



State of Georgia  
Department of Community Health  
Georgia Families Program

**CY 2016 Performance Improvement  
Projects Report**  
*for*  
**WellCare of Georgia, Inc.**

*Reported June 2017*



## Table of Contents

<b>1. Background .....</b>	<b>1-1</b>
PIP Components and Process .....	1-3
Summary .....	1-4
Validation Overview .....	1-5
<b>2. Findings .....</b>	<b>2-1</b>
Validation Findings .....	2-1
Appropriate Use of ADHD Medications .....	2-1
Comprehensive Diabetes Care .....	2-3
Member Satisfaction.....	2-6
Provider Satisfaction .....	2-9
<b>3. Conclusions and Recommendations.....</b>	<b>3-1</b>
Conclusions .....	3-1
Recommendations .....	3-1
<b>Appendix A. PIP Performance Summary Table.....</b>	<b>A-1</b>
<b>Appendix B. PIP-Specific Module Feedback Forms .....</b>	<b>B-1</b>



## Acknowledgements and Copyrights

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## 1. Background

The Georgia Department of Community Health (DCH) is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the State of Georgia. The State refers to its CHIP program as PeachCare for Kids<sup>®</sup>. Both programs include fee-for-service (FFS) and managed care components and deliver services through a statewide provider network. The FFS program has been in place since the inception of Medicaid in Georgia. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to certain categories of members enrolled in the State's Medicaid and PeachCare for Kids<sup>®</sup> programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360<sup>°</sup> (GF 360<sup>°</sup>) managed care program. The Georgia Families (GF) program, implemented in 2006, serves all other Medicaid and PeachCare for Kids<sup>®</sup> managed care members not enrolled in the GF 360<sup>°</sup> program.

The DCH requires its contracted CMOs 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. The PIPs are expected to have a favorable effect on health outcomes and member satisfaction. The 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 evaluation of a CMO's compliance with State and federal regulations and the validation of a CMO's performance measure rates are the other two mandated activities.

These three mandatory activities work together to assess a CMO's 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 healthcare, the calculation and reporting of performance measure rates provide a barometer of the quality and effectiveness of the care. The DCH requires each CMO to initiate PIPs to improve the quality of healthcare in targeted areas of low performance, or in areas identified as State priorities or healthcare issues of greatest concern. During calendar year (CY) 2016, DCH required its CMOs to conduct two clinical and two nonclinical PIPs and submit the final PIP modules for annual validation in 2017. PIPs are key tools in helping DCH achieve goals and objectives outlined in its quality strategy; they provide the framework for monitoring, measuring, and improving the delivery of healthcare.

The purpose of a PIP is to assess and improve processes, and thereby outcomes of care. For such projects to achieve real and meaningful improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner. 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.

In response to feedback and input from DCH, HSAG developed the rapid-cycle PIP framework in 2014 based on a modified version of the Model for Improvement developed by Associates in Process Improvement<sup>1-1</sup> and applied to healthcare quality activities by the Institute for Healthcare Improvement.<sup>1-2</sup> The rapid-cycle PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous improvement focused on small tests of change. The methodology focuses on evaluating and refining small process changes to determine the most effective strategies for achieving real improvement. For CY 2016, the CMOs in Georgia continued to use HSAG's rapid-cycle PIP process. The DCH instructed the CMOs to conduct their rapid-cycle improvement projects over a 12-month period.

To support the efforts of DCH and the CMOs, HSAG provided various forms of guidance for the rapid-cycle improvement projects including:

- A detailed Companion Guide describing the rapid-cycle PIP framework and the requirements for each module submission.
- Forms for the CMOs to document their progress through the different stages of the new PIP process for each of the five modules.
- Corresponding validation feedback forms for communicating validation findings on each module back to the CMOs and DCH.
- A presentation and interactive critical-thinking activity related to developing innovative and fundamental changes for performance improvement during the Georgia Families 2016 CMO Conference.
- Extensive technical assistance via conference calls with the CMOs and DCH throughout the 12-month project period.

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<sup>1-1</sup> Associates in Process Improvement. Model for Improvement. Available at: <http://www.apiweb.org/> Accessed on: May 10, 2017.

<sup>1-2</sup> Institute for Healthcare Improvement. How to Improve. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: Sept 24, 2015.

To ensure methodological soundness while meeting all state and federal requirements, HSAG follows guidelines established in the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>1-3</sup> In 2014, HSAG provided CMS with a crosswalk of the rapid-cycle PIP framework to the CMS PIP protocols in order to illustrate how the rapid-cycle PIP framework met the CMS requirements.<sup>1-4</sup> Following HSAG's presentation of the crosswalk and new PIP framework components to CMS, CMS agreed that with the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern PIPs within healthcare settings, a new approach was reasonable. CMS approved HSAG's rapid-cycle PIP framework for validation of the Georgia Families and Georgia Families 360° CMOs' PIPs.

HSAG's validation of rapid-cycle PIPs includes the following key components of the quality improvement process:

1. Evaluation of the technical structure to determine whether a PIP's initiation (e.g., topic rationale, PIP team, aim, key driver diagram, and SMART Aim data collection methodology) was based on sound methods and could demonstrate reliably positive outcomes. Successful execution of this component ensures accurately reported PIP results that are capable of measuring sustained improvement.
2. Evaluation of the quality improvement activities conducted. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing and evaluation using iterative PDSA cycles, and sustainability and spreading of successful change. This component evaluates how well the CMO executed its quality improvement activities and whether the desired aim was achieved.

The goal of HSAG's PIP validation is to ensure that DCH and key stakeholders can have confidence that any reported improvement in outcomes is related and can be directly linked to the quality improvement strategies and activities conducted by the CMO during the life of the PIP.

## PIP Components and Process

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing measures, determining interventions, testing interventions, and spreading successful changes. The core component of the rapid-cycle approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the

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<sup>1-3</sup> 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. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

<sup>1-4</sup> Ibid.

improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The following outlines the rapid-cycle PIP framework.

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework follows the Associates in Process Improvement’s (API’s) Model, which was popularized by the Institute for Healthcare Improvement, by:
  - Precisely stating a project-specific SMART Aim (specific, measurable, attainable, relevant and time-bound) including the topic rationale and supporting data so that alignment with larger initiatives and feasibility are clear.
  - Building a PIP team consisting of internal and external stakeholders.
  - Completing a key driver diagram which summarizes the changes that are agreed upon by the team as having sufficient evidence to lead to improvement.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized, and the data collection methodology is described. SMART Aim data are displayed in run charts.
- **Module 3—Intervention Determination:** In Module 3, there is a deeper dive into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions, in addition to those in the original key driver diagram, are identified for PDSA cycles (Module 4) using tools such as process mapping, failure modes and effects analysis (FMEA), Pareto charts, and failure mode priority ranking.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** Module 5 summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, plans for evaluating sustained improvement and expansion of successful interventions, and lessons learned.

## Summary of WellCare’s Performance

For CY 2016, WellCare submitted four PIPs for validation. The PIPs were validated using HSAG’s rapid-cycle PIP validation process. The PIP topics included:

- *Appropriate Use of ADHD [Attention Deficit Hyperactivity Disorder] Medications*
- *Comprehensive Diabetes Care*
- *Member Satisfaction*
- *Provider Satisfaction*

WellCare followed the PIP methodology as identified in the rapid-cycle PIP Companion Guide provided by HSAG. For each PIP conducted in CY 2016, WellCare defined a SMART Aim statement that identified the narrowed population and process to be evaluated, set a goal for improvement, and defined the indicator used to measure progress toward the goal. The SMART Aim statement sets the framework

for the PIP and identifies the goal against which the PIP will be evaluated for the annual validation. HSAG provided the following parameters to WellCare for establishing the SMART Aim for each PIP:

- **S**pecific: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **M**easurable: The indicator to measure the goal: What is the measure that will be used? What is the current data figure (i.e., count, percent, or rate) for that measure? What do you want to increase/decrease that number to?
- **A**ttainable: Rationale for setting the goal: Is the achievement you want to attain based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **R**elevant: The goal addresses the problem to be improved.
- **T**ime-bound: The timeline for achieving the goal.

Table 1-1 outlines the PIP topics and final CMO-reported SMART Aim statements for the eight PIPs. The CMO was to specify the outcome being measured, the baseline value for the outcome measure, a quantifiable goal for the outcome measure, and the target date for attaining the goal. WellCare developed a SMART Aim statement that quantified the improvement sought for each PIP.

**Table 1-1—PIP Titles and SMART Aim Statements**

PIP Title	SMART Aim Statement
<i>Appropriate Use of ADHD Medications</i>	By December 31, 2016, increase the rate of 30-day follow-up visits among members who are in the care of seven selected practices and are newly prescribed an ADHD medication therapy, from an average of 29.0% to 39.0%.
<i>Comprehensive Diabetes Care</i>	By December 31, 2016, increase the rate of diabetic retinal eye (DRE) exams among diabetic members 18–75 years of age who are assigned to one of the three selected providers, from 20.0% to 30.0%.
<i>Member Satisfaction</i>	By December 31, 2016, we will increase the percentage of members participating in New Member Orientation Sessions in Gwinnett County, from 1.4% to 3.4%.
<i>Provider Satisfaction</i>	By December 31, 2016, increase the rate of Provider Satisfaction among providers in the Southwest Region who answer “excellent” or “very good,” from 54.8% to 59.8%.

## Validation Overview

HSAG obtained the data needed to conduct the PIP validation from WellCare’s module submission forms. These forms provided detailed information about each of WellCare’s PIPs and the activities completed in Modules 1 through 5.

WellCare submitted Modules 1 through 3 for each PIP in CY 2016 for validation. The CMO initially submitted Modules 1 and 2, received feedback and technical assistance from HSAG, and resubmitted these modules until all validation criteria were met. WellCare followed the same process for Module 3. Once Module 3 was approved, the CMO initiated intervention testing in Module 4, which continued through the end of 2016.

HSAG offered WellCare the opportunity to submit a Module 4 plan for each PIP for pre-validation review and feedback to ensure a sound testing methodology for the Module 4 PDSA cycles. The Module 4 plan consists of a description of the intervention being tested, a narrative justification describing why the CMO selected the intervention for testing, the CMO's plan for carrying out the intervention, and the intervention evaluation plan, including data collection methodology. The CMO chose to submit Module 4 documentation for pre-validation for all four PIPs. HSAG provided detailed, written feedback on the Module 4 plans for the PIPs and additional technical assistance by teleconference, as needed. WellCare submitted Modules 4 and 5 to HSAG on January 31, 2017, for annual validation.

The scoring methodology evaluates whether the CMO executed methodologically sound improvement projects, whether each PIP's SMART Aim goal was achieved, and whether improvement was clearly linked to the quality improvement processes applied in each project. HSAG assigned a score of *Achieved* or *Failed* for each of the criteria in Modules 1 through 5. Any validation criteria that were not applicable were not scored. HSAG used the findings for the Modules 1 through 5 criteria for each PIP to determine a confidence level representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG assigned a level of confidence and reported the overall validity and reliability of the findings as one of the following:

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

### Validation Findings

HSAG organized and analyzed WellCare’s PIP data to draw conclusions about the CMO’s quality improvement efforts. Based on its review, HSAG determined the overall methodological validity of the PIPs, as well as the overall success in achieving the SMART Aim goals. The validation findings for WellCare’s PIPs are presented in Table 2-1 through Table 2-8. The tables display HSAG’s key validation findings for each of the PIPs including the interventions tested, the key drivers and failure modes addressed by the interventions, and the impact of the interventions on the desired SMART Aim goals.

For each PIP, HSAG evaluated the appropriateness and validity of the intervention-testing measure(s), SMART Aim measure, and data collection methods, and assessed the reported SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the SMART Aim run charts were used to determine whether the SMART Aim goal was achieved.

### Appropriate Use of ADHD Medications

WellCare’s goal for the *Appropriate Use of ADHD Medications* PIP was to identify and test interventions to improve the 30-day follow-up appointment compliance rate among members 6–12 years of age who received an initial ADHD medication prescription from one of seven participating provider practices. The SMART Aim goal was achieved, and the intervention was linked to the demonstrated improvement; however, the CMO failed to update the SMART Aim statement to reflect changes in the number of participating providers and recalculate the baseline and goal rates for the SMART Aim measure. The PIP was assigned a level of *Confidence*. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-1 below provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-1—SMART Aim Measure Results for *Appropriate Use of ADHD Medications***

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of children 6 to 12 years of age who complete a follow-up visit within 30 days of the initial fill of ADHD medication from the 7 selected provider practices	29.0%	39.0%	56.6%	<i>Confidence</i>

WellCare established a goal of improving the follow-up visit rate among members 6 to 12 years old who received an initial prescription for ADHD medication from one of seven selected provider practices by 10 percentage points, from 29.0 percent to 39.0 percent. The CMO reported six consecutive monthly measurements of the SMART Aim measure that exceeded the goal rate of 39.0 percent. Because WellCare documented that only four of the seven provider practices actively participated in the PIP and provided data for the SMART Aim measure, HSAG calculated a revised baseline rate of 41.0 percent and goal rate of 51.0 percent using historical, provider-specific data documented by the CMO in Module 1 for the four actively participating provider practices. The SMART Aim measure rate exceeded the revised goal rate of 51.0 percent for four consecutive monthly measurements.

**Table 2-2—Intervention Testing  
for Appropriate Use of ADHD Medications**

Intervention	Key Driver Addressed	Failure Mode Addressed	Conclusions
Assigning a clinical HEDIS practice advisor (CHPA) to the selected provider practices to provide in-person education on the required follow-up visit within 30 days after initial ADHD medication prescription fill	Provider knowledge or interpretation of best-practice guidelines that require new ADHD medication follow-up visits to occur within 30 days of the initial prescription fill for newly diagnosed children	Provider not aware of the NCQA requirements of the initial follow-up visit to occur in < 30 days	The CMO adopted the intervention and decided to use CHPAs across the entire State to educate ADHD medication prescribers.

WellCare tested one intervention for the PIP: assigning a clinical HEDIS practice advisor (CHPA) to selected provider practices and providing in-person education and ongoing support to the provider practices regarding the HEDIS requirement for a follow-up visit within 30 days of an initial ADHD medication prescription fill.

To test the intervention, the CMO tracked monthly SMART Aim measurements (percentage of eligible members seen by the selected providers who filled an initial ADHD medication prescription and completed a follow-up visit within 30 days). The SMART Aim measure was appropriate for evaluating intervention effectiveness because all of the providers included in the measure received the intervention. The CMO concluded that the intervention was effective because the SMART Aim measure rate exceeded the goal rate of 39.0 percent for six consecutive monthly measurements following the intervention.

The CMO’s summary of test results was flawed because the CMO compared the monthly SMART Aim measurements to incorrect baseline and goal rates. Because three of the seven originally selected provider practices stopped participating in the PIP, the CMO should have compared the monthly measurements to recalculated baseline and goal rates, based on historical data from only the four participating practices. Using the practice-level historical data from Module 1, HSAG was able to

recalculate the baseline rate for the four provider practices that continued through the life of the PIP. HSAG calculated a corrected baseline rate of 41.0 percent and, using the CMO's goal of a 10 percentage point increase over baseline, a corrected goal rate of 51.0 percent. Using the corrected baseline and goal rates, the SMART Aim measure rate exceeded the goal rate of 51.0 percent for four consecutive monthly measurements, demonstrating that the intervention positively impacted the SMART Aim measure.

The CMO's decision to adopt and expand the intervention was supported by the SMART Aim measure results. The CMO documented the following lesson learned:

- The manual tracking process used to evaluate intervention effectiveness was resource-intensive for participating providers. The CMO is pursuing alternative tracking mechanisms that would reduce the provider burden.

Based on a thorough review and evaluation of WellCare's *Appropriate Use of ADHD Medications* PIP documentation, HSAG determined *Confidence* in the reported PIP results. The SMART Aim goal was achieved, and the intervention was linked to the demonstrated improvement; however, the CMO failed to update the SMART Aim statement to reflect changes in the number of participating providers. In future PIPs, WellCare should ensure that the SMART Aim statement and the baseline and goal rates for the SMART Aim measure are updated to reflect any changes that occur in the narrowed focus of the PIP. To accurately assess the success of the PIP at achieving the SMART Aim goal, the SMART Aim measure results must be evaluated against comparable baseline and goal rates focused on the same member or provider population. If a subgroup of members or providers leave the PIP and are not included in the SMART Aim measurements, this occurrence should be documented and the SMART Aim baseline and goal rates should be updated accordingly. The CMO should request technical assistance as needed to ensure changes in the SMART Aim population are addressed appropriately.

HSAG recommends that WellCare build on the improvement achieved through the PIP by continuing to monitor the ADHD 30-day follow-up visit rates with the participating provider practices, refining the intervention to address barriers encountered such as the manual intervention tracking process, and assessing for long-term, sustained improvement. Additionally, given the success of the intervention demonstrated with the four provider practices, HSAG supports the CMO's plans to explore avenues for gradually expanding the intervention to additional provider practices and facilities. WellCare should use carefully planned, methodologically sound PDSA cycles to test the intervention in new environments, gradually expanding the intervention to a wider population as further successful PDSA results are observed. The CMO should view successful PIP results as a step in the process of improving ADHD medication follow-up care on a larger scale, well beyond the initial, narrowed focus of the PIP.

### **Comprehensive Diabetes Care**

WellCare's goal for the *Comprehensive Diabetes Care* PIP was to identify and test interventions to improve the percentage of diabetic members residing in the North and Central regions of Georgia, assigned to one of three selected PCP offices, who had a retinal eye exam during the measurement year. The SMART Aim goal was achieved, and the quality improvement processes were clearly linked to the

demonstrated improvement; therefore, the PIP was assigned a level of *High Confidence*. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-3 provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-3—SMART Aim Measure Results  
for Comprehensive Diabetes Care**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of members 18 to 75 years of age residing in North and Central regions assigned to one of the three selected PCP offices that had a retinal eye exam during the measurement year	20.0%	30.0%	46.8%	<i>High Confidence</i>

The CMO established a goal of improving the percentage of diabetic members in the North and Central regions of Georgia, assigned to one of the three selected PCP offices, who had a retinal eye exam during the measurement year by 10 percentage points, from 20.0 percent to 30.0 percent. The SMART Aim measure rate exceeded the goal rate of 30.0 percent for three consecutive monthly measurements. The details of the improvement processes used and the interventions tested are presented in Table 2-4 and in the subsequent narrative description.

**Table 2-4—Intervention Testing  
for Comprehensive Diabetes Care**

Intervention	Key Driver Addressed	Failure Mode Addressed	Conclusions
Telephone outreach to diabetic members providing education about the need for a retinal eye exam	Diabetes awareness and education	Members did not keep their appointment for eye exams.	The CMO chose to adopt the intervention based on the analysis of findings, showing an upward trend in the monthly data from September 2016 through December 2016.
Test the implementation of portable RetinaVue scanners for performing retinal eye exams at a primary care provider (PCP) office	Provider engagement	Members did not keep their appointment for eye exams.	The CMO chose to adapt the intervention based on conversations with the participating PCP. Future tests will incorporate a stationary scanner instead of a hand-held scanner.

WellCare planned three interventions but tested only two. The CMO abandoned Intervention 1 prior to testing and tested the two remaining interventions for the PIP: Intervention 2—telephone outreach to educate diabetic members on the importance of retinal eye exams, and Intervention 3—partnering with a PCP office to offer retinal eye exams using a portable RetinaVue scanner. For Intervention 2, the CMO called eligible members, provided education on the need for retinal eye exams, and offered a referral to complete the exam with a local ophthalmologist. For Intervention 3, the CMO partnered with one of the three selected PCP offices to offer retinal eye exams in the PCP office during a routine diabetic care appointment. The PCP used a portable, handheld retinal scanner to complete the exams and sent the DRE image to an ophthalmologist for review.

To test Intervention 2, the CMO tracked an intervention-specific measure of members reached for telephone outreach and plotted the monthly percentage of completed DREs among members who received the outreach and education. The CMO set an intervention-specific goal of 30.0 percent that was specific to members who received Intervention 2 and was separate from the overall SMART Aim goal of 30.0, which included all eligible members, not just members who received Intervention 2. The monthly DRE rates among members who received the outreach intervention exceeded the intervention-specific goal rate of 30.0 percent (not the SMART Aim goal) for the four months of testing; and the rates demonstrated an increasing trend, with the final data point being more than 25.0 percentage points above the goal. The SMART Aim goal was also exceeded for three consecutive monthly measurements during Intervention 2 testing. The CMO concluded that Intervention 2 was successful, based on the testing results, and documented a plan to adopt and expand the intervention.

To test Intervention 3, the CMO partnered with one of the selected PCP offices to offer DREs, using the portable RetinaVue scanner, as part of routine diabetes care appointments at the PCP office. WellCare tracked process-level data on members assigned to the selected PCP office who were due for a DRE and determined which members received a DRE with the portable scanner. The CMO concluded that the portable scanner was not an effective intervention because the monthly percentage of members who received a DRE via the portable scanner at the PCP office during the five months of intervention testing was very low. Additionally, the participating PCP reported technical difficulties in using the portable scanner. Based on the testing results, the CMO planned to adapt the intervention and conduct future testing of the use of a stationary scanner in the PCP office.

At the conclusion of the PIP, WellCare documented the following lessons learned:

- Having a streamlined process to share member contact information between the CMO and providers will support member outreach efforts by improving access to reliable member contact information.
- The selected PCP found the portable DRE scanner difficult to use, and technical difficulties resulted in a low percentage of DREs being completed with the portable scanner.
- Based on the Intervention 2 testing results, diabetes awareness and education were effective tools for improving the DRE rate.

Following an extensive review and evaluation of WellCare's *Comprehensive Diabetes Care* PIP documentation, HSAG determined *High Confidence* in the reported PIP results. The SMART Aim goal of 30.0 percent for the DRE rate among all eligible members was exceeded for three consecutive

monthly SMART Aim measurements. The SMART Aim goal was achieved, and the quality improvement processes were clearly linked to the demonstrated improvement. Based on the PIP results, the CMO provided a sound rationale for choosing to adopt Intervention 2 and adapt Intervention 3 for further testing.

HSAG recommends that WellCare build on the success of the PIP by refining the improvement strategies using lessons learned and results of future PDSA cycles. WellCare should test the planned adaptations for Interventions 2 and 3 through carefully planned PDSA cycles. Each PDSA cycle should be initiated with a methodologically sound evaluation plan using a clearly defined testing measure to ensure meaningful and actionable testing results. The CMO should use PDSA cycles to gradually ramp up dissemination of Intervention 2, telephone outreach, to additional groups of members beyond the initial, narrowed focus of the PIP. If initial testing of the adapted Intervention 3 (use of a stationary scanner in the PCP office) shows promise, the CMO should follow a similar pattern of gradual expansion and continued testing to support further improvement. With the use of ongoing PDSA cycles, the CMO can continue to refine the interventions and adapt them, as necessary. The gradual expansion and refinement of the interventions will support improved diabetes care among members statewide.

### Member Satisfaction

WellCare’s goal for the *Member Satisfaction* PIP was to increase the percentage of members who participate in new member orientation after receiving an invitation to attend an orientation. Because the CMO did not report results that aligned with the approved SMART Aim measure methodology, the reported PIP results were not credible. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-5 provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-5—SMART Aim Measure Results  
for *Member Satisfaction***

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of new members invited to a new member orientation session who attended the orientation session	1.4%	3.4%	NR*	<i>Reported PIP results were not credible</i>

\* In the PIP conclusions described in Module 5, the CMO reported rates for a different measure that did not align with the SMART Aim statement or measure; therefore, HSAG could not determine the Highest Rate Achieved for the SMART Aim measure.

WellCare established a goal of increasing the percentage of members invited to attend a new member orientation, who attended an orientation session, by 2 percentage points, from 1.4 percent to 3.4 percent. The final results reported by the CMO in Module 5, at the conclusion of the PIP, did not align with the

goal or the approved SMART Aim measure. At the conclusion of the PIP, the CMO presented a run chart with raw numbers, rather than percentages, of members who attended a session plotted on the chart. The run chart did not reflect the goal rate of 3.4 percent; instead, the goal line on the run chart represented fluctuating numbers of members for each data point. Because the CMO did not follow the approved SMART Aim measure methodology, the final run chart in Module 5 could not be used to evaluate the success of the PIP by comparing the SMART Aim measurements to the established baseline and goal rates. The PIP did not demonstrate evidence of achieving the SMART Aim goal because the SMART Aim measurement methodology was flawed. The details of the improvement processes used and the interventions tested are presented in Table 2-6 and in the subsequent narrative description.

**Table 2-6—Intervention Testing  
for Member Satisfaction**

Intervention	Key Driver Addressed	Failure Mode Addressed	Conclusions
Updating process flows to include telephone outreach for members in Gwinnett County who did not respond to mailed invitations	Continuous improvement of established protocols related to member outreach and event notification	No plans in place if members do not receive invitations	The CMO reported that data integrity issues due to staff turnover and reporting inconsistencies did not allow for accurate assessment of the intervention’s effectiveness. The CMO decided to combine the intervention with another intervention and conduct a new test. The intervention was adapted.
Telephonic outreach combined with mailing postcards that were updated with marketing language designed to increase members’ interest in attending the session.	Continuous improvement of established protocols related to member outreach and event notification	Lack of member interest	The CMO reported the intervention was ineffective since the data remained static with no increase in attendance. The intervention was abandoned.
The CMO offered orientation sessions at various times, in the evening, and on weekends to accommodate new members’ schedules.	Flexible Member Orientation session times with consideration of work, transportation, and childcare	Time of the orientation	The CMO reported the intervention was deemed ineffective due to no increase in attendance. The intervention was abandoned.

Intervention	Key Driver Addressed	Failure Mode Addressed	Conclusions
Telephonic new member orientation	Member/Provider education and engagement	Work and life events conflict with scheduled orientation	The CMO reported that the testing period of one month was not long enough to determine the intervention’s effectiveness. As such, the CMO reported that it will adapt the intervention and determined that the intervention could be modified and deployed statewide to all members regardless of geographic location.

WellCare tested four interventions for the PIP: (1) updating process flows related to new member orientation to include telephone outreach for members who did not respond to a mailed new member orientation invitation, (2) new marketing language in the mailed orientation invitation and telephone follow-up for members who did not respond to the mailed invitation, (3) offering orientation sessions at various times in the evening, and on weekends to accommodate new members’ schedules, and (4) offering telephonic new member orientation sessions.

The CMO documented similar evaluation plans for the four interventions: comparing the number of members who were invited and/or outreached for member orientation sessions to the number of members who actually attended the sessions. HSAG identified issues in the CMO’s execution of the evaluations for Interventions 1 and 3. For Intervention 1, the CMO used a flawed data collection methodology and documented conflicting statements about the effectiveness of the intervention in the summary of findings. For Intervention 3, the CMO’s summary of evaluation findings did not align with the evaluation plan. The summary of findings included only the number of members who registered for the afternoon and evening orientation sessions and did not report the number of members who attended the orientation sessions. The CMO used a sound methodology for testing Intervention 2 and accurately reported the testing results; however, the testing results did not indicate any improvement in attendance at the new member orientation sessions. WellCare ultimately abandoned Interventions 1, 2, and 3 and chose to adapt Intervention 4 for further testing. The CMO documented the following lessons learned:

- The PIP results demonstrated that the failure modes identified in Module 3 did not encompass the true barriers to improving attendance at new member orientation sessions in Gwinnett County.
- Major contributors to low member participation in new member orientation sessions included competing priorities such as work- and school-related schedule conflicts on both weekdays and weekends.
- Based on the prevalence of scheduling conflicts, the CMO should use technology to provide increased flexibility in the mode of delivering member orientation sessions.

Based on a comprehensive review and evaluation of WellCare’s *Member Satisfaction* PIP documentation, HSAG determined that the PIP results were not credible. Because the CMO did not follow the approved SMART Aim measure methodology, the final run chart in Module 5 could not be used to evaluate the success of the PIP by comparing the SMART Aim measurements to the established baseline and goal rates. The PIP could not demonstrate whether the SMART Aim goal was achieved.

To avoid reporting results that are not credible for future PIPs, HSAG recommends that WellCare ensure clear and consistent communication of the SMART Aim statement and SMART Aim measure methodology to all PIP team members. The SMART Aim measure definition and the goal rate should be clearly documented and shared with all team members, especially those staff members who will be plotting, analyzing, and interpreting the SMART Aim measurements for the life of the PIP. The SMART Aim statement should provide an easy reference point for team members to understand the outcome being measured and the amount of improvement sought for the PIP. When documenting the PIP in the module submission forms, the CMO should ensure that the documentation in each module aligns. Ultimately, the conclusions reported at the end of the PIP must clearly demonstrate whether the SMART Aim goal established at the outset of the PIP was achieved.

Based on the lessons learned from the PIP, HSAG also recommends that the CMO convene key PIP team members and stakeholders to revisit the key driver diagram, process map, and FMEA for the PIP and make necessary revisions to more accurately identify the most important process gaps and failures contributing to low member orientation attendance rates. In addition to carefully planning PDSA cycles to test the adapted Intervention 4 (e.g., providing live or recorded orientation sessions online), team members should determine other innovative interventions that could be tested to address remaining barriers to improving orientation attendance. Given the low baseline attendance rate, it is likely that more than one intervention may be needed to address all of the key leverage points in the process necessary for achieving desired new member orientation attendance rates and improving member satisfaction.

### ***Provider Satisfaction***

WellCare’s goal for the *Provider Satisfaction* PIP was to identify and test interventions to increase overall satisfaction with the CMO among providers in the Southwest region. The SMART Aim goal was achieved, and one of the two interventions was clearly linked to the demonstrated improvement; therefore, the PIP was assigned a level of *Confidence*. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-7 below provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-7—SMART Aim Measure Results  
for Provider Satisfaction**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of providers in the Southwest region who answered “Excellent” or “Very Good” to WellCare’s overall satisfaction survey question.	54.8%	59.8%	100.0%	<i>Confidence</i>

WellCare established a goal of increasing the percentage of providers in the Southwest region who answer “Excellent” or “Very Good” to WellCare’s overall satisfaction survey question by 5 percentage points, from 54.8 percent to 59.8 percent. The SMART Aim measure rate exceeded the goal for five consecutive monthly measurements. The details of the improvement processes used and the intervention tested for the *Provider Satisfaction* PIP are presented in Table 2-8 and in the narrative description below.

**Table 2-8—Intervention Testing  
for Provider Satisfaction**

Intervention	Key Driver Addressed	Failure Mode Addressed	Conclusions
Developed an internal job aid to educate Southwest Region providers on the appeals process.	Internal education for Provider Relations, hospital service specialists, and operation account representatives on the appeals process	Inconsistent process	The CMO reported that 75 percent of the internal staff members increased their knowledge of the appeals process as a result of the training. The CMO adopted the intervention.
Educating the Southwest Region provider community on appeals via Provider Relations representatives.	Provider education via Provider Relations representatives	Provider not educated on the appeals process	The CMO reported that the provider’s understanding of the appeals process increased after training. The CMO adopted the intervention and plans to test the intervention in the Atlanta region.

WellCare tested two interventions for the PIP: (1) an internal job aid for enhanced training of staff who work directly with providers on the appeals process and (2) telephonic education on the appeals process for providers. For Intervention 1, the CMO developed an internal job aid focused on the information staff should know about the provider appeals process and incorporated the job aid into enhanced staff

training sessions. For Intervention 2, the CMO's Provider Relations representatives reached out to providers in the Southwest Region by phone and offered education on the provider appeals process.

To test Intervention 1, the CMO assessed internal staff members on their knowledge of the appeals process before and after providing enhanced staff training using the internal job aid. Based on the result that 75.0 percent of staff members who received the intervention demonstrated improved knowledge of the appeals process, the CMO concluded the intervention was effective and chose to adopt the intervention. To test Intervention 2, the CMO surveyed providers before and after they received telephonic education on the appeals process, concluding that the intervention was successful based on the survey results. The CMO did not provide the survey tools used to evaluate Intervention 2 and did not clearly present the survey results; therefore, HSAG was unable to validate the summary of findings for the intervention.

In Module 5, the CMO clearly reported the results of the SMART Aim measure (percentage of providers responding to the overall satisfaction question on a monthly provider telephone survey with a response of "Very Good" or "Excellent"), documenting that the SMART Aim measure rate exceeded the goal of 59.8 percent for five consecutive monthly measurements, with monthly percentages ranging from 87.5 percent to 100.0 percent. The CMO documented the following lessons learned from the PIP:

- When providers have increased knowledge and understanding of the appeals process, the appeals are completed accurately and in a timely manner.
- When providers have fewer obstacles in the appeals process, they are likely to express increased overall satisfaction.

After careful review and evaluation of WellCare's *Provider Satisfaction* PIP documentation, HSAG determined *Confidence* in the reported PIP results. The SMART Aim goal was achieved, and one of the two interventions was clearly linked to the demonstrated improvement. The CMO used a methodologically sound approach for evaluating Intervention 1 (internal job aid for educating provider-facing staff) and clearly summarized the evaluation results, linking Intervention 1 to the improvement demonstrated in the SMART Aim measure. For Intervention 2 (telephonic education of providers), the CMO did not provide sufficient documentation of the survey tools used to evaluate intervention effectiveness and did not clearly summarize the intervention evaluation results; therefore, the intervention was not clearly linked to improvement in the SMART Aim measure.

To improve future rapid-cycle PIP performance, HSAG recommends that WellCare carefully review the feedback provided in the Module 4 feedback form for Intervention 2. The CMO should provide comprehensive documentation of the data sources used to evaluate the effectiveness of each intervention, including any survey tools used as part of the data collection methodology. Additionally, the CMO should ensure that the summary and interpretation of intervention testing results are clearly documented. The summary of intervention testing results should align with the intervention evaluation plan; the summary of findings should clearly present the results of measures described in the evaluation plan. Charts and figures presenting evaluation results should be clearly labeled, and the narrative summary of findings should align with the results presented in the figures. The CMO should enlist experienced analysts and report writing staff to compile and review the PIP documentation prior to



sharing with key stakeholders to ensure accuracy and clarity, seeking additional, external technical assistance as needed.

HSAG recommends that WellCare build on the PIP results and lessons learned by continuing to monitor improvement in provider-facing staff knowledge of the appeals process. As staff turnover can occur, the CMO should continue to incorporate the internal job aid into future staff training sessions and continue to evaluate staff knowledge before and after the trainings to ensure the job aid is continuing to effectively enhance staff knowledge. Additionally, the CMO should consider if there are other areas of staff training that could be enhanced using similar job aids. Carefully planned, executed PDSA cycles should be used to evaluate the effectiveness of new or revised internal job aids or provider education interventions the CMO may develop to improve provider satisfaction. As WellCare obtains successful PDSA results from testing an intervention on a small scale, the CMO should incorporate lessons learned from completed PDSA cycles and gradually ramp up testing of the intervention on a progressively larger scale until desired improvement is achieved statewide.

## 3. Conclusions and Recommendations

### Conclusions

A summary table of WellCare's performance across all four PIPs, including reported SMART Aim measure rates and the level of confidence HSAG assigned for each PIP, is provided in Appendix A. HSAG assigned the level of *High Confidence* for one PIP and the level of *Confidence* for two other PIPs. For the remaining PIP, HSAG determined that the reported results were not credible.

HSAG assigned the level of *High Confidence* for WellCare's *Comprehensive Diabetes Care* PIP. The PIP design was methodologically sound, the SMART Aim goal was achieved, and the quality improvement processes could be clearly linked to the demonstrated improvement.

HSAG assigned the level of *Confidence* for WellCare's *Appropriate Use of ADHD Medications* and *Provider Satisfaction* PIPs. In the *Appropriate Use of ADHD Medications* PIP, the SMART Aim goal was achieved, and the intervention was linked to the demonstrated improvement; however, the CMO failed to update the SMART Aim statement to reflect changes in the number of participating providers and failed to recalculate the baseline and goal rates for the SMART Aim measure. In the *Provider Satisfaction* PIP, the SMART Aim goal was achieved, and one of the two interventions was clearly linked to the demonstrated improvement.

HSAG determined that for WellCare's *Member Satisfaction* PIP, the reported PIP results were not credible. The CMO did not report results of the approved SMART Aim measure at the conclusion of the PIP. Because the CMO did not follow the approved SMART Aim measure methodology, the final run chart in Module 5 could not be used to evaluate the success of the PIP by comparing the SMART Aim measurements to the established baseline and goal rates. The PIP did not demonstrate evidence of achieving the SMART Aim goal because the SMART Aim measurement methodology was flawed.

WellCare's performance across the four PIPs suggests that the CMO made progress in applying the rapid-cycle PIP process in some areas but continues to have opportunities for improvement in other areas. In addition to incorporating HSAG's feedback from this report and seeking technical assistance when planning PDSA cycles, the CMO should also compare the performance of various PIP teams in its organization to determine if best practices for executing rapid-cycle PIPs can be identified within the organization and shared across teams and departments.

### Recommendations

HSAG recommends the following for WellCare:

- Update the SMART Aim statement, including baseline and goal rates, to reflect any changes in the eligible population that occur during the life of the PIP.

- Using the SMART Aim measure methodology that was established in the initial phase of the rapid-cycle PIP, the CMO should consistently track and document SMART Aim measurements throughout the life of the PIP. The SMART Aim measure results reported at the conclusion of the PIP should align with the SMART Aim statement and SMART Aim measure methodology established at the start of the PIP. Results reported in the PIP conclusions should clearly demonstrate whether the SMART Aim goal was achieved during the life of the PIP.
- Ensure detailed, accurate, and consistent documentation of intervention testing results and SMART Aim measure results across all applicable modules of the PIP.
- Enlist experienced analysts and report writing staff on all PIP teams to inform and oversee data analyses and results reporting for all PIPs so that results are reported clearly, accurately, and consistently.
- As WellCare tests new interventions, the CMO should ensure that it is making a prediction in each *Plan* step of the PDSA cycle and discussing the basis for the prediction. This will help keep everyone involved in the project focused on the theory for improvement.
- Determine the best method to identify the intended effect of an intervention prior to testing. The intended effect of the intervention should be known upfront to help determine which data need to be collected.
- Gather and analyze historical data prior to initiating intervention testing to estimate, and plan for, a testing cycle length that will yield sufficient data points for determining intervention effectiveness.
- Continue to incorporate detailed, process-level data into the intervention evaluation plan to further the CMO's understanding of intervention effects.
- Provide comprehensive documentation of the data sources used to evaluate the effectiveness of each intervention, including any survey tools used as part of the data collection methodology.
- Conduct a series of thoughtful and incremental PDSA cycles to accelerate the rate of improvement. Each PDSA cycle should be initiated with a methodologically sound evaluation plan using a clearly defined testing measure to ensure meaningful and actionable testing results.
- At the conclusion of the PIP, SMART Aim measure results must be evaluated against comparable baseline and goal rates focused on the member or provider population defined by the SMART Aim statement. The conclusions reported at the end of the PIP must clearly demonstrate whether the SMART Aim goal established at the outset of the PIP was achieved.
- For PIPs that did not demonstrate real improvement, the CMO should convene key PIP team members and stakeholders to review the key driver diagram, process map, and FMEA. In light of the PIP results, the team should explore additional barriers, gaps, or failures to address in future improvement efforts.
- For PIPs that successfully demonstrated real improvement, WellCare should continue to monitor outcomes beyond the life of the PIP. Ongoing monitoring will enable long-term evaluation of sustained improvement and allow the CMO to continually refine interventions to achieve and sustain optimal outcomes.
- For PIPs that identified effective interventions, WellCare should pursue avenues for spreading effective interventions beyond the initial scope of the rapid-cycle PIP. The CMO should identify

new populations, facilities, or outcomes that could be positively impacted by the interventions. PDSA cycles should be used to test and gradually ramp up intervention dissemination to broader settings.

## Appendix A. PIP Performance Summary Table

**Table A-1—CY 2016 PIP Performance Summary**

PIP Title	SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
<i>Appropriate Use of ADHD Medications</i>	By December 31, 2016, increase the rate of 30-day follow-up visits among members who are in the care of seven selected practices and are newly prescribed an ADHD medication therapy, from an average of 29.0% to 39.0%.	29.0%	39.0%	56.6%	<i>Confidence</i>
<i>Comprehensive Diabetes Care</i>	By December 31, 2016, increase the rate of diabetic retinal eye (DRE) exams among diabetic members 18–75 years of age who are assigned to one of the three selected providers, from 20.0% to 30.0%.	20.0%	30.0%	46.8%	<i>High Confidence</i>
<i>Member Satisfaction</i>	By December 31, 2016, we will increase the percentage of members participating in New Member Orientation Sessions in Gwinnett County, from 1.4% to 3.4%.	1.4%	3.4%	NR*	<i>Reported PIP Results Not Credible</i>
<i>Provider Satisfaction</i>	By December 31, 2016, increase the rate of Provider Satisfaction among providers in the Southwest Region who answer “excellent” or “very good,” from 54.8% to 59.8%.	54.8%	59.8%	100.0%	<i>Confidence</i>

\* In the PIP conclusions described in Module 5, the CMO reported rates for a different measure that did not align with the SMART Aim statement or measure; therefore, HSAG could not determine the Highest Rate Achieved for the SMART Aim measure.



## Appendix B. PIP-Specific Module Feedback Forms

Appendix B contains WellCare's CY 2016 PIP Validation Feedback Forms—Modules 4 and 5.



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 4**  
**Feedback Form for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention**  
**Appropriate Use of ADHD Medications PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO provided the details for testing the following intervention: assigning a clinical HEDIS practice advisor (CHPA) to selected provider practices and providing in-person education and ongoing support to the provider practices regarding the HEDIS requirement for a follow-up visit within 30 days of an initial attention deficit hyperactivity disorder (ADHD) medication prescription fill.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		<p>The CMO linked the intervention to one key driver and one failure mode.</p> <ul style="list-style-type: none"> <li>• Key driver: Provider knowledge and interpretation of best-practice guidelines that require new ADHD medication follow-up visits to occur within 30 days of initial fill for newly diagnosed children</li> <li>• Failure mode: Lack of provider awareness of the requirements for a follow-up visit to occur within 30 days of initial fill</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented a sound data collection process and data sources for evaluating the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 4**  
**Feedback Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	The CMO did not update the baseline and goal rates for the SMART Aim measure after three of the seven initially participating provider practices declined to participate in the PIP. The baseline and goal rates should be based on data only from the four provider practices that participated for the life of the PIP so that a valid comparison can be made between the measurements and the baseline and goal rates. HSAG was able to recalculate the correct baseline rate for the four provider practices that continued through the life of the PIP by using the practice-level baseline data reported by the CMO in Module 1. HSAG calculated a corrected baseline rate of 41.0 percent and, using the CMO’s goal of a 10 percentage point increase over baseline, a corrected goal rate of 51.0 percent.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.		X	The CMO included the key driver diagram and failure modes and effects analysis (FMEA) in the Module 5 submission form; however, the SMART Aim statement in the key driver diagram was not updated to reflect the change in the number of participating providers (from seven to four) or the new baseline and goal rates, based on the four participating providers.



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 4**  
**Feedback Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for choosing to adopt the intervention and expand the intervention to providers statewide, based on the demonstrated improvement.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO included the run chart illustrating the effect of the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 5**  
**Feedback Form for WellCare of Georgia, Inc.**

**Module 5—Performance Improvement Project (PIP) Conclusions**  
**Appropriate Use of ADHD Medications PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.		X	The CMO’s summary of key findings and interpretation of results were based on comparisons of the SMART Aim measure to the original baseline and goal rates for the original seven selected provider practices. Because three of the seven practices did not participate for the life of the PIP, the CMO should have recalculated the baseline and goal rates for the SMART Aim measure using data from only the four practices that participated for the life of the PIP to provide for a valid comparison and accurate interpretation of results.
2. The PIP demonstrated evidence of achieving the SMART Aim goal.	X		The CMO reported that the SMART Aim measure rate exceeded the goal rate of 39.0 percent for six consecutive monthly measurements after initiation of the intervention. HSAG calculated a revised baseline rate of 41.0 percent for the SMART Aim measure, based on the historical data provided in Module 1 for the four provider practices that participated for the life of the PIP. Using the CMO’s goal of a 10 percentage point increase from baseline, the revised goal of 51.0 percent was exceeded for four consecutive monthly measurements.
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.	X		The CMO reported that the clinical HEDIS practice advisor (CHPA) will continue working with the four selected provider practices that participated for the life of the PIP. The CMO will continue tracking monthly follow-up visit rates for these practices to ensure sustained improvement beyond the SMART Aim date.



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 5**  
**Feedback Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.	X		The CMO reported plans to expand the intervention statewide, based on the analysis of findings.
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned:</p> <ul style="list-style-type: none"> <li>• The CHPA intervention effectively addressed the identified failure mode of provider knowledge and interpretation related to ADHD medication follow-up best-practice guidelines and resulted in a significant increase in completed 30-day follow-up visits.</li> <li>• The manual tracking process used to evaluate intervention effectiveness was resource-intensive for participating providers. The CMO is pursuing alternative tracking mechanisms that would reduce the provider burden.</li> </ul>



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 5**  
**Feedback Form for WellCare of Georgia, Inc.**

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested one intervention for the PIP: assigning a clinical HEDIS practice advisor (CHPA) to selected provider practices and offering in-person education and ongoing support to the provider practices regarding the HEDIS requirement for a 30-day follow-up visit for an initial ADHD medication prescription fill. To test the intervention, the CMO tracked monthly SMART Aim measurements (percentage of eligible members seen by the selected providers who filled an initial ADHD medication prescription and completed a follow-up visit within 30 days). The SMART Aim measure was appropriate for evaluating intervention effectiveness because all of the providers and members included in the measure received the intervention. The CMO concluded that the intervention was effective because the SMART Aim measure rate exceeded the goal rate of 39.0 percent for six consecutive monthly measurements following the intervention. The CMO’s summary of test results was flawed because the CMO compared the monthly SMART Aim measurements to incorrect baseline and goal rates. Because three of the seven originally selected provider practices stopped participating in the PIP, the CMO should have compared the monthly measurements to recalculated baseline and goal rates, based on historical data from only the four participating practices. Using the practice-level historical data from Module 1, HSAG was able to recalculate the baseline rate for the four provider practices that continued through the life of the PIP. HSAG calculated a corrected baseline rate of 41.0 percent and, using the CMO’s goal of a 10



**Appendix B. State of Georgia**  
**CY 2016 Appropriate Use of ADHD Medications—Module 5**  
**Feedback Form for WellCare of Georgia, Inc.**

**Summary of Validation Findings:**

percentage point increase over baseline, a corrected goal rate of 51.0 percent. Using the corrected baseline and goal rates, the SMART Aim measure rate exceeded the goal rate of 51.0 percent for four consecutive monthly measurements, demonstrating that the intervention positively impacted the SMART Aim measure. Although the CMO failed to update the SMART Aim baseline and goal rate for evaluating success of the PIP, HSAG determined that the SMART Aim measure demonstrated improvement that was clearly linked to the intervention, using the corrected baseline and goal rates. The CMO's decision to adopt and expand the intervention was supported by the SMART Aim measure results. The SMART Aim goal was achieved, and the intervention was linked to the demonstrated improvement; however, the CMO failed to update the SMART Aim statement to reflect changes in the number of participating providers and recalculate the baseline and goal rates for the SMART Aim measure. The PIP was assigned a level of *Confidence*.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 4 Feedback**  
**Form for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #2**  
**Comprehensive Diabetes Care PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO provided the details for testing the following intervention: member educational outreach on the need for the diabetic retinal exam (DRE). The outreach calls also provided information on local ophthalmologists and included an offer for a referral to one of the ophthalmologists.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver in the key driver diagram and one identified failure mode in the failure modes and effects analysis (FMEA). <ul style="list-style-type: none"> <li>Key driver: Diabetes awareness and education</li> <li>Failure mode: The member did not keep his or her appointment for an eye exam</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented a methodologically sound data collection process and data sources for evaluating the intervention.
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 4 Feedback**  
**Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO provided an accurate summary of intervention-specific run chart results.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the final key driver diagram and FMEA as part of Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for adopting the intervention based on the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO submitted the PDSA run chart illustrating the effect of the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 4 Feedback**  
**Form for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #3**  
**Comprehensive Diabetes Care PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: partnering with the targeted primary care provider (PCP) to offer the diabetic retinal exam (DRE) at the PCP’s office during a routine diabetic care visit, using a portable RetinaVue scanner. The PCP sends the DRE image to an ophthalmologist for review and subsequently receives the results.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver and one identified failure mode. Key driver: Provider engagement Failure mode: The member did not keep the DRE appointment
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented a sound data collection methodology and data sources for evaluating the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 4 Feedback**  
**Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO provided an accurate summary of findings.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the final key driver diagram and failure modes and effects analysis (FMEA) in Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO’s decision to adapt the intervention was supported by the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO submitted a data table and run chart with data specific to the intervention and the selected provider, which illustrated the intervention testing results.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 5 Feedback**  
**Form for WellCare of Georgia, Inc.**

**Module 5—Performance Improvement Project (PIP) Conclusions—Intervention #3**  
**Comprehensive Diabetes Care PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.	X		The CMO provided an accurate summary of overall key findings and interpretation of results.
2. The PIP demonstrated evidence of achieving the SMART Aim goal.	X		The SMART Aim measure (i.e., DRE rates for members with diabetes, 18–75 years of age, who are assigned to one of the selected primary care providers) exceeded the goal rate of 30.0 percent for three consecutive monthly measurements.
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.	X		The CMO documented a plan for evaluating sustained improvement beyond the SMART Aim end date.
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.	X		The CMO documented a plan for evaluating expansion of Intervention 2 (i.e., member outreach education) beyond the initial scope of the project, based on the demonstrated improvement. Evaluating the expansion of Interventions 1 and 3 did not apply because the CMO abandoned Intervention 1 and planned to adapt Intervention 3 for further testing.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 5 Feedback**  
**Form for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned:</p> <ul style="list-style-type: none"> <li>• Having a streamlined process to share member contact information between the CMO and providers will support member outreach efforts by improving access to reliable member contact information.</li> <li>• The selected provider found the portable DRE scanner difficult to use, and technical difficulties resulted in a low percentage of DREs being completed with the portable scanner.</li> <li>• Based on the Intervention 2 testing results, diabetes awareness and education were effective tools for improving the DRE rate.</li> </ul>



Appendix B. State of Georgia  
CY 2016 *Comprehensive Diabetes Care*—Module 5 Feedback  
Form for WellCare of Georgia, Inc.

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO planned three interventions for the PIP but tested only two. The CMO abandoned Intervention 1 before testing began and reported the results of testing the following interventions: Intervention 2—member educational outreach and Intervention 3—partnering with a selected PCP to use a portable RetinaVue scanner to deliver DRE in the PCP’s office.

To test Intervention 2, the CMO tracked an intervention-specific measure of members reached for the intervention and plotted the monthly percentage of completed DREs among members who received the intervention. The CMO set an intervention-specific goal of 30.0 percent that was specific to members who received Intervention 2 and was separate from the overall SMART Aim goal of 30.0, which included all eligible members and not just members who received Intervention 2. The monthly DRE rates among members who received the outreach intervention exceeded the intervention-specific goal rate of 30.0 percent (not the SMART Aim goal) for the four months of testing and the rates demonstrated an increasing trend, with the final data point being more than 25.0 percentage points above the goal. The CMO concluded that Intervention 2 was successful, based on the testing results, and documented a plan to adopt and expand the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Comprehensive Diabetes Care—Module 5 Feedback**  
**Form for WellCare of Georgia, Inc.**

**Summary of Validation Findings:**

To test Intervention 3, the CMO partnered with a selected PCP to offer DREs, using the portable RetinaVue scanner, as part of routine diabetes care appointments at the PCP office. The CMO tracked process-level data on members assigned to the selected PCP who were due for a DRE, and the CMO determined who received a DRE with the portable scanner and who received a DRE elsewhere with an ophthalmologist. The CMO concluded that the portable scanner was not an effective intervention because the percentages of members who received a DRE via the portable scanner at the PCP office were very low. Additionally, the PCP office reported technical difficulties in using the portable scanner. Based on the testing results, the CMO planned to adapt the intervention and conduct future testing of the use of a stationary scanner in the PCP office.

In Module 5, the CMO reported an accurate summary of overall key findings, documenting that the SMART Aim goal of 30.0 percent for all eligible members was exceeded for three consecutive monthly SMART Aim measurements. The SMART Aim goal was achieved, and the quality improvement processes were clearly linked to the demonstrated improvement; therefore, the PIP was assigned a level of *High Confidence*.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #1  
Member Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: telephone outreach to new members who did not respond to a mailed new member orientation invitation.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to the one key driver and one failure mode. <ul style="list-style-type: none"> <li>• Key driver: Member education and engagement</li> <li>• Failure mode: The member does not receive a mailed invitation to an orientation session because of an inaccurate mailing address</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)		X	Although the CMO documented the data collection process and data sources, the CMO reported that there were data integrity issues due to staff turnover and reporting inconsistencies. As a result of these issues, the CMO stated that the timeline for testing the intervention was extended through November. The CMO only reported testing results for July and August and did not provide the data for the extended testing cycle through November. Given that data integrity issues were reported and that data were missing for the months of September through November, HSAG concluded that the data collection process was incomplete and not methodologically sound.



**Appendix B. State of Georgia**  
**CY 2016 Member Satisfaction—Module 4 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	The CMO’s summary of findings included inconsistent conclusions. On page 15, the CMO reported, “The data integrity issues experienced during the deployment of Intervention 1 impacted the Plan’s ability to accurately assess the impact of the Intervention.” This statement suggested that the CMO could not conclude whether or not the intervention was effective, based on the evaluation results. On page 13, the CMO stated, “The intervention was deemed ineffective, since the data showed no increase in attendance, regardless of phone calls to members who had not responded.” The statement suggested that the CMO concluded the intervention was ineffective. It was unclear how the CMO could determine that the intervention was ineffective if data integrity issues prevented the CMO from assessing the impact of the intervention.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the final key driver diagram and failure modes and effects analysis (FMEA) as part of Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.			Not applicable. The CMO documented that not enough data were available to evaluate the impact of the intervention; therefore, the evaluation results could not be used as a rationale for supporting next steps with the intervention.



**Appendix B. State of Georgia**  
**CY 2016 Member Satisfaction—Module 4 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).		X	The CMO presented a PDSA run chart in Module 4; however, the CMO documented only two months of testing results from July and August and did not present the results from September through November. The CMO documented that the results presented in the run chart from July and August were not sufficient for determining the impact of the intervention due to data integrity issues; therefore, the run chart did not illustrate the effect of the intervention.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #2  
Member Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: improved marketing language in mailed new member orientation invitations and telephonic follow-up invitations for those members who do not respond to the mailed invitation.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver and one failure mode. <ul style="list-style-type: none"> <li>• Key driver: New member’s knowledge of the purpose of the new member orientation session</li> <li>• Failure mode: Lack of interest in attending the new member orientation session</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented a sound data collection process and data source for testing the intervention.
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO accurately reported the summary of intervention testing results.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the updated key driver diagram and failure modes and effects analysis (FMEA) in Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for abandoning the intervention, based on the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO documented the intervention testing results in a narrative summary, table, and run chart.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #3  
Member Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: offering new member orientation sessions on evenings and weekends to accommodate new members' schedules.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver and one failure mode. <ul style="list-style-type: none"> <li>• Key driver: Flexible member orientation session times in consideration of work, transportation, and childcare</li> <li>• Failure mode: Timing of orientation sessions was inconvenient for some new members</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented an appropriate data collection methodology and data sources for testing the intervention.
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	The summary of findings was incomplete and did not align with the evaluation plan because the CMO did not report the number of members who received an invitation by telephone outreach or the number of members who actually attended each orientation session. In the evaluation plan for testing the intervention on page 6, the CMO documented, “We would recognize the intervention shows improvement when at least 50% of registered people actually attend the orientation, indicating telephonic calls motivate attendance.” In the summary of findings, the CMO reported the number of members who registered each month for the afternoon and evening orientation sessions but did not report the number of members who attended the orientation sessions.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the updated key driver diagram and failure modes and effects analysis (FMEA) in Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for abandoning the intervention, based on the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).		X	The CMO’s reported results did not illustrate the effect of the intervention because the summary of findings did not include the number of members who received an invitation by telephone outreach or the number of members who actually attended each orientation session, broken out by timing of the session (i.e., afternoon or evening).



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #4  
Member Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: offering telephonic new member orientation sessions.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO reported that Intervention 4 was developed in response to feedback received from new members who were unable to attend new member orientation sessions during the testing of Interventions 1, 2, and 3. The CMO linked Intervention 4 to two key drivers. <ul style="list-style-type: none"> <li>• Key drivers:               <ul style="list-style-type: none"> <li>– Member education and engagement</li> <li>– Continuous improvement of protocols related to member outreach and event notification</li> </ul> </li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO documented a sound data collection process and data sources for testing the intervention.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO documented an accurate summary of intervention testing results.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the updated key driver diagram and failure modes and effects analysis (FMEA) in Module 5.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for adapting the intervention for further testing to determine effectiveness.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO submitted the PDSA run chart illustrating the effect of the intervention.



**Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 5 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 5—Performance Improvement Project (PIP) Conclusions  
Member Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
<p>1. The narrative summary of overall key findings and interpretation of results was accurate.</p>		<p>X</p>	<p>On page 3 of Module 5, the CMO inconsistently documented the goal rate in the SMART Aim statement for the PIP. In the first sentence on the page, the goal rate was documented as 3.4 percent. The last sentence on the page documented the goal rate as 5.0 percent. The documentation of the goal rate was further complicated by the run charts in Module 5, which did not include a goal line that aligned with either the 3.4 percent rate or the 5.0 percent rate.</p> <p>The run chart provided in Module 5 did not align with the SMART Aim measure methodology documented in Module 2 and did not clearly reflect the SMART Aim measure results in comparison to the baseline and goal rates specified in the approved SMART Aim statement from Module 1.</p> <p>The CMO’s run chart in Module 5 appeared to present raw numbers of members rather than percentages of members who attended the new member orientation. The y-axis should have been labeled 0 to 100 percent to represent the percentage of members who attended orientation. And, the run chart should have included monthly percentages to align with the approved SMART Aim measure methodology from Module 2.</p> <p>The CMO plotted a goal line on the Module 5 run chart that varied in value. The CMO should have plotted a straight line to represent the constant goal of 3.4 percent to align with the goal specified in the approved SMART Aim statement.</p>



**Appendix B. State of Georgia**  
**CY 2016 Member Satisfaction—Module 5 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
2. The PIP demonstrated evidence of achieving the SMART Aim goal.		X	The CMO documented that the SMART Aim goal of 3.4 percent for the percentage of new members in Gwinnett County who attended a new member orientation was not achieved during the life of the PIP.
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.			Not applicable. The SMART Aim goal was not achieved during the life of the PIP; therefore, evaluating sustained improvement does not apply.
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.			Not applicable. The CMO documented that none of the interventions were successful; therefore, evaluating expansion of successful interventions does not apply.
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned:</p> <ul style="list-style-type: none"> <li>• The PIP results demonstrated that the failure modes identified in Module 3 did not encompass the true barriers to improving attendance at new member orientation sessions in Gwinnett County.</li> <li>• Major contributors to low member participation in new member orientation sessions included work- and school-related schedule conflicts on both weekdays and weekends as well as competing priorities.</li> <li>• Based on the prevalence of scheduling conflicts, the CMO should use technology to provide increased flexibility in the mode of delivering member orientation sessions.</li> </ul>



Appendix B. State of Georgia  
CY 2016 Member Satisfaction—Module 5 Feedback Form  
for WellCare of Georgia, Inc.

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested four interventions for the PIP: (1) telephone outreach to members who did not respond to a mailed new member orientation invitation, (2) new marketing language in the mailed orientation invitation and telephone follow-up for members who did not respond to the mailed invitation, (3) offering orientation sessions at various times on evenings and weekends to accommodate new members’ schedules, and (4) offering telephonic new member orientation sessions.

The CMO documented a flawed data collection methodology for testing Intervention 1, and there were errors in the CMO’s summary of testing results for Intervention 1 and Intervention 3. The CMO ultimately abandoned Interventions 1, 2, and 3 and chose to adapt Intervention 4 for further testing.

In Module 5, the CMO did not report results of the SMART Aim measure that was approved in Module 2: the percentage of new members in Gwinnett County who were invited to a new member orientation session and who attended a session. The CMO’s final run chart in Module 5 presented the raw numbers of members who attended a new member orientation session. The run chart in Module 5 did not reflect the goal rate of 3.4 percent for the approved SMART Aim statement; instead, the goal line on the run chart represented fluctuating numbers of members for each data point. Because the CMO did not follow the approved SMART Aim measure methodology, the final run chart in Module 5 could not be used to evaluate the success of the



**Appendix B. State of Georgia**  
**CY 2016 *Member Satisfaction*—Module 5 Feedback Form**  
***for WellCare of Georgia, Inc.***

**Summary of Validation Findings:**

PIP by comparing the SMART Aim measurements to the established baseline and goal rates. The PIP could not demonstrate whether the SMART Aim goal was achieved. Because the CMO did not report results based on the approved SMART Aim measure methodology, the reported PIP results were not credible.



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #1  
Provider Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO documented the details for testing the following intervention: develop and disseminate an internal job aid to improve education of provider-facing staff (i.e., provider relations representatives, hospital service specialists, and operation account representatives) on the clinical appeals process.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver and one failure mode. <ul style="list-style-type: none"> <li>• Key driver: Internal education for provider relations, hospital service specialists, and operation account representatives</li> <li>• Failure mode: Inconsistent interdepartmental communication</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)	X		The CMO described an appropriate data collection process and data sources for testing the intervention.



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO provided an accurate summary of findings based on the intervention testing results.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the updated key driver diagram and FMEA in Module 5 based on the analysis of findings.
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for adopting the intervention based on the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO provided a bar chart summarizing the pre- and post-test results on clinical appeals knowledge for the provider-facing staff who received training with the new internal job aid and provided a narrative summary of the results, which illustrated the effect of the intervention.



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention—Intervention #2  
Provider Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO provided the details for testing the following intervention: telephonic provider education on the appeals process by provider relations representatives.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention to one key driver and one failure mode. <ul style="list-style-type: none"> <li>• Key driver: Provider education via provider relations representatives</li> <li>• Failure mode: The provider is not educated on the appeals process</li> </ul>
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)		X	The CMO documented the data collection process but did not document the primary data source used for data collection. The primary data source in the data collection process was a survey given to providers before and after the intervention, to determine whether the intervention resulted in an increase in the provider’s understanding of the appeals process. The CMO did not include the survey tool or tools used to evaluate provider understanding; therefore, the data sources were not documented completely. Because the summary of findings was not presented clearly, HSAG would have relied on seeing the survey tool to clearly interpret and validate the testing results.



**Appendix B. State of Georgia**  
**CY 2016 Provider Satisfaction—Module 4 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	<p>The CMO’s summary of findings was unclear and appeared to contain errors.</p> <ul style="list-style-type: none"> <li>Overall, the CMO’s summary of the intervention-specific measure, documented in Chart 1 on page 10, was unclear because the CMO did not clearly define the three measures presented in the chart. The CMO did not include the survey tool used to collect data from providers who received the education intervention, and the legend labels for the three measures (“Pre-Assessment,” “Post-Assessment,” and “How well do you understand WC’s appeals process?”) did not clearly define the survey question results that were plotted on the chart.</li> <li>On page 14, the CMO documented, “Based on Chart 1 above, all the data points show that the education provided improved understanding of the appeals process.” This statement was not supported by the data presented in Chart 1. Based on the data presented in Chart 1, the level of provider understanding decreased from pre-assessment to post-assessment in September and November. In these two months, the post-assessment level of understanding was lower than the pre-assessment level of understanding, suggesting that providers who received intervention during these two months reported a decrease in understanding after receiving the intervention.</li> </ul>



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
			<ul style="list-style-type: none"> <li>• In the narrative description of Chart 1, the CMO did not explain the rate of 55.0 percent for the follow-up question, “How well do you understand WC’s appeals process?” for November. Given that this data point was compared to the other monthly measurements, HSAG would have expected the CMO to explain its interpretation of this data point.</li> <li>• On page 11, the CMO documented, “The October results reflect a 6.3% decrease compared to September in the SRS score for understanding of the appeals education from September and 0.8% decrease compared to July.” The decrease from July is 0.9 percent, not 0.8 percent.</li> <li>• On page 13, the CMO inaccurately documented in the narrative the month-to-month changes in the SMART Aim measure results presented in Chart 2. The CMO reported that there was a decrease of 4.5 percentage points from July to August; based on the percentages reported in Chart 2, HSAG calculated a decrease of 3.8 percentage points, not 4.5 percentage points. Additionally, the CMO reported that the September data point of 92.0 percent was 37.2 percentage points above the baseline. Based on the baseline percentage of 54.8 percent documented for the SMART Aim measure in Module 2, the September data point was 32.7 percentage points above the baseline, not 37.2 percentage points.</li> <li>• On page 13, the CMO documented, “October results show a 4.9% increase in overall satisfaction over September which remains over 41 percentage points over the</li> </ul>



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 4 Feedback Form  
for WellCare of Georgia, Inc.**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
			<p>baseline.” The October increase over September was 5.0 percent, not 4.9 percent.</p> <ul style="list-style-type: none"> <li>On page 13, the CMO documented, “In November the overall satisfaction results increased by 3.6% which was 45.2 percentage points above the baseline.” The November increase was 3.52 percent, not 3.6 percent.</li> <li>On page 14, the CMO documented, “The average overall satisfaction results between July and November after providers were educated on the appeals process was 93.48% which is 38.68 percentage points above the baseline and 33.68 percentage points above the goal.” The CMO appeared to average the following five monthly data points to obtain the 93.38 average percent: 91.3, 87.5, 92.0, 96.6, and 100.0. This method was incorrect. The CMO should have summed the numerators for the five-month period, divided the result by the summed denominators for the five-month period, and multiplied the result by 100 to arrive at the average overall satisfaction with WellCare for the July 2016 through November 2016, time period.</li> </ul>
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO submitted the revised key driver diagram and FMEA in Module 5.



**Appendix B. State of Georgia**  
**CY 2016 Provider Satisfaction—Module 4 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.	X		The CMO provided a sound rationale for adopting the intervention and testing it on a larger scale, based on the analysis of findings.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO submitted the final PDSA run chart illustrating the effect of the intervention.



**Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 5 Feedback Form  
for WellCare of Georgia, Inc.**

**Module 5—Performance Improvement Project (PIP) Conclusions  
Provider Satisfaction PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.		X	The CMO accurately summarized the findings for testing Intervention 1 and of the SMART Aim measure overall; however, the CMO did not accurately summarize the findings for Intervention 2. The CMO’s summary of findings for Intervention 2 was inaccurate and unclear, as described for Module 4. Due to the errors and lack of clarity in the summary of findings for Intervention 2, the testing results for this intervention could not be clearly linked to the demonstrated improvement in the SMART Aim measure.
2. The PIP demonstrated evidence of achieving the SMART Aim goal.	X		The SMART Aim measure (percentage of providers in the southwest region responding “Excellent” or “Very Good” to the survey question about overall satisfaction with the CMO) exceeded the goal of 60.0 percent for five consecutive monthly measurements.
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.	X		The CMO documented a plan for evaluating sustained improvement beyond the SMART Aim end date.
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.	X		The CMO documented a plan for evaluating expansion of the internal job aid intervention and the provider education intervention beyond the initial scope of the project.



**Appendix B. State of Georgia**  
**CY 2016 Provider Satisfaction—Module 5 Feedback Form**  
*for WellCare of Georgia, Inc.*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The CMO documented lessons learned.	X		The CMO documented the following lessons learned: <ul style="list-style-type: none"> <li>• When providers have increased knowledge and understanding of the appeals process, the appeals are completed accurately and in a timely manner.</li> <li>• When providers have fewer obstacles in the appeals process, they are likely to have increased overall satisfaction.</li> </ul>



Appendix B. State of Georgia  
CY 2016 Provider Satisfaction—Module 5 Feedback Form  
for WellCare of Georgia, Inc.

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested two interventions for the PIP: (1) an internal job aid for enhanced training of provider-facing staff on the appeals process and (2) telephonic education on the appeals process for providers. To test Intervention 1, the CMO assessed internal staff members on their knowledge of the appeals process before and after providing enhanced staff training using the internal job aid. Based on the result that 75.0 percent of staff members who received the intervention demonstrated improved knowledge of the appeals process, the CMO concluded the intervention was effective and chose to adopt the intervention. To test Intervention 2, the CMO surveyed providers before and after they received the telephonic education on the appeals process. The CMO did not provide the survey tools used to evaluate the intervention and did not clearly present the survey results; therefore, HSAG was unable to validate the summary of findings for Intervention 2. In Module 5, the CMO reported that the SMART Aim measure (percentage of providers responding to the overall satisfaction question on a monthly provider telephone survey with a response of “Very Good” or “Excellent”) exceeded the goal of 60.0 percent for five consecutive monthly measurements, with the percentages ranging from 87.5 percent to 100.0 percent. The SMART Aim goal was achieved, and one of the two interventions was clearly linked to the demonstrated improvement; therefore, the PIP was assigned a level of *Confidence*.