Quality and Health Outcomes Committee
AGENDA

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us.

MEETING INFORMATION

Meeting Date/Time: April 11, 2022 / 10:00 a.m.– 3:00 p.m.
Location: Zoom
Call in information: 1-669-254-5252 / **Meeting ID**: 161 875 2352 / **Passcode**: 065215
Registration required: Zoom registration
On meeting day, after registered, click the join link: Zoom join link
All meeting materials are posted on the QHOC website

TIME	TOPIC	OWNER	MATERIALS
Clinical Director Work Group 10:00 a.m. – 11:15 a.m.			
10:05 a.m.	**Welcome & Announcements**	Jeanne Savage	
10:15 a.m.	**HERC update**	Ariel Smits	Presentation slides
10:30 a.m.	**2023 CCO contract** • Community births opt-in amendment	Diane Quiring	Presentation Slides
11:00 a.m.	**Oregon Medicaid Quality Strategy**	Lisa Bui Tom Wunderbro	Presentation Slides
11:20 a.m.	**BREAK**		
Learning Collaborative 11:30 a.m. – 12:30 p.m.			
11:30 a.m.	**Initiation and engagement of alcohol and other drug abuse or dependence treatment** "IET measure"		
12:30 p.m.	**LUNCH**		
Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.			
1:00 p.m.	**QPI introductions** **Announcements**	Laura Matola Lisa Bui	
1:10 p.m.	**Integration PIP next steps** • Health equity • Baseline data	Lisa Bui Maria Castro	
1:30 p.m.	**Integration PIP EQR validation**	Kris Hartmann	Presentation Slides
2:00 p.m.	**SUD statewide PIP design discussion**	All	
3:00 p.m.	**ADJOURN**		

SPEAKER CONTACT SHEET
QHOC – April 11, 2022

AGENDA TOPIC	SPEAKER	CONTACT INFO
COVID Update	Dawn Mautner	Dawn.Mautner@dhsoha.state.or.us
HERC Update	Ariel Smits, MD, MPH	ariel.smits@dhsoha.state.or.us
2023 CCO Contract	Diane Quiring	DIANE.S.QUIRING@dhsoha.state.or.us
Oregon Medicaid Quality Strategy	Lisa Bui Tom Wunderbro	LISA.T.BUI@dhsoha.state.or.us THOMAS.WUNDERBRO@dhsoha.state.or.us
QPI Intro and announcements	Laura Matola Lisa Bui	Laura.matola@allcarehealth.com LISA.T.BUI@dhsoha.state.or.us
Integration PIP next steps	Lisa Bui Maria Castro	LISA.T.BUI@dhsoha.state.or.us MARIA.CASTRO@dhsoha.state.or.us
Integration PIP EQR validation	Kris Hartmann	KHartmann@hsag.com
QHOC Chairs		
Medical	Jeanne Savage	Jeanne.Savage@trilliumchp.com
Medical	Douglas Carr – Vice Chair	dcarr@umpquahealth.com
Behavioral Health	Jeremy Koehler	koehlerj@healthshareoregon.org
Oral Health	Laura McKeane	Laura.mckeane@allcarehealth.com
Quality	Laura Matola	laura.matola@allcarehealth.com
QHOC Leads		
Medical	Dawn Mautner	Dawn.Mautner@dhsoha.state.or.us
Behavioral Health	TBD	
Oral Health	Kaz Rafia	kaz.rafia@dhsoha.state.or.us
Quality	Lisa Bui	LISA.T.BUI@dhsoha.state.or.us

QHOC Website:
https://www.oregon.gov/oha/HPA/DSI/Pages/Quality-Health-Outcomes-Committee.aspx

Questions:
OHA.qualityquestions@state.or.us or call Lisa Bui at 971-673-3397

OHA Transformation Center Technical Assistance for CCOs

TA index

Metrics TA

Diabetes (HbA1c poor control and oral evaluations for adults with diabetes)

Motivational interviewing trainings for diabetes management (no-cost CME)

Oregon Medicaid providers are invited to no-cost virtual trainings (with CME) on motivational interviewing for diabetes management. The trainings will focus on improving providers' confidence and skills in conversations about sensitive behavior change topics required for diabetes management. Dana Sturtevant, MS, RD, will lead these trainings. Three types of trainings are available, with multiple opportunities to attend each between June 2022 and February 2023:

- Motivational interviewing for diabetes management: Level 1
- Motivational interviewing for diabetes management: Level 2
- Using motivational interviewing in diabetes management groups

See full details, including prerequisites, draft agendas, schedules and registration links:
https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Motivational-Interviewing-for-Diabetes-Management.aspx

Contact: Laura Kreger (Laura.E.Kreger@dhsoha.state.or.us)

Social-emotional health

System-level social-emotional health metric virtual learning collaborative

The Transformation Center has brought on a consultant to facilitate a virtual learning collaborative to support the CCO system-level social-emotional health metric. The learning collaborative will launch this spring. Questions about how the collaborative can help address the metric can be directed to Alissa Robbins at Alissa.Robbins@dhsoha.state.or.us.

System-level social-emotional health metric asset map template

The social-emotional health measure asset map template is a tool that CCOs may use to complete the asset map of existing social-emotional services and resources requirement of the measure.

- Webinar recording – How to use the asset map template
- Webinar recording – Behavioral health services for children, infant to five years

Tobacco cessation

Tobacco cessation counseling training for providers; free and online (with CME); On demand, 45 minutes

What: This short online course will improve your care team's ability to help patients quit tobacco. The course focuses on brief tobacco intervention and motivational interviewing techniques.

Who: All members of the care team committed to supporting their patients to quit tobacco.

When: The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.

CMEs: This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.

Access the training: https://learn.optum.com/redeem/or

Non-metrics TA

Care coordination

Virtual learning collaborative: Care coordination and intensive care coordination (CC/ICC)

The Oregon Health Authority Transformation Center is hosting a monthly virtual learning collaborative to support CCOs and other organizations that provide care coordination services to Oregon Health Plan (OHP) members. The year-long learning collaborative will provide support toward understanding and meeting CCO 2.0 care coordination requirements and facilitate sharing of CC/ICC best practices.

Audience: This event series is for staff of CCOs, Kepro, and other organizations who are involved in planning or delivering CC/ICC to OHP members.

Participants will hear from subject matter experts and peers on key topics such as:

- CCO contract requirements and OARs related to CC/ICC
- Best practices for:
    - Interdisciplinary care team (ICT) meetings
    - Sharing assessments and care plans
    - CC/ICC staffing models
- CC/ICC reporting requirements/template
- Face-to-face requirements in rural/urban areas
- Prioritized populations
- Using data to support CC/ICC activities and workflows
- In lieu of services (ILOS) and care coordination

When: This virtual collaborative will be held on the 3rd Thursday each month in 2022, noon–2 p.m.

To sign up, please contact Jackie Wetzel (Jackie.wetzel@dhsoha.state.or.us)

Community health assessment and community health improvement plans

Virtual Community Health Assessment (CHA) & Community Health Improvement Plan (CHP) Learning Collaborative

The OHA Transformation Center will be hosting a new virtual CHA and CHP learning collaborative, which will focus on the operations side of developing a collaborative CHA and CHP. This new peer-to-peer learning collaborative will be facilitated by the Providence Center for Outcomes Research and Education (CORE).

- **Timing:** Six virtual learning collaborative sessions from March 2022–June 2023
- **Audience:** CCOs, local public health authorities, hospitals, CHA/CHP backbone entities, or other organization staff partnering to develop the CHA/CHP (Nine Federally Recognized Tribes of Oregon, community-based organizations).
- **Schedule (all sessions will be 90 minutes and held via Zoom):**
    - **Resourcing (funding and staffing)**
        - **Recording:** https://www.youtube.com/watch?v=8aUMiDkBhaM
        - **Slides:** https://www.oregon.gov/oha/HPA/dsi-tc/Documents/3-29-22%20CHA-CHP%20LC%20slides-final.pdf
    - **Governance** – May 17, 11:30 a.m.–1 p.m. Register here: https://www.zoomgov.com/meeting/register/vJItf--hqDwpHx85zJbc-XLrz5vvnmEhgAI
    - **Timelines/cycles** – September 2022
    - **Community engagement** – November 2022
    - **Tribal engagement** – February 2023
    - **Sustainability & dissemination** – April 2023
- **Sign up** to receive future communications about this learning collaborative: https://www.surveymonkey.com/r/5KNMT37
- **If you require any accommodations** to fully participate in these sessions, or have any other questions about this learning collaborative, please contact Thomas.Cogswell@dhsoha.state.or.us.

Community advisory councils (CACs)

2022 CAC demographic report guidance and template

Report guidance and a template are now available for the 2022 CAC Demographic Report deliverable: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/2022%20CAC%20Demographic%20Report%20Template-final.docx

- This report is due June 30 to CCO.MCODeliverableReports@dhsoha.state.or.us.
- Contact: Tom Cogswell (Thomas.Cogswell@dhsoha.state.or.us)

CAC member learning series: The social determinants of health and equity

The Oregon Health Authority Transformation Center recently concluded a learning series for CAC members focused on the social determinants of health and equity.

- Click here to access session materials and recordings.
- Haga clic aquí para ver un folleto de la serie de aprendizaje en español.

Consumer CAC members are eligible for a $10 electronic gift card for each recording they watch in the learning series through 6/15/22. Electronic gift cards are available from Albertsons, Safeway and CVS.

Questions? Contact Tom Cogswell (Thomas.Cogswell@dhsoha.state.or.us)

CAC member needs assessment survey

The Transformation Center would like to gather feedback from CAC members about additional training needs they may have in the coming year. Please see below for needs assessment survey links in English and Spanish. Surveys will be open until April 30.

- Survey (English version): https://www.surveymonkey.com/r/L2SMM3Z
- Encuesta de evaluación de necesidades de los miembros de CAC de 2022: https://www.surveymonkey.com/r/PQK2PZS
- Contact: Tom Cogswell (Thomas.Cogswell@dhsoha.state.or.us)

COVID-19 supports

Spring 2022 pediatric COVID-19 vaccine learning series: 6-month to 4-year-olds

The OHA COVID-19 Response & Recovery Unit and OHA Transformation Center are hosting a new pediatric COVID-19 vaccine learning series focused on the six-month to four-year-old populations.

Community feedback: Preparing for the six-month to four-year old COVID-19 vaccine

- April 7, noon–1 p.m.
- This session will focus on the community feedback tool to pull commentary on how to uplift vaccine hesitant individuals and marginalized communities.
- Register here: https://www.zoomgov.com/meeting/register/vJIsceqorjIuHkApnc-91OBazyezAaRYk6I

Hesitance and mistrust: Vaccine hesitancy for the six-month to four-year-old populations

- April 14, noon–1 p.m.
- This session will empower providers with tools on how to best tackle hesitancy and inequity that leads to vaccine avoidant behaviors.
- Register here: https://www.zoomgov.com/meeting/register/vJItceyuqzwoHEHBE4EKRnzYpSke0BUDfuI

Audience: Providers and clinical staff

Contact: Lexi Konja (Lexi.Konja@dhsoha.state.or.us)

Recruiting providers: Culturally responsive immunization presenter training

The OHA Transformation Center is partnering with the Oregon Academy of Family Physicians, Boost Oregon, and Oregon Rural Practice-based Research Network (ORPRN) to bring culturally and linguistically robust education to rural communities and communities of color. We are seeking 20 clinicians who are passionate about vaccine education and serving their community to participate in this project.

- Boost Oregon will provide speaker training, culturally appropriate messaging, slide decks and supplemental materials about COVID-19 vaccination to participating providers. Providers chosen will then give up to three 1–2 hour presentations. Presentations will be held at community gatherings, such as church events, community events and online events.
- Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.
- Clinicians will receive a $1,000 stipend for each presentation provided.
- **If you are interested in this opportunity**, please complete the interest form: https://oafp.org/community/building-immunity-by-building-community/
- **Contact**: kaylaw@oafp.org

Health-related services

Webinar: Centering equity in HRS flexible services

This webinar will focus on centering equity in CCO HRS flexible services, including opportunities to promote equity in selecting services, strategy and planning of service delivery, reaching members experiencing the greatest inequities, communicating with providers and members, and monitoring efforts. Yamhill Community Care Organization will also share an example of how, in response to the public health emergency, transportation to day-to-day essential services were offered to address the increased social needs of members.

- **When**: May 11, 2022, 11 a.m.-noon
- **Register here**: https://us02web.zoom.us/meeting/register/tZAvcOCtrT0tHNTYU5E3QxutXh178Z7amjCC
- **Audience**: CCO staff who work on HRS

Updated HRS guidance

The following updated HRS guidance documents are now available:

1. HRS and Traditional Health Workers (March 2022): https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-Guide-THWs.pdf
2. 2022 HRS Policy and Evaluation Criteria (March 2022): https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CCO-HRS-Policy-Evaluation-Criteria-2022.xlsx
3. HRS and Health Information Technology (January 2022): https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-Guide-HIT.pdf.
    - Watch the HRS and HIT guidance companion webinar (new): https://youtu.be/wm27dNDWVBE
4. Exhibit L Financial Reporting Template and HRS Expenditures (updated January 2022): https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-Exhibit-L-Reporting-Guide.pdf

SHARE, HRS and ILOS comparison document

This new comparison of CCO spending programs provides an overview of health-related services, in lieu of services and the SHARE Initiative (Supporting Health for All through Reinvestment). The document includes examples of activities that could fall into each category. View the comparison here: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/HRS-SHARE-ILOS-Comparison.pdf

CCO learning collaborative: SHARE and HRS community benefit

OHA is hosting a monthly CCO learning collaborative focused on SHARE (Supporting Health for All through Reinvestment) and health-related services (HRS) community benefit, which will take place on the 4th Monday of each month through June 2022. These meetings will be facilitated by technical assistance consultants, and will be an informal way for CCO staff to share ideas around program strategy and implementation. The list of monthly topics is forthcoming and will be created based on ideas from conversations with CCOs.

Who: All CCO staff working on SHARE or HRS are welcome to attend.

When: Next meeting April 25, 4–5 p.m. (4th Monday of each month through June 2022)

Register here: https://us02web.zoom.us/meeting/register/tZwvcuigrT8tE9ylvWs79L86TfxilqibPkQ3

Contact: Nancy Goff (nancy055@gmail.com)

HRS office hours

CCO staff are invited to participate in general HRS office hours and staff may join the calls at any point during the scheduled times.

- **When**: Every three months through 2022
    - Next: April 12, 11–11:30 a.m.
    - Full schedule at https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx
- **Join on your computer or mobile app** (no registration required)
    - Or call in (audio only): +1 971-277-2343

- Phone conference ID: 895 910 664#

SHARE (supporting health for all through reinvestment)

Webinar – Collaborating to address housing and homelessness: An overview for CCOs from one Oregon region's experience

Please join us for a webinar to learn about innovative ways for CCOs to collaborate within their region to address housing and homelessness. Kenny LaPoint, executive director of Mid-Columbia Community Action Council (MCCAC) will provide an overview of Oregon's state and local housing systems and share ideas about specific housing supports and services that CCOs can partner locally on, and potentially use Medicaid spending flexibilities to support (SHARE, HRS and ILOS). Housing and health partnership success stories from the MCCAC region will be shared. Some of these successes include: multiple agencies coming together to support a navigation shelter, aligning resources to ensure wraparound services for permanent supportive housing, and creating new housing units through pooled resources.

- **When**: April 13, 10:30–11:30 a.m.
- **Register here**: https://us02web.zoom.us/meeting/register/tZYkce6gqD8pHtfV8uz9fDdwX29NNMMIslEk
- **Webinar presenter**: Kenny LaPoint is the executive director for the Mid-Columbia Community Action Council. Kenny came to MCCAC from Oregon Housing and Community Services, Oregon's housing finance agency, where he served as the public affairs director for five years. Prior to that, Mr. LaPoint spent six years as the housing and resident services director for Housing Works, the Central Oregon Regional Housing Authority. Mr. LaPoint also served for over three years as a homeownership counselor for NeighborImpact, Central Oregon's Community Action Agency. Other prior service includes co-chair of Central Oregon's Homeless Leadership Coalition (the region's Continuum of Care); a member of the City of Bend's Affordable Housing Committee, President of the Cascade Chapter of NAHRO (National Association of Housing Redevelopment Officials), Neighborhood Partnership's Board of Directors, member of the community advisory council for Central Oregon's CCO and one of the founding members of Icon City, a Central Oregon nonprofit organization.
- **Contact**: Hannah Bryan, Oregon Rural Practice-based Research Network (bryanh@ohsu.edu)

SHARE office hours

OHA staff will hold office hours to answer CCO questions about SHARE Initiative deliverables. CCO staff may join at any point during the scheduled times:

- April 20, 9:30–10 a.m.
- May 18, 9:30–10 a.m.
- June 15, 9:30–10 a.m.

Join meeting (same link for all)
Or call in: +1 971-277-2343
Phone conference ID: 878 492 774#

Contact: Laura Kreger (Laura.E.Kreger@dhsoha.state.or.us)

2022 SHARE guidance and reporting templates

Guidance and templates for 2022 SHARE reporting are now available on OHA's SHARE webpage: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx

Updated materials include:

- Change log (start here to see an overview of the major changes made to the documents below)
- Guidance document
- FAQ
- Spending plan template

- Spending plan evaluation tool
- Detailed spending report template

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Contact: Nancy Goff (nancy055@gmail.com)

Value-based payment (VBP)

VBP pre-interview questionnaire, PCPCH and CDA data template

The 2022 VBP PCPCH data and CDA VBP data template (with evaluation criteria) is due May 6.

The 2022 VBP pre-interview questionnaire template is due May 7. OHA emailed each CCO VBP point of contact with their CCO's previous responses to update and a link to schedule their interview in June.

Contact: Lisa Krois (Lisa.R.Krois@dhsoha.state.or.us)

VBP Roadmap progress report

The VBP Roadmap progress report (OHSU, March 2022) is available here: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Oregon-Value-Based-Payment-Roadmap-for-CCOs-Progress-Report-March-2022.pdf

Contact: Lisa Krois (Lisa.R.Krois@dhsoha.state.or.us)

VBP resource library

OHA's value-based payment (VBP) website features a library of resources: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/VBP-Resource-Library.aspx

The library covers a wide range VBP topics, including:

- Overviews
- Risk stratification
- Attribution
- Evidence-based care and workflows
- Performance measurement
- Promoting health equity
- Emerging trends

In addition, you'll find sections on each of the five care delivery areas required in CCO contract:

- Hospital
- Maternity
- Behavioral Health
- Oral Health
- Children's Health

Audience: CCOs, other payers, and providers

Transformation Center technical assistance updates

For updates, sign up for the Transformation Center's events, resources and learning opportunities distribution list.

Statewide CCO Learning Collaborative Agenda

Quality and Health Outcomes Committee Meeting
April 11, 2022
11:30 a.m.–12:30 p.m.

Register here (required): https://www.zoomgov.com/meeting/register/vJIsf-6trDgvGE6jdbEj-0dpQ_nHpYaWWUY

Zoom meeting info

- **Link to join after registering:** https://www.zoomgov.com/j/1618752352?pwd=M2EwQ3VIVzU5Z1QzMS9mOHBWb2E0Zz09
- **Meeting ID:** 161 875 2352
- **Passcode:** 065215
- **One tap mobile:** +16692545252,,1618752352#,,,,*065215#

CCO incentive metric: Initiation and engagement of substance use disorder treatment (IET)

Session objective: Explore IET barriers and strategies for improved quality and health outcomes.

1. **Welcome and overview** (5 minutes)
    - Lisa Bui, Quality Improvement Director, OHA Health Policy and Analytics

2. **Review of IET measure specifications and CCO performance** (10 minutes)
    - Frank Wu, Quality Analyst, OHA Office of Analytics

3. **Impacts of SUD on health and utilization; importance of IET work** (10 minutes)
    - John McIlveen, PhD, LMHC, State Opioid Treatment Authority, OHA Health Systems Division

4. **Clinic experience with IET measure: barriers and strategies** (35 minutes)
    - Multnomah County Community Health Centers
        - Kevin Minor, LCSW, CADC II, Integrated Behavioral Health and Addictions Manager
        - Kristen Meyers, Program Specialist Senior, Integrated Behavioral Health
    - Virginia Garcia Memorial Health Center
        - Kimberly Wilcox, LPC, Director of Behavioral Health Services
        - Alli Diament, BA, CADC II, Substance Use and Care Coordination Manager

Hospital Discharge and Emergency Dept Visit Follow-up

Revision number: {2}	**Revision date:** 07/2021
Approved by: Med Dir.	**Approval date:** 08/2021

☐**UDS** ☒**CCO** ☐**Healthy People** ☐**Medicare Star** ☒**PCPCH**

CCO Measure Name: Plan All-Cause Readmission

CCO Measure Description: This measure looks specifically at members age 18 years of age and older with an acute impatient or observation stay discharge on or between January 1 and December 1 of the measurement year.

Denominator: The denominator for this measure is based on discharges, not members. Include all acute inpatient or observation stay discharges for nonoutlier members who had one or more discharges on or between January 1 and December 1 of the measurement year.

Numerator: At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.

Note: For definitions and steps in calculation refer to:
https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-2021-Specs-(Plan-All-Cause-Readmission)-20201230.pdf

CCO Measure Name: Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness

CCO Measure Description: This measure evaluates adult members experiencing mental illness who had an emergency department visit.

Denominator: 1,000 member months of the adult members enrolled with the organization, who are identified as having experienced mental illness. The adult members are identified as age 18 or older at the end of the measurement year. OHA uses claims from the measurement year, and the two years preceding the measurement year (a rolling look back period for total of 36 months), and the members who had two or more visits2 with any of the diagnoses in the Members Experiencing Mental Illness Value Set.

Numerator: Number of emergency department visits from the denominator members (members experiencing mental illness), during the enrollment span with the organization within the measurement year. Count each visit to an ED that does not result in an inpatient encounter once; count multiple ED visits on the same date of service as one visit.

Note: For value sets and additional information refer to:
https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-2021-specs-(Disparity)-20201222.pdf

Patient Center Primary Care Home (PCPCH) Attribute: 2.E.2

Attribute Description: PCPCH tracks selected utilization measures and sets goals and works to optimize utilization through monitoring selected measures on a regular basis, and enacting evidence-based strategies to promote appropriate utilization.

Detailed Workflow:

Nurse Case Management

Responsible: Registered Nurse (RN)

Patient Identification

1. Nurse logs in to Sky Link daily to review the ED and Inpatient Notification lists
2. Reviews patients on the list(s) to determine if they are a patient of Klamath Health Partnership (KHP)
3. For patients assigned to KHP, the Nurse will create a list for panel provider to contact for appropriate follow-up
4. Nurse will complete chart review to determine if the patient is already scheduled for a follow up appointment in clinic
5. Nurse will review relevant ED and/or inpatient hospital notes to gather information regarding the patient's ED or hospital inpatient visit

When the patient has completed an emergency department visit or been discharged from the hospital

(Excludes scheduled admissions, medical evaluations for residents of treatment facilities, patients transferred to another advanced care facility, or hospice)

1. Contact patient/guardian to complete an ER/Hospital follow up call
2. Ensure the patient has been scheduled for a follow up appointment, and schedule if needed
3. Confirm follow up appointment date and time with the patient

Note: If unable to reach patient/guardian, or if patient is coming in the same day for follow up, the Nurse will complete the documentation with all information available on Sky Link

4. Click Create Note and select an Orders Note
5. Click Select Template
    a. User: Tem Plates
    b. Folder: Nurse Case Managers
    c. Template: ED/Hospital Discharge Phone Call FU
6. In the HPI section of the note, complete all templated information including
    a. Visit Diagnosis
    b. Substance Use Disorder (SUD) information
    c. Treatment/Medical Decision Summary
    d. Medication information
    e. Information prior to visiting the ED/Hospital
    f. Date follow up call was completed
    g. Patient disposition
    h. Follow up appointment information

i. All other pertinent information related to the visit

7. In the Results section of the Note add in the appropriate questionnaire
    a. KOD ER Follow Up (For all emergency department visits)
    b. KOD Hospital Follow Up (For all hospital discharges)
8. Complete all sections of the questionnaire
9. ER Follow Up
    a. Date of service
    b. Time of visit
    c. Date of follow up call
    d. ER diagnosis
    e. Mental health status
    f. Controlled substance information
    g. If seen at ED or hospital within the last 30 days (Diagnosis and date)
    h. Date follow up appointment is scheduled in clinic
10. Hospital Follow Up
    a. Admission date
    b. Discharge date
    c. Discharging provider
    d. Diagnosis
    e. Date of follow up call
    f. Date follow up appointment is scheduled in clinic
    g. Mental health status
    h. Controlled substance information
    i. If seen at ED or hospital within the last 30 days (Diagnosis and date)
11. In the Assessment section of the note select all appropriate/applicable diagnosis codes
12. In the Plan section of the note order the Substance Use Disorder (SUD Referral) if indicated
13. Save & Sign Note
14. Print all relevant documentation for the provider (Discharge summary, labs, imaging, medication list, etc.)
    a. For patients who are agreeable with scheduling a follow-up appointment, the provider will review documentation and send documents to Medical Records to scan as appropriate
    b. For patients who decline a follow-up appointment, documents will be sent to Medical Records to be scanned to the provider for review

MINUTES

HEALTH EVIDENCE REVIEW COMMISSION
Online Meeting
March 10, 2022

Members Present: Kevin Olson, MD, Chair; Holly Jo Hodges, MD, MBA, Vice-Chair; Devan Kansagara, MD; Adriane Irwin, PharmD, Kathryn Schabel, MD; Max Kaiser, DO; Deborah Espesete, LAc, MAcOM, MPH; Cris Pinzon, MPH, BSN, BS, RN; Stacy Geisler, DDS, PhD; Ben Hoffman, MD.

Members Absent: Leslie Sutton; Mike Collins; Lynnea Lindsey, PhD.

Staff present: Ariel Smits, MD, MPH; Jason Gingerich; Daphne Peck.

Also Attending: Valerie King MD MPH & Shauna Durbin, (OHSU Center for Evidence-based Policy); Alison Little, MD MPH; Amanda Trujillo; Catherine Sweeney; Dana Pursley-Haner (Sherman County); Gary Hansen (RespirTech); Kristty Zamora-Polanco (Oregon Health Authority); l walker; Lisa Kouzes, DC; Maria Gonzalez-Cress; Melanie Ewald; Miriam McDonell, MD; Obinna Oleribe; Siobhan Hess; Stephanie.

Call to Order

Kevin Olson, Chair of the Health Evidence Review Commission (HERC), called the meeting to order; roll was called. A quorum of members was present at the meeting. Each Commissioner gave a brief introduction.

Minutes Approval

MOTION: To approve the minutes of the 11/18/2021 meeting as presented. CARRIES 11-0.

Director's Report

Legislative session
Gingerich reported there were no changes that affected the Commission this short session.

Plain language summary
He pointed out a new section to the meeting materials and asked for feedback. Gingerich said during the Value-based Benefits Subcommittee (VbBS) report we will pause to reflect on those new statements as they come up.

Required trainings
Gingerich said there are required trainings for Commissioners to take between March 15 and December 31, 2022. An email will be delivered soon with details.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) waiver
He said that EPSDT waiver that has been in effect since the 1990s has been dropped from Oregon's 1115 waiver application based on public feedback. Other OHA staff are preparing for the change by looking at operational changes and HERC staff are reviewing the unfunded region to identify things that

should be considered for reprioritization. The implementation for this change is January 2024, though some changes have already been made to the List and other changes will be recommended in coming months.

Membership

- Regina Dehen resigned from VbBS. There is an opening for a naturopath. Recruitment will begin soon.
- Committee appointments
    - Evidence-based Guidelines Subcommittee (EbGS)
        - Appoint Dr. Ben Hoffman
            - Commissioner and a pediatrician
        - Appoint Dr. Miriam (Mimi) McDonnell
            - An obstetrician/gynecologist and a public health officer
        - Dr. Alison Little as Vice Chair, to be nominated and appointed at EbGS
            - Long serving member of the Commission; she will retire from the Commission at the year's end.
    - Dr. Stacy Geisler will serve on the Oral Health Advisory Panel; no vote is required

MOTION: To Appoint Dr. Hoffman to EbGS. CARRIES: 11-0.

MOTION: To Appoint Dr. McDonnell to EbGS. CARRIES: 11-0.

Value-based Benefits Subcommittee (VbBS) Report on Prioritized List Changes
Meeting materials pages 60-137

Ariel Smits reported the VbBS met earlier in the day, 3/10/2022. She summarized the subcommittee's recommendations.

RECOMMENDED CODE MOVEMENT (changes to the 10/1/2021 Prioritized List unless otherwise noted)

- Move the diagnosis code for inflammatory joint diseases associated with autoimmune gut disease from an unfunded to a funded line
- Add the procedure code for platelet rich plasma injections to an unfunded line
- Add a procedure code to allow minimally invasive ablation of small renal tumors to the funded renal cancer line
- Add the CPT codes for gait analysis and surface electromyography to an unfunded line
- Delete the diagnosis code for extra toes from an unfunded line and left only on a funded line
- Add the procedure code for dorsal rhizotomy to a funded line to pair with spastic cerebral palsy
- Make a variety of straightforward coding changes

ITEMS CONSIDERED BUT NO RECOMMENDATIONS FOR CHANGES MADE

- No change was made in the non-coverage of mid-foot fusion for foot arthritis
- No change was made in the non-coverage of treatment of actinic keratoses
- No change was made to the non-coverage of sensory integration therapy

RECOMMENDED GUIDELINE CHANGES (changes to the 10/1/2021 Prioritized List unless otherwise noted)

- Edit the chemodenervation guideline to include two additional lines with chemodenervation codes

- Add a new guideline indicating that pelvic congestion syndrome is a non-funded syndrome and does not pair with various vein procedures
- Edit the breast reconstruction after breast cancer surgery guideline to clarify that reconstruction is also covered after lumpectomy.
- Delete two guidelines regarding breast screening and extensively edit one guideline to indicate when breast MRI is a covered service
- Add a new guideline outlining when ablation of renal tumors is covered
- Edit the lower urinary tract symptoms guideline to clarify when procedures are covered
- Add a new guideline regarding dorsal rhizotomy
- Make several straightforward guideline note changes

2024 Biennial Review
- Delete the agenesis of lung line effective 1/1/2024
- Delete the spastic diplegia line effective 1/1/2024

MOTION: To accept the VbBS recommendations on *Prioritized List changes* as stated. See the VbBS minutes of 3/10/2022 for a full description. Carries: 11-0.

Coverage Guidance Topic: High-Frequency Chest Wall Oscillation Devices
Meeting materials handout, pages 2-43

Gingerich said a team member discovered a significant error in the coverage guidance during preparations for today's meeting. The error resulted in a key piece of evidence having its confidence level downgraded.

Valerie King, MD MPH said the evidence in question was a confusing Cochrane review where most of the evidence for cystic fibrosis was found. In that review, there was one randomized control trial (RCT) where the Cochrane Review authors had obtained some unpublished data from the authors of one included RCT. A non-eligible comparator was mistakenly used. It was on this issue of hospitalizations that took the confidence of evidence from being low to very low. This could possibly change the conclusions about cystic fibrosis and may influence extrapolations of that evidence to bronchiectasis.

Hoffman said chest physical therapy (PT) is hard to do and is time consuming.

Gingerich said the Commission could choose to send the edited coverage guidance out to public comment or return it to the subcommittee for further review and study.

MOTION: To return the coverage guidance to EbGS for further review. Carries 11-0.

Public Comment

There was no public comment.

Adjournment

Meeting adjourned at 3:30 pm. Next meeting will be from 1:30-4:30 pm on Thursday, May 19, 2022, by Zoom, online.

Value-based Benefits Subcommittee Recommendations Summary
For Presentation to:
Health Evidence Review Commission on March 10, 2022

For specific coding recommendations and guideline wording, please see the text of the 3/10/2022 VbBS minutes.

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2024 Biennial Review

- Delete the agenesis of lung line effective 1/1/2024
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VALUE-BASED BENEFITS SUBCOMMITTEE
Virtual Meeting
March 10, 2022
8:00 AM – 1:00 PM

Members Present: Kevin Olson, MD, Chair; Holly Jo Hodges, MD, MBA, Vice-chair; Cris Pinzon, MPH, BSN, BS, RN; Brian Duty, MD; Adriane Irwin, PharmD; David Saenger, MD.

Members Absent: Kathryn Schabel, MD; Mike Collins.

Staff Present: Ariel Smits, MD, MPH; Jason Gingerich; Daphne Peck.

Also Attending: Dawn Mautner, MD; Kristty Zamora-Polanco and Senna Towner (Oregon Health Authority); Jenna Oh; l walker; Lisa Kouzes; Maria Gonzalez-Cress; Obinna Oleribe; Shauna Durbin and Val King MD MPH (Center for Evidence Based Health Policy); siobhan hess

- **Roll Call/Minutes Approval/Staff Report**

  The meeting was called to order at 8:00 am and roll was called. A quorum of members was present at the meeting. Minutes from the November 18, 2021 VbBS meeting were reviewed and approved.

  Gingerich gave an update on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) changes that are anticipated to be put into place on 1/1/2024, as well as the impact of recent changes to Statement of Intent 4 around allowing otherwise nonfunded services to be covered if they would benefit a child in terms of growth, development or ability to participate in school. He mentioned a recent CMS letter with requirements that treatments related to "long COVID" should be covered when medically necessary even if they wouldn't otherwise be covered, which is in some ways similar to the EPSDT changes coming in 2024.

  Gingerich made announcements of membership changes. He also introduced HERC staff trial of plain language summaries to certain issues summaries in today's meeting materials and asked for member and public feedback.

  Smits reviewed the errata document, as well as the January 1, 2022 placement of newly ACIP-approved pneumococcal vaccine CPT codes on a funded line per expressed HERC intent.

- **Topic: Straightforward/Consent Agenda**

Discussion: There was discussion on the following items:

1) CPT 87913 (COVID genotyping). Olson asked whether there was a pressing reason to add this code to the Diagnostic Procedure File as it is not currently required for clinical care and is subject to misuse. Smits noted that the code could be added to the COVID line to only pair with COVID infection. Gingerich noted that there were federal rules regarding COVID testing that would need to be consulted if this test was not covered. The group agreed to the staff recommended placement on the Diagnostic Procedure File, but requested that staff periodically audit use and bring this information to the HERC for possible action if overused.

2) Newborn home visits: Gingerich noted that these services are a carve-out and do not have cost to the CCOs.

Recommended Actions:

1) Add M62.81 (Muscle weakness (generalized)) to the dysfunction lines 71,292,345 and 377
2) Remove N96 (Recurrent pregnancy loss) from line 658 GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
    a. Advise HSD to add N96 to the Diagnostic Workup File
3) Remove H02.73 family (Vitiligo of eyelid and periocular area) from line 654 SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
    a. Add H02.73 family to lines 426 SEVERE INFLAMMATORY SKIN DISEASE and 656 DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
4) Remove K22.10 (Ulcer of esophagus without bleeding) from line 513 ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA
    a. Add K22.10 to line 56 ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
5) Remove M35.00 (Sjogren syndrome, unspecified) from line 510 DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION
    a. Add M35.00 to line 330 SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME
6) Remove L49.7 (Exfoliation due to erythematous condition involving 70-79 percent of body surface) from lines 57 SEVERE BURNS and 127 MODERATE BURNS
    a. Add L49.7 to line 504 ERYTHEMATOUS CONDITIONS
7) Remove H70.1 (Chronic mastoiditis) and H70.9 families (Unspecified mastoiditis) from line 476 CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM
    a. Add H70.1 and H70.9 families to line 170 ACUTE MASTOIDITIS
8) Change the title of line 482 to MILD/MODERATE LICHEN PLANUS
9) Remove D78.02 (Intraoperative hemorrhage and hematoma of the spleen complicating other procedure) from line 529 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
    a. Add D78.02 to line 285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
10) Remove B33.2 family (Viral endocarditis, myocarditis, pericarditis, cardiomyopathy) from line 615 OTHER VIRAL INFECTIONS
    a. Add B33.2 family to line 81 MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS
11) Remove H16.31 (Corneal abscess) family from line 473 KERATOCONJUNCTIVITIS
    a. Add H16.31 family to line 244 CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA

12) Add HCPCS C9761 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable) to lines 49 CONGENITAL HYDRONEPHROSIS, 180 URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER, and 352 URINARY SYSTEM CALCULUS
13) Add 67515 (Injection of medication or other substance into Tenon's capsule) to lines 370 AMBLYOPIA and 393 STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN
14) Remove 17000 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion) from lines 373 ACNE CONGLOBATA AND ACNE FULMINANS, 453 SEVERE CYSTIC ACNE, 522 ROSACEA; MILD/MODERATE ACNE
15) Add N48.82 (Acquired torsion of penis) to line 424 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
16) Modify GN73 as shown in Appendix A
17) Add the following CPT codes to line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
    a. 91308 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
    b. 0081A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
    c. 0081B Second dose
    d. 91309 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
    e. 0094A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose
18) Add CPT 87913 (Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)) to the Diagnostic Procedure File
19) Modify Diagnostic Guideline D27 as shown in Appendix A
20) Add CPT 99502 (Home visit for newborn care and assessment) to line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
21) Add CPT 99501 (Home visit for postnatal assessment and follow-up care) to line 1 PREGNANCY
22) Add the S86.11 family (Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level) to line 376 DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT
23) Add the S46.00 family (Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of shoulder) to line 417 DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6 and 608 SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
    a. Remove the S46.00 family from line 634 SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS

24) Add the S46.09 family (Other injury of muscle(s) and tendon(s) of the rotator cuff of shoulder), S46.19 family (Other injury of muscle, fascia and tendon of long head of biceps), S46.29 family (Other injury of muscle, fascia and tendon of other parts of biceps), S46.39 family (Other injury of muscle, fascia and tendon of triceps), S46.89 family (Other injury of other muscles, fascia and tendons at shoulder and upper arm level), and S46.99 family (Other injury of unspecified muscle, fascia and tendon at shoulder and upper arm level) to lines 376, 417, and 608 and remove from line 634
25) Table:

Code	**Add to line**	**Delete from line**
S56.00 family (Unspecified injury of flexor muscle, fascia and tendon of right thumb at forearm level)	376 DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT 608 SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR	634 SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
S56.09 family (Other injury of flexor muscle, fascia and tendon of right thumb at forearm level)	376 608	634
S56.19 family (Other injury of flexor muscle, fascia and tendon of index finger at forearm level)	376 608	634
S56.20 family (Unspecified injury of other flexor muscle, fascia and tendon at forearm level)	376 608	634
S56.29 family (Other injury of other flexor muscle, fascia and tendon at forearm level)	376 608	634
S56.39 family (Other injury of extensor or abductor muscles, fascia and tendons of thumb at forearm level)	376 608	634
S56.49 family (Other injury of extensor muscle, fascia and tendon of middle finger at forearm level)	376 608	634
S56.59 family (Other injury of other extensor muscle, fascia and tendon at forearm level)	376 608	634
S56.89 family (Other injury of other muscles, fascia and tendons at forearm level)	376 608	634
S66.00 family (Unspecified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634
S66.09 family (Other specified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634

S66.10 family (Unspecified injury of flexor muscle, fascia and tendon of index finger at wrist and hand level)	376 608	634
S66.19 family (Other injury of flexor muscle, fascia and tendon of index finger at wrist and hand level)	376 608	634
S66.20 family (Unspecified injury of extensor muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634
S66.29 family (Other specified injury of extensor muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634
S66.30 family (Unspecified injury of extensor muscle, fascia and tendon of other finger at wrist and hand level)	376 608	634
S66.39 family (Other injury of extensor muscle, fascia and tendon of index finger at wrist and hand level)	376 608	634
S66.40 family (Unspecified injury of intrinsic muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634
S66.49 family (Other specified injury of intrinsic muscle, fascia and tendon of thumb at wrist and hand level)	376 608	634
S66.50 family (Unspecified injury of intrinsic muscle, fascia and tendon of index finger at wrist and hand level)	376 608	634
S66.59 family (Other injury of intrinsic muscle, fascia and tendon of index finger at wrist and hand level)	376 608	634
S76.09 family (Other specified injury of muscle, fascia and tendon of hip)	376 608	634
S76.10 family (Unspecified injury of quadriceps muscle, fascia and tendon)	376 608	634
S76.20 family (Unspecified injury of adductor muscle, fascia and tendon of thigh)	376 608	634
S86.00 family (Unspecified injury of right Achilles tendon)	376 608	634
S86.09 (Other specified injury of Achilles tendon), S96.00 family (Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level)	376 608	634
S96.09 family (Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level)	376 608	634

S96.10 family (Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level)	376 608	634
S96.19 family (Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level)	376 608	634
S96.20 family (Unspecified injury of intrinsic muscle and tendon at ankle and foot level)	376 608	634
S96.29 family (Other specified injury of intrinsic muscle and tendon at ankle and foot level)	376 608	634

26) Add the S76.29 family (Other injury of adductor muscle, fascia and tendon of right thigh), S76.39 family (Other specified injury of muscle, fascia and tendon of the posterior muscle group at thigh level), S86.19 (Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level), S86.29 (Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level) and S86.39 (Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level) to lines 376, 432 INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT, and 608 and remove from line 634
27) Add HCPCS C97640-C9767 (Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement) to line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
    a. Modify GN173 as shown in Appendix A
28) Remove ICD-10-CM F98.3 (Pica of infancy and childhood) from line 631 PICA
29) Rename line 631 PICA IN ADULTS
30) Make no change in the non-pairing of mid-foot arthrosis with foot arthritis

MOTION: To approve the recommendations stated in the consent agenda. CARRIES 6-0.

- **Topic: Chemodenervation (botulinum toxin) guideline update**

Discussion: There was no discussion about this topic.

Recommended Actions:
1) Modify GN219 as shown in Appendix A

MOTION: To recommend the guideline note changes as presented. CARRIES 6-0.

- **Topic: Enteropathic arthropathies**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Remove ICD-10-CM M07.6 code family (enteropathic arthropathy) from line 659 MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY.
2) Add ICD-10-CM M07.6 family (enteropathic arthropathy) to line 46 RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES

MOTION: To recommend the code changes as presented. CARRIES 6-0.

- **Topic: Erythropoietin in chronic kidney disease**

Discussion: There was concern about the proposed addition of coverage of ICD-10-CM D63.1 (Anemia in chronic kidney disease). This code is listed in coding guidelines as "epo resistant anemia." It also does not specify what level of renal dysfunction is required for treatment. Staff were instructed to clarify this topic and bring back to a future meeting.

- **Topic: Pelvic congestion syndrome**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Add a new guideline note to line 532 CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA as shown in Appendix B

MOTION: To recommend the guideline note changes as presented. CARRIES 6-0.

- **Topic: Platelet rich plasma**

Discussion: Smits introduced the summary document. Olson requested that when prior coverage guidances are referenced in a review, that a link to or a copy of that coverage guidance be provided.

Recommended Actions:

1) Add CPT 0232T (Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed) to line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
    a. Modify GN173 as shown in Appendix A

MOTION: To recommend the code and guideline note changes as presented. CARRIES 6-0.

- **Topic: Breast reconstruction after lumpectomy**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Modify Guideline Note 79 as shown in Appendix A

MOTION: To recommend the guideline note changes as presented. CARRIES 6-0.

- **Topic: Breast MRI guidelines**

Discussion: Smits introduced the summary document. Olson expressed concerns that situations recommended by NCCN and American Society of Breast Surgeons, such as multifocal disease, lobular breast cancer, extremely dense breasts or discrepancies in tumor size between imaging studies. In these cases, MRI can help determine whether a patient is a candidate for a lumpectomy rather than a mastectomy, or whether a patient requires a bilateral mastectomy. The new breast MRI guideline was modified to include such coverage.

Gingerich suggested deleting the reference to the breast MRI coverage guidance from the new guideline as the coverage guidance has been retired. This was accepted without discussion.

Recommended Actions:

1) Retire the following Coverage Guidances
    a. Breast Cancer Screening in Women at Above Average Risk
    b. PET For Breast Cancer (recently revised PET coverage criteria)
    c. MRI for Breast Cancer Diagnosis (last affirmed 2016)
    d. MRI for Breast Cancer Screening (outdated)
2) Delete Diagnostic Guideline D9 and Guideline Note 26
3) Revise Diagnostic Guideline D6 as shown in Appendix A

MOTION: To recommend the guideline note changes as amended. CARRIES 6-0.

- **Topic: Actinic keratoses**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Make no change in the placement of ICD-10 L57.0 (Actinic keratoses) on line 627 BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES.

- **Topic: Radiofrequency ablation and cryotherapy for select renal cell cancers**

Discussion: Smits introduced the summary document. There was some discussion regarding whether to cover these procedures for renal cell cancers up to 4 cm. The group decided that the major guidelines recommended under 3cm and that size was kept in the proposed new guideline.

Recommended Actions:

1) Add CPT 50592 (Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency) and 50593 (Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy) to line 214 CANCER OF KIDNEY AND OTHER URINARY ORGANS
    a. Advise HSD to remove CPT 50593 from the Ancillary Procedures File
    b. Delete CPT 50592 from line 662/GN173 as shown in Appendix A
2) Add a new guideline to line 214 as shown in Appendix B

MOTION: To recommend the code and guideline note changes as presented. CARRIES 6-0.

- **Topic: Clarification of the lower urinary tract symptoms (LUTS) guideline**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Modify GN145 as shown in Appendix A

MOTION: To recommend the guideline note changes as presented. CARRIES 6-0.

- **Topic: Sensory integration therapy**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Update the GN173 entry as shown in Appendix A

MOTION: To recommend the guideline note changes as presented. CARRIES 6-0.

- **Topic: Congenital foot deformity code review**

Discussion: Smits introduced the summary document. Hodges requested that staff consult with orthopedics or other subject matter experts to ensure that the coding changes proposed are appropriate. Staff will consult experts and bring this topic back to a future meeting for further discussion.

- **Topic: Gait analysis and surface electromyography**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Add CPT 96000-96004 (Comprehensive computer-based motion analysis by video-taping and 3D kinematics; Dynamic surface electromyography) to line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
    a. Advise HSD to remove these codes from the Ancillary and Diagnostic Procedures files
2) Modify GN173 as shown in Appendix A

MOTION: To recommend the code and guideline note changes as presented. CARRIES 6-0.

- **Topic: Polydactyly clarification**

Discussion: There was no discussion about this topic.

Recommended Actions:

1) Remove ICD-10-CM Q69.9 (Polydactyly, unspecified) from line 579 CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES
2) Rename line 579 CAVUS DEFORMITY OF FOOT; FLAT FOOT; ~~POLYDACTYLY AND~~ SYNDACTYLY OF TOES

MOTION: To recommend the code changes as presented. CARRIES 6-0.

- **Topic: 2024 Biennial Review: agenesis of lung**

Discussion: There was no discussion about this topic.

Recommended Actions:

Effective 1/1/2024:

1) Delete Line 647 AGENESIS OF LUNG

MOTION: To recommend the biennial review change as presented. CARRIES 6-0.

- **Topic: 2024 Biennial Review: Dorsal rhizotomy for spastic diplegic cerebral palsy**

Discussion: There was no discussion about this topic.

Recommended Actions:

Effective October 1 2022:

1) Add CPT 63185 and 63190 (laminectomy with rhizotomy) to line 292 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
2) Adopt the new guideline shown in Appendix B for line 292
3) Strike through line 491 SPASTIC DIPLEGIA Treatment: RHIZOTOMY for the 10/1/22 Prioritized List

Effective 1/1/2024:

1) Delete Line 491 SPASTIC DIPLEGIA

MOTION: To recommend the code and guideline note changes and Biennial Review changes as presented. CARRIES 6-0.

- **Public Comment:**

  No additional public comment was received.

- **Issues for next meeting:**
  -Coding for erythropoietin in chronic kidney disease
  -Congenital foot deformity review

- **Next meeting:**

  May 19, 2022; Virtual meeting

- **Adjournment:**

  The meeting adjourned at 11:15 AM.

Appendix A

Revised Guideline Notes

DIAGNOSTIC GUIDELINE D6, ~~BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN~~ BREAST MRI

~~Annual screening mammography and annual screening MRI are covered only for women at above-average risk of breast cancer. This coverage, beginning at 30 years of age, includes women who have one or more of the following:~~

- ~~Greater than 20% lifetime risk of breast cancer~~
- ~~BRCA1 or BRCA2 gene mutation, or who have not been tested for BRCA but have a first-degree relative who is a BRCA carrier~~
- ~~A personal history or a first-degree relative diagnosed with Bannayan-Riley-Ruvalcaba syndrome, Cowden syndrome, or Li-Fraumeni syndrome~~
- ~~Other germline gene mutations known to confer a greater than 20% lifetime risk of breast cancer~~

~~For women with a history of high dose chest radiation (≥ 20 Gray) before the age of 30, annual screening MRI and annual screening mammography are covered beginning 8 years after radiation exposure or at age 25, whichever is later.~~

~~For women with both a personal history and a family history of breast cancer which give a greater than 20% lifetime risk of breast cancer, annual mammography, annual breast MRI and annual breast ultrasound are covered.~~

A) Annual breast MRI screening for high-risk patients
   1) For individuals with a genetic mutation known to confer a greater than 20% lifetime risk of breast cancer (e.g. BRCA1, BRCA2, Bannayan-Riley-Ruvalcaba syndrome, Cowden syndrome, or Li-Fraumeni syndrome), beginning 10 years prior to when the youngest family member was diagnosed with breast cancer (but not prior to age 25 years) or age 40 years, whichever comes first
   2) For individuals who received high dose chest radiation (≥ 20 Gray) between the ages of 10 and 30 years beginning 8 years after radiation exposure or at age 25, whichever is later
   3) For individuals with a lifetime risk of ≥ 20% as defined by models that are largely dependent on family history, beginning 10 years prior to when the youngest family member was diagnosed with breast cancer (but not prior to age 25 years) or age 40 years, whichever comes first

B) Evaluation of possible breast cancer
   1) To search for occult breast cancer in patients with Paget's disease of the nipple or in patients with axillary node metastasis when clinical examination and conventional breast imaging fail to detect a primary breast cancer
   2) For the further evaluation of suspicious clinical or imaging findings that remain indeterminate after complete mammographic and sonographic evaluations in lesions that do not meet criteria for breast biopsy

C) Preoperative breast MRI
   1) for patients with recently diagnosed breast cancer who qualify for MRI screening based on the high-risk criteria in section A above

2) For determining the extent of cancer or presence of multi-focal or multi-centric tumor or the presence of contralateral cancer, in patients with a proven breast cancer and associated clinical or conventional indeterminate imaging findings suspicious for malignancy. This may include patients with invasive lobular carcinoma or extremely dense breast tissue (limiting mammographic sensitivity), or when there are significant discrepancies in the estimated tumor size as measured on clinical exam, mammogram, and ultrasound

D) Evaluation of suspected breast implant rupture

3) Breast MRI is covered for evaluation of suspected breast implant rupture, if the MRI findings will aid the decision-making for implant removal or aid the diagnostic evaluation of indeterminate clinical or conventional imaging findings in patients with implants

For women with increased breast density, supplemental screening with breast ultrasound, MRI, or digital breast tomosynthesis is not covered.

Breast PET-CT scanning and breast-specific gamma imaging are not covered for breast cancer screening.

~~For surveillance for a treated breast cancer, see Guideline Note 26 BREAST CANCER SURVEILLANCE.~~

~~The development of this guideline note was informed by a HERC coverage guidance. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx~~

DIAGNOSTIC GUIDELINE D27, SARS-COV-2 (COVID-19) TESTING

Testing for SARS-CoV-2 (COVID-19) virus RNA or viral antigen is a covered diagnostic service. Testing for viral variants/mutations (CPT 87913) is only covered when required to guide patient treatment.

Antibody testing for SARS-CoV-2 (COVID-19; CPT 86413, 86328 or 86769) is covered as diagnostic only when such testing meets the following criteria:

A) Testing is done using tests that have FDA Emergency Use Authorization (EUA) or FDA approval; AND

B) Testing is used as part of the diagnostic work up in hospitalized patients of

1) Acute COVID-19 infection in a patient with a previous negative COVID-19 antibody test and a negative COVID-19 RNA or viral antigen test; OR

2) Complications of COVID-19 infection, such as myocarditis, coagulopathy, or multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A).

~~**GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE**~~

~~*Line 191*~~

~~History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.~~

~~Mammography is indicated annually, and patients treated with breast-conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.~~

Appendix A

~~No other surveillance testing is indicated.~~

~~For ongoing screening for a new breast cancer, see Guideline Note 2006 BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN.~~

GUIDELINE NOTE 73, PENILE ANOMALIES

Lines 424,433,571,658

Congenital anomalies of the penis (ICD-10-CM Q54.4, Q55.5 and Q55.6) are included on Line 434 only when they

A. Are associated with hypospadias, OR
B. Result in documented urinary retention, OR
C. Result in repeated urinary tract infections, OR
D. Result in recurrent infections such as meatitis or balanitis, OR
E. Involve 35 degrees of curvature or greater for conditions resulting in lateral or ventral curvature, OR
F. Involve 60 degrees of rotation or greater for conditions resulting in penile torsion, OR
G. Involve aplasia/congenital absence of the penis.

Otherwise, these diagnoses are included on Line 658.

Acquired anomalies of the penis (ICD-10-CM N48.82, N48.83, N48.89 or T81.9XXA) are included on Line 424 only when they are the result of a prior penile procedure AND either

A. Result in a skin bridge, OR
B. Result in a buried penis, OR
C. Are associated with hypospadias, OR
D. Result in documented urinary retention, OR
E. Result in repeated urinary tract infections, OR
F. Result in recurrent infections such as meatitis or balanitis, OR
G. Involve 35 degrees of curvature or greater for conditions resulting in lateral or ventral curvature, OR
H. Involve 60 degrees of rotation or greater for conditions resulting in penile torsion.

Otherwise, these diagnoses are included on Line 571 or Line 658.

GUIDELINE NOTE 79, BREAST RECONSTRUCTION

Line 191

Breast reconstruction is only covered after mastectomy, or lumpectomy that results in a significant deformity or asymmetry, as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy or lumpectomy.

Breast reconstruction may include contralateral reduction mammoplasty (CPT 19318) or contralateral mastopexy (CPT 19316). Mastopexy is only to be covered when contralateral reduction mammaplasty is inappropriate for breast reconstruction and mastopexy will accomplish the desired reconstruction result.

Appendix A

GUIDELINE NOTE 145, TREATMENTS FOR BENIGN PROSTATE ENLARGEMENT WITH LOWER URINARY TRACT SYMPTOMS

Line 327

For men with lower urinary tract symptoms (LUTS) due to benign prostate ~~enlargement, surgical procedures are included on these lines only if symptoms are severe, and if drug treatment and conservative management options have been unsuccessful or are not appropriate.~~ hyperplasia (BPH), surgical procedures are included on this line for patients with one of the following:

A) Refractory urinary retention; OR
B) Recurrent urinary tract infections due to BPH; OR
C) Recurrent bladder stones or gross hematuria due to BPH; OR
D) Severe symptoms (International Prostate Symptom Score (IPSS) of 20-35) in patients who are not candidates for drug treatment due to intolerable side effects or have failed combination therapy with an alpha-blocker and 5-alpha reductase inhibitor for at least 3 months.

Prostatic urethral lift procedures (CPT 52441, 52442, HCPCS C9739, C9740) are included on Line 327 when the following criteria are met:

- Age 50 or older
- Estimated prostate volume < 80 cc
- IPSS ≥ 13
- No obstructive median lobe of the prostate identified on cystoscopy at the time of the procedure

The following interventions for benign prostate enlargement are not included on Line 327 due to lack of evidence of effectiveness:

- Botulinum toxin
- HIFU (High Intensity Focused Ultrasound)
- TEAP (Transurethral Ethanol Ablation of the Prostate)
- Laser coagulation (for example, VLAP/ILC)
- Prostatic artery embolization

The development of this guideline note was informed by a HERC coverage guidance. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx

GUIDELINE NOTE 219, CHEMODENERVATION

Lines 292,327,351,362,378,393,410,500,517,526

Inclusion of chemodenervation on the Prioritized List has the following limitations for the lines specified below:

Line 292 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83)

Line 327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of idiopathic detrusor over-activity or neurogenic detrusor over-activity (ICD-10-CM N32.81) in

patients who have not responded to or been unable to tolerate at least two urinary incontinence antimuscarinic therapies (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium). Treatment is limited to 90 days, with additional treatment only if the patient shows documented positive response. Positive response to therapy is defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency.

Line 351 STRABISMUS DUE TO NEUROLOGIC DISORDER

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10-CM H50.89).

Line 362 DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM

Chemodenervation with botulinum toxin injection (CPT 64612, 64616) is included on this line only for treatment of blepharospasm (ICD-10-CM G24.5), spasmodic torticollis (ICD-10-CM G24.3), and other fragments of torsion dystonia (ICD-10-CM G24.9).

Line 378 ESOPHAGEAL STRICTURE; ACHALASIA

Chemodenervation with botulinum toxin injection (CPT 43201) is included on this line for treatment of achalasia (ICD-10 K22.0).

Line 393 STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10-CM H50.89).

Line 410 MIGRAINE HEADACHES

Chemodenervation for treatment of chronic migraine (CPT 64615) is included on this line for prophylactic treatment of adults who meet all of the following criteria:

A) have chronic migraine defined as headaches on at least 15 days per month of which at least 8 days are with migraine

B) has not responded to or have contraindications to at least three prior pharmacological prophylaxis therapies (e.g. beta-blocker, anticonvulsant or tricyclic antidepressant)

C) their condition has been appropriately managed for medication overuse

D) treatment is administered in consultation with a neurologist or headache specialist.

Treatment is limited to two injections given 3 months apart. Additional treatment requires documented positive response to therapy. Positive response to therapy is defined as a reduction of at least 7 headache days per month compared to baseline headache frequency.

Line 500 SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS

Chemodenervation with botulinum toxin injection (CPT 64611) is included on this line for the treatment of excessive salivation.

Line 517 DISORDERS OF SWEAT GLANDS

Chemodenervation with botulinum toxin injection (CPT 64650, 64653) is included on this line for the treatment of axillary hyperhidrosis and palmar hyperhidrosis (ICD-10-CM L74.52, R61).

Line 526 CHRONIC ANAL FISSURE

Chemodenervation with botulinum toxin injection (CPT 46505) is included on this line for the treatment of anal fissures.

Appendix A

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 662

The following Interventions are prioritized on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Insufficient evidence of effectiveness	March 2022
C9764-C9767 C9772-C9775	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies) ~~tibial/peroneal artery(ies),~~ with intravascular lithotripsy	Insufficient evidence of effectiveness	March 2022
~~50592~~	~~Radiofrequency ablation, 1 or more renal tumor(s)~~	~~Insufficient evidence of effectiveness~~	~~December 2005~~
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands	Insufficient evidence of effectiveness	~~August 2010~~ March 2022
96000-96004	Comprehensive computer-based motion analysis by video-taping and 3D kinematics Dynamic surface electromyography	Insufficient evidence of effectiveness	March 2022

Appendix B

New Guideline Notes

GUIDELINE NOTE XXX PELVIC CONGESTION SYNDROME

Line 532

Pelvic congestion syndrome is included on this line using ICD-10-CM N94.89. This condition does not pair with any vein embolization procedures due to lack of evidence of effectiveness.

GUIDELINE NOTE XXX THERMAL ABLATION OF RENAL CELL CARCINOMA

Line 214

Thermal ablation (e.g., cryosurgery, radiofrequency ablation; CPT 50592, 50593) is included on this line only when:

1) The patient has biopsy-confirmed stage T1 renal cell cancer of <3 cm size; AND
2) The patient either has a surgically inoperable tumor(s) or is a poor candidate for standard treatments (i.e., nephrectomy).

GUIDELINE NOTE XXX DORSAL RHIZOTOMY FOR SPASTIC CEREBRAL PALSY

Line 292

Dorsal rhizotomy (CPT 63185 and 63190) is only included on this line for patients who meet ALL of the following criteria:

A) Has spastic diplegic cerebral palsy (ICD-10-CM G80.1); AND
B) Is a child aged 2 to 10 years; AND
C) Has good intrinsic lower extremity motor power, but is limited in ambulation by spasticity; AND
D) Has the functional capacity and motivation to participate in post-operative rehabilitation; AND
E) Has failed or been unable to tolerate other conservative treatment (e.g., pharmacotherapy, orthopedic management, physical therapy); AND
F) Has no contraindications to the procedure (e.g., significant scoliosis, progressive neurological disorders, severe fixed joint deformities)

Use these instructions as a guide to complete the PIP Submission Form. Each section provides detailed information on the documentation requirements for each step.

Demographic Information	
CCO/DCO Name:	Type of Delivery System:
Project Leader Name:	Title:
Telephone Number:	Email Address:
Name of Project: ***<PIP Topic>***	
Submission Date:	
Resubmission Date (if applicable):	

Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State.

Topic:

Clearly state the topic. Specify if the topic was assigned by the State. Explain how the topic was selected, addressing the following required criteria:

1. **Was selected following collection and analysis of data. (Critical Element)**
   - Provide plan-specific data and an analysis of the data to support the selection of the topic. The topic should be selected through a comprehensive analysis of member needs, care, and services.
   - Clearly describe the identified opportunity for improvement.
   - If no plan-specific data were available
     - Provide the rationale for why the data were not included.
     - Provide plan-specific baseline data and an analysis of the data.

2. **Has the potential to affect member health, functional status, or satisfaction.**
   - The narrative should explain how the topic has the potential to affect member health, functional status, or satisfaction.

Step 2: Define the PIP Aim Statement(s). Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

PIP Aim Statement(s):

Ensure the statement(s) addresses the following criteria:

1. **States the area in need of improvement in simple terms. (Critical Element)**
   - The statement(s) should be stated in the recommended format, "Does doing X result in Y?"
   - The statement(s) should include either the proposed intervention(s) or "targeted intervention(s)".
   - The statement(s) must be documented in clear, concise, and measurable terms.
   - Clearly specify the population for the PIP within the statement(s).
   - The statement(s) must be answerable through the proposed data collection methodology and indicator(s) provided.

Step 3: Define the PIP Population. The population should be clearly defined to represent the population to which the statement(s) and indicator(s) apply.

Population:

Describe the PIP population and methods for identifying the population, addressing the following criteria:

1. **Is accurately and completely defined and captures all eligible members to whom the statement(s) applies. (Critical Element)**
   - Include the requirements for the length of enrollment, continuous enrollment, new enrollment, and allowable gap criteria.
   - Include the age range and the anchor dates used to identify age criteria, if applicable.
   - Include all inclusion, exclusion, and diagnosis criteria used to identify the eligible population. Criteria identifying numerator compliance should not be provided in Step 3.
   - Include a list of diagnosis/procedure/pharmacy/billing codes used to identify the eligible population, if applicable. Codes identifying numerator compliance should not be provided in Step 3.
   - Capture all members to whom the statement(s) applies.
   - Include how race and ethnicity will be identified, if applicable.
   - If members with special healthcare needs were excluded, provide the rationale for the exclusion.

Step 4: Use Sound Sampling Methods. If sampling is used to select members for the PIP, proper sampling methods are necessary to ensure valid and reliable results. Sampling methods should be in accordance with generally accepted principles of research design and statistical analysis.

Sampling Methods:

Enter sampling methods used to select members for the population. Please ensure that the description addresses all criteria below. For each measurement period and indicator, provide the following information in the table.

If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

1. Enter the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1).
2. Provide the title of each indicator.
3. Provide the sampling frame size. The sampling frame is the universe of members of the target PIP population from which the representative sample is drawn.
4. Provide the sample size. **(Critical Element)**
5. Provide the margin of error and confidence level.
6. Below the table, describe the method used to select the sample. If a vendor with an NCQA-certified measure was used to select the sample, include the certified measure ID (e.g., globally unique identifier, GUID).
7. Use sampling methods that allow for representativeness of the sample according to subgroup, geographic location, or health status and the generalization of results to the population. Ensure the sampling method used protect against bias.

1. Measurement Period	2. Performance Indicator	3. Sampling Frame Size	4. Sample Size	5. Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.

Indicator(s):

At least one indicator is required.

Provide the background information for each indicator and describe how each indicator was selected. Enter the indicator(s) in the table for Step 5, ensuring that, at a minimum the indicator(s):

1. **Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives**. **(Critical Element)**
   - Include the complete title of each indicator.
   - Include the rationale for selecting the indicator(s).
   - Include a narrative description of each numerator and denominator.
   - If indicator(s) is/are based on nationally recognized performance measures (e.g., HEDIS/CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
   - Include complete dates for all measurement periods (with the month, day, and year).
   - Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

2. **Include the basis on which the indicator(s) was developed, if internally developed.**
   - If the indicator(s) was internally developed, provide the rationale and explanation for why each indicator was chosen for the PIP. Ensure the selection is based on current clinical knowledge or health services research.

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.	
Indicator 1	**Enter Indicator title**
	Provide a narrative description and the rationale for selection of the indicator. Describe the basis on which the indicator was developed, if internally developed.
Numerator Description:	
Denominator Description:	
Baseline Measurement Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 1 Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 2 Period	MM/DD/YYYY to MM/DD/YYYY
Mandated Goal/Target, if applicable	
Use this area to provide additional information.	

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

Data Collection:

Document the data collection process used. Make sure that the responses address all criteria. The documentation should include:

1. **Clearly defined sources of data and data elements to be collected.**
   - Documentation should include clear definitions of the data elements collected.
   - The sources of data should be clearly specified by checking all appropriate boxes, providing descriptive information when necessary, and attaching required information when appropriate.
   - Include codes, such as ICD-10 and CPT codes, that are used to identify and collect administrative data for the indicators.
   - If using HEDIS, submit the HEDIS Final Audit Report (FAR) if the PIP is based on a measure that was audited and passed.

2. **A clearly defined and systematic process for collecting baseline and remeasurement data. (Critical Element)**
   - A systematic step-by-step data collection process used in the production of the indicator outcomes, including denominator, numerator and percentage.
   - If an NCQA vendor was used to collect data, include the vendor's name.

IF MANUAL DATA COLLECTION WAS USED:

3. **A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications. (Critical Element)**
   - Include a copy of the manual data collection tool with the PIP submission. **Please do not include any personal health information (PHI)**.
   - For mailed surveys, include the cover letter and survey.
   - For telephone surveys, include the phone survey/computer assisted telephone interview (CATI) script.

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement.

IF ADMINISTRATIVE DATA WERE COLLECTED:

4. Provide the estimated degree of reported administrative data completeness.

- Include the estimated degree of reported administrative data completeness percentage at the time the data are generated. This is the percentage of completeness of data when it is queried for the indicator(s) at the time the data are generated.
- Describe the process used to calculate this percentage. Typically, this information comes from an Incurred But Not Reported (IBNR) report. Include a narrative of how claims lag may have impacted the data reported.

Step 7: Indicator Results. Clearly present the results of the indicator(s) in the table below. For HEDIS-based/CMS Core Set PIPs, the data reported in the PIP Submission Form should match the validated performance measure rate(s).

Indicator 1 Title: [Enter title of indicator]

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated goal or target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Indicator 2 Title: [Enter title of indicator]

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated goal or target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

Step 7: Data Analysis and Interpretation of Results. Clearly present the results for each indicator. Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

1. The data table included accurate, clear, consistent, and easily understood information. (Critical Element)

- Document the indicator results in the data table including the measurement period, numerator, denominator, percentage, mandated goal/target, if applicable, and statistical testing components.
  - Statistical testing must be conducted for each remeasurement year as compared to the baseline.
  - Statistical testing must document the following: type of two-tailed statistical test used, statistical significance of the result (statistically significant improvement or not statistically significant improvement), and the corresponding *p* value reported to four decimal places (i.e., 0.1234).
  - The remeasurement indicator results should represent statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance.
- Ensure the indicator(s) data analysis results are accurately and consistently documented in both the data table and in the narrative sections of Step 7. Inconsistent documentation will impact the validation score.
- For HEDIS-based PIPs, the data reported in the PIP must match the validated performance measure rate(s).

2. A narrative interpretation of findings was included that addressed all required components of data analysis and statistical testing.

- The interpretation of results must describe in narrative form how data analysis was conducted and include the required components of data analysis.
- For the baseline measurement period, include:
  - The baseline results for each indicator.
- For each remeasurement period, include:
  - The remeasurement results for each indicator.
  - How the indicator results compared to the mandated goal or target, if applicable. For example, report the percentage point difference between the remeasurement result and the goal/target, and the direction of the difference (remeasurement result was better/worse than the goal).
  - Statistical testing outcomes compared to the baseline. The *p* value should be calculated and reported to four decimal places (e.g., 0.0235). If the *p* value is less than 0.0001, please indicate the *p* value < 0.0001. Indicate which two-tailed test was used to conduct

Step 7: Data Analysis and Interpretation of Results. Clearly present the results for each indicator. Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

the statistical testing (i.e., Chi-square test or Fisher's exact). Include an interpretation of the statistical test results. Interpretation of statistical testing should include the two-tailed statistical significance of the result (statistically significant improvement or not statistically significant improvement).

- If a subgroup analysis was conducted, the interpretation should identify those subgroups and describe comparisons made, statistical testing completed at the subgroup level, and subgroup results.
- The remeasurement indicator results should represent statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance.

3. A statement was included that (a) identifies any factors that threaten the validity of the data reported, and (b) identifies any factors that threaten the ability to compare the initial measurement with the remeasurement.

- Document any identified factor during each measurement period, including baseline, that threatened the internal or external validity of the findings. Include the impact and resolution of these factors. Examples of factors that may threaten validity include a change in demographic population, acquiring another plan's members, or a change in plan staff. If no such factors are identified, this should be noted in the documentation.
- Document any identified factors during each remeasurement period that impacted the ability to compare the remeasurement results to the baseline results. An example of a factor that may threaten the ability to compare the remeasurement results to the baseline results is a change in data collection methodology.
- If there were no identified factors, this information should be stated in the narrative section. For example, at Remeasurement 1, the following statement could be included to address this evaluation element: "There were no factors identified that threatened the validity of the Remeasurement 1 results or impacted the ability to compare the Remeasurement 1 results to the baseline results."

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

This step should be **updated for each measurement period** by adding to existing documentation. The documentation of Step 8 is organized into the following four parts:

- **Quality Improvement Team and Activities Narrative Description**
- **Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions**
- **Intervention Evaluation Table: Evaluation of each intervention**
- **Clinical and Programmatic Improvement Table**

Each of the four parts and corresponding evaluation elements are described below.

Quality Improvement Team and Activities Narrative Description

Documentation in the quality improvement team and activities narrative description should address the following evaluation element:

1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools. (Critical Element)

- Add a narrative description under the appropriate header in the submission form for each completed measurement period.
- Describe the individuals, committee(s), team(s), and/or work group(s) that were involved in the quality improvement team.
- Describe the quality improvement processes and tools used to identify and prioritize barriers.
- Include the quality improvement tools as attachments (e.g., key driver diagram, fishbone diagram, Plan-Do-Study-Act [PDSA] Worksheet).
- Additional data mining/analyses can be performed to gain further insights into barriers to receiving care/services. For example, member subgroups (by provider, county, zip code, etc.) could be identified that did not receive care/services.
- Include documentation on when ongoing/cyclical quality improvement processes were initiated and revisited. Quality improvement processes should be updated at least once for each measurement period by adding to existing documentation.

Barriers/Intervention Table

Documentation in the Barriers/Interventions Table should address the following evaluation elements:

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

2. Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.

- Include the priority ranking assigned to each barrier (numeric value) determined by greatest impact to the indicator(s)**.**
- Barriers should be prioritized based on results of data analysis and/or other quality improvement processes.
- Include a clear and concise description of each barrier being addressed.
- The timing of each intervention should consider the length of time needed to improve outcomes. Interventions implemented late in the measurement period may not be in place long enough to impact indicator outcomes.

3. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes. (Critical Element)

- Include a description of each intervention. Interventions should be logically linked to identified barriers and be reasonably expected to impact indicator outcomes.
- The interventions developed should align to the identified barriers and have the potential to impact the indicator outcomes. Interventions such as mailings, fax blasts, updating websites, and automated reminder calls should not be used for an improvement project.

4. Interventions that were implemented in a timely manner to allow for impact of outcomes.

- Include the date the intervention was initiated (month/year date format).
- Interventions should be implemented in a timely manner to allow for impact of the indicator outcomes.

Barriers/Interventions Table

Barrier Priority Ranking	Barrier Description	Intervention Initiation Date (MM/YY)	Intervention Description	Select Current Intervention Status	Select if Member, Provider, or System Intervention
					Click to select status
					Click to select status

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

Intervention Evaluation Table
Documentation of in the Intervention Evaluation Table should address the following evaluation elements:

5. **An evaluation of effectiveness for each individual intervention. (Critical Element)**
   - Include a description of the evaluation method for each intervention.
   - Describe the process used to evaluate the effectiveness of each intervention.
   - Include the evaluation results for each intervention.
   - The evaluation results should examine the successes of the intervention. For example, if a member intervention included telephone outreach by case management staff, the evaluation process should include how many outreach calls were made, how many calls resulted in successful contact with the member and if education was provided, and how many members received the service and became numerator compliant because of the outreach call.
6. **Intervention that were continued, revised, or discontinued based on evaluation data.**
   - Determine the next steps for each intervention.
   - Data from the evaluation results should be used to make decisions to continue, revise, or discontinue an intervention.
   - If an intervention is determined to be unsuccessful, the documentation should include problem solving techniques and justify decisions to revise or discontinue the intervention.
   - If an intervention is successful, the documentation should include the "next steps" for the intervention, how the intervention will be implemented system-wide, and how the intervention will be monitored for continued success.

Measurement Period	Intervention Description	Evaluation Process	Evaluation Results	Next Steps

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

Clinical and Programmatic Improvement Table

The table should not be completed until the PIP has progressed to the point of determining results from at least one *remeasurement* period. Once remeasurement results are complete, include appropriate documentation, with supporting evidence, of any clinical or programmatic improvement achieved as a result of the PIP interventions. Documentation in the Clinical and Programmatic Improvement Table should address the following evaluation element components in Step 9 (remaining Step 9 evaluation components related to improvement demonstrated by indicator results, will be assessed based on Step 7 reported indicator results):

Step 9, Element 4. Significant *clinical* improvement in processes and outcomes OR significant *programmatic* improvement in processes and outcomes.

Clinical Significance: The magnitude or practical importance of a treatment or intervention effect. It is the judgement of the clinician (MCO) who decides whether a result is clinically significant or not.

Programmatic Significance: The practical effect or importance of an intervention implemented through a program or specified method (Department of Health and Human Services, Centers for Medicare & Medicaid Services. External Quality Review (EQR) Protocols: Appendix D: External Quality Review Glossary of Terms, October 2019).

- Specify the remeasurement period when improvement was achieved.
- The intervention description should clearly demonstrate a clinical or programmatic focus or address a clearly documented clinical or programmatic need.
- Describe the clinical and/or programmatic improvement achieved and specify the intervention(s) that led to the improvement.
- Provide relevant intervention evaluation results (data) demonstrating the improvement achieved. These results should align with the clinical or programmatic focus of the intervention.
- If clinical or programmatic improvement was achieved for more than one remeasurement period, complete the table for each remeasurement period improvement was achieved.

Step 8: Improvement Strategies (**Interventions for improvement because of analysis).** Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis.

- Narrative description of improvement achieved and supporting data from intervention evaluation results should be reported for each applicable remeasurement period.

Clinical Improvement		
Remeasurement Period	**Narrative Summary of Clinical Improvement**	**Supporting Quantitative or Qualitative Data**
Programmatic Improvement		
Remeasurement Period	**Narrative Summary of Programmatic Improvement**	**Supporting Quantitative or Qualitative Data**

State of Oregon 2022 PIP Validation Tool
<PIP Topic>
for <CCO/DCO Name>

Demographic Information	
MCO Name: **<CCO/DCO Name>**	
Project Leader Name: _____	Title: _____
Telephone Number: _____	Email Address: _____
PIP Title: ***<PIP Topic>***	
Submission Date: _____	
Resubmission Date: _____	

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
1.	**Review the Selected PIP Topic: The PIP topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State. The PIP topic:**		
C*	1. Was selected following collection and analysis of data. ***NA*** is not applicable to this element for scoring.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. Has the potential to affect member health, functional status, and/or satisfaction. The scoring for this element will be ***Met*** or ***Not Met.***	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 1

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
2	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
2.	**Review the PIP Aim Statement(s): Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The statement:**		
C*	1. Stated the area in need of improvement in clear, concise, and measurable terms. ***NA*** is not applicable to this element for scoring.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 2

Total Evaluation Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
1	0	0	0	0

Critical Elements				
Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
3.	**Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population:**		
C*	1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. ***NA*** is not applicable to this element for scoring.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 3

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
4.	**Review the Sampling Method: (If sampling was not used, each evaluation element will be scored Not Applicable [NA]). If sampling was used to select members in the population, proper sampling methods are necessary to provide valid and reliable results. Sampling methods:**		
	1. Included the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1).	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. Included the title of each indicator.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	3. Included the sampling frame size for each indicator.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	4. Included the sample size for each indicator.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	5. Included the margin of error and confidence level for each indicator.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	6. Described the method used to select the sample.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	7. Allowed for the generalization of results to the population.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 4

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
7	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
2	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
5.	**Review the Selected Performance Indicator(s): A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research. The indicator(s) of performance:**		
C*	1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. Included the basis on which the indicator(s) was developed, if internally developed.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 5

Total Evaluation Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
2	0	0	0	0

Critical Elements				
Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
6.	**Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:**		
	1. Clearly defined sources of data and data elements collected for the indicator(s). ***NA*** is not applicable to this element for scoring.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). ***NA*** is not applicable to this element for scoring.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 6

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
4	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
2	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
7.	**Review Data Analysis and Interpretation of Results: Clearly present the results for each indicator. Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation for each indicator. Through data analysis and interpretation, real improvement, as well as sustained improvement, can be determined. The data analysis and interpretation of the indicator outcomes:**		
C*	1. Included accurate, clear, consistent, and easily understood information in the data table.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. Included a narrative interpretation of results that addressed all requirements.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 7

Total Evaluation Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
3	0	0	0	0

Critical Elements				
Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
8.	**Assess the Improvement Strategies: Interventions were developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies were developed from an ongoing quality improvement process that included:**		
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	3. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	4. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
C*	5. An evaluation of effectiveness for each individual intervention.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	6. Interventions that were continued, revised, or discontinued based on evaluation data.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 8

Total Evaluation Elements				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*
6	0	0	0	0

Critical Elements				
Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
3	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments
Performance Improvement Project Validation			
9.	**Assess the likelihood that Significant and Sustained Improvement Occurred: Improvement in performance is evaluated based on evidence that there was improvement over baseline indicator performance. Significant clinical improvement in processes and outcomes OR significant programmatic improvement in processes and outcomes is evaluated based on reported intervention evaluation data and the supporting documentation.** **Sustained improvement is assessed after improvement over baseline indicator performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over baseline indicator performance. For significant clinical or programmatic improvement, the MCO must include how it plans to sustain the improvement achieved beyond the current measurement period.**		
	1. The remeasurement methodology was the same as the baseline methodology.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	2. There was improvement over baseline performance across all performance indicators.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	4. At least one of the following was demonstrated and the required documentation for sustaining the improvement was included: ☐ Significant *clinical* improvement in processes and outcomes. ☐ Significant *programmatic* improvement in processes and outcomes.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	
	5. Sustained improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.	☐ *Met* ☐ *Partially Met* ☐ *Not Met* ☐ *NA*	

Results for Step 9									
Total Evaluation Elements					**Critical Elements**				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
5	0	0	0	0	0	0	0	0	0

** This is the total number of *all* evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Table A-1—2022 PIP Validation Tool Scores for <PIP Topic> for <CCO/DCO Name>										
Review Step	**Total Possible Evaluation Elements** (Including Critical Elements)	**Total *Met***	**Total *Partially Met***	**Total *Not Met***	**Total *NA***	**Total Possible Critical Elements**	**Total Critical Elements *Met***	**Total Critical Elements *Partially Met***	**Total Critical Elements *Not Met***	**Total Critical Elements *NA***
1. Review the PIP Topic	2					1				
2. Review the PIP Aim Statement(s)	1					1				
3. Review the Identified PIP Population	1					1				
4. Review the Sampling Method	7					2				
5. Review the PIP Indicator(s) of Performance	2					1				
6. Review the Data Collection Procedures	4					2				
7. Review Data Analysis and Interpretation of Results	3					1				
8. Assess the Improvement Strategies	6					3				
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	5					0				
Totals for All Steps	**31**					**12**				

Table A-2 2022 PIP Validation Overall Score for <PIP Topic> for <CCO/DCO Name>	
Percentage Score of Evaluation Elements *Met**	**%**
Percentage Score of Critical Elements *Met***	**%**
Validation Status***	***<Met, Partially Met, or Not Met>***

* The percentage score for all evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*. The Not Assessed and Not Applicable scores have been removed from the scoring calculations.

** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** Validation Status: See confidence level definitions below.

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS
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:
Met: High confidence/confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all steps. ***Partially Met:*** Low confidence in reported PIP results. All critical evaluation elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all steps; or one or more critical evaluation elements were *Partially Met*. ***Not Met:*** All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all steps; or one or more critical evaluation elements were *Not Met*.
Validation Status ☐ ***Met*** ☐ ***Partially Met*** ☐ ***Not Met***