



Health Choice



Medicaid Managed Care Organization Performance Improvement Projects Annual Report 2007



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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. DHMH selected Chronic Kidney Disease (CKD) and Cervical Cancer Screening (CCS) 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 CKD and the second on CCS. The CKD PIPs began in 2005 and the CCS 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 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. 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.

For the 2007 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 Community Care

ACC's CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. ACC's CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 2 represents the PIP Validation Results for ACC's CKD and CCS 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	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

ACC's CKD and CCS PIPs received a rating of "Met" for all applicable Steps. A rating of "Not Applicable" was received for Steps 9 and 10 on the CCS PIP because this was the baseline year of data collection and validation for this PIP.

Recommendations

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

Diamond Plan

DIA’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications. DIA’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 3 represents the PIP Validation Results for DIA’s CKD and CCS 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	N/A	Met
6	Review Data Collection Procedures	Met	Met
7	Assess Improvement Strategies	Partially 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 CKD PIP received a rating of “Met” for Steps 1 – 4, Step 6, and Step 8. A rating of “Partially Met” was received for Step 7 because the methodology and processes employed to identify the root causes, barriers, and potential opportunities for improvement were not explained in the PIP submission. A rating of “Not Applicable” was received for Step 5 because no sampling methods were used in this study, the entire eligible population was included. This was the first submission and baseline year of data collection for DIA’s CKD PIP. Therefore, Steps 9 and 10 received a rating of “Not Applicable” during a baseline year of data collection and validation.

DIA’s CCS PIP received a rating of “Met” for Steps 1 – 8 and “Not Applicable” for Steps 9 and 10. DIA received a rating of “Not Applicable” for Steps 9 and 10 because this was the baseline year of data collection and validation for the CCS PIP.

Recommendations

It is recommended that DIA clearly explain the methodology employed annually to identify the root causes, barriers, and potential opportunities for improvement in each submission. It is also recommended that over the next year, DIA concentrate on implementing interventions which will impact on the provider and MCO barriers identified.

Jai Medical Systems, Inc.

JMS’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. JMS’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 4 represents the PIP Validation Results for JMS’s CKD and CCS 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 CKD and CCS PIPs received a rating of “Met” for all applicable Steps. JMS received a rating of “Not Applicable” for Step 5 because sampling methodology was not used in the CKD or CCS PIPs. JMS received a rating of “Not Applicable for Steps 9 and 10 on the CCS PIP because this was the baseline year of data collection and validation for this PIP.

Recommendations

Although the indicator rates for the CKD PIP have increased and the CCS 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.

Maryland Physicians Care

MPC’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. MPC’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 5 represents the PIP Validation Results for MPC’s CKD and CCS 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	Met	N/A
10	Assess Sustained Improvement	Met	N/A

MPC’s CKD and CCS PIPs received a rating of “Met” for all applicable Steps. A rating of “Not Applicable” was received for Steps 9 and 10 of the CCS PIP because this was the baseline year of data collection and validation for the CCS PIP.

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.

MedStar Family Choice

MSFC’s CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. MSFC’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 6 represents the PIP Validation Results for MSFC’s CKD and CCS 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 CKD and CCS PIPs received a rating of “Met” for all applicable Steps. A rating of “Not Applicable” was received for Steps 9 and 10 of the CCS PIP because this was the baseline year of data collection and validation for the CCS PIP.

Recommendations

Although the indicator rates for the CKD PIP have increased and the CCS interventions appear to be appropriate to overcome the barriers identified, it is recommended 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 CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. PPMCO’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 7 represents the PIP Validation Results for PPMCO’s CKD and CCS 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 CKD and CCS PIPs received a rating of “Met” for all applicable Steps. A rating of “Not Applicable” was received for Steps 9 and 10 for the CCS PIP because this was the baseline year 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 CKD PIP focused on increasing Comprehensive Diabetes Care, kidney disease monitored rate according to the HEDIS technical specifications and the percent of members diagnosed with hypertension that received at least one serum creatinine. UHC’s CCS PIP focused on increasing and sustaining the number of members screened for cervical cancer according to HEDIS technical specifications.

Table 8 represents the PIP Validation Results for UHC’s CKD and CCS 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 CKD and CCS PIPs received a rating of “Met” for all applicable Steps. A rating of “Not Applicable” was received for Steps 9 and 10 for the CCS PIP because this was the baseline year 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 CKD PIPs.

Table 9. CKD PIP Validation Results

Step	Description	CKD PIP Review Determinations						
		AGM	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	N/A	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Partially 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	Met	Met	Met	Met	Met
10	Assess Sustained Improvement	Met	Met	Met	Met	Met	Met	Met

Overall, seven CKD PIPs were submitted and validated. Of the seven CKD PIPs, six MCOs (ACC, JMS, MPC, MSFC, PPMCO, and UHC) received a rating of “Met” in all applicable areas of

assessment, and one MCO (DIA) received a rating of “Partially Met” for Step 7. DIA and JMS received a rating of “N/A” for step 5 as no sampling methodology was used in the CKD PIP.

The following are examples of interventions which were implemented by the HealthChoice MCOs in the CKD 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 CKD screening.
- Develop and disseminate member letter to educate members on the need for early CKD screening.
- Develop 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.
- 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 CCS PIPs.

Table 10. CCS PIP Validation Results

Step	Description	CCS PIP Review Determinations						
		AGM	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 CCS PIPs were submitted and validated. All seven MCOs received a rating of “Met” in all applicable areas of assessment. JMS received a rating of “N/A” for Step 5 as there were no sampling methods used in the CCS PIP.

The following are examples of interventions which were implemented by the HealthChoice MCOs in the CCS 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.

Conclusions

It appears that the MCOs have done well among most areas of assessment for both CKD and CCS PIPs. Although the CKD 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.

2007 Maryland CKD Performance Improvement Projects

PIP Activity	Indicator	Baseline	Remeasurement				
			#1	#2	#3	#4	#5
AMERIGROUP Community 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.	57.7%	62.22%	83.37%			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	79.7%	73.9%	76.98%			
Diamond Plan		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.	N/A	N/A	N/A			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	N/A	N/A	N/A			
Jai Medical Systems, Inc.		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.	87.72%	73.10%	90.88%			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	87.59%	89.39%	88.38%			
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.	47.69%	46.23%	78.81%			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	84.14%	82.98%	85.3%			
MedStar 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	38.57%	61.78%	85.46%			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	71%	77.5%	73.9%			
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.	46%	51%	77%			
	Quantifiable Measure #2: Percent of members diagnosed with hypertension that received at least one serum creatinine.	62%	66%	68%			
UnitedHealthcare		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.	44.04%	42.3%	74.7%			
	Quantifiable Measure #2: Members diagnosed with hypertension that received at least one serum creatinine.	76.6%	81%	80%			