Medicaid Managed Care Organization

Prenatal Performance Improvement Project

Final Report

2004 to 2006

Submitted by:
Delmarva Foundation
September 2007

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

Prenatal Performance Improvement Project
Final Report

Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) is responsible for the evaluation of the quality of prenatal and postpartum care provided to Medical Assistance recipients enrolled in the HealthChoice program. DHMH contracts with Delmarva Foundation (Delmarva) to serve as the External Quality Review Organization (EQRO).

According to the March of Dimes, in an average week in Maryland, 1,435 babies are born; 191 babies are born preterm; 134 babies are born with low birthweight; and 11 babies die before reaching their first birthday. In 2004, approximately 1 in 26 babies in Maryland is born to a mother who started prenatal care in the third trimester or received no prenatal care at all.

Prenatal care refers to pregnancy-related care. Services usually include screening and treatment for medical conditions, and identification of and interventions for behavioral risk factors associated with poor birth outcomes, such as smoking or poor nutrition. The March of Dimes reports that in 2004, approximately 13% of live births in Maryland were to women receiving inadequate care, compared to 11% nationally. From 2002 to 2004, Hispanic mothers had the highest rates of inadequate prenatal care (22.8%) compared to other maternal race and ethnicity categories. This was followed by African American mothers with 18.3%. Between 1994 and 2004, the number of infants born preterm in Maryland increased by 9%.

Research has shown that women who access early prenatal care services are less likely to deliver a preterm or low birth weight infant or to experience other adverse pregnancy-related conditions and outcomes, including mortality associated with childbirth. State health agencies play an essential role in the development and implementation of programs that support appropriate prenatal care and continuous quality improvement.

Timely and high-quality prenatal care is critical for both mothers and newborns. Beginning prenatal care within the first trimester and receiving the recommended number of prenatal care visits is essential to reducing the likelihood of maternal complications and premature deliveries. Complications and premature births can result in long-term health problems for the child.

While most prevention efforts are focused on the pregnancy, post delivery is also a very critical time for the health of the mother and the newborn baby. Problems or conditions may arise, that if not treated promptly, can lead to complications. Examples of complications include hemorrhage, pregnancy-induced hypertension, obstetric infections, and death. Because many women are enrolled in Medicaid as a result of their pregnancy and because these women are usually from racially and ethnically diverse groups that historically have had poorer-quality prenatal care, it is important to assess the quality of prenatal and postpartum care provided to the Department's HealthChoice enrollees.

Recognizing the opportunity to establish more effective systems of prenatal and postpartum care, DHMH required the seven HealthChoice Managed Care Organizations (MCOs) to complete Performance Improvement Projects (PIPs) related to prenatal and/or postpartum care. The MCOs are:

AMERIGROUP Maryland Inc. (AGM)
Diamond Plan from Coventry Health Care, Inc. (DIA)
Helix Family Choice, Inc. (HFC)
Jai Medical Systems, Inc. (JMS)
Maryland Physicians Care (MPC)
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 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.

Validation Process

As part of the annual external quality review, Delmarva conducted a review of the Prenatal and Postpartum Care PIPs submitted by each HealthChoice MCO. The guidelines utilized for PIP

review activities were CMS' *Validation of PIPs* protocols. CMS' *Validation of PIPs* 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. This included assessing each project in ten critical areas. These ten areas are:

Step 1: Review the Selected Study Topics
Step 2: Review the Study Questions
Step 3: Review the Selected Study Indicator(s)
Step 4: Review the Identified Study Population
Step 5: Review Sampling Methods
Step 6: Review the MCO's Data Collection Procedures
Step 7: Assess the MCO's Improvement Strategies
Step 8: Review Data Analysis and Interpretation of Study Results
Step 9: Assess the Likelihood that Reported Improvement is Real Improvement, and
Step 10: Assess Whether the MCO has Sustained its Documented Improvement.

As Delmarva staff conducted the review, each component within a standard (step) was rated as "yes," "no," or "N/A" (not applicable). Components were then rolled up to create a determination of "met", "partially met", "unmet" or "not applicable" for each of the ten standards. Table 1 describes this scoring methodology.

Table 1. 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.

Topic Selected and Performance Measures

Recognizing opportunities for improvement, DHMH selected Prenatal and Postpartum Care as a PIP topic. Each MCO was instructed to select appropriate performance measures within the topic area. Project titles and selected measures for each MCO are listed in Table 2.

Table 2. MCO Project Titles and Selected Performance Measures

MCO	Project Title	Measure(s)
AGM	Prenatal/Postpartum Care	HEDIS[1] Postpartum Care
DIA	Increasing the Number of Prenatal Visits Per Active Member from the Time of Enrollment Until Delivery	HEDIS Timeliness of Prenatal Care
HFC	Prenatal/Postpartum Care	HEDIS Postpartum Care
JMS	New Methods to Increase Compliance with Postpartum Care Visits	HEDIS Postpartum Care
MPC	Addressing Barriers to Care to Improve Timeliness of Prenatal Care	HEDIS Timeliness of Prenatal Care
PPMCO	Improving Prenatal Care	HEDIS Timeliness of Prenatal Care
UHC	Improving Prenatal Care for Pregnant Members	HEDIS Timeliness of Prenatal Care

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Project Summaries

PIP summaries are described below for each of the seven HealthChoice MCOs. Presented in Tables 3-9, each summary includes a description of the Project Goals, Outcomes, Identified Barriers to Care, and Interventions.

Table 3. Project Summary for AMERIGROUP Maryland, Inc.

AGM Prenatal/Postpartum Care PIP Summary	
Goal	HEDIS Postpartum Care: Baseline Goal: Calendar Year (CY) 2003 Results 64.57% 1st Remeasurement Goal: CY 2004 Results 73.67% 2nd Remeasurement Goal: CY 2005 Results 83.53 %
Outcomes	HEDIS Postpartum Care: Baseline (CY 2004): 73.67% 1st Remeasurement (CY 2005): 83.53% 2nd Remeasurement (CY 2006): 84.86%
Identified Barriers to Care	• Cultural differences related to seeking post-partum care. • Member compliance with post-partum appointments. • Members becoming eligible late in their pregnancy and not following a OB provider. • Ability for members to choose to keep a non-participating OB. • Member may have another type of insurance as primary insurance. • Member that cannot be contacted by phone: incorrect number, not in service, no phone number listed.
Interventions	• Phone calls to post-partum women. • Mailing of Post-partum AMERItips to pregnant women.

Table 4. Project Summary for Diamond Plan from Coventry Health Care, Inc.

DIA Prenatal/Postpartum Care PIP Summary	
Goal	2004 National Medicaid Average: 48%
Outcomes	HEDIS Timeliness of Prenatal Care: Baseline (1/1/04 to 6/30/04): 44% (7/1/04 to 12/31/04): 58% 1st Remeasurement (1/1/05 to 6/30/05): 76% (7/1/05 to 12/31/05): 56% 2nd Remeasurement (1/1/06 to 6/30/06): 73% (7/1/06 to 12/31/06): 73%
Identified Barriers to Care	• Members forget their appointments or forget to schedule appointments. • Members do not understand the importance of prenatal appointments. • Members are unaware of the number of visits recommended. • Members do not have adequate transportation. • Providers do not have the resources within their offices to coordinate care. • Coordinating care and follow-up place an undue burden on the provide office. • Difficulty locating and contacting members.
Interventions	• Send all identified pregnant members a prenatal packet, including a prenatal calendar with recommendations on the frequency of care. • Publish articles in each member newsletter on importance of prenatal care. • Partner with physician's offices and request that they notify DIA when a member misses an appointment. • Provide incentives to members to keep all of their prenatal appointments. • Send certified letter or broadcast fax to providers outlining Diamond Baby Program.

Table 5. Project Summary for Helix Family Choice

HFC Prenatal/Postpartum Care PIP Summary	
Goals	HEDIS Postpartum Care: Baseline Goal: MD MCO Average 63% 1st Remeasurement: MD MCO Average 63% 2nd Remeasurement: MD MCO Average 67%
Outcomes	HEDIS Postpartum Care: Baseline (CY 2004): 64% 1st Remeasurement (CY 2005): 55% 2nd Remeasurement (CY 2006): 55%
Identified Barriers to Care	• Member's lack of knowledge of prenatal/postpartum program. • Members don't keep appointments. • Physician's unaware of low HEDIS scores. • Physician's unaware of Postpartum Program. • Physician's schedules are not always flexible to meet with outreach coordinator. • Weekend deliveries don't get to meet with Postpartum Coordinator. • Staffing.
Interventions	• Added .5 FTE to Postpartum Program. • Postpartum Coordinator will make telephone calls first and then send letters. • Informational Postpartum Flier sent out. • Added $50 monthly gift certificate drawing for keeping postpartum appointment baby's first visit. • Analyze HEDIS data by practices and inform providers of low scores and the need to tell patients about Postpartum Program. • Include the Postpartum article in the member newsletter. • Postpartum Coordinator contacts member in hospital immediately after birth to set up postpartum appointment. • Senior Outreach Coordinator meets with OB Providers to coordinate efforts to bring members in for postpartum care.

Table 6. Project Summary for Jai Medical Systems, Inc.

JMS Prenatal/Postpartum Care PIP Summary	
Goal	HEDIS Postpartum Care: Baseline (CY 2004): 56.5% 1st Remeasurement (CY 2005): 59% 2nd Remeasurement (CY 2006): 59% HEDIS Postpartum Care and Participation in Outreach Program: Baseline (CY 2004): 65% 1st Remeasurement (CY 2005): 65% 2nd Remeasurement (CY 2006): 65%
Outcome(s)	HEDIS Postpartum Care: Baseline (1/1/05-6/30/05): 43.7% 1st Remeasurement (1/1/06-6/30/06): 67.1% 2nd Remeasurement (12/1/06-5/31/07): 72.1% HEDIS Postpartum Care and Participation in Outreach Program: Baseline (1/1/05-6/30/05): 48.7% 1st Remeasurement (1/1/06-6/30/06): 97.5% 2nd Remeasurement (12-1/06-5/31/07): 91.2%
Identified Barriers to Care	• Lack of member education regarding postpartum care. • Lack of incentives regarding postpartum care. • Not a priority for members to seek postpartum care.
Interventions	• Mailed information regarding program to pregnant members, included a questionnaire. • Gift certificate for first prenatal visit, 4 additional prenatal visits, and 2 prenatal education sessions. • Baby shower for women in their third trimester. • Gift certificate for postpartum visit. • Regular staff meeting and updates to ensure program is progressing. • Data base created for scheduling postpartum appointments.

Table 7. Project Summary for Maryland Physicians Care

MPC Prenatal/Postpartum Care PIP Summary	
Goals	HEDIS Timeliness of Prenatal Care: Baseline Goal: 89% 1st Remeasurement: 89% 2nd Remeasurement: 90%
Outcomes	HEDIS Timeliness of Prenatal Care: Baseline (CY 2004): 86% 1st Remeasurement (CY 2005): 85% 2nd Remeasurement (CY 2006): 87%
Identified Barriers to Care	• Lack of prenatal education. • Lack of member transportation. • Access and availability of provider offices. • Effectiveness of prevention and wellness program for participants prenatal smoking cessation. • Providers needed assistance with identifying members needing services.
Interventions	• Prenatal Reminder Flyers distributed at community events. • Prenatal Flyers mailed. • Outreach calls to members. • Prenatal member survey with phone card incentive offered with response. • Provider mailing of members needing services.

Table 8. Project Summary for Priority Partners

PPMCO Prenatal/Postpartum Care PIP Summary	
Goals	HEDIS Timeliness of Prenatal Care: Baseline Goal: MD MCO Average 63% 1st Remeasurement: Increase of 5 points or 10% 2nd Remeasurement: Increase of 5 points or 10%
Outcomes	HEDIS Timeliness of Prenatal Care: Baseline (CY 2004): 44% 1st Remeasurement (CY 2005): 60% 2nd Remeasurement (CY 2006): 70%
Identified Barriers to Care	• Lack of member awareness of the importance of prenatal care. • Need for identification of level one (high risk or clinically complicated cases) members for intensive intervention. • Need to improve identification of members who have multiple pregnancies in the same year. • Need for improving data gathering techniques and analysis of administrative data. • Need for increased MCO staffing.
Interventions	• Provide Prenatal Education for all newly identified pregnant members with follow up by the Health Educator. • Implement revised prenatal assessment designed to identify a higher percentage of Level One members for intensive intervention. • Hire Prenatal Outreach Staff. • Re-evaluated member identification process to include members who delivered and became pregnant again in the same year. • Hired HEDIS Program Manager.

Table 9. Project Summary for UnitedHealthcare

UHC Prenatal/Postpartum Care PIP Summary	
Goal	UHC HEDIS 2003 Rate 86%
Outcomes	HEDIS Timeliness of Prenatal Care: Baseline (CY 2004): 87% 1st Remeasurement (CY 2005): 90% 2nd Remeasurement (CY 2006): 88%
Identified Barriers to Care	• Delayed receipt of prenatal risk assessment forms. • Member knowledge of Healthy First Steps program availability. • Member lack of knowledge regarding benefits available, e.g. transportation. • Member access to OB providers.
Interventions	• Refer high risk pregnant members for Matria Care Management services. Matria Care Management Program delivers home nursing services and intensive Case Management services. • Global authorizations for high volume NonPar doctors in Western Maryland. • Community based outreach. • Strengthen link between HRA information and available CM services. • Member, Provider and Staff education. • Develop Provider incentive programs. • Increased staff (Social Worker, Substance Abuse/MH Worker, and Outreach Worker).

Results

This section presents an overview of the validation findings for each prenatal and postpartum care PIP submitted to Delmarva. Each MCO's PIP was reviewed against all 27 components contained within the ten standards. The results of the ten activities assessed for each PIP submitted by the plans are presented in Tables 10-16 below.

Table 10. AGM Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
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	N/A	Partially Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

AGM's Prenatal Care PIP received a rating of "Met" for all applicable steps in 2004. A rating of "Not Applicable" for Steps 7 through 10 was received because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, AGM received a rating of "Met" for Steps 1 through 6 and Step 8. A rating of "Partially Met" for Step 7 was received because AGM's interventions consisted of telephone calls and mailings to members. These interventions were reasonable; however, the MCO identified various opportunities for improvement specific to providers and the MCO for which no interventions were implemented. AGM received a rating of "Not Applicable" for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006 and 2007, AGM received a rating of "Met" for all applicable steps.

Table 11. DIA Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
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	N/A	N/A	N/A	N/A
6	Review Data Collection Procedures	Partially Met	Met	Met	Met
7	Assess Improvement Strategies	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Partially Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

In 2004, DIA's Prenatal Care PIP received a rating of "Met" for Steps 1 through 4 and a rating of "Partially Met" for Step 6 because the analytic plan did not include national or regional trend anlysis on the study topic. DIA received a rating of "Not Applicable" for Step 5 throughout all measurement years because the study did not use sampling and included the entire eligible population. DIA received a rating of "Not Applicable" for Steps 7 through 10 because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, DIA received a rating of "Met" for all applicable steps. DIA received a rating of "Not Applicable" for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006, DIA received a rating of "Met" for all applicable steps. And, in 2007, DIA received a rating of "Met" for all steps except for Step 9. A rating of "Partially Met" was received for Step 9 because the rate did not increase during the remeasurement period.

Table 12. HFC Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Partially 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	Partially Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Partially Met	Partially Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Unmet

In 2004, HFC's Prenatal Care PIP received a rating of "Met" for Steps 1, 3, 4, and 6. HFC received a rating of "Partially Met" for Step 2 because the study question was not clearly stated and a rating of "Partially Met" for Step 5 because there was no data analysis plan included in the submission provided to Delmarva. HFC received a rating of "Not Applicable" for Steps 7 through 10 because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, HFC's Prenatal Care PIP received a rating of "Met" for all steps except for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006 and 2007, HFC's Prenatal Care PIP received a rating of "Met" for Steps 1 through 8. Step 9 received a rating of "Partially Met" because the rates decreased and Step 10 received a rating of "Unmet" because Sustained improvement could not be assessed for this project.

Table 13. JMS Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
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	N/A	N/A	N/A	N/A
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

In 2004, JMS's Prenatal Care PIP received a rating of "Met" for Steps 1 through 4 and 6. JMS received a rating of "Not Applicable" for Step 5 throughout all measurement years because the study did not use sampling and included the entire eligible population. JMS received a rating of "Not Applicable" for Steps 7 through 10 because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, JMS received a rating of "Met" for all applicable steps. JMS received a rating of "Not Applicable" for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006 and 2007, JMS's Prenatal Care PIP received a rating of "Met" for all applicable steps.

Table 14. MPC Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
1	Assess the Study Methodology	Partially 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	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

In 2004, MPC's Prenatal Care PIP received a rating of "Met" for Steps 2 through 6 and a rating of "Partially Met" for Step 1 because the Plan did not define how this study population is determined as high-volume, high-risk, and high-cost. MPC received a rating of "Not Applicable" for Steps 7 through 10 because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, MPC received a rating of "Met" for all applicable steps. A rating of "Not Applicable" was received for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006 and 2007, MPC's Prenatal Care PIP received ratings of "Met" for all applicable steps.

Table 15. PPMCO Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Partially Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Unmet	Met	Met	Met
4	Review the Identified Study Population	N/A	Met	Met	Met
5	Review Sampling Methods	N/A	Met	Met	Met
6	Review Data Collection Procedures	N/A	Met	Met	Met
7	Assess Improvement Strategies	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

In 2004, PPMCO's Prenatal Care PIP received a rating of "Met" for Step 1 and a rating of "Partially Met" for Step 2 because the study question was not clearly stated. A rating of "Unmet" was received for Step 3 because the indicator was not related to the study topic. Steps 4 through 6 could not be assessed since Steps 2 and 3 were not fully met. However, these issues were resolved in between the 2004 and 2005 submissions. Steps 7 through 10 were rated as "Not Applicable" because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, PPMCO's Prenatal Care PIP received a rating of "Met" for Steps 1 through 8. A rating of "Not Applicable" was received for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006 and 2007, PPMCO's Prenatal Care PIP received ratings of "Met" for all applicable steps.

Table 16. UHC Prenatal/Postpartum Care PIP Summary

Step	Description	Review Determinations			
		2004	2005	2006	2007
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Unmet	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	N/A	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	N/A	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	N/A	Met	Partially Met
10	Assess Sustained Improvement	N/A	N/A	N/A	Met

In 2004, UHC's Prenatal Care PIP received a rating of "Met" for Steps 1 and 3 through 6. UHC received a rating of "Unmet" for Step 2 because the study question was not clearly stated in the submission. Steps 7 through 10 were rated as "Not Applicable" because those steps could not be evaluated as the PIP was in the baseline assessment stage of development.

In 2005, UHC's Prenatal Care PIP received a rating of "Met" for all applicable steps. A rating of "Not Applicable" was received for Step 9 because additional baseline data was calculated for this measurement period and no remeasurement was necessary. In addition, a rating of "Not Applicable" was received for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2006, UHC's Prenatal Care PIP received rating of "Met" for all applicable steps. In 2007, all steps except for Step 9 received a rating of "Met". Step 9 received a rating of "Partially Met" because the rate declined slightly. However, after testing, the decline was determined to be statistically insignificant and there was sustained improvement demonstrated throughout repeated measurements over comparable time periods throughout the project.

Conclusions

Through the validation process, Delmarva has determined that the MCO's have utilized sound study methodology, sampling methodology and data collection procedures throughout their Prenatal and Postpartum PIPs. Since the PIP indicators were HEDIS measures, the methodologies and data collection procedures were also evaluated by independent auditors each year in addition to Delmarva.

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

- Barrier Analysis: MCOs must complete a comprehensive barrier analysis that results in identifying member, provider, and administrative barriers.
- Intervention Development: Once barriers are identified, aggressive interventions that target member, provider, and administrative barriers should be implemented.

For most MCO's, the indicator rates increased. The average increase across all MCOs for the HEDIS Postpartum Care rate was 10%, with one MCO increasing Postpartum rates by 28%. One MCO included a second indicator for Postpartum Care that measured the success of the MCO's Intensive Outreach Program. This Postpartum Care indicator rate increased by 43%. The average increase in MCO HEDIS Timeliness of Prenatal Care rate was 14%, with one MCO increasing Timeliness of Prenatal Care rate by 29%. If the MCO's continue the interventions currently in place, it is expected that these rates will continue to be sustained as demonstrated throughout the measurement periods within this study.

Maryland Prenatal/Postpartum Performance Improvement Projects

PIP Activity	Indicator	Baseline		Remeasurement			
				#1		#2	
AMERIGROUP Maryland, Inc.		Jan-Dec 2004		Jan-Dec 2005		Jan-Dec 2006	
Prenatal/Postpartum Care	**HEDIS Postpartum Care**	73.67%		83.53%		84.86%	
Diamond Plan from Coventry Health Care, Inc.		Jan-Jun 2004	Jul-Dec 2004	Jan-Jun 2005	Jul-Dec 2005	Jan-Jun 2006	Jul-Dec 2006
Increasing the Number of Prenatal Visits Per Active Member from the Time of Enrollment Until Delivery	HEDIS Timeliness of Prenatal Care	44%	58%	76%	56%	73%	73%
Helix Family Choice		Jan-Dec 2004		Jan-Dec 2005		Jan-Dec 2006	
Prenatal/Post Partum	HEDIS Pospartum Care	64%		55%		55%	
Jai Medical Systems, Inc.		Jan-Jun 2004		Jan-Jun 2005		Jan-Jun 2006	
New Methods to Increase Compliance with Postpartum Care Visits	**Indicator #1:** HEDIS Postpartum Care **Indicator #2:** The number of women receiving a postpartum care visit within the appropriate time frame as defined by HEDIS 2004 Prenatal and Postpartum Care Measure with a shortening of the measurement period and enrolled in the Outreach Program	43.7% 48.7%		67.1% 97.5%		72.1% 91.2%	
Maryland Physicians Care		Jan-Dec 2004		Jan-Dec 2005		Jan-Dec 2006	
Addressing Barriers to Care to Improve Timeliness of Prenatal Care	HEDIS Timeliness of Prenatal Care	86%		85%		87%	
Priority Partners		Jan-Dec 2004		Jan-Dec 2005		Jan-Dec 2006	
Improving Prenatal Care	HEDIS Timeliness of Prenatal Care	44%		60%		70%	
UnitedHealthcare		Jan-Dec 2004		Jan-Dec 2005		Jan-Dec 2006	
Improving Prenatal Care for Pregnant Members	HEDIS Timeliness of Prenatal Care.	87%		90%		88%	