



2023 Performance Improvement Project Snapshot Report

Prenatal and Postpartum Care

April 2024



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1. Background

The Arizona Health Care Cost Containment System (AHCCCS) contracted with Health Services Advisory Group, Inc. (HSAG), a qualified external quality review organization (EQRO), to conduct evaluation and validation of its AHCCCS-mandated performance improvement projects (PIP). HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS Protocol 1).¹⁻¹

HSAG’s evaluation of the PIP included two key components of the quality improvement (QI) process:

1. HSAG evaluated the technical structure of the PIP to ensure that the Contractor designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG’s review determines whether the PIP design (e.g., aim statement, population, indicator(s), sampling methods, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluated the implementation of the PIP. Once designed, a Contractor’s effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the Contractor improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG’s PIP validation was to ensure that AHCCCS and key stakeholders could have confidence that a Contractor executed a methodologically sound improvement project, and any reported improvement was related to and could be reasonably linked to the QI strategies and activities conducted by a Contractor during the PIP.



Methodology

According to the Centers for Disease Control and Prevention (CDC), at least 50,000 women in the United States are affected by severe morbidity due to unexpected pregnancy-related health problems. In addition, more than 700 women die each year from pregnancy-related problems or delivery complications. Racial disparities exist among pregnancy-related deaths, as the CDC reports, “American Indian, Alaska Native, and Black women are two to three times more likely to die of pregnancy-related

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 6, 2024.

causes than White women.” Every death related to pregnancy is a tragedy, especially considering the CDC found that four in five of the deaths are preventable.¹⁻²

According to Healthy People 2030, “Women’s health before, during, and after pregnancy can have a major impact on infants’ health and well-being.” Strategies, such as maintaining a healthy lifestyle, receiving proper healthcare, and adopting healthy habits before and during pregnancy helps prevent pregnancy complications and improve health outcomes for women and their babies. In addition, these strategies may assist in promoting infant health, development, and overall well-being.¹⁻³



Purpose

For this year’s 2023 validation, the Contractors continued this state-mandated clinical PIP topic: *Prenatal and Postpartum Care*. The topic addressed CMS’ requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The purpose of the *Prenatal and Postpartum Care*¹⁻⁴ PIP is to improve health outcomes for members and infants. The PIP focuses on increasing the number and percentage of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit. The aim of this PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time.



Contractors Reviewed

AHCCCS maintains managed care agreements with several Contractors to administer its Medicaid Managed Care program. A general description of each AHCCCS program and the associated Contractors reviewed are included below.

Arizona Complete Care (ACC) Program

The ACC Program provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of Children’s Health Insurance Program (CHIP) KidsCare (Title XXI) eligible children (under age 19 years). Seven ACC Contractors are responsible for providing services under the ACC Program. Three of the ACC Contractors are also responsible for providing services for the Serious Mental Illness (SMI)-Designated population. These Contractors are referred to as ACC-Regional Behavioral Health Agreement (ACC-RBHA) Contractors. Throughout this report,

¹⁻² “Pregnancy-Related Deaths in the United States.” Centers for Disease Control and Prevention, 16 Feb. 2022. <https://www.cdc.gov/hearher/pregnancy-related-deaths/index.html> Accessed on: Mar. 15, 2024

¹⁻³ Healthy People 2030. Pregnancy and Childbirth. Available at: [Pregnancy and Childbirth - Healthy People 2030 | health.gov](https://www.health.gov/health-topics/pregnancy-and-childbirth). Accessed on: Mar 15, 2024.

¹⁻⁴ This PIP was selected based on consideration of statewide and Contractor performance and inclusion of the measure within the CMS (Adult and Child) Core Sets.

ACC Program discussions are limited to the ACC and ACC-RBHA Contractors’ Non-SMI-Designated population.

Table 1-1—ACC Program Contracted MCOs

ACC Program Contractors	
Contractor Name	Contractor Abbreviation
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA*
Banner-University Family Care	BUFC ACC
Care 1 st Health Plan	Care 1 st ACC-RBHA*
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA*
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

*Contractor serves both the ACC and the ACC-RBHA SMI-designated populations. Throughout this report, ACC Program discussions are limited to the ACC-RBHA Contractors’ non-SMI-designated population.

Regional Behavioral Health Authority (RBHA)¹⁻⁵/ACC-RBHA SMI-Designated Population Program

The RBHA Program was active through September 30, 2022, and provided integrated physical and behavioral health services to eligible Medicaid (Title XIX) and CHIP KidsCare (Title XXI) covered members determined to have a serious mental illness (SMI) designation.

The ACC-RBHA¹⁻⁶ Program was initiated October 1, 2022, and provides integrated physical and behavioral health services to eligible Medicaid (Title XIX) and CHIP KidsCare (Title XXI) covered members determined to have an SMI designation. ACC-RBHA Contractors are also responsible for providing crisis services to all individuals, including but not limited to crisis telephone services, community-based mobile crisis teams, and facility-based crisis stabilization services. Additionally, ACC-RBHA Contractors are responsible for providing services to the ACC (Non-SMI-Designated) population.

¹⁻⁵ Referred to as Regional Behavioral Health Authority prior to October 1, 2022.

¹⁻⁶ Care 1st ACC-RBHA will be included in the Prenatal and Postpartum Care PIP beginning in 2024 with a baseline year of 2023.

Table 1-2—RBHA/ACC-RBHA SMI-Designated Population Program Contracted MCOs

RBHA/ACC-RBHA SMI-Designated Population Program Contractors*	
Contractor Name	Contractor Abbreviation
Arizona Complete Health – Complete Care Plan	AzCH-CCP RBHA/AzCH-CCP ACC-RBHA
Care 1 st Health Plan	Care 1 st ACC-RBHA**
Mercy Care	Mercy Care RBHA/Mercy Care ACC-RBHA

* The ACC-RBHA Contractors serve both the SMI-Designated population (under the ACC-RBHA program) and the Non-SMI-Designated population (under the ACC program).

** Effective October 1, 2022, AHCCCS contracted with Care 1st as an ACC-RBHA; therefore, Care 1st ACC-RBHA is included in this PIP with a baseline year of CY 2023.

Population

The population included members with live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (inclusive of members who delivered in any setting), in alignment with the associated measure specifications.

Indicator Criteria

The focus of the *Prenatal and Postpartum Care* PIP was to improve health outcomes for members and infants by increasing the number and percentage of members with live birth deliveries that receive prenatal and postpartum care. The PIP had one aim statement: *The goal of this project is to demonstrate a statistically significant increase in the number and percentage of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit, followed by sustained improvement for one consecutive year.*

Table 1-3 outlines the indicator criteria for each performance indicator for the *Prenatal and Postpartum Care* PIP.

Table 1-3—Performance Indicator Criteria for *Prenatal and Postpartum Care* PIP

Performance Indicator	Numerator (N) and Denominator (D)
Indicator 1: <i>Timeliness of Prenatal Care</i>	
The percentage of members with live birth deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment.	<p>N—Number of members with live birth deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment.</p> <p>D—A systematic sample drawn from the eligible population.</p>

Performance Indicator	Numerator (N) and Denominator (D)
Indicator 2: Postpartum Care	
The percentage of members with live birth deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	<p>N—The number of members with live birth deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p> <p>D—A systematic sample drawn from the eligible population.</p>



Data Sources

The PIP was conducted by using administrative data collection methodologies in alignment with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. AHCCCS administrative encounter data and Contractor-specific claims were used to identify performance indicator data.



Measurement Periods

For Contract Year Ending (CYE) 2023 validation, the Contractors submitted baseline data for the *Prenatal and Postpartum Care* PIP¹⁻⁷. The measurement period dates for the PIP are listed below. Table 1-4 presents the measurement periods for the *Prenatal and Postpartum Care* PIP.

Table 1-4—Measurement Periods for Prenatal and Postpartum Care PIP

<i>Prenatal and Postpartum Care</i>			
Calendar Year (CY) 2022	CY 2023	CY 2024	CY 2025
Baseline Measurement (01/01/2022–12/31/2022)	Intervention Year 1 (01/01/2023–12/31/2023)	Remeasurement Year 1 (01/01/2024–12/31/2024)	Remeasurement Year 2 (01/01/2025–12/31/2025)

¹⁻⁷ Care 1st ACC-RBHA will be included in the *Prenatal and Postpartum Care* PIP beginning in 2024 with a baseline year of 2023.

2. Performance Summary

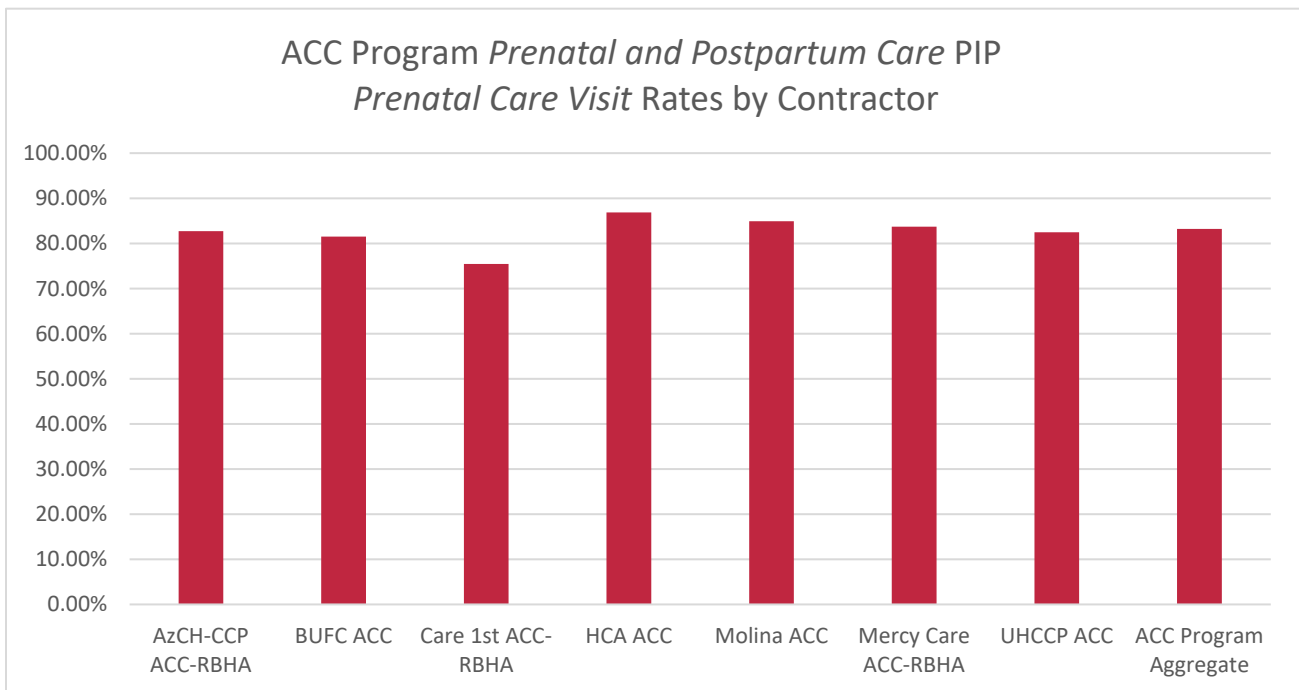


Performance Indicator Results

ACC Program

For each ACC Program Contractor, the performance indicator results for the baseline measurement period are compared below.

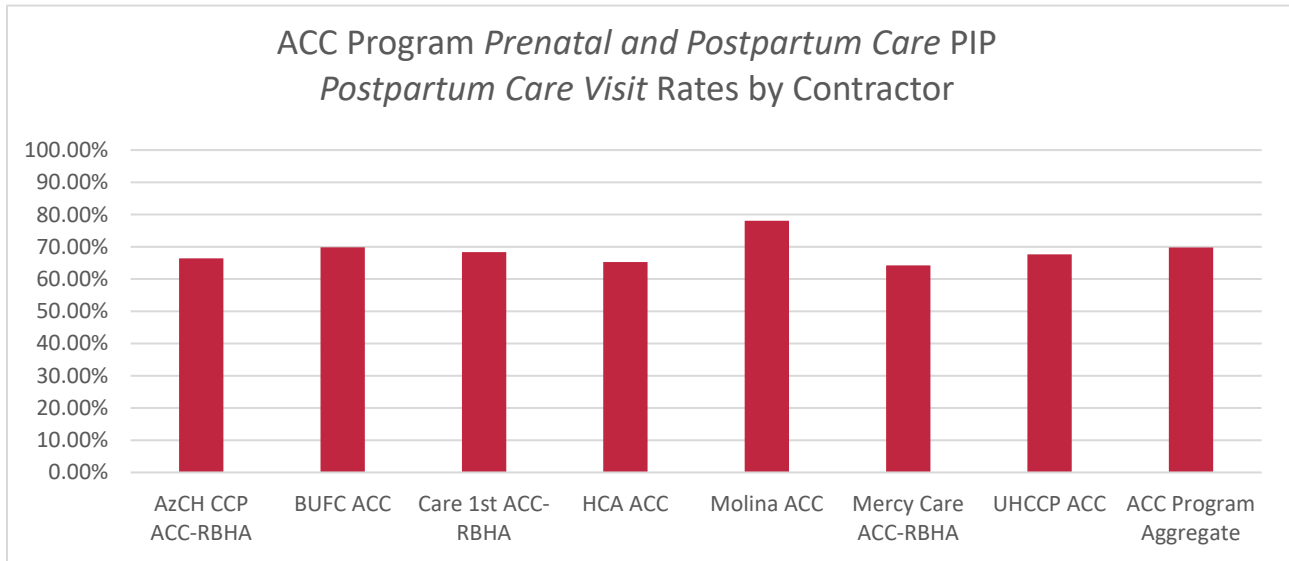
Figure 2-1— ACC Program Prenatal and Postpartum Care PIP—Prenatal Care Visit Rates by Contractor



Baseline Results

ACC Program Contractor prenatal care visit rates ranged from a low of 75.4 percent (Care 1st ACC-RBHA) to a high of 86.9 percent (HCA ACC). The ACC Program Aggregate baseline rate was 83.2 percent. The baseline rate for three of the seven Contractors exceeded the ACC Program Aggregate rate.

Figure 2-2—ACC Program Prenatal and Postpartum Care PIP—Postpartum Care Visit Rates by Contractor



Baseline Results

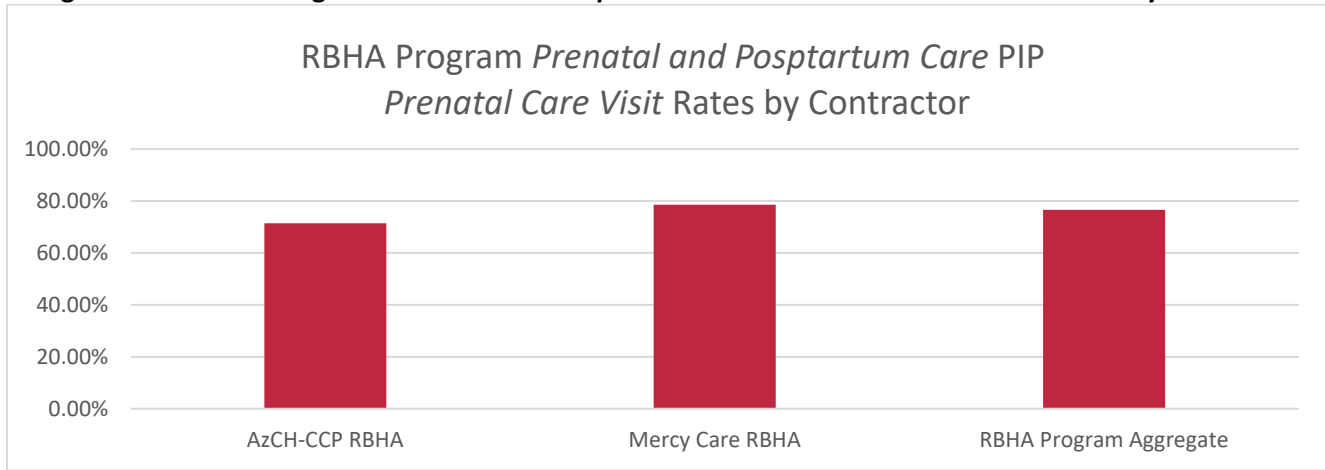
ACC Program Contractor postpartum care visit rates ranged from a low of 64.2 percent (Mercy Care ACC-RBHA) to a high of 78.1 percent (Molina ACC). The ACC Program Aggregate baseline rate was 69.8 percent. The baseline rate for two of the seven Contractors exceeded the ACC Program Aggregate rate.

RBHA²⁻¹/ACC-RBHA SMI-Designated Population Program

For each RBHA/ACC-RBHA Program Contractor, the performance indicator results for the baseline measurement period are compared below.

²⁻¹ Referred to as Regional Behavioral Health Authority prior to October 1, 2022.

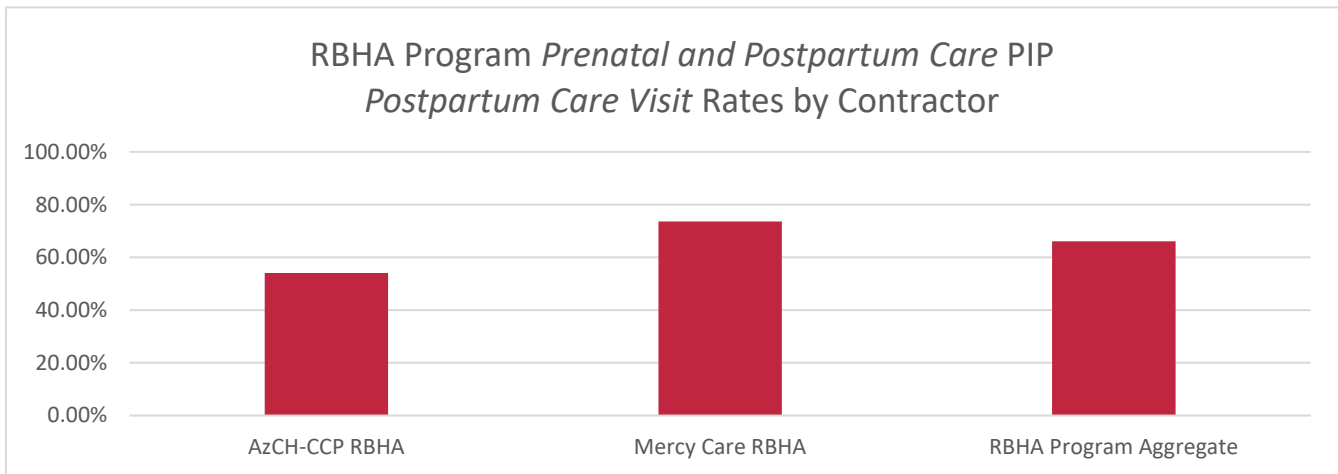
Figure 2-3— RBHA Program Prenatal and Postpartum Care PIP—Prenatal Care Visit Rates by Contractor



Baseline Results

The RBHA Program Contractor prenatal care visit rates ranged from a low of 71.4 percent (AzCH-CCP RBHA) to a high of 78.6 percent (Mercy Care RBHA). The RBHA Program Aggregate baseline rate was 76.6 percent. The baseline rate for one of the two Contractors exceeded the RBHA Program Aggregate²⁻² rate.

Figure 2-4— RBHA Program Prenatal and Postpartum Care PIP—Postpartum Care Visit Rates by Contractor



Baseline Results

The RBHA Program Contractor postpartum care visit rates ranged from a low of 54.1 percent (AzCH-CCP RBHA) to a high of 73.6 percent (Mercy Care RBHA). The RBHA Program Aggregate baseline

²⁻² The RBHA Program Aggregate rate includes HCA RBHA rates, but HCA RBHA was not included as part of the PIP due to their contract ending on October 1, 2022.

rate was 66.1 percent. The baseline rate for one of the two Contractors exceeded the RBHA Program Aggregate rate.



Disparities

AHCCCS requires each of its Contractors to conduct and include subpopulation and disparity analysis findings for the *Prenatal and Postpartum Care* PIP. The Contractors must also ensure that interventions are initiated to address specific data analysis findings.

HSAG identified that each Contractor provided evidence that the required subpopulation, disparity analysis and interventions were present in the *Prenatal and Postpartum Care* PIP and submitted for annual validation.

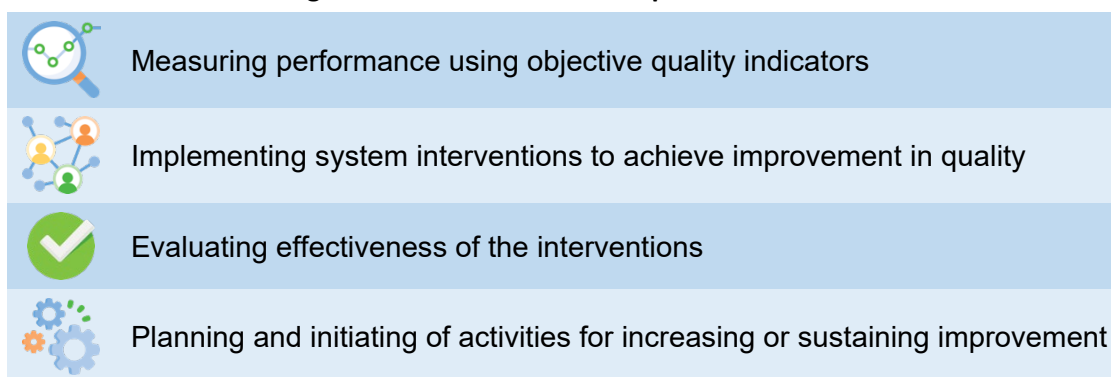


Data Validation

For the project to achieve real improvements in care and for interested parties to have confidence in the reported improvements, the PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time. This structured method of assessing and improving Contractor processes is expected to have a favorable effect on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine the validity and reliability of a PIP through assessing a Contractor’s compliance with State and federal requirements. For CYE 2023, AHCCCS required Contractors to conduct PIPs in accordance with Title 42 Code of Federal Regulations (CFR) §438.330(b)(1) and §438.330(d)(2)(i–iv). In accordance with §438.330(d)(2)(i–iv), each PIP must include:

Figure 2-5—PIP Validation Requirements



HSAG used the AHCCCS PIP Report, which each Contractor completed and submitted to HSAG, for its review and validation. The AHCCCS PIP Report standardizes the process for submitting information regarding PIPs and ensures alignment with the CMS protocol requirements.

HSAG, with AHCCCS’s input and approval, developed a PIP Validation Tool to ensure a uniform validation of the PIPs. Using this tool, HSAG evaluated each of the PIPs according to CMS Protocol 1. The HSAG PIP Team consisted of, at a minimum, an analyst with expertise in statistics, PIP design, and performance improvement processes, and a clinician with expertise in performance improvement processes. CMS Protocol 1 identifies nine steps that should be validated for each PIP. The nine steps included in the PIP validation tool are listed below:

Table 2-1—CMS Protocol Steps

Protocol Steps	
Step Number	Description
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

HSAG used the methodology described below to evaluate PIPs conducted by the Contractors to determine PIP validity and to rate the compliance with CMS Protocol 1.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as “critical elements.” For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall rating of *No Confidence* for the PIP. The Contractor is assigned two confidence levels, the overall confidence of adherence to acceptable methodology for all phases of the PIP and the overall confidence that the PIP achieved significant improvement.

In addition to the two overall confidence levels, HSAG assigns the PIP a percentage score for all evaluation elements (including critical elements) for each confidence level. HSAG calculates the percentage scores by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met* with *Not Assessed* and *Not Applicable* elements removed. HSAG assessed the PIP’s results for the two confidence levels using the following methods.

1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP

- *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 to 100 percent of all evaluation elements were *Met* across all steps.
- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 89 percent of all evaluation elements were *Met* across all steps.
- *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: To receive Moderate Confidence for significant improvement, one of the three scenarios below occurred:
 - All performance indicators demonstrated improvement over the baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
 - All performance indicators demonstrated improvement over the baseline **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
 - Some but not all performance indicators demonstrated improvement over baseline **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

The Contractors had the opportunity to receive initial PIP validation scores and detailed feedback, request technical assistance and guidance from HSAG, make any necessary corrections, and resubmit the PIP for final validation. HSAG provided the completed validation tools to AHCCCS and the Contractors.



Validation Findings

HSAG’s validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 2-2 and Table 2-3 summarizes the Contractors’ *Prenatal and Postpartum Care* PIP validated during the review period with an overall confidence level of *High Confidence*, *Moderate Confidence*, *Low Confidence* or *No Confidence* for the two required confidence levels identified below. In addition, Table 2-2 and Table 2-3 displays the percentage score of evaluation elements that received a *Met* validation score, as well as the percentage score of critical elements that received a *Met* validation score. Critical elements are those within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

Table 2-2 and Table 2-3 display the overall confidence levels for the *Prenatal and Postpartum Care* PIP for the ACC and RBHA Programs.

Table 2-2—ACC Program *Prenatal and Postpartum Care* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
AzCH-CCP ACC-RBHA	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
BUFC ACC	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Care 1 st ACC-RBHA	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
HCA ACC	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Mercy Care ACC-RBHA	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Molina ACC	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
UHCCP ACC	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>

¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

- ² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- ³ **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

All Contractors adhered to acceptable methodology through all phases of the PIP. All Contractors developed interventions that were logically linked to identified barriers, implemented in a timely manner, and have the potential to impact performance indicator results. The *Prenatal and Postpartum Care* PIP had not progressed to the point of submitting Remeasurement 1 results. Therefore, the overall confidence that the PIP achieved statistically significant improvement was *Not Assessed*. Future submissions that include Remeasurement 1 results will be assessed for achieving statistically significant improvement.

Table 2-3—RBHA Program *Prenatal and Postpartum* PIP Overall Confidence Levels

Contractor	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
AzCH-CCP RBHA	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Mercy Care RBHA	100%	100%	<i>High Confidence</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>

- ¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).
- ² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- ³ **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

All Contractors adhered to acceptable methodology through all phases of the PIP. All Contractors developed interventions that were logically linked to identified barriers, implemented in a timely manner, and have the potential to impact performance indicator results. The *Prenatal and Postpartum Care* PIP had not progressed to the point of submitting Remeasurement 1 results. Therefore, the overall confidence that the PIP achieved statistically significant improvement was *Not Assessed*. Future submissions that include Remeasurement 1 results will be assessed for achieving statistically significant improvement.

Data Limitations

There were no data limitations noted as part of the AHCCCS *Prenatal and Postpartum Care* PIP.

3. Conclusions and Recommendations



Conclusions

All Contractors adhered to acceptable methodology through all phases of the PIP. All Contractors developed interventions that were logically linked to identified barriers, implemented in a timely manner, and have the potential to impact performance indicator results.



Recommendations

To support successful progression of the *Prenatal and Postpartum Care* PIP in the next CY, HSAG recommends that the Contractors:

- Seek technical assistance to understand the requirements for statistical testing.
- Revisit the causal/barrier analysis used to develop interventions and adjust the interventions as needed to facilitate improvement.
- Continue to implement identified interventions with clearly defined intervention effectiveness measures to assess the effectiveness of each intervention.
- Develop interventions that affect a large enough percentage of the eligible population to drive improvement in the overall indicator rates.

Appendix A. Acknowledgements and Copyrights

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the NCQA.