



Health Choice



Medicaid Managed Care Organization



Performance Improvement Projects



Annual Report 2012

Submitted by:
Delmarva Foundation
December 2012



HealthChoice and Acute Care Administration
Division of HealthChoice Management
and Quality Assurance

Medicaid Managed Care Organization Performance Improvement Projects Annual Report 2012

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).

HealthChoice MCOs conduct two PIPs annually. As designated by DHMH, the MCOs continued the Substance Abuse PIPs and began the Adolescent Well Care PIPs. This report summarizes the findings from the validation of both PIPs. The MCOs who conducted PIPs in 2011 were:

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

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

The Substance Abuse PIP was announced in March 2009, and made use of HEDIS 2009¹ measurement rates to assist MCOs in knowing their baseline performance when developing interventions due in the fall 2009. The measure seeks to increase the timeliness of treatment initiation following a new episode of identified dependency, and continued engagement in treatment. According to a study completed in 2007 by Maryland's Alcohol and Drug Abuse Administration, persons remaining in treatment for 90 or more days resulted in lower drug use upon discharge from treatment. When longevity increased to at least 180 days, the use of drugs following discharge fell more than 50%. Therefore, the Department aimed at building upon those statistics through this project. Delmarva Foundation was responsible for providing technical assistance, validation of results, education, and oversight of the MCOs' PIPs. All PIP submissions were made using an approved project submission tool.

The Adolescent Well Care PIP was announced in March of 2012, and made use of HEDIS 2012 measurement rates to assist MCOs in knowing their baseline performance when developing interventions due in the fall of 2012. The measure seeks to increase the percentage of adolescents 12-21 years of age in receiving 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. The 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.

Validation Process

The guidelines utilized for PIP review activities were Centers for Medicare and Medicaid Services' (CMS) *Validation of PIP Protocols*. 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.

Each MCO was required to provide the study framework and project description for each PIP. This information was reviewed to ensure that each MCO was using relevant and valid study techniques. The MCOs were required to provide annual PIP submissions on September 30. The submissions included results of measurement activities, a status report of intervention implementations, analysis of the measurement

¹ Note that NCQA does not include any codes for Buprenorphine or Suboxone treatment in its HEDIS measure.

results using the defined data analysis plan, as well as information concerning any modifications to (or removal of) intervention strategies that may not be yielding anticipated improvement. If an MCO decided to modify other portions of the project, updates to the submissions were permitted in consultation with Delmarva Foundation.

Reviewers evaluated each project submitted using a standard validation tool that employed the CMS validation methodology. This included assessing each project in the following ten critical areas:

- Step 1: Review of the selected study topics.
- Step 2: Review of the study questions.
- Step 3: Review of the selected study indicator(s).
- Step 4: Review of the identified study population.
- Step 5: Review of sampling methods.
- Step 6: Review of the MCO’s data collection procedures.
- Step 7: Assessment of the MCO’s improvement strategies.
- Step 8: Review of data analysis and interpretation of study results.
- Step 9: Assessment of the likelihood that reported improvement is *real* improvement.
- Step 10: Assessment of whether the MCO has *sustained* its documented improvement.

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 ten steps.

Table 1 describes the criteria for reaching a determination in the scoring methodology.

Table 1. 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.

AMERIGROUP Community Care

ACC’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment, along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment according to HEDIS technical specifications.

ACC’s Adolescent Well Care PIP focuses 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 2 represents the PIP Validation Results for ACC’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 2. PIP Validation Results for ACC.

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	Met
6	Review Data Collection Procedures	Met	Partially Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	N/A
10	Assess Sustained Improvement	Unmet	N/A

ACC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. Step 9 received a rating of “Partially Met” because there was no documented quantitative improvement in either indicator. Step 10 received and “Unmet” because sustained improvement has not been demonstrated through repeated remeasurements over comparable time periods for this PIP.

ACC’s Adolescent Well Care PP received a rating of “Partially Met” for Step 6 because the MCO did not specify the Data Analysis Frequency in the submission. Steps 9 and 10 received a rating of “Not Applicable” because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

ACC's Substance Abuse indicator rates declined since the CY 2010 remeasurement and are currently below the first baseline year's measurement rates (CY 2008). Since the MCO appears to have implemented a vast amount of system-level interventions, they may want to evaluate the effectiveness of their interventions or attempt to address other barriers that have not been addressed to date from their barrier analysis. It is recommended that ACC continue to conduct annual barrier analysis and identify opportunities for improvement. Interventions should continue to target member, provider, and MCO barriers and be system-level. These types of interventions will prove to induce permanent change in rates.

Diamond Plan

DIA’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment, according to HEDIS technical specifications.

DIA’s Adolescent Well Care PIP focuses 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 DIA’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 3. PIP Validation Results for DIA.

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	N/A
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Partially Met	Met
8	Review Data Analysis & Interpretation of Study Results	Partially Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	N/A
10	Assess Sustained Improvement	Partially Met	N/A

DIA’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. Step 7 received a rating of “Partially Met” because there was only one new system-level intervention implemented in 2011. Step 8 received a rating of “Partially Met” because the analysis did not identify planned follow up activities. Step 9 received a rating of “Partially Met” because there was no improvement documented in outcomes of care for either indicator. Step10 received a finding of “Partially Met” because there has been sustained improvement demonstrated for one of the two indicators through repeated remeasurements over comparable time periods for this PIP.

DIA's Adolescent Well Care PIP received a rating of "Not Applicable" for Step 5 because sampling was not utilized. Steps 9 and 10 received a rating of "Not Applicable" because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

DIA's Substance Abuse indicator rates have declined. The rate for Indicator 1 has declined since CY 2010 and is now below the first baseline year's measurement rate (CY 2008). The rate for Indicator 2 has declined since CY 2010; however has remained 7.03 percentage points over the first baseline year's measurement rate. Since the MCO appears to have implemented system-level interventions, they may want to evaluate the effectiveness of their interventions or attempt to address other barriers that have not been addressed to date from their barrier analysis. It is recommended that DIA continue to conduct an annual barrier analysis and identify opportunities for improvement. Interventions should continue to target member, provider, and MCO barriers and be system-level. These types of interventions will prove to induce permanent change in rates.

Jai Medical Systems

JMS' Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment, according to HEDIS technical specifications.

JMS's Adolescent Well Care PIP focuses 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 4 represents the PIP Validation Results for JMS's Substance Abuse PIP and Adolescent Well Care PIP.

Table 4. PIP Validation Results for JMS.

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	Met
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	N/A
10	Assess Sustained Improvement	Unmet	N/A

JMS's Substance Abuse PIP received a rating of "Not Applicable" for Step 5 because sampling was not utilized. Step 9 received a rating of "Partially Met" because there was no documented quantitative improvement in processes or outcomes of care. Step 10 received a rating of "Unmet" because there was no sustained improvement demonstrated throughout repeated remeasurements over comparable time periods for this PIP.

JMS's Adolescent Well Care PIP received a rating of "Not Applicable" for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

JMS's Substance Abuse indicator rates have declined from the CY 2010 measurement rates and are currently below the first baseline year's measurement rate (CY 2008) despite the system-level interventions that have been implemented. It is recommended that JMS continue to complete annual barrier analysis which will identify barriers for members, providers, and the MCO along with identifying opportunities for improvement. Once barriers are identified, JMS should develop interventions that are system-level and induce permanent change.

Maryland Physicians Care

MPC’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment according to HEDIS technical specifications.

MPC’s Adolescent Well Care PIP focuses 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 5 represents the PIP Validation Results for MPC’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 5. PIP Validation Results for MPC

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	N/A
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Partially Met	Partially Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	N/A
10	Assess Sustained Improvement	Partially Met	N/A

MPC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. Step 7 received a rating of “Partially Met” because only one new intervention was implemented during the measurement year. Step 9 received a rating of “Partially Met” because there was no documented quantitative improvement for either indicator. Step 10 received a rating of “Partially Met” because there was sustained improvement demonstrated for one of the two indicators.

MPC’s Adolescent Well Care PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. Step 7 received a rating of “Partially Met” because only one new intervention was implemented

during the measurement year. Steps 9 and 10 received a rating of “Not Applicable” because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

MPC’s Substance Abuse indicator rates have declined. The rate for Indicator 1 has declined since CY 2010 and is now below the first baseline year’s measurement rate (CY 2008). The rate for Indicator 2 has declined since CY 2010; however has remained 5.7 percentage points over the first baseline year’s measurement rate. It is recommended that MPC continue to conduct an annual barrier analysis and identify opportunities for improvement. More than one intervention is necessary to be compliant with the PIP Assessment. MPC should also continue to develop interventions that are system-level and induce permanent change. System-level interventions include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives.

MedStar Family Choice

MSFC’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment, along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment, according to HEDIS technical specifications.

MSFC’s Adolescent Well Care PIP focuses 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 6 represents the PIP Validation Results for MSFC’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 6. PIP Validation Results for MSFC.

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	Met
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Met	N/A
10	Assess Sustained Improvement	Met	N/A

MSFC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized.

MSFC’s Adolescent Well Care PIP received a rating of “Not Applicable” for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

MSFC's Substance Abuse Indicator 1 rate increased by 3.28 percentage points in CY 2011 and remains above the first baseline year's measurement rate (CY 2008). The rate for Indicator 2 decreased; however continues to remain above the baseline year's measurement rate. It is recommended that MSFC continue to conduct an annual barrier analysis and identify opportunities for improvement. Interventions should target barriers and periodically be assessed for effectiveness. MSFC should continue to develop interventions that are system-level and induce permanent change.

Priority Partners

PPMCO’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment, along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment, according to HEDIS technical specifications.

PPMCO’s Adolescent Well Care PIP focuses 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 7 represents the PIP Validation Results for PPMCO’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 7. PIP Validation Results for PPMCO

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	Met
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Met	Partially Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	N/A
10	Assess Sustained Improvement	Partially Met	N/A

PPMCO’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. Step 9 received a rating of “Partially Met” because there was no documented improvement for either indicator. Step 10 received a rating of “Partially Met” because there was sustained improvement demonstrated for one indicator through repeated remeasurements over comparable time periods.

PPMCO’s Adolescent Well Care PIP received a rating of “Partially Met” for Step 7 because the interventions implemented to not appear to address the MCO’s identified member, provider and MCO barriers noted on the barrier analysis. Steps 9 and 10 received a rating of “Not Applicable” because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

PPMCO's Substance Abuse indicator rates declined from CY 2010. Additionally, Indicator 1 has fallen below the first baseline year's measurement rate (CY 2008). It is recommended that the MCO continue to conduct an annual barrier analysis to identify opportunities for improvement. Interventions should continue to be system-level and induce permanent change. System-level interventions include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives.

UnitedHealthcare

UHC’s Substance Abuse PIP focused on increasing the number of individuals who initiated alcohol and other drug dependence treatment, along with increasing the number of individuals who engaged in alcohol and other drug dependence treatment, according to HEDIS technical specifications.

UHC’s Adolescent Well Care PIP focuses 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 8 represents the PIP Validation Results for UHC’s Substance Abuse PIP and Adolescent Well Care PIP.

Table 8. PIP Validation Results for UnitedHealthcare

Step	Description	Review Determinations	
		Substance Abuse	Adolescent Well Care
1	Assess the Study Methodology	Met	Met
2	Review the Study Question(s)	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met
4	Review the Identified Study Population	Met	Met
5	Review Sampling Methods	N/A	Met
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Partially Met
9	Assess Whether Improvement is Real Improvement	Met	N/A
10	Assess Sustained Improvement	Partially Met	N/A

UHC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. A rating of “Partially Met” was received for Step 10 because sustained improvement was demonstrated for one of the two indicators through repeated remeasurements over comparable time periods.

UHC’s Adolescent Well Care PIP received a rating of “Partially Met” for Step 8 because the MCO did not accurately report the numerical findings in all areas of the submission. Steps 9 and 10 received a rating of “Not Applicable” because this was the baseline year (January 1 through December 31, 2011) of data collection and validation for this PIP.

Recommendations

UHC's Substance Abuse PIP's Indicator 1 rate decreased from CY 2010 and is currently below the first baseline year's measurement rate (CY 2008). However, the Indicator 2 increased in CY 2011 by 2.76 percentage points and has almost doubled over the first baseline year's measurement rate. It is recommended that UHC complete annual and detailed barrier analysis which will identify barriers for members, providers, and the MCO along with identifying opportunities for improvement. Once barriers are identified, UHC should develop interventions that are system-level and induce permanent change.

Summary of Results and Interventions

Table 9 represents the PIP Validation Results for all Substance Abuse PIPs.

Table 9. Substance Abuse PIP Validation Results

Step	Description	Substance Abuse PIP Review Determinations						
		ACC	DIA	JMS	MPC	MSFC	PPMCO	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	Review Data Collection Procedures	Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Partially Met	Met	Partially Met	Met	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Partially Met	Met	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	Partially Met	Partially Met	Partially Met	Partially Met	Met	Partially Met	Met
10	Assess Sustained Improvement	Unmet	Partially Met	Unmet	Partially Met	Met	Partially Met	Partially Met

The following are examples of interventions which were implemented by the HealthChoice MCOs in the Substance Abuse PIPs:

- Identify members with psychiatric problems and have substance abuse case managers assist them in obtaining treatment with practitioners having dual expertise.
- Inform members about transportation resources offered by local health departments.
- Assist hospitalized members with referrals to outpatient substance abuse services.
- Adopt clinical practice guidelines for providers in the care of members with substance abuse needs.
- Initiate toll free telephone number to take calls from providers to assist them in obtaining needed information and authorizations.
- Provide case management trainings to aid in the recognition and evaluation of members with substance abuse and behavioral health issues.
- Provide targeted case management for members identified with substance abuse needs.
- Coordinate treatment visits to substance abuse providers.
- Contact referred members via substance abuse coordinators to schedule first treatment appointments.
- Assess and seek resolution of member barriers to care and coordinate services via case managers.
- Visit complex medical patients hospitalized with diagnosis of or suspected substance abuse, to initiate treatment.
- Real time emergency department utilization management to identify and assist substance abuse patients with referrals for treatment.
- Coordinate care across medical and behavioral health care for enrollees with substance abuse issues.
- No authorization required for substance abuse assessment or counseling in a community setting.
- Hire additional Substance Abuse Case Manager to manage complex substance abuse cases.
- Welcome Home Program that contacts members with diagnosis of Substance Abuse within 48 hours of discharge to complete an assessment for unmet needs, begin building a relationship and connect with community resources.
- Task group formed to reanalyze integrity of claims encounters to HEDIS data warehouse.
- Behavioral Medical Home Pilot for complex patients. Offers immediate evaluations, dedicated nurse provider, close tracking and outreach, and weekly meeting with behavioral health case manager to patients to improve coordination of care.
- MCO Resource Coordinator goes on-site at addiction treatment centers to meet members and receive referrals in need of case management.
- Development of Corrective Managed Care Program guideline to identify members with opiate abuse and addiction through pharmacy data.

Table 10 represents the PIP Validation Results for all Adolescent Well Care PIPs.

Table 10. Adolescent Well Care PIP Validation Results

Step	Description	Adolescent Well Care						
		ACC	DIA	JMS	MPC	MSFC	PPMCO	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	N/A	Met	N/A	Met	Met	Met
6	Review Data Collection Procedures	Partially Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Partially Met	Met	Partially Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met	Met	Met	Met	Met	Partially Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	Assess Sustained Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

- Pediatric health fairs with entertainment, games, food, and gifts at pediatric offices for members without well child visits.
- Focused outreach calls to adolescents/families in need of well child visits.
- Offer incentives for members to encourage scheduling and keeping of appointments.
- Offer incentives for providers to encourage scheduling and keeping of appointments.
- Use of school based well clinics for well care visits if attempts at assigned provider office are not successful.
- Distribute patient specific lists to PCPs that identify members who have not had well child services.
- Prevention and Wellness Program Interventions: articles in member newsletters; community health fairs and other community events; targeted member education on referral from PCP.
- On site appointment scheduling with open appointments for members.
- Additional staffing hired: Provider relations liaison; Outreach representative
- In home outreach to members who have not had well child visits and whose phone numbers are invalid or nonexistent.
- Offer pediatric hours every Saturday.
- Birthday wellness letters sent to members.
- “Back to School” flyers sent to adolescent members to help educate them on the importance of the annual check-up.

Conclusions

This is the second remeasurement year for the Substance Abuse PIP. There are two indicator rates for this PIP. One MCO demonstrated an increase and six MCOs demonstrated a decrease in both indicator rates. Tables 11 and 12 represent the Substance Abuse PIP indicator rates for all MCOs for each measurement year of the PIP.

Table 11. Substance Abuse PIP Indicator 1 Rates

Measurement Year	Indicator 1: Initiation of Alcohol and Other Drug Dependence Treatment						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
Baseline Year 1 1/1/2008-12/31/2008	50.35%	41.95%	48.12%	48.39%	34.38%	48.50%	55.45%
Baseline Year 2 1/1/2009-12/31/2009	49.38%	40.89%	44.39%	44.68%	35.60%	46.82%	49.75%
Measurement Year 1 1/1/2010-12/31/2010	50.94%	40.81%	48.84%	50.61%	32.21%	48.61%	50.30%
Remeasurement Year 2 1/1/2011-12/31/2011	46.43%	40.32%	46.48%	47.93%	35.49%	43.38%	47.60%
Remeasurement Year 3 1/1/2012-12/31/2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 12. Substance Abuse PIP Indicator 2 Rates

Measurement Year	Indicator 2: Engagement of Alcohol and Other Drug Dependence Treatment						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
Baseline Year 1 1/1/2008-12/31/2008	21.56%	15.25%	22.09%	19.25%	4.60%	16.75%	9.96%
Baseline Year 2 1/1/2009-12/31/2009	21.42%	21.05%	15.98%	12.70%	7.20%	17.93%	10.78%
Measurement Year 1 1/1/2010-12/31/2010	25.27%	25.55%	22.05%	25.89%	10.27%	23.61%	15.99%
Remeasurement Year 2 1/1/2011-12/31/2011	21.55%	22.28%	19.41%	24.95%	8.43%	19.92%	18.75%
Remeasurement Year 3 1/1/2012-12/31/2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A

This is the first baseline year measurement for the Adolescent Well Care PIP. Table 13 represents the indicator rates for all MCOs for the PIP.

Table 13. Adolescent Well Care PIP

Measurement Year	Indicator 1: Adolescent Well care						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
Baseline Year 1 1/1/2011-12/31/2011	61.95%	61.81%	79.87%	63%	67.71%	66.12%	55.72%
Baseline Year 2 1/1/2012-12/31/2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Measurement Year 1 1/1/2013-12/31/2013	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Remeasurement Year 2 1/1/2014-12/31/2014	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Remeasurement Year 3 1/1/2015-12/31/2015	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Recommendations

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

- Complete a thorough and annual barrier analysis which will direct where limited resources can be most effectively used to drive improvement.
- Develop 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.
- Assess interventions for effectiveness, and make adjustments where outcomes are unsatisfactory.
- Detail 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.