in 2010.
- Almost 32% of Marylanders report having been told by a health professional that they have HBP.
- Seventy-five percent of Marylanders with diabetes report having been told by a health professional that they have HBP. HBP is a major risk factor for diabetes complications.
- HBP is common among the working-age population in Maryland (adults age 25-64), almost 29% report having HBP, 63% of adults 65 and older report having HBP.

- Some groups are more affected than others. Non-Hispanic, Blacks have higher rates of hypertension in Maryland than other groups, and in Calvert, Charles, and Wicomico counties, more than 40% of adults report having HBP.

Benchmarks

The benchmarks used for the CBP measure are the HEDIS® National Medicaid Average and the 90th Percentile. As described in the *Standards and Guidelines for the Accreditation of Health Plans*, NCQA requires organizations to submit specified HEDIS measures and CAHPS 5.0H survey results 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.

The HEDIS® MD Medicaid Aggregate Rate for CBP in CY 2013 was 52.8%. All HealthChoice MCOs were performing under the Medicaid 90th percentile benchmark during the preliminary baseline measurement period.

Validation Process

As part of the annual external quality review, Delmarva Foundation conducted a review of the CBP PIP submitted by each MCO. The guidelines utilized for PIP review activities were the Centers for Medicare and Medicaid Service's (CMS') *Validation of PIPs* protocol. This protocol assists EQROs 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. The evaluation is completed through a 10-step process by assessing the following critical areas. The 10-step validation process 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 component within a standard (step) was rated. Components were then rolled up to create a determination of “met”, “partially met”, “unmet” or “not applicable” for each of the ten standards. Table 2 describes this scoring methodology.

Table 2. Rating Scale for Performance Improvement Project Validation Review

Rating	Rating Methodology
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.

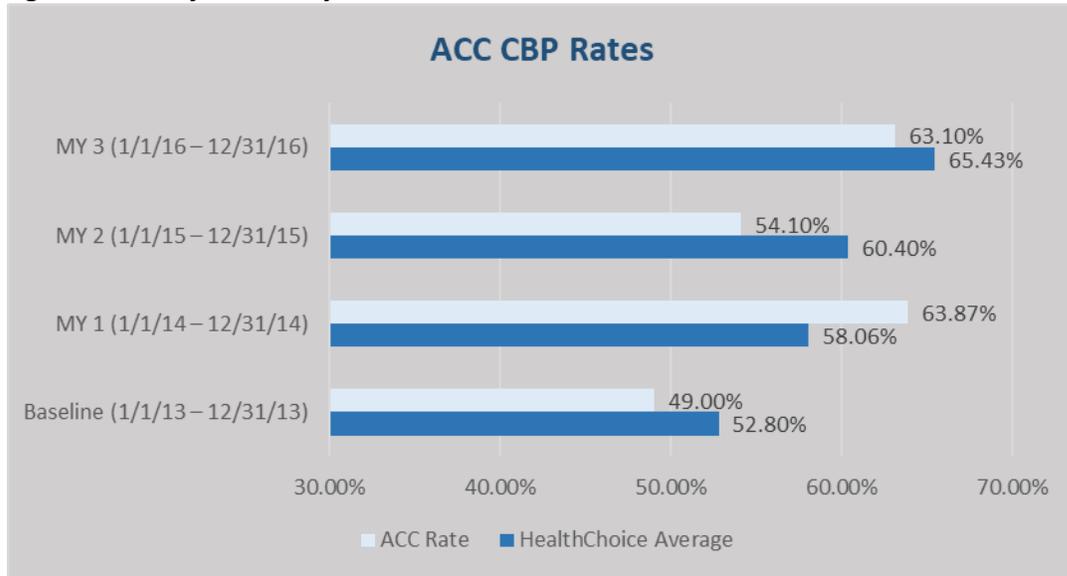
Project Summaries and Results

This section includes project summaries for each MCO's CBP PIP. Project summaries include a graph depicting each MCO's progress on the CBP measure compared to the HealthChoice Aggregate, highlighted interventions identifying member, provider and MCO barriers to care addressed, and review determinations.

AMERIGROUP Community Care Controlling High Blood Pressure PIP Project Summary

Figure 1 shows ACC’s CBP rates from baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 1. CBP Project Summary for ACC



ACC’s rate for the CBP measure increased 14.1 percentage points from the Baseline Year at 49% to Measurement Year 3 at 63.10%. In Measurement Year 3, ACC was performing 2.33 percentage points below the HealthChoice Average and below the 2017 HEDIS® Medicaid 90th Percentile. However, sustained improvement over baseline was demonstrated through repeated measurements over comparable time periods.

AMERIGROUP Community Care CBP Interventions	
<p>Intervention: Physician Pharmacy Alliance Implementation Date: 1/1/2014 to 5/14/2014 Description: A team that included a pharmacist worked with members diagnosed with HBP to identify and address individualized barriers, collaborate with the prescriber, and provide targeted education. Members received a home visit followed by a clinical review of medications.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliant with medication. • Financial constraints that prevent filling of medication. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have ongoing strategies to manage blood pressure. • Do not run ongoing reports to monitor members with HBP. • Do not make multiple outreach attempts to get members into care. • Do not follow up on members with HBP reading consistently.

<p>Intervention: Absolute Care Case Management Implementation Date: 1/1/2014 and ongoing Description: Active case management and field based support such as transportation assistance, targeted education, on-site pharmacy and outreach.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliant with medication. • Financial constraints that prevent filling of medication. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have ongoing strategies to manage members with HBP. • Do not run ongoing reports to monitor members with HBP. • Do not make multiple outreach attempts to get members into care. • Do not follow up on members with HBP reading consistently.
<p>Intervention: Shared Medical Appointments (Pilot) Implementation Date: 1/1/2014 to 12/31/2015 Description: Home visits, incentivized blood pressure screenings, and HBP education during clinic days.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliant with medication, diet, and physician follow-up. • Financial constraints that prevent filling of medication. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have capacity and capability for member outreach.
<p>Intervention: PCP Home Visits Implementation Date: 1/1/2014 and ongoing Description: Members are provided care in their home along with dietary counseling and medication reconciliation. Members are provided an automatic blood pressure cuff. Patients with difficult to control blood pressure are seen every two weeks.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack follow-up for blood pressure control. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have capacity and capability for member outreach.
<p>Intervention: CVS Minute Clinic Implementation Date: 4/1/2016 and ongoing Description: Members with HTN and diabetes are invited to CVS clinics for blood pressure screenings and A1c testing. Education is provided during screenings.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Unaware of the harm of uncontrolled HTN. • Unaware of blood pressure numbers. 	
<p>Intervention: Embedded AGP Associate Implementation Date: 7/1/2016 and ongoing Description: AGP Associates go into provider offices to outreach and schedule appointments.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliant with physician follow-up and management of HTN. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have capacity and capability for member outreach.

Table 3. CBP PIP Summary for ACC

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Partially Met	Partially Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Partially Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2014, ACC received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2015, ACC received a rating of “Not Applicable” for 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

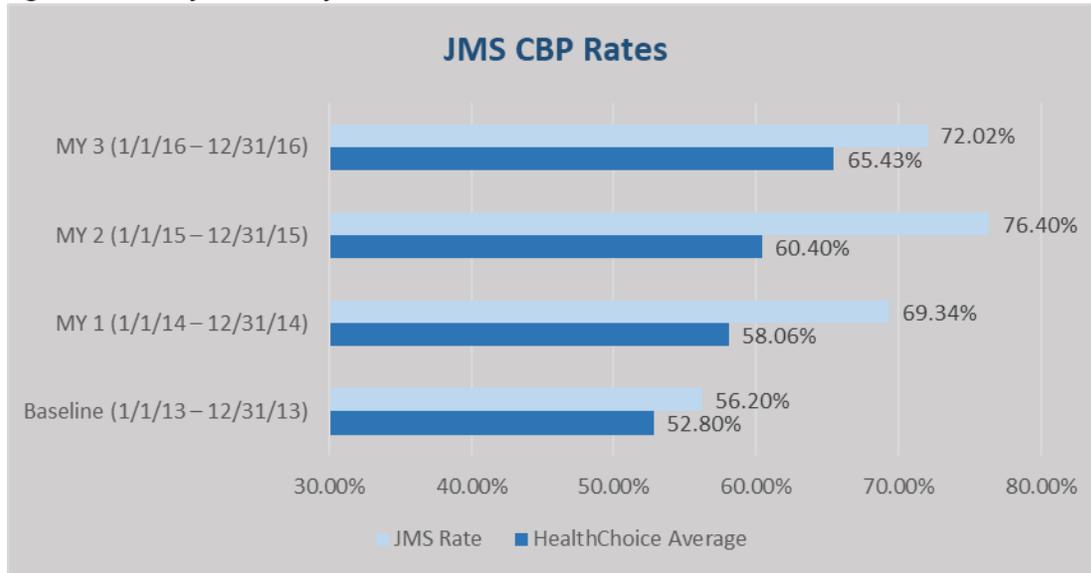
In 2016, ACC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because the MCO did not address the cultural and linguistic needs of its membership in the design and implementation of its interventions. ACC also received a rating of “Partially Met” for Step 9 (Assess Whether Improvement is Real Improvement) because there was no documented quantitative improvement in the rate from the baseline measurement.

In 2017, ACC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because the MCO still did not address the cultural and linguistic needs of its membership in the design and implementation of its interventions.

Jai Medical Systems, Inc. Controlling High Blood Pressure PIP Project Summary

Figure 2 shows JMS’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 2. CBP Project Summary for JMS



JMS’s rate for the CBP measure increased 15.82 percentage points from the Baseline Year at 56.20% to Measurement Year 3 at 72.02%. In Measurement Year 3, JMS was performing 6.59 percentage points above the HealthChoice Average and above the 2017 HEDIS® Medicaid 90th Percentile. Sustained improvement over baseline was demonstrated through repeated measurements over comparable time periods.

Jai Medical Systems, Inc. CBP Interventions	
Intervention: Healthy Reward Program	
Implementation Date: 1/1/2014 and ongoing	
Description: Provides members with the opportunity to receive a gift card when they complete a preventive health visit with their PCP.	
Member Barriers Addressed:	
<ul style="list-style-type: none"> • Do not access care. 	
Intervention: Disease Management Program for HTN	
Implementation Date: 3/1/2014 and ongoing	
Description: Educational letters are sent to enrolled members twice a year, case management is provided based on claim history and member/provider request/referral, and providers are sent monthly letters informing them of members enrolled.	

<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Unaware of the importance of treating HTN, 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Unaware of the importance of treating HTN.
<p>Intervention: Pharmacy Reminder Calls Implementation Date: 5/1/2014 and ongoing Description: Calls to members a few days prior to the day they should refill their medication. If the prescription is not refilled, up to two more calls are placed to the member to encourage a refill of the HTN medication. When a prescription is about to expire, a reminder call is placed to the member 25 days prior to the medication running out. Letters are sent if phone numbers are invalid or missing.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Forget to refill their HTN medication. 	
<p>Intervention: Improved Provider Education Implementation Date: October 2015 Description: Targeted toward providers with more than 200 members on their panels to discuss quality metrics and offer advice on how to control high blood pressure.</p>	
<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Unaware of borderline HBP. Need for improved techniques for accurately measuring member's blood pressure. Need assistance educating members on the negative effects of HBP. 	
<p>Intervention: HTN Treatment Interventions at Core Contracted Medical Centers Implementation Date: 9/1/2014 and ongoing Description: Frequently utilized providers were tasked with implementing interactive initiatives to increase patient compliance with HTN treatment protocols. Reminders of the program and rewards were provided to encourage participation.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Medication compliance. Unaware of the importance of lowering their blood pressure. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Unaware of members with borderline HBP.
<p>Intervention: Health Fairs Implementation Date: 5/1/2016 and ongoing Description: Participated in multiple health fairs throughout the year including ArtScape, fairs at local churches, and one of our contracted medical centers was chosen as a site for a city wide blood pressure screening day. Also hosted events and fairs at our contracted medical centers. Members and people from the community were invited to participate in the festivities and to get their blood pressure checked. Those with HBP were educated about HTN and encouraged to follow up with their PCP.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Unaware of the importance of controlling HBP. 	

Table 4. CBP PIP Summary for JMS

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Partially Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2014, JMS received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement is Real) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2015, JMS received a rating of “Partially Met” Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

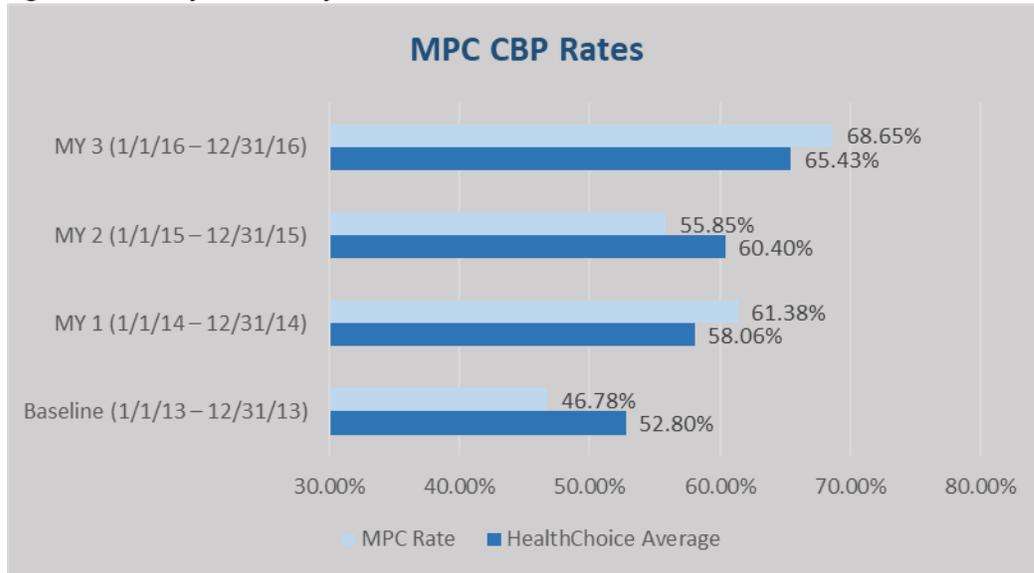
In 2016, JMS received a rating of “Met” for all 10 steps. JMS demonstrated quantitative improvement over the previous measurement period and sustained improvement was demonstrated throughout the PIP.

In 2017, JMS receive a rating of “Partially Met” for Step 9 (Assess Whether Improvement is Real) because the CY 2016 rate decreased 4.38 percentage points over the CY 2015 rate, however, JMS is performing above the 2017 HEDIS 90th percentile for this measure overall. Additionally, JMS demonstrated sustained improvement throughout the PIP.

Maryland Physicians Care Controlling High Blood Pressure PIP Project Summary

Figure 3 shows MPC’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 3. CBP Project Summary for MPC



MPC’s rate for the CBP measure increased 21.87 percentage points from the Baseline Year at 46.78% to Measurement Year 3 at 68.65%. In Measurement Year 3, MPC was performing 3.22 percentage points above the HealthChoice Average, but below the 2017 HEDIS® Medicaid 90th Percentile. However, sustained improvement over baseline was demonstrated through repeated measurements over comparable time periods.

Maryland Physicians Care CBP Interventions	
<p>Intervention: HEDIS Outreach Calls Implementation Date: 1/1/2014 to 7/30/2017 Description: MPC HEDIS team contacted members in need of various preventive care via telephone to schedule appointments and leave reminder messages. Staff also assisted with connecting members with transportation to and from appointments.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliance with continuity of care. • Knowledge deficit regarding HBP. • Lack of transportation to appointments. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack of follow-up with members who miss appointments.
<p>Intervention: Social Media Implementation Date: 1/1/2014 and ongoing Description: Through the use of Facebook posts, MPC reminds members of prevention, healthy living, general health topics, and disease management including how to control HBP.</p>	

<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliance with continuity of care. • Knowledge deficit regarding HBP. 	
<p>Intervention: Case Management Implementation Date: 1/1/2014 and ongoing Description: Members receive case management for severe uncontrolled HTN. CM staff work with members to educate them on the disease, proper nutrition, improving compliance with medications and appointments, developing a plan of care, and assisting with available transportation services if needed. CM also ensures members have a blood pressure monitor at home.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliance with continuity of care. • Knowledge deficit regarding HBP. • Lack of transportation to appointments. • Non-compliance with medication regimen. • Lack of knowledge regarding proper nutrition and exercise. 	
<p>Intervention: Member Web-Based Portal Implementation Date: 6/1/2015 and ongoing Description: The portal allows members to complete a self-health assessment, empowers member to take charge of their health, and enables members to communicate with MPC without calling. Members can also request new member card and look up their medications.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Knowledge deficit regarding HBP. 	<p>MCO Barriers Addressed:</p> <ul style="list-style-type: none"> • Member demographic information difficult to keep up with.
<p>Intervention: HEDIS Education Reference Guide Implementation Date: 8/1/2015 and ongoing Description: A concise, two page, and easy to read reference tool that explains the CBP HEDIS measure and documentation required for compliance was distributed to all providers and updated as needed.</p>	
<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack of knowledge regarding documentation/coding of medical records. • Lack of knowledge regarding the uniqueness of the CBP HEDIS measure. 	
<p>Intervention: Provider Forum Implementation Date: 9/1/2016 and ongoing Description: Included a presentation on the best practices for HTN. Providers with a high percentage of members with uncontrolled HBP were specifically invited based on an analysis of member data.</p>	
<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Knowledge deficit regarding the clinically desired blood pressure for someone with HTN. 	
<p>Intervention: Missed Opportunity Reports to High Volume Providers Implementation Date: 9/1/2016 and ongoing Description: Missed opportunity reports are uploaded to an online secure provider portal. The reports are related to HEDIS measures including CBP for individual provider practices. Providers can compare this list with their patient records and reach out to those who have not been in for an appointment as needed.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Non-compliance with continuity of care. • Knowledge deficit regarding HBP. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack of follow-up with members who miss appointments.

Table 5. CBP PIP Summary for MPC

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Partially Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Partially Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2014, MPC received a rating of “Not Applicable” was assigned to Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2015, MPC received a rating of “Not Applicable” was assigned to Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

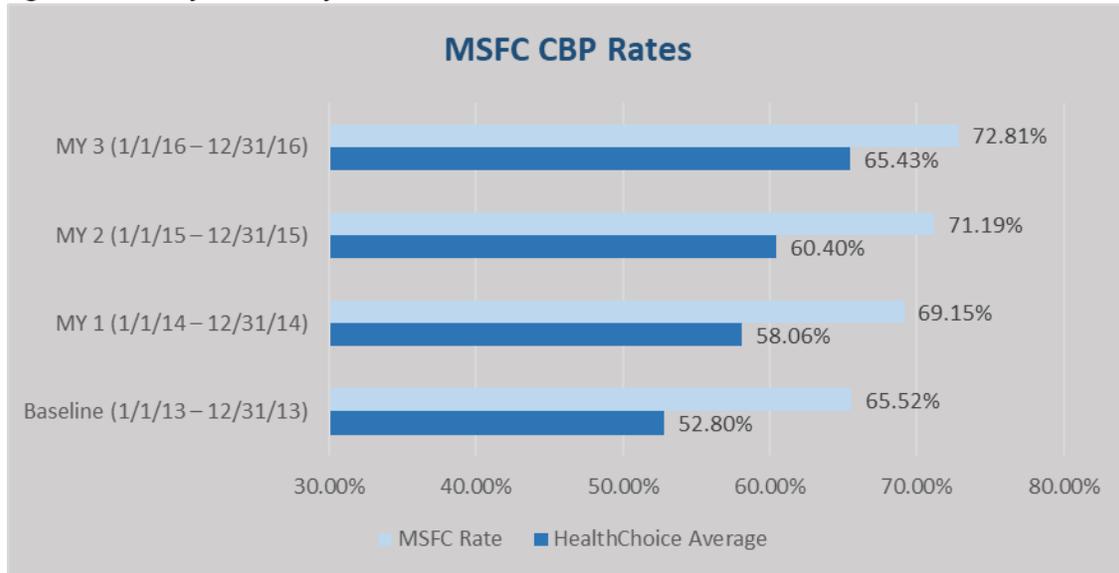
In 2016, MPC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because the interventions were broad-based in nature and did not appear to address the cultural and linguistic needs of its membership in their design and implementation. The MCO also received a rating of “Partially Met” for Step 9 (Assess Whether Improvement Is Real Improvement) because there was no documented quantitative improvement in the rate from the first remeasurement.

In 2017, MPC received a rating of “Met” for all 10 steps. MPC demonstrated quantitative improvement over the previous measurement period and sustained improvement was demonstrated throughout the PIP.

MedStar Family Choice, Inc. Controlling High Blood Pressure PIP Project Summary

Figure 4 shows MSFC’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 4. CBP Project Summary for MSFC



MSFC’s rate for the CBP measure increased 7.29 percentage points from the Baseline Year at 65.52% to Measurement Year 3 at 72.81%. In Measurement Year 3, MSFC was performing 7.38 percentage points above the HealthChoice Average and above the 2017 HEDIS® Medicaid 90th Percentile. Sustained improvement over baseline was demonstrated through repeated measurements over comparable time periods.

MedStar Family Choice, Inc. CBP Interventions	
<p>Intervention: Follow Up After Emergency Room Visits Implementation Date: 1/1/2014 and ongoing Description: The QI Assistance receives ER reports daily and contacts members with elevated blood pressure readings to ensure they have scheduled a follow up appointment with their PCP. If member had not scheduled a follow up appointment, the QI Assistant would assist the member with scheduling an appointment.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Lack of member follow-up after ER visit. 	

<p>Intervention: Hired Staff Implementation Date: 1/1/2014 and ongoing Description: In order to maintain staff ratio to assure proper outreach attempts to members. There was a significant increase in membership for the 2014 calendar year (27,668).</p>	
<p>MCO Barriers Addressed:</p> <ul style="list-style-type: none"> Maintaining membership to staff ratio for Outreach Department. 	
<p>Intervention: Member and Provider Newsletters Implementation Date: 2014 and ongoing Description: Multiple articles were published in quarterly member and provider newsletters focusing on the importance of CBP.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Lack of knowledge regarding HTN and HBP. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Not consistent with taking BP checks at every visit. Lack of documenting blood pressure in member record.
<p>Intervention: Annual Family & Health Expo Implementation Date: 6/21/2014 and 10/10/2015 Description: Expo held at FedEx Field, the CM nurses educated members on healthy eating habits and the importance of maintaining a healthy BP reading. Doctors attended and performed physicals and educated members on the importance of having their BP taken at every visit. The American Heart Association set up a booth to discuss the importance of controlling blood pressure.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Lack of knowledge regarding HTN and HBP. Lack of knowledge regarding proper dietary and lifestyle choices. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Overbooked office schedules.
<p>Intervention: Bus Tokens Implementation Date: 2015 and ongoing Description: Bus tokens provided to members who are in need of transportation in order to get to PCP appointments.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Lack of transportation to get to PCP visits. 	
<p>Intervention: HealthyLife Portal Implementation Date: 7/1/2015 and ongoing Description: A health and wellness portal where members 18 years and older can create a free online account. Members have access to an entire health library that contains numerous articles on HBP available in English and Spanish. The portal also contains Wellness Workshops including a 3 week HTN Workshop designed to educate members on lifestyle management of their HBP. The workshop provides dietary suggestions and restrictions along with activity recommendations members can use to manage their HTN. It also educates members about the importance of regular visits with their PCP for BP monitoring. The portal contains a blood pressure log where members can record their home blood pressure readings. The log can be printed and shared with their PCP during office visits.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> Lack of knowledge regarding HTN and HBP. Lack of knowledge regarding proper dietary and lifestyle choices. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> Difficulty communicating with Non-English speaking members. Difficulty motivating members to read educational material.

Table 6. CBP PIP Summary for MSFC

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Partially Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2014, MSFC received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2015, MSFC received a rating of “Not Applicable” was assigned to Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

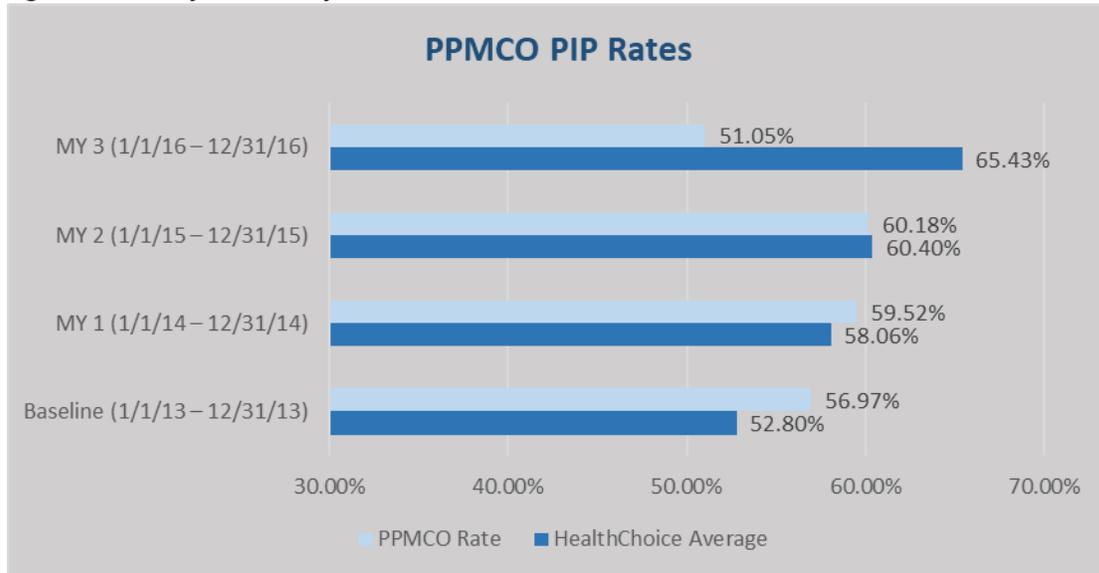
In 2016, MSFC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because there was no documentation to demonstrate that the cultural needs of various population subgroups were being met.

In 2017, MSFC received a rating of “Met” for all 10 steps. MSFC demonstrated quantitative improvement over the previous measurement period and sustained improvement was demonstrated throughout the PIP.

Priority Partners Controlling High Blood Pressure PIP Project Summary

Figure 5 shows PPMCO’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 5. CBP Project Summary for PPMCO



PPMCO’s rate for the CBP measure decreased 5.92 percentage points from the Baseline Year at 56.97% to Measurement Year 3 at 51.05%. In Measurement Year 3, PPMCO was performing 14.38 percentage points below the HealthChoice Average and below the 2017 HEDIS® Medicaid 90th Percentile. Sustained improvement over baseline was not demonstrated through repeated measurements over comparable time periods.

Priority Partners CBP Interventions
<p>Intervention: Blood Pressure Tracking at Hopkins Clinics Implementation Date: 1/1/2014 and ongoing Description: An electronic tracking system implemented for members identified as having HBP. This report is updated monthly with new information for eligible patients. This encourages provider follow-up with members who have elevated BP readings.</p>
<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Not aggressive enough with management of HTN. • Not given adequate resources for interventions.
<p>Intervention: Provider Tips for Optimizing Value-Based Purchasing Results Implementation Date: February 2014 and ongoing Description: This program offers providers education on documenting blood pressure readings and identifying controlled ranges.</p>

<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Do not have adequate resources for interventions. • Consider patients' non-compliance to be a cause of treatment failure. • Believe that higher blood pressure is normal for the elderly. • Disagree with clinical recommendations. 	
<p>Intervention: CVS Caremark Closing Gaps in Medication Therapy Implementation Date: 1/1/2014 and ongoing Description: This integrated pharmacy-focused approach is aimed at improving member health and medication compliance. Through pharmacy advisor support, the program works directly with physicians to close identified gaps in medication therapy across six chronic conditions including HBP. The program provides counseling for members – including a conversation with a pharmacist to educate on medication therapy. If that does not engage the member in a timely manner, the information is provided to the member's PCP for follow-up as needed.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Hard to self-manage their diagnosis. • Little knowledge of HTN and its consequences. • Poor adherence to drug therapy. • Forget to take medication. 	<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Not aggressive with management of HTN. <p>MCO Barriers Addressed:</p> <ul style="list-style-type: none"> • Copay for prescriptions; especially when members are on more than one medication.
<p>Intervention: Nutritional Counseling for Johns Hopkins Patients Implementation Date: 1/1/2015 to 12/31/2015 Description: Priority Partners and Johns Hopkins sites partnered with the American Heart Association to offer patients healthy cooking classes. Priority Partners purchased 100 vouchers for Johns Hopkins practice members for a 2015 only initiative. The initiative aims to improve HTN through member education and offering resources to healthier living.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Hard to self-manage their diagnosis. • Little knowledge about HTN and its consequences. 	
<p>Intervention: African American Educational Series: Quarterly Newsletter Implementation Date: March 2015 and ongoing Description: Data trends identified lower compliance rates among African American members. To improve member engagement in adherence to controlling blood pressure, this educational newsletter/series promotes member activation by providing health literacy and education on managing high blood pressure and improving quality of life.</p>	
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • African-American members face more health disparities than Whites for HBP 	

Table 7. CBP PIP Summary for PPMCO

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Partially Met	Partially Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Partially Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Partially Met
10	Assess Sustained Improvement	N/A	N/A	Met	Unmet

In 2014, PPMCO received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these areas cannot be assessed.

In 2015, PPMCO received a rating of “Not Applicable” was assigned to Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

In 2016, PPMCO received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because the interventions did not appear sufficient to improve outcomes in a meaningful way.

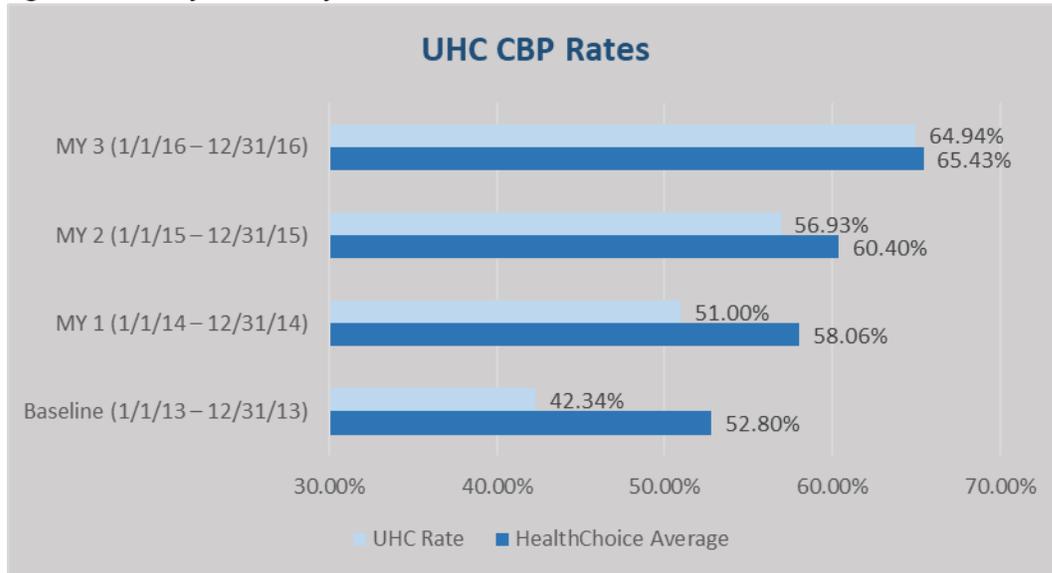
In 2017, PPMCO receive a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because the interventions were not robust, system-level, nor targeted toward barriers at the member, provider, or MCO level in order to effect meaningful change. PPMCO received a rating of “Partially Met” for Step 8 (Review Data Analysis and Interpretation of Study Results) because the MCO did not provide evidence that it was continually evaluating the effectiveness of the implementation of the interventions undertaken. Interventions must be assessed for their impact and address identified member, provider, and MCO barriers based upon an analysis of its own data. PPMCO received a rating of “Partially Met” for Step 9 because there was no improvement in the measurement rate.

PPMCO is currently performing below the 2017 HEDIS 50th percentile. PPMCO received a rating of “Unmet” for Step 10 because sustained improvement was not demonstrated through repeat measurements over comparable time periods.

UnitedHealthCare Community Plan Controlling High Blood Pressure PIP Project Summary

Figure 6 shows UHC’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 6. CBP Project Summary for UHC



UHC’s rate for the CBP measure increased 22.6% percentage points from the Baseline Year at 42.34% to Measurement Year 3 at 64.94%. In Measurement Year 3, UHC was performing less than one percentage point below the HealthChoice Average and below the 2017 HEDIS® Medicaid 90th Percentile. However, sustained improvement over baseline was demonstrated through repeated measurements over comparable time periods.

UnitedHealthcare Community Plan CBP Interventions	
Intervention: Live Outreach Calls for Controlling Blood Pressure	
Implementation Date: 1/1/2014 and ongoing	
Description: Live telephonic outreach calls made to non-compliant members with uncontrolled blood pressure to provide information, assistance, and support.	
Member Barriers Addressed:	
<ul style="list-style-type: none"> • Insufficient knowledge of covered benefits. • Lack of motivation to make appointments. • Insufficient knowledge of diagnosis and clinical recommendations. • Transportation challenges 	

<p>Intervention: Interactive Voice Response (Auto) Calls for CBP Reminders Implementation Date: 1/1/2014 and ongoing Description: Automated calls made to non-compliant members to remind them to schedule an appointment with their PCP.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Insufficient knowledge of covered benefits. • Lack of motivation to make appointments. • Insufficient knowledge of diagnosis and clinical recommendations. • Transportation challenges
<p>Intervention: Case Management Implementation Date: 1/1/2015 and ongoing Description: Members referred to the Patient Centered Care Model CM receive telephonic or face-to-face outreach.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Insufficient knowledge of covered benefits. • Transportation challenges. • Insufficient knowledge about diagnosis and clinical recommendations.
<p>Intervention: Clinical Practice Consultant (CPC) Program Implementation Date: 1/1/2015 and ongoing Description: CPC enhance relationships with providers and their staff by making on-site visits and providing educational information and gaps in care reports.</p>
<p>Provider Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack of knowledge regarding HEDIS guidelines. • Lack of knowledge regarding UHC resources. • Inability to management multiple chronic diseases. • Inability to management member non-compliance.
<p>Intervention: Senior Health Coach Outreach Calls Implementation Date: 7/1/2017 and ongoing Description: Using a risk assessment algorithm, members at risk for ER visit or hospital admission, are contacted by the Senior Health Coach to assess the member’s knowledge and understanding of their chronic condition and/or medication requirement and adherence.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Lack of knowledge regarding diagnosis and clinical recommendations.

Table 8. CBP PIP Summary for UHC

Step	Description	Review Determinations			
		Baseline 2014	Measurement Year 1 2015	Remeasurement Year 1 2016	Remeasurement Year 2 2017
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Partially Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Partially Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2014, UHC received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the baseline year (January 1 through December 31, 2013) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2015, UHC received a rating of “Not Applicable” for Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

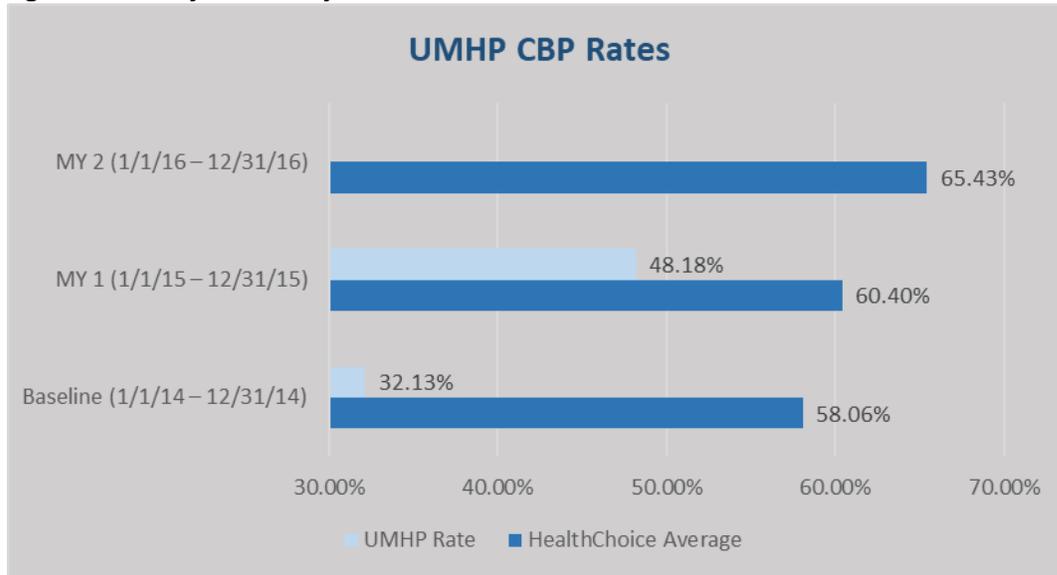
In 2016, UHC received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because interventions were broad-based in nature and did not appear addresses the cultural and linguistic needs of its membership. UHC received a rating of “Partially Met” for Step 8 (Review Data Analysis and Interpretation of Study Results) because the data analysis did not include a comparison of the result to the goal, benchmark, or any previous measures. Additionally, there was no documentation of the impact of interventions on the measurement results and baseline, remeasurement data, and statistical significance testing were not addressed in the data analysis.

In 2017, UHC received a rating of “Met” for all 10 steps. UHC demonstrated quantitative improvement over the previous measurement period and sustained improvement was demonstrated throughout the PIP.

University of Maryland Health Partners Controlling High Blood Pressure PIP Project Summary

Figure 7 shows UMHP’s CBP rates from Baseline through Measurement Year 3 compared to the HealthChoice Aggregate.

Figure 7. CBP Project Summary for UMHP



*UMHP’s rates for MY 2 were determined biased by the HEDIS auditor and therefore unreportable.

UMHP’s rate for the CBP measure increased 16.05 percentage points from the Baseline Year at 32.13% to Measurement Year 1 at 48.18%. The MCO’s measurement year 2 rate was determined biased by the HEDIS auditor due to a sampling error and therefore unreportable. Sustained improvement over baseline was not demonstrated through repeated measurements over comparable time periods.

University of Maryland Health Partners CBP Interventions
<p>Intervention: Expanded Disease Management Programs Implementation Date: 1/1/2016 and ongoing Description: UMHP partners with Envolve to offer members expanded DM programs. At least 3 of the programs address management of HTN; a common co-morbidity. Members are identified for DM through claims data, referrals from case managers, or providers. Members enrolled in a DM program receive an initial assessment from a Health Coach. They are provided health education and coaching based on their needs assessment. Members enrolled in DM also receive linkage to health education and self-management tools via the Envolve portal along with access to a 24-hour Nurse Line resource.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Medication adherence. • Health literacy.

<p>Intervention: PCP Medication Adherence Reports Implementation Date: 7/1/2015 and ongoing Description: Quarterly data is received from the Pharmacy Benefit Manager (PBM), CVS, to identify members with diabetes who have no evidence of ACE/ARB medication therapy. PCP notifications are sent to providers and to members to encourage medication compliance.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Medication adherence. • Ineffective treatment.
<p>Intervention: Medication Therapy Management (MTM) Pilot Program Implementation Date: 10/1/2015 to 12/31/2016 Description: UMHP partnered with Total Health Care to pilot an MTM pilot program. Members with HTN were identified based on claims data and referred to the program. Total Health Care is an FHQC with the largest volume of members with a diagnosis of HTN and employs a PharmD with experience providing MTM services. The PharmD reached out to members, conducted a medication therapy review/assessment, provided education, coached members, coordinated with other health professionals to address identified barriers, promoted appropriate medication management therapy, and linked to other services such as the Health Educator. A bi-directional tool was created to communicate with the UMHP team and track progress / outcomes.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Medication adherence. • Ineffective treatment.
<p>Intervention: RelayHealth Implementation Date: 4/1/2016 and ongoing Description: Pharmacy counseling program through RelayHealth (Relay) referred to as “Intervention Messaging RX program or IMRX”. UMHP identifies members that are on maintenance hypertensive medications and provides their days’ supply and last date of dispense in a specific file format to the Relay vendor. As members present to the pharmacy for other medications, the retail pharmacy receives a message at the point of sale if there are targeted hypertensive medications due for refill. This message triggers the pharmacist to provide face-to-face counseling to the member about the member’s need to take medications as prescribed. In addition, the pharmacist can dispense the needed medication to the member at that time.</p>
<p>Member Barriers Addressed:</p> <ul style="list-style-type: none"> • Medication adherence. • Ineffective treatment.
<p>Intervention: Hire Staff Implementation Date: 12/5/2016 Description: Hired a staff member in the Quality Improvement Department to analyze, track, and trend data as well as assist with report generation. This will assist with evaluation of the impact of interventions and quality improvement activities.</p>
<p>MCO Barriers Addressed:</p> <ul style="list-style-type: none"> • Solutions (IT) resources had to be prioritized to operational development. • Report development requires additional resources.

Table 9. CBP PIP Summary for UMHP

Step	Description	Review Determinations		
		Baseline 2015	Measurement Year 1 2016	Remeasurement Year 1 2017*
1	Assess the Study Methodology	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Partially Met
5	Review Sampling Methods	Met	Met	Partially Met
6	Review Data Collection Procedures	Partially Met	Partially Met	Partially Met
7	Assess Improvement Strategies	Met	Partially Met	Partially Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Partially Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A

*Rates for this Measurement Period were determined bias by the HEDIS auditor.

UMHP began participating in the HealthChoice program in February 2013. The MCO had not been operating a full year when HealthChoice in CY 2013, therefore they were unable to provide the sufficient data to participate in the CBP PIP. UMHP began participating in 2015 (CY 2014), which was the MCOs baseline year of data collection.

In 2015, UMHP received a rating of “Partially Met” for Step 6 (Review Data Collection Procedures) because the MCO did not identify the staff and personnel used to collect the data. UMHP received a rating of “Not Applicable” for Steps 9 (Assess Whether Improvement Is Real Improvement) and 10 (Assess Sustained Improvement) because this was the MCO’s baseline year (January 1 through December 31, 2014) of data collection and validation for this PIP. During the baseline data collection and validation, these two areas are not able to be assessed and therefore not applicable.

In 2016, UMHP received a rating of “Partially Met” for Step 6 (Review Data Collection Procedures) because, as noted in the CY 2015 review, the MCO did not describe the qualifications of staff used to collect the data. UMHP received a rating of “Partially Met” for Step 7 (Assess Improvement Strategies) because interventions were broad-based in nature and did not appear to addresses the cultural and linguistic needs of its membership in the design and implementation of its interventions. UMHP received a rating of “Not Applicable” for Step 10 (Assess Sustained Improvement) because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

In 2017, UMHP's HEDIS 2017 CBP rate was deemed biased because of a sampling error by its NCQA certified HEDIS vendor. When developing the medical record chase logic, the HEDIS vendor included University of Maryland Medicare Advantage members in the UMHP population. Subsequently, the sample selected did not include enough UMHP members to produce a valid sample based on NCQA HEDIS methodology. Due to a sampling error by the MCO's HEDIS vendor, the rate was determined to be biased and not reportable by the HEDIS auditor. This issue effected many areas of the PIP validation. UMHP received a rating of "Partially Met" in the following areas:

- Step 4 (Review the Identified Study Population): The data collection approach did not ensure that it captured only those enrollees to whom the study question applies.
- Step 5 (Review Sampling Methods): Valid sampling techniques were not used and the sample did not contain a sufficient number of enrollees.
- Step 6 (Review Data Collection Procedures): As noted in the previous two submissions, the qualifications of staff used to collect the data was not documented.
- Step 7 (Assess Improvement Strategies): Interventions were not robust and did not address system-wide barriers. Additionally, interventions did not address the cultural and linguistic needs of the MCO's membership.
- Step 8 (Review Data Analysis and Interpretation of Study Results): The data analysis did not include a comparison/analysis of the rate to the baseline measure or to an accurate HEDIS benchmark. The qualitative analysis did not include the impact of interventions.
- Step 10 (Assess Sustained Improvement): Due to the sampling error and the bias rate provided by the HEDIS auditor, this cannot be assessed.

Conclusions

Through the validation process, Delmarva Foundation has determined that the MCOs have utilized sound study methodology, sampling methodology, and data collection procedures throughout their CBP PIPs. Since the PIP indicator was a HEDIS® measure, the methodologies and data collection procedures were also evaluated by an independent NCQA®-certified auditor, each year.

Table 10. CY 2017 CBP PIP Results Level of Confidence

Measurement Year	Indicator: Controlling High Blood Pressure						
	ACC	JMS	MPC	MSFC	PPMCO	UHC	UMHP
High confidence	X	X	X	X		X	
Confidence							
Low confidence					X		
Reported PIP results not credible							X

The CBP PIP submitted by PPMCO in CY 2017 was assigned a low level of confidence, as it did not evidence sufficient interventions to improve outcomes in a meaningful way. Reported results for UMHP’s PIP were not credible as HEDIS® audit findings determined the indicator rate to be biased based upon an inadequate sample size.

After evaluating the final 2017 CBP PIP rates, the following conclusions were drawn:

- The 2017 rate increased over the baseline measurement rate for five MCOs: ACC, JMS, MPC, MSFC, and UHC.
- An evaluation of UMHP’s performance over the baseline measurement rate could not be completed as the MCO’s 2017 rate was determined to be biased by the HEDIS auditor.
- The 2017 rates increased an average of 12.66 percentage points for the six MCOs rendering valid rates.
- UHC and MPC experienced the highest increases in rates with 22.60 and 21.87 percentage point increases over the baseline measurement rate respectively; JMS, ACC, and MSFC followed with 16.02, 14.10, and 7.29 percentage point increases over the baseline measurement rate respectively.
- PPMCO experienced a decrease of 5.92 percentage points over the baseline measurement rate.

- JMS and MSFC's 2017 rates exceeded the HEDIS® Medicaid 90th percentile while MPC's rate was slightly below.
- UHC's 2017 rate exceeded the HEDIS® Medicaid 75th percentile while ACC's rate was slightly below.

In addition to barriers associated with member and provider knowledge deficits common to many PIPs, generalized trends in system-wide barriers have been observed among the MCOs in relation to the CBP measure. These include:

- **Member Related Barriers** – Lack of transportation; noncompliance with medication and lifestyle changes; worrying about the cost and the lack of understanding of benefits relating to PCP visits, medications and home monitoring devices; using ER instead of the PCP for care
- **Provider Related Barriers** – Lack of staff for member education and outreach, education needs for current clinical practice guidelines; lack of follow up after missed appointments; and lack of continuity of care between ER and PCP
- **MCO Related Barriers** – Outdated or inaccurate member demographic information making outreach difficult; lack of ability to capture all CBP visits received outside of the assigned primary care provider site; and data access issues

Delmarva Foundation identified the following areas of difficulty for the MCOs throughout the PIP process:

- **Barrier Analysis.** MCOs must complete an annual and comprehensive multi-level barrier analysis that results in identifying member, provider, and administrative barriers.
- **Intervention Development.** Once barriers are identified, aggressive system-level interventions that target members, providers, and administrative barriers should be implemented.
- **Culturally Appropriate Interventions.** MCOs are required to identify barriers among population subgroups, such as differences in health care attitudes and beliefs among various racial/ethnic groups within the MCO's membership. Once identified, the MCO must demonstrate that it addresses the cultural and linguistic needs of its membership in the design and implementation of its interventions.

- **Statistical Significance Testing.** The CMS PIP Validation Protocol requires that MCOs complete statistical testing for all PIPs. Delmarva Foundation has provided a Z-Score Statistical Testing Tool for the MCOs use and posted to the MCO Resource Site for easy access.

Recommendations

Delmarva Foundation has confidence that most MCOs have utilized sound study methodology and data collection procedures throughout their CBP PIPs. Since the PIP indicator was a HEDIS® measure, the methodologies and data collection procedures were also evaluated by an independent NCQA®-certified auditor, which ensures further confidence. Delmarva Foundation does have the following recommendations for the MCOs going forward:

AMERIGROUP Community Care (ACC):

- Complete an in-depth barrier analysis of the MCO's major population subgroups (African American and Spanish speaking) to determine causes of non-compliance. Develop and implement culturally and linguistically appropriate interventions accordingly.
- Conduct statistical significance testing, note results in the Data/Results Table, and discuss the significance of the change in the Data Analysis for all future PIPs.

Jai Medical Systems (JMS):

- Conduct statistical significance testing, note results in the Data/Results Table, and discuss the significance of the change in the Data Analysis for all future PIPs.

Maryland Physicians Care (MPC):

- Complete an in-depth barrier analysis of the MCO's major population subgroups (African American and Spanish speaking) to determine causes of non-compliance. Develop and implement culturally and linguistically appropriate interventions accordingly.

MedStar Family Choice, Inc. (MSFC):

- Complete an in-depth barrier analysis of the MCO's major population subgroups (African American and Spanish speaking) to determine causes of non-compliance. Develop and implement culturally and linguistically appropriate interventions accordingly.

- Conduct statistical significance testing, note results in the Data/Results Table, and discuss the significance of the change in the Data Analysis for all future PIPs.

Priority Partners (PPMCO):

- Develop robust and system-level interventions targeted towards identified member, provider, and MCO barriers to effect meaningful change. Additionally, implement a minimum of two new interventions each year.
- Provide evidence that continuing interventions have been evaluated to determine their effectiveness.
- Provide an analysis of findings consistent with the MCO's data analysis plan.
- Assess interventions for their impact and address identified member, provider, and MCO barriers based upon an analysis of the MCO's data.

UnitedHealthcare Community Plan (UHC):

- Provide stronger evidence that the MCO evaluates the impact of its interventions that goes beyond process measures.
- Conduct statistical significance testing, note results in the Data/Results Table, and discuss the significance of the change in the Data Analysis for all future PIPs.

University of Maryland Health Partners (UMHP):

- Ensure that the data collection approach captures only those enrollees to whom the study question applies.
- Ensure that valid sampling techniques are employed to protect against bias.
- Ensure that the sample contains a sufficient number of enrollees.
- Document the qualifications of staff used to collect the data in the Data Collection and Analysis section.
- Implement robust interventions that address system-wide barriers.
- Complete an in-depth barrier analysis of the MCO's major population subgroups (African American and Spanish speaking) to determine causes of non-compliance. Develop and implement culturally and linguistically appropriate interventions accordingly.
- Ensure that the data analysis includes all required components as stated in the data analysis plan.
- Ensure that the HEDIS percentile benchmarks are revised for each measurement year.
- Identify all measurements in the data analysis, including the baseline and the result of statistical significance testing.

- Assess interventions for their impact and ensure that interventions address identified member, provider, and MCO barriers.

The following recommendations are universal to all MCOs in the completion of all future PIPs:

- **Complete an in depth barrier analysis.** This must be completed annually, which identifies comprehensive multi-level member, provider, and administrative barriers, in addition to barriers among population subgroups, such as differences in health care attitudes and beliefs among various racial/ethnic groups within the MCO's membership.
- **Develop and implement aggressive system-level interventions. Interventions must** target members, providers, and administrative barriers, in addition to being culturally and linguistically appropriate. Aggressive system-level interventions are interventions that are likely to induce permanent change, such as changes in policies, targeting of additional resources, or other organization wide initiatives to improve performance.
- **Utilize the Z-Score Statistical Testing Tool.** This tool is provided on the MCO Resource Site. The results must be noted in both the data results table and in the quantitative analysis.