Primaris
Healthcare Business Solutions

2020 External Quality Review
Performance Improvement Projects

missouricare
A WellCare Company

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MoHealthNet

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1.0 Purpose and Overview

1.1 Background

The Department of Social Services, Missouri HealthNet Division (MHD), operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated "Managed Care"). To ensure all Missourians receive quality care, Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern. The goal is to improve access to needed services and quality of healthcare services in the Managed Care and state aid eligible populations, while controlling the program's cost. Participation in Managed Care is mandatory for certain eligibility groups within the regions in operation. Total number of Managed Care (Medicaid and CHIP combined) enrollees by end of SFY 2020 was 657,492 which was an increase of 10.20% as compared to end of SFY 2019.

MHD contracts with Managed Care Organizations (MCOs), also referred to as Managed Care Plans, to provide health care services to its Managed Care enrollees. Missouri Care is one of the three MCOs operating in Missouri (MO). MHD works closely with Missouri Care to monitor services for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various ongoing 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 (EQR).

MHD contracts with Primaris Holdings, Inc. (Primaris), an External Quality Review Organization (EQRO), to perform an EQR. An EQR is the analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a Managed Care Plan, or its contractors, furnish to Medicaid beneficiaries (Figure 1). EQR 2020 evaluates activities conducted by Missouri Care during calendar year (CY) 2019.

1.2 Performance Improvement Project (PIP)

A PIP is a project conducted by the MCO that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCO/system level. 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). Completion of PIPs should be in a reasonable period to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care every year. According to 42 Code of Federal Regulations (CFR) 438.330 (d), PIP shall involve the following:

- 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.

For EQR 2020, MHD required Primaris to validate two PIPs conducted by Missouri Care during CY 2019:

- Clinical: Improving Immunization-Childhood Immunization Status (HEDIS® CIS Combo 10).
- Nonclinical: Improving Oral Healthcare-Annual Dental Visit (HEDIS® ADV).

2.0 Methodology for PIP Validation

Primaris followed guidelines established by Centers for Medicare & Medicaid Services (CMS) EQR Protocol 1 (revised version Oct 2019): Validation of Performance Improvement Projects. (Note: Since this new version of EQR protocol was released in Feb 2020 and PIPs were conducted in CY 2019, introduction of new criteria or new worksheets for evaluation were marked as "Not applicable (N/A)" for EQR 2020. Credit was also given if an MCO followed guidelines from the older version.) Primaris gathered PIPs' requirements from MHD and Managed Care contract. Subsequently, Primaris obtained information from Missouri Care through:

- Documents submission: Missouri Care was requested to submit their PIPs at Primaris' web-based secure file storage site (AWS S3 SOC-2).
- Interview: A virtual meeting with Missouri Care officials was conducted on Aug 18, 2020 to understand their concept, approach, methodology adopted, implementation and results of the PIP intervention. The following personnel attended the session:
  Mark Kapp, MBA, BSN, RN, CPHQ, Sr. Director, Quality Improvement
  Erin Dinkel BSN, RN, Manager, Quality Improvement

Technical Assistance regarding PIP methodology per revised version of EQR protocol 1, was provided on Apr 03, 2020. Additionally, areas requiring improvement, correction, and submission of additional information, if any, were discussed during interview.
PIPs validation process included the following activities (Figure 1):

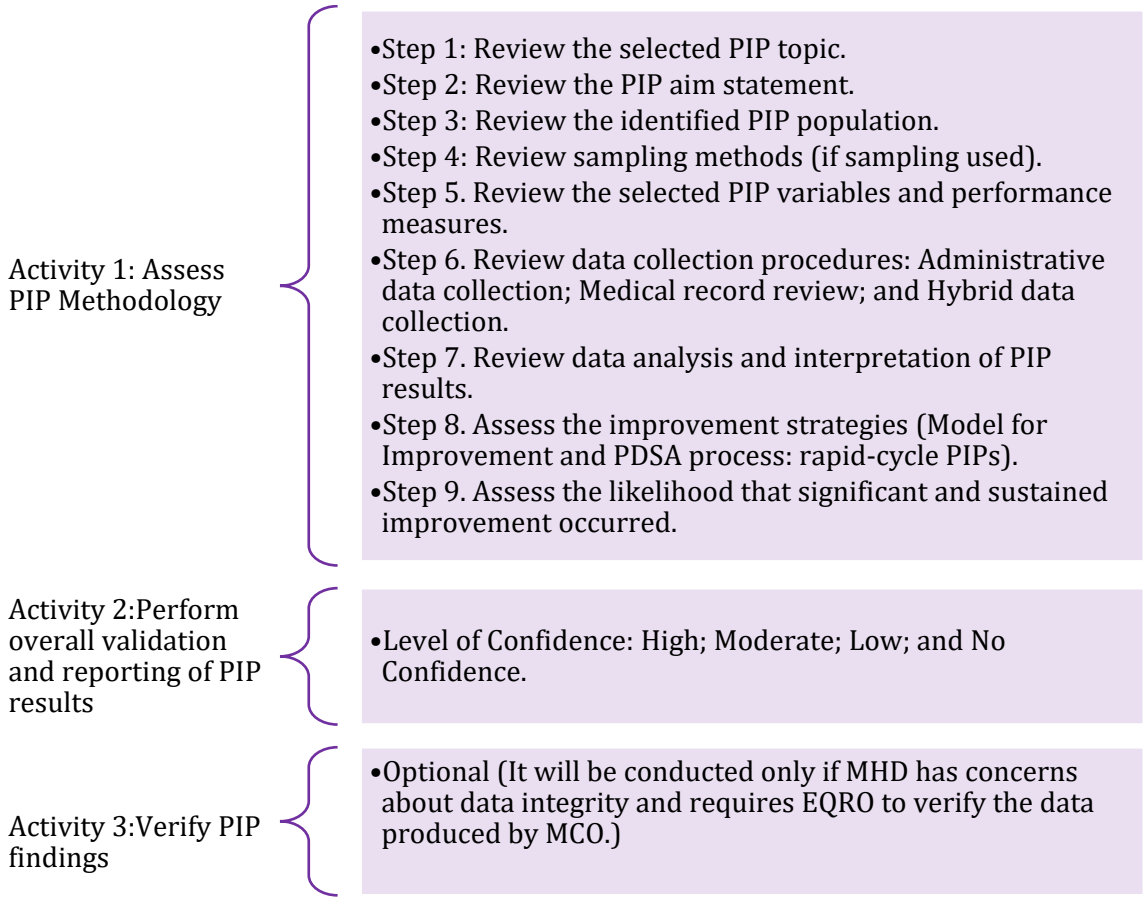

Figure 1. PIP Activities

Primaris assessed the overall validity and reliability of the PIP methods and findings to determine whether or not it has confidence in the results. The validation rating is based on the EQRO's assessment of whether the MCO adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

The level of confidence is defined as follows:

- High Confidence = the PIP was methodologically sound, achieved the SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Aim, and the demonstrated improvement was clearly linked to the quality improvement processes implemented.
- Moderate Confidence = the PIP was methodologically sound, achieved the SMART Aim, 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 was not achieved; or (B) the SMART Aim was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.
- No Confidence = The PIP methodology was not an acceptable/approved methodology for all phases of design.

3.0 Findings

3.1 Clinical PIP: Improving Childhood Immunization Status

Protecting a child's health is very important and the best way to protect children and protect others from spreading 14 serious diseases is by immunization. Choosing to protect a child with vaccines is also a choice to help protect your family, friends, and community. 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.[1]

MHD contract section 2.18.8d2 requires MCO to conduct a PIP with a goal to improve HEDIS® CIS Combo 10 each year by at least two percentage points in alignment with the Quality Improvement Strategy. Vaccines and recommended doses in HEDIS® CIS Combo 10 include: DTaP (4); IPV (3); MMR (1); HiB (3); HepB (3); VZV (1); PCV (4); HepA (1); RV (2/3); and Flu (2).

In HEDIS 2019 (CY 2018), Missouri Care's Statewide HEDIS® CIS Combo 10 Rate was 27.49%, which is in the NCQA (National Committee for Quality Assurance) 10th percentile national ranking. When evaluating two large Missouri Care provider groups, Jordan Valley and Cox Health's HEDIS 2019 CIS Combo-10 Care Gap Closure Rate, which was 17% and 18%, it emphasized the need to closely partner with these provider groups in CY 2019 to work towards more members receiving their full set of immunizations before the age of 2. and increase the bonus amount of the Partnership for Quality Provider Incentive Program.

3.1.1 Summary

Table 1(A-D) presents summary of the PIP based on the format adopted from CMS EQR Protocol 1.

[1] CDC-Vaccinate Your Baby for Best Protection
https://www.cdc.gov/features/infantimmunization/index.html

Table 1(A-D). PIP Summary: Improving Childhood Immunization Status

A. General PIP Information

PIP Title: Improving Childhood Immunization Status-HEDIS® (CIS) Combo 10
PIP Aim Statement: Increase the percentage of eligible members who turned two in CY 2019, assigned to Jordan Valley and Cox Health, and received CIS Combo-10 immunizations from 17% to 19% (Jordan Valley) and from 18% to 20% (Cox Health) by December 31, 2019.
Was the PIP state-mandated, collaborative, statewide, or plan choice? ☑ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☑ Statewide (the PIP was conducted by all MCOs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☑ Children only (ages 0–17)* Adults only (age 18 and over) Both adults and children *If PIP uses different age threshold for children, specify age range here: Ages (0-2)
Target population description, such as duals, LTSS or pregnant women (specify): All members eligible for HEDIS® CIS Combo 10 measure (ages 0-2).
Programs: Medicaid (Title XIX) only CHIP (Title XXI) only ☑ Medicaid and CHIP

B. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): None.
☑ Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Provider Partnership with Jordan Valley and Cox Health.
MCO-focused interventions/System changes (MCO/system change interventions are aimed at changing MCO operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): None.

C. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable)	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable/ Not applicable-PIP is in planning or implementation phase, results not available)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P value (<0.01/< 0.05)

HEDIS® CIS Combo 10 (NQF 0038)	CY 2018	27.49% No sampling	CY 2019	27.49%* No sampling	No	No

* Missouri Care reported CY 2018 rate as medical record review was affected by Covid-19 Pandemic and Admin Rates for CY 2019 were lower than final hybrid rate for CY 2018.

D. PIP Validation Information

Was the PIP validated? ☑ Yes/No "Validated" means Primaris reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.
Validation phase (check all that apply): ☑ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify) Validation rating: ☑ Low confidence "Validation rating" refers to the Primaris' overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.
EQRO recommendations for improvement of PIP: Missouri Care should use variables/secondary measures with clear and concise definitions of data elements (including numerical definitions and units of measure) that would be collected after intervention. Data collection plan should be linked to the data analysis plan and an intervention should tie to an improvement by correct analysis and interpretation. (For details, refer to section 5.0)

3.1.2 Description of PIP

Primaris evaluated all steps of PIP activities and reported in worksheet (Appendix A). This section presents information regarding intervention(s) implemented and results submitted by Missouri Care.

Intervention: Missouri Care identified an opportunity to improve the HEDIS® CIS Combo 10 rate in CY 2019 (HEDIS 2020) by partnering with two large provider groups (Jordan Valley and Cox Health), meeting routinely (6-8 weeks) with their quality improvement teams. This intervention was from Jan 1, 2019 to Dec 31, 2019. Topics reviewed during meetings: HEDIS Care Gaps, HEDIS Technical Specifications, HEDIS Toolkits, and update on Partnership for Quality Provider Incentive Program performance. As part of the provider

partnership, Missouri Care monitored quarterly Jordan Valley's and Cox Health's CIS Combo-10 rates and reported findings to the provider groups.

PIP Population: PIP considered all Missouri Care members two years of age who were assigned PCPs at Jordan Valley or Cox Health including, but not limited to members with special needs and physical or behavioral health conditions, and who had no more than one gap in enrollment of up to 45 days during 12 months prior to child's second birthday.

Sampling Method: Sampling was not used. The entire population of Missouri Care members two years of age in the measurement year who were assigned to Jordan Valley or Cox Health are measured from an administrative standpoint and rates are calculated using HEDIS® Technical Specifications and NCQA-certified software.

Performance Measures:
Primary Measure-HEDIS® CIS Combo 10 rate. According to HEDIS 2020 (CY 2019) NCQA Technical Specifications, this measure captures the following:

Numerator-Must include:

- 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 2019) 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.

Secondary Measure/variable: None.
Data Collection Plan: HEDIS® CIS Combo 10 rates at Jordon Valley and Cox Health were measured from an administrative standpoint (claims/encounter data) using HEDIS Technical Specifications and NCQA-certified software and monitored quarterly.

Data, Analysis, and Interpretation: Table 2 shows progress in HEDIS® CIS Combo rate

measured bimonthly for Jordan Valley and Cox Health's. Jordan Valley improved from 17% (CY 2018) to 31% (CY 2019) and Cox Health improved from 18% (CY 2018) to 23% (CY 2019) (Table 3) and met the aim of 2% points improvement.

Table 2. HEDIS® CIS Combo 10 Rate (Bimonthly) CY 2019

Bimonthly Measurement	Jordon Valley	Cox Health
January	17.24%	18%
March	24.78%	19%
May	27.03%	19%
July	28.18%	21%
Sept	29.35%	21%
Nov	29.35%	22%
Final Result	**31.00%**	**23%**

Table 3. HEDIS® CIS Combo 10 Rate (Quarterly) CY 2018-CY 2019

Quarterly Measurement	Jordon Valley		Cox Health	
	CY 2018	CY 2019	CY 2018	CY 2019
Quarter 1	16.44%	24.78%	10.81%	18.85%
Quarter 2	17.54%	28.18%	17.43%	20.27%
Quarter 3	19.54%	30.00%	17.79%	21.33%
Quarter 4	17.00%	31.00%	18.00%	23.00%

Table 4. Missouri Care Statewide CIS Combo-10 Rate (CY 2019)

Quarterly and Final Rate	CY 2018	CY 2019
Quarter 1	13.37%	17.80%
Quarter 2	15.82%	21.38%
Quarter 3	16.49%	22.43%
Quarter 4	17.21%	22.86%
Final Rate*	27.49%	27.49%*

*Table 4 shows statewide improvement in HEDIS® CIS Combo 10 rate greater than 2% points in all 4 quarters over prior year. However, since COVID-19 impacted chart chase for medical record review and final hybrid rate, Missouri Care reported their prior year's HEDIS rate (27.49%) from CY 2018 in CY 2019 (permitted by National Committee for Quality Assurance guidelines due to Covid-19).

3.1.3 PIP Result

The statewide rate for HEDIS® CIS Combo 10 for the baseline year (CY 2018) and measurement year (CY 2019) was reported as 27.49%. The state goal for the PIP is not met. However, aim of the PIP is met: HEDIS® CIS Combo 10 rate for Jordan Valley increased from 17% to 31% (14% points increase which is statistically significant) and for Cox Health the rate increased from 18% to 23% (5% points increase which is not statistically significant).

3.2 Nonclinical PIP: Improving Oral Health

MHD contract section 2.18.8d2 requires the MCO to conduct a PIP with a goal to improve HEDIS® Annual Dental Visit (ADV) rate for two to twenty-year-olds each year by at least two percentage points in alignment with the Quality Improvement Strategy.

Missouri Care reported that statistics from the Centers for Disease Control and Prevention (CDC) reveal over two-thirds of children have decay in their permanent teeth. 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 miss over 34 million hours of school each year." [2] Medicaid recipients, who frequently encounter other socio-economic challenges, may not make the connection between oral health and general health. Many Medicaid participants have traditionally approached dental care in an episodic rather than preventive manner. According to the Center for Health Care Strategies, the following are potential barriers for the Medicaid population[3], which can be faced by Missouri Care members as well:

- Provider participation–Fewer dentists are participating in the Medicaid program.
- Reimbursement Rates–The reimbursement by Medicaid does not meet the cost of many of the dental services provided.
- Awareness gap about available dental benefits.
- Transportation issues and competing priorities (work, school, etc.).

In HEDIS 2019 (CY 2018), Missouri Care's statewide HEDIS® ADV Rate was 52.72%. This is in the NCQA 33rd percentile national ranking.

3.2.1 Summary

Table 5(A-D) presents summary of the PIP based on the format adopted from CMS EQR Protocol 1.

[2] CDC Basics of Oral Health https://www.cdc.gov/oralhealth/basics/index.html
[3] Center for Health Care Strategies, Inc https://www.chcs.org/improving-childrens-oral-health-care-access-medicaid-opportunities-states/

Table 5(A-D). PIP Summary: Improving Oral Heath

A. General PIP Information

PIP Title: Improving Oral Healthcare-HEDIS® ADV Rate
PIP Aim Statement: Increase the percentage of all eligible members ages 2-20 years old in CY 2019 who completed an annual dental visit from 52.72% to 54.72% by December 31, 2019.
Was the PIP state-mandated, collaborative, statewide, or plan choice? ☑ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☑ Statewide (the PIP was conducted by all MCOs within the state) ☐ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☑ Children only (ages 0–17)* Adults only (age 18 and over) Both adults and children *If PIP uses different age threshold for children, specify age range here: Ages (2-20)
Target population description, such as duals, LTSS or pregnant women (specify): All members eligible for HEDIS® ADV measure (ages 2-20) including, but not limited to, members with special needs and physical or behavioral health conditions.
Programs: Medicaid (Title XIX) only CHIP (Title XXI) only ☑ Medicaid and CHIP

B. Improvement Strategies or Interventions (Changes tested in the PIP)

☑ Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Members were motivated to complete an annual dental visit by offering an incentive of $30.00 through Healthy Rewards program. The period of intervention was Jan 1-Dec 31, 2019.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): None.
MCO-focused interventions/System changes (MCO/system change interventions are aimed at changing MCO operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): None.

C. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable)	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable/ Not applicable-PIP is in planning or implementation phase, results not available)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P value (<0.01/<

						0.05)
HEDIS® ADV	CY 2018	52.72% No sampling	CY 2019	58.87% No sampling	Yes	Yes (>95% confidence level)

D. PIP Validation Information

Was the PIP validated? ☑ Yes/No "Validated" means Primaris reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.
Validation phase (check all that apply): ☑ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify) Validation rating: ☑ Low confidence "Validation rating" refers to the Primaris' overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.
EQRO recommendations for improvement of PIP: Missouri Care should use variables/secondary measures with clear and concise definitions of data elements (including numerical definitions and units of measure) that would be collected after intervention. Data collection plan should be linked to the data analysis plan and an intervention should tie to an improvement by correct analysis and interpretation. (For details, refer to section 5.0)

3.2.2 Description of PIP

Primaris evaluated all steps of PIP activities and reported in worksheet (Appendix B). This section presents information regarding intervention(s) implemented and results submitted by Missouri Care.

PIPs: Missouri Care

Intervention: Members were motivated to complete an annual dental visit by offering an incentive of $30.00 through Healthy Rewards program. The duration of this intervention was from Jan 1-Dec 31, 2019.

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

Sampling Method: This was not used in the PIP.

Performance Measures:
Primary Measure-HEDIS® ADV rate. According to HEDIS 2020 (CY 2019) NCQA Technical Specifications, this measure 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 2019).
Denominator: Members 2 through 20 years of age who are continuously enrolled during the measurement year (CY 2019) with no more than one gap in enrollment of up to 45 days.

Secondary Measure/variable-None.

Data Collection Plan: The data collected included the entire eligible population of ADV claims/encounter according to HEDIS Technical Specifications within the measurement year (CY 2019). Sources of data used in this study include claims-based software and NCQA Certified Software (Inovalon) to calculate the HEDIS ADV rate and monitored quarterly.

Data, Analysis, and Interpretation: Missouri Care reported 4% members attested to completing an annual dental visit as opposed to 1.12% in CY 2019. Table 6 shows the HEDIS® ADV rate for CY 2018 and CY 2019 on a quarterly basis.

Table 6. Statewide HEDIS® Annual Dental Visit

HEDIS Quarterly Measurements	CY 2018	CY 2019
Quarter 1	17.57%	13.18%
Quarter 2	32.07%	28.86%
Quarter 3	41.58%	39.14%
Quarter 4	51.79%	56.86%

Final HEDIS® ADV Rate	**52.72%**	**58.87%**

3.2.3 PIP Result

The statewide rate for HEDIS® ADV rate for the baseline year (CY 2018) was 52.72%. It increased to 58.87% during the measurement year (CY 2019), which is an improvement of 6.15% points. This increase is statistically significant with confidence level > 95%. The aim of the PIP and state goal is met.

4.0 Overall Conclusions

PIPs Score

Primaris assigns a score of Low Confidence for both PIPs. State goal/aim was achieved for one PIP, namely, Improving Oral Health. PIP for improving Childhood immunization Status did not meet the state goal of 2% points increase in CIS Combo 10 rate from prior year; however, Missouri Care met the aim set for their PIP. The quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

PIPs did not meet all the required guidelines stated in CFR/MHD contract (Table 7). (Ref: 42 Code of federal Regulations (CFR) 438.330 (d)/MHD contract 2.18.8 d 1). Note: Definitions of Met/Partially Met/Not Met are utilized from CMS EQRO Protocol 3.

Table 7. 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	Not Met
Planning and initiation of activities for increasing or sustaining improvement	Met

4.1 Strengths and Weaknesses

Strengths

- Improving Childhood Immunization Status:

1. Improvement Strategy: The selected strategy was evidence-based. Managed Healthcare Executive's article, "Simplify Gaps in Care and Improve Member Compliance", states "It's important to determine how we can partner with our providers to give them gaps in care reports so that when they have a patient in their office, they can try to close some of those gaps."[4]
2. Root Cause Analysis: Missouri Care has identified a root cause for not being fully compliant for HEDIS® CIS Combo 10. Providers typically administer immunizations during well-child visits but are not scheduling follow-up visits during the fall to administer the flu vaccine. Missouri Care has identified an opportunity for next year PIP (CY 2020) to educate providers on the importance of administering the flu vaccine, which will result in more members becoming compliant for HEDIS® CIS Combo-10.

- Improving Oral Health

1. Improvement Strategy: The selected strategy was evidence-based. According to Center on Budget and Policy Priorities, research has shown that offering Medicaid beneficiaries immediate rewards, such as gift cards, for engaging in healthy behaviors can be successful in increasing behaviors[5].

Weaknesses

- Improving Childhood Immunization Status:

1. PIP variable or secondary measure: A measure/variable that would help in tracking actual performance of PIP was not selected. Only the Primary measure HEDIS® CIS Combo 10 rate for Jordon Valley and Cox Health was selected.

2. Linking of intervention to improvement: Link between intervention and performance measure (primary) is not evident. The data submitted as a result of intervention on a bimonthly/quarterly basis does show improvement; however, that the improvement is a result of intervention is not evident.

- Improving Oral Health:

1. A secondary measure/variable related to member incentive program to track performance of the PIP over time was not selected/reported at regular intervals.

[4] https://www.managedhealthcareexecutive.com/care-compliance/simplify-gaps-care-and-improve-member-compliance May2020
[5] https://www.cbpp.org/research/health/restrictions-on-access-to-care-dont-improve-medicaid-beneficiaries-health May 2020

2. The PIP is not designed to show that the improvement projected in HEDIS® ADV measure is a result of intervention.

3. Data generated over time as a result of intervention (member incentives) is not presented. Only one measurement for CY 2018 and CY 2019 is presented.

4.2 Improvement by Missouri Care

The statewide HEDIS® CIS Combo 10 rate was 27.49% for both CY 2018 and CY 2019 whereas HEDIS® ADV increased by 6.15% points from prior year. Table 8 shows Missouri Care's compliance with previous year's recommendations by EQRO.

Table 8. Response to Previous EQR's Recommendations

Recommendations	Action by Missouri Care	Comment by EQRO
Primaris recommends: 1. Missouri Care to follow CMS EQRO protocol and Medicaid Oral Health Performance Improvement Projects: A How-To Manual for Health Plans, July 2015[6], for guidance on methodology and approach of PIPs to obtain meaningful results.	Missouri Care has followed the steps to some extent as mentioned in CMS EQRO PIPs Protocol.	Partially Met
2. Missouri Care must continue to refine their skills in the development and implementation of approaches to affect change in their PIP.	Some improvement is noticed in CIS Combo 10 PIP whereas no improvement is seen in approaches for ADV PIP.	Partially Met
3. The aim and study question(s) should be stated clearly in writing (baseline rate, % increase to achieve in a defined period).	Achieved.	Met
4. 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	Achieved.	Met

[4]https://www.medicaid.gov/medicaid/benefits/downloads/pip-manual-for-health-plans.pdf

information on quality of care every year.		
5. The interventions should be planned specifically for the purpose of PIP required by MHD Contract.	Intervention for Childhood Immunization PIP appears to be new, but the Oral Health PIP intervention is from previous year without evidence of its effectiveness seen last year or this year. Missouri Care intends to continue this intervention in future.	Partially Met
6. The results should be tied to the interventions.	Analysis of results of intervention is not linked with the outcome.	Not Met
7. Instead of repeating interventions that were not effective, evaluate new interventions for their potential to produce desired results before investing time and money.	Intervention was repeated which did not have positive impact in CY 2018 and CY 2019 (Oral Health PIP). However, new intervention is reported for Childhood Immunization PIP.	Partially Met
8. 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.	Achieved.	Met
9. Missouri Care must utilize the PIP's process as part of organizational development to maintain compliance with the state contract and the federal protocol.	The interventions are already in use for organization development; however, they were not tested for effectiveness in the PIPs.	Partially Met

5.0 Recommendations

Following recommendations may be applicable specifically to "Improving Oral Health" PIP or to both PIPs:

1. Even though overarching goal is mandated by MHD, Missouri Care has the flexibility to

select a topic within specified parameters. To ensure a successful PIP, Missouri Care should find early and regular opportunities to obtain input from staff, providers, and members on how to improve care delivery.

2. Missouri Care should translate the aim statement to identify the focus of the PIP and establish the framework for data collection and analysis on a small scale (Plan-Do-Study-Act Cycle-PDSA). PIP population should be selected from a county, provider office, or a region so that results can be measured during PDSA cycle and subsequently applied on a larger scale.

3. Missouri Care should select a variable (a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied) that could identify Missouri Care's performance on the PIPs and track improvement over time.
Missouri Care can use focus groups, surveys, and interviews to collect qualitative insights from members, MCO and provider staff, and key external partners. Qualitative measures can serve as the secondary measures and/or supplement the overall measurement set, providing information that will aid PIP planning and implementation.

4. Missouri Care should use variables/secondary measures that should tie an intervention to improvement. Clear and concise definitions of data elements (including numerical definitions and units of measure) should be provided for the data that would be collected after intervention.

5. Data collection plan should be linked to the data analysis plan to ensure that appropriate data would be available for the PIP.

6. Missouri Care should assess whether the PIP resulted in sustained improvement, whether repeated measurements were conducted, and if so, whether significant change in performance relative to baseline measurement was observed. Repeat measurements (at least two) in short intervals should be conducted to determine whether significant change in performance relative to baseline measurement has been observed.

7. A baseline rate should be presented before start of an intervention followed by at least two remeasurements, and analysis of results should be utilized for planning next intervention (cycle-PDSA) for future PIP. Additionally, primary and secondary measure/variable should be linked to illustrate impact of intervention on performance of a project.

8. Effectiveness of the improvement strategy should be determined by measuring change in performance according to the predefined measures and linking to intervention.

9. When analyzing multiple data points over time, Missouri Care can consider tools such as: Time series; run and control chart; data dashboard; and basic trend analyses.

Additional Resources

https://health.mo.gov/data/InterventionMICA/OralHealth/index_5.html
https://www.chcs.org/media/OHLC-Webinar-Slides_12.18.14.pdf

(Appendices are on Next Page.)

APPENDIX A. PERFORMANCE IMPROVEMENT PROJECT VALIDATION WORKSHEET

Date of Evaluation/Interview: Aug 18, 2020

MCO Name/Mailing Address/Email ID:	Missouri Care/800 Market Street, 27th Floor, St. Louis, MO, 63101/ mark.kapp@anthem.com
MCO Contact Name and Title:	Mark Kapp, MBA, BSN, RN, CPHQ (Sr. Director, Quality Improvement) Erin Dinkel, BSN, RN (Manager, Quality Improvement)
Name of Performance Improvement Project:	Improving Childhood Immunization Status
PIP Period Date:	Jan 1, 2019-Dec 31, 2019
Programs:	Medicaid only/CHIP only/✓Medicaid and CHIP
Demographic Information:	Number of Medicaid/CHIP enrollees in MCO: 219,119 Medicaid/CHIP members included in the study: 6,623 Number of Primary Care Providers: 6,796

Score: **Met (M)** 🟢**/ Partially Met (PM)** 🟡**/Not Met (NM)** 🔴**/ Not Applicable (N/A)**

ACTIVITY 1: ASSESS THE PIP METHODOLOGY

Step 1: Review the PIP Topic

Component/Standard	Score	Comments
1.1 Was the topic selected through a comprehensive analysis of MCO enrollee needs, care, and services? (Note: If the PIP topic was required by the state, it will be marked as N/A.)	N/A	MHD contract section 2.18.8d2 requires MCO to conduct a PIP with a goal to improve HEDIS® CIS Combo 10 each year by at least 2% points in alignment with the Quality Improvement Strategy.
1.2 Did selection of the PIP topic consider performance on the CMS Child and Adult Core Set measures?	N/A	As primary measure was decided by MHD, this is marked as N/A. However, MHD did select Child Core Set measure (NQF0038) for PIP.
1.3 Did the selection of PIP topic consider input from enrollees or providers who are users of, or concerned with, specific service areas? (Note: If the PIP topic was required by the state, it will be marked as N/A.)	N/A	Topic was required by MHD.
1.4 Did the PIP topic address care of special populations or high priority services, such as: • Children with special health care needs • Adults with physical disabilities • Children or adults with behavioral health issues • People with intellectual and developmental	🟢 M	The PIP considered all enrollees 2 years of age who were assigned PCPs at Jordan Valley or Cox Health including, but not limited to members with special needs and physical or behavioral health conditions.

disabilities • People with dual eligibility who use long-term services and supports (LTSS) • Preventive care • Acute and chronic care • High-volume or high-risk services • Care received from specialized centers (e.g., burn, transplant, cardiac surgery) • Continuity or coordination of care from multiple providers and over multiple episodes • Appeals and grievances • Access to and availability of care		
1.5 Did the PIP topic align with priority areas identified by HHS and/or CMS?	M	PIP was aimed at CMS Child Core Set Measure.
1.6 Overall assessment/recommendations for improving PIP topic.	M	Even though overarching goal is mandated by MHD, to ensure a successful PIP, Missouri Care should find early and regular opportunities to obtain input from staff, providers, and members on how to improve care delivery.

Step 2: Review the PIP Aim Statement

Component/Standard	Score	Comments
2.1 Did the PIP aim statement clearly specify the improvement strategy?	M	Increase the number of members who receive CIS Combo 10 vaccines in measurement year from 17% to 19% (Jordan Valley) and from 18% to 20% (Cox Health).
2.2 Did the PIP aim statement clearly specify the population for the PIP?	M	All eligible members who turned 2 years old in CY 2019 and were assigned to Jordan Valley and Cox Health were included.
2.3 Did the PIP aim statement clearly specify the time period for the PIP?	M	CY 2019 (end of Dec 31, 2019).
2.4 Was the PIP aim statement concise?	M	Increase the percentage of eligible members who turned two in CY 2019, assigned to Jordan Valley and Cox Health, and received CIS Combo-10 immunizations from 17% to 19% (Jordan Valley) and from 18% to 20% (Cox Health) by December 31, 2019.

2.5 Was the PIP aim statement answerable?	M	Same comment as in section 2.4.
2.6 Was the PIP aim statement measurable?	M	Same comment as in section 2.4.
2.7 Overall assessment/recommendations for improving the PIP aim statement.	M	Primaris commends Missouri Care's changed approach of identifying the focus of PIP and establishing a framework for data collection and analysis on a small scale this year.

Step 3: Review the Identified Study Populations

Component/Standard	Score	Comments
3.1 Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's enrollment, diagnoses, procedures, other characteristics)?	M	The study population included all Missouri Care members 2 years of age in the measurement year who were assigned to Jordan Valley or Cox Health, and 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 Was the entire MCO population included in the PIP?	M	Entire Missouri Care population was not included. Entire eligible population of Jordan Valley and Cox Health was included in the PIP.
3.3 If the entire population was included in the PIP, did the data collection approach capture all enrollees to whom the PIP question applied?	M	Data collection for Target population was performed according to HEDIS® Technical Specifications for CIS Combo 10 measure.
3.4 Was a sample used?	N/A	Sampling was not done.
3.5 Overall assessment/recommendations for identifying the project population.	M	Missouri Care should continue to select PIP population on a small scale, e.g., a county, provider office, or a region so that results can be measured during PDSA cycle and subsequently applied on a larger scale, for all PIPs in future.

Step 4:Review Sampling Method

Component/Standard	Score	Comments
4.1 Did the sampling frame contain a complete, recent, and accurate list of the target PIP population?	N/A	Sampling was not used in this study.
4.2 Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error?	N/A	Same comment as in section 4.1.
4.3 Did the sample contain a sufficient number of enrollees taking into account non-response?	N/A	Same comment as in section 4.1.
4.4 Did the method assess the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status?	N/A	Same comment as in section 4.1.
4.5 Were valid sampling techniques used to protect against bias? Specify the type of sampling used.	N/A	Same comment as in section 4.1.
4.6 Overall assessment/recommendations for improving the sampling method.	N/A	Same comment as in section 4.1.

Step 5: Review the Selected PIP Variables and Performance Measures

Component/Standard	Score	Comments
PIP Variables		
5.1 Were the variables adequate to answer the PIP question? • Did the PIP use objective, clearly defined, time-specific variables (e.g., an event or status that can be measured)? • Were the variables available to measure performance and track improvement over time (at least semiannual basis)?	NM	PIP variable/secondary measure was not selected.
Performance measures		
5.2 Did the performance measure assess an important aspect of care that will make a difference to enrollees' health or functional status?	M	HEDIS® CIS Combo 10 measure was used as a primary measure.

5.3 Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)?	M	Same comment as in section 5.2.
5.4 Were the measures based on current clinical knowledge or health services research? Examples: Recommended procedures, appropriate utilization (hospital admissions, emergency department visits), adverse incidents (such as death, avoidable readmission), referral patterns, authorization requests, appropriate medication use.	M	Same comment as in section 5.2.
5.5 Did the performance measures: • Monitor the performance of MCO at a point in time? • Track MCO performance over time? • Compare performance among MCOs over time? • Inform the selection and evaluation of quality improvement activities?	M	HEDIS® CIS Combo 10 rates for Jordon Valley and Cox Health were reported bimonthly and quarterly. Statewide HEDIS® CIS Combo 10 rate was also reported quarterly. Data for other MCOs were not available to Missouri Care (not a collaborative PIP). Missouri Care monitored quarterly data throughout the year.
5.6 Did the MCO consider existing measures, such as CMS Child and Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, or AHRQ measures?	M	CMS Child Core Set measure (HEDIS® CIS Combo 10) was used as primary indicator.
5.7 If there were gaps in existing measures, did the MCO consider the following when developing new measures based on current clinical practice guidelines or health services research? • Did the measure address accepted clinical guidelines relevant to the PIP question? • Did the measure address an important aspect of care or operations that was meaningful to MCO enrollees? • Did available data sources allow the MCO to reliably and accurately calculate the measure? • Were all criteria used in the measure defined clearly (such as time periods, characteristics	N/A	Since this criterion is newly introduced in protocol, this will be scored in EQR 2021.

of eligible enrollees, services to be assessed, and exclusion criteria)?		
5.8 Did the measures capture changes in enrollee satisfaction or experience of care? Was there some improvement in health or functional status? (For projects in non-clinical areas such as addressing access or availability of services, measurement of health or functional status is preferred.)	N/A	Same comment as in section 5.7
5.9 Did the measures include a strategy to ensure inter-rater reliability (if applicable)?	N/A	Same comment as in section 5.7
5.10 If process measures were used, is there strong clinical evidence indicating that the process being measured is meaningfully associated with outcomes? • This determination will be based on published guidelines, including citations from randomized clinical trials, case control studies, or cohort studies. • At a minimum, the PIP should be able to demonstrate a consensus among relevant practitioners with expertise in the defined area who attest to the importance of a given process.	N/A	Same comment as in section 5.7
5.11 Overall assessment/recommendations for improving the selected PIP variables and performance measures.	NM	Missouri Care should select a secondary measure/a variable (a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied) that could identify Missouri Care's performance on the PIP aim objectively and reliably and use clearly defined indicators of performance.

Step 6: Review Data Collection Procedures

Component/Standard	Score	Comments
Assessment of Overall Data Collection Procedures		

PIPs: Missouri Care

6.1 Did the PIP design specify a systematic method for collecting valid and reliable data that represents the population in the PIP?	M	Data collected consisted of all enrollees 2 years of age who were assigned PCPs at Jordan Valley or Cox Health. It was measured from an administrative standpoint (claims/encounter data), and rates were calculated using HEDIS Technical Specifications and NCQA-certified software and monitored quarterly. Sources of data used in this study included claims-based software and NCQA Certified Software (Inovalon) to calculate HEDIS CIS-Combo 10 rate.
6.2 Did the PIP design specify the frequency of data collection? If yes, what was the frequency (for example, semi-annually)?	M	Data was collected bimonthly for Jordon Valley and Cox Health, and quarterly statewide for HEDIS® CIS Combo 10 rate.
6.3 Did the PIP design clearly specify the data sources? Data sources may include: Encounter and claims systems, medical records, case management or electronic visit verification systems, tracking logs, surveys, provider and/or enrollee interviews.	M	Same comment as in section 6.1 above.
6.4 Did the PIP design clearly define the data elements to be collected? Accurate measurement depends on clear and concise definitions of data elements (including numerical definitions and units of measure).	NM	Data elements were not chosen or defined for intervention. Only data used in PIP were Primary HEDIS® CIS Combo 10 rates.
6.5 Did the data collection plan link to the data analysis plan to ensure that appropriate data would be available for the PIP?	NM	Same comment as above. However, Missouri Care reported Primary HEDIS® CIS Combo 10 rates for Jordon Valley and Cox Health and Statewide rates on a quarterly basis.
6.6 Did the data collection instruments allow for consistent and accurate data collection over the time periods studied?	M	Claims-based software and NCQA Certified Software (Inovalon) were used to calculate HEDIS® CIS Combo 10 rate.
6.7 If qualitative data collection methods were used (such as interviews or focus groups), were the methods well-defined and designed to collect meaningful and useful information from respondents?	N/A	Since this criterion is newly introduced in protocol, this will be scored in EQR 2021.

6.8 Overall assessment/recommendations for improving the data collection procedures.	NM	Secondary measure, units of measure/rate, should be selected and then data collection plan should be linked to the data analysis.
Assessment of Data Collection Procedures for Administrative Data Sources		
6.9 If inpatient data was used, did the data system capture all inpatient admissions/discharges?	N/A	Sections 6.9 to 6.14 are new additions in EQR protocol and are not reported in PIP by Missouri Care. These will be evaluated in EQR 2021 for CY 2020 PIP.
6.10 If primary care data was used, did primary care providers submit encounter or utilization data for all encounters?	N/A	
6.11 If specialty care data was used, did specialty care providers submit encounter or utilization data for all encounters?	N/A	
6.12 If ancillary data was used, did ancillary service providers submit encounter or utilization data for all services provided?	N/A	
6.13 If LTSS data was used, were all relevant LTSS provider services included (for example, through encounter data, case management systems, or electronic visit verification (EVV) systems)?	N/A	
6.14 If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness as well as comparability across systems?	N/A	
Assessment of Data Collection Procedures for Medical Record Review		
6.15 Was a list of data collection personnel and their relevant qualifications provided? (Note: Experienced clinical staff such as registered nurses should be used to extract data to support a judgment about whether clinical criteria are met.)	N/A	Medical Record Review (MRR) was not the source of data collection for PIP. Though, final HEDIS CIS Combo 10 is a hybrid measure and includes MRR, due to Covid-19 this year, MRR was not performed by Missouri Care.
6.16 For medical record review, was inter-rater and intra-rater reliability described? The PIP should also consider and address intra-rater reliability (i.e., reproducibility of judgments by the same abstractor at a different	N/A	Same comment as in section 6.15

time).		
6.17 For medical record review, were guidelines for obtaining and recording the data developed? • A glossary of terms for each project should be developed before data collection begins to ensure consistent interpretation among and between data collection staff. • Data collection staff should have clear, written instructions, including an overview of the PIP, how to complete each section of the form or instrument, and general guidance on how to handle situations not covered by the instructions. This is particularly important when multiple reviewers are collecting data.	N/A	Same comment as in section 6.15

Step 7: Review Data Analysis and Interpretation of PIPs Results

Component/Standard	Score	Comments
7.1 Was the analysis conducted in accordance with the data analysis plan?	NM	Same comment as in section 6.5 above.
7.2 Did the analysis include baseline and repeat measurements of project outcomes?	M	Baseline rates for Jordon Valley, Cox Health, and Statewide were projected.
7.3 Did the analysis assess the statistical significance of any differences between the initial and repeat measurements?	PM	Statistical significance between baseline and final rates for Jordon Valley and Cox Health is reported. However, significance of initial and every repeat measurement is not reported.
7.4 Did the analysis account for factors that may influence the comparability of initial and repeat measurements?	M	Through partnering in CY 2019 with the 2 provider groups and increasing the bonus amount of the Partnership for Quality Provider Incentive Program, these provider groups showed an increase in HEDIS® CIS Combo 10 Care Gap Closure.
7.5 Did the analysis account for factors that may threaten the internal or external validity of the findings?	M	There are no internal nor external factors that threaten the validity of the findings.
7.6 Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MCOs?	N/A	New addition, will be evaluated in EQR 2021.

7.7 Were PIP results and findings presented in a concise and easily understood manner?	PM	The information presented was easily understood. However, elements of intervention (secondary measure/variables) were missing.
7.8 To foster continuous quality improvement, did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance? (Note: Analysis and interpretation of the PIP data should be based on a continuous improvement philosophy and reflect on lessons learned and opportunities for improvement.)	M	Missouri Care has identified a root cause for not being fully compliant for HEDIS® CIS Combo 10. Providers typically administered immunizations during well-child visits but are not scheduling follow-up visit during the Fall to administer the flu vaccine. Therefore, members were not compliant for HEDIS CIS Combo 10.
7.9 Overall assessment/recommendations for improving the analysis and interpretation of PIP results.	NM	Analysis should be conducted for secondary measures and then linked to primary measure.

Step 8: Assess the Improvement Strategies

Component/Standard	Score	Comments
8.1 Was the selected improvement strategy evidence-based, that is, was there existing evidence (published or unpublished) suggesting that the test of change would be likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)?	M	The selected strategy was evidence-based. Managed Healthcare Executive's article, "Simplify Gaps in Care and Improve Member Compliance", states "It's important to determine how we can partner with our providers to give them gaps in care reports so that when they have a patient in their office they can try to close some of those gaps.
8.2 Was the strategy designed to address root causes or barriers identified through data analysis and quality improvement processes?	M	Same comment as in section 8.1 above.
8.3 Was the rapid-cycle PDSA approach used to test the selected improvement strategy?	N/A	This criterion was newly introduced in EQR protocol and will be evaluated in EQR 2021.
8.4 Was the strategy 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 is available on all member materials/calls.

8.5 Was the implementation of the strategy designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices)?	N/A	This is not addressed in PIP. This criterion was newly introduced in EQR protocol and will be evaluated in EQR 2021.
8.6 Building on the findings from the data analysis and interpretation of PIP results (Step 7), did the PIP assess the extent to which the improvement strategy was successful and identify potential follow-up activities?	NM	Observed performance improvement was evaluated by Missouri Care utilizing NCQA's 95 percent confidence interval formula for statistical testing to assess significant improvement. However, success of improvement strategy is not evident.
8.7 Overall assessment/recommendations for improving the implementation strategies.	NM	Effectiveness of the improvement strategy should be determined by measuring change in performance according to the predefined measures and linking to intervention.

Step 9: Assess the Likelihood that Significant and Sustained Improvement Occurred

Component/Standard	Score	Comments
9.1 Was the same methodology used for baseline and repeat measurements?	M	The methodology of data and data analysis, members examined, and tools used has remained the same since the baseline measurement (CY 2018).
9.2 Was there any quantitative evidence of improvement in processes or outcomes of care?	PM	HEDIS® CIS Combo 10 rates for Jordon Valley and Cox Health increased; However, the final rate statewide did not increase from baseline year.
9.3 Was the reported improvement in performance likely to be a result of the selected intervention? (Conclusive demonstration through controlled studies is not required.)	NM	No data to show that improvement in HEDIS® CIS Combo 10 rates for Jordon Valley and Cox Health was due to intervention. The final statewide rate did not show improvement.
9.4 Is there statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention?	PM	The primary measure has shown an improvement which is above 95% confidence level for Jordon Valley but did not significantly increase for Cox Health. No improvement is seen for statewide HEDIS® CIS Combo 10 rate.
9.5 Was sustained improvement demonstrated through repeated measurements over time?	PM	Repeat measurements for performance measure showed improvement. No data shown as a result of intervention.

9.6 Overall assessment/recommendations for improving the significance and sustainability of improvement as a result of the PIP.	NM	Repeat measurements and test of significance should be conducted to determine whether significant change in performance relative to baseline measurement was observed in each PDSA cycle. Missouri Care is expected to not only report the quantitative changes in measure rates, but also provide a narrative to accompany these changes that includes barriers faced, strategies used, and lessons learned over the course of intervention implementation. The intervention tracking activities and PDSA cycles feed directly into this narrative.

ACTIVITY 2: PERFORM OVERALL VALIDITY AND REPORTING Of PIP RESULTS

Perform Overall Validation of PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☐ Moderate confidence ☑ Low confidence ☐ No confidence	The state goal assigned for the PIP is not met. However, the aim of the PIP is met and the HEDIS® CIS rate for Jordon Valley has increased from 17% to 31% (14% points), which is statistically significant (above 95% confidence level) and HEDIS® CIS rate for Cox Health has increased from 18% to 23% (5% points), which is not of statistical significance. PIP is assigned a score of "Low Confidence" as the quality improvement process and intervention were poorly executed and could not be linked to the improvement.

APPENDIX B. PERFORMANCE IMPROVEMENT PROJECT VALIDATION WORKSHEET

Date of Evaluation/Interview: Aug 18, 2020

MCO Name/Mailing Address/Email ID:	Missouri Care/800 Market Street, 27th Floor, St. Louis, MO, 63101/ mark.kapp@anthem.com
MCO Contact Name and Title:	Mark Kapp, MBA, BSN, RN, CPHQ (Sr. Director, Quality Improvement) Erin Dinkel, BSN, RN (Manager, Quality Improvement)
Name of Performance Improvement Project:	Improving Oral Health
PIP Period Date:	Jan 1, 2019-Dec 31, 2019
Programs:	Medicaid only/CHIP only/✓Medicaid and CHIP
Demographic Information:	Number of Medicaid/CHIP enrollees in MCO: 219,119 Medicaid/CHIP members included in the study: 112,585 Number of Dentists: 735

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

ACTIVITY 1: ASSESS THE PIP METHODOLOGY

Step 1: Review the PIP Topic

Component/Standard	Score	Comments
1.1 Was the topic selected through a comprehensive analysis of MCO enrollee needs, care, and services? (Note: If the PIP topic was required by the state, it will be marked as N/A.)	N/A	MHD contract section 2.18.8d2 requires MCO, at a minimum, to set a goal to improve the plan specific HEDIS® Annual Dental Visit rate for two (2) to twenty (20) year-olds each year by at least 2% points in alignment with the Quality Improvement Strategy.
1.2 Did selection of the PIP topic consider performance on the CMS Child and Adult Core Set measures?	N/A	HEDIS® ADV measure was selected (as required by the MHD). This is not CMS coreset measure.
1.3 Did the selection of PIP topic consider input from enrollees or providers who are users of, or concerned with, specific service areas? (Note: If the PIP topic was required by the state, it will be marked as N/A.)	N/A	Topic was required by MHD.

1.4 Did the PIP topic address care of special populations or high priority services, such as: • Children with special health care needs • Adults with physical disabilities • Children or adults with behavioral health issues • People with intellectual and developmental disabilities • People with dual eligibility who use long-term services and supports (LTSS) • Preventive care • Acute and chronic care • High-volume or high-risk services • Care received from specialized centers (e.g., burn, transplant, cardiac surgery) • Continuity or coordination of care from multiple providers and over multiple episodes • Appeals and grievances • Access to and availability of care	M	The PIP was consistent with the demographics and epidemiological needs of Missouri Care's population, which primarily included children and pregnant women and is a covered benefit as part of Missouri Care's Medicaid contract. The PIP considered all enrollees from 2-20 years of age including, but not limited to members with special needs and physical or behavioral health conditions.
1.5 Did the PIP topic align with priority areas identified by HHS and/or CMS?	M	PIP was aimed at improving oral health.
1.6 Overall assessment/recommendations for improving PIP topic.	M	Even though overarching goal is mandated by MHD, Missouri Care has the flexibility to select a topic within specified parameters. To ensure a successful PIP, Missouri Care should find early and regular opportunities to obtain input from staff, providers, and members on how to improve care delivery.

Step 2: Review the PIP Aim Statement

Component/Standard	Score	Comments
2.1 Did the PIP aim statement clearly specify the improvement strategy?	M	Increasing the number of members who obtain an annual dental visit in CY 2019 was the strategy.
2.2 Did the PIP aim statement clearly specify the population for the PIP?	M	All eligible members ages 2-20 years old in CY 2019 comprised the PIP population.
2.3 Did the PIP aim statement clearly specify the time period for the PIP?	M	CY 2019 (end of Dec 31, 2019).

2.4 Was the PIP aim statement concise?	M	Increase the percentage of all eligible members ages 2-20 years old in 2019 who completed an annual dental visit from 52.72% to 54.72% by December 31, 2019.
2.5 Was the PIP aim statement answerable?	M	Same comment as in section 2.4
2.6 Was the PIP aim statement measurable?	M	Same comment as in section 2.4
2.7 Overall assessment/recommendations for improving the PIP aim statement.	M	Even though overarching aim is provided by MHD, Missouri Care should translate aim statement that identifies the focus of the PIP and establish the framework for data collection and analysis on a small scale.

Step 3: Review the Identified Study Populations

Component/Standard	Score	Comments
3.1 Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's enrollment, diagnoses, procedures, other characteristics)?	M	The PIP population included all Missouri Care members 2 through 20 years of age who had at least one dental visit during the measurement year and were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days.
3.2 Was the entire MCO population included in the PIP?	M	See comment above in section 3.1.
3.3 If the entire population was included in the PIP, did the data collection approach capture all enrollees to whom the PIP question applied?	M	Data collection for Target population was performed according to HEDIS® Technical Specifications for ADV measure.
3.4 Was a sample used?	N/A	Sampling was not done.
3.5 Overall assessment/recommendations for identifying the project population.	M	PIP population should be selected on a small scale, e.g., a county, provider office, or a region so that results can be measured during PDSA cycle and subsequently applied on a larger scale.

Step 4: Review Sampling Method

Component/Standard	Score	Comments
4.1 Did the sampling frame contain a complete, recent, and accurate list of the target PIP population?	N/A	Sampling was not used in this study.
4.2 Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error?	N/A	Same comment as in section 4.1.
4.3 Did the sample contain a sufficient number of enrollees taking into account non-response?	N/A	Same comment as in section 4.1.
4.4 Did the method assess the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status?	N/A	Same comment as in section 4.1.
4.5 Were valid sampling techniques used to protect against bias? Specify the type of sampling used.	N/A	Same comment as in section 4.1.
4.6 Overall assessment/recommendations for improving the sampling method.	N/A	Same comment as in section 4.1.

Step 5: Review the Selected PIP Variables and Performance Measures

Component/Standard	Score	Comments
PIP Variables		
5.1 Were the variables adequate to answer the PIP question? • Did the PIP use objective, clearly defined, time-specific variables (e.g., an event or status that can be measured)? • Were the variables available to measure performance and track improvement over time (at least semiannual basis)?	NM	PIP variable/secondary measure was not selected.
Performance measures		
5.2 Did the performance measure assess an important aspect of care that will make a difference to enrollees' health or functional status?	M	HEDIS® ADV measure was used as a primary measure.

5.3 Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)?	M	Same comment as in section 5.2.
5.4 Were the measures based on current clinical knowledge or health services research? Examples: Recommended procedures, appropriate utilization (hospital admissions, emergency department visits), adverse incidents (such as death, avoidable readmission), referral patterns, authorization requests, appropriate medication use.	M	Same comment as in section 5.2.
5.5 Did the performance measures: • Monitor the performance of MCO at a point in time? • Track MCO performance over time? • Compare performance among MCOs over time? • Inform the selection and evaluation of quality improvement activities?	M	Statewide HEDIS® ADV rate was reported quarterly. Data for other MCOs were not available to Missouri Care (not a collaborative PIP).
5.6 Did the MCO consider existing measures, such as CMS Child and Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, or AHRQ measures?	M	HEDIS® ADV measure was used as primary indicator.
5.7 If there were gaps in existing measures, did the MCO consider the following when developing new measures based on current clinical practice guidelines or health services research? • Did the measure address accepted clinical guidelines relevant to the PIP question? • Did the measure address an important aspect of care or operations that was meaningful to MCO enrollees? • Did available data sources allow the MCO to reliably and accurately calculate the measure? • Were all criteria used in the measure defined clearly (such as time periods, characteristics	N/A	Since this criterion is newly introduced in protocol, this will be scored in EQR 2021.

of eligible enrollees, services to be assessed, and exclusion criteria)?		
5.8 Did the measures capture changes in enrollee satisfaction or experience of care? Was there some improvement in health or functional status? (For projects in non-clinical areas such as addressing access or availability of services, measurement of health or functional status is preferred.)	N/A	Same comment as in section 5.7
5.9 Did the measures include a strategy to ensure inter-rater reliability (if applicable)?	N/A	Same comment as in section 5.7
5.10 If process measures were used, is there strong clinical evidence indicating that the process being measured is meaningfully associated with outcomes? • This determination will be based on published guidelines, including citations from randomized clinical trials, case control studies, or cohort studies. • At a minimum, the PIP should be able to demonstrate a consensus among relevant practitioners with expertise in the defined area who attest to the importance of a given process.	N/A	Same comment as in section 5.7
5.11 Overall assessment/recommendations for improving the selected PIP variables and performance measures.	NM	Missouri Care should select a secondary measure/a variable (a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied) that could identify Missouri Care's performance on the PIP aim objectively and reliably and use clearly defined indicators of performance.

Step 6: Review Data Collection Procedures

Component/Standard	Score	Comments
Assessment of Overall Data Collection Procedures		

PIPs: Missouri Care

6.1 Did the PIP design specify a systematic method for collecting valid and reliable data that represents the population in the PIP?	M	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.
6.2 Did the PIP design specify the frequency of data collection? If yes, what was the frequency (for example, semi-annually)?	M	HEDIS® ADV rate was calculated and monitored quarterly.
6.3 Did the PIP design clearly specify the data sources? Data sources may include: Encounter and claims systems, medical records, case management or electronic visit verification systems, tracking logs, surveys, provider and/or enrollee interviews.	M	Same comment as in section 6.1 above.
6.4 Did the PIP design clearly define the data elements to be collected? Accurate measurement depends on clear and concise definitions of data elements (including numerical definitions and units of measure).	NM	Data elements were not chosen or defined for intervention. Only data elements used in PIP were Primary HEDIS® ADV rates.
6.5 Did the data collection plan link to the data analysis plan to ensure that appropriate data would be available for the PIP?	NM	Primary measure was reported on a quarterly basis. Only final data for the intervention were presented and was not linked to analysis.
6.6 Did the data collection instruments allow for consistent and accurate data collection over the time periods studied?	M	Claims-based software and NCQA Certified Software (Inovalon) to calculate HEDIS® ADV rate.
6.7 If qualitative data collection methods were used (such as interviews or focus groups), were the methods well-defined and designed to collect meaningful and useful information from respondents?	N/A	Since this criterion is newly introduced in protocol, this will be scored in EQR 2021.
6.8 Overall assessment/recommendations for improving the data collection procedures.	NM	Secondary measure, units of measure/rate, should be selected and then data collection plan should be linked to the data analysis.
Assessment of Data Collection Procedures for Administrative Data Sources		
6.9 If inpatient data was used, did the data system capture all inpatient admissions/discharges?	N/A	Sections 6.9 to 6.14 are new additions in EQR protocol and are not reported in PIP by Missouri Care. These will be evaluated in EQR 2021 for CY 2020 PIP.

6.10 If primary care data was used, did primary care providers submit encounter or utilization data for all encounters?	N/A	
6.11 If specialty care data was used, did specialty care providers submit encounter or utilization data for all encounters?	N/A	
6.12 If ancillary data was used, did ancillary service providers submit encounter or utilization data for all services provided?	N/A	
6.13 If LTSS data was used, were all relevant LTSS provider services included (for example, through encounter data, case management systems, or electronic visit verification (EVV) systems)?	N/A	
6.14 If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness as well as comparability across systems?	N/A	
Assessment of Data Collection Procedures for Medical Record Review		
6.15 Was a list of data collection personnel and their relevant qualifications provided? (Note: Experienced clinical staff such as registered nurses should be used to extract data to support a judgment about whether clinical criteria are met.)	N/A	HEDIS® ADV is an administrative measure. Medical records were not reviewed for data collection.
6.16 For medical record review, was inter-rater and intra-rater reliability described? The PIP should also consider and address intra-rater reliability (i.e., reproducibility of judgments by the same abstractor at a different time).	N/A	Same comment as in section 6.15
6.17 For medical record review, were guidelines for obtaining and recording the data developed? • A glossary of terms for each project should be developed before data collection begins to ensure consistent interpretation among and between data collection staff.	N/A	Same comment as in section 6.15

• Data collection staff should have clear, written instructions, including an overview of the PIP, how to complete each section of the form or instrument, and general guidance on how to handle situations not covered by the instructions. This is particularly important when multiple reviewers are collecting data.		

Step 7: Review Data Analysis and Interpretation of PIPs Results

Component/Standard	Score	Comments
7.1 Was the analysis conducted in accordance with the data analysis plan?	NM	Same comment as in section 6.5 above.
7.2 Did the analysis include baseline and repeat measurements of project outcomes?	PM	Baseline and repeat measurements were presented for statewide HEDIS® ADV rate. Repeat measurements for intervention were not presented.
7.3 Did the analysis assess the statistical significance of any differences between the initial and repeat measurements?	PM	Statistical significance of baseline rate and final rate is done for primary measure. No data presented for initial and repeat measurement for the intervention.
7.4 Did the analysis account for factors that may influence the comparability of initial and repeat measurements?	M	The methodology of data and data analysis, members examined, and tools used have remained the same since the baseline measurement (CY 2018) and measurement year (CY 2019).
7.5 Did the analysis account for factors that may threaten the internal or external validity of the findings?	M	There are no internal nor external factors that threatened the validity of the findings.
7.6 Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MCOs?	N/A	New addition, will be evaluated in EQR 2021.
7.7 Were PIP results and findings presented in a concise and easily understood manner?	PM	The information presented was easily understood. However, elements of intervention (secondary measure/variables) were missing.
7.8 To foster continuous quality improvement, did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance? (Note: Analysis and interpretation of the PIP data should be based on a continuous improvement philosophy and	M	Missouri Care has identified an opportunity to work with the Healthy Rewards vendor to identify effective communication methods to further increase member's participation in the program.

reflect on lessons learned and opportunities for improvement.)		
7.9 Overall assessment/recommendations for improving the analysis and interpretation of PIP results.	NM	Analysis should be conducted for secondary measures and then linked to primary measure.

Step 8: Assess the Improvement Strategies

Component/Standard	Score	Comments
8.1 Was the selected improvement strategy evidence-based, that is, was there existing evidence (published or unpublished) suggesting that the test of change would be likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)?	M	According to Center on Budget and Policy Priorities, research has shown that offering Medicaid beneficiaries immediate rewards, such as gift cards, for engaging in healthy behaviors can be successful in increasing behaviors.
8.2 Was the strategy designed to address root causes or barriers identified through data analysis and quality improvement processes?	M	Missouri Care has identified the following root causes for members not being compliant for completing an annual dental visit: lack of motivation to complete annual dental visit; and lack of understanding the importance of annual dental visits.
8.3 Was the rapid-cycle PDSA approach used to test the selected improvement strategy?	N/A	This criterion was newly introduced in EQR protocol and will be evaluated in EQR 2021.
8.4 Was the strategy 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 is available on all member materials/calls.
8.5 Was the implementation of the strategy designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices)?	N/A	This is not addressed in PIP. This criterion was newly introduced in EQR protocol and will be evaluated in EQR 2021.
8.6 Building on the findings from the data analysis and interpretation of PIP results (Step 7), did the PIP assess the extent to which the improvement strategy was successful and identify potential follow-up activities?	NM	For first three quarters (Q1-Q3) of starting intervention, ADV rates declined in comparison to corresponding quarter. No impact of intervention was seen on HEDIS® ADV. Only final data for intervention is presented.

8.7 Overall assessment/recommendations for improving the implementation strategies.	NM	Effectiveness of the improvement strategy should be determined by measuring change in performance according to the predefined measures and linking to intervention.

Step 9: Assess the Likelihood that Significant and Sustained Improvement Occurred

Component/Standard	Score	Comments
9.1 Was the same methodology used for baseline and repeat measurements?	M	Same comment as in section 7.4.
9.2 Was there any quantitative evidence of improvement in processes or outcomes of care?	M	Primary measure has shown improvement from 52.79% (CY 2018) to 58.87% (CY 2019).
9.3 Was the reported improvement in performance likely to be a result of the selected intervention? (Conclusive demonstration through controlled studies is not required.)	NM	Same comment as in section 8.6 above. The reported improvement cannot be linked to the intervention.
9.4 Is there statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention?	PM	There is statistically significant (confidence level >95%) improvement in HEDIS® ADV rate. However, significance of data as a result of intervention is not tested.
9.5 Was sustained improvement demonstrated through repeated measurements over time?	PM	Repeat measurements for performance measure during CY 2019 showed improvement. No repeat data presented as a result of intervention.
9.6 Overall assessment/recommendations for improving the significance and sustainability of improvement as a result of the PIP.	NM	Repeat measurements and test of significance should be conducted to determine whether significant change in performance relative to baseline measurement was observed in each PDSA cycle. Missouri Care is expected to not only report the quantitative changes in measure rates, but also provide a narrative to accompany these changes that includes barriers faced, strategies used, and lessons learned over the course of intervention implementation. The intervention tracking activities and PDSA cycles feed directly into this narrative.

ACTIVITY 2: PERFORM OVERALL VALIDITY AND REPORTING Of PIP RESULTS

Perform Overall Validation of PIP Results

PIPs: Missouri Care

PIP Validation Rating (check one box)	Comments
☐ High confidence ☐ Moderate confidence ☑ Low confidence ☐ No confidence	Even though aim of the PIP is met and the HEDIS® ADV rate has increased from 52.72% to 58.87% (6.15% points), which is statistically significant (confidence level > 95%), the PIP is assigned a score of "Low Confidence." Quality improvement process and intervention were poorly executed and could not be linked to the improvement.

(End of Worksheets for PIPs)