



Health Choice



Medicaid Managed Care Organization Performance Improvement Projects Annual Report 2006



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Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) requires, through the Code of Maryland Annotated Regulations (COMAR) 10.09.65.03.B(6), that each HealthChoice managed care organization (MCO) conduct performance improvement projects (PIPs) focusing on clinical or non-clinical areas. The Department selected Prenatal/Postpartum Care and Chronic Kidney Disease (CKD) as the topics for the current PIPs. Under Federal law [Section 1932(c)(2)(A)(i) of the Social Security Act], DHMH is required to contract with an External Quality Review Organization (EQRO) to perform an independent annual review of services provided under each MCO contract. DHMH contracts with Delmarva Foundation (Delmarva) to serve as the EQRO. This report describes the findings from the validation of two PIPs. The seven MCOs submitting PIPs for validation by Delmarva are:

- AMERIGROUP Maryland, Inc. (AGM)
- Diamond Plan (DIA)
- Helix Family Choice, Inc. (HFC)
- Jai Medical Systems, Inc. (JMS)
- Maryland Physicians Care (MPC)
- Priority Partners (PPMCO)
- UnitedHealthcare (UHC)

The purpose of health care PIPs is to assess and improve the quality improvement processes employed by MCOs, and thereby improving the outcomes of care. Each HealthChoice MCO was required to conduct two PIPs, one regarding improving prenatal/postpartum care and the second on CKD. Delmarva was responsible for providing technical assistance, validation of results, education, and oversight of the MCO's PIPs. All PIP submissions are made to Delmarva utilizing an approved project submission tool.

Each MCO was required to provide the study framework and project description for each PIP to Delmarva. This information was reviewed by Delmarva to ensure that each MCO was using relevant and valid study techniques. For the first year of each project, the MCOs were required to provide quarterly updates of the PIP progress. To reduce administrative burden on the MCOs, the

Department of HealthChoice Management and Quality Assurance (DHMQA) subsequently reduced the submission frequency to semi-annual submissions in June and September of each calendar year.

In 2006, the MCOs were required to submit PIP project updates on June 30 and September 30. The June submissions included results of measurement activities and information regarding the status of intervention implementations. The September submissions included analysis of the measurement results (according to the data analysis plans) 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. The PIPs are expected to be completed in September of 2007 following the reporting and analysis of the second re-measurement phase.

For the 2006 review period, the PIPs were reviewed and evaluated for compliance with ten elements or steps of successful PIPs as defined by protocols developed by the Centers for Medicare and Medicaid Services (CMS). Those ten elements/steps included:

- 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 of the 27 components within the 10 elements/steps 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 elements/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 each MCO. Each MCO's PIPs were reviewed against all 27 components contained within the ten steps. Recommendations for each step that did not receive a rating of "Met" follow each MCO's results section.

AMERIGROUP Maryland, Inc.

AGM’s Prenatal Care PIP focused on increasing the timeliness of post-partum care visits according to HEDIS 2006 technical specifications. AGM’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 2 represents the PIP Validation Results for AGM’s Prenatal Care and CKD PIPs.

Table 2. PIP Validation Results for AGM.

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	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	Met
10	Assess Sustained Improvement	N/A	N/A

AGM’s Prenatal Care PIP received a rating of “Met” for Steps 1 – 9 and “N/A” for Step 10. AGM’s CKD PIP received a rating of “Met” for Steps 1 – 9 and “N/A” for Step 10. AGM received a rating of “Not Applicable” for Step 10 for both PIPs because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

Although AGM's indicator rates have increased for both of the PIPs, it is recommended that AGM continue to identify barriers for members, providers and the MCO for both PIPs. Once those barriers are identified, AGM should develop multifaceted interventions targeting members, providers, and the MCO.

Diamond Plan

DIA’s Prenatal Care PIP focused on increasing the number of prenatal visits. At the time that the department required CKD PIPs, DIA was new to the HealthChoice program and did not have CKD performance data. Therefore, DIA was not required to complete a CKD PIP.

Table 3 represents the PIP Validation Results for DIA’s Prenatal Care PIP.

Table 3. PIP Validation Results for DIA.

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
1	Assess the Study Methodology	Met	DIA was not required to complete a CKD PIP
2	Review the Study Question(s)	Met	
3	Review the Selected Study Indicator(s)	Met	
4	Review the Identified Study Population	Met	
5	Review Sampling Methods	N/A	
6	Review Data Collection Procedures	Met	
7	Assess Improvement Strategies	Met	
8	Review Data Analysis & Interpretation of Study Results	Met	
9	Assess Whether Improvement is Real Improvement	Met	
10	Assess Sustained Improvement	N/A	

DIA’s Prenatal Care PIP received a rating of “Met” for Steps 1 – 4 and 6-9, and “Not Applicable” for Steps 5 and 10. DIA received a rating of “Not Applicable” for Step 5 because sampling methods were not used in the PIP. DIA received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

Although DIA received ratings of “Met” in all applicable areas of assessment, recommendations for improvement would be that the MCO complete an annual barrier analysis. This analysis should be included in the PIP submission. DIA should then focus further interventions on identified barriers for members, providers, and the MCO.

Helix Family Choice, Inc.

HFC’s Prenatal Care PIP focused on increasing the frequency of postpartum visits according to 2006 HEDIS technical specifications. HFC’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 4 represents the PIP Validation Results for HFC’s Prenatal Care and CKD PIPs.

Table 4. PIP Validation Results for HFC.

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	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	Met
10	Assess Sustained Improvement	N/A	N/A

HFC’s Prenatal Care PIP received a rating of “Met” for Steps 1 – 8, “Partially Met” for Step 9, and “Not Applicable” for Step 10. HFC received a rating of “Partially Met” for Step 9 because the indicator rates decreased in the second re-measurement period. HFC received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

HFC’s CKD PIP received a rating of “Met” for Steps 1 – 9 and “Not Applicable” for Step 10. HFC received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

The changes to interventions within the Prenatal PIP which HFC has already put into place should increase the indicator rates in the next re-measurement period. It is recommended that HFC continue to identify barriers for members, providers and the MCO for both PIPs. Once those barriers are identified, HFC should develop multifaceted interventions targeting members, providers, and the MCO.

Jai Medical Systems, Inc.

JMS’s Prenatal Care PIP focused on new methods to increase compliance with postpartum care visits. JMS’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 5 represents the PIP Validation Results for JMS’s Prenatal Care and CKD PIPs.

Table 5. PIP Validation Results for JMS.

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met
9	Assess Whether Improvement is Real Improvement	Met	Met
10	Assess Sustained Improvement	N/A	N/A

JMS’s Prenatal Care PIP received a rating of “Met” for Steps 1 – 4 and 6 - 9, and “Not Applicable” for Steps 5 and 10. JMS received a rating of “Not Applicable” for Step 5 because sampling methodology was not used in the Prenatal Care PIP. JMS received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

JMS’s CKD PIP received a rating of “Met” for Steps 1 – 4 and 6 – 9, and “Not Applicable” for Steps 5 and 10. JMS received a rating of “Not Applicable” for Step 5 because sampling methodology was not used in the CKD PIP. JMS received a rating of “Not Applicable for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three

measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

Although the indicator rates for both the Prenatal PIP and the CKD PIP have increased, it is recommended that JMS continue to explore barriers for members, providers, and the MCO, and implement interventions aimed at resolving those barriers.

Maryland Physicians Care

MPC's Prenatal Care PIP focused on improving timeliness of prenatal care according to 2006 HEDIS technical specifications. MPC's CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 6 represents the PIP Validation Results for MPC's Prenatal Care and CKD PIPs.

Table 6. PIP Validation Results for MPC

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	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	Partially Met
10	Assess Sustained Improvement	N/A	N/A

MPC's Prenatal Care PIP received a rating of "Met" for Steps 1 – 9 and "Not Applicable" for Step 10. MPC received a rating of "Not Applicable" for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

MPC's CKD PIP received a rating of "Met" for Steps 1 – 8, "Partially Met" for Step 9, and "Not Applicable" for Step 10. MPC received a rating of "Partially Met" for Step 9 because the indicator rates slightly decreased in the first re-measurement period. MPC received a rating of "Not Applicable" for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

The planned interventions for the CKD PIP which MPC outlines in the submission should increase the indicator rates in the next re-measurement period. It is recommended that MPC continue to identify barriers for members, providers and the MCO for both PIPs. Once those barriers are identified, MPC should develop multifaceted interventions targeting members, providers, and the MCO.

Priority Partners

PPMCO’s Prenatal Care PIP focused on improving prenatal care according to 2006 HEDIS technical specifications. PPMCO’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 7 represents the PIP Validation Results for PPMCO’s Prenatal Care and CKD PIPs.

Table 7. PIP Validation Results for PPMCO

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	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	Met
10	Assess Sustained Improvement	N/A	N/A

PPMCO’s Prenatal Care PIP received a rating of “Met” for Steps 1 – 9 and “Not Applicable” for Step 10. PPMCO received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

PPMCO’s CKD PIP received a rating of “Met” for Steps 1 – 9 and “Not Applicable” for Step 10. PPMCO received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

Although PPMCO received ratings of “Met” in all applicable areas of assessment, recommendations for improvement would be to continue to identify barriers for members, providers and the MCO for both PIPs. Once those barriers are identified, PPMCO should develop multifaceted interventions targeting members, providers, and the MCO.

UnitedHealthcare

UHC’s Prenatal PIP focused on improving prenatal care for pregnant members according to 2006 HEDIS technical specifications. UHC’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the 2006 HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine.

Table 8 represents the PIP Validation Results for UHC’s Prenatal Care and CKD PIPs.

Table 8. PIP Validation Results for UnitedHealthcare

Step	Description	Review Determinations	
		Prenatal Care	Chronic Kidney Disease
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	Met	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	Met
10	Assess Sustained Improvement	N/A	N/A

UHC’s Prenatal PIP received a rating of “Met” for Steps 1 – 9 and “Not Applicable for Step 10. UHC received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

UHC’s CKD PIP received a rating of “Met” for Steps 1 – 9 and “Not Applicable” for Step 10. UHC received a rating of “Not Applicable” for Step 10 because there have only been two measurement periods, baseline and first re-measurement. A minimum of three measurement periods, baseline plus two re-measurements, must be performed before an assessment of sustained improvement can be made.

Recommendations

Although UHC received ratings of “Met” in all applicable areas of assessment, recommendations for improvement would be to continue to identify barriers for members, providers and the MCO for both PIPs. Once those barriers are identified, UHC should develop multifaceted interventions targeting members, providers, and the MCO.

Summary of Results and Interventions

Table 9 represents the PIP Validation Results for all Prenatal Care PIPs.

Table 9. Prenatal Care PIP Validation Results

Step	Description	Prenatal PIP Review Determinations						
		AGM	DIA	HFC	JMS	MPC	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	Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met	Met	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	Met	Met	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	Met	Met	Partially Met	Met	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Overall, seven Prenatal Care PIPs were submitted and validated. Of the seven Prenatal Care PIPs, six MCOs (AGM, DIA, JMS, MPC, PPMCO and UHC) received a rating of “Met” in all applicable areas of assessment. HFC received a rating of “Partially Met” for Step 9. DIA and JMS received a rating of “N/A” for step 5 as there was no sampling used in the Prenatal Care PIPs.

The following are examples of interventions which were implemented by the HealthChoice MCO’s in the Prenatal Care PIP’s:

- Phone calls to post-partum women.
- Mailing of post-partum information to pregnant women.

- “Prenatal Calendar” inserted into member prenatal packet including recommended frequency of care.
- Correspondence to providers outlining newborn program.
- Requested physician’s offices notify plan upon a member’s missed appointment.
- Additional staff dedicated to program.
- Data analysis by provider offices to inform them of low scores and the need to inform patients of the Postpartum Program.
- Articles in Member Newsletters regarding the Postpartum Program.
- Incentives to members for attending prenatal and postpartum visits (gift certificates, phone cards, etc.).
- Baby showers for women in their third trimester.
- Case Management outreach calls to members identified as not receiving prenatal care.
- Phone card incentives offered to members responding to barrier survey.
- Provider mailing of members needing services.
- Implementation of revised Prenatal Assessment designed to identify a higher percentage of Level One (high risk OB) members for intensive intervention.
- Implementation of interventions for Level One members which includes: contacting member and completing prenatal screening; assisting with selection of OB provider and scheduling OB appointment; addressing any barriers to care; educating member on prenatal care, dental and vision benefits, customer service, specialty providers, and transportation; and referral as appropriate to Health Education, Case Management, and/or Behavioral Health.
- Member and Provider health educational programs.
- Enhanced case management by adding clinicians with social work, substance abuse and mental health backgrounds.
- Strengthen the communication and referral process between HRA information and available case management services.
- Global authorizations for high volume non-participating providers.
- Participation in community based outreach - health fairs, LHD meetings and prenatal classes.

Table 10 represents the PIP Validation Results for all CKD PIPs.

Table 10. CKD PIP Validation Results

Step	Description	CKD PIP Review Determinations						
		AGM	DIA	HFC	JMS	MPC	PPMCO	UHC
1	Assess the Study Methodology	Met	N/A	Met	Met	Met	Met	Met
2	Review the Study Question(s)	Met	N/A	Met	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	N/A	Met	Met	Met	Met	Met
4	Review the Identified Study Population	Met	N/A	Met	Met	Met	Met	Met
5	Review Sampling Methods	Met	N/A	Met	N/A	Met	Met	Met
6	Review Data Collection Procedures	Met	N/A	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	N/A	Met	Met	Met	Met	Met
8	Review Data Analysis & Interpretation of Study Results	Met	N/A	Met	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	Met	N/A	Met	Met	Partially Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Overall, six CKD PIPs were submitted and validated. Of the six CKD PIPs, five MCOs (AGM, HFC, JMS, PPMCO, and UHC) received a rating of “Met” in all applicable areas of assessment, and one MCO (MPC) received a rating of “Partially Met” for Step 9.

The following are examples of interventions which were implemented by the HealthChoice MCO's in the CKD PIP's:

- Outreach phone calls to members with the diagnosis of hypertension and diabetes to encourage ambulatory visits.
- Mailing of information to members with the diagnosis of Diabetes and hypertension by the four (4) case managers and two (2) disease managers.
- Incentive Program for members and providers to improve compliance in nephropathy monitoring.
- Identification of diabetic members with hypertension for targeted outreach initiative.
- Hypertension assessment for 100% of the plan's diabetics and congestive heart failure who are in or referred to case management.
- Development and dissemination of patient specific lists to PCPs identifying patients with hypertension who haven't had early CKD screening.
- Development and dissemination of member letter to educate members on the need for early CKD screening.
- Patient specific CKD risk factor and testing profiles for PCP panels. Distribution of these profiles along with nationally recognized guidelines for testing to PCPs along with a graph indicating profiles of each PCPs performance over time.
- Hired analyst and verify data mapping to assure the correct members are identified for the measure.
- Reorganized Care Management Department so that all members with diabetes are managed by one staff member.

Conclusions

It appears that the MCOs have done well among most areas of assessment for both Prenatal Care and CKD PIPs. Although most indicator rates are increasing for both PIPs, the area of concern for Delmarva is within Step 7 where the barrier analysis and anticipated interventions are assessed. The MCOs have had some difficulty in performing complete barrier analysis which identifies member, provider, and administrative barriers. In addition, MCOs could develop more aggressive interventions that would address member, provider, and administrative barriers identified.

2006 Maryland CKD Performance Improvement Projects

PIP Activity	Indicator	Baseline	Remeasurement				
			#1	#2	#3	#4	#5
AMERIGROUP Maryland		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: HEDIS 2005 Comprehensive Diabetes Care, kidney disease monitored rate. Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	57.7% 79.7%	62.22% 73.9%				
Helix Family Choice		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: HEDIS CDC Nephropathy Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	38.57% 71%	61.78% 77.5%				
Jai Medical Systems		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: HEDIS 2005 Comprehensive Diabetes Care, kidney disease monitored rate. Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	87.72% 87.59%	73.10% 89.39%				
Maryland Physicians Care		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: HEDIS 2005 Comprehensive Diabetes Care, kidney disease monitored rate. Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	47.69% 84.14%	46.23% 82.98%				
Priority Partners		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: HEDIS 2005 Comprehensive Diabetes Care, kidney disease monitored rate. Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	46% 62%	51% 66%				
United Health Care		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Chronic Kidney Disease	Quantifiable Measure #1: Comprehensive Diabetes Care, kidney disease monitored rate. Quantifiable Measure #2: Members diagnosed with hypertension that received at least one serum creatinine.	44.04% 76.6%	42.3% 81%				

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PIP Activity	Indicator	Baseline	Remeasurement				
			#1	#2	#3	#4	#5
AMERIGROUP Maryland		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Prenatal	Quantifiable Measure #1: Postpartum Care	73.67%	83.53%				
Diamond Plan/ Coventry Health Care		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	Quantifiable Measure #1: The percent of active Medicaid members with live deliveries within the measurement period who received $\geq 81\%$ of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the Diamond Plan.	44%	58%	76%	56%	73%	
Helix Family Choice		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Prenatal/Post Partum	Quantifiable Measure #1: Frequency of Postpartum Visits	64%	55%				
Jai Medical Systems		Jan-Jun 2004	Jan-Jun 2005	Jan-Jun 2006	Jan-Jun 2007	Jan-Jun 2008	Jan-Jun 2009
New Methods to Increase Compliance with Postpartum Care Visits	Quantifiable Measure #1: 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.	43.7%	67.1%				
	Quantifiable Measure #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	48.7%	97.5%				
Maryland Physicians Care		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Addressing Barriers to Care to Improve Timeliness of Prenatal Care	Quantifiable Measure #1: Timeliness of Prenatal Care	86%	85%				
Priority Partners		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Improving Prenatal Care	Quantifiable Measure #1: HEDIS Frequency of Prenatal Care	44%	60%				
United Health Care		Jan-Dec 2004	Jan-Dec 2005	Jan-Dec 2006	Jan-Dec 2007	Jan-Dec 2008	Jan-Dec 2009
Improving Prenatal Care for Pregnant Members	Quantifiable Measure #1: HEDIS measurement of timeliness of prenatal care.	87%	90%				