Oregon Health Authority

2023 Statewide Performance Improvement Project Report

December 2023

HSAG HEALTH SERVICES ADVISORY GROUP

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As part of two Centers for Medicaid & Medicare Services (CMS) 1115 waivers, coordinated care organizations (CCOs) are required to participate in the Oregon Health Authority (OHA) statewide performance improvement projects (PIPs). In 2023, the CCOs continued the ongoing statewide Integration PIP, *Mental Health Service Access Monitoring*, and the substance use disorder (SUD) PIP, *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders*. OHA has contracted with Health Services Advisory Group, Inc. (HSAG) since July 1, 2018, to review and validate CCO PIPs. This report describes the statewide PIP design components and PIP activities, and summarizes HSAG's validation findings, based on the CCOs' July 2023 submissions for the *Mental Health Service Access Monitoring* PIP and for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP.

Statewide Integration PIP

Topic selection for the statewide Integration PIP began in October 2020 when OHA determined a need to focus on access to behavioral health (BH) services in response to current gaps and priorities identified in part in response to the coronavirus disease 2019 (COVID-19) pandemic. OHA involved the CCOs in statewide PIP topic discussions through the Quality Health and Outcomes Committee (QHOC) monthly meetings. QHOC operates as an open public meeting with input from Medicaid health plans, health systems, dental organizations, and various community stakeholders. In addition to collaborative QHOC meeting discussions, OHA convened additional workgroup meetings with representatives from each CCO and subject matter experts to support selection of the statewide PIP topic.

The CCOs submitted the Remeasurement 1 *Mental Health Service Access Monitoring* PIP documentation to OHA on July 31, 2023. HSAG conducted PIP validation activities, which included review of the CCOs' initial PIP submissions, providing feedback and technical assistance to the CCOs, and review of the CCOs' PIP resubmissions prior to completing the annual PIP validation in October 2023.

The CCOs and OHA worked collaboratively on performance indicator selection and design development for the statewide PIP during 2020 and 2021. Like previous statewide PIPs, OHA collected and tabulated CCO-specific and statewide data on the PIP performance indicator, delivering Remeasurement 1 (2022) indicator results to the CCOs in spring 2023. OHA also provides the CCOs with monthly CCO-specific performance indicator data updates to allow monitoring of progress toward improving outcomes for the PIP throughout each measurement period.

Statewide Substance Use Disorders (SUD) PIP

Topic selection for the statewide SUD PIP began in March 2022, as part of the CMS SUD 1115 demonstration waiver that CMS approved for Oregon in April 2021. This 1115 demonstration waiver will allow Oregon to:

- Expand the continuum of care for people with SUD.
- Improve access to SUD care including outreach, initiation, treatment, and recovery.
- Reduce the use of emergency departments (EDs) and inpatient hospital settings for SUD treatment.
- Reduce preventable and medically inappropriate readmissions.
- Increase rates of identification of SUD and increase rates of initiation and engagement in SUD treatment.
- Expand the SUD treatment care plan to include housing support services.

The CCOs and OHA worked collaboratively on performance indicator selection and design development for the statewide SUD PIP from March through June 2022. OHA involved additional subject matter experts and external stakeholders in potential PIP topic discussions. After considering data analyses, discussions with internal and external partners, the current state of the health care system, and available data sources and metrics, OHA selected a focus on the Healthcare Effectiveness Data and Information Set (HEDIS®)[1-1] *Initiation and Engagement of Substance Use Disorder Treatment* (*IET*) measure indicators for the statewide SUD PIP.

The CCOs submitted the baseline results for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP to OHA on July 31, 2023. HSAG conducted PIP validation activities, which included review of the CCOs' initial PIP submissions, providing feedback and technical assistance to the CCOs, and review of the CCOs' PIP resubmissions prior to completing the annual PIP validation in October 2023.

PIP Validation Approach

The purpose of conducting PIPs is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical or nonclinical areas. This structured method of assessing and improving health plan processes was designed to have favorable effects on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine each MCE's compliance with requirements set forth in 42 CFR §438.330(d), including:

- Measurement of performance using objective quality indicators.

[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Implementation of systematic interventions to achieve improvement in performance.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

The goal of HSAG's PIP validation is to ensure that OHA and key stakeholders can have confidence that any reported improvement is related and can be reasonably linked to the QI strategies and activities the MCE conducted during the PIP. HSAG's scoring methodology evaluated whether the MCE executed a methodologically sound PIP.

HSAG, as the State's EQRO, validated the PIPs through an independent review process. For this year's PIP evaluation and validation, HSAG used CMS' EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019 (EQR Protocol 1).[1-2] For future validations, HSAG will use *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.[13]

HSAG's evaluation of each PIP included two key components of the QI process:

1. HSAG evaluated the technical structure of the PIP to ensure the MCE designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling techniques, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluated the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluated how well the MCE improves indicator results through the implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

HSAG's methodology for PIP validation provided a consistent, structured process and a mechanism for providing the MCEs with specific feedback and recommendations. The MCEs used a standardized PIP submission form to document information on the PIP design, completed PIP activities, and performance indicator results. HSAG evaluated the documentation provided in the PIP submission form to conduct the annual validation. HSAG's PIP submission form allows the MCEs to document the data collection methods used to obtain performance indicator results for monitoring improvement achieved through each PIP.

[1-2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Nov 8, 2023.

[1-3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf. Accessed on: Nov 8, 2023.

Using the PIP validation tool and standardized scoring, HSAG scored each PIP on a series of evaluation elements and scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements needed to achieve a *Met* score. HSAG assigned each PIP an overall percentage score for all evaluation elements (including critical elements), calculated by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*. The outcome of these calculations determined the validation status of *Met*, *Partially Met*, or *Not Met*.

Using a standardized scoring methodology, HSAG assigned an overall validation status and reported the overall validity and reliability of the findings as one of 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 activities.
- **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 activities; or one or more critical evaluation elements were *Partially Met*.
- **Not Met** = Reported findings are not credible. All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Not Met*.

The PIP validation tool that HSAG used for validating each PIP is provided in *Appendix A. 2023 PIP Validation Tool*.

Design

Topic: Mental Health (MH) Service Access Monitoring

Topic selection for the statewide Integration PIP began early in October 2020 when OHA determined that the statewide PIP should address existing health disparities and lack of access to BH services, which were made starkly evident by the COVID-19 pandemic. In March 2021, OHA began convening internal and external stakeholders to further define the statewide PIP topic and select a performance indicator for measuring progress toward improvement. BH access and the BH workforce emerged as the top two preferred PIP topic areas after it was determined that improvement efforts in the third area, BH integration in primary care, had already gained momentum through other statewide activities.

OHA and the CCOs explored potential metrics for measuring improvement in the remaining two topic areas. Specifically, the workgroups researched the Delivery System Network (DSN) reporting system as a measure of the BH network and workforce, and the Washington State Department of Social and Health Services' measure of MH service reach in relation to access to outpatient MH services.[2-1] After careful consideration and consultation with subject matter experts, OHA determined that available measures of the BH network and workforce, such as the DSN, would not meet the requirements of the PIP in their current form since reporting is not standardized across the CCOs. Therefore, OHA moved forward with the statewide PIP topic focused on access to outpatient MH services, adapting the Washington State measure to meet the needs of the Oregon statewide PIP. The CCOs may choose to address workforce development as part of the improvement strategies for improving access to outpatient MH services.

Aim Statement: Do targeted interventions increase the percentage of targeted members who receive outpatient MH services during the measurement year?

OHA defined the Aim statement for the statewide PIP to align with the PIP topic and the performance indicator. The Aim statement focuses on increasing access to MH services among members identified as having a MH service need. For the purpose of the PIP, a MH service need is defined by the occurrence of any of the following conditions within a 24-month identification window including the 12 months of each annual measurement period and the 12 months prior to each annual measurement period:

- Receipt of any MH service encounter meeting the service criteria for the numerator description included below under *Performance Indicator*.

[2-1] Washington State Department of Social and Health Services. *Mental Health Service Penetration Measure Definition, May 12, 2021, Medicaid Version 6.1*. Available at: https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-MH-svc-pen-broad.pdf. Accessed on: Nov 9, 2021.

- Any diagnosis of mental illness (not restricted to primary) in the mental illness (MI)-diagnosis code set.[2-2]
- Receipt of any psychotropic medication listed in the Psychotropic-National Drug Code (NDC) code set.[2-3]

PIP Population: Members 2 years of age and older with receipt of any diagnosis of mental illness (not restricted to primary) in the mental illness (MI)-diagnosis code set in the 24-month identification window.

OHA established criteria for the PIP population after considering input from the CCOs and other stakeholders. The population includes members who have received any diagnosis of mental illness in the MI-diagnosis code set within the 24-month identification window. The PIP population is defined by enrollment and age criteria, as well as encounter data, pharmacy claims data, and diagnostic codes. The inclusion of members as young as 2 years of age reflects Oregon's focus on supporting the early childhood population in obtaining health and social services. The PIP includes all eligible members and sampling is not being used. The following inclusion and exclusion criteria were used to operationally define the PIP population.

Inclusion Criteria and Definitions

- *Oregon Health Plan (OHP) enrollment (Medicaid/Children's Health Insurance Program [CHIP]-enrolled):* Enrolled in Medicaid or CHIP.
- *Enrollment duration*: Continuously enrolled throughout the 24-month identification window with no more than a 45-day gap in coverage.
  - *24-month identification window*: January 1 of the year prior to the measurement year through December 31 of the measurement year.
- *Age*: Medicaid members 2 years of age or older as of December 31 of the measurement year.
- *MH service need:* Members with the occurrence of any of the following conditions during the 24-month identification window:
  - Receipt of any MH service encounter meeting the service criteria for the numerator description included below under *Performance Indicator*.
  - Any diagnosis of mental illness (not restricted to primary) in the MI-diagnosis code set.
  - Receipt of any psychotropic medication listed in the Psychotropic-NDC code set.

Exclusion Criteria

- Members 23 months of age or younger.

[2-2] The MI-diagnosis code set is a subset of the International Classification of Diseases, Tenth Edition (ICD-10) codes.

[2-3] The Psychotropic-NDC code set is retrieved from the 2021 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)* measure instruction and medication list.

Performance Indicator

OHA defined the performance indicator after gathering input from CCO leadership, subject matter experts, and other stakeholders. The performance indicator reflects the level of access to MH services throughout Oregon for members 2 years of age and older. When developing the performance indicator, OHA and the CCOs considered the Washington State Department of Social and Health Services' measure of MH service reach in relation to access to outpatient MH services. OHA and the CCOs adapted the Washington State measure to align with the priorities and needs specific to Oregon. The age criteria were expanded for the statewide PIP to include children 2 to 5 years of age to address an identified need for increased access to BH services for members in this age group.

OHA received input from the CCOs and other subject matter experts to refine the administrative code value sets for the performance indicator, including crosswalks with the Oregon Early Childhood Diagnostic Criteria Crosswalk[2-4] and the Oregon Health Evidence Review Commission (HERC) Prioritized List of Health Services.[2-5] Table 2-1 provides details of the statewide PIP performance indicator definition.

Table 2-1—Statewide PIP Performance Indicator: The Percentage of Members With a Mental Health Service Need Who Received Mental Health Services

Numerator Description	Total number of members from the denominator with at least one outpatient MH service meeting the criteria during the measurement period.
Denominator Description	Total number of eligible members with a MH service need meeting the criteria in the 24-month identification window.

Members are identified for inclusion in the performance indicator denominator based on the PIP population definition and criteria described in *PIP Population*. To identify members in the eligible population who qualify for inclusion in the numerator of the performance indicator, OHA uses diagnostic, procedure, pharmacy, and applicable taxonomy codes to identify MH services received by members who were eligible for inclusion in the denominator. The same performance indicator definition is used across all CCOs to ensure comparability of performance indicator results.

Data Collection

OHA developed the data collection plan to align with the Aim statement, population description, and performance indicator definition. As with previous statewide PIPs, OHA conducts the collection of performance indicator data and produces performance indicator results for each CCO. OHA will use

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2-4   Oregon Health Authority. *Oregon Early Childhood Diagnostic Crosswalk*, updated January 1, 2018. Available at: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreeningFollowUp-Oregon-Early-Childhood-Diagnostic-Crosswalk.pdf. Accessed on: Nov 9, 2021.

2-5   Oregon Health Evidence Review Commission. Prioritized List of Health Services, October 1, 2021. Available at: https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/10-1-2021%20Prioritized%20List%20of%20Health%20Services.pdf. Accessed on: Nov 9, 2021.

administrative data collection methods to collect data from the entire eligible population; sampling will not be used. Administrative code sets that will be used for data collection include:

- Receipt of an outpatient service with a procedure code in the MH-Proc1 value set.
- Receipt of an outpatient service with a servicing provider taxonomy code in the MH-Taxonomy value set, procedure code in the MH-Proc2 value set or MH-Proc3 value set, and primary diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a procedure code in the MH-Proc4 value set and any diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a servicing provider taxonomy code in the MH-Taxonomy value set, procedure code in the MH-Proc5 value set, and any diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a procedure code in the MH-Proc3 value set and primary diagnosis code in the MI-diagnosis value set.

The complete list of administrative codes used to collect data for the performance indicator will be posted to the OHA statewide PIP website.[2-6]

To calculate performance indicator results, OHA collects Medicaid claims and encounter data from the CCOs through an encrypted system of web-based electronic mailboxes. The State uses the Medicaid Management Information System (MMIS) claims adjudication engine to process the CCO encounter data and transfers data from the MMIS to the Decision Support Surveillance and Utilization Review System (DSSURS) to facilitate data extraction and reporting. The Office of Health Analytics pulls data from DSSURS and applies the continuous enrollment and exclusion criteria to calculate performance indicator results. Once the baseline measurement period is complete, OHA will begin providing monthly performance indicator reports to each CCO.

Table 2-2 summarizes the date ranges that were established to define the annual performance indicator measurement periods for the PIP.

Table 2-2—Statewide Integration PIP Measurement Periods

Measurement Period	Date Range
Baseline	January 1, 2021, through December 31, 2021
Remeasurement 1	January 1, 2022, through December 31, 2022
Remeasurement 2	January 1, 2023, through December 31, 2023

At the end of each measurement period, OHA allows a follow-up period to receive all CCO claims (a follow-up period to collect and process claims is routine practice). OHA posts member-level data on each CCO's secure file transfer protocol (SFTP) site.

[2-6] Oregon Health Authority, Office of Delivery Systems Innovation. *Statewide Performance Improvement Project*. Available at: https://www.oregon.gov/oha/HPA/DSI/Pages/Performance-Improvement-Project.aspx. Accessed on: Nov 9, 2021.

🏠 Implementation

Data Analysis and Interpretation

For this year's validation cycle, the CCOs reported Remeasurement 1 performance indicator results for the *Mental Health Service Access Monitoring* PIPs. The indicator measures the percentage of members with a MH service need who received MH services during the measurement period. The baseline and Remeasurement 1 indicator results for each CCO's PIP are summarized in Table 2-3.

Table 2-3—Performance Indicator Results for the Statewide Integration PIP by CCO

CCO		Baseline 01/01/2021– 12/31/2021	Remeasurement 1 01/01/2022– 12/31/2022	Remeasurement 2 01/01/2023– 12/31/2023
Advanced Health (AH)	Numerator	5,300	5,928	
	Denominator	9,592	10,353	
	Rate	**55.3%**	**57.3%***	
AllCare Health Plan (AllCare)	Numerator	8,162	9,298	
	Denominator	16,530	18,146	
	Rate	**49.4%**	**51.2%***	
Cascade Health Alliance (CHA)	Numerator	4,556	4,779	
	Denominator	7,642	8,121	
	Rate	**59.6%**	**58.9%**	
Columbia Pacific Community Care Organization (CPCCO)	Numerator	5,855	6,469	
	Denominator	10,672	11,658	
	Rate	**54.9%**	**55.5%**	
Eastern Oregon Community Care Organization (EOCCO)	Numerator	12,272	12,616	
	Denominator	20,963	22,487	
	Rate	**58.5%**	**56.1%**	
Health Share of Oregon (Health Share)	Numerator	78,806	86,696	
	Denominator	136,599	148,174	
	Rate	**57.7%**	**58.5%***	
Intercommunity Health Network (IHN)	Numerator	14,118	15,299	
	Denominator	24,527	27,156	
	Rate	**57.6%**	**56.3%**	

CCO		Baseline 01/01/2021–12/31/2021	Remeasurement 1 01/01/2022–12/31/2022	Remeasurement 2 01/01/2023–12/31/2023
Jackson Care Connect (JCC)	Numerator	11,817	12,634	
	Denominator	20,088	21,607	
	Rate	**58.8%**	**58.5%**	
PacificSource Community Solutions–Central Oregon (PCS-CO)	Numerator	16,040	17,936	
	Denominator	25,312	28,380	
	Rate	**63.4%**	**63.2%**	
PacificSource Community Solutions–Columbia Gorge (PCS-CG)	Numerator	2,476	2,771	
	Denominator	4,442	5,010	
	Rate	**55.7%**	**55.3%**	
PacificSource Community Solutions–Lane (PCS-Lane)	Numerator	18,815	21,630	
	Denominator	29,183	34,108	
	Rate	**64.5%**	**63.4%**	
PacificSource Community Solutions–Marion-Polk (PCS-MP)	Numerator	22,699	24,439	
	Denominator	39,155	43,017	
	Rate	**57.97%**	**56.8%**	
Trillium Community Health Plan–North (TCHP-North)	Numerator	1,138	2,744	
	Denominator	1,863	5,267	
	Rate	**61.1%**	**52.1%**	
Trillium Community Health Plan–South (TCHP-South)	Numerator	6,880	6,846	
	Denominator	11,672	11,714	
	Rate	**58.9%**	**58.4%**	
Umpqua Health Alliance (UHA)	Numerator	7,638	8,570	
	Denominator	12,689	13,827	
	Rate	**60.2%**	**62.0%***	
Yamhill Community Care Organization (YCCO)	Numerator	6,189	6,718	
	Denominator	10,610	11,517	
	Rate	**58.3%**	**58.3%**	
Total–Statewide	Numerator	222,761	245,373	
	Denominator	381,539	420,542	
	Rate	**58.4%**	**58.3%**	

* Remeasurement rate demonstrated statistically significant (95 percent confidence level, $p < 0.05$) improvement over baseline rate.

For the baseline measurement period, calendar year (CY) 2021, the percentage of members with a MH service need who received MH services ranged from a minimum of 49.4 percent (AllCare) to a maximum of 64.5 percent (PCS-Lane). The aggregate statewide baseline percentage across all CCOs was 58.4 percent. The CCOs will report Remeasurement 1 indicator results for CY 2022, and the Remeasurement 1 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year's validation cycle.

For the Remeasurement 1 period, CY 2022, the percentage of members with a MH service need who received MH services ranged from a minimum of 51.2 percent (AllCare) to a maximum of 63.4 percent (PCS-Lane). Four CCOs (AH, AllCare, Health Share, and UHA) reported Remeasurement 1 results that demonstrated a statistically significant improvement in MH services access over baseline results. Statewide, across all CCOs, the Remeasurement 1 results demonstrated a 0.1 percentage point decline in MH services access from 58.4 percent to 58.3 percent. The CCOs will report Remeasurement 2 indicator results for CY 2023, and the Remeasurement 2 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year's validation cycle.

Improvement Strategies

The CCOs also reported preliminary improvement strategies initiated in response to the baseline indicator results and initial causal/barrier analyses. Table 2-4 summarizes interventions reported by each CCO in the baseline PIP submission.

Table 2-4—Interventions for the Statewide Integration PIP by CCO

CCO	Interventions
AH	• Promote and financially support recruitment and retention of providers in rural areas and providers representing diverse populations to increase equitable care. • Identify geographic areas in need of transportation services and collaborate with transportation partners to expand transportation options for underserved areas. • Develop and distribute a "Quick Guide" member resource to clearly communicate BH benefits.
AllCare	• Initiate direct contracts with BH providers to provide member services. • Develop a data exchange process with BH providers to increase BH data accuracy.
CHA	• BH education campaign for members 65 years of age and older, using easily accessible modes of communication for the targeted population, to increase knowledge of the value and availability of BH services among the elderly population. • Text message BH education campaign targeting members of all ages.
CPCCO	• Grant-based program for clinics to expand services (e.g., crisis intervention screening, outreach, skills training) for members waiting to engage in formal BH treatment. • Direct contract with telehealth agencies to increase equitable access to care by providing remote BH services for members in rural or frontier geographic areas. • Conduct BH provider rate setting and cost study to ensure adequate BH providers who offer culturally, and linguistically specific care are recruited and retained.

CCO	Interventions
EOCCO	• Collaborate with integrated care clinics, pediatric clinics, and the local community MH provider (CMHP), providing outreach materials to educate and engage members in BH services in the primary care setting. • Offer the Unite Us online platform for members to access social services and supports and provide a BH service referral route from social service providers to CMHPs. • Develop and initiate a universal "warm handoff" referral process from PCPs to CMHPs to facilitate the transition from primary care to BH care.
Health Share	• Implement a caseload realignment action plan to optimize BH care access for members at the largest provider agencies. • Define services that can be covered and funded as part of outreach and engagement services to expand access for members who are waiting to engage in formal BH treatment. • Launched beta testing of a BH provider access and capacity dashboard to monitor and improve provider-specific timeliness and volume of BH services.
IHN	• Partner with community organizations to increase the number of individuals trained to provide family and peer support services. • Increase funding to BH organizations for providing crisis respite services in high-need geographic areas. • Partner with community organizations to increase BH care awareness and access for members 2 to 5 years of age and their parents/caregivers.
JCC	• Pilot-tested a grant-based program for clinics to expand services (e.g., crisis intervention screening, outreach, skills training) for members waiting to engage in formal BH treatment. • Direct contract with telehealth agencies to increase equitable access to care by providing remote BH services for members in rural or frontier geographic areas. • Conduct BH provider rate setting and cost study to ensure adequate BH providers who offer culturally, and linguistically specific care are recruited and retained. • Direct contracts delivered to fund BH systems improvement and BH services including funding for MH counseling internships, qualified mental health associate (QMHA) positions, SUD peer drop-in groups for the Latinx community, and housing assistance.
PCS-CO	• Develop an emotional health campaign to improve outreach and education on MH service benefits and help reduce stigma of mental illness among the Latino/a/x population. • Collaborate with community partners through the Acute Care Council to obtain funding for a new secure residential treatment facility to improve access to BH services for rural members with SPMI (serious and persistent mental illness). • Partner with CMHPs and other service organizations to facilitate expansion of youth MH services through financial and logistical support. • Develop and promote the BH Navigation Team, which aids providers and members in accessing and scheduling MH service appointments, referrals, and social determinants of health (SDOH) supports.

CCO	Interventions
PCS-CG	• Develop an emotional health campaign to improve outreach and education on MH service benefits and help reduce stigma of mental illness among the Latino/a/x population. • Partner with CMHPs and PCPs to educate and engage members in the use of non-emergent medical transportation (NEMT) benefits to reduce transportation barriers to MH care access. • Develop and promote the BH Navigation Team, which aids providers and members in accessing and scheduling MH service appointments, referrals, and SDOH supports. • Targeted member outreach by personal health navigators (PHNs) to support members 65 years of age or older with a recent BH-related ED visit in addressing barriers to MH service access.
PCS-Lane	• Develop an emotional health campaign to improve outreach and education on MH service benefits and help reduce stigma of mental illness among the Latino/a/x population. • Develop and promote the BH Navigation Team, which aids providers and members in accessing and scheduling MH service appointments, referrals, and SDOH supports. • Targeted member outreach by PHNs to support members 65 years of age or older with a recent BH-related ED visit in addressing barriers to MH service access.
PCS-MP	• Develop an emotional health campaign to improve outreach and education on MH service benefits and help reduce stigma of mental illness among the Latino/a/x population. • Collaborate with Willamette Health Council to promote referrals to SBHCs (school-based health centers) to provide BH care access for school-aged members. • Develop and promote the BH Navigation Team, which aids providers and members in accessing and scheduling MH service appointments, referrals, and SDOH supports. • Targeted member outreach by PHNs to support members 65 years of age or older with a recent BH-related ED visit in addressing barriers to MH service access.
TCHP-North	• Initiate an online platform to provide an enhanced closed loop referral process for care managers to better coordinate care and resources for members. • Partner with a contracted provider who specializes in offering culturally specific SUD services for the African-American community. • Increase provider reimbursement rates for MH and SUD services. • Expand a provider incentive program to provide financial incentives to BH providers for addressing member care gaps. • Develop an application on the provider portal platform that allows providers to identify members with a BH service need and prioritize outreach, coordination, or referral to close the BH care gap.

CCO	Interventions
TCHP-South	• Collaborate with health care and education community partners to develop a CTE (career technical education) program, offering mentoring and career development opportunities specific to BH careers for BIPOC (black, indigenous, and people of color) students. • Increase provider reimbursement rates for MH and SUD services. • Initiate an online platform to provide an enhanced closed loop referral process for care managers to better coordinate care and resources for members. • Expand a provider incentive program to provide financial incentives to BH providers for addressing member care gaps. • Develop an application on the provider portal platform that allows providers to identify members with a BH service need and prioritize outreach, coordination, or referral to close the BH care gap.
UHA	• Expansion of MH telehealth providers with prioritization of providers from diverse backgrounds, culturally specific practices, and language accessibility services. • Provide care coordination for children up to 5 years of age with high medical complexity. • Partner with the community mental health center (CMHC) to engage members in the criminal justice system with MH and SUD services and reduce ED utilization among these members.
YCCO	• Establish a contract request process and offer provider training and certification support to expand the MH provider network. • Provider trainings on MH service documentation requirements. • Expanded MH provider network to include additional providers who speak a language other than English. • Increase meaningful language service access by connecting members with culturally appropriate service providers.

Outcomes

For this year's validation cycle, the CCOs' *Mental Health Service Access Monitoring* PIPs progressed to evaluating improvement in the Outcomes stage. The CCOs reported Remeasurement 1 performance indicator results and evaluated whether the Remeasurement 1 results demonstrated improvement over the baseline results. In addition, the CCOs reported whether any intervention resulted in clinically significant or programmatically significant improvement for the PIP. HSAG reviewed and evaluated the CCOs' documentation of improvement in Step 9 of the PIP validation tool. The CCOs' Remeasurement 1 outcomes for the *Mental Health Service Access Monitoring* PIPs are summarized in Table 2-5.

Table 2-5—Remeasurement 1 Outcomes for the Statewide Integration PIP by CCO

CCO	Indicator Results Demonstrated Statistically Significant Improvement*	Intervention Evaluation Results Demonstrated Clinically or Programmatically Significant Improvement**
AH	Yes	Yes
AllCare	Yes	Yes
CHA	No	No
CPCCO	No	No
EOCCO	No	Yes
Health Share	Yes	Yes
IHN	No	Yes
JCC	No	No
PCS-CO	No	Yes
PCS-CG	No	Yes
PCS-Lane	No	Yes
PCS-MP	No	Yes
TCHP-North	No	Yes
TCHP-South	No	Yes
UHA	Yes	Yes
YCCO	No	Yes

*Statistically significant ($p < 0.05$, 95 percent confidence interval) improvement in performance indicator results from baseline to Remeasurement 1.

Significant **clinical improvement in processes and outcomes or significant **programmatic improvement** in processes and outcomes was evaluated based on CCO assessment, reported intervention evaluation data, and supporting documentation.

For the Remeasurement 1 period, CY 2022, four CCOs' (AH, AllCare, Health Share, and UHA) PIP indicator results demonstrated a statistically significant improvement in MH services access from baseline to Remeasurement 1. The remaining 12 CCOs' PIP indicator results demonstrated either improvement from baseline to Remeasurement 1 that was not statistically significant or no improvement in MH services access from baseline to Remeasurement 1. Thirteen of the 16 CCOs documented intervention evaluation results demonstrating that a Remeasurement 1 intervention contributed to significant clinical or programmatic improvement. The remaining three CCOs (CHA, CPCCO, and JCC) did not provide any documentation in the PIP submission form related to the assessment of significant clinical or programmatic improvement.

Design

Topic: Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders

The statewide SUD PIP was initiated as part of a five-year Medicaid 1115 demonstration waiver approved for Oregon by CMS in April 2021 (Oregon Health Authority : Substance Use Disorder 1115 Demonstration Waiver : Medicaid Policy : State of Oregon). The waiver will allow Oregon to increase access to treatment services for people with SUD who are covered by OHP. The waiver is effective from April 8, 2021, through March 31, 2026.

Topic selection for the statewide SUD PIP began early in March 2022. Workgroup meetings, which included OHA subject matter experts and CCO staff members, used brainstorming, stakeholder experience, data analyses, and review of available data sources and existing metrics related to care for SUD. Meetings took place during the monthly Quality Health Outcomes Committee (QHOC) sessions in addition to other meetings scheduled specifically for PIP design development. OHA also conducted a survey of the CCOs, OHA staff members, and other stakeholders to determine the interest level of identified potential topics. Initial potential PIP topics identified through group meetings and brainstorming included:

- Access to care for opioid use disorders (OUD)/SUD
- Adolescent OUD/SUD services
- HEDIS *IET* metric
- Medication-assisted treatment (MAT) for OUD/SUD
- Prenatal/postpartum member and OUD/SUD

Ultimately, considering the current health system environment and attention to the broad spectrum of SUD care, OHA chose to focus the statewide SUD PIP on improving performance on the NCQA HEDIS *IET* measure indicators.

Aim Statement: Do targeted interventions increase the percentage of targeted members who initiate and receive SUD treatment?

OHA defined the Aim statement for the statewide SUD PIP to align with the PIP topic and to encompass both performance indicators. The Aim statement focuses on increasing access to SUD treatment, both initiation of treatment services and more long-term engagement in treatment services.

PIP Population: Members 13 years of age with a newly identified SUD episode.

The SUD PIP population includes adolescent and adult members with a newly identified SUD episode during the 12-month intake period. The PIP population is defined by enrollment and age criteria, as well as encounter data, pharmacy claims data, and diagnostic codes. The PIP includes all eligible members and sampling is not being used. The following inclusion and exclusion criteria were used to operationally define the PIP population.

Inclusion Criteria and Definitions

- *OHP enrollment* (CCO-A and CCO-B members)*:* Enrolled in OHP with medical, pharmacy, and chemical dependency (inpatient and outpatient) benefits.
- *Enrollment duration*: Continuously enrolled from 194 days prior to the SUD episode date through 47 days after the SUD episode date (242 total days).
  - *12-month intake period*: New SUD episodes identified from November 15 of the year prior to the measurement year through November 14 of the measurement year.
- *Age*: Medicaid members 13 years of age or older as of the SUD episode date.
- *New SUD Episode:* Any new SUD-related encounter during the 12-month intake period that passed the negative diagnosis and medication history test:
  - Outpatient/intensive outpatient visit
  - Partial hospitalization
  - Non-residential treatment facility visit
  - Community MH center visit
  - Telehealth visit
  - SUD service
  - Detoxification/withdrawal management event
  - ED visit
  - Observation visit
  - Acute or nonacute inpatient discharge
  - Telephone visit
  - E-visit or virtual check-in
  - Opioid treatment (OUD) service

Exclusion Criteria

- Members in hospice
- Members with SUD encounters or treatments during the 194-day lookback period prior to the SUD episode date

Performance Indicator

OHA defined the performance indicators after gathering input from CCO leadership, subject matter experts, and other stakeholders. The performance indicators are aligned with the NCQA HEDIS measurement year (MY) 2022 specifications for the *IET* measure indicators. The indicators also align with the OHA *Initiation and Engagement of Substance Use Disorder Treatment* CCO incentive measure (OHA Internal Measure Steward Information [oregon.gov]), which is based on the HEDIS *IET* measure indicators and is part of the CMS Medicaid Adult Core Set (Adult Core Set Reporting Resources | Medicaid). OHA made one distinction between the SUD PIP performance indicator definitions and the CCO incentive measure definitions, which was related to age criteria for the eligible population. While the incentive measures include members 18 years of age and older, the PIP performance indicators include members 13 years of age and older. Table 3-1 summarizes the statewide SUD PIP performance indicator definitions.

Table 3-1—Statewide SUD PIP Performance Indicators

Indicator 1	**The percentage of newly identified SUD episodes that were followed by treatment initiation within 14 days**
Numerator Description	Total number of newly identified SUD episodes that were followed by treatment initiation within 14 days.
Denominator Description	Total number of newly identified SUD episodes in the 12-month intake period that meet the population eligibility criteria.
Indicator 2	**The percentage of newly identified SUD episodes that were followed by treatment engagement within 34 days after treatment initiation.**
Numerator Description	Total number of newly identified SUD episodes that were followed by treatment engagement within 34 days after treatment initiation.
Denominator Description	Total number of newly identified SUD episodes in the 12-month intake period that meet the population eligibility criteria.

Members are identified for inclusion in the performance indicator denominators based on the PIP population definition and criteria described in *PIP Population*. To identify members in the eligible population who qualify for inclusion in the numerators of the performance indicators, OHA uses diagnostic, procedure, pharmacy, and applicable taxonomy codes to identify treatment initiation and engagement services following new SUD episodes eligible for inclusion in the denominator. The same performance indicator definitions are used across all CCOs to ensure comparability of performance indicator results.

Data Collection

OHA developed the data collection plan to align with the Aim statement, population description, and performance indicator definitions. As with previous statewide PIPs, OHA conducts the collection of performance indicator data and produces performance indicator results for each CCO. OHA will use administrative data collection methods to collect data from the entire eligible population; sampling will

not be used. The detailed value set dictionary and medication list used for data collection are available on the CMS Core Set Reporting Resources page: Adult Core Set Reporting Resources | Medicaid.

To calculate performance indicator results, OHA collects Medicaid claims and encounter data from the CCOs through an encrypted system of web-based electronic mailboxes. The State uses the MMIS claims adjudication engine to process the CCO encounter data and transfers data from the MMIS to DSSURS to facilitate data extraction and reporting. The Office of Health Analytics pulls data from DSSURS and applies the continuous enrollment and exclusion criteria to calculate performance indicator results. Once the baseline measurement period is complete, OHA will begin providing monthly performance indicator reports to each CCO.

Table 3-2 summarizes the date ranges that were established to define the annual performance indicator measurement periods for the PIP.

Table 3-2—Statewide SUD PIP Measurement Periods

Measurement Period	Date Range
Baseline	January 1, 2022, through December 31, 2022
Remeasurement 1	January 1, 2023, through December 31, 2023
Remeasurement 2	January 1, 2024, through December 31, 2024

At the end of each measurement period, OHA allows a follow-up period to receive all CCO claims (a follow-up period to collect and process claims is routine practice). OHA posts member-level data on each CCO's SFTP site.

Implementation

Data Analysis and Interpretation

For this year's validation cycle, the CCOs reported baseline performance indicator results for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP's two performance indicators. The first performance indicator measures the percentage of newly identified SUD episodes that were followed by initiation of SUD treatment within 14 days and the second performance indicator measures the percentage of SUD episodes that were followed by engagement in SUD treatment within 34 days of initiation. The baseline indicator results for each CCO's PIP are summarized in Table 3-3 and Table 3-4.

Table 3-3—Results for Performance Indicator 1—Rate of SUD Treatment Initiation by CCO

CCO		Baseline 01/01/2022– 12/31/2022	Remeasurement 1 01/01/2023– 12/31/2023	Remeasurement 2 01/01/2024– 12/31/2024
AH	Numerator	543		

CCO		Baseline 01/01/2022–12/31/2022	Remeasurement 1 01/01/2023–12/31/2023	Remeasurement 2 01/01/2024–12/31/2024
	Denominator	1,592		
	Rate	**34.1%**		
AllCare	Numerator	967		
	Denominator	2,797		
	Rate	**34.6%**		
CHA	Numerator	454		
	Denominator	1,018		
	Rate	**44.6%**		
CPCCO	Numerator	597		
	Denominator	1509		
	Rate	**39.6%**		
EOCCO	Numerator	974		
	Denominator	2,555		
	Rate	**38.1%**		
Health Share	Numerator	7,770		
	Denominator	18,148		
	Rate	**42.8%**		
IHN	Numerator	1,456		
	Denominator	3,704		
	Rate	**39.3%**		
JCC	Numerator	1,011		
	Denominator	2,642		
	Rate	**38.3%**		
PCS-CO	Numerator	1,389		
	Denominator	2,985		
	Rate	**46.5%**		
PCS-CG	Numerator	213		
	Denominator	461		
	Rate	**46.2%**		
PCS-Lane	Numerator	2,094		
	Denominator	4,201		
	Rate	**49.8%**		

CCO		Baseline 01/01/2022–12/31/2022	Remeasurement 1 01/01/2023–12/31/2023	Remeasurement 2 01/01/2024–12/31/2024
PCS-MP	Numerator	2,227		
	Denominator	4,855		
	Rate	**45.9%**		
TCHP-North	Numerator	330		
	Denominator	804		
	Rate	**41.0%**		
TCHP-South	Numerator	1,021		
	Denominator	2,411		
	Rate	**42.3%**		
UHA	Numerator	790		
	Denominator	1,953		
	Rate	**40.5%**		
YCCO	Numerator	549		
	Denominator	1,356		
	Rate	**40.5%**		
Total–Statewide	Numerator	22,385		
	Denominator	52,991		
	Rate	**42.2%**		

For the baseline measurement period, CY 2022, the percentage of new SUD episodes followed by initiation of SUD treatment within 14 days ranged from a minimum of 34.1 percent (AH) to a maximum of 49.8 percent (PCS-Lane). The aggregate statewide baseline percentage across all CCOs was 42.2 percent. The CCOs will report Remeasurement 1 indicator results for CY 2023, and the Remeasurement 1 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year's validation cycle.

Table 3-4—Results for Performance Indicator 2—Rate of SUD Treatment Engagement by CCO

CCO		Baseline 01/01/2022–12/31/2022	Remeasurement 1 01/01/2023–12/31/2023	Remeasurement 2 01/01/2024–12/31/2024
AH	Numerator	182		
	Denominator	1,592		
	Rate	**11.4%**		

CCO		Baseline 01/01/2022–12/31/2022	Remeasurement 1 01/01/2023–12/31/2023	Remeasurement 2 01/01/2024–12/31/2024
AllCare	Numerator	377		
	Denominator	2,797		
	Rate	**13.5%**		
CHA	Numerator	237		
	Denominator	1,018		
	Rate	**23.3%**		
CPCCO	Numerator	209		
	Denominator	1,509		
	Rate	**13.9%**		
EOCCO	Numerator	376		
	Denominator	2,555		
	Rate	**14.7%**		
Health Share	Numerator	2,812		
	Denominator	18,148		
	Rate	**15.5%**		
IHN	Numerator	712		
	Denominator	3,704		
	Rate	**19.2%**		
JCC	Numerator	375		
	Denominator	2,642		
	Rate	**14.2%**		
PCS-CO	Numerator	513		
	Denominator	2,985		
	Rate	**17.2%**		
PCS-CG	Numerator	73		
	Denominator	461		
	Rate	**15.8%**		
PCS-Lane	Numerator	786		
	Denominator	4,201		
	Rate	**18.7%**		
PCS-MP	Numerator	888		
	Denominator	4,855		

CCO		Baseline 01/01/2022–12/31/2022	Remeasurement 1 01/01/2023–12/31/2023	Remeasurement 2 01/01/2024–12/31/2024
	Rate	**18.3%**		
TCHP-North	Numerator	127		
	Denominator	804		
	Rate	**15.8%**		
TCHP-South	Numerator	397		
	Denominator	2,411		
	Rate	**16.5%**		
UHA	Numerator	330		
	Denominator	1,953		
	Rate	**16.9%**		
YCCO	Numerator	229		
	Denominator	1,356		
	Rate	**16.9%**		
Total–Statewide	Numerator	8,623		
	Denominator	52,991		
	Rate	**16.3%**		

For the baseline measurement period, CY 2022, the percentage of new SUD episodes followed by engagement in SUD treatment within 34 days of initiation ranged from a minimum of 11.4 percent (AH) to a maximum of 23.3 percent (CHA). The aggregate statewide baseline percentage across all CCOs was 16.3 percent. The CCOs will report Remeasurement 1 indicator results for CY 2023, and the Remeasurement 1 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year's validation cycle.

Improvement Strategies

The CCOs also reported preliminary improvement strategies initiated in response to the baseline indicator results and initial causal/barrier analyses for this year's validation cycle. Table 3-5 summarizes interventions reported by each CCO in the baseline PIP submission.

Table 3-5—Interventions for the Statewide SUD PIP by CCO

CCO	Interventions
AH	• Targeted outreach to members with SUD diagnoses and high ED utilization by care management staff to support and facilitate re-engagement in SUD treatment.

CCO	Interventions
	• Integration of peer support specialists to facilitate SUD treatment in alternative settings targeting services for youth, elderly, and members without stable housing. • Development of Coos Sobering Center—a safe place for members to receive housing if needed and to initiate and engage in SUD treatment.
AllCare	• Identifying members who have received SUD assessment services but have not initiated treatment and are waiting on access to residential treatment services. Partnering with SUD agencies to engage these members in accessing available SUD treatment options while they are waiting for access to higher levels of care. • Offering incentives through AllCare's alternative payment model (APM) for primary care and BH agencies that improve performance in SUD treatment initiation and engagement through member outreach, peer support services, and "warm handoff" referrals for SUD treatment. • Enhanced provider outreach to offer support to provider offices in improving SUD treatment initiation and engagement performance by providing care gap lists, providing SUD treatment agency resources, and educating on available referral pathways for SUD treatment services.
CHA	• Establish an automated system to notify primary care providers when members have an SUD diagnosis event.
CPCCO	• Partnering with community mental health programs, public health agencies, and SUD treatment programs to increase prescribing of medication-assisted treatment for opioid use disorder and alcohol use disorder. • Partnering with hospitals, EDs, and providers to develop a workflow for increasing initiation of SUD treatment after an SUD-related ED visit.
EOCCO	• Weekly targeted provider outreach to coordinate SUD treatment initiation services for members who have a new SUD diagnosis. • Facilitated a provider learning collaborative that included information on how SUD treatment initiation and engagement performance is measured, as well as shared strategies for improving provider performance on measures, including provider outreach and peer sharing of successful treatment referral workflows.
Health Share	• Implement a caseload realignment action plan to optimize BH care access for members at the largest provider agencies. • Define services that can be covered and funded as part of outreach and engagement services to expand access for members who are waiting to engage in formal BH treatment. • Launch a BH network reporting strategy and processes to monitor BH care access more accurately.
IHN	• Promote provider use of PointClickCare (PCC), an electronic health information exchange platform that allows providers to identify when their patients have an ED visit or hospitalization, to facilitate initiation and engagement in SUD treatment.

CCO	Interventions
	• Collaborate with BH providers in Benton, Lincoln, and Linn counties to identify successful models of care, such as care coordination and community-based referral pathways, for facilitating initiation and engagement in SUD treatment.
JCC	• Partnering with community mental health programs, public health agencies, and SUD treatment programs to increase prescribing of medication-assisted treatment for opioid use disorder and alcohol use disorder. • Developing an "SUD in the ED" pilot program that offers training and technical assistance to ED providers on SUD treatment best practices and medication-assistant treatment options. The program also provides funding for SUD treatment navigators to be based in local hospitals. • Partnering with the Oasis Center of the Rogue Valley, a community clinic that supports parents with SUD and their young children, JCC provides incentives to members who are engaged in medication-assisted treatment for opiate use disorder.
PCS-CO	• Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved qualified health care interpreter (QHCI) training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
PCS-CG	• Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.

CCO	Interventions
PCS-Lane	• Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
PCS-MP	• Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
TCHP-North	• Collaborate with health care and education community partners to develop a CTE program, offering mentoring and career development opportunities specific to BH careers for BIPOC students. • Increased reimbursement rates for BH services, including SUD treatment services. • Provider incentive program for closing SUD treatment care gaps for members, and provider outreach promoting the program. • Member outreach conducted by case management staff to address members' SUD treatment needs. • Implementing Health Assistance, Linkage, and Outreach (HALO), a quality-based integrated care model focused on identifying and supporting members with SUD treatment needs through collaborative provider-community partnerships. • Launched Connect Oregon/Unite Us online platform to provide an enhanced closed-loop referral process for care managers to better coordinate SUD treatment services and resources for members.
TCHP-South	• Collaborate with health care and education community partners to develop a CTE program, offering mentoring and career development opportunities specific to BH careers for BIPOC students. • Increased reimbursement rates for BH services, including SUD treatment services. • Provider incentive program for closing SUD treatment care gaps for members, and provider outreach promoting the program.

CCO	Interventions
	• Member outreach conducted by case management staff to address members' SUD treatment needs. • Implementing HALO, a quality-based integrated care model focused on identifying and supporting members with SUD treatment needs through collaborative provider-community partnerships. • Launched Connect Oregon/Unite Us online platform to provide an enhanced closed-loop referral process for care managers to better coordinate SUD treatment services and resources for members.
UHA	• Promote and incentivize provider use of PointClickCare (PCC), an electronic health information exchange platform that allows providers to identify when their patients have an ED visit or hospitalization, to facilitate initiation and engagement in SUD treatment. • Partner with a local hospital and CMHC to facilitate effective SUD treatment referral pathways. • Provider and member education on peer-delivered SUD treatment services in partnership with Adapt Peer Support Specialists and Rely Health Patient Care Navigators. • Funding a scholarship for providers and staff to complete the OHA-approved QHCI training program to address the need for care that is provided in languages other than English.
YCCO	• Partnership with the Center for Addictions Triage and Treatment (CATT) project to increase access to higher-level SUD care. • Enhanced SUD service directory based on lessons learned from the service director pilot program. • Provider education on SUD treatment initiation and engagement timeliness and measure requirements.

Outcomes

The CCOs' *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIPs have not yet progressed to reporting the Outcomes stage. The PIPs will progress to the Outcomes stage in the next annual validation cycle, when the CCOs report Remeasurement 1 performance indicator results. At that time, the PIPs will be evaluated for demonstrating improvement.

Statewide Integration PIP Validation Results—Steps 1 through 8: Design and Implementation Stages

HSAG validated the CCOs' statewide Integration PIP submissions from August through October 2023. This year was the third year each CCO submitted the *Mental Health Service Access Monitoring* PIP for validation. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. The PIP validation tool used to validate the CCOs' PIP design submissions is provided in Appendix A.

Table 4-1 displays the validation scores and overall validation status HSAG assigned to each CCO's PIP submission. This table illustrates the CCOs' performance on accurately documenting the design of the statewide Integration PIP, clearly and accurately reporting baseline and Remeasurement 1 performance indicator results, developing appropriate improvement strategies, and demonstrating improvement at the first remeasurement. The validation results include the percentage of applicable evaluation elements that received a *Met* score and the overall validation status HSAG assigned to each CCO's PIP submission.

Table 4-1—2023 Statewide Integration PIP Validation Results by CCO

CCO Name	Percentage of Evaluation Elements Scored *Met*	Percentage of Critical Elements Scored *Met*	Overall Validation Status
AH	100%	100%	*Met*
AllCare	100%	100%	*Met*
CHA	85%	100%	*Met*
CPCCO	85%	100%	*Met*
EOCCO	90%	100%	*Met*
Health Share	100%	100%	*Met*
IHN	85%	100%	*Met*
JCC	80%	100%	*Met*
PCS-CO	90%	100%	*Met*
PCS-CG	90%	100%	*Met*
PCS-Lane	90%	100%	*Met*
PCS-MP	90%	100%	*Met*
TCHP-North	90%	100%	*Met*
TCHP-South	80%	89%	*Partially Met*

CCO Name	Percentage of Evaluation Elements Scored *Met*	Percentage of Critical Elements Scored *Met*	Overall Validation Status
UHA	100%	100%	*Met*
YCCO	75%	89%	*Partially Met*

The validation findings suggest some variation in performance among the CCOs on the Remeasurement 1 *Mental Health Service Access Monitoring* PIP submissions. Most, 14 of the 16 CCOs, received an overall *Met* validation status, with the percentage of evaluation elements receiving a *Met* score ranging from 85 percent to 100 percent. The remaining two CCOs (TCHP-South and YCCO) received an overall *Partially Met* validation status, with the percentage of evaluation elements receiving a *Met* score ranging from 75 percent to 80 percent. Among the two PIPs that received a *Partially Met* validation status, opportunities for improvement were identified in Step 7: Data Analysis and Interpretation of Results. For each of the two PIPs receiving a *Partially Met* validation status, the CCO reported indicator results in the PIP submission form that differed from the final indicator data that OHA provided to the CCOs and HSAG. The CCOs will have an opportunity to correct the performance indicator data for the next annual PIP validation.

Statewide SUD PIP Validation Results—Steps 1 through 8: Design and Implementation Stages

HSAG validated the CCOs' statewide SUD PIP design submissions from August 2023 through October 2023. This year was the second year each CCO submitted the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP for validation. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. The PIP validation tool used to validate the CCOs' PIP design submissions is provided in Appendix A.

Table 4-2 displays the validation scores and overall validation status HSAG assigned to each CCO's PIP submission. This table illustrates the CCOs' performance on accurately documenting the design components for the statewide PIP, clearly and accurately reporting baseline performance indicator results, and developing appropriate improvement strategies. The validation results include the percentage of applicable evaluation elements that received a *Met* score and the overall validation status HSAG assigned to each CCO's PIP submission.

Table 4-2—2023 Statewide SUD PIP Validation Results by CCO

CCO Name	Percentage of Evaluation Elements Scored *Met*	Percentage of Critical Elements Scored *Met*	Overall Validation Status
AH	100%	100%	*Met*

CCO Name	Percentage of Evaluation Elements Scored *Met*	Percentage of Critical Elements Scored *Met*	Overall Validation Status
AllCare	100%	100%	*Met*
CHA	100%	100%	*Met*
CPCCO	100%	100%	*Met*
EOCCO	100%	100%	*Met*
Health Share	100%	100%	*Met*
IHN	100%	100%	*Met*
JCC	87%	89%	*Partially Met*
PCS-CO	100%	100%	*Met*
PCS-CG	100%	100%	*Met*
PCS-Lane	100%	100%	*Met*
PCS-MP	100%	100%	*Met*
TCHP-North	100%	100%	*Met*
TCHP-South	100%	100%	*Met*
UHA	100%	100%	*Met*
YCCO	100%	100%	*Met*

The validation findings suggest that the CCOs accurately defined and reported the design for the statewide SUD PIP. All CCOs also reported appropriate initial improvement strategies. All but one of 16 CCOs (JCC) received a *Met* score for all applicable evaluation elements and a *Met* overall validation status for the baseline PIP submissions. JCC received a *Partially Met* validation status with opportunities for improvement identified in Step 7: Data Analysis and Interpretation of Results. JCC reported baseline indicator results in the PIP submission form that differed from the indicator data that OHA provided to the CCO and HSAG. The CCO will have an opportunity to correct the performance indicator data for the next annual PIP validation.

HSAG's validation findings support the conclusion that the CCOs, in collaboration with OHA, developed methodologically sound designs for both statewide PIPs. Through monthly statewide collaborative meetings and other statewide communications, the CCOs and OHA worked together to develop relevant and community-driven PIP topics. The *Mental Health Service Access Monitoring* statewide PIP responds to member needs identified as priorities for the state in response to the COVID-19 pandemic. The *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP allows the CCOs to further focus efforts on improving treatment for members with SUD as part of the broader efforts encompassed by the new 1115 SUD demonstration waiver.

The CCOs continued the Implementation stage and progressed to the Outcomes stage of the *Mental Health Service Access Monitoring* PIPs for this year's validation, reporting Remeasurement 1 results and evaluating those results for improvement over baseline performance. HSAG's validation findings suggest that most CCOs conducted accurate and complete data analyses and interpretation of Remeasurement 1 indicator results. In addition, the CCOs carried out methodologically sound improvement strategies. Among the CCOs with opportunities for improvement in the Implementation stage, the key opportunity was related to accurately reporting and interpreting indicator results. In the Outcomes stage, 13 of 16 CCOs documented significant clinical or programmatic improvement based on intervention evaluation results; however, only four of 16 CCOs reported statistically significant improvement of overall indicator results from baseline to Remeasurement 1.

The CCOs progressed to the Implementation stage of the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP for this year's annual validation cycle. In this phase, the CCOs analyzed baseline performance indicator results, conducted causal/barrier analyses to better understand barriers to SUD treatment access, and developed interventions to address high-priority barriers. All but one of the CCOs received a *Met* score for 100 percent of applicable evaluation elements in the Implementation stage, demonstrating strong performance in analysis and interpretation of baseline indicator results as well as initial improvement strategies. The CCOs will progress to the Outcomes stage for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP when they report Remeasurement 1 results for next year's validation cycle.

Recommendations

- OHA should continue to foster a collaborative environment for the CCOs and continue providing regular opportunities for the CCOs to exchange ideas and work together to identify barriers to improving access to MH services and SUD treatment for members with an identified need.

- OHA should provide the CCOs access to CCO-specific performance indicator data at the earliest opportunity so that the CCOs may use community-level data to guide root cause analyses, identify high-priority barriers to improvement, and develop innovative and appropriate interventions.

- OHA should ensure that indicator data updates are clearly communicated to the CCOs to facilitate effective, data-driven assessment of progress toward achieving improvement.

- The CCOs should ensure a clear understanding of the performance indicator data files received from OHA so that progress toward improvement goals can be effectively assessed and reported throughout the duration of the project. The CCOs should reach out to OHA for clarification on data files, if needed.

- The CCOs should identify or develop evidence-based and culturally appropriate improvement strategies that are expected to directly impact and improve performance indicator outcomes. The CCOs should use intervention-specific evaluation results and performance indicator results to monitor the impact of improvement efforts and gauge progress toward achieving improvement goals.

- The CCOs should design methodologically sound evaluation processes to test the effectiveness of each intervention, using process-level evaluation results to guide refinement of improvement strategies for optimal improvement. Intervention-specific evaluations should be conducted during the measurement year to allow mid-course corrections prior to obtaining final annual performance indicator results.

- The CCOs should revisit root cause analyses identifying barriers to improving access to MH services and use intervention-specific evaluation results to guide decisions about continuing, revising, or discontinuing interventions to promote effective resource use and achievement of improvement goals.

The PIP validation tool used to validate the CCOs' 2023 PIP submissions is provided below.

Demographic Information
CCO Name: **<CCO 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					**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		
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					**Critical Elements**				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
7	0	0	0	0	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					**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		
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					**Critical Elements**				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
4	0	0	0	0	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					**Critical Elements**				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
3	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		
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					**Critical Elements**				
Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*NA*	Critical Elements***	*Met*	*Partially Met*	*Not Met*	*NA*
6	0	0	0	0	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 CCO 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—2023 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 2023 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*