



# Medicaid Managed Care Organization



# Performance Improvement Projects



# Annual Report 2011

Submitted by:  
Delmarva Foundation  
November 2011



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

# Medicaid Managed Care Organization Performance Improvement Projects Annual Report 2011

## Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) is responsible for the evaluation of the quality of care provided to Medical Assistance recipients in the HealthChoice program. DHMH contracts with the Delmarva Foundation (Delmarva) to serve as the External Quality Review Organization (EQRO). As the EQRO, Delmarva is responsible for evaluating the Performance Improvement Projects (PIPs) submitted by the Managed Care Organizations (MCOs).

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

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

## PIP Purpose and Objectives

Each MCO was required to conduct PIPs that were designed to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical care, or non-clinical care areas that were expected to have a favorable effect on health outcomes. The PIPs included measurements of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement. In addition to improving the quality, access, or timeliness of service delivery, the process of completing a PIP functions as a learning opportunity for the MCO. The processes and skills required in PIPs, such as indicator development, root cause analysis, and intervention development are transferable to other projects that can lead to improvement in other health areas.

### Topic Selected

Each MCO was required to conduct a Cervical Cancer Screening and Substance Abuse PIP. The Cervical Cancer Screening PIP began in 2007, and seeks to increase the number of female recipients, 21-64 years of age, who receive this preventative health care test. This was the final measurement year for the Cervical Cancer Screening PIP. The Substance Abuse PIP was announced in March 2009, and made use of HEDIS 2009<sup>1</sup> measurement rates to assist MCOs in knowing their baseline performance when developing interventions due in the fall 2009. The measure seeks to increase the timeliness of treatment initiation following a new episode of identified dependency, and continued engagement in treatment. According to a study completed in 2007 by Maryland's Alcohol and Drug Abuse Administration, persons remaining in treatment for 90 or more days resulted in lower drug use upon discharge from treatment. When longevity increased to at least 180 days, the use of drugs following discharge fell more than 50%. Therefore, the Department aimed at building upon those statistics through this project. Delmarva was responsible for providing technical assistance, validation of results, education, and oversight of the MCOs' PIPs. All PIP submissions were made using an approved project submission tool.

### Validation Process

The guidelines utilized for PIP review activities were CMS' *Validation of PIP Protocols*. The tool assists in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Each MCO was required to provide the study framework and project description for each PIP. This information was reviewed to ensure that each MCO was using relevant and valid study techniques. The MCOs were required to provide annual PIP submissions on September 30. The submissions included results of measurement activities, a status report of intervention implementations, analysis of the measurement results using the defined data analysis plan, as well as information concerning any modifications to (or removal of) intervention strategies that may not be yielding anticipated improvement. If an MCO decided to modify other portions of the project, updates to the submissions were permitted in consultation with Delmarva.

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

Step 1: Review of the selected study topics.

Step 2: Review of the study questions.

---

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

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

As Delmarva staff conducted the review, each of the components within a step was rated as “Yes”, “No”, or “N/A” (Not Applicable). Components were then aggregated to create a determination of “Met”, “Partially Met”, “Unmet”, or “Not Applicable” for each of the ten steps.

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

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

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

## Results

This section presents an overview of the findings from the validation activities completed for each PIP submitted by the MCOs. Each MCO’s PIP was reviewed against all components contained within the 10 steps. Recommendations for each step that did not receive a rating of “Met” follow each MCO’s results in this report.

## AMERIGROUP Community Care

ACC's Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 2 represents the PIP Validation Results for ACC's Cervical Cancer Screening and Substance Abuse PIPs.

Table 2. PIP Validation Results for ACC.

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

ACC's Substance Abuse PIP received a rating of "Not Applicable" for Step 5 because sampling was not utilized, and for Step 10 because this is the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

ACC's Cervical Cancer Screening indicator rate increased by 9.35% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. ACC's Substance Abuse indicator rates increased by 1.56% for Indicator 1 and 3.85% for Indicator 2 in CY 2010. It is recommended that ACC continue to conduct annual barrier analysis and identify opportunities for improvement. Interventions should continue to target member, provider, and MCO barriers and be system-level. These types of interventions will prove to induce permanent change in rates.

## Diamond Plan

DIA’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 3 represents the PIP Validation Results for DIA’s Cervical Cancer Screening and Substance Abuse PIPs.

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

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

DIA’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized, and for Step10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

DIA's Cervical Cancer Screening indicator rate increased by 4.6% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. DIA's Substance Abuse Indicator 2 rate increased by 4.5% in CY 2010. It is recommended that DIA continue to conduct an annual barrier analysis and identify opportunities for improvement. Interventions should continue to target member, provider, and MCO barriers and be system-level. These types of interventions will prove to induce permanent change in rates.

## Jai Medical Systems

JMS' Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 4 represents the PIP Validation Results for JMS' Cervical Cancer Screening and Substance Abuse PIPs.

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

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

JMS's Substance Abuse PIP received a rating of "Not Applicable" for Step 5 because sampling was not utilized, and for Step 10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

JMS's Cervical Cancer Screening indicator rate increased by 3.37% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. JMS's Substance Abuse indicator rates increased by 4.45% for Indicator 1 and 6.07% for Indicator 2 in CY 2010. It is recommended that JMS continue to complete annual barrier analysis which will identify barriers for members, providers, and the MCO along with identifying opportunities for improvement. Once barriers are identified, JMS should develop interventions that are system-level and induce permanent change.

## Maryland Physicians Care

MPC’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 5 represents the PIP Validation Results for MPC’s Cervical Cancer Screening and Substance Abuse PIPs.

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

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

MPC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized, and for Step 10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

MPC's Cervical Cancer Screening indicator rate increased by 1.75% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. MPC's indicator rates for the Substance Abuse PIP increased by 5.93% for Indicator 1 and 13.19% for Indicator 2 in CY 2010. It is recommended that MPC continue to conduct an annual barrier analysis and identify opportunities for improvement. MPC should also continue to develop interventions that are system-level and induce permanent change. System-level interventions include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives.

## MedStar Family Choice

MSFC’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 6 represents the PIP Validation Results for MSFC’s Cervical Cancer Screening and Substance Abuse PIPs.

**Table 6. PIP Validation Results for MSFC.**

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

MSFC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized, and for Step 10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

MSFC's Cervical Cancer Screening indicator rate increased by 8.74% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. MSFC's Substance Abuse Indicator 2 rate increased by 3.07% in CY 2010. It is recommended that MSFC continue to conduct an annual barrier analysis and identify opportunities for improvement. Interventions should target barriers and periodically be assessed for effectiveness. MSFC should continue to develop interventions that are system-level and induce permanent change.

## Priority Partners

PPMCO’s Cervical Cancer Screening PIP focused on increasing the number of members screened, according to HEDIS technical specifications.

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

Table 7 represents the PIP Validation Results for PPMCO’s Cervical Cancer Screening and Substance Abuse PIPs.

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

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

PPMCO’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized, and for Step 10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

PPMCO's Cervical Cancer Screening indicator rate increased by 1.69% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. PPMCO's Substance Abuse indicator rates increased by 1.79% for Indicator 1 and 5.68% for Indicator 2 in CY 2010. It is recommended that the MCO continue to conduct an annual barrier analysis to identify opportunities for improvement. Interventions should continue to be system-level and induce permanent change. System-level interventions include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives.

**UnitedHealthcare**

UHC’s Cervical Cancer Screening PIP focused on increasing the number of members screened for cervical cancer, according to HEDIS technical specifications.

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

Table 8 represents the PIP Validation Results for UHC’s Cervical Cancer Screening and Substance Abuse PIPs.

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

Step	Description	Review Determinations	
		Cervical Cancer Screening	Substance Abuse
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	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	Met	N/A

UHC’s Substance Abuse PIP received a rating of “Not Applicable” for Step 5 because sampling was not utilized. A rating of “Not Applicable” was received for Step 10 because this was the first remeasurement period and sustained improvement cannot be assessed until after the second remeasurement period.

## **Recommendations**

UHC's Cervical Cancer Screening PIP indicator rate increased by 5.84% in CY 2010 and there was sustained improvement demonstrated through repeated measurements over comparable time periods for the project. UHC's Substance Abuse PIP indicator rates increased by .55% for Indicator 1 and 5.21% for Indicator 2 in CY 2010. It is recommended that UHC complete annual and detailed barrier analysis which will identify barriers for members, providers, and the MCO along with identifying opportunities for improvement. Once barriers are identified, UHC should develop interventions that are system-level and induce permanent change.

Summary of Results and Interventions

Table 9 represents the PIP Validation Results for all Cervical Cancer Screening PIPs.

Table 9. 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	Met	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	Met	Met	Met	Met	Met	Met	Met
10	Assess Sustained Improvement	Met	Met	Met	Met	Met	Met	Met

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

- Direct member outreach to noncompliant members.
- Hold Cervical Cancer Screening Clinic Days to enhance access and appointment availability.
- MCO visits to providers, encouraging cervical cancer screening during either acute or well care visits.
- Outreach contacts with members as a reminder regarding screening and assist with appointments and transportation.
- Mail member birthday cards with education on breast and PAP screenings.
- Offer incentives for members obtaining cervical cancer screening.
- Distribute patient specific lists to PCPs that identify members who have not had cervical cancer screenings.
- Use assistance of Local Health Departments to outreach to members delayed in getting screened.
- Increase staffing at MCOs (HEDIS Staff and RN Health Educator).
- Distribute Preventive Health Guidelines to providers.
- Make home visits to noncompliant members who cannot be reached by phone.
- Conduct mass mailings of educational information to members.
- Offer administrative costs for provider's assistance with member outreach.
- Hire company to provide Home Visits to members unreachable by phone or mail.
- Increase gynecologist availability at core medical facilities.
- Distribution of Provider Report Cards (include practices with their own HEDIS scores).
- Value Based Purchasing Outreach Team developed to target members with gaps in care related to 10 HEDIS measures including CCS.

Table 10 represents the PIP Validation Results for all Substance Abuse PIPs.

Table 10. Substance Abuse PIP Validation Results

Step	Description	Substance Abuse PIP Review Determinations						
		ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
1	Assess the Study Methodology	Met	Met	Met	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met	Met	Met	Met
5	Review Sampling Methods	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	Review Data Collection Procedures	Met	Met	Met	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

## Conclusions

This is the final remeasurement year for the Cervical Cancer Screening PIP. All MCOs demonstrated increases in indicator rates. In addition, all MCOs were able to demonstrate sustained improvement from the baseline measurement year to the final remeasurement year which is the goal of all PIPs. Table 11 represents the Cervical Cancer Screening PIP indicator rates for all MCOs for each measurement year of the PIP.

**Table 11. Cervical Cancer Screening PIP Indicator 1 Rates**

Measurement Year	Indicator 1: Cervical Cancer Screening						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
1/1/2007-12/31/2007	61.43%	47.97%	73.80%	64.05%	64.72%	66.00%	64.80%
1/1/2008-12/31/2008	67.93%	62.75%	77.96%	66.25%	66.42%	63.03%	66.05%
1/1/2009-12/31/2009	67.26%	65.63%	76.36%	67.92%	67.65%	67.71%	64.42%
1/1/2010-12/31/2010	76.60%	70.23%	79.73%	69.67%	76.39%	69.40%	70.26%

This is the first measurement year for the Substance Abuse PIP. There are two indicator rates for this PIP. Five MCOs demonstrated an increase and two MCOs demonstrated a decrease in the first indicator rate. All MCOs demonstrated an increase in the second indicator rate. Tables 12 and 13 represent the Substance Abuse PIP indicator rates for all MCOs for each measurement year of the PIP.

**Table 12. Substance Abuse PIP Indicator 1 Rates**

Measurement Year	Indicator 1: Initiation of Alcohol and Other Drug Dependence Treatment						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
1/1/2009-12/31/2009	49.38%	40.89%	44.39%	44.68%	35.60%	46.82%	49.75%
1/1/2010-12/31/2010	50.94%	40.81%	48.84%	50.61%	32.21%	48.61%	50.30%
1/1/2011-12/31/2011	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1/1/2012-12/31/2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Table 13. Substance Abuse PIP Indicator 2 Rates**

Measurement Year	Indicator 2: Engagement of Alcohol and Other Drug Dependence Treatment						
	ACC	DIA	JMS	MPC	MSFC	PPMCO	UHC
1/1/2009-12/31/2009	21.42%	21.05%	15.98%	12.70%	7.20%	17.93%	10.78%
1/1/2010-12/31/2010	25.27%	25.55%	22.05%	25.89%	10.27%	23.61%	15.99%
1/1/2011-12/31/2011	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1/1/2012-12/31/2012	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

- Complete a thorough and annual barrier analysis which will direct where limited resources can be most effectively used to drive improvement.
- Develop system-level interventions which include educational efforts, changes in policy, targeting of additional resources, or other organization-wide initiatives. Face-to-face contact is usually most effective. To improve outcomes, interventions should be systematic (affecting a wide range of members, providers and the MCO), timely, and effective.
- Interventions must be assessed for effectiveness, and adjustments made where outcomes are unsatisfactory.
- Detail the list of interventions (who, what, where, when, how many) to make the intervention understandable and so that there is enough information to determine if the intervention was effective.