



**Health Choice**



# Medicaid Managed Care Organization Performance Improvement Projects Annual Report 2008

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## Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) requires, through the Code of Maryland Annotated Regulations (COMAR) 10.09.65.03B(6), that each HealthChoice managed care organization (MCO) conduct performance improvement projects (PIPs) focusing on clinical or non-clinical areas. DHMH selected Chronic Kidney Disease and Cervical Cancer Screening 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 validation of PIPs required by the State. 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 Community Care (ACC)
- Diamond Plan (DIA)
- Jai Medical Systems, Inc. (JMS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- 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 Chronic Kidney Disease and the second on Cervical Cancer Screening. The Chronic Kidney Disease PIPs began in 2005 and the Cervical Cancer Screening PIPs began in 2007. Delmarva was responsible for providing technical assistance, validation of results, education, and oversight of the MCO's PIPs. All PIP submissions were 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 to ensure that each MCO was using relevant and valid study techniques. The MCOs were required to submit PIP project updates annually 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 Chronic Kidney Disease PIPs were discontinued as of December 2008 at the direction of DHMH following the September 2008 submissions which included the reporting and analysis of the third re-measurement phase.

For the 2008 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.
- 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 10 elements/steps.

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

**Table 1. Rating Scale for PIP Validation**

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

## **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 10 steps. Recommendations for each step that did not receive a rating of "Met" follow each MCO's results section.

**AMERIGROUP Community Care**

ACC’s Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. ACC’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 2 represents the PIP Validation Results for ACC’s Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 2. PIP Validation Results for ACC.**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	Unmet	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

ACC’s Chronic Kidney Disease PIP received a rating of “Unmet” for Step 7 because the PIP submission included interventions which solely targeted members: outbound phone calls, member mailings, and case management referrals. While these interventions were reasonable, there have been no interventions implemented that target providers or the MCO as previously recommended. In addition, the MCO has defined provider and MCO barriers, but has not acted on any opportunities to target these groups, and no new interventions have been implemented since January 2007.

ACC’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection and validation for this PIP.

## **Recommendations**

It is recommended that ACC develop multifaceted interventions targeting members, providers, and MCO barriers for the Chronic Kidney Disease PIP as identified in the barrier analysis. It is also necessary that a complete barrier analysis be completed annually. For the Cervical Cancer Screening PIP, ACC established a Health Promotion Workgroup in July of 2008 to continually monitor and re-evaluate the effectiveness of the interventions implemented for this PIP. It is recommended that the MCO describe the workgroups' findings and progress made in each submission to enhance the PIP. In addition, it is recommended that ACC include in the analysis plan a comparison of baseline rates to re-measurement period rates, benchmarks, and goals, along with statistical testing if applicable.

## Diamond Plan

DIA’s Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications. DIA’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 3 represents the PIP Validation Results for DIA’s Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 3. PIP Validation Results for DIA.**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A	N/A
10	Assess Sustained Improvement	N/A	N/A

DIA’s Chronic Kidney Disease and Cervical Cancer Screening PIPs received ratings of “Not Applicable” for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection for both PIPs. During the baseline data collection and validation, these two areas of assessment are not able to be assessed and therefore not applicable.

## Recommendations

It is recommended for both PIPs that the MCO clearly explain the methodology employed annually to identify the root causes, barriers, and potential opportunities for improvement in each submission.

**Jai Medical Systems, Inc.**

JMS’s Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. JMS’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 4 represents the PIP Validation Results for JMS’s Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 4. PIP Validation Results for JMS.**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A
10	Assess Sustained Improvement	Met	N/A

JMS’s Chronic Kidney Disease and Cervical Cancer Screening PIPs received a rating of “Not Applicable” for Step 5 because sampling methodology was not used; JMS used the entire eligible population for both PIPs. A rating of “Not Applicable” for Steps 9 and 10 of the Cervical Cancer Screening PIP was received because this was the baseline year (January 1 through December 31, 2007) of data collection and validation for this PIP.

## Recommendations

Although the indicator rates for the Chronic Kidney Disease PIP have increased and the Cervical Cancer Screening interventions appear to be appropriate to overcome the barriers identified, it is recommended that JMS continue to annually explore barriers for members, providers, and the MCO, and implement interventions aimed at resolving those barriers. In addition, it is recommended that JMS follow through with and initiate interventions on the Cervical Cancer Screening PIP that target providers as outlined in the submission, regarding what PCPs can do while the patient is in the office to increase the number of Pap Tests performed in CY 2008. The results of these interventions should be included in the next submission.

## Maryland Physicians Care

MPC's Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. MPC's Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 5 represents the PIP Validation Results for MPC's Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 5. PIP Validation Results for MPC**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A
10	Assess Sustained Improvement	Met	N/A

MPC's Chronic Kidney Disease PIP received a rating of "Partially Met" for Step 9 because there was no quantitative improvement in rates for either indicator. The Cervical Cancer Screening PIP received a rating of "Not Applicable" for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection and validation.

## **Recommendations**

It is recommended that MPC include in the Cervical Cancer Screening data analysis an interpretation of the baseline rates compared to the re-measurement period rates, benchmarks, and goals, along with statistical testing if applicable. Although the Cervical Cancer Screening interventions appear to be appropriate to overcome the barriers identified, it is necessary that MPC continue to annually explore barriers for members, providers, and the MCO, and implement interventions aimed at resolving those barriers.

## MedStar Family Choice

MSFC's Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. MSFC's Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 6 represents the PIP Validation Results for MSFC's Chronic Kidney Disease and Cervical Cancer Screening PIPs.

Table 6. PIP Validation Results for MSFC.

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A
10	Assess Sustained Improvement	Met	N/A

MSFC's Cervical Cancer Screening PIP received a finding of "Not Applicable" for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection and validation.

## Recommendations

Although the indicator rates for the Chronic Kidney Disease PIP have increased and the Cervical Cancer Screening interventions appear to be appropriate to overcome the barriers identified, it is necessary that MSFC continue to annually explore barriers for members, providers, and the MCO, and implement interventions aimed at resolving those barriers.

## Priority Partners

PPMCO’s Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. PPMCO’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 7 represents the PIP Validation Results for PPMCO’s Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 7. PIP Validation Results for PPMCO**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A
10	Assess Sustained Improvement	Met	N/A

PPMCO’s Cervical Cancer Screening PIP received a finding of “Not Applicable” for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection and validation.

## Recommendations

Although PPMCO received ratings of “Met” in all applicable areas of assessment, recommendations for improvement would be to continue to annually 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 Chronic Kidney Disease PIP focused on improving Comprehensive Diabetes Care through increased kidney disease monitoring according to the HEDIS technical specifications, and increasing the percent of members diagnosed with hypertension that received at least one serum creatinine test. UHC’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 8 represents the PIP Validation Results for UHC’s Chronic Kidney Disease and Cervical Cancer Screening PIPs.

**Table 8. PIP Validation Results for UnitedHealthcare**

Step	Description	Review Determinations	
		Chronic Kidney Disease	Cervical Cancer Screening
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	N/A
10	Assess Sustained Improvement	Met	N/A

UHC’s Cervical Cancer Screening PIP received a finding of “Not Applicable” for Steps 9 and 10 because this was the baseline year (January 1 through December 31, 2007) of data collection and validation.

## **Recommendations**

Although UHC received ratings of “Met” in all applicable areas of assessment, recommendations for improvement would be to continue to annually 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 Chronic Kidney Disease PIPs.

Table 9. Chronic Kidney Disease PIP Validation Results

Step	Description	Chronic Kidney Disease 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	Met	Met	N/A	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Unmet	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	N/A	Met	Partially Met	Met	Met	Met
10	Assess Sustained Improvement	Met	N/A	Met	Met	Met	Met	Met

Overall, seven Chronic Kidney Disease PIPs were submitted and validated. Of the seven Chronic Kidney Disease PIPs, three MCOs (MSFC, PPMCO, and UHC) received ratings of “Met” for all Steps. ACC received a rating of “Unmet” for Step 7 because the PIP submission included interventions which solely targeted members, no interventions targeted providers or the MCO as were previously recommended, and there were no new interventions implemented since January 2007. DIA received a rating “Not Applicable” for Steps 9 and 10 because this was a baseline year (January 1 through December 31, 2007) of data collection and validation. JMS received a rating of “Not Applicable” for Step 5 because they reported on their entire eligible population and did not utilize sampling methodology. Therefore, this area of assessment was not applicable for assessment. MPC received a rating of “Partially Met” for Step 9 because neither of their indicator rates increased during this assessment period.

The following are examples of interventions which were implemented by the HealthChoice MCOs in the Chronic Kidney Disease PIPs:

- Conduct outreach phone calls to members with the diagnosis of hypertension and diabetes to encourage ambulatory visits.
- Mail information to members with the diagnosis of diabetes and hypertension by the case and disease managers.
- Create incentive Program for members and providers to improve compliance in nephropathy monitoring.
- Identify diabetic members with hypertension for targeted outreach initiative.
- Assess for hypertension in 100% of the plan’s diabetics and congestive heart failure patients who are in or referred to case management.
- Develop and disseminate patient specific lists to PCPs identifying patients with hypertension who haven’t had early Chronic Kidney Disease screening.
- Develop and disseminate member letter to educate members on the need for early Chronic Kidney Disease screening.
- Develop patient specific Chronic Kidney Disease 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.
- Hire analyst and verify data mapping to assure the correct members are identified for the measure.
- Reorganize Care Management Department so that all members with diabetes are managed by one staff member.
- Distribute Preventive Health Guidelines to Providers.
- Facilitate three-way calls with Members, Providers, and Outreach Coordinators to schedule appointments for needed interventions.

- Provide home visits to members who were unable to be contacted by phone and have not had a PCP visit in at least the last 2 years.

Table 10 represents the PIP Validation Results for all Cervical Cancer Screening PIPs.

**Table 10. Cervical Cancer Screening PIP Validation Results**

Step	Description	Cervical Cancer Screening 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	Met	Met	N/A	Met	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	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

Overall, seven Cervical Cancer Screening PIPs were submitted and validated. Six MCOs (ACC, DIA, MPC, MSFC, PPMCO, and UHC) received a rating of “Met” for Steps 1 through 8. JMS received a rating of “Not Applicable” for Step 5 because they reported on their entire eligible population and did not utilize sampling methodology. Therefore, this area of assessment was not applicable for

assessment. All MCOs received a rating of “Not Applicable” for Steps 9 and 10 as this was the baseline year (January 1 through December 31, 2007) of data collection and validation.

The following are examples of interventions which were implemented by the HealthChoice MCOs in the Cervical Cancer Screening PIPs:

- Present and distribute educational material at community events.
- Mail educational material to members.
- Make outreach calls to members who had not received a cervical cancer screening.
- Develop member database to identify members who have not had a cervical cancer screening.
- Distribute patient specific lists to PCPs identifying members who have not had cervical cancer screenings.
- Provide incentive programs (gift cards) for members to encourage cervical cancer screenings.
- Facilitate chart reviews to ensure screenings are billed and counted correctly.
- Provide home visits to members who have not had a PCP visit or screening in the past two years.
- Facilitate referrals to the Local Health Department.
- Facilitate three-way calls with Members, Providers and Outreach Coordinators to schedule appointments for needed interventions.
- Increase staffing at MCOs (HEDIS Staff and RN Health Educator).
- Distribute Preventive Health Guidelines to providers.
- Provide targeted educational mailings to members.
- Develop partnerships with lab vendors to obtain Pap Smears.
- Develop Health Promotion Workgroup to re-evaluate the effectiveness of PIP interventions.
- Developed and distributed Provider Report Card which included individual HEDIS results.

## Conclusions

It appears that the MCOs have done well in most areas of assessment for both Chronic Kidney Disease and Cervical Cancer Screening PIPs. Although the Chronic Kidney Disease indicator rates are increasing, 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 annually which identifies member, provider, and administrative barriers. In addition, MCOs could develop more aggressive interventions that would address member, provider, and administrative barriers identified.