Primaris
Healthcare Business Solutions

2019 External Quality Review
Performance Improvement Projects

missouricare
A WellCare Company

Measurement Period: Calendar Year 2018
Validation Period: Apr-May 2019
Publish Date: Oct 21, 2019

MoHealthNet

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1.0 Purpose and Overview

1.1 Background

The Department of Social Services, MO HealthNet Division (MHD) operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (herein after stated "Managed Care"). MHD contracts with MO HealthNet Managed Care Organizations (MCOs), also referred to as "Health Plans," to provide health care services to Managed Care enrollees.

Managed Care is operated statewide in Missouri in the regions: Central, Eastern, Western, and Southwestern. One of the most important priorities of Managed Care is to provide a quality program that leads the nation and is affordable to members. This program provides Medicaid services to section 1931 children and related poverty level populations; section 1931 adults and related poverty populations, including pregnant women; Children's Health Insurance Program (CHIP) children; and foster care children. As of May 2019, the total number of Managed Care enrollees in MHD were 605,907 (1915(b) and CHIP combined). This is a decrease by 14.94 % in comparison to the enrollment data available for the end of SFY 2018.

Missouri Care is one of the three MCOs operating in Missouri (MO) that provides services to individuals determined eligible by the state agency for the Managed Care Program on a statewide basis. MHD works closely with the MCO to monitor the services being provided to ensure goals to improve access to needed services and the quality of health care services in the Managed Care and state aid eligible populations are met, while controlling the program's cost.

Missouri Care's services are monitored for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various on-going methods including, but not limited to, MCO's Healthcare Effectiveness Data and Information Set (HEDIS®) indicator reports, annual reviews, enrollee grievances and appeals, targeted record reviews, and an annual external quality review. An External Quality Review Organization (EQRO) evaluates MCOs annually, as well. MHD has arranged for an annual, external independent review of the quality outcomes and timeliness of, and access to, the services covered under each MCO contract. The federal and state regulatory requirements and performance standards as they apply to MCOs are evaluated annually for the State in accordance with 42 CFR 438.310 (a) and 42 CFR 438.310 (b).

Primaris Holdings, Inc. (Primaris) is MHD's current EQRO, and started their five-year contract in January 2018. The External Quality Review (EQR) 2019 covers the period of Calendar Year (CY) 2018.

An EQR means the analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that an MCO or their contractors furnish to Medicaid beneficiaries.
Quality, (42 CFR 438.320 (2)), as it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its enrollees through:

- Its structural and operational characteristics.
- The provision of services that are consistent with current professional, evidenced-based-knowledge.
- Interventions for performance improvement.

Access, (42 CFR 438.320), as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care organizations successfully demonstrating and reporting on outcome information for the availability and **timeliness** elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).
Timeliness: Federal Managed Care Regulations at 42 CFR §438.206 require the state to define its standards for timely access to care and services. These standards must consider the urgency of the need for services.

1.2 Description of Performance Improvement Projects (PIPs)

A statewide performance improvement project (PIP) is defined as a cooperative quality improvement effort by the MCO, MHD, and the EQRO to address clinical or non-clinical topic areas relevant to the Managed Care Program. *(Ref: MHD-Managed Care Contract 2.18.8 (d) 2).* MHD requires the contracted MCO to conduct PIPs that are designed to achieve, through ongoing measurements and interventions, a significant improvement, sustained over time, in clinical care and nonclinical care areas. The PIPs are expected to have a favorable effect on health outcomes, member satisfaction, and improve efficiencies related to health care service delivery. (Ref: MHD Managed Care Contract 2.18.8 (d)).
Completion of PIPs should be in a reasonable period (a CY), to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care every year.
The PIPs shall involve the following (Ref: 42 Code of Federal Regulations (CFR) 438.330 (d)):

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

During CY 2018, MHD required Missouri Care to conduct two (2) PIPs:

- Clinical: Improving Childhood Immunization Rates (Combo 10).
- Nonclinical: Improving Access to Oral Healthcare.

2.0 Methodology for PIP Validation

Primaris followed guidelines established in the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, EQR Protocol 3, Version 2: Validating Performance Improvement Projects. Primaris gathered information about the PIPs through:

Documents submission: Missouri Care submitted the following documents for review. The review period was from April 25-May 25, 2019. However, the final HEDIS® rates were submitted in June 2019:

- PIP (clinical): Improving Childhood Immunization Rates Combo 10.
- PIP (non-clinical): Improving Access to Oral Healthcare.

Interview: The following Missouri Care officials were supporting the lead for collaboration, analysis, and developing interventions. An interview was held on May 16, 2019 to understand their concept, approach and methodology adopted for the PIPs. Technical Assistance was provided for improvement, corrections, and additional information:

- Mark Kapp, MBA, BSN, RN, CPHQ, Director, Quality Improvement
- Dale S. Pfaff, RN, MBA, QI Specialist, Associate
- Erin Dinkel, BSN, RN, Manager, Quality Improvement
- Russell Oppenborn, Senior Director, State Regulatory Affairs

PIPs validation process includes the following activities:

1. Assess the study methodology.
2. Verify PIP study findings (Note: Not conducted, optional as per EQRO protocol 3)
3. Evaluate overall validity and reliability of study results.

Activity 1: Assess the Study Methodology.

1. Review the selected study topic(s): Topic should address the overarching goal of a PIP, which is to improve processes and outcomes of health care provided by the MCO. It should reflect high-volume or high-risk conditions of the population.

2. Review the study question(s): The study question should be clear, simple and answerable. They should be stated in a way that supports the ability to determine whether the intervention has a measurable impact for a clearly defined population.

3. Review the identified study population: The MCO will determine whether to study data for the entire population or a sample of that population.

4. Review the selected study indicators: Each PIP should have one or more measured indicators to track performance and improvement over a specific period of time. All measured indicators should be:

- Objective;
- Clearly defined;
- Based on current clinical knowledge or health services research;
- Enrollee outcomes (e.g., health or functional status, enrollee satisfaction); and
- A valid indicator of these outcomes

5. Review sampling methods (if sampling used): It should be based on Appendix II of the EQR protocols for an overview of sampling methodologies applicable to PIPs.
6. Review data collection procedures: Ensure that the data is consistently extracted and recorded by qualified personnel. Inter-Rater Reliability (the degree to which different raters give consistent estimates of the same behavior) should be addressed.
7. Review data analysis and interpretation of study results: Interpretation and analysis of the study data should be based on continuous improvement philosophies and reflect an understanding that most problems result from failures of administrative or delivery system processes.
8. Assess the MCO's Improvement strategies: Interventions should be based on a root cause analysis of the problem. System interventions like changes in policies, targeting of additional resources, or other organization wide initiatives to improve performance can be considered.
9. Assess the likelihood that reported improvement is "real" improvement:

- Benchmarks for quality specified by the State Medicaid agency or found in industry standards.
- Baseline and repeat measures on quality indicators will be used for making this decision.

Note: *Tests of statistical significance calculated on baseline and repeat indicator measurements was not done by EQRO. These results are provided by the MCO.*
10. Assess the sustainability of documented improvement.
Real change is the result of changes in the fundamental processes of health care delivery and is most valuable when it offers demonstrable sustained improvements. Spurious is "one- unplanned accidental occurrences or random chance."
Review of the re-measurement documentation will be required to assure the improvement on a project is sustained.

Activity 2: Verify Study Findings (Optional).
MHD may elect to have Primaris conduct, on an ad hoc basis, when there are special concerns about data integrity. *(Note: this activity is not done by EQRO and written as N/A).*

Activity 3: Evaluate and Report Overall Validity and Reliability of PIPs Results.
Primaris will report a level of confidence in its findings as follows:

- High confidence = the PIP was methodologically sound, achieved the SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes implemented.
- Confidence = the PIP was methodologically sound, achieved the SMART Aim goal, and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.
- Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.
- Reported PIP results were not credible = The PIP methodology was not executed as approved, or for reasons beyond control of MCO.

3.0 Findings

3.1 PIP Clinical: Improving Childhood Immunization Status (CIS Combo 10)

Vaccinations are a powerful defense that is safe, proven, and effective. Young children not vaccinated or under vaccinated can have or cause serious illness, disability, or even death. In CY 2014, Missouri's health department officials tracked the vaccination rates of 19,765 children enrolled in Missouri child care settings. They found that between 2.3% and 7% of those children had not been vaccinated, depending on the vaccine. That amounts to as many as 1,383 children in those centers[1]. In CY 2014, Missouri status from the National Immunization Survey lists Missouri's rate was 70% for the 4-3-1-3-3-1-4 Series (4-Dtap, 3 IPV, 1-MMR, 3-Hib, 3-HepB, 1-Varicella and 4-PCV), 39.5% for 2 Hep A and 74.4% for Rotavirus (RV) for children 19-35 months of age[2].
The State of Missouri's goal is to have 90% of children appropriately immunized by 24 months of age. However, Missouri Care continues to fall below the 90% goal for Combo 10 childhood immunizations (Table 1).

[1] Children Who Have Received No Vaccines: Who Are They and Where Do They Live? /Philip J. Smith, PhD, MS, Susan Y. Chu, PhD, MSPH, Lawrence E. Barker, PhD pediatrics.aappublications.org/content/114/1/187.abstract
[2] Missouri Department of Health and Senior Services, Bureau of Immunizations: National Immunization Survey Children (19 through 35 months), http://health.mo.gov/living/wellness/immunizations/pdf/nationalsurvey-children.pdf

In CY 2017, Missouri Care's Statewide HEDIS® CIS Combo 10 rate was 26.52%. Noting this is in the 10th NCQA national percentile ranking, Missouri Care identified an opportunity to improve the CIS Combo 10 rate in CY 2018.

Table 1. CIS Combo 10 Doses by Vaccine

CIS Combo 10	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
No. of Doses	4	3	1	3	3	1	4	1	2	2

3.1.1 Description of Data Obtained

Aim: To increase the number of eligible children receiving Combo10 by their 2nd birthday by 3 percentage points from CY 2017 to CY 2018.

Study Question: "Will providing the proposed list of interventions to eligible members increase the number of children receiving Combo-10 by their 2nd birthday by 3 percentage points in CY 2018?"

Study Indicator: HEDIS® Childhood Immunization Status (CIS)–Combo 10 Rate
From the current HEDIS® Technical Specification, NCQA recommends that eligible members have the combination vaccinations as listed in Table 1. For CIS, the period of time measured includes immunizations received by their second birthday–members who turned 2 years old in CY 2018.

Sampling: There is no sampling for the PIP. The interventions are applied to the entire eligible population. However, the final HEDIS® CIS Combo 10 rate is measured as per the 2019 HEDIS® Technical Specifications (Hybrid measure).

Study Population: All Missouri Care members 2 years of age in the measurement year who had no more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.

Baseline Data: CY 2017 is the baseline year with HEDIS® CIS rate as 26.52%.

Methodology: Sources of data used in this study included claims-based software and NCQA Certified Software (Inovalon) to calculate HEDIS® CIS-Combo 10 rate. The data collected includes the entire eligible population of CIS claims/encounter data according to HEDIS® Technical Specifications by members' second birthday (CY 2018). As part of its systematic

method of collecting valid and reliable data, claims data for the study were queried from the claims-based software and put into NCQA-certified software (Inovalon).
According to HEDIS® 2019 NCQA Technical Specifications, the study indicator data pulled from the HEDIS® CIS rate captures:

Numerator -Must include Combo 10:

- At least 4 DTaP, 3 IPV, 3 HiB, and 4 PCV vaccinations with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.
- At least 3 Hep B vaccinations with different dates of service, 1 Hep A, 1 VZV, and 1 MMR on or before the child's second birthday.
- At least 2 doses of the two-dose Rotavirus vaccine or 3 doses of the three-dose Rotavirus vaccine or 1 dose of the two-dose rotavirus vaccine and 2 doses of the three-dose rotavirus vaccine all on different dates of service on or before the child's second birthday.
- At least 2 Influenza vaccinations with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to six months (180 days) after birth.

Denominator: All children 2 years of age in the measurement year (CY 2018) who had no more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.

Annually, Missouri Care collects medical records to supplement the administrative claims data. This is known as a hybrid review or medical record review, which uses a set of members for the denominator. Missouri Care follows NCQA requirements for this hybrid measure, which includes a sample of 411 members plus a 5% oversample (432 members) for each region, if appropriate. Missouri Care used NCQA Certified HEDIS® Software vendor (Inovalon) and CHANGE Health vendor for medical record review. Numerator hits were abstracted and tracked by CHANGE Health using Inovalon's Quality Spectrum Hybrid Reporter (QSHR) software. CHANGE Health field reviewers scanned and uploaded evidentiary medical records to their secure document servers, which were reviewed and abstracted by CHANGE Health's highly trained team. Abstractors data-entered within a pre-populated CHANGE Health's WebDE tool, which provided clear guidelines for obtaining and recording data, such as breaking down hybrid measurement specifications into basic components and clearly listing measure requirements. Missouri Care staff, along with contracted trained clinical staff, oversaw CHANGE Health's abstractors by over-reading medical records to ensure quality review. Abstracted medical records were exported to a secure file transfer portal where WellCare's (Missouri Care's parent company) Med Informatics team confirmed receipt of files, and then the data was downloaded to QSHR.

QSHR measure flowcharts included algorithmic assessments about numerators, denominators, contraindications and exclusions. During the annual HEDIS® Medical Record Review, the MCO uploaded the administrative claims data on a monthly basis to further supplement the medical record data. At the end of the project, the MCO combined the administrative claims data and the medical record data to create the final HEDIS® rate. Data was reviewed and validated by a HEDIS® auditor.
Additionally, Missouri Care will track quarterly HEDIS® CIS Combo-10 rates so data trends can be identified early.

Intervention and Improvement Strategies: Missouri Care utilizes interventions to ensure rates sustain or improve through member engagement. If interventions prove to be successful at increasing the HEDIS® CIS-Combo 10 rate, they will become a part of Missouri Care's on-going initiatives. Each year, Missouri Care brainstorms planned interventions. Then, a decision is made on implementing interventions based on impact and ability to execute interventions each year (Table 2).

Table 2: Interventions

Intervention List	Year
CIS Provider Incentive: Missouri Care's provider incentive program, Partnership for Quality, rewards providers with bonus dollars for increasing immunization status for members.	Jan 1-Dec 31, 2018
Member Incentive: Missouri Care's Healthy Rewards member incentive program includes rewards for members who complete their recommended well-child visits.	Jan 1-Dec 31, 2018

Table 3 illustrates the number of eligible members for the EPSDT/Wellness visits, which includes completing immunizations in first 15 months of life (W15). As part of their integrated approach, Missouri Care incentivized members to complete EPSDT/Wellness visits. There is a decrease (3.01 percentage points) in member participation during CY 2018 with the Healthy Rewards Member Incentive Program. Missouri Care's intervention did not contribute to an increase in the Statewide HEDIS® Childhood Immunization Series rate.
Table 4 illustrates the number of closed CIS-Combo 10 gaps in care after implementing the Provider Incentive Program. From a provider perspective, Missouri Care not only incentivized providers to complete EPSDT/Wellness visits, but also to close gaps in care

relating to needed childhood immunizations. The CY 2018 data shows fewer percentage of CIS care gaps being closed (decrease of 3.5 percentage points).

Table 3: Healthy Rewards Member Incentive Program for Well Child Visit

Well-Child Visits in First 15 Months of Life (W15)	Eligible Members	Attested Activities	% Attested	Yr. Over Yr. Comparison
CY 2017	3,560	351	9.86%	Baseline
CY 2018	4,710	323	6.85%	↓

Table 4: Partnership for Quality Provider Incentive Program

HEDIS® CIS Combo 10	CIS Eligible Gaps	Number of CIS Gaps Closed	% CIS Gaps Closed	Yr. Over Yr. Comparison
CY 2017	2605	482	18.5%	Baseline
CY 2018	5218	788	15%	↓

3.1.2 PIP Results

HEDIS® CIS Combo 10 rate statewide for the CY 2018 (HEDIS® 2019) is 27.49% which is an increase from the CY 2017 (26.52%) by 0.97 percentage point (Table 5). This increase is not statistically significant. The aim of the PIP is not met.

Table 6 and Figure 1 represent HEDIS® Combo 10 rates for CY 2016 (HEDIS® 2017)-CY 2018 (HEDIS® 2019). There is no statistically significant improvement seen statewide over the last two years.

Table 5. HEDIS® CIS Combo 10 Rate Statewide

HEDIS® Quarterly Measurements	HEDIS® 2018	HEDIS® 2019
Quarter 1	13.44%	13.37%
Quarter 2	19.35%	15.82%
Quarter 3	17.81%	16.49%
Quarter 4	20.76%	17.21%
Final HEDIS® Rate	26.52%	27.49%

Table 6: HEDIS® CIS Combo 10 Rates Regional Year-Over-Year Comparison

Region	HEDIS® 2017 CIS Combo 10 Rate	HEDIS® 2018 CIS Combo 10 Rate	HEDIS® 2019 CIS Combo 10 Rate
Statewide	26.39%	26.52%	27.49%
Central	26.76%	30.90%	25.55%
East	23.38%	25.30%	23.36%
Southwest	N/A	27.98%	25.55%
West	26.03%	25.00%	27.25%

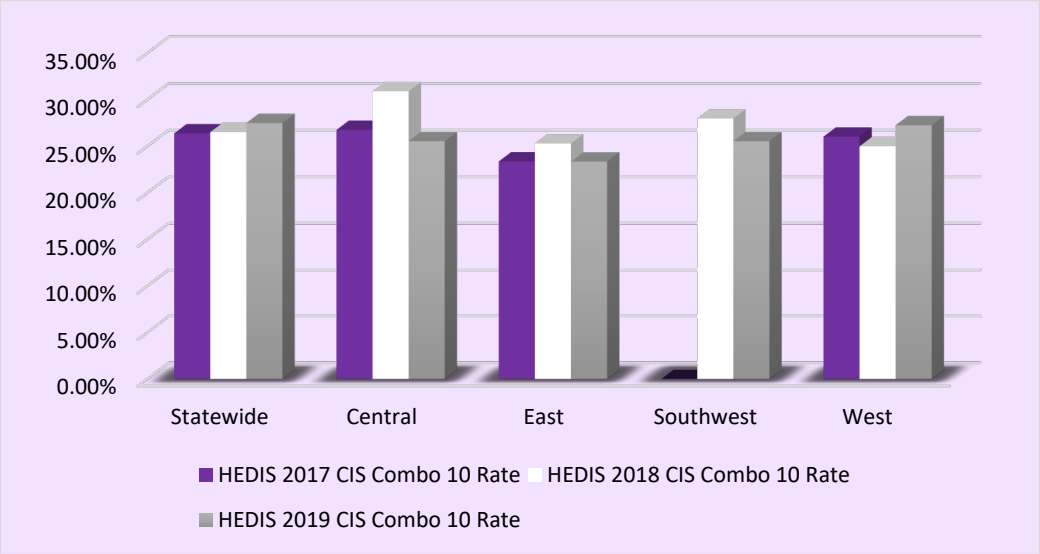

Figure 1: HEDIS® CIS Combo 10 Rates Regional Year-Over-Year Comparison

3.2 PIP Nonclinical: Improving Access to Oral Healthcare

Oral health is an integral component of children's overall health and well-being. Dental care is the most prevalent unmet health need among children. Statistics from the Centers for Disease Control and Prevention (CDC) reveal that over two-thirds of children have decay in their permanent teeth (ref: Children's Oral Health 2007, CDC Oral Health Resources). The Kaiser Commission suggests, "Oral disease has been linked to ear and sinus infection and weakened immune system, as well as diabetes, and heart and lung disease. Studies found that children with oral diseases are restricted in their daily activities and miss over 51 million hours of school each year" (ref: Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP, August 2007, The Henry J. Kaiser Family Foundation).

In HEDIS® 2018 (CY 2017), Missouri Care's Statewide HEDIS® ADV Rate was 48.42%. Noting this rate is in the 25th NCQA national percentile ranking, Missouri Care identified an opportunity to improve the ADV rate in HEDIS® 2019 (CY 2018). When evaluating the most current 2019 HEDIS® ADV rate, which shows that approximately 50% of Missouri Care's eligible members received an annual dental visit, it solidifies the need to continue working towards more members' improving their oral health by receiving an annual dental visit.

3.2.1 Description of Data Obtained

Aim: To increase the annual dental visits of children ages 2 through 20 years old by 3 percentage points from CY 2017 to CY 2018.

Study Question: "Will providing the proposed list of interventions to eligible members from the ages of 2 through 20 years old increase the number of children who receive an annual dental visit by 3 percentage points in CY 2018?"

Study Indicator: HEDIS® Annual Dental Visit (ADV) Rate. From the current HEDIS® Technical Specification, NCQA recommends that eligible members have at least one dental visit during the measurement year. For ADV, the period of time measured includes a full calendar year (2018).

Study population: Missouri Care members 2 through 20 years of age who had at least 1 dental visit during the measurement year and are continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days.

Sampling: No sampling techniques are used in this study. The study includes all members 2 through 20 years of age (as per HEDIS® Specifications).
Baseline Data: CY 2017 is the baseline year with HEDIS® ADV rate as 48.42%.

Methodology: Sources of data used in this study include claims-based software and NCQA Certified Software (Inovalon) to calculate the HEDIS® ADV rate. According to HEDIS® 2019 Technical Specifications, the HEDIS® ADV rate captures:

- Numerator: Members 2 through 20 years of age identified as having one or more dental visits with a dental practitioner during the measurement year (CY 2018).
- Denominator: Members 2 through 20 years of age who are continuously enrolled during the measurement year (CY 2018) with no more than one gap in enrollment of up to 45 days.

As part of its systematic method of collecting valid and reliable data, claims data for the study were queried from claims-based software and put into NCQA-certified software

(Inovalon). Missouri Care stated that they would measure the impact of this PIP on an ongoing basis, by tracking and testing for significant increases in indicator rates over time. WellCare's (Missouri Care's parent company) Quality and Analytics personnel manage data validation, integrity, quality reporting, and oversee technical analysts. This includes trend reporting, data modeling, coding, report design, statistical analyses and queries, data mining, and program evaluation. Missouri Care will perform a Plan-Do-Study-Act cycle of continuous process improvement, implement changes, and guide the test of a change to determine if the change is an improvement.

Intervention and Improvement Strategies: The barrier addressed in this PIP is, "lack of motivation to complete annual dental visit" and the intervention implemented is follows: ADV Member Incentive: To help motivate members to complete an annual dental visit. The members will receive an incentive through Healthy Rewards program. CY 2018 is the first full-year for Missouri Care to have the ADV Member Incentive in place.
Table 7 illustrates the number of eligible members for the ADV Healthy Rewards incentive and those who attested to completing the service. There is some increase (0.45 percentage point) in member participation during CY 2018 with the Healthy Rewards Program.

Table 7: Healthy Rewards Member Incentive Program for ADV

Annual Dental Visit	Eligible Members	Attested Activities	% Attested	Yr. Over Yr. Comparison
CY2017	62,893	422	0.67%	Baseline
CY2018	142,398	1,592	1.12%	↑

3.2.2 PIP Results

Table 8: HEDIS® ADV Rates Statewide

HEDIS® Quarterly Measurements	HEDIS® 2018	HEDIS® 2019
Quarter 1	13.27%	17.57%
Quarter 2	29.57%	32.07%
Quarter 3	38.50%	41.58%
Quarter 4	47.38%	51.79%
Final HEDIS® Rate	48.42%	52.72%

HEDIS® ADV rate statewide for the CY 2018 (HEDIS® 2019) is 52.72% which is an increase from the CY 2017 (48.42%) by 4.3 percentage points (Table 8). The aim of the PIP is met. Table 9 and Figure 2 represent HEDIS® ADV rates for CY 2016 (HEDIS® 2017)-CY 2018 (HEDIS® 2019). There is an evidence of statistically significant statewide improvement.

Table 9: HEDIS® ADV Rates Regional Year-Over-Year Comparison

Region	HEDIS® 2017 ADV Rate	HEDIS® 2018 ADV Rate	HEDIS® 2019 ADV Rate
Statewide	46.97%	48.42%	52.72%
Central	52.86%	53.70%	52.47%
East	43.00%	44.90%	48.51%
Southwest	N/A	46.77%	55.33%
West	45.91%	47.52%	55.35%

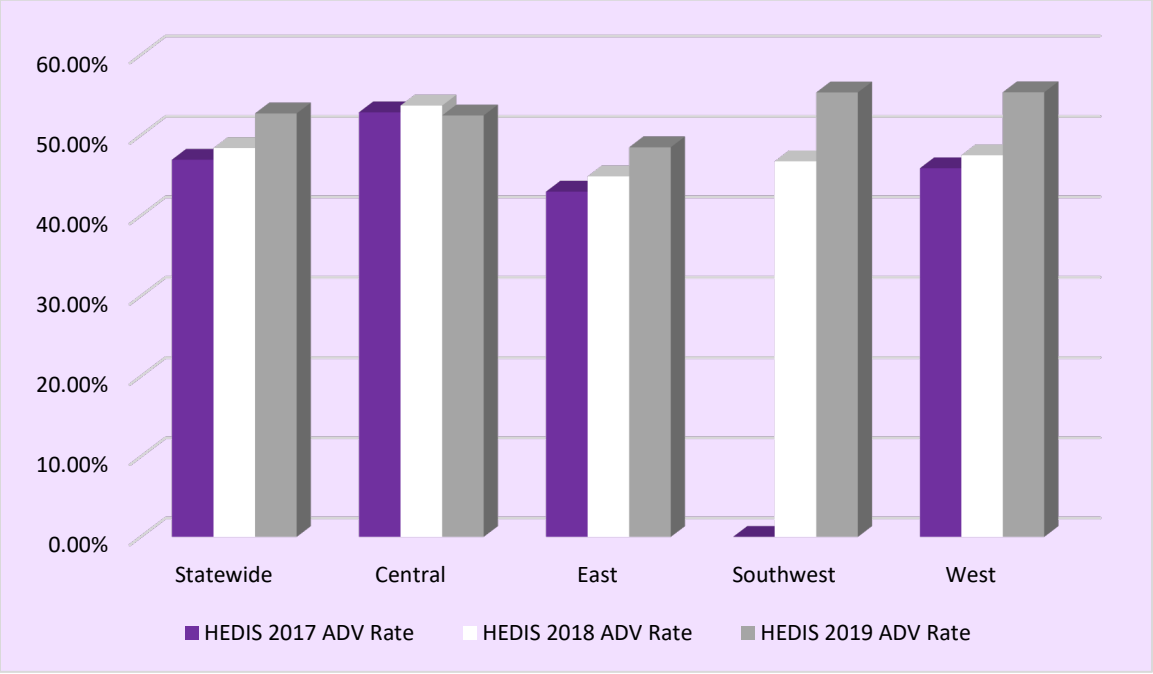

Figure 2: HEDIS® ADV Rates Regional Year-Over-Year Comparison

4.0 Overall Conclusions

PIPs Score

The following score was assigned to both the CIS Combo 10 and Oral HealthCare PIPs:
Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

4.1 Strengths and Weaknesses

Strength

Missouri Care expressed their willingness to learn the correct methodology for PIP during a Technical Assistance session. They responded by providing updates/additional information/corrections and tried to align with the expectations of EQRO.

Weaknesses

- The PIPs did not meet all the required guidelines stated in CFR/MHD contract (Ref: 42 Code of federal Regulations (Table 10-CFR438.330 (d)/MHD contract 2.18.8 d 1).
- Annual evaluation of HEDIS® measures was used as quality indicators, which is a requirement for performance measure reporting by MHD/CMS (Centers for Medicare and Medicaid Services)/NCQA (National Committee for Quality Assurance). The indicators were not specifically chosen to measure the impact of interventions.

Table 10: PIPs' Evaluation based on CFR guidelines

CFR Guidelines	Evaluation
Measurement of performance using objective quality indicators	Partially Met
Implementation of system interventions to achieve improvement in quality	Not Met
Evaluation of the effectiveness of the interventions	Partially Met
Planning and initiation of activities for increasing or sustaining improvement	Met

- Interventions could not be linked to the measured quality indicators. The member incentive program or the provider incentive program had no impact on the wellness visits of children in first 15 months of life or the HEDIS® CIS combo 10 rate. The member incentive program implemented to improve the ADV rate showed a meager

increase of 0.45 percentage point, though the annual HEDIS® ADV rate increased by 4.3 percentage points.

- PIPs result: The CIS combo 10 rate has increased by 0.97 percent points from the previous year which is not statistically significant.

4.2 Quality, Timeliness and Access to Healthcare Services

Member Incentive Program (for ADV and Wellness visits): In July 2017, Missouri Care launched the newly revised Healthy Rewards Program, which included a new ADV incentive, a new wellness incentive, and a new vendor with additional opportunities at various retail stores. Missouri Care members were notified of the new program through various means such as New Member Welcome Packet, Mailers, and Care Management. Besides a more holistic approach to incentive measures, the new program allows members to attest services that were completed through the vendor's website, calling customer service, or by mail. Members then receive a reloadable debit card, which can be redeemed at various retail stores. CY 2018 was the first full year when this intervention was implemented.

In CY 2019, the MCO has added Walmart as a vendor to the Healthy Rewards program and also increased the incentive amount from $20 to $30, which should help to increase participation.

Additionally, in 2017, Missouri Care launched a revised Provider Incentive Program, Partnership for Quality, which included all eligible Primary Care Providers within our network. In order to impact CIS-Combo 10, providers were incentivized to provide all needed childhood immunizations. Providers were notified of the program through Missouri Care's Quality Practice Advisors, Provider Relations representatives, mailed packets, and on the provider portal.

4.3 Improvement by Missouri Care

- Some improvement/clarity in reporting the study question, baseline year, measurement year, evaluation of interventions is seen.
- The statewide HEDIS® ADV rate has increased from 48.42% to 52.72%.

5.0 Recommendations

PIPs Approach

- Primaris recommends Missouri Care to follow CMS EQRO protocol 3[3] and Medicaid Oral Health Performance Improvement Projects: A How-To Manual for Health Plans,

[3] https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf

July 2015[4] , for guidance on methodology and approach of PIPs to obtain meaningful results.

- Missouri Care must continue to refine their skills in the development and implementation of approaches to effect change in their PIP.
- The aim should be stated clearly in writing (baseline rate, % increase to achieve in a defined period).
- PIPs should be conducted over a reasonable time frame (a calendar year) so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.
- The interventions should be planned specifically for the purpose of PIP required by MHD Contract. The results and impact should be measured on a regular basis (monthly/quarterly) and a run chart should be submitted.
- The results should be tied to the interventions.
- Instead of repeating interventions that were not effective, evaluate new interventions for their potential to produce desired results, before investing time and money.
- A request for technical assistance from EQRO would be beneficial. Improved training, assistance and expertise for the design, analysis, and interpretation of PIP findings are available from the EQRO, CMS publications, and research review.
- Missouri Care must utilize the PIP's process as part of organizational development to maintain compliance with the state contract and the federal protocol.

Improvement in CIS rate

- According to the CDC, some children might be unvaccinated because of choices made by parents, whereas for others, lack of access to health care or health insurance might be factors. They may face hurdles, like not having a health care professional nearby, not having time to get their children to a doctor, and/or thinking they cannot afford vaccines.
  CDC recommends healthcare professionals to make a strong vaccine recommendation to their patients at every visit and make sure parents understand how important it is for their children to get all their recommended vaccinations on time. The Vaccines for Children (VFC) program helps reduce financial hurdles parents face when trying to get their children vaccinated and protected from vaccine-preventable diseases.[5]

[4] https://www.medicaid.gov/medicaid/benefits/downloads/pip-manual-for-health-plans.pdf
[5] https://ivaccinate.org/states-with-the-worst-vaccination-rates/

Improvement in Oral Healthcare

- Dental caries-risk assessment, based on a child's age, biological factors, protective factors, and clinical findings, should be a routine component of new and periodic examinations by oral health and medical providers (American Academy of Pediatric Dentistry).[6]
- Promote school-based sealant programs aligned with the Centers for Disease Control's expert work group recommendations for school-based sealant programs.[7]
- Interprofessional Collaboration: Incorporate oral health improvement strategies across healthcare professions (such as medicine, nursing, social work, and pharmacy) and systems to improve oral health knowledge and patient care.[7]
- Work Force: Develop health professional policies and programs which better serve the dental needs of underserved populations.[7]

[6] https://www.aapd.org/globalassets/media/policies_guidelines/bp_cariesriskassessment.pdf).
[7]https://sboh.wa.gov/Portals/7/Doc/OralHealth/WSBOH-OH-Strategies-2013.pdf?ver=2013-11-19-094100-000

Appendix A: PIP Validation Worksheet-CIS Combo 10

Date of evaluation: May 16, 2019

MCO Name or ID:	Missouri Care
Name of Performance Improvement Project:	Childhood Immunization Status (Combo 10)
Dates in Study Period:	Jan 1, 2018-Dec 31, 2018
Demographic Information:	Number of Medicaid/CHIP enrollees in MCO:250,263 Medicaid/CHIP members included in the study: 6,612

Score: Met (M) /Not Met (NM) / Partially Met (PM) /Not Applicable (N/A)

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of specific MCO enrollee needs, care, and services?	M	In HEDIS® 2018 (CY 2017), Missouri Care's Statewide HEDIS® CIS Combo 10 Rate was 26.52%. Noting this is in the 10th NCQA national percentile ranking, Missouri Care identified an opportunity to improve the CIS Combo 10 rate in HEDIS® 2019 (CY 2018).
1.2 Is the PIP consistent with the demographics and epidemiology of the enrollees?	M	The HEDIS® Childhood Immunization Status (CIS) measure evaluates members 2 years of age who are current on their immunizations. This is consistent with the demographics and epidemiological needs of Missouri Care's population, which primarily includes children.
1.3. Did the PIP consider input from enrollees with special health needs, especially those with mental health and substance abuse problems?	M	The PIP considers all enrollees 2 years of age including, but not limited to members with special needs and physical or behavioral health conditions.
1.4. Did the PIP, over time, address a broad spectrum of key aspects of enrollee care and services (e.g., preventive,	M	By members receiving immunizations, it can improve members' overall health by preventing diseases.

chronic, acute, coordination of care, inpatient, etc.)?		
1.5. Did the PIP, over time, include all enrolled populations (i.e., special health care needs)?	M	Same as section 1.3 above.

Step 2: Review the Study Question(s)

Component/Standard	Score	Comments
2.1. Was/were the study question(s) measurable and stated clearly in writing? It should be stated in a way that supports the ability to determine whether the intervention has a measurable impact for a clearly defined population.	M	Missouri Care's study question was: "Will providing a proposed list of interventions to eligible members increase the number of children receiving CIS Combo10 by their 2nd birthday by 3 percentage points in CY 2018?"

Step 3: Review the Identified Study Populations

Component/Standard	Score	Comments
3.1. Were the enrollees to whom the study question and indicators are relevant clearly defined?	M	The study population includes all Missouri Care members 2 years of age in the measurement year who had no more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.
3.2. If the entire population was studied, did its data collection approach capture all enrollees to whom the study question applied?	M	For this PIP, the enrollees include all those members who turned 2 years old in 2018 and received CIS Combo 10 vaccines.

Step 4: Review Selected Study Indicator(s)

Component/Standard	Score	Comments
4.1. Did the study use objective, clearly defined, measurable indicators (e.g., an event or status that will be measured)?	M	The HEDIS® CIS Rate Technical Specifications published by the National Committee for Quality Assurance (NCQA) was the indicator used to assess the outcome of PIP.

4.2. Did the indicators track performance over a specified period?	M	For CIS, the period of time measured includes a full calendar year (2018). The performance was tracked on a quarterly and annual basis.
4.3. Are the number of indicators adequate to answer the study question; appropriate for the level of complexity of applicable medical practice guidelines; and appropriate to the availability of and resources to collect necessary data?	PM	Missouri Care used the HEDIS® CIS-Combo 10 rate as an indicator to determine the effectiveness of new interventions implemented during this PIP. Primaris recommends that the MCO should have specific secondary indicators which could measure the impact of each intervention implemented.

Step 5: Review Sampling Methods

Component/Standard	Score	Comments
5.1. Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the acceptable margin of error?	N/A	This section is not applicable. The entire population is measured from an administrative standpoint and Hybrid rates are calculated using HEDIS® Technical Specifications and NCQA-certified software.
5.2. Were valid sampling techniques employed that protected against bias? Specify the type of sampling or census used:	N/A	Same comment as above.
5.3. Did the sample contain a sufficient number of enrollees?	N/A	Same comment as above.

Step 6: Review Data Collection Procedures

Component/Standard	Score	Comments
6.1. Did the study design clearly specify the data to be collected?	M	According to HEDIS® 2019 (CY 2018) NCQA Tech Specs, the Study Indicator data pulled from the HEDIS® CIS rate captures: Numerator: Combo 10 • At least 4 DTaP, 3 IPV, 3 HiB, and 4 PCV vaccinations with different dates of service on or before the child's second birthday. Do not

		count a vaccination administered prior to 42 days after birth. • At least 3 Hep B vaccinations with different dates of service, 1 Hep A, 1 VZV, and 1 MMR on or before the child's second birthday. • At least 2 doses of the two-dose Rotavirus vaccine or 3 doses of the three-dose Rotavirus vaccine or 1 dose of the two-dose rotavirus vaccine and 2 doses of the three-dose rotavirus vaccine all on different dates of service on or before the child's second birthday. • At least 2 Influenza vaccinations with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to six months (180 days) after birth. Denominator: All children 2 years of age in the measurement year (CY 2018) who had no more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.
6.2. Did the study design clearly specify the sources of data?	M	Sources of data used in this study included claims-based software and NCQA Certified Software (Inovalon) and MRR to calculate HEDIS® CIS-Combo 10 rate.
6.3. Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	M	As part of its systematic method of collecting valid and reliable data, via medical record review and claims data for the study were queried from the claims-based software and put into NCQA-certified software (Inovalon).
6.4. Did the instruments for data collection provide for consistent and accurate data collection over the time periods studied?	M	Same as comment above in section 6.3

6.5. Did the study design prospectively specify a data analysis plan?	M	Missouri Care includes annual and quarterly HEDIS® rates to measure improvement over prior year.
6.6. Were qualified staff and personnel used to collect the data?	M	A team of qualified members led the PIP for collaboration, analysis and developing interventions.

Step 7: Review Data Analysis and Interpretation of Study Results

Component/Standard	Score	Comments
7.1. Was an analysis of the findings performed according to the data analysis plan?	M	Information from claims/encounter data and was calculated using NCQA Certified Measures Software as per the plan.
7.2. Were numerical PIP results and findings accurately and clearly presented?	M	The HEDIS® CIS results were provided region wise and aggregate Statewide accurately through tables. The interpretation of annual result of interventions is provided.
7.3. Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	M	There are no internal nor external factors that threaten the validity of the findings. The methodology of the source for data analysis, members examined, and tools used have remained the same since baseline year (CY 2017).
7.4. Did the analysis of study data include an interpretation of the extent to which its PIP was successful and follow-up activities?	NM	The PIP was not successful. Missouri Care intends to continue the successful interventions in the upcoming year while developing new interventions to continually improve members' CIS rate.

Step 8: Assess Improvement Strategies

Component/Standard	Score	Comments
8.1. Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	M	Missouri Care has a cross-functional HEDIS® workgroup with representation from a wide variety of disciplines and service areas within Missouri Care. As part of this meeting, the workgroup brainstorms, analyzes HEDIS® data, and works to identify root causes for gaps in care.

		Through this active workgroup, barriers and interventions are continuously evaluated in an effort to sustain ongoing improvement in HEDIS® rates for their members.
8.2 Are the interventions sufficient to be expected to improve processes or outcomes?	M	Barriers addressed by interventions are as below: • Unable to contact member (missing/incorrect phone number) • Lack of understanding the importance of childhood immunizations and the diseases they prevent • Lack of motivation to complete wellness visits
8.3 Are the interventions culturally and linguistically appropriate?	M	To ensure interventions meet and support members cultural and linguistic needs, Missouri Care's offers 6th grade reading level and language translation option available on all member materials/calls.

Step 9: Assess Whether Improvement is "Real" Improvement

Component/Standard	Score	Comments
9.1. Was the same methodology as the baseline measurement used when measurement was repeated?	M	The methodology of data and data analysis, members examined, and tools used have remained the same since the baseline measurement.
9.2. Was there any documented, quantitative improvement in processes or outcomes of care?	NM	The CIS Combo 10 rate has increased by 0.97 percentage points over the previous year. This is neither of any statistical significance nor a result of planned interventions.
9.3. Does the reported improvement in performance have "face" validity (i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention)?	NM	The interventions did not have any positive result in increasing the quality indicator.
9.4. Is there any statistical evidence that any observed performance improvement is true improvement?	NM	The 0.97 percentage point increase in the final HEDIS®CIS Combo 10 rate, does not appear to be the result of the planned quality improvement

		intervention. There is no statistical significance of this improvement.

Step 10: Assess Sustained Improvement

Component/Standard	Score	Comments
10.1. Was sustained improvement demonstrated through repeated measurements over comparable time periods?	PM	Although there has been improvement in CIS rates over last two years, it is not of any statistical significance.

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
1. Were the initial study findings verified upon repeat measurement?	N/A	

ACTIVITY 3: EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY

Check one:

- ☐ High confidence in reported PIP results
- ☐ Confidence in reported PIP results
- ■ Low confidence in reported PIP results
- ☐ Reported PIP results not credible

Summary

The aim of the PIP is not met. The two interventions, namely Healthy Rewards Member Incentive Program and Provider Incentive Program failed to have any positive impact on the outcomes. The annual HEDIS® CIS Combo 10 increased by 0.97 percentage point which has no statistical significance.

Appendix B: PIP Validation Worksheet- Improving Oral Health

Date of evaluation: May 16, 2019

MCO Name or ID:	Missouri Care
Name of Performance Improvement Project:	Improving Oral Health
Dates in Study Period:	Jan 1, 2018-Dec 31, 2018
Demographic Information:	Number of Medicaid/CHIP enrollees in MCO:250,263 Medicaid/CHIP members included in the study:142,397

Score: Met (M) /Not Met (NM) / Partially Met (PM) /Not Applicable (N/A)

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of specific MCO enrollee needs, care, and services?	M	In HEDIS® 2018 (CY 2017), Missouri Care's Statewide HEDIS® ADV Rate was 48.42%. Noting this rate is in the 25th NCQA national percentile ranking, Missouri Care identified an opportunity to improve the ADV rate in HEDIS® 2019 (CY 2018). Additionally, the Statewide Improving Oral Health Initiative was taken as basis of this PIP.
1.2 Is the PIP consistent with the demographics and epidemiology of the enrollees?	M	The HEDIS® ADV measure evaluates members 2–20 years of age who had at least one dental visit during the measurement year. This is consistent with the demographics and epidemiological needs of Missouri Care's population, which primarily includes children and pregnant women and is a covered benefit as part of Missouri Care's Medicaid contract.
1.3. Did the PIP consider input from enrollees with special health needs, especially those with mental health and substance abuse problems?	M	The PIP includes all enrollees from 2-20 years of age including, but not limited to members with special needs and physical or behavioral health

		conditions.
1.4. Did the PIP, over time, address a broad spectrum of key aspects of enrollee care and services (e.g., preventive, chronic, acute, coordination of care, inpatient, etc.)?	M	By members receiving a preventive annual dental visit, it can improve members' overall oral health by reducing chronic or acute oral health conditions.
1.5. Did the PIP, over time, include all enrolled populations (i.e., special health care needs)?	M	Same as section 1.3 above.

Step 2: Review the Study Question(s)

Component/Standard	Score	Comments
2.1. Was/were the study question(s) measurable and stated clearly in writing? It should be stated in a way that supports the ability to determine whether the intervention has a measurable impact for a clearly defined population.	M	Statewide study question is: "Will providing the proposed list of interventions to eligible members from the ages of 2 through 20 years old increase the number of children who receive an annual dental visit by 3 percentage points in CY 2018?"

Step 3: Review the Identified Study Populations

Component/Standard	Score	Comments
3.1. Were the enrollees to whom the study question and indicators are relevant clearly defined?	M	To align Missouri Care's PIP with MO HealthNet's Statewide PIP, the study population included Missouri Care members 2 through 20 years of age who had at least 1 dental visit during the measurement year and are continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days.
3.2. If the entire population was studied, did its data collection approach capture all enrollees to whom the study question applied?	M	From the current HEDIS® Technical Specification, NCQA recommends that eligible members have at least one dental visit during the measurement year.

Step 4: Review Selected Study Indicator(s)

Component/Standard	Score	Comments
4.1. Did the study use objective, clearly defined, measurable indicators (e.g., an event or status that will be measured)?	M	HEDIS® ADV rate (Administrative measure) was the indicator used to assess the outcome of PIP.
4.2. Did the indicators track performance over a specified period?	M	For ADV, the period of time measured includes a full calendar year (2018). The performance was tracked on a quarterly and annual basis.
4.3. Are the number of indicators adequate to answer the study question; appropriate for the level of complexity of applicable medical practice guidelines; and appropriate to the availability of and resources to collect necessary data?	PM	A primary measure is used as an indicator. Primaris recommends that the MCO should have specific secondary indicators which could measure the impact of each intervention implemented.

Step 5: Review Sampling Methods

Component/Standard	Score	Comments
5.1. Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the acceptable margin of error?	N/A	There are no sampling techniques used in this study. To align with the Statewide PIP and HEDIS® Technical Specifications, the study includes all members 2 through 20 years of age.
5.2. Were valid sampling techniques employed that protected against bias? Specify the type of sampling or census used:	N/A	Same comment as above.
5.3. Did the sample contain a sufficient number of enrollees?	N/A	Same comment as above.

Step 6: Review Data Collection Procedures

Component/Standard	Score	Comments
6.1. Did the study design clearly specify the data to be collected?	M	According to HEDIS® 2019 (CY 2018) Technical Specifications, the study indicator data pulled for the HEDIS® ADV rate captures:

		• Numerator: Members 2 through 20 years of age identified as having one or more dental visits with a dental practitioner during the measurement year (CY 2018). • Denominator: Members 2 through 20 years of age who are continuously enrolled during the measurement year (CY 2018) with no more than one gap in enrollment of up to 45 days.
6.2. Did the study design clearly specify the sources of data?	M	Sources of data used in this study includes claims-based software and NCQA Certified Software (Inovalon) to calculate the HEDIS® ADV rate.
6.3. Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	M	As part of its systematic method of collecting valid and reliable data, claims data for the study were queried from claims-based software and put into NCQA-certified software (Inovalon). Inovalon follows HEDIS® Technical Specifications to calculate the ADV rate.
6.4. Did the instruments for data collection provide for consistent and accurate data collection over the time periods studied?	M	Same as comment above in section 6.3
6.5. Did the study design prospectively specify a data analysis plan?	M	Missouri Care includes annual and quarterly HEDIS® rates to measure improvement over prior year.
6.6. Were qualified staff and personnel used to collect the data?	M	A team of qualified members led the PIP for collaboration, analysis and developing interventions.

Step 7: Review Data Analysis and Interpretation of Study Results

Component/Standard	Score	Comments
7.1. Was an analysis of the findings performed according to the data analysis plan?	M	Information from claims/encounter data and was calculated using NCQA Certified Measures Software as per the plan.

7.2. Were numerical PIP results and findings accurately and clearly presented?	M	The HEDIS® ADV results were provided region wise and aggregate Statewide accurately through tables. The interpretation of results of intervention is provided.
7.3. Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	M	Yes. There are no factors that influenced comparability of initial and repeat measurements or threatened internal and external validity of data.
7.4. Did the analysis of study data include an interpretation of the extent to which its PIP was successful and follow-up activities?	M	The PIP was successful even though the intervention had a meagre (0.45 percentage point) positive impact on the outcomes. The follow up plan for activities were discussed.

Step 8: Assess Improvement Strategies

Component/Standard	Score	Comments
8.1. Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	M	Missouri Care has a cross-functional HEDIS® workgroup with representation from a wide variety of disciplines within the MCO. The workgroup brainstorms analyzes HEDIS® data, and works to identify root causes for gaps in care. Through this active workgroup, barriers and interventions are continuously evaluated in an effort to sustain ongoing improvement in HEDIS® rates for their members.
8.2 Are the interventions sufficient to be expected to improve processes or outcomes?	M	Barriers addressed by interventions are as below: • Unable to locate a local dental provider. • Unable to contact member (missing/incorrect phone number). • Lack of motivation to complete

		annual dental visit. • Lack of understanding the importance of annual dental visits.
8.3 Are the interventions culturally and linguistically appropriate?	M	To ensure interventions meet and support members cultural and linguistic needs, Missouri Care offers 6th grade reading level and language translation option available on all member materials/calls.

Step 9: Assess Whether Improvement is "Real" Improvement

Component/Standard	Score	Comments
9.1. Was the same methodology as the baseline measurement used when measurement was repeated?	M	The methodology of data and data analysis, members examined, and tools used have remained the same since the baseline measurement.
9.2. Was there any documented, quantitative improvement in processes or outcomes of care?	M	HEDIS® ADV rate statewide for the CY 2018 is 52.72% which is an increase from the CY 2017 (48.42%) by 4.3 percentage points
9.3. Does the reported improvement in performance have "face" validity (i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention)?	NM	Overall HEDIS® ADV rate increased, but the increase was not the result of the planned intervention. The intervention had 0.45 percentage point increase on the outcome.
9.4. Is there any statistical evidence that any observed performance improvement is true improvement?	M	The annual HEDIS® ADV rate has increased by 4.3 percentage points which is statistically significant.

Step 10: Assess Sustained Improvement

Component/Standard	Score	Comments
10.1. Was sustained improvement demonstrated through repeated measurements over comparable time periods?	M	There is an improvement seen over the comparable time periods (quarter over quarter). The HEDIS® ADV rates over last 2 years have increased which is of statistically significance.

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
1. Were the initial study findings verified upon repeat measurement?	N/A	

ACTIVITY 3: EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY

Check one:

- ☐ High confidence in reported PIP results
- ☐ Confidence in reported PIP results
- ■ Low confidence in reported PIP results
- ☐ Reported PIP results not credible

Summary

Even though the aim of the PIP is met and the HEDIS® ADV rate has significantly increased by 4.3 percentage points, the PIP is assigned a score of "Low Confidence." The intervention had a very small impact (0.45 percentage point) on the outcome and it could not be tied to the result.