Hennepin Health
your community health plan

2024 – 2026 PMAP / MinnesotaCare Healthy Start Performance Improvement Project

June 1, 2025

2024 – 2026 PMAP and MinnesotaCare Healthy Start PIP

Rationale and Purpose

This PIP is continuation of the 2021-2023 *Healthy Start* PIP designed to promote a 'healthy start" for Minnesota children in the PMAP and MinnesotaCare populations by focusing on and improving services provided to pregnant people and infants, particularly in areas exhibiting the most significant racial and ethnic disparities. The "Collaborative" for this PIP includes Blue Plus, HealthPartners, Hennepin Health, Itasca Medical Care (IMCare), Medica, South Country Health Alliance (SCHA), and UCare. Each participating MCO has established goals aimed at improving prenatal care, postpartum care, well-child visits and/or Combo-10 immunization rates with the focus on disparities reduction, relevant to the individual MCO population.

The PIP incorporates new interventions and partnerships as well as a new layer of community engagement. To facilitate improvement, Hennepin Health continues to support joint collaborative interventions in addition to plan-specific strategies. The Collaborative efforts intend to improve birth outcomes and reduce disparities for Medicaid members through a variety of interventions that include, but are not limited to, an increase in accessibility of doula services, referrals to culturally congruent care, and postpartum visits. As a child's "*healthy start*" does not stop at birth, the Collaborative also supports healthcare system efforts to increase rates for childhood immunizations and well-child visits. This is especially important as childhood immunizations and well-child visit rates declined during the COVID-19 pandemic and catching up continues to be a challenge. Combatting vaccine resistance and working on immunization catch-up are key public health priorities.

Hennepin Health is collaborating with other MCOs and health care providers to reduce health disparities experienced by individuals in the areas of prenatal and postpartum care, well-child visits 0-15 months and 15-30 months (W30) and childhood immunizations (ages 0–2). Hennepin Health will work with its AHM partners and other health care providers to address social drivers and barriers to care for pregnant members and children, ages 0 to 30 months, to improve overall health and provide children with a healthy start in life.

Analysis

To review health care race/ethnic disparities, Hennepin Health continued to leverage data available through the member's enrollment application. Hennepin Health used the HEDIS® hybrid data for the Prenatal and Postpartum Care (PPC) and Childhood Immunization Status (CIS) Combo-10 measures as the entire PMAP/MinnesotaCare eligible population is in the sample. For the well-child visits (0-15 months, 15-30 months) measures, the HEDIS® administrative data methodology was used. Hennepin Health's claim data continued to be the source for the non- HEDIS® low birthweight/intensive care (LBW/IC) data.

Hennepin Health established goals to promote racial equity and improve prenatal care, postpartum care, well-child visits, ages 0-15 months and 15-30 months, as well as Combo-10 immunization rates for children, up to age 2. Using 2019 data, racial disparities for Black/African Americans and Native Americans were identified in these measures. Hennepin Health continued to monitor the same measures as in the 2021-2023 "Healthy Start" PIP which are listed below. Data results from 2019 will serve as the baseline. HEDIS® data from measurement year (MY) 2024 was not available at this time.

- HEDIS® - Timeliness of Prenatal and Postpartum Care (PPC).
- HEDIS® Well-Child Visits (W30).
- HEDIS® Childhood Immunization Status – Combo-10 (CIS).
- Non- HEDIS® Low Birth Weight/ Intensive Care Births

The Collaborative and Hennepin Health specific interventions focused on reducing racial disparities and improving the rates for the measures. Collaborative interventions continued to include the educational series and resources to address topics impacting birth outcomes and early childhood health with a focus on health equity and addressing racial bias. All Collaborative webinars were recorded and remain available for viewing on the Stratis Health website[1]. Two webinars were hosted in

[1] Performance Improvement Project (PIP): Healthy Start for Minnesota Children - Stratis Health

collaboration with partners in 2024. The topics revolved around childhood development and inclusive communication. The webinar topics were determined from previous webinar feedback and partners engaged.

In addition to webinars for education, the collaborative continued to engage partners through different communication modes like social media and blogs. The Collaborative and the Minnesota Council of Health Plans (MCHP) created an educational blog about the importance of well-child visits and immunizations and translated the content into multiple languages. Further consultations and plans were made with social media subject matter experts to bring the campaign to more members.

The Collaborative continued to host several groups with similar interests to explore partnership opportunities. These partnerships resulted in several webinars aimed to further relevant knowledge for the shared providers and improve health outcomes for members. In 2024, planning was initiated for implementation of the recommended community-informed measures by DHS. These measures enabled MCOs to gather inputs from members affected by structural inequities in identifying opportunities for improved health outcome, designing targeted interventions and considering standardization where possible. As of the time of writing this report (May 2025), Hennepin Health collaborated with NorthPoint Health and Wellness Center to conduct two listening sessions with Black/African American and Hispanic populations parenting groups on childhood vaccine hesitancy. Additionally, planning started on implementing the recommended intervention tracking measurements (ITMs) to closely monitor performance trends for the measures identified and offer the opportunity to promptly adopt strategies in alignment with the measurement goals using the Plan-Do-Study-Act (PDSA) technique. More information will be shared about the Collaborative's interventions in the interim report for implementation year 2024.

Hennepin Health specific interventions for 2024 included the following:

- Member outreach for pregnancy and postpartum visits, immunizations, and well-child visits.
- Member education through Healthwise Knowledgebase®, a Hennepin Health online health resource on the website.
- Member outreach through well-child and dental birthday postcards.
- Collaboration with Hennepin County Family Home Visiting programs to increase member access and participation in home visiting programs.
- Collaboration with Hennepin Healthcare to pursue community outreach through their pediatric mobile clinic, aimed at improving childhood immunization and well-child visit rates.
- Rewards Program continued to offer incentives for perinatal and postpartum visits, well-child visits and childhood immunizations to members.
- Implementation of ITMs related to prenatal care visits, postpartum care visits, and childhood immunizations.

Hennepin County and the Hennepin Health Board have recognized the impact racial disparities have on the health outcomes of Black/African American and American Indian pregnant people and continued to support Hennepin Health in this project.

Recommendations and Next Steps

Hennepin Health continues meeting with the MCO Collaborative twice a month throughout the PIP implementation period. Both Hennepin Health and Collaborative interventions will be implemented according to the timeline submitted in the PIP work plan. Both the Collaborative and Hennepin Health will continue working on ITMs for some of the identified PIP measures. The Collaborative and Hennepin Health will continue to focus on connecting with key partners and determining opportunities for collaboration to ensure members receive quality services for their maternal and child health needs. The interim report will be filed with DHS by September 1, 2025.

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