



# **External Quality Review**

**Fiscal Year 2014-2015**

**Healthy Birth  
Outcomes -  
Medical Home  
Enrollees**

Prepared for

**Department  
of Health  
Services**

**Division of  
Healthcare**

# Calendar Year 2013 Report

Prepared by

M E T A S T A R

Healthy Birth Outcomes - Medical Home Enrollees  
CY 2013 Report



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## Table of Contents

<b>Overview .....</b>	<b>3</b>
Review Methodology.....	3
<b>Review findings .....</b>	<b>5</b>
Dataset and Record Submission Summary.....	5
Comparative data .....	7
Verification of Enrollment Requirements.....	7
Verification of Care Coordination Requirements .....	11
Verification of Post-Partum Care Coordination and Discharge Planning .....	15
Identification of Birth Outcomes .....	19
<b>Observations and Recommendations.....</b>	<b>22</b>



## OVERVIEW

This report summarizes key results of the review of medical records for pregnant women enrolled in a Medical Home through one of three health maintenance organizations (HMOs) participating in the Department of Health Services (DHS) Medical Home Pilot in southeast (SE) Wisconsin. The counties included in this service area are Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha.

The Medical Home Pilot is part of DHS' Healthy Birth Outcomes (HBO) initiative, focused on eliminating racial and ethnic disparities in birth outcomes and infant mortality. Information about the initiative can be found on this DHS website: <http://www.dhs.wisconsin.gov/healthybirths/>.

The HMOs participating in the Medical Home initiative in SE Wisconsin during 2013 are Children's Community Health Plan (CCHP), CommunityConnect (CC), and Molina Healthcare of Wisconsin (MHWI). UnitedHealthcare (UHC) had also been participating in the pilot, but terminated its contract with DHS in the SE region effective November 1, 2012. However, as the majority of prenatal care for some women occurred when they were enrolled in UHC, this report also includes results for UHC from the first quarter of 2013. Information about each HMO's enrollment during 2013 can be found here:

[www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/managed%20care%20organization/reports\\_data/monthlyreports/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/managed%20care%20organization/reports_data/monthlyreports/index.htm.spage)

According to the DHS-HMO contract for SE Wisconsin, each of the three HMOs was expected to enroll a minimum of 200 pregnant women meeting eligibility requirements in calendar year (CY) 2013.

DHS contracted with its external quality review organization (EQRO), MetaStar, Inc., to gather information from medical records to verify that each HMO and its providers are meeting Medical Home requirements described in the DHS-HMO contract for SE Wisconsin. The requirements are specifically noted in the "Review Findings" section of this report. This report provides information about women who delivered newborns between January 1, and December 31, 2013.

## REVIEW METHODOLOGY

On a quarterly basis, DHS provided the HMOs and MetaStar with a dataset identifying members enrolled in HMO Medical Homes and with delivery dates between January 1, and December 31, 2013. The datasets were compiled primarily from information available to DHS through the



HMO's Medical Home data registry. DHS holds HMOs accountable for securing records from providers to submit to MetaStar.

HMOs and providers submitted paper and scanned member records to MetaStar. Where possible, MetaStar developed arrangements with some clinics with electronic health records (EHR) to secure remote, direct access to the EHR to conduct the record reviews. MetaStar enhanced its Medical Record Tracking System to document submissions and manage the medical records. MetaStar continued to use a review tool and guidelines for Medical Home reviews developed in partnership with and approved by DHS. Reviewers abstracted relevant data from medical records, regardless of whether the HMO submitted an entire or partial medical record. The review criteria are found in Attachment A.

In April 2013, Hewlett Packard (HP), the DHS Medicaid Management Information System vendor, deployed a new system to capture the data abstracted from the reviews. Per direction from DHS, MetaStar provided HP with a file containing data from reviews conducted during the time period prior to system implementation and then entered data on an ongoing basis. MetaStar identified some HP system elements that did not appear to align with the review requirements. As a result, MetaStar worked with DHS to secure agreement to an alternate approach for recording results for those data elements. DHS is working with HP to address the functionality of the system, where needed and also to enhance the system to further improve data collection, retrieval and analysis for the future. MetaStar is participating in the project and conducting tests of the system enhancements.

DHS directed HP to provide MetaStar with a data extract for the CY 2013 results because HP had not yet transferred the data to the DHS Data Warehouse.

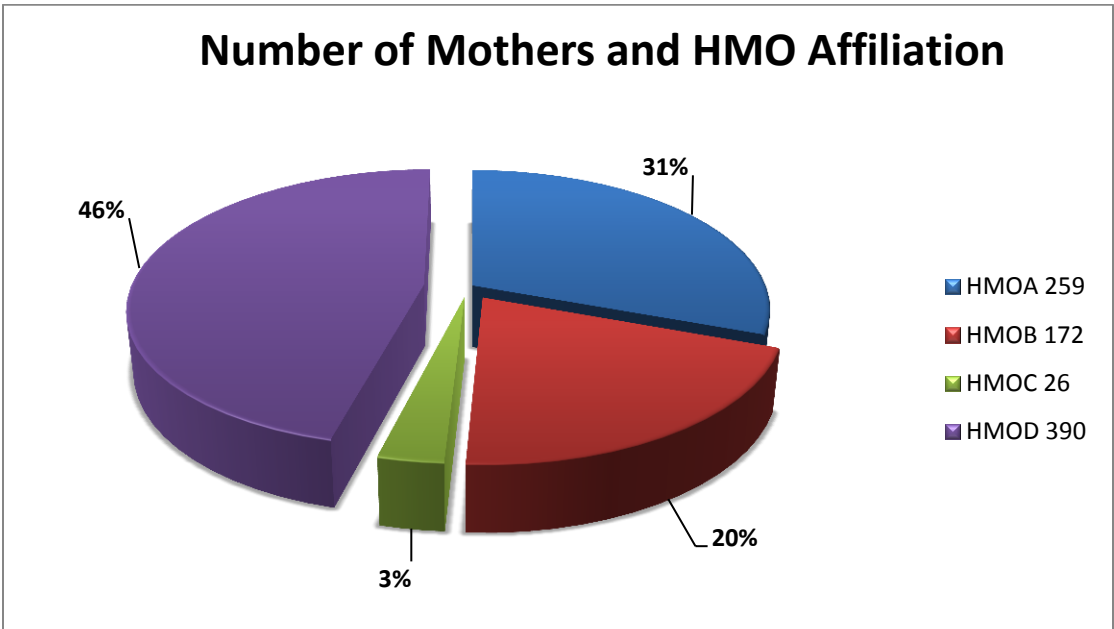


# REVIEW FINDINGS

This section of the report describes the dataset for this report, the requirements verified, and the results of key review elements included for data abstraction in the DHS-EQRO contract. Results are reported for each HMO, in aggregate, and for some requirements, compared to the results documented for 2012.

## DATASET AND RECORD SUBMISSION SUMMARY

DHS requested a total of 847 records from the HMOs for mothers who gave birth in 2013. The number of mothers and their HMO affiliations are depicted in the pie chart below:



From the 847 record requests, MetaStar received full and partial medical record information for 787 enrollees (93%). In addition, DHS removed one member from its request list for the second quarter of 2013. The review results exclude enrollees for whom no information was submitted (59 enrollees). Therefore, the total number of women in the dataset for the report period is 787.

The following table identifies the number of records not submitted for this review period for each Medical Home clinic. A single page of information was submitted for 11 of the 19 missing records associated with Clinic C. Clinic C lost its only obstetric (OB) provider in the first quarter of 2013, contributing to the limited documentation submitted. HMOs were notified of the discovery and given the opportunity to submit records from an alternate clinic. No additional



records were submitted. Because no data could be abstracted from Clinic C's submission, these records were included in the total of missing records.

**Table 1A: Number of Records Not Submitted by Medical Home**

Medical Home Clinic	HMOA	HMOB	HMOC	HMOD	Total
Clinic A	1	0	0	3	4
Clinic B	0	1	0	3	4
Clinic C	15	4	3	5	27
Clinic D	7	3	1	11	22
Clinic E	0	0	0	1	1
Clinic H	0	1	0	0	1
<b>Total records not submitted for review</b>	<b>23</b>	<b>9</b>	<b>4</b>	<b>23</b>	<b>59</b>

\*Clinic B has two clinic sites.

\*\*Clinic C lost its only OB provider in the first quarter of 2013.

The following table identifies the number of pregnant women affiliated with each medical home clinic and HMO for the records reviewed. The clinic list was compiled by DHS. Some clinics are affiliated with more than one HMO, as noted in the table.

**Table 1B: Medical Home and HMO Enrollment – Records Reviewed**

Medical Home Clinic	HMOA	HMOB	HMOC	HMOD	Total
Clinic A	45	20	2	43	110
Clinic B	13	34	0	61	108
Clinic C	0	0	0	27	27
Clinic D	46	14	0	61	121
Clinic E	2	0	5	2	9
Clinic F	11	1	0	12	24
Clinic G	71	32	12	57	172
Clinic H	25	14	2	29	70
Clinic I	10	10	1	30	51
Clinic J	0	0	0	2	2
Clinic K	13	37	0	43	93
<b>Total</b>	<b>236</b>	<b>162</b>	<b>22</b>	<b>367</b>	<b>787</b>

\*Clinic D has two clinic sites; however, insufficient information is present in the medical record to accurately identify the location.





## COMPARATIVE DATA

Each section of the report describing contract requirements and related results contains comparisons of data for 2013 and 2012. The number of records reviewed in 2012 was 693.

## VERIFICATION OF ENROLLMENT REQUIREMENTS

Article III., R., of the DHS-HMO contract for SE Wisconsin, dated September 1, 2010, through December 31, 2013, establishes that:

- Women enrolled after December 31, 2011, had to make the first medical home visit within the first 18 weeks of pregnancy.
- Members must attend a minimum of 10 appointments with the OB care provider.
- Members must remain enrolled and receiving services through the 60 days associated with the post-partum period.

The review results for this set of requirements are documented in Tables 2A, 2B and 2C. Table 2A below shows, for each HMO, the number of records reviewed, and how many records met the criteria that enrollees make an initial Medical Home visit within the first 18 weeks of pregnancy. The rate at which all HMOs met the criteria is also shown. In addition, the table notes the number and percent of records where MetaStar was unable to verify the criteria due to missing information or incomplete record submissions.



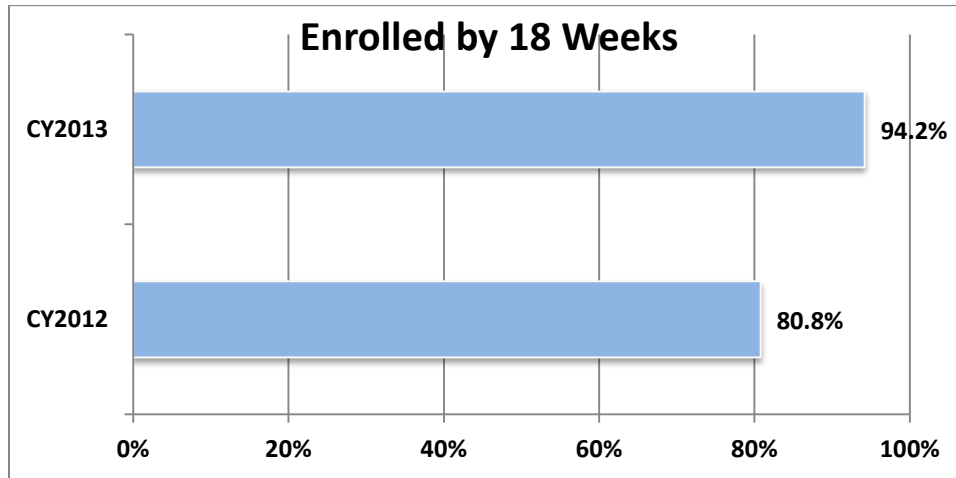
Following each table, the rates of compliance with requirements for CY 2013 is compared to CY 2012 in a bar graph.

**Table 2A: Enrolled at 18 Weeks**

HMO/Number of Records	Met	Not Met	Unknown
HMOA/236	228	8	0
HMOB/162	153	9	0
HMOC/22	21	1	0
HMOD/367	339	22	6
<b>Total/787</b>	<b>741</b>	<b>40</b>	<b>6</b>
<b>Total Percentage</b>	<b>94.2%</b>	<b>5.1%</b>	<b>.8%</b>

**Note:** Percentages may not equal 100 percent due to rounding.

The rate of compliance with the enrollment requirement improved, by a little more than 13 percentage points in 2013. The rates are compared in the bar graph on the following page:



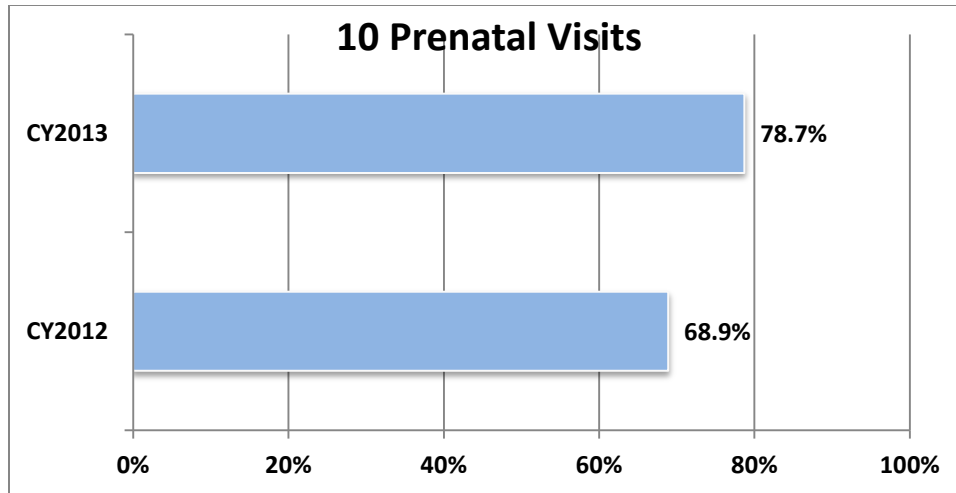
**Table 2B: 10 Appointments**

HMO/ Number of Records	Met	Not Met	Unknown
HMOA/236	188	48	0
HMOB/162	129	33	0
HMOC/22	15	7	0
HMOD/367	287	78	2
<b>Total/787</b>	<b>619</b>	<b>166</b>	<b>2</b>
<b>Total Percentage</b>	<b>78.7%</b>	<b>21.1%</b>	<b>.3%</b>

**Note:** Percentages may not equal 100 percent due to rounding.

The rate for HMOs meeting the 10 prenatal visit requirement improved, by almost ten percentage points in 2013. The rates are compared in the following bar graph:



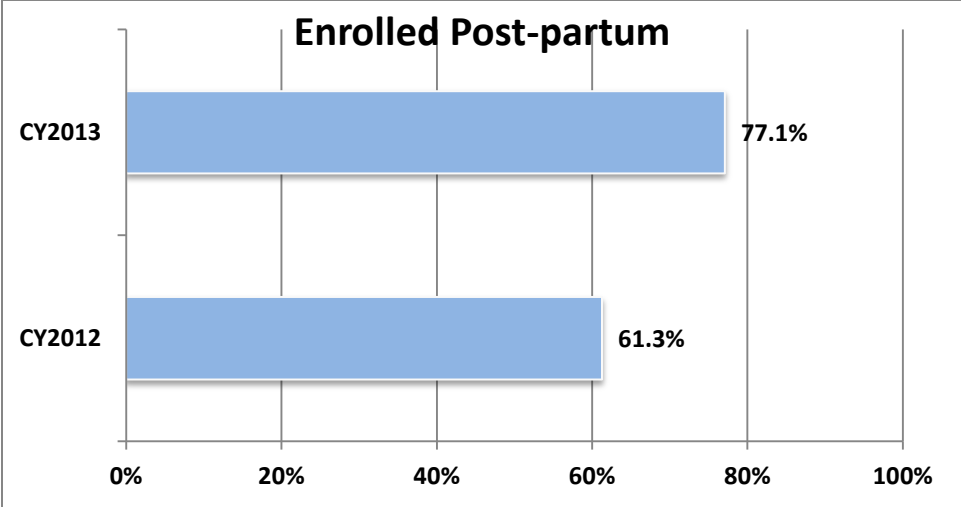


The Enrolled Post-partum indicator includes women who had any postpartum visit (beyond 60 days) as well as women who did not appear for scheduled appointments or did not schedule appointments despite encouragement from staff.

**Table 2C: Enrolled Post-partum**

HMO/ Number of Records	Met	Unknown
HMOA/236	168	68
HMOB/162	111	51
HMOC/22	17	5
HMOD/367	311	56
<b>Total/ 787</b>	<b>607</b>	<b>180</b>
<b>Total Percentage</b>	<b>77.1%</b>	<b>22.9%</b>

The post-partum enrollment rate also improved, by nearly 16 percentage points in 2013. The improvement in performance can be attributed in part to the increased rate of medical record submissions during 2013, which allowed MetaStar to identify the post-partum visit date. However, the results were still influenced by the volume of medical records that did not include information about the post-partum visit. In addition, the 2013 rate increased as a result of DHS expanding its definition of the “Enrolled Post-partum” criterion. This change was made to recognize the efforts of providers to schedule and encourage attendance at post-partum appointments. The 2012 rate only included women who had a post-partum visit within the 60 day timeframe, per DHS direction at that time. The number of records that did not contain information about the post-partum visit was nearly the same in 2013 as it was in 2012.



## VERIFICATION OF CARE COORDINATION REQUIREMENTS

Article III., R., of the contract referenced above also describes the following requirements related to documentation of care coordination:

- A care management plan developed as a result of an initial intake process where all needs are identified;
- The OB care provider developed the care management plan in conjunction with the care coordinator, the primary care physician (PCP), and the member;
- A care management plan that includes a self-management/self-care component;
- A care management plan that includes information regarding monthly home visits by nurse/social worker /care coordinator;
- Regular care coordination communications took place between the OB care provider, the PCP, and the Care Coordinator.

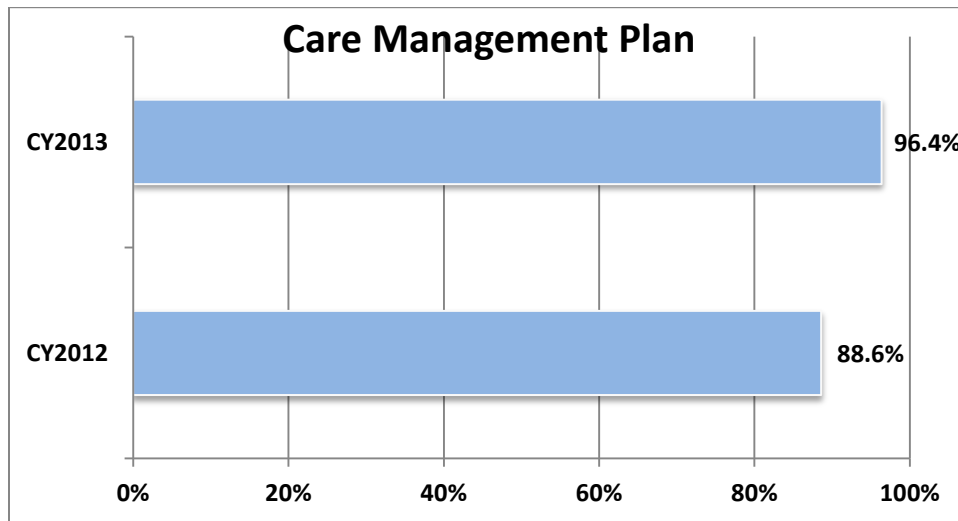
The review results for this set of requirements are documented in Tables 3A and 3B. Rates are also compared for CY 2012 and 2013 births.

**Table 3A: Care Plan**

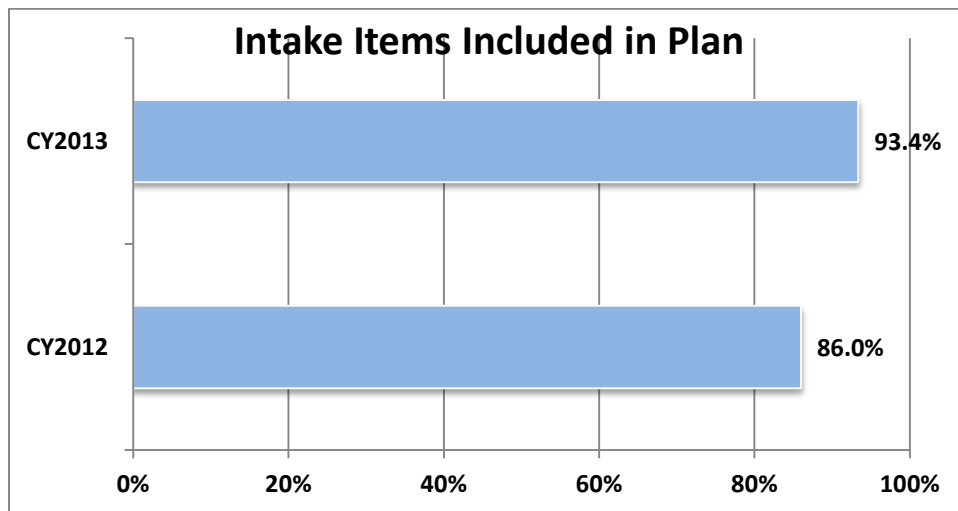
	Care Management Plan	Intake Items Included in Plan	Collaborative Care Plan Development	Plan Includes Self-Management/Care
<b>HMO/Number of Records</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>
HMOA/236	232	227	25	204
HMOB/162	156	149	26	159
HMOC/22	21	21	1	21
HMOD/367	350	338	71	327
<b>Total/787</b>	<b>759</b>	<b>735</b>	<b>123</b>	<b>711</b>
<b>Total Rate</b>	<b>96.4%</b>	<b>93.4%</b>	<b>15.6%</b>	<b>90.3%</b>



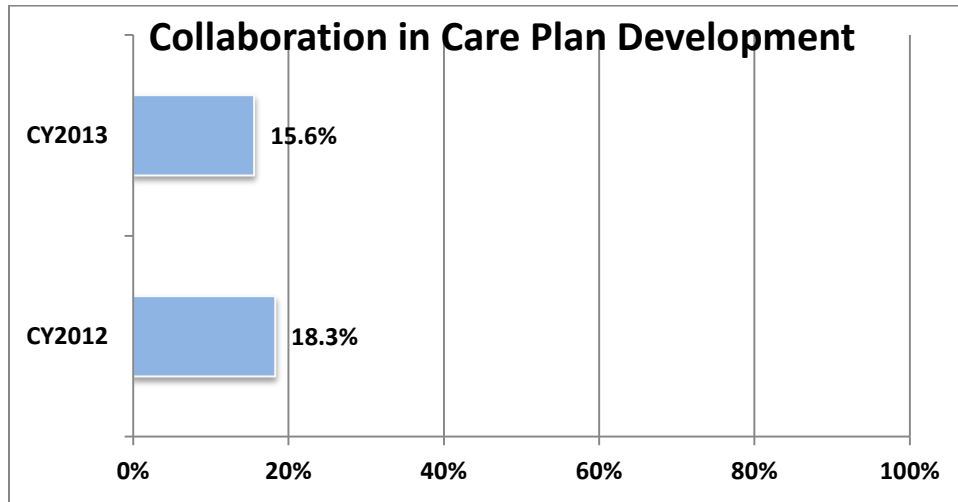
Care management plans were found in member records at a slightly higher rate in 2013 than in 2012. The rate changed by nearly 8 percentage points. The rates are compared in the following bar graph:



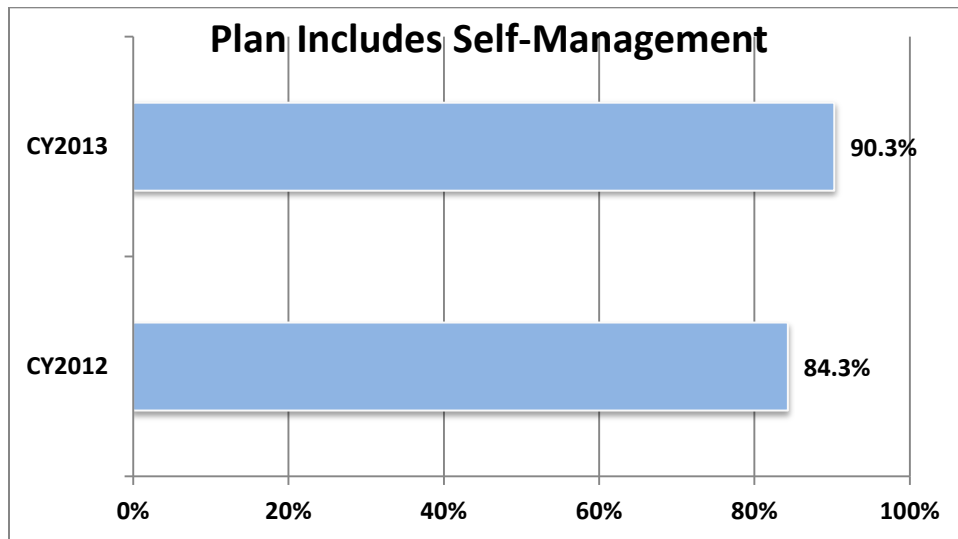
The rate at which care management plans contained all required intake items also slightly improved in 2013; the rate increased by 7 percentage points. The rates are compared in the following bar graph:



The rate of collaboration in care plan development remains low and declined by almost three percentage points from the 2012 rate. This criterion may be negatively impacted due to missing portions of members' medical records, documentation practices, and incomplete documentation. The rates are compared in the following bar graph:



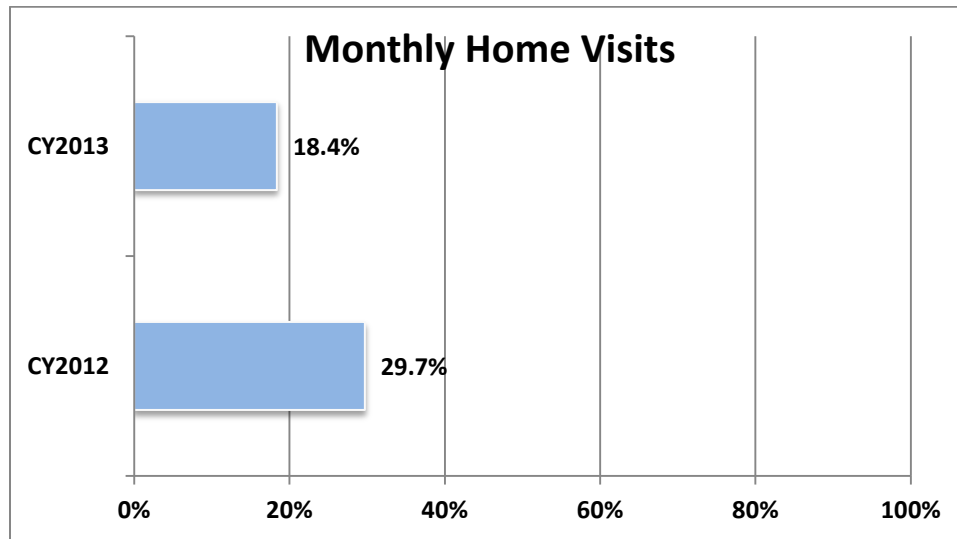
Self-management documentation was present in care plans at a slightly higher rate in 2013 than in 2012. The rate increased by six percentage points. The rates are compared in the following bar graph:



**Table 3B: Care Coordination**

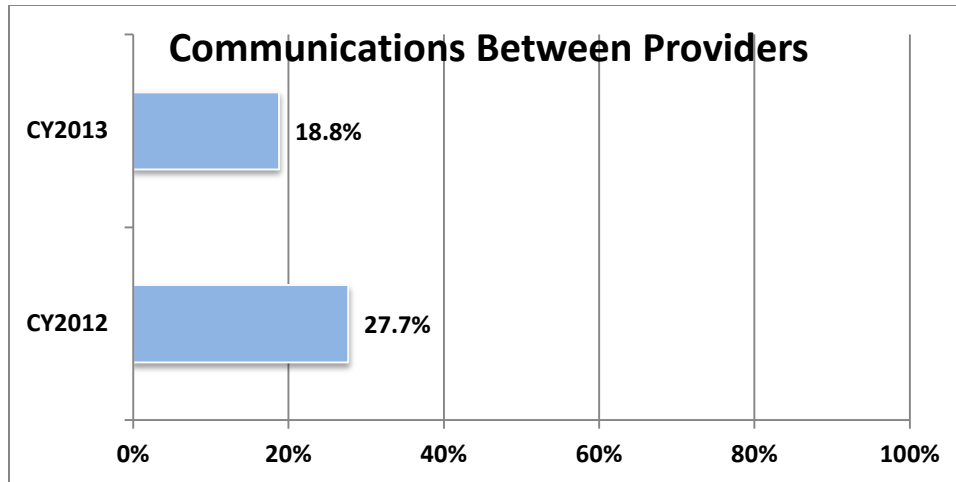
	Monthly Home Visits	Communications Between Providers and Members
HMO/Number of Records	Met or Member Declined	Met
HMOA/236	52	27
HMOB/162	41	34
HMOC/22	9	3
HMOD/ 367	43	84
<b>Total/787</b>	<b>145</b>	<b>148</b>
<b>Total Rate</b>	<b>18.4%</b>	<b>18.8%</b>

The monthly home visit rate decreased by over 11 percentage points in 2013, and remains very low. The rate may be impacted by the lack of care coordination documentation in records submitted for the review or due to documentation practices. In addition, reviewers observed that many clinics did not appear to offer home visits during the pre-natal period. Some women received a home visit during the post-partum period, but those visits were not included in determining compliance with this contract requirement. The rates are compared in the following bar graph:



Communications between providers is another area where the rate declined in 2013. The rate declined by almost 9 percentage points when compared to 2012. The results were impacted by the lack of some portions of the medical record and documentation practices, especially related to care coordination notes. In addition, reviewers were unable to identify the primary care provider in 491 of the 787 records (62%). Reviewers were unable to identify the PCP in 416 of 693 records (60%) in 2012. The rates are compared in the bar graph on the following page:





## VERIFICATION OF POST-PARTUM CARE COORDINATION AND DISCHARGE PLANNING

Article III., R., of the DHS-HMO contract includes the following requirements related to documentation of discharge planning and post-partum care. DHS asked MetaStar to evaluate records to determine whether members received satisfactory care defined by the Healthy Birth Outcomes Care Guide which includes these items:

- At least one post-partum visit within 60 days post-delivery if the member had a healthy birth outcome;
- Communication with the PCP post-delivery if the PCP is other than the OB provider;
- Member education on inter-conception care specific to the member’s needs, family planning preferences, and depression screening;
- Member education regarding breastfeeding and newborn care;
- Follow-up care for any member with a chronic condition.



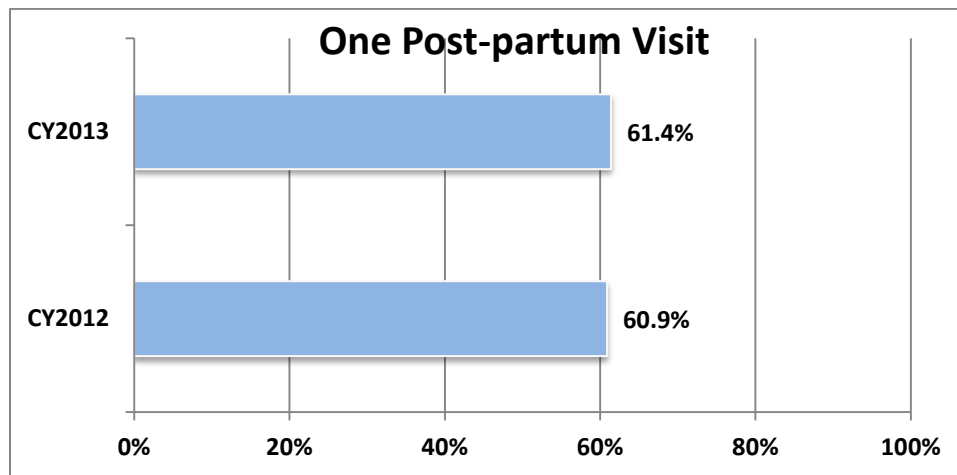
Table 4A documents the results of the record review for most of the requirements noted above. Rates are also compared for CY 2012 and 2013.

**Table 4A: Post-delivery Requirements**

	<b>One Post-partum Visit</b>	<b>Communication with PCP</b>	<b>Family Planning Education</b>	<b>Breastfeeding Education</b>
<b>HMO/Number of Records</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>	<b>Met</b>
HMOA/236	137	26	199	183
HMOB/162	86	35	133	122
HMOC/22	13	3	17	18
HMOD/367	247	91	324	297
<b>Total/787</b>	<b>483</b>	<b>155</b>	<b>673</b>	<b>620</b>
<b>Total Rate</b>	<b>61.4%</b>	<b>19.7%</b>	<b>85.5%</b>	<b>78.8%</b>

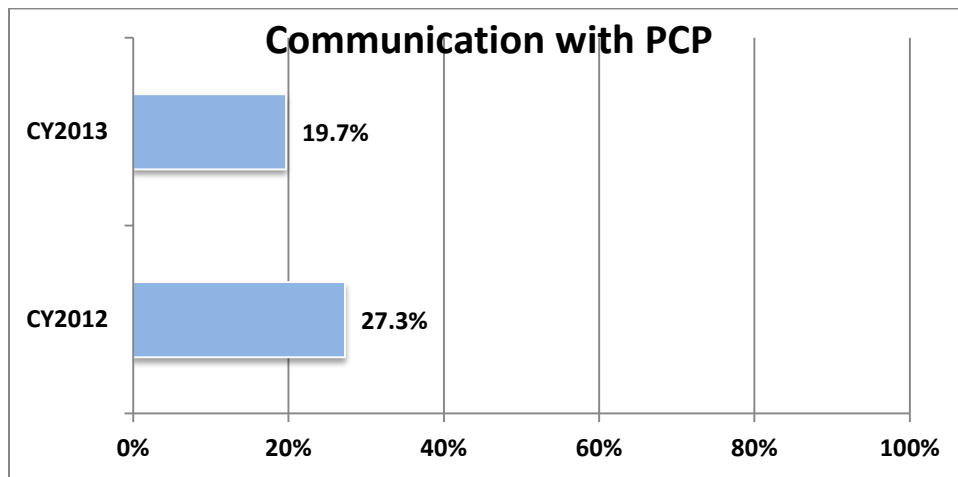
One hundred eight records did not meet the criteria for the indicator, “One Post-partum Visit,” because the visit was beyond the 60 day post-partum period (13.7%); the visits for the 108 members took place between 61 and 199 days after delivery. Thirty of the 108 mothers had a post-partum visit between 61 and 69 days after delivery in 2013. In 2012, 99 members had post-partum visits that took place beyond the 60 day timeframe (14.3% or 99 of 693 members) and 30 of the 99 members had an appointment that took place before the 70<sup>th</sup> day following delivery.

HMOs met the post-partum visit requirement at nearly same rate in 2012 and 2013. The rates are displayed in the following bar graph:

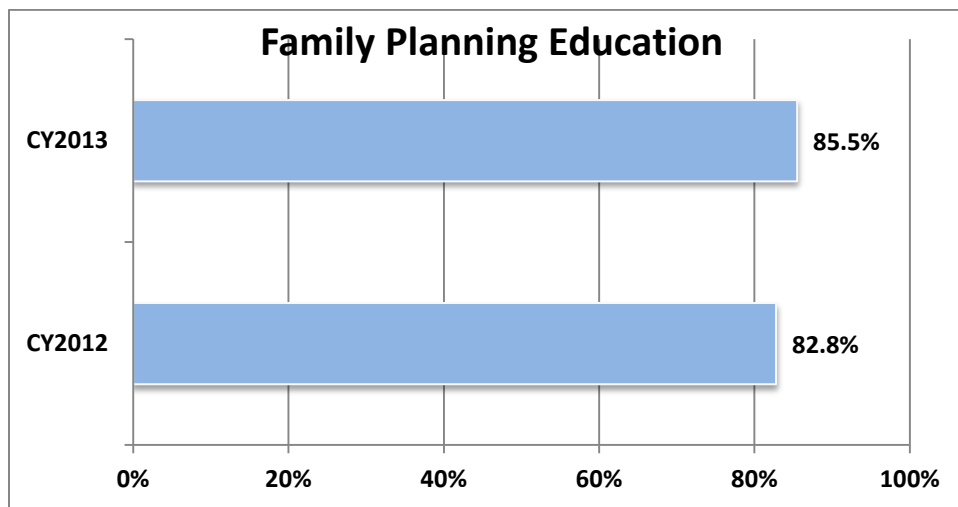


The Communication with PCP rate declined about seven percentage points in 2013 and remains very low overall. As noted earlier in the report, reviewers were unable to identify any PCP for 491 of the 787 members (62%) in the dataset. In some instances, the obstetric care provider may

also be providing primary care; however, not all records included sufficient information for reviewers to verify this fact. The rates are compared in the following bar graph:



The rate of family planning education at clinics increased almost three percentage points in 2013. The rates are compared in the following bar graph:



The rate of education of members about breastfeeding also increased over three percentage points in 2013 when compared to the rate in 2012. The rates are compared in the following bar graph:



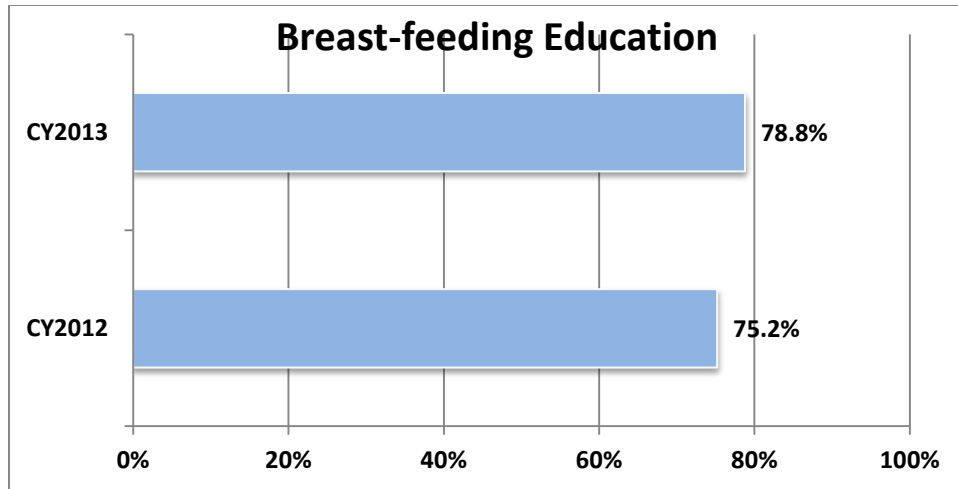


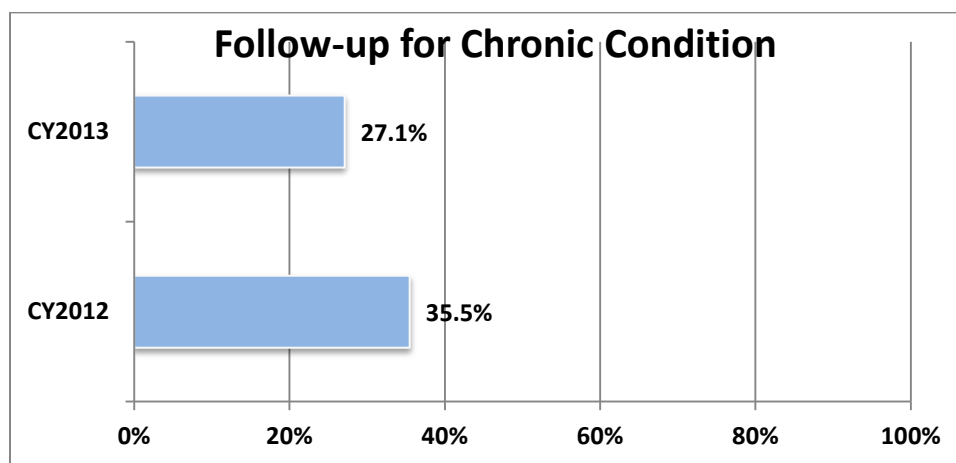
Table 4B identifies the number of members who received follow-up related to their chronic conditions and the number who did not receive follow-up or who were not identified as subjects for this review criterion. Changes have been made to the HP system which will allow MetaStar to differentiate between those mothers that had a chronic condition and those who did not when calculating the results for the Follow-up on Chronic Condition(s) criterion, in the future.



**Table 4B: Post-delivery Requirements – Follow-up on Chronic Condition(s)**

HMO/Number of Records	Met	Not Met or Did not Have Chronic Condition(s)
HMOA/236	45	191
HMOB/162	49	113
HMOC/22	8	8
HMOD/367	111	256
<b>Total/787</b>	<b>213</b>	<b>574</b>
<b>Percent</b>	<b>27.1%</b>	<b>72.9%</b>

Less documentation about follow-up on chronic conditions was found in records submitted for the 2013 review when compared to the rate for 2012, as depicted the following bar graph:



## IDENTIFICATION OF BIRTH OUTCOMES

Addendum VI., B. of the DHS-HMO contract provides information about payments related to the medical home initiative and indicates that DHS will define poor birth outcomes. For this reporting period, DHS defined poor birth outcomes as:

- A birth that took place prior to 37 weeks gestation, or “pre-term birth;”
- A baby that weighed less than 2500 grams at the time of birth, or “low birth weight;”
- A baby that weighed more than 4500 grams at the time of birth, or “high birth weight;” and
- An infant death within 28 days of birth, or “neonatal death.”

Insufficient information was available to determine the birth outcomes for 96 women. MetaStar identified 90 poor birth outcomes among the remaining women in this reporting group, for a rate of 13 percent (90 of 601 women).

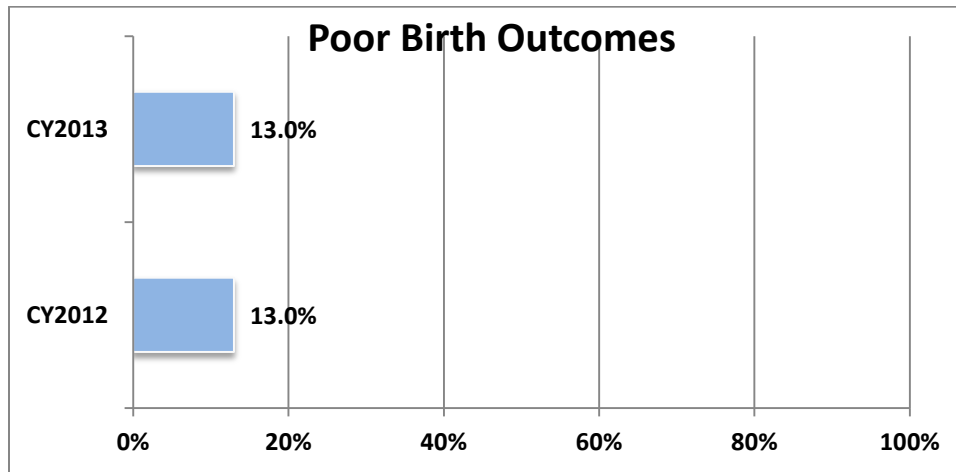


**Table 5A: Birth Outcomes**

HMO/ Number of records	Not a poor birth outcome	Poor birth outcome	Unknown due to incomplete record submissions
HMOA/236	190	28	18
HMOB/162	117	21	24
HMOC/22	20	1	1
HMOD/367	274	40	53
<b>Total/787</b>	<b>601</b>	<b>90</b>	<b>96</b>
<b>Percent (N=691)</b>	<b>87%</b>	<b>13%</b>	<b>N/A</b>

Note: The percentage of poor birth outcomes was calculated excluding the records that did not contain information about the birth outcome.

The poor birth outcome rate is the same as it was in 2012.



**Note:** For 2013, poor birth outcomes were identified in 90 of 601 records. For 2012, poor birth outcomes were identified in 73 of 562 records.

The reasons associated with the poor birth outcomes in 2013 are documented in the chart below. The total number of outcomes exceeds the number of poor birth outcomes because the results include outcomes for infants associated with multiple births.

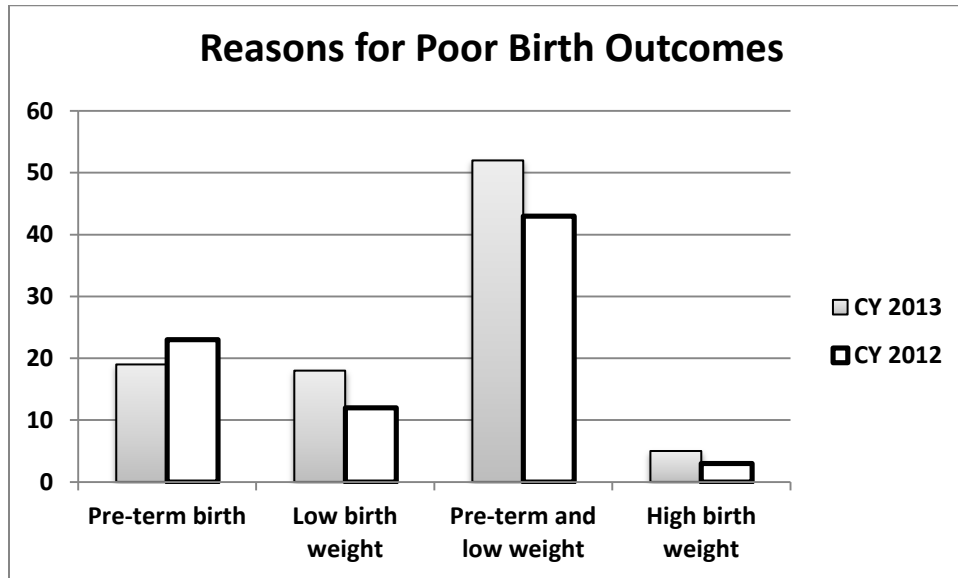
**Table 5B: Reasons for Poor Birth Outcomes –2013**

Poor Birth Outcome Reason	HMOA	HMOB	HMOC	HMOD
Pre-term birth	5	4	1	9
Low birth weight	4	1	0	13
Pre-term birth and low birth weight	18*	17	0	17
High birth weight	3	0	0	2
<b>Total Poor Birth Outcomes</b>	<b>30</b>	<b>22</b>	<b>1</b>	<b>41</b>

\* One infant among this group was a miscarriage prior to 20 weeks and a second infant died during the neonatal period.



The reasons associated with the poor birth outcomes for 2013 and 2012 are compared in the chart below. The totals include infants associated with multiple births in each reporting period. Special circumstances are described in the notes under the chart.



**Note:** Two infants among those in the total of 2013 “pre-term and low birth weight” infants include a miscarriage prior to 20 weeks and a second infant who died during the neonatal period.



## OBSERVATIONS AND RECOMMENDATIONS

Following data abstraction for each clinic, reviewers record their observations about patterns of care and related documentation. These observations are not compared or analyzed relative to the other results in the report at this time. In addition, some recommendations reflect MetaStar's observations following a review of the semi-annual reports submitted to DHS by the HMOs according to contract requirements.

Some of the observations include:

- Reviewers noted that many clinics offer pre-natal education groups and routinely invite mothers to attend them. However, no clinics appear to have a process to document the mothers' attendance at the sessions or the topics that are covered during those groups in the individuals' medical records.
- Care coordination models vary by clinic.
  - In some instances it appears a clinic care coordinator refers mothers to an external prenatal care coordination provider. The referrals did not always result in service. Some mothers later reported being unable to reach the care coordination provider and/or that they did not receive a response to messages. While these individuals received ongoing care at the clinic site, no follow-up with the external provider was documented in the record.
  - At one clinic it appears that both an RN and Social worker are assigned to each member to serve as care coordinators, though the number of mothers affiliated with this clinic is small and the assignment may not clearly reflect actual practice.
  - No documentation of care coordination or pre-natal education was documented or submitted for members affiliated with one clinic serving a large number of members.
  - Care coordination and one on one education at a clinic serving a small number of members was noted as thoroughly addressing identified member issues for births occurring in the fourth quarter of 2013, which may represent an improvement.
  - Some clinics appear to offer home visits only post-partum.
  - No documentation of home visits or offers of home visits was present in any of the records from 4 clinics serving more than 140 members in total in the fourth quarter of 2013. This lack of information impacts overall results related to care coordination.
  - In several records associated with a single clinic contracted with three of the four HMOs, a staff member documented that the member was not "qualified for PNCC."



- One clinic was noted for its proactive contacts with mothers, to remind them of scheduled appointments.
- Reviewers observed that four clinics did not address non-medical issues within the documentation provided, such as needs for housing or transportation.
- One clinic affiliated with one HMO conducts formal depression screenings during each trimester of the pregnancy, regardless of the mother’s initial screening result. Another clinic does no formal depression screening, but rather inquires a single time about the “blues.” One clinic that serves a significant number of members was noted as conducting few pre-natal depression screens. Several referrals for depression counseling were observed in the fourth quarter submissions for a clinic serving over 100 members in that time period.
- One clinic was noted to consistently offer referrals for dental care in the fourth quarter record review.
- One clinic did not consistently follow up with members when no post-partum visit was scheduled or if an appointment was not kept by the member in the same review period. Evidence of follow-up for missed appointments was apparent in records for other clinics that included post-partum information in medical records submissions.
- Letters notifying the PCP of the members’ delivery dates were found in a number of medical records associated with a clinic serving over a hundred members in the fourth quarter of 2013.

Recommendations for next steps, some of which have been discussed at DHS/MetaStar HBO workgroup meetings, include:

- Work with the HMO Healthy Birth liaisons to ensure accurate entry of information in the Medical Home data registry and to determine the reasons that some providers are unable to or do not respond to record requests, including the reasons for partial record submissions. Related to this recommendation:
  - Prioritize attention to submission of pre-natal care coordination documentation especially for the external pre-natal care coordination providers.
- Review referral processes and follow-up protocol for external pre-natal care coordination to ensure access to these services.
- Verify that HMOs are meeting contract requirements to establish PCPs for all members within required timeframes, in order to determine if the low rate of PCPs identified in the records is a documentation issue only or if it indicates concerns about access to an ongoing source of primary care.
- Facilitate improvements to documentation practices to include a means to capture care coordination activities including the following:

- Clinic practice and documentation related to offering home visits during pre-natal care and after delivery;
  - Strategies to record mothers' participation in educational groups and success in self-care;
  - Expectations, resources, and best practices to address non-medical issues during pre-natal care; and
  - Best practices related to pre- and post-natal depression screening.
- Consider directing MetaStar to conduct additional analysis to:
    - Determine the significance and impact of missing documentation on HMO performance rates;
    - Determine individual clinic performance rates for key indicators.
- If additional analysis is conducted for individual clinic performance rates, select clinics to share practices that contribute to positive results at future DHS Medical Home work group sessions with HMOs and providers.
- Clarify the requirements or provide a revised template for the HMO semi-annual report to:
    - Effectively compare self-reported quality data;
    - Require HMOs to list the medical home clinics using the names associated with specific Medicaid provider numbers to ensure accuracy and reduce potential duplication.

