

State of Georgia



Department of Community Health
Georgia Families Program

WellCare of Georgia, Inc.

**PERFORMANCE IMPROVEMENT
PROJECTS REPORT
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CAHPS[®] refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

1. BACKGROUND

The Georgia Department of Community Health (DCH) through its Division of Medical Assistance Plans is responsible for administering the Medicaid program and the Children’s Health Insurance Program (CHIP) for the State of Georgia and overseeing quality improvement activities. The State refers to its Medicaid managed care program as Georgia Families and to its CHIP program as PeachCare for Kids[®]. For the purposes of this report, “Georgia Families” refers to all Medicaid and PeachCare for Kids[®] members enrolled in managed care.

The Georgia Families program serves the majority of Georgia’s Medicaid and CHIP populations. The DCH requires its contracted Care Management Organizations (CMOs), serving the Georgia Families members, to conduct performance improvement projects (PIPs). As set forth in 42 CFR §438.240, the PIPs must be designed to achieve, through ongoing measurements and interventions, significant improvement, sustained over time, in clinical and nonclinical care areas that are expected to have a favorable effect on health outcomes and member satisfaction. DCH requires the CMOs to report the status and results of each PIP annually. WellCare of Georgia, Inc. (WellCare) is one of the Georgia Families CMOs.

The validation of PIPs is one of three federally-mandated activities for state Medicaid managed care programs. The other two required activities include the evaluation of CMO compliance with State and federal regulations and the validation of CMO performance measures.

These three mandatory activities work together to assess the CMOs’ performance with providing appropriate access to high-quality care for their members. While a CMO’s compliance with managed care regulations provides the organizational foundation for the delivery of quality health care, the calculation and reporting of performance measure rates provide a barometer of the quality and effectiveness of the care. The DCH requires the CMOs to initiate PIPs to improve the quality of health care in targeted areas of low performance, or in areas identified as State priorities or health care issues of greatest concern. The DCH required its CMOs to conduct 10 PIP studies during the 2013 calendar year and submit them for validation in 2014. PIPs are key tools in helping DCH achieve the goals and objectives outlined in its quality strategy; they provide the framework for monitoring, measuring, and improving the delivery of health care.

The primary objective of PIP validation is to determine each CMO’s compliance with requirements set forth in 42 CFR §438.240(b)(1), including:

- ◆ 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 to increase or sustain improvement.

To meet the federal requirement for the validation of PIPs, DCH contracted with Health Services Advisory Group, Inc. (HSAG), the State’s external quality review organization (EQRO), to conduct the validation of WellCare’s PIPs. WellCare submitted PIPs to HSAG between June 30, 2014, and July 30, 2014, and HSAG validated the PIPs between July 1, 2014, and August 15, 2014. The validated data represent varying measurement time periods as described in Table 2-3 through Table 2-12.

For PIPs initiated prior to January 1, 2012 (*Childhood Obesity*), HSAG used a validation methodology based on the Centers for Medicare & Medicaid Services (CMS) validation protocols.¹⁻¹ For PIPs initiated on or after January 1, 2012 (*Adolescent Well-Care Visits, Annual Dental Visits, Appropriate Use of ADHD Medications, Avoidable Emergency Room Visits, Childhood Immunizations—Combo 10, Comprehensive Diabetes Care, Member Satisfaction, Postpartum Care, and Provider Satisfaction*), HSAG used CMS’ updated validation protocols.¹⁻² Compared to the 2002 CMS PIP protocols, the changes made to the 2012 protocols consisted of reversing the order of Activities III and IV, and Activities VII and VIII. These changes did not impact HSAG’s validation process.

Table 1-1—CMS Protocol Changes

PIP Activity	CMS 2002 Protocol	CMS 2012 Protocol
Clearly Defined Study Indicator(s)	Activity III	Activity IV
Correctly Identified Study Population	Activity IV	Activity III
Appropriate Improvement Strategies	Activity VII	Activity VIII
Sufficient Data Analysis and Interpretation of Results	Activity VIII	Activity VII

HSAG evaluated the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure WellCare designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG’s review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether WellCare improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether WellCare was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure

¹⁻¹ U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.*

¹⁻² U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

that DCH and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the CMOs improvement strategies.

CMO Overview

The DCH contracted with WellCare beginning in 2006 to provide services to the Georgia Families program population. Since implementation of the Georgia Families program, WellCare has served the eligible population in all geographic regions of Georgia—Atlanta, Central, East, North, Southeast, and Southwest.

Study Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas. Although HSAG has validated WellCare's PIPs for seven years, the number of PIPs, study topics, and study methods has evolved over time.

WellCare submitted 10 PIPs for validation. The PIP topics included:

- ◆ Adolescent Well-Care Visits
- ◆ Annual Dental Visits
- ◆ Appropriate Use of ADHD Medications
- ◆ Avoidable Emergency Room Visits
- ◆ Childhood Immunizations—Combo 10
- ◆ Childhood Obesity
- ◆ Comprehensive Diabetes Care
- ◆ Member Satisfaction
- ◆ Postpartum Care
- ◆ Provider Satisfaction

Study Summary

WellCare's June 30, 2014, through July 30, 2014, PIP submissions included six clinical HEDIS-based PIPs (*Adolescent Well-Care Visits*, *Appropriate Use of ADHD Medications*, *Childhood Immunizations—Combo 10*, *Childhood Obesity*, *Comprehensive Diabetes Care*, and *Postpartum Care*); two clinical PIPs not based on HEDIS specifications (*Avoidable Emergency Room Visits* and *Annual Dental Visits*); and two nonclinical PIPs (*Member Satisfaction* and *Provider Satisfaction*).

Table 1-2 outlines the key study indicators incorporated for the six clinical HEDIS-based PIPs.

Table 1-2—Clinical HEDIS-based Study Topics and Indicator Descriptions

Study Topic	Study Indicator Description
<i>Adolescent Well-Care Visits</i>	The percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
<i>Appropriate Use of ADHD Medications</i>	<ol style="list-style-type: none"> 1. The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner from 31–300 days following the IPSD. One of the two visits (during days 31–300) may be a telephone visit with a practitioner.
<i>Childhood Immunizations—Combo 10</i>	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
<i>Childhood Obesity</i>	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, nutrition counseling and physical activity counseling.
<i>Comprehensive Diabetes Care</i>	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a HbA1c control < 7.0%, LDL-C control < 100mg/ml, and BP control < 140/90 mmHg.
<i>Postpartum Care</i>	The percentage of deliveries of live births by members that were followed by a postpartum visit on or between 21 and 56 days after delivery.

Table 1-3 outlines the key study indicators for the two clinical non-HEDIS PIPs.

Table 1-3—Clinical Non-HEDIS Study Topic and Indicator Descriptions

Study Topic	Study Indicator Description
<i>Annual Dental Visits</i>	<ol style="list-style-type: none"> 1. The percentage of members 1–20 years of age who received any dental service during the measurement period (CMS 416 12A). 2. The percentage of members 1–20 years of age who received preventive dental services during the measurement period (CMS 416 12B). 3. The percentage of members 6–9 years of age who received a sealant on a permanent molar during the measurement period (CMS 416 12D).
<i>Avoidable Emergency Room Visits</i>	<ol style="list-style-type: none"> 1. The percentage of ER visits for “avoidable” diagnoses (dx382–Acute Suppurative otitis:382.9–Unspecified otitis:462–Acute pharyngitis:465.9–Acute upper respiratory infection:466–Acute bronchitis:786.2–Cough) among members under 21 years of age who had a visit to the ED in three selected Children’s Healthcare of Atlanta facilities in the Atlanta region. 2. The percentage of ER visits for “avoidable” diagnoses (dx382–Acute Suppurative otitis: 382.9–Unspecified otitis: 462–Acute pharyngitis: 465.9–Acute upper respiratory infection: 466 –Acute bronchitis: 786.2–Cough) among members under 21 years of age who had a visit to the ED in selected hospitals in the CMO’s expansion population.

Table 1-4 outlines the key study indicators incorporated for the two satisfaction-based PIPs.

The effectiveness of the *Member Satisfaction* PIP was measured using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H, Medicaid Child Survey. This survey provided information on parents' experiences with their child's provider and CMO.

The final WellCare PIP topic was *Provider Satisfaction*. WellCare contracted with a vendor to produce and administer a survey to document the effectiveness of this performance improvement project.

Table 1-4—Satisfaction-Based Study Indicators

Survey Type	Question	Survey Question
Member	#36	The percentage of respondents who rate the health plan an 8, 9, or 10 in response to the question "Using any number from 0–10, where 0 is the worst health plan and 10 is the best, what number would you use to rate your child's health plan?"
Provider	#3	The percentage of providers who respond "very satisfied" or "somewhat satisfied" to the question "Please rate your overall satisfaction with WellCare of Georgia, Inc."

Validation Overview

HSAG obtained the data needed to conduct the PIP validation from WellCare's PIP Summary Forms. These forms provided detailed information about WellCare's completed PIP activities.

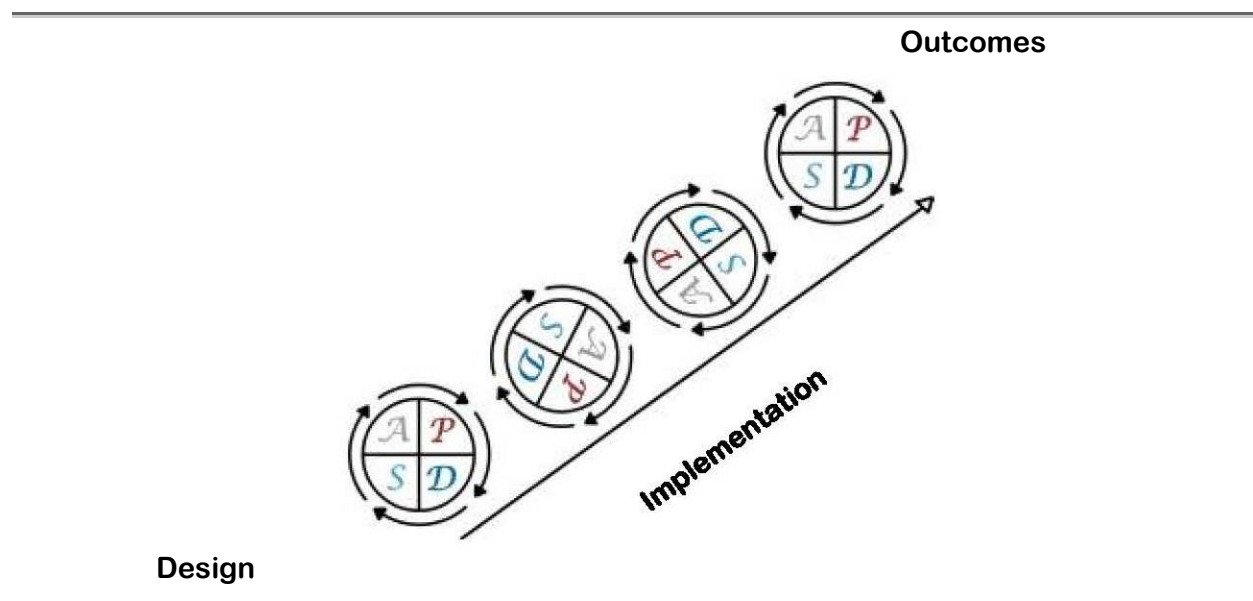
Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. In consultation with DCH and in an effort to more clearly distinguish when evaluation criteria for each element were fulfilled, HSAG removed *Partially Met* from the scoring options for this year's validation cycle. HSAG designated some of the evaluation elements deemed pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all of the critical elements had to be scored *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation status for the PIP of *Not Met*. The CMO was also given a *Not Met* validation status if less than 80 percent of all evaluation elements were scored *Met*. HSAG provided a *Point of Clarification* when the CMO fully met the evaluation element criteria and only minor documentation edits not critical to the validity of the PIP were recommended to the CMO.

In addition to the overall validation status (e.g., *Met*) HSAG provided an overall percentage for all evaluation elements (including critical elements) scored *Met*. HSAG calculated the overall percentage by dividing the total number of elements scored *Met* by the total number of elements scored *Met* and *Not Met*. HSAG also calculated a critical element overall percentage by dividing the total number of critical elements scored *Met* by the sum of the critical elements scored *Met*, and *Not Met*.

Figure 1-1 illustrates the three PIP stages of the PIP process: Design, Implementation, and Outcomes. The Design stage establishes the methodological framework for the PIP. The activities in this stage include development and documentation of the study topic, question, indicators, population, sampling, and data collection. A sound study design is necessary for the successful implementation of improvement strategies.

Once the study design is established, the PIP process moves into the Implementation stage. This stage includes data analysis and implementation of improvement strategies. During the Implementation stage, the CMOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) Cycle to determine the effectiveness of the implemented interventions.

Figure 1-1—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- ◆ **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- ◆ **Do**—implement intervention; track and monitor the intervention; and record the data
- ◆ **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- ◆ **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The PDSA cycle is repeated throughout each measurement period. The implementation of effective improvement strategies is necessary to improve PIP outcomes. The final Outcomes stage evaluates for statistically significant and sustained improvement of the project outcomes. Once statistically significant improvement in the outcomes is achieved, the improvement must be sustained in a subsequent measurement period. If the PIP outcomes do not improve, the CMO’s

responsibility is to continue the PDSA cycle until statistically significant improvement is achieved and sustained.

HSAG's Validation Scoring Methodology

The scoring methodology evaluates whether or not the CMOs met all the documentation requirements according to the CMS protocols, as well as evaluates whether or not all study indicators have achieved statistically significant improvement over the baseline rate. In Activity IX (real improvement achieved), the CMO must achieve statistically significant improvement across all study indicator(s) between the baseline and a subsequent measurement period to receive a *Met* score. For Activity X (sustained improvement achieved), HSAG assesses for sustained improvement once all study indicators achieve statistically significant improvement over the baseline and the CMO reports a subsequent measurement period. All study indicators must achieve statistically significant improvement and sustain this improvement to receive a *Met* validation score in Activity X.

Aggregate Validation Findings

HSAG organized, aggregated, and analyzed WellCare’s PIP data to draw conclusions about the CMO’s quality improvement efforts. The PIP validation process evaluated both the technical methods of the PIP (i.e., the study design) and the outcomes associated with the implementation of interventions. Based on its review, HSAG determined the overall methodological validity of the PIPs, as well as the overall success in achieving improved study indicator outcomes. The results are presented in Table 2-1.

**Table 2-1—Performance Improvement Project Validation Scores
for WellCare of Georgia, Inc.**

PIP	Percentage of Evaluation Elements Scored <i>Met</i>	Percentage of Critical Elements Scored <i>Met</i>	Validation Status
<i>Adolescent Well-Care Visits</i>	86%	93%	<i>Not Met</i>
<i>Annual Dental Visits</i>	71%	55%	<i>Not Met</i>
<i>Appropriate Use of ADHD Medication</i>	86%	82%	<i>Not Met</i>
<i>Avoidable Emergency Room Visits</i>	64%	45%	<i>Not Met</i>
<i>Childhood Immunizations—Combo 10</i>	92%	100%	<i>Met</i>
<i>Childhood Obesity</i>	94%	100%	<i>Met</i>
<i>Comprehensive Diabetes Care</i>	88%	86%	<i>Not Met</i>
<i>Member Satisfaction</i>	84%	86%	<i>Not Met</i>
<i>Postpartum Care</i>	88%	79%	<i>Not Met</i>
<i>Provider Satisfaction</i>	82%	79%	<i>Not Met</i>

Only two of the 10 WellCare PIPs, *Childhood Immunizations—Combo 10* and *Childhood Obesity*, received an overall *Met* validation status. The remaining eight PIPs received a *Not Met* score for one or more critical evaluation elements, which resulted in a *Not Met* validation status.

Table 2-2 displays the combined validation results for all 10 WellCare PIPs validated. This table illustrates the CMO’s application of the PIP process and its success in implementing all 10 projects. Each activity was composed of individual evaluation elements scored as *Met* or *Not Met*. Elements receiving a *Met* score satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2-2 show the percentage of applicable evaluation elements that received a *Met* score by activity. Additionally, HSAG calculated an overall percentage of *Met* scores across all activities for all 10 PIPs. Appendix A provides the detailed scores from the validation tool for each of the 10 PIPs.

**Table 2-2—Performance Improvement Project Validation Results
for WellCare of Georgia, Inc. (N=10 PIPs)**

PIP Stage	Activity	Percentage of Applicable Elements	
		<i>Met</i>	<i>Not Met</i>
Design	Appropriate Study Topic	100% (57/57)	0% (0/57)
	Clearly Defined, Answerable Study Question(s)	100% (20/20)	0% (0/20)
	Clearly Defined Study Indicator(s)	93% (26/28)	7% (2/28)
	Correctly Identified Study Population	91% (53/58)	9% (5/58)
	Valid Sampling Techniques (if sampling was used)	98% (41/42)	2% (1/42)
	Accurate/Complete Data Collection	99% (82/83)	1% (1/83)
Design Total		97% (279/288)	3% (9/288)
Implementation	Sufficient Data Analysis and Interpretation of Results	76% 66/87	24% 21/87
	Appropriate Improvement Strategies	53% 20/38	47% 18/38
Implementation Total		69% 86/125	31% 39/125
Outcomes	Real Improvement Achieved	48% 19/40	53% 21/40
	Sustained Improvement Achieved	50% 1/2	50% 1/2
Outcomes Total		48% 20/42	52% 22/42
Percentage of Applicable Evaluation Elements Scored <i>Met</i>		85% (385/455)	

Overall, 85 percent of the evaluation elements across all 10 PIPs received a *Met* score. WellCare demonstrated a strong performance in the Design stage; however, the CMO was considerably less successful in the Implementation and Outcomes stages. The following subsections highlight HSAG's validation findings associated with each of the three PIP stages.

Design

WellCare met 97 percent of the requirements across all 10 PIPs for the six activities within the Design stage. The technical design of each PIP was sufficient to measure and monitor PIP

outcomes. The solid foundation of the PIPs allowed for the CMO to progress to the next stage of the PIP process.

Implementation

WellCare met 69 percent of the requirements for the two activities within the Implementation stage. The CMO did not report accurate data components in some of its PIPs, and not all of the statistical testing performed was completely accurate. Additionally, the CMO did not report an adequate and data-driven barrier identification process. The PIPs did not include specific data or analysis results to support identified barriers, and barriers were not prioritized. The PIPs also did not include evaluations of effectiveness for each intervention, and evaluation results were not reported. Overall, the improvement strategies were not successful in achieving statistically significant improvement across all study indicators for all PIPs and for sustaining any improvement achieved.

Outcomes

This year, all 10 PIPs were evaluated for achieving statistically significant improvement over baseline. Three PIPs, *Adolescent Well-Care Visits*, *Childhood Immunizations—Combo 10*, and *Childhood Obesity* achieved statistically significant improvement over baseline for all indicators at the current measurement period. Two of those PIPs, *Adolescent Well-Care Visits* and *Childhood Immunizations—Combo 10* progressed to the point of being assessed for sustained improvement with mixed results. Sustained improvement is defined as statistically significant improvement in performance over baseline that is maintained or increased for at least one subsequent measurement period. Additionally, the results of the most current measurement period must reflect improvement when compared to baseline results. While the *Childhood Immunizations—Combo 10* study indicator demonstrated sustained improvement, the *Adolescent Well-Care Visits* study indicator demonstrated a statistically significant decline in performance, resulting in a lack of sustained improvement over baseline.

PIP-Specific Outcomes

Analysis of Results

Each table below displays the study indicator rates for each measurement period of the PIP, including the baseline period and each subsequent measurement period. Statistically significant changes between remeasurement periods are noted with an upward or downward arrow followed by an asterisk. Statistical significance is based on the *p* value calculated from a statistical test comparing measurement period rates. Differences in these rates that resulted in a *p* value less than 0.05 were considered statistically significant. Please note that it is possible for a percentage point difference between measurement period rates to appear large without being statistically significant. In certain instances, the study indicator denominators may not be large enough to have sufficient power to detect statistically significant difference. Similarly, the reverse may also occur: a *small* percentage point difference between measurement period rates with *large* denominators may

result in a small percentage point difference that is statistically significant because larger denominators have greater power to detect statistically significant differences.

If the PIP achieved statistically significant improvement over the baseline rate during a previous measurement period, it was then reviewed for sustained improvement. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators. PIPs that did not achieve statistically significant improvement (i.e., did not meet the criteria to be assessed for sustained improvement) were not assessed (NA). Comparisons of study indicator results that utilized HEDIS measures were made using the Medicaid HEDIS 2012 Audit, Means, Percentiles, and Ratios (reflecting the 2011 calendar year [CY]).

WellCare was not successful in achieving the desired outcomes for all study indicators. Only three PIPs achieved statistically significant improvement over baseline across all study indicators, and only one PIP demonstrated sustained improvement over baseline.

The identification of barriers through barrier analysis, the selection of appropriate interventions to address identified barriers, and the ongoing evaluation of intervention effectiveness are necessary steps to improve outcomes. WellCare's processes for causal/barrier analysis, intervention implementation, and intervention evaluations are all essential to the overall success of the PIPs. Deficiencies were identified during the validation process in each of these areas and will be explained in further detail below.

Adolescent Well-Care

**Table 2-3—Performance Improvement Project Outcomes
for Adolescent Well-Care Visits**

Study Indicator	Baseline Period (1/1/11–12/31/11)	Remeasurement 1 (1/1/12–12/31/12)	Remeasurement 2 (1/1/13–12/31/13)	Sustained Improvement [^]
The percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	41.4%	51.6% ^{↑*}	43.8% ^{↓*}	No
^{↑*} Designates statistically significant improvement over the prior measurement period (p value < 0.05). ^{↓*} Designates statistically significant decline from the prior measurement period (p value < 0.05). [^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.				

There was a statistically significant decline in the study indicator rate from Remeasurement 1 to Remeasurement 2 for the *Adolescent Well-Care Visits* PIP. The percentage of eligible adolescent members who had at least one well-care visit during the measurement year declined 7.8 percentage points. The Remeasurement 2 rate was no longer a statistically significant improvement over the baseline rate; therefore, the PIP did not demonstrate sustained

improvement. The Remeasurement 2 rate fell below the 2013 DCH target of 49.7 percent and was between the 25th and 50th percentiles of the national Medicaid HEDIS 2012 rates.

A critical analysis of WellCare's improvement processes revealed several factors contributing to the performance decline. The CMO's Utilization Management Medical Advisory Committee (UMAC) and Quality Improvement Committee (QIC) met quarterly to identify and address barriers. The CMO used a fishbone diagram to summarize identified barriers; however, WellCare did not describe the process used to identify or prioritize barriers for intervention. Specific data to support the barriers were not documented in the PIP.

WellCare continued ongoing interventions to address member and provider awareness of when an adolescent well-care appointment was due. The CMO revised one intervention for CY 2013, extending the hours of operation for the Centralized Telephonic Outreach outbound call unit to 7:00 p.m., in order to reach members after normal business hours and provide assistance with scheduling well-care appointments.

The ongoing interventions that the CMO continued during CY 2013 were:

- ◆ Telephone outreach to educate members on the importance of adolescent well-care visits and schedule appointments.
- ◆ Targeted Health Check schedule reminder letters sent at 120 days of plan enrollment and during the member's birthday month.
- ◆ Monthly provider membership lists that specified children eligible for health check visits who had not had an encounter within 120 days of joining the health plan or were not in compliance with the Health Check Program.

While WellCare initiated new interventions following the performance decline in Remeasurement 2, and reinstated the provider incentive program, the CMO did not describe the analysis results or processes used to guide decisions about making these changes. WellCare did not document any processes to evaluate the effectiveness of each intervention or any evaluation results. Without intervention-specific evaluations, the CMO does not have the information necessary to fully assess the causes for the decline in adolescent well-care visits. Quantitative assessment of each intervention is necessary to determine if interventions are being implemented effectively and to identify which strategies are having the greatest positive impact on targeted outcomes.

Annual Dental Visits

**Table 2-4—Performance Improvement Project Outcomes
for Annual Dental Visits**

Study Indicator	Baseline (10/1/2011–9/30/2012)	Remeasurement 1 (10/1/2012–9/30/2013)	Sustained Improvement [^]
1. The percentage of EPSDT eligible members ages 1–20 who received any dental services during the measurement period (CMS 416 12A).	63.8%	64.7% ^{↑*}	NA
2. The percentage of EPSDT eligible members ages 1–20 who received preventive dental services during the measurement period (CMS 416 12B).	59.6%	45.4% ^{↓*}	NA
3. The percentage of EPSDT eligible members ages 6–9 who received preventive dental services during the measurement period (CMS 416 12D).	16.7%	16.1% ^{↓*}	NA
^{↑*} Designates statistically significant improvement over the prior measurement period (p value < 0.05). ^{↓*} Designates statistically significant decline over the prior measurement period (p value < 0.05). NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed. [^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.			

The study indicators demonstrated mixed results for the first remeasurement of WellCare's *Annual Dental Visits* PIP. There was a statistically significant increase in the rate for Study Indicator 1 (any dental service) but a statistically significant decline in the rates for Study Indicators 2 (preventive dental services) and 3 (dental sealant services). The Remeasurement 1 rate for Study Indicator 2 was also 12.6 percentage points below the 2013 DCH target rate of 58.0 percent.

A critical review of WellCare's quality improvement processes and strategies identified several reasons for the mixed study indicator performance.

- ◆ The CMO documented that barriers were identified through a collaborative approach including a drill-down analysis of the baseline data. WellCare summarized system, member, and provider barriers in a fishbone diagram. The PIP documentation, however, did not include any data to support identified barriers, and no specific step-by-step process was described for the causal/barrier analysis. Additionally, priority barriers were not identified in the PIP.
- ◆ WellCare did not adequately describe the interventions implemented for the PIP. Based on the documentation provided, some interventions, such as the case manager program and the community outreach program, were system interventions. Other interventions, such as the mailed member reminders and mailed noncompliant lists for providers, were not system changes likely to result in improvement of long-term outcomes.

- ◆ The CMO did not document any monitoring or evaluation of ongoing interventions. WellCare had no documented evaluation process, nor did it have results of evaluating the effectiveness for each intervention.

It is critical that WellCare implement and document processes to evaluate the effectiveness of each implemented intervention. To address the varied study indicator results, it is necessary to examine each intervention to determine if it is impacting some of the study indicators but not others. The CMO should conduct further drill-down analyses to determine the root causes of noncompliance with the CMS 416 dental measures. Attention should be paid to the differences between the three study indicators to determine why interventions positively impacted Study Indicator 1 but resulted in declines in Study Indicators 2 and 3.

Appropriate Use of ADHD Medications

**Table 2-5—Performance Improvement Project Outcomes
for Appropriate Use of ADHD Medications**

Study Indicator	Baseline Period (1/1/11–12/31/11)	Remeasurement 1 (1/1/12–12/31/12)	Remeasurement 2 (1/1/13–12/31/13)	Sustained Improvement [^]
1. The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.	40.0%	39.4%	41.1% ^{↑*}	NA
2. The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner from 31–300 days following the IPSD. One of the two visits (during days 31–300) may be a telephone visit with a practitioner.	54.6%	53.1%	54.2%	NA
^{↑*} Designates statistically significant improvement over the prior measurement period (p value < 0.05). NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed. [^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.				

At the second remeasurement for WellCare's *Appropriate Use of ADHD Medications* PIP, neither study indicator achieved statistically significant improvement over baseline. The Remeasurement 2 rate for Study Indicator 1 (follow-up visits for the initiation phase) was a

statistically significant improvement over Remeasurement 1 but not over baseline. The Remeasurement 2 rate for Study Indicator 2 (follow-up visits for the continuation phase) was a non-statistically significant improvement over Remeasurement 1, and the rate remained below baseline. The Remeasurement 2 rates for Study Indicators 1 and 2 fell below the CY 2013 DCH targets of 52.5 percent and 63.1 percent, respectively. In comparison with the national Medicaid HEDIS 2012 rates, the Remeasurement 2 rates for both study indicators fell between the 50th and 75th percentile rates.

A critical examination of WellCare's improvement processes and strategies determined several factors related to the lack of significant improvement in the study indicators for the *Appropriate Use of ADHD Medications* PIP.

- ◆ The CMO documented that “member and provider correspondence, data analysis, and process review” were used to identify barriers; however, the CMO did not report specific data or analysis results to support identified barriers. The CMO also did not identify priority barriers for the PIP. To thoroughly evaluate the root causes of noncompliance with ADHD follow-up visits, WellCare should have documented specific member/provider feedback, results from the survey of a sample of noncompliant members, and results from drill-down analyses for specific providers.
- ◆ To address member and provider awareness of the ADHD medication follow-up visit requirements, WellCare completed a number of educational and reminder mailings to members and providers. The mailings identified due follow-up visits and shared best practices. In addition to mailings, the CMO completed face-to-face visits with high-volume ADHD providers to review lists of noncompliant members and discuss best practices for completing timely follow-up visits.
- ◆ Despite the lack of significant improvement over baseline for the study indicator rates, the CMO documented that it would be continuing all interventions but provided no evaluation data to support this decision.

Given the lack of significant improvement in outcomes, HSAG recommends that WellCare re-evaluate its quality improvement processes, focusing on the documentation of data-driven analyses and results. The CMO should provide data to support identified barriers, and a detailed description of how the barriers were prioritized and how they were linked to the interventions. WellCare should also have processes in place to evaluate the effectiveness of each implemented intervention, and combine evaluation results with causal/barrier drill-down analyses to illuminate the true root causes of the lack of significant improvement in outcomes. New or revised improvement strategies should be planned and implemented based on these follow-up analyses.

Childhood Immunizations—Combo 10

**Table 2-6—Performance Improvement Project Outcomes
for Childhood Immunizations—Combo 10**

Study Indicator	Baseline Period (1/1/11–12/31/11)	Remeasurement 1 (1/1/12–12/31/12)	Remeasurement 2 (1/1/13–12/31/13)	Sustained Improvement [^]
The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps, rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	20.2%	38.4% ^{↑*}	40.3%	Yes
^{↑*} Designates statistically significant improvement over the prior measurement period (p value < 0.05). [^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.				

WellCare demonstrated sustained improvement in the *Childhood Immunizations—Combo 10* PIP, with an increase of 20.1 percentage points from baseline to Remeasurement 2 in the rate of eligible child members who received the recommended vaccinations by their second birthday. The Remeasurement 2 rate of 40.3 percent exceeded the 90th percentile of the national Medicaid HEDIS 2012 rates.

WellCare's collaborative PIP team identified barriers and developed member, provider, and plan-level interventions through data analysis and process review. The CMO documented barriers such as members refusing assistance with appointments, member lack of awareness regarding immunization schedule, and lack of provider awareness of HEDIS requirements.

To address these barriers, WellCare implemented the following interventions:

- ◆ Pay for Performance (P4P) provider face-to-face visits to deliver lists of noncompliant members.
- ◆ Member incentive program for completed immunization visits.
- ◆ Outbound member reminder calls.
- ◆ Centralized telephonic outreach program with extended operating hours beyond normal business hours.
- ◆ Inbound care gap alert program to facilitate scheduling of visits for needed services when a member calls.
- ◆ Targeted periodicity letters sent to members annually.
- ◆ Targeted 120-day provider reminder letters with a list of noncompliant members.
- ◆ HEDIS Toolkits distributed during P4P visits.

Although the study indicator demonstrated sustained improvement, the CMO failed to document intervention evaluations. The PIP documentation included neither detail on methods for evaluating intervention effectiveness nor evaluation results. To maintain and continue to improve the *Childhood Immunizations—Combo 10* study indicator rate, WellCare must implement ongoing, intervention-specific evaluations, based on quality improvement science, such as the Plan-Do-Study-Act (PDSA) cycle. Each intervention should be evaluated for effectiveness, and evaluation processes and results should be documented in the PIP and linked to decisions about future implementation.

Childhood Obesity

**Table 2-7—Performance Improvement Project Outcomes
For Childhood Obesity**

Study Indicator	Baseline Period (1/1/09–12/31/09)	Remeasurement 1 (1/1/10–12/31/10)	Remeasurement 2 (1/1/11–12/31/11)	Remeasurement 3 (1/1/12–12/31/12)	Remeasurement 4 (1/1/13–12/31/13)	Sustained Improvement [^]
The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation.	36.5%	30.4%	56.9% ^{↑*}	38.7% ^{↓*}	49.1% ^{↑*}	NA
The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition.	42.3%	48.9%	50.4% ^{↑*}	55.5%	61.1%	NA
The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity.	38.7%	30.9% ^{↓*}	37.0%	42.1%	51.9% ^{↑*}	NA
<p>NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed.</p> <p>↑* Designates statistically significant improvement over the prior measurement period (p value < 0.05).</p> <p>↓* Designates statistically significant decline in performance over the prior measurement period (p value < 0.05).</p> <p>^ Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.</p>						

All three study indicators for the *Childhood Obesity* PIP demonstrated improvements from Remeasurement 3 to Remeasurement 4, with the improvements for Study Indicators 1 (BMI percentile documentation) and 3 (evidence of counseling for physical activity) being statistically significant. Additionally, Study Indicator 3 demonstrated statistically significant improvement over baseline for the first time at Remeasurement 4. The Remeasurement 4 rates for all three study indicators—BMI percentile documentation, evidence of nutrition counseling, and evidence of physical activity counseling—exceeded the CY 2013 DCH target rates of 47.5 percent, 54.9 percent, and 43.3 percent, respectively. In comparison with the national Medicaid HEDIS 2012 benchmarks, WellCare’s CY 2013 rates for all three study indicators were between their respective 50th percentile and 75th percentile rates.

For the *Childhood Obesity* PIP, WellCare gathered input from several sources: quarterly UMAC and QIC meetings; bimonthly HEDIS Steering Committee meetings; and staff input from member outreach, provider relations, and quality improvement departments. The CMO identified barriers through member and provider feedback, data analysis, and process review. Barriers documented in a fishbone diagram included the following: members not attending well-care visits during the measurement period, lack of provider awareness of documentation requirements, insufficient time for provider to meet documentation requirements, and lack of reimbursement for current procedural terminology (CPT) II codes.

To address these barriers, WellCare implemented the following interventions:

- ◆ Outreach to 13,732 members ages 3–6 years, reminding them of due well-child visits.
- ◆ Distribution of postcards outlining the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (WCC) measures to providers at a pediatric conference.
- ◆ Distribution of a DCH-approved BMI percentile documentation form for providers via their provider Web site and through fax.
- ◆ E-mail communication with independent practice associations (IPAs), providing BMI percentile forms and WCC postcards.
- ◆ Targeted face-to-face pediatric provider visits requesting the use of CPT II codes to document WCC services, despite the lack of reimbursement for these codes.

The CMO documented the evaluation of effectiveness for some interventions. One intervention, face-to-face provider visits requesting the use of CPT II codes, had a documented quantitative evaluation in which the CMO reported, "The providers that were asked to utilize the CPT II codes had higher rates of compliance for WCC than the providers who did not have a face-to-face visit." This type of evaluation should be conducted and documented for each intervention. Documentation of evaluation results should include the specific subgroup rates compared as part of an evaluation. For example, for the provider visit intervention, the CMO should report the rate among providers who received the visit versus the rate among providers who did not receive the visit.

Comprehensive Diabetes Care

**Table 2-8—Performance Improvement Project Outcomes
for Comprehensive Diabetes Care**

Study Indicator	Baseline Period (1/1/11–12/31/11)	Remeasurement 1 (1/1/12–12/31/12)	Remeasurement 2 (1/1/13–12/31/13)	Sustained Improvement [^]
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c control < 7.0%.	32.4%	32.4%	30.1%	NA
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a LDL-C control < 100mg/ml.	25.2%	28.1%	28.9%	NA
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a BP control < 140/90 mmHg.	51.6%	51.6%	56.9%	NA
NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed.				
[^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period's results must reflect statistically significant improvement when compared to the baseline results for all study indicators.				

There were no statistically significant changes in the study indicator rates at Remeasurement 2 for the *Comprehensive Diabetes Care* PIP. The rate for Study Indicator 1 (HbA1c control < 7.0%) decreased by 2.3 percentage points, the rate for Study Indicator 2 (LDL-C control < 100 mg/ml) increased by 0.8 percentage point, and Study Indicator 3 (BP control < 140/90 mmHg) increased by 5.3 percentage points. The CMO's rates fell below the CY 2013 DCH goals of 36.7 percent (HbA1c control < 7.0%), 35.9 percent (LDL-C control < 100 mg/ml), and 63.5 percent (BP control < 140/90 mmHg), respectively. The rate for Study Indicator 1 fell below the 25th percentile of the national Medicaid HEDIS 2012 rates, and the rates for Study Indicators 2 and 3 were slightly higher than the 25th percentile.

A critical review of WellCare's quality improvement processes revealed several factors that contributed to a lack of significant improvement in the study indicators.

The CMO summarized barriers using a fishbone diagram; however, the PIP documentation did not include any quantitative data or specific data analysis results to support the identified barriers. The fishbone diagram included the following barriers: lack of member willingness, awareness, and skills to manage diabetes; lack of provider awareness of HEDIS requirements; lack of provider awareness of member noncompliance; inaccurate contact information for diabetic patients; and lack of provider incentive. WellCare did not describe a process for identifying high-priority barriers and did not rank barriers in order of priority.

WellCare implemented both member- and provider-focused interventions based on its causal/barrier analysis findings. The CMO implemented the following interventions:

- ◆ Laboratory follow-up by the QI Department to determine results of laboratory tests listed on the quarterly “labs with no result” lists.
- ◆ Distribution of noncompliant member lists to provider offices.
- ◆ HEDIS Education Screening Program—WellCare identified members with a care gap during the calendar year based on claims data. Registered nurses (RNs) across the company contacted those diabetic members with care gaps. During the call, the nurse provided education and assisted with making an appointment to visit the provider’s office.
- ◆ A HEDIS care gap database and tracking tool, which alerts WellCare staff of any due/past due services during inbound/outbound telephone contact with the member.
- ◆ Training on glucometer use for members enrolled in the disease management program.
- ◆ Enhanced care plans implemented by the disease management program to support more individualized care and education, resulting in better self-management. These plans incorporate member-identified needs and identify specific, measurable, attainable, relevant, and time-bound (SMART) goals to facilitate self-management. The plans are shared with the member’s provider.
- ◆ Contracted with AVESIS, an external vendor, to increase outreach capability through telephone calls and postcards.

While WellCare reported the implementation status of each intervention, the CMO did not document any intervention-specific results used to guide decisions about continuing or discontinuing the interventions. The documentation did not include any evaluation methods or results for the interventions. Although the PIP documentation included an additional intervention table with an "Analysis" column, the documentation in this column did not describe any evaluation linking intervention implementation to study indicator performance. Each intervention should be accompanied by an effectiveness evaluation, with methods and quantitative results documented in the PIP.

Avoidable Emergency Room Visits

**Table 2-9—Performance Improvement Project Outcomes
for Avoidable Emergency Room Visits**

Study Indicator	Baseline Period (1/1/11–12/31/11)	Remeasurement 1 (1/1/12–12/31/12)	Remeasurement 2 (1/1/13–12/31/13)	Sustained Improvement [^]
1. The percentage of ER visits for “avoidable” diagnoses (dx382–Acute Suppurative otitis:382.9–Unspecified otitis:462–Acute pharyngitis:465.9–Acute upper respiratory infection:466 –Acute bronchitis:786.2–Cough) among members under 21 years of age who had a visit to the ED in three selected Children’s Healthcare of Atlanta facilities in the Atlanta region.	12.1%	14.8%	15.0%	NA
Study Indicator	Baseline Period (1/1/13–12/31/13)	Remeasurement 1 (1/1/14–12/31/14)	Remeasurement 2 (1/1/15–12/31/15)	Sustained Improvement [^]
2. The percentage of ER visits for “avoidable” diagnoses (dx382–Acute Suppurative otitis: 382.9–Unspecified otitis: 462–Acute pharyngitis: 465.9– Acute upper respiratory infection: 466 – Acute bronchitis: 786.2–Cough) among members under 21 years of age who had a visit to the ED in selected hospitals in the CMO’s expansion population.*	*			NA
* The CMO did not report baseline data for Study Indicator 2.				
NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed.				
[^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period’s results must reflect statistically significant improvement when compared to the baseline results for all study indicators.				

In CY 2013, for the *Avoidable Emergency Room Visits* PIP, WellCare collected Remeasurement 2 data for Study Indicator 1, the percentage of ER visits for avoidable diagnoses in select facilities in the Atlanta region. The CMO should have also collected baseline data for Study Indicator 2 (the percentage of ER visits for avoidable diagnoses in select hospitals in the CMO’s expansion population) during CY 2013; however, WellCare did not report baseline data for Study Indicator 2. The rate for Study Indicator 1 increased from baseline to Remeasurement 1 and from Remeasurement 1 to Remeasurement 2. Because the avoidable ER visits rate was an inverse study indicator, for which a lower rate is better, the increases from baseline to Remeasurement 2 demonstrated a decline in performance.

A critical analysis of WellCare’s improvement strategies identified several shortcomings in the PIP that resulted in a lack of improvement. The CMO’s UMAC, QIC, and HEDIS Steering Committee collaborated to identify barriers. Barriers were summarized in a fishbone diagram; high-priority barriers were not distinguished in the PIP documentation. As with other WellCare PIPs, no analysis results or quantitative data to support the barriers were identified for the

Avoidable Emergency Room Visits PIP. The identified barriers included: lack of provider awareness of member emergency room (ER) visits, providers not offering members guidance on handling after-hours care needs, lack of member awareness of after-hours and urgent care facilities, and lack of member understanding of what conditions warrant an ER visit.

To address provider-based barriers, the CMO conducted a Webinar with providers to discuss the *Avoidable Emergency Room Visits* PIP and increase provider awareness of member ER usage. WellCare implemented three member-focused interventions including:

- ◆ Targeted distribution to members of a “Before the ER” step-by-step plan for when an emergency occurs.
 - Step 1: PCP information and a list of conditions appropriate for PCP care.
 - Step 2: Nurse advice line information and Web site to identify nearby urgent care facilities.
 - Step 3: Local urgent care facility information.
 - Step 4: Local ER facility information and a list of life-threatening conditions that warrant an ER visit.
- ◆ Distribution of “ER Tool Kits” through high-volume provider practices, to enhance member knowledge of when and where to seek urgent versus emergent care. The tool kits included:
 - Centers for Disease Control and Prevention (CDC) “Get Smart” materials: posters, prescription pads, and brochures.
 - Pre-populated flyers and posters providing office hours, local urgent care facility information, and local pharmacy information.
 - Materials providing advice for seeking care after-hours.
- ◆ Targeted outreach to members who visited the ER. Members were educated on their PCP contact information, benefits such as the nurse advice line, and what conditions warrant an ER visit. High ER utilizers were referred to field short-term case management and, when appropriate, members were referred to complex case management.

As WellCare did not report baseline data for the correct Study Indicator 2 (the percentage of ER visits for avoidable diagnoses in select hospitals in the CMO’s expansion population), the CMO did not document any interventions that were tailored to the expansion population.

WellCare provided insufficient information on the impact of the interventions on the PIP outcomes. The CMO did not fully document evaluation processes and results used to evaluate intervention effectiveness. While the CMO provided some qualitative information about how the interventions were received by providers and how some interventions would be revised, the PIP documentation did not include any quantitative evaluation results. Additionally, the CMO provided no information on how the impact of one intervention, the “Before the ER” step-by-step member plan, was assessed and whether or not this strategy would be continued. HSAG recommends WellCare investigate the reasons for the repeated decline in study indicator performance and, based on drill-down analyses and intervention-specific evaluation, identify and implement new strategies to improve performance.

Member Satisfaction

**Table 2-10—Performance Improvement Project Outcomes
for Member Satisfaction**

Study Indicator	Baseline Period (1/1/13–5/31/13)	Remeasurement 1 (1/1/14–5/31/14)	Sustained Improvement [^]
The percentage of respondents who rate the health plan an 8, 9, or 10 in response to the question “Using any number from 0–10, where 0 is the worst health plan and 10 is the best, what number would you use to rate your child’s health plan?”	88.3%	87.5%	NA
NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed.			
[^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period’s results must reflect statistically significant improvement when compared to the baseline results for all study indicators.			

At the first remeasurement for the *Member Satisfaction* PIP, WellCare reported a decline in the rate of member satisfaction. The rate of respondents giving WellCare a score of “8” or higher declined 0.8 percentage point from baseline to Remeasurement 1.

A critical assessment of the improvement strategies WellCare used for the *Member Satisfaction* PIP suggested several factors that contributed to the lack of improvement demonstrated at the first remeasurement. WellCare documented the involvement of its UMAC, QIC, HEDIS Steering Committee, and CAHPS Committee in the causal/barrier analysis process for the *Member Satisfaction* PIP. The committees identified barriers through data analysis and process review. The CMO used a Force Field Analysis to summarize identified barriers and interventions.

The CMO continued the following ongoing interventions:

- ◆ To address member care gaps, WellCare implemented HEDIS Tool Kits to provide member-centric talking points to Community Relations staff and outreach nurses who contact members identified as having due/past due services.
- ◆ To address a lack of in-network providers and specialists, WellCare continued year-round provider recruiting, worked with a vendor to identify specialists contracted with other payors, launched a partnership to provide telemedicine services, and removed prior authorization requirements for most procedures.
- ◆ To address WellCare not being a strong presence in the community, the CMO implemented Enhanced Community Outreach, a collaborative relationship with community advocacy partners.
- ◆ Lack of member awareness of recent CMO improvements
- ◆ Member opinion of Customer Service courtesy and respect

The CMO initiated four interventions during CY 2013, which included:

- ◆ Increased the number of open provider panels by 20 percent to enhance member access to providers.

- ◆ Sent out a letter to members to increase awareness of the changes WellCare implemented in order to improve member satisfaction.
- ◆ Provided “soft skill” training to customer service staff to meet members’ expectations of courtesy and respect.
- ◆ Launched a series of member mailings to change member perceptions of the CMO’s services.

Despite the many documented interventions, WellCare did not achieve improvement in overall member satisfaction. The CMO documented that the interventions would be discussed by the CAHPS Committee, in relation to the Remeasurement 1 results; however, WellCare did not document any planned or implemented intervention revisions. HSAG recommends that the CMO determine an evaluation plan for each intervention and document evaluation results as part of the PIP. The evaluation results should be used to guide the CMO's decisions to continue, expand, revise, or abandon interventions.

Postpartum Care

**Table 2-11—Performance Improvement Project Outcomes
for Postpartum Care**

Study Indicator	Baseline (1/1/12–12/31/12)	Remeasurement 1 (1/1/13–12/31/13)	Sustained Improvement [^]
The percentage of deliveries of live births by members that were followed by a postpartum visit on or between 21 and 56 days after delivery.	62.5%	63.2%	NA
NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed. [^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period’s results must reflect statistically significant improvement when compared to the baseline results for all study indicators.			

For the first remeasurement of the *Postpartum Care* PIP, WellCare reported a non-statistically significant improvement of 0.7 percentage point. The Remeasurement 1 rate fell below the 2013 DCH target rate of 71.1 percent and below the 50th percentile of the national Medicaid HEDIS 2012 rates.

Critical examination of WellCare’s quality improvement processes identified several deficiencies in the CMO’s approach, leading to a lack of statistically significant improvement in the study indicator.

WellCare continued its practice of documenting barriers and interventions without providing quantitative data or analysis results to support conclusions for the *Postpartum Care* PIP. The CMO reported that it used a “fishbone analysis” for the causal/barrier analysis; however, the specific data and process used in this analysis were not identified. Additionally, no process for prioritizing barriers was described, and high-priority barriers were not distinguished from other barriers. Lastly, most of the interventions documented for the PIP were linked to barriers that

were not listed on the fishbone diagram. The CMO documented the following interventions and associated barriers:

- ◆ To address lack of member awareness, WellCare implemented reminder calls for scheduled postpartum appointments.
- ◆ To provide members an incentive for completing a timely visit, the CMO offered a “maternity rewards program.” Members could select a stroller or play yard after completion of a timely postpartum visit.
- ◆ To stress the importance of the postpartum visit, WellCare contracted with a vendor to conduct comprehensive outreach to members during and after the pregnancy.
- ◆ To address lack of coordination, WellCare issued a “Welcome Home Report” for each member recently discharged after delivery. Case managers and the High Risk Obstetrics (OB) team used these reports to plan transitional interventions, including scheduling the postpartum visit.
- ◆ To address social service needs and facilitate coordination of care, the CMO facilitated member outreach by OB social workers.
- ◆ To provide integrated care and meet individual member needs, WellCare offered OB short-term case management, which provided appropriate assessments and referrals.
- ◆ The Community Relations department hosted postpartum events to promote the importance of timely postpartum visits.
- ◆ To address provider awareness of HEDIS specifications for the timing of the postpartum visit, WellCare received assistance from the Obstetrics and Gynecology (OB/GYN) Society to provide education to specialists.

WellCare provided insufficient information about the interventions implemented. The CMO reported only the calendar year for the intervention implementation dates and did not provide specific start dates; it was unclear whether interventions were implemented for only part of the identified measurement period or for the entire year. Accurate and consistent documentation of implementation dates is important as part of the process to evaluate intervention effectiveness. Complete start and end dates allow the CMO to better link implementation of specific interventions to changes in the study indicators. Beyond incomplete implementation dates, WellCare failed to describe *any* evaluation methods or results for the *Postpartum Care* PIP interventions. The CMO must document an evaluation specific to each intervention, as part of ongoing causal/barrier analyses, to support data-driven decisions about future improvement strategies that will promote statistically significant improvement in outcomes.

Provider Satisfaction

**Table 2-12—Performance Improvement Project Outcomes
for Provider Satisfaction**

Study Indicator	Baseline Period (8/1/12–10/31/12)	Remeasurement 1 (6/1/13–8/31/13)	Sustained Improvement [^]
The percentage of providers answering, “Very satisfied” or “Somewhat satisfied” to Q42 - “Please rate your overall satisfaction with WellCare of Georgia.”	81.0%	69.5%↓*	NA
<p>↓* Designates statistically significant decline in performance over the prior measurement period (p value < 0.05).</p> <p>NA Statistically significant improvement over baseline and a subsequent measurement must occur for all study indicators before sustained improvement can be assessed.</p> <p>[^] Sustained improvement is defined as statistically significant improvement in performance over baseline for all study indicators that is maintained or increased for at least one subsequent measurement period. Additionally, the most current measurement period’s results must reflect statistically significant improvement when compared to the baseline results for all study indicators.</p>			

In the *Provider Satisfaction* PIP, WellCare reported a statistically significant decline of 11.5 percentage points in the rate of overall provider satisfaction from baseline to Remeasurement 1.

A critical review of WellCare’s PIP documentation yielded a number of areas of the quality improvement process that require further development to achieve the desired outcomes. Based on the PIP documentation, the CMO needs to revisit the processes used for causal/barrier analyses, intervention development and revision, and evaluation of intervention effectiveness.

The documentation for the causal/barrier analysis process used in the *Provider Satisfaction* PIP lacked detail on the processes and tools used. While the CMO attached the vendor’s survey report for the baseline results, including a drill-down analysis, WellCare did not directly link the survey results to identified barriers. The CMO also did not describe a process for prioritizing or identifying high-priority barriers.

WellCare’s interventions implemented during the Remeasurement 1 period to improve provider satisfaction included the following:

- ◆ To address provider awareness of HEDIS specifications for the timing of the postpartum visit, WellCare received assistance from the OB/GYN Society to provide education to specialists.
- ◆ WellCare developed “Closed Panel Procedures” to formalize the process of removing providers from the CMO’s provider directory when they close their panels.
- ◆ The CMO created six Hospital Service Specialist positions, one in each region of the State, to improve customer service for hospitals.
- ◆ WellCare collected and verified e-mail addresses for high-volume PCPs to facilitate rapid dissemination of information to providers.
- ◆ To address unnecessary emergency room utilization by members, WellCare doubled its network of urgent care centers.
- ◆ The CMO completed in-person provider visits to deliver care gap reports; the visits helped to develop rapport with providers and make the care gap information more useful. The in-

person visits included an explanation of how providers can use the report to address health concerns in the member population.

WellCare's omissions in the documented causal/barrier analysis process were accompanied by a lack of documented intervention-specific evaluation. The CMO's PIP documentation did not include a process for the evaluation of intervention effectiveness or quantitative evaluation results for each intervention. Process improvements, based on quality improvement science, in the areas of barrier identification and ongoing evaluation of intervention effectiveness are necessary before WellCare can expect to achieve the desired improvement in outcomes.

Conclusions

WellCare demonstrated a thorough application of the PIP Design stage (Activities I through VI). The sound study design for eight of the 10 PIPs created the foundation for the CMO to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. WellCare appeared to appropriately select and conduct the sampling and data collection activities. These activities ensured that the CMO properly defined and collected the necessary data to produce accurate study indicator rates.

While WellCare documented sound study designs for its PIPs, it only achieved real and sustained improvement for one of the 10 PIPs. The CMO's documentation of the barrier identification process did not include supporting data or analysis results. The CMO also failed to identify priority barriers and narrow the focus of interventions toward those barriers. Additionally, quantitative, intervention-specific evaluations of effectiveness were lacking from all of the PIPs; WellCare's decisions about revising or continuing interventions were not based on a solid foundation of evaluation and data analysis. To achieve desired improvement in outcomes, causal/barrier analyses and ongoing intervention evaluations, based on sound quality improvement science, are necessary.

Recommendations

HSAG recommends that WellCare:

- ◆ Ensure that all data components reported in each PIP are accurate and consistently documented throughout the PIP, and align with the data reported in the CMO's final report audit.
- ◆ Ensure that all statistical testing is done correctly and the documentation of the statistical testing outcomes is accurate and consistent throughout the PIP.
- ◆ Conduct causal/barrier and drill-down analyses more frequently than annually and incorporate quality improvement science such as PDSA cycles into its improvement strategies and action plans. The data and results of specific PDSA cycles should be included in the PIP documentation.
- ◆ Identify barriers through quantitative data analysis. Data to support identified barriers should be documented in the PIP Summary Form.
- ◆ Have a process for identifying high-priority barriers or ranking barriers in order of priority. The prioritization process and results should be documented in the PIP Summary Form.
- ◆ Interventions should be targeted at high-priority barriers, rather than trying to address every identified priority with limited resources.

- ◆ Ensure that each intervention is directly linked to an identified barrier and to the study indicators. Additionally, the full implementation dates should be documented for each intervention. All interventions should directly impact the study indicator.
- ◆ Evaluate the efficacy of each intervention to determine if it is being successfully implemented and achieving the desired goal. The results of each intervention's evaluation for each remeasurement period should be included in the PIP.
- ◆ Design small-scale tests coupled with analysis of results to determine the success of the intervention. If the small-scale test results suggest that the intervention has been unsuccessful, the CMO should determine: (1) if the true root cause was identified—if not, the CMO should conduct another causal/barrier analysis to isolate the true root cause or issue that is impacting improvement; and (2) if the interventions need to be revised because a new root cause was identified or the intervention was unsuccessful.
- ◆ Synthesize the results of intervention-specific evaluations with regular causal/barrier analyses to develop a complete picture of each PIP's progress toward improvement goals. If evaluation results suggest that individual interventions are successful but the study indicator rate(s) did not improve, the CMO should incorporate this information into further drill-down analyses to identify the true root causes of the lack of improvement.

APPENDIX A. **PIP-SPECIFIC VALIDATION SCORES**
for WellCare of Georgia, Inc.

Table A-1—WellCare of Georgia, Inc.'s SFY 2015 PIP Performance

Percentage of Applicable Evaluation Elements Scored <i>Met</i>											
PIP Stage	Activity	Adolescent Well-Care Visits	Annual Dental Visits	Appropriate Use of ADHD Medications	Childhood Immunizations —Combo 10	Childhood Obesity	Comprehensive Diabetes Care	Avoidable Emergency Room Visits	Member Satisfaction	Postpartum Care	Provider Satisfaction
Design	Appropriate Study Topic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Clearly Defined, Answerable Study Question(s)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Correctly Identified Study Population	100%	67%	100%	100%	100%	100%	50%	100%	100%	100%
	Clearly Defined Study Indicator(s)	100%	83%	100%	100%	100%	100%	60%	80%	83%	100%
	Valid Sampling Techniques (if sampling was used)	100%	<i>Not Applicable</i>	<i>Not Applicable</i>	83%	100%	100%	<i>Not Applicable</i>	100%	100%	100%
	Accurate/Complete Data Collection	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%
Design Total		100%	91%	100%	97%	100%	100%	80%	96%	97%	100%
Implementation	Sufficient Data Analysis and Interpretation	78%	63%	75%	78%	78%	78%	50%	89%	89%	78%
	Appropriate Improvement Strategies	50%	25%	67%	75%	75%	67%	50%	50%	50%	25%
Implementation Total		69%	50%	73%	77%	77%	75%	50%	77%	77%	62%
Outcomes	Real Improvement Achieved	50%	25%	50%	100%	100%	25%	25%	25%	50%	25%
	Sustained Improvement Achieved	0%	<i>Not Assessed</i>	<i>Not Assessed</i>	100%	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Outcomes Total		40%	25%	50%	100%	100%	25%	25%	25%	50%	25%
Validation Status		<i>Not Met</i>	<i>Not Met</i>	<i>Not Met</i>	<i>Met</i>	<i>Met</i>	<i>Not Met</i>	<i>Not Met</i>	<i>Not Met</i>	<i>Not Met</i>	<i>Not Met</i>