CHP+
Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2024–2025 PIP Validation Report
for
Kaiser Permanente

April 2025

HSAG HEALTH SERVICES ADVISORY GROUP

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

1. Executive Summary

Pursuant to 42 CFR §457.1250, which requires states' Children's Health Insurance Program (CHIP) managed care programs to participate in external quality review (EQR), the State of Colorado, Department of Health Care Policy and Financing (the Department) required its Child Health Plan *Plus* (CHP+) managed care organizations (MCOs) to conduct and submit performance improvement projects (PIPs) annually for validation by the State's external quality review organization (EQRO). Kaiser Permanente, referred to in this report as Kaiser an MCO, holds a contract with the Department for provision of medical and behavioral health (BH) services for the Department's CHP+ managed care program.

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in performance indicator outcomes that focus on clinical or nonclinical areas. For this year's 2024–2025 validation, Kaiser submitted two PIPs: *Well-Child Visits (WCV)* and *Social Determinants of Health (SDOH) Screening*. These topics addressed Centers for Medicare & Medicaid Services' (CMS') requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The clinical *WCV* PIP addresses quality, timeliness, and accessibility of healthcare and services for members up to age 30 months. The topic, selected by Kaiser and approved by the Department, was supported by historical data. The targeted population includes Kaiser CHP+ members 0 to 30 months of age. The PIP Aim statement is as follows: "Do the interventions listed below achieve improvement in performance from 49.32% to 59.32% on the HEDIS *W30* [*WCV in the First 30 Months of Life*] metric in CHP+ members ages 0–30 months by June 30, 2025?"

The nonclinical *SDOH Screening* PIP addresses quality and accessibility of healthcare and services for Kaiser CHP+ members by increasing awareness of social factors that may impact member access to needed care and services. The nonclinical topic was mandated by the Department. The PIP Aim statement is as follows: "Do the interventions listed below achieve improvement from 22.5% to 27.15% in the percentage of CHP+ members screened annually by June 30, 2025?"

Table 1-1 outlines the performance indicators for each PIP.

Table 1-1—Performance Indicators

PIP Title	Performance Indicator
WCV	The percentage of eligible CHP+ members who receive six or more well-child visits (Well-Care Value Set) on different dates of service on or before the 15-month birthday (if age <15 months), or two or more visits on or before the 30-month birthday (if ages 15–30 months).
SDOH Screening	The percentage of CHP+ members with a complete SDOH questionnaire.

Rationale

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for the Medicaid program and CHIP, with revisions released May 6, 2016, effective July 1, 2017, and further revised on November 13, 2020, with an effective date of December 14, 2020—require states that contract with managed care health plans (health plans) to conduct an EQR of each contracting health plan. Health plans include MCOs. The regulations at 42 CFR §438.358 require that the EQR include analysis and evaluation by an EQRO of aggregated information related to healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG), serves as the EQRO for the Department— the agency responsible for the overall administration and monitoring of Colorado's Medicaid managed care program and CHP+, Colorado's program to implement CHIP managed care. The Department contracts with four CHP+ MCOs across the State.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, CMS publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 1).[1] HSAG's evaluation of the PIP includes two key components of the quality improvement (QI) process:

1. HSAG evaluates the technical structure of the PIP to ensure that Kaiser 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 methods, 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 evaluates the implementation of the PIP. Once designed, an MCO'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 evaluates how well Kaiser improves its rates through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that the MCO executed a methodologically sound improvement project, and any reported improvement is related to, and can be reasonably linked to, the QI strategies and activities conducted by the MCO during the PIP.

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[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Mar 27, 2025.

Validation Overview

For FY 2024–2025, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), MCO entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction and (2) focuses on clinical and/or nonclinical areas that involve the following:

Measuring performance using objective quality indicators

Implementing system interventions to achieve improvement in quality

Evaluating effectiveness of the interventions

Planning and initiating of activities for increasing or sustaining improvement

To monitor, assess, and validate PIPs, HSAG uses a standardized scoring methodology to rate a PIP's compliance with each of the nine steps listed in CMS EQR Protocol 1. With the Department's input and approval, HSAG developed a PIP Validation Tool to ensure uniform assessment of PIPs. This tool is used to evaluate each of the PIPs for the following nine CMS EQR Protocol 1 steps:

Table 2-1—CMS EQR Protocol 1 Steps

Protocol Steps	
Step Number	**Description**
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

HSAG obtains the data needed to conduct the PIP validation from Kaiser's PIP Submission Form. This form provides detailed information about Kaiser's PIP related to the steps completed and evaluated for the 2024–2025 validation cycle.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*.

In alignment with CMS Protocol 1, HSAG assigns two PIP validation ratings, summarizing overall PIP performance. One validation rating reflects HSAG's confidence that the MCO adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. This validation rating is based on the scores for applicable evaluation elements in steps 1 through 8 of the PIP Validation Tool. The second validation rating is only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflects HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP Validation Tool. For each applicable validation rating, HSAG reports the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. **Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)**

   - *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
   - *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
   - *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
   - *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. **Overall Confidence That the PIP Achieved Significant Improvement (Step 9)**

   - *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
   - *Moderate Confidence*: One of the three scenarios below occurred:
     - All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
     - All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

    – Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.

- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Figure 2-1 illustrates the three stages of the PIP process—Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the PIP topic, Aim statement, population, sampling techniques, performance indicator(s), and data collection processes. To implement successful improvement strategies, a strong methodologically sound design is necessary.

Figure 2-1—Stages of the PIP Process
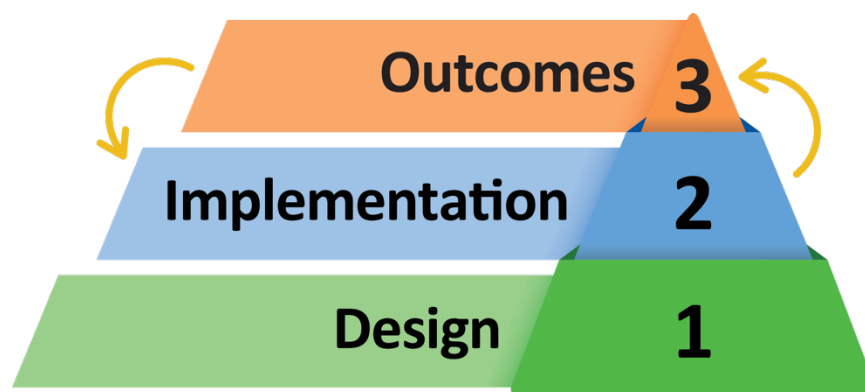
Once Kaiser establishes its PIP design, the PIP progresses into the Implementation stage (Steps 7–8). During this stage, Kaiser evaluates and analyzes its data, identifies barriers to performance, and develops interventions targeted to improve outcomes. The implementation of effective improvement strategies is necessary to improve outcomes. The Outcomes stage (Step 9) is the final stage, which involves the evaluation of statistically significant improvement, and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when performance indicators demonstrate statistically significant improvement over baseline performance through repeated measurements over comparable time periods. This stage is the culmination of the previous two stages. If the outcomes do not improve, Kaiser should revise its causal/barrier analysis processes and adapt QI strategies and interventions accordingly.

Validation Findings

HSAG's validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 3-1 summarizes the health plan's PIPs validated during the review period with an overall confidence level of *High Confidence, Moderate Confidence, Low Confidence* or *No Confidence* for the two required confidence levels identified below. In addition, Table 3-1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

Table 3-1 illustrates the initial and resubmission validation scores for each PIP.

Table 3-1—2024–2025 PIP Overall Confidence Levels for Kaiser

PIP Title	Type of Review[1]	Validation Rating 1 — Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Validation Rating 2 — Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]
WCV	Initial Submission	80%	78%	*Low Confidence*	100%	100%	*High Confidence*
	Resubmission	100%	100%	*High Confidence*	100%	100%	*High Confidence*
SDOH Screening	Initial Submission	80%	78%	*Low Confidence*	100%	100%	*High Confidence*
	Resubmission	100%	100%	*High Confidence*	100%	100%	*High Confidence*

[1] **Type of Review**—Designates the PIP review as an initial submission, or resubmission. A resubmission means the MCO resubmitted the PIP with updated documentation to address HSAG's initial validation feedback.

[2] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met, Partially Met,* and *Not Met).*

[3] **Percentage Score of Critical Elements *Met***—The percentage score of 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.*

The *WCV* PIP was validated through all nine steps of the PIP Validation Tool. For Validation Rating 1, HSAG assigned a *High Confidence* level for adhering to acceptable PIP methodology. Kaiser received *Met* scores for 100 percent of applicable evaluation elements in the Design (Steps 1–6) and Implementation (Steps 7–8) stages of the PIP. For Validation Rating 2, HSAG assigned a *High Confidence* level that the PIP achieved significant improvement. HSAG assigned a *High Confidence* level for Validation Rating 2 because the performance indicator results demonstrated a statistically significant improvement over baseline performance at the first remeasurement.

The *SDOH Screening* PIP was also validated through all nine steps in the PIP Validation Tool. For Validation Rating 1, HSAG assigned a *High Confidence* level for adhering to acceptable PIP methodology. Kaiser received *Met* scores for 100 percent of applicable evaluation elements in the Design (Steps 1–6) and Implementation (Steps 7–8) stages of the PIP. For Validation Rating 2, HSAG assigned a *High Confidence* level that the PIP achieved significant improvement. HSAG assigned a *High Confidence* level for Validation Rating 2 because the performance indicator results demonstrated a statistically significant improvement over baseline performance at the first remeasurement.

Scores and feedback for individual evaluation elements and steps are provided for each PIP in Appendix B. Final PIP Validation Tools.

Analysis of Results

Table 3-2 displays data for Kaiser's *WCV* PIP.

Table 3-2—Performance Indicator Results for the *WCV* PIP

Performance Indicator	Baseline (7/1/2022 to 6/30/2023)		Remeasurement 1 (7/1/2023 to 6/30/2024)		Remeasurement 2 (7/1/2024 to 6/30/2025)		Sustained Improvement
The percentage of eligible CHP+ members who receive six or more well-child visits (Well-Care Value Set) on different dates of service on or before the 15-month birthday (if age <15 months), or two or more visits on or before the 30-month birthday (if ages 15–30 months).	N: 73	49.3%	N: 122	63.2%			
	D: 148		D: 193				

N–Numerator D–Denominator

For the baseline measurement period, Kaiser reported that 49.3 percent of eligible CHP+ members received the required number of well-child visits during the measurement year.

For the first remeasurement period, Kaiser reported that 63.2 percent of eligible CHP+ members received the required number of well-child visits during the measurement year. Compared to baseline performance, the Remeasurement 1 results demonstrated a statistically significant increase of 13.9 percentage points in the percentage of eligible members receiving a well-child visit.

Table 3-3 displays data for Kaiser's *SDOH Screening* PIP.

Table 3-3—Performance Indicator Results for the *SDOH Screening* PIP

Performance Indicator	Baseline (7/1/2022 to 6/30/2023)		Remeasurement 1 (7/1/2023 to 6/30/2024)		Remeasurement 2 (7/1/2024 to 6/30/2025)		Sustained Improvement
The percentage of CHP+ members with a complete SDOH questionnaire.	N: 1,080 D: 4,876	22.2%	N: 2,441 D: 7,851	31.1%			

N–Numerator   D– Denominator

For the baseline measurement period, Kaiser reported that 22.2 percent of CHP+ MCO members completed an SDOH questionnaire during the measurement year.

For the first remeasurement period, Kaiser reported that 31.1 percent of CHP+ MCO members completed an SDOH questionnaire during the measurement year. Compared to baseline performance, the Remeasurement 1 results demonstrated a statistically significant increase of 8.9 percentage points in the percentage of eligible members completing a SDOH questionnaire.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. Kaiser's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the overall success in improving PIP rates.

Table 3-4 displays the barriers and interventions documented by Kaiser for the *WCV* PIP.

Table 3-4—Barriers and Interventions for the *WCV* PIP

Barriers	Intervention
• Incomplete parent/caregiver awareness that well visits are overdue. • Sub-optimal rates of awareness of actionable well visit care gaps among staff and providers interacting with members during acute care visits and other contacts.	Distribution of well care gap reports to providers with automated well care visit reminders provided to parents/caregivers of members.

Table 3-5 displays the barriers and interventions documented by Kaiser for the *SDOH Screening* PIP.

Table 3-5—Barriers and Interventions for the *SDOH Screening* PIP

Barriers	Intervention
• Lack of screening opportunities for members not coming for the well visits. • Difficulty reaching patients who do not access routine care.	Expansion of screening beyond well visits to include screening at additional visit types.

Conclusions

For this year's validation cycle, Kaiser submitted the clinical *WCV* PIP and the nonclinical *SDOH Screening* PIP. Kaiser reported Remeasurement 1 performance indicator results for both PIPs, and both PIPs were validated through Step 9 (Outcomes stage). Both PIPs received a *High Confidence* level for adherence to acceptable PIP methodology in the Design and Implementation stages. In the Outcomes stage, both PIPs received a *High Confidence* level that the PIP achieved significant improvement.

HSAG's PIP validation findings suggest a thorough application of the PIP Design stage (Steps 1 through 6) for both PIPs. A methodologically sound design created the foundation for Kaiser to progress to subsequent PIP stages—collecting data and carrying out interventions to positively impact performance indicator results and outcomes for the project. In the Implementation stage (Steps 7 and 8), Kaiser accurately reported performance indicator data and initiated methodologically sound improvement strategies for both PIPs. In the Outcomes stage (Step 9), Remeasurement 1 results for both PIPs demonstrated statistically significant improvement over baseline results. Kaiser will progress to reporting Remeasurement 2 indicator results for both PIPs, and both PIPs will progress to being evaluated for achieving significant improvement, for next year's validation.

Recommendations

Based on the validation of each PIP, HSAG has the following recommendations:

- Revisit causal/barrier analyses at least annually to ensure timely and accurate identification and prioritization of barriers and opportunities for improvement.
- Use QI tools such as a key driver diagram, process mapping, and/or failure modes and effects analyses to determine and prioritize barriers and process gaps or weaknesses, as part of the causal/barrier analyses.
- Use Plan-Do-Study-Act (PDSA) cycles to meaningfully evaluate the effectiveness of each intervention. The MCO should select intervention effectiveness measures that directly monitor intervention impact and evaluate measure results frequently throughout each measurement period. The intervention evaluation results should drive next steps for interventions and determine whether they should be continued, expanded, revised, or replaced.

Appendix A contains the final PIP Submission Forms that Kaiser submitted to HSAG for validation. HSAG made only minor grammatical corrections to these forms; the content/meaning was not altered. This appendix does not include any attachments provided with the PIP submission.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Well-Child Visits (WCV)
for Kaiser Permanente

Demographic Information
Managed Care Organization (MCO) Name: Kaiser Permanente

Project Leader Name: Liz Chapman	Title: Contract Manager
Telephone Number: 303-817-4379	Email Address: Elizabeth.Chapman@kp.org

PIP Title: Well-Child Visits (WCV)
Submission Date: 10/30/2024
Resubmission Date (if applicable): 1/21/2025

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Well-Child Visits (WCV)
for Kaiser Permanente

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.

PIP Topic:

Well Child Visits (in children ages 0-30 months)

Provide <u>plan-specific</u> data:

For the purposes of this PIP, Kaiser Permanente's baseline rate for NCQA's W30 (0-30 months) HEDIS measure is 49.32% as of June 30, 2023. That rate is below two key benchmarks: NCQA's 50th centile for Medicaid Managed Care (MY 2022) and the state average for CHP+ plans in Colorado (MY2022)

Performance below these benchmarks suggests a significant opportunity for improvement.
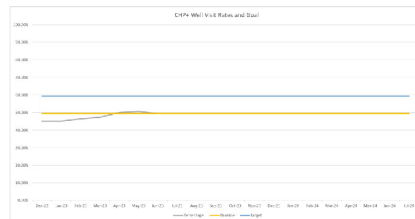
Describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction:

Increasing the consistency with which the youngest CHP+ children adhere to recommended well visit schedules has the potential to produce several types of improvement. Regular well visit adherence starting at an early age:

- Increases opportunities to deliver important preventive services such as immunization and developmental screening;
- Increases engagement with primary care providers, which is associated with increased satisfaction;
- Establishes an early foundation for ongoing engagement with the health system.

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Well-Child Visits (WCV)
for Kaiser Permanente

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

The statement(s) should:
- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- The statement(s) must be documented in clear, concise, and measurable terms.
- Be answerable based on the data collection methodology and indicator(s) of performance.

Statement(s):

Do the interventions listed below achieve improvement in performance from 49.32% to 59.32% on the HEDIS W30 metric in CHP+ members ages 0-30 months by June 30, 2025?

Interventions proposed to help achieve this goal include:
- Implementing Well Child Visit Care gap calculations and displays in our Electronic Medical Record and patient portal.
- Expanding the age groups receiving overdue reminders by text message or automated call.
- Implementing activities to increase the ability of parents and caregivers to access the medical records of pediatric CHP+ members so that they can view care gaps and schedule appointments online.

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Well-Child Visits (WCV)
for Kaiser Permanente

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

The population definition must:
- 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.
- 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.

Population definition:
- CHP+ Children

Enrollment requirements (if applicable):
- Members need to be continuously enrolled from 31 days–30 months of age, with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Member age criteria (if applicable):
- Children who turn 30 months old during the measurement year as per HEDIS technical specifications.

Inclusion, exclusion, and diagnosis criteria:
- Exclusion of members in hospice or using hospice services anytime during the measurement year as per HEDIS technical specifications.

Diagnosis/procedure/pharmacy/billing codes <u>used to identify the eligible population</u> (if applicable):
- None

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Well-Child Visits (WCV)
for Kaiser Permanente

Step 4: Use Sound Sampling Methods. If sampling is used to select members of the population (denominator), proper sampling methods are necessary to ensure valid and reliable results. Sampling methods must be in accordance with generally accepted principles of research design and statistical analysis. If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

The description of the sampling methods must:
- Include components identified in the table below.
- Be updated annually for each measurement period and for each indicator.
- Include a detailed narrative description of the methods used to select the sample and ensure sampling methods support generalizable results.

Measurement Period	Performance Indicator Title	Sampling Frame Size	Sample Size	Margin of Error and Confidence Level

Describe in detail the methods used to select the sample: Sampling will not be used in this PIP.

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Well-Child Visits (WCV)
for Kaiser Permanente

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) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

The description of the Indicator(s) must:
- 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) are based on nationally recognized 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."

Indicator 1	NCQA's W30 measure (first 15 months of life)
	This indicator is based on NCQA's W30 HEDIS measure and uses the technical specifications for Product Year 2023 (MY 2022).
Numerator Description:	Six or more well-child visits (Well-Care Value Set) on different dates of service on or before the 15-month birthday (if age < 15 months), or two or more visits on or before the 30-month birthday (if age 15-30 months). The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
Denominator Description:	Eligible CHP+ population.
Baseline Measurement Period	7/1/2022 to 6/30/2023
Remeasurement 1 Period	7/1/2023 to 6/30/2024
Remeasurement 2 Period	
Mandated Goal/Target, if applicable	Not applicable

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Well-Child Visits (WCV)
for Kaiser Permanente

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:

◆ Identification of data elements and data sources.
◆ When and how data are collected.
◆ How data are used to calculate the indicator percentage.
◆ A copy of the manual data collection tool, if applicable.
◆ An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

Data Sources (Select all that apply)

[ ] Manual Data	[X] Administrative Data	[ ] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record abstraction	[X] Programmed pull from claims/encounters	[ ] Personal interview
[ ] Electronic health record abstraction	[ ] Supplemental data	[ ] Mail
Record Type	[X] Electronic health record query	[ ] Phone with CATI script
[ ] Outpatient	[ ] Complaint/appeal	[ ] Phone with IVR
[ ] Inpatient	[ ] Pharmacy data	[ ] Internet
[ ] Other, please explain in narrative section.	[ ] Telephone service data/call center data	[ ] Other
	[ ] Appointment/access data	
	[ ] Delegated entity/vendor data _____	_____
[ ] Data collection tool attached (required for manual record review)	[ ] Other _____	Other Survey Requirements:
		Number of waves: _____
	Other Requirements	Response rate: _____
	[x] Codes used to identify data elements (e.g., ICD-10, CPT codes)- please attach separately	Incentives used: _____
	[ ] Data completeness assessment attached	
	[ ] Coding verification process attached	
	Estimated percentage of reported administrative data completeness at the time the data are generated: _>95%__ % complete.	

Appendix A: **State of Colorado 2024-25 PIP Submission Form**
Well-Child Visits (WCV)
for Kaiser Permanente

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:
- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

	Description of the process used to calculate the reported administrative data completeness percentage. Include a narrative of how claims lag may have impacted the data reported:	

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Well-Child Visits (WCV)
for Kaiser Permanente

In the space below, describe the step-by-step data collection process used in the production of the indicator results:

Data Elements Collected:
- Visit dates, visit types, and provider types
- Member enrollment spans
- Member birthdates

Data Collection Process:

The great majority of data used in producing our W30 rates is obtained from the following sources and is not subject to claims lag:

- Demographic and enrolment data recorded in our membership databases based on CHP+ enrolment files received from the State of Colorado; and
- Visit data recorded by on-staff staff providers in our electronic medical record system.

A small amount of additional visit data (<5%) is sourced from:

- Claims submitted by contracted providers (notably FQHCs)
- Unlike the internal data reference above, this claims data is subject to claims lag. Depending upon dates of service and claims-processing times some of these visits may not be included in the monthly indicator rates used for this PIP.

The above data is securely transmitted to our HEDIS vendor, Inovalon. Inovalon then identifies numerator and denominator-qualifying individuals using the HEDIS technical specifications and value sets (see attachments). This permits the calculation of monthly rates for each line of business, including CHP+.

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Step 7: Indicator Results. Enter 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).

Enter results for each indicator by completing the table below. *P* values must be reported to four decimal places (i.e., 0.1234). Additional remeasurement period rows can be added, if necessary.

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
7/1/2022–6/30/2023	Baseline	73	148	49.32%	N/A for baseline	N/A for baseline
7/1/2023–6/30/2024	Remeasurement 1	122	193	63.21%	59.32%	Fisher's exact test, statistically significant increase from Baseline to Remeasurement 1, p value = 0.0113
7/1/2024- 6//30/2025	Remeasurement 2					

Appendix A: State of Colorado 2024-25 PIP Submission Form
Well-Child Visits (WCV)
for Kaiser Permanente

Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

The data analysis and interpretation of indicator results must include the following for each measurement period:

◆ Data presented clearly, accurately, and consistently in both table and narrative format.
◆ A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
◆ Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
◆ A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Baseline Narrative:

Kaiser Permanente's baseline rate for NCQA's W30 (ages 0-30 months) HEDIS measure is 49.32% as of June 30, 2023. As previously mentioned, the baseline indicator rate for Kaiser Permanente's CHP population is low relative to the benchmarks cited above. Possible contributors to this relatively low rate include:

• Lingering pandemic effects.
• Some missing data due to delayed, unsubmitted, or denied claims for well visits from contracted (external) providers.
• CHP+ members not enrolled with (included on enrollment files received by) Kaiser Permanente until many weeks after birth (and therefore after the recommended well visit dates).
• Missed opportunities to remind parents/caregivers to schedule visits.

Going forward, confounding variables may include a large influx of new (former Medicaid beneficiaries) into the denominator as Continuous Coverage Unwind requirements and processes take effect over the course of the measurement period.

Baseline to Remeasurement 1 Narrative:

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Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

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- Data presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Kaiser Permanente's NCQA's W30 (ages 0-30 months) HEDIS measure improved from our baseline of 49.32% as of June 30, 2023, to 63.21% as of June 30, 2024. This exceeds our target of 59.32%. We also calculated the statistical significance using Fisher's exact test and the change was statistically significant with a p Value of 0.0113. We did not identify any factors that threatened the validity or comparability of the remeasurement period to the baseline.

To improve our rates, we implemented the following strategies:

- Automated Reminder Expansion – expanded reminder texts or phone calls sent to parents/caregivers to alert them to overdue well visits to include the 9-month well visit
- Well Care Gap Implementation – implemented actionable reminders about well visit care gaps for staff and providers (also visible in the patient portal) who interact with members during acute care visits and other contacts

Baseline to Remeasurement 2 Narrative: Interventions for next remeasurement year that are under consideration:

- Patient Portal Registration – exploring activities to improve access to patient portal so patients can see care gap information and access scheduling tools

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Well-Child Visits (WCV)
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Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

The documentation of Step 8 is organized into the following three sections:

A. Quality Improvement (QI) Team and Activities Narrative Description
B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
C. Intervention Worksheet:
  - o Intervention Description
  - o Intervention Effectiveness Measure
  - o Intervention Evaluation Results
  - o Intervention Status

A. Quality Improvement (QI) Team and Activities Narrative Description

QI Team Members: The Regional Well Child Visit Workgroup meets every month to review performance data and to identify and implement interventions to improve visit rates. This workgroup includes physicians, pediatric leaders, operational partners, and representatives from Kaiser Permanente's quality department and Medicaid & Charitable Program Team.

QI process and/or tools used to identify and prioritize barriers:

- Root cause analysis.
- Annotated run charts.
- Performance analysis by location and informational interviews with operational leaders at both positive and negative outliers.
- Detailed chart audits for pediatric members failing numerator criteria for the indicator measure.

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Well-Child Visits (WCV)
for Kaiser Permanente

Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

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A. Quality Improvement (QI) Team and Activities Narrative Description
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C. Intervention Worksheet:
   - Intervention Description
   - Intervention Effectiveness Measure
   - Intervention Evaluation Results
   - Intervention Status

B. **Barriers/Interventions Table:** In the table below, list interventions currently being evaluated, and barrier(s) addressed by each intervention. For each intervention, complete a Step 8 Intervention Worksheet. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Intervention Title	Barrier(s) Addressed
Automated Reminder Expansion	Incomplete parent/caregiver awareness that well visits are overdue.
Well Care Gap Implementation	Sub-optimal rates of awareness of actionable well visit care gaps among staff and providers interacting with members during acute care visits and other contacts
Patient Portal Registration	Low rates of access to care gap information and scheduling tools in the patient portal

C. **Intervention Worksheet: Intervention Effectiveness Measure and Evaluation Results**
Complete a Step 8 Intervention Worksheet for each intervention currently being evaluated. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Demographic Information
Managed Care Organization (MCO) Name: <u>Kaiser Permanente</u>
Project Leader Name: <u>Liz Chapman</u>　　　　　Title: <u>Contract Manager</u>
Telephone Number: <u>303-817-4379</u>　　　　　Email Address: <u>Elizabeth.Chapman@kp.org</u>
PIP Title: <u>Social Determinants of Health (SDOH)</u>
Submission Date: <u>10/30/2024</u>
Resubmission Date (if applicable): <u>1/21/2025</u>

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

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.

PIP Topic: Social Determinants of Health (SDOH)

Provide plan-specific data:

For the purposes of this PIP, Kaiser Permanente's baseline rate for screening CHP+ members for Social Determinants of Health (SDOH) is 22.15%.

While agreed benchmarks for effective SDOH screening programs are not yet available, the baseline rate show below still offers significant room for improvement given that roughly twice as many CHP+ members came in annually for well visits as have been screened per baseline data.
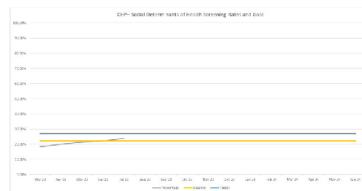
Describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction:

Increasing the number of CHP+ beneficiaries whose social risks or current social needs are identified through screening has a number of potential benefits including:

- Enabling connection to navigators who can assist members to access assistance from community agencies;
- Allowing providers to tailor care plans to the members' situation;
- Communicating to members and families that KP understands and is prepared to assist in addressing non-medical factors that may affect their health or healthcare.

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Social Determinants of Health (SDOH)
for Kaiser Permanente

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

The statement(s) should:
- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- The statement(s) must be documented in clear, concise, and measurable terms.
- Be answerable based on the data collection methodology and indicator(s) of performance.

Statement(s):

Do the interventions listed below achieve improvement from 22.15 to 27.15% in the percentage of CHP+ members screened annually by June 30, 2025?

Interventions proposed to help achieve this goal include:
- automatically assigning SDOH questionnaires to additional visit types
- enrolling more locations or departments in screening activities
- increasing the use of tablets to streamline screening processes
- implementing activities to increase patient portal registration among CHP+ parents/caregivers to facilitate web-based screening

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Performance Improvement Projects

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

The population definition must:
- 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.
- 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.

Population definition:
- CHP+ members enrolled with Kaiser Permanente.

Enrollment requirements (if applicable):
- There are no continuous enrollment requirements for this measure.

Member age criteria (if applicable):
- There are no age requirements for this measure.

Inclusion, exclusion, and diagnosis criteria:
- There are no exclusions for this measure.

Diagnosis/procedure/pharmacy/billing codes <u>used to identify the eligible population</u> (if applicable):
- Not applicable.

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Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 4: Use Sound Sampling Methods. If sampling is used to select members of the population (denominator), proper sampling methods are necessary to ensure valid and reliable results. Sampling methods must be in accordance with generally accepted principles of research design and statistical analysis. If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

The description of the sampling methods must:
- Include components identified in the table below.
- Be updated annually for each measurement period and for each indicator.
- Include a detailed narrative description of the methods used to select the sample and ensure sampling methods support generalizable results.

Measurement Period	Performance Indicator Title	Sampling Frame Size	Sample Size	Margin of Error and Confidence Level

Describe in detail the methods used to select the sample: Sampling was not used in this PIP.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

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) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

The description of the Indicator(s) must:
- 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) are based on nationally recognized 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."

Indicator 1	**SDOH Screening Questionnaire Completion Rate**
	Kaiser Permanente includes the following domains in our SDOH screening questionnaire: - Utility Assistance - Food Insecurity - Transportation Issues - Housing Insecurity
Numerator Description:	CHP+ members with a complete SDOH Questionnaire.
Denominator Description:	CHP+ population.
Baseline Measurement Period	7/1/2022 to 6/30/2023
Remeasurement 1 Period	7/1/2023 to 6/30/2024
Remeasurement 2 Period	
Mandated Goal/Target, if applicable	Not applicable

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Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

Data Sources (Select all that apply)

[ ]Manual Data	[X] Administrative Data	[ ] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record abstraction	[ ] Programmed pull from claims/encounters	[ ] Personal interview
[ ] Electronic health record abstraction	[ ] Supplemental data	[ ] Mail
Record Type	[X] Electronic health record query	[ ] Phone with CATI script
[ ] Outpatient	[ ] Complaint/appeal	[ ] Phone with IVR
[ ] Inpatient	[ ] Pharmacy data	[ ] Internet
[ ] Other, please explain in narrative section.	[ ] Telephone service data/call center data	[ ] Other
	[ ] Appointment/access data	
	[ ] Delegated entity/vendor data _____	_____
[ ] Data collection tool attached (required for manual record review)	[ ] Other _____	Other Survey Requirements:
		Number of waves: _____
	Other Requirements	Response rate: _____
	[ ] Codes used to identify data elements (e.g., ICD-10, CPT codes)- please attach separately	Incentives used: _____
	[X] Data completeness assessment ~~attached -~~ See process description and comments re non-applicability of claims lag, below.	
	[ ] Coding verification process attached	

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

	Estimated percentage of reported administrative data completeness at the time the data are generated: >98% complete. Description of the process used to calculate the reported administrative data completeness percentage. Include a narrative of how claims lag may have impacted the data reported:	

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Social Determinants of Health (SDOH)
for Kaiser Permanente

In the space below, describe the step-by-step data collection process used in the production of the indicator results:

Data Elements Collected:

- Insurance coverage (CHP+ status)
- Date and responses from SDOH screening questionnaire
    - Responses include risk factors and needs in a number of areas including food, housing, transportation, and utility help
- Several other data elements are collected for analytic and QI purposes but are not used to produce the indicator results

Data Collection Process:

Data used to produce our SDOH screening rate is obtained from the following sources:

- Demographic and enrolment data recorded in our membership databases based on CHP+ enrolment files received from the State of Colorado; and
- Responses to the SDOH screening questionnaire provided by CHP+ members or their caregivers. These patient responses may be documented:
    - By providers, directly into the EMR, during the course of a face-to-face or telephone visit;
    - By members, at home, into online form in response to secure messages sent to their patient portal account in advance of an upcoming visit;
    - By staff or members on tables at the medical office immediately before a patient visit.

Because this indicator only measures screening with the standardized screening questionnaire built into our EMR there is no claims lag and administrative data is highly complete. Numerator-qualifying screening events are captured based on the use of the electronic questionnaire rather than an associated billing or diagnostic code (e.g. CPT, HCPCS or ICD-10).

Completed questionnaire events are pulled from the main data warehouse used for clinical quality reporting and presented in a Tableau-based dashboard that is used to produce the monthly screening totals that will be used for evaluating the interventions planned as part of this PIP.

While work is underway to incorporate billing/diagnostic-code based reporting at some point in the future, this will not be part of the present PIP.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 7: Indicator Results. Enter 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).

Enter results for each indicator by completing the table below. *P* values must be reported to four decimal places (i.e., 0.1234). Additional remeasurement period rows can be added, if necessary.

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
7/1/2022–6/30/2023	Baseline	1080	4876	22.15%	N/A for baseline	N/A for baseline
7/1/2023–6/30/2024	Remeasurement 1	2441	7851	31.09%	27.15%	Chi-square with Yates correction test, statistically significant increase from Baseline to Remeasurement 1, p value is less than 0.0001
7/1/2024–6/30/2025	Remeasurement 2					

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

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- Data presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Baseline Narrative:

Kaiser Permanente's baseline rate for screening CHP+ members for Social Determinants of Health (SDOH) is 22.15% as of 6/30/2023. As mentioned above, the baseline indicator rate for Kaiser Permanente's CHP+ population is lower than our rate of annual well visit attendance. This indicates that a significant number of missed screening opportunities exists. Possible contributors to this relatively low rate include:

- Patients not receiving or opening the messages asking them to complete pre-visit questionnaires.
- Tablets unavailable for in-office screening.
- Insufficient time to incorporate screening into the visit itself.
- Patient refusal.

Going forward, confounding variables may include a large influx of new (former Medicaid beneficiaries) into the denominator as Continuous Coverage Unwind requirements and processes take effect over the course of the measurement period. Since this measure does not include continuous eligibility criteria an influx of new CHP+ members could be included in the denominator before having any significant opportunities to be included in screening activities.

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

The data analysis and interpretation of indicator results must include the following for each measurement period:

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- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Baseline to Remeasurement 1 Narrative:

Kaiser Permanente's SDOH rate improved from our baseline of 22.15% as of June 30, 2023, to 31.09% as of June 30, 2024. This exceeds our target of 27.15%. We also calculated the statistical significance using the Chi-square with Yates correction test and the change was statistically significant with a p Value less than 0.0001. We did not identify any factors that threatened the validity or comparability of the remeasurement period to the baseline.

To improve our rates we implemented the following strategies:

- Expansion of screening beyond well visits to address lack of screening opportunities for members not coming in for well visits

Baseline to Remeasurement 2 Narrative:

Interventions for next remeasurement year that are under consideration:

- Dedicated onboarding efforts for new CHP+ members to encourage better engagement to encourage better patient portal enrollment
- Exploring administering SDOH screeners for all new members during onboarding
- Exploring the expansion to Urgent Care Settings to reach patients who do not access routine care

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

The documentation of Step 8 is organized into the following three sections:

- A. Quality Improvement (QI) Team and Activities Narrative Description
- B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
- C. Intervention Worksheet:
    - o Intervention Description
    - o Intervention Effectiveness Measure
    - o Intervention Evaluation Results
    - o Intervention Status

A. Quality Improvement (QI) Team and Activities Narrative Description

QI Team Members:
Kaiser Permanente has a workgroup on Social Health Screening that includes leaders from our Population Care Management department, Ob-Gyn department, Clinical Pharmacy, Community Health, Medicaid and Charitable Programs department, Medicare Leadership, Quality department, Population Health Technology Services and Operations Leadership.

This group meets monthly to monitor progress, propose and evaluate interventions, identify and troubleshoot barriers and data issues.

QI process and/or tools used to identify and prioritize barriers:

- Literature review
- Patient interviews
- Informal conversations with participating providers
- Root cause analysis

Appendix A: State of Colorado 2024-25 PIP Submission Form
Social Determinants of Health (SDOH)
for Kaiser Permanente

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B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
C. Intervention Worksheet:
    o Intervention Description
    o Intervention Effectiveness Measure
    o Intervention Evaluation Results
    o Intervention Status

B. **Barriers/Interventions Table:** In the table below, list interventions currently being evaluated, and barrier(s) addressed by each intervention. For each intervention, complete a Step 8 Intervention Worksheet. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Intervention Title	Barrier(s) Addressed
Expansion of screening beyond well visits	Lack of screening opportunities for members not coming in for well visits
Expansion to Urgent Care Settings	Difficulty reaching patients who do not access routine care
Promotion of patient portal enrollment for parents and caregivers	Inability of some parents/caregivers to access pre-visit questionnaires on patient portal

C. **Intervention Worksheet: Intervention Effectiveness Measure and Evaluation Results**
Complete a Step 8 Intervention Worksheet for each intervention currently being evaluated. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Appendix A1 contains the completed Intervention Worksheets that Kaiser provided for validation. HSAG made only minor grammatical corrections to these forms and did not alter the content/meaning.

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Managed Care Organization (MCO) Information	
MCO Name	Kaiser Permanente
PIP Title	*Well-Child Visits (WCV)*
Intervention Title	Well Care Gap Implementation with Automated Reminder Expansion

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Instructions: Complete a separate worksheet for each intervention.

Intervention Description	
Intervention Title	**Well Child Visits (in children ages 0-30 months)** - Well Care Gap Implementation with Automated Reminder Expansion
What barrier(s) are addressed?	• Incomplete parent/caregiver awareness that well visits are overdue. • Sub-optimal rates of awareness of actionable well visit care gaps among staff and providers interacting with members during acute care visits and other contacts
Describe how the intervention is culturally and linguistically appropriate.	• Language preference documented for patients and displayed to providers and schedulers. • Audio and video interpretation services in dozens of languages are offered for well visits. • Care gaps labels on our patient portal are available in Spanish
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. Secure medical group sponsorship and IT resources
	2. Define timing and content of reminder messages
	3. Negotiate care gap placement and appearance in EMR display
	4. Communicate changes to providers
Intervention Start Date (MM/DD/YYYY)	05/01/2023 (gaps) 09/01/2023 (reminders)
Intervention End Date (MM/DD/YYYY)	06/30/2024 (ongoing due to adopt/continue rec.)

Kaiser Permanente PIP Intervention Worksheet
State of Colorado
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Kaiser_CO2024-25_PIP-Val_WCV_Intervention Worksheet_F1_0425

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Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Intervention Effectiveness Measure			
Intervention Effectiveness Measure Title	Implementation of well-child care gap in electronic health record and patient portal for children aged 2 months through 3 years and expanding associated alerts and reminder texts or calls to include a 9-month visit.		
Numerator description (narrative)	Six or more well-child visits (Well-Care Value Set) on different dates of service on or before the 15-month birthday (if age < 15 months), or two or more visits on or before the 30-month birthday (if age 15-30 months). The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.		
Denominator description (narrative)	Eligible CHP+ population.		
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	**Numerator**	**Denominator**	**Percentage**
07/01/2022 - 06/30/2023	73	148	49.32%
08/01/2022 - 07/31/2023	75	144	52.08%
09/01/2022 - 08/31/2023	75	143	52.45%
10/01/2022 - 09/30/2023	75	141	53.19%
11/01/2022 - 10/31/2023	79	139	56.83%
12/01/2022 - 11/30/2023	84	151	55.63%
01/01/2023 - 12/31/2023	85	149	57.05%
02/01/2023 - 01/31/2024	85	150	56.67%

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Intervention Effectiveness Measure			
03/01/2023 - 02/29/2024	93	167	55.69%
04/01/2023 - 03/31/2024	101	174	58.05%
05/01/2023 - 04/30/2024	108	184	58.70%
06/01/2023 - 05/31/2024	114	191	59.69%
07/01/2023 - 06/30/2024	122	193	63.21%
If qualitative data were collected, provide a narrative summary of results below.			

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Intervention Evaluation Results
What lessons did the MCO learn from the intervention testing and evaluation results?
The 15-month period during which eligible visits can take place coupled with the 12-month measurement look-back period means that it can take well over a year for the impact of an intervention to be fully seen in the outcome measure (HEDIS W30).
What challenges were encountered?
Care delivery stakeholders expressed concerns about changes that might impact appointment access.
How were the challenges resolved?
Provider support was solicited via Pediatric Leadership Meetings and department meetings Adding care gaps and 9-month visit did not impact access to pediatric care
What successes were demonstrated through the intervention testing?
Adherence to well visit recommendations increased as evidenced by the aggregate percentage of children satisfying W30 criteria increasing from 49.32% to 63.21% between the measurement periods using anchor dates 6/30/2023 and 6/30/24. By using automated alerts and reminders, this improvement was achieved with minimal impact upon clinical workflows and without the need to devote staff or provider time to outreach activities.

Appendix A1-1: State of Colorado PIP Intervention Worksheet
Well-Child Visits (WCV)
for Kaiser Permanente

Intervention Status
Select one intervention status: ☒ Adopt ☐ Adapt ☐ Abandon ☐ Continue
Rationale for Intervention Status Selected
Kaiser Permanente of Colorado elected to **adopt** this intervention because a clinically and statistically significant improvement in aggregate W30 rates (almost 14 percentage points) was achieved even before enough time had passed for the intervention's impact to be fully measured.

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Managed Care Organization (MCO) Information	
MCO Name	Kaiser Permanente
PIP Title	*Social Determinants of Health (SDOH)*
Intervention Title	Expansion of screening beyond well visits to help meet goal of increasing screening rates of population from 22.15% to 27.15% by the end of the PIP

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Instructions: Complete a separate worksheet for each intervention.

Intervention Description	
Intervention Title	**Social Determinants of Health (SDOH) -** Expansion of screening beyond well visits to help meet goal of increasing screening rates of population from 22.15% to 27.15% by the end of the PIP
What barrier(s) are addressed?	Addresses access barriers to screening for those not coming in for preventative visits, aim to reach a population with higher levels of social risk to give opportunities to connect with resources.
Describe how the intervention is culturally and linguistically appropriate.	The Brief Social Health Screener (BSHS) is available in English and Spanish, by auto-assigning it to all visits in Primary Care whether it is a wellness visit or not, we increase the touch points for members who may not culturally be in habit of routine well care
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. Expanded auto-assignment logic to include more visit types
	2. Monitored numbers of screeners completed monthly by line of business
	3. Determine if increasing availability increased CHP completion rates

Intervention Start Date (MM/DD/YYYY)	05/18/2023	**Intervention End Date (MM/DD/YYYY)**	N/A

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Intervention Effectiveness Measure			
Intervention Effectiveness Measure Title	Expanding SDOH screening beyond wellness visits		
Numerator description (narrative)	Number of CHP members who have completed BSHS		
Denominator description (narrative)	All CHP members in given month		
Intervention Evaluation Period Dates (MM/DD/YYYY-MM/DD/YYYY)	**Numerator**	**Denominator**	**Percentage**
07/01/2022 - 06/30/2023	1080	4876	22.15%
08/01/2022 - 07/31/2023	1292	5399	23.93%
09/01/2022 - 08/31/2023	1528	5987	25.52%
10/01/2022 - 09/30/2023	1673	6442	25.97%
11/01/2022 - 10/31/2023	1853	7102	26.09%
12/01/2022 - 11/30/2023	2013	7613	26.44%
01/01/2023 - 12/31/2023	2189	8377	26.13%
02/01/2023 - 01/31/2024	2429	8697	27.93%
03/01/2023 - 02/29/2024	2465	9033	27.29%
04/01/2023 - 03/31/2024	2547	8968	28.40%

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Intervention Effectiveness Measure			
05/01/2023 - 04/30/2024	2644	9086	29.10%
06/01/2023 - 05/31/2024	2511	7939	31.63%
If qualitative data were collected, provide a narrative summary of results below.			

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Intervention Evaluation Results
What lessons did the MCO learn from the intervention testing and evaluation results?
We learned that our ideas were correct that expanding availability of screener beyond well visits only would increase completion rates in the CHP population.
What challenges were encountered?
Some front-line teams were concerned about more work related to the expansion.
How were the challenges resolved?
Given that the screeners can be completed electronically on kp.org prior to any visit and via tablet during clinic visit, experience showed that adding screeners to more visit types did not increase front-line teams' workload.
What successes were demonstrated through the intervention testing?
Auto-assignment of the questionnaire to allow electronic completion prior to visit significantly increased completion rates as did provision of tablets in office visits to allow for electronic completion at the time of visit as well. We did not receive any negative feedback from teams concerned about workload.

Appendix A1-2: State of Colorado PIP Intervention Worksheet
Social Determinants of Health (SDOH)
for Kaiser Permanente

Intervention Status

Select one intervention status: X Adopt ☐ Adapt ☐ Abandon ☐ Continue

Rationale for Intervention Status Selected

Giving as many of the patients the ability to identify social risks and needs and connect to desired help without the addition of any significant workload to the frontline teams is a no brainer.

During the time this expanded availability of BSHS to our CHP population has been in place, we have exceeded our goal of getting 27% of CHP population screened, having screened >30% of the CHP population.

With this any-PC visit based screening approach in place, current 12-month look back (as of 10/28/2024) reveals:

- 36% of current CHP population screened
- Of those screened:
  - 36% (n=1058) have at least one of the 4 social domains (food, transport, housing, finances) *at risk*
  - 13% (n=383) have a social need with which they would like our help
    - Needs selected: 229 food, 129 utilities, 118 childcare, 97 housing, 91 fiance, 57 internet, 46 employment, 29 transportation, 24 loneliness
    - Method of help selected:
      - 185 requested a called from member of their care team, 190 (>100% of those who requested outreach) individual members outreached by our community specialist team
      - 59 said they would call the KP National Community Support Hub Call Center
      - 73 said they would search the KP Community Resource database online

Appendix B contains the final PIP Validation Tools provided by HSAG.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Demographic Information			
MCO Name:	Kaiser Permanente		
Project Leader Name:	Liz Chapman	**Title:**	Contract Manager
Telephone Number:	303-817-4379	**Email Address:**	Elizabeth.Chapman@kp.org
PIP Title:	*Well-Child Visits (WCV)*		
Submission Date:	October 30, 2024		
Resubmission Date:	January 21, 2025		

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Was selected following collection and analysis of data. *N/A* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 1			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Stated the area in need of improvement in clear, concise, and measurable terms. *N/A* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 2			
Total Evaluation Elements**	**1**	**1**	**Critical Elements*****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. *N/A* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 3			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Well-Child Visits (WCV)
for Kaiser Permanente

Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored *Not Applicable [N/A]*). 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 sampling frame size for each indicator.		*N/A*	
2. Included the sample size for each indicator.	C*	*N/A*	
3. Included the margin of error and confidence level for each indicator.		*N/A*	
4. Described the method used to select the sample.		*N/A*	
5. Allowed for the generalization of results to the population.	C*	*N/A*	
Results for Step 4			
Total Evaluation Elements**	**5**	**2**	**Critical Elements*****
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	5	2	*N/A (Not Applicable)*

*   "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	C*	Met	
2. Included the basis on which the indicator(s) was developed, if internally developed.		N/A	

Results for Step 5			
Total Evaluation Elements**	**2**	**1**	**Critical Elements****
Met	1	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	1	0	N/A (Not Applicable)

*   "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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 included:			
1. Clearly defined sources of data and data elements collected for the indicator(s). *N/A* is not applicable to this element for scoring.		*Met*	
2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). *N/A* is not applicable to this element for scoring.	C*	*Met*	
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	*N/A*	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		*Met*	
Results for Step 6			
Total Evaluation Elements**	**4**	**2**	**Critical Elements*****
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	1	1	*N/A (Not Applicable)*

* "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Results for Step 1 - 6			
Total Evaluation Elements	**14**	**8**	**Critical Elements**
Met	7	5	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	7	3	N/A (Not Applicable)

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Included accurate, clear, consistent, and easily understood information in the data table.	C*	Met	The health plan reported statistical testing results for Remeasurement 1 based on an online A/B testing calculator. The 0.0049 p value reported was for a one-tailed A/B test. HSAG recommends the health plan re-calculate statistical testing results using a two-tailed Fisher's exact test or Chi-square test with Yates correction and update the statistical testing documentation in Step 7. HSAG calculated a p value of 0.0140 and a Chi-square value of 6.04 using a two-tailed Chi-square test with Yates correction to compare Remeasurement 1 to baseline. **Resubmission January 2025:** The health plan revised the statistical testing results for Remeasurement 1 and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.
2. Included a narrative interpretation of results that addressed all requirements.		Met	The health plan should revise the Baseline to Remeasurement 1 Narrative after re-calculating the comparison of Remeasurement 1 to baseline results using a two-tailed statistical test (Fisher's exact or Chi-square test with Yates correction), as noted in the feedback for Evaluation Element 1, above. **Resubmission January 2025:** The health plan revised the statistical testing results for Remeasurement 1 and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		Met	
Results for Step 7			
Total Evaluation Elements**	**3**	**1**	**Critical Elements***
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

Kaiser Permanente 2024-25 PIP Validation Tool
State of Colorado

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Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	C*	*Met*	
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	*Met*	
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		*Met*	
4. An evaluation of effectiveness for each individual intervention.	C*	*Met*	HSAG identified the following opportunities for improvement: •The health plan listed three separate interventions in the Barriers/Interventions Table in Step 8, Part B of the PIP Submission Form but only submitted one intervention worksheet. Based on the Intervention Worksheet documentation, it appeared the health plan had combined the member/caregiver-focused Automated Reminder Expansion intervention and the provider-focused Well Care Gap Implementation intervention into a single worksheet. The health plan should submit a separate intervention worksheet for each intervention that was evaluated during the reported period. In each Intervention Worksheet, the health plan should align the Intervention Title and Barrier(s) Addressed descriptions with the documentation in the Barriers/Interventions Table in Step 8, Part B of the PIP Submission Form. •In the submitted Intervention Worksheet, the health plan should provide more detail in the Intervention Process Steps to clearly demonstrate the specific change(s) the health plan made for the intervention. For example, how were automated reminders expanded? What process change was made related to well care gap implementation? •In the submitted Intervention Worksheet, the health plan reported rolling 12-month results for the overall performance indicator. The Intervention Effectiveness Measure results should be specific to the intervention, rather than overall indicator results, to inform decisions on future improvement strategies. For example, percentage of members/caregivers who received an automated reminder and scheduled a well visit within a certain time period or the percentage of sick visits that were converted to well visits as a result of the care gap report implementation. **Resubmission January 2025:** The health plan provided clarification in Step 7 that a single, combined intervention was tested for the Remeasurement 1 period and three additional interventions are being considered for Remeasurement 2. The validation score for this evaluation element has been changed to *Met*.

HSAG HEALTH SERVICES ADVISORY GROUP

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Well-Child Visits (WCV)
for Kaiser Permanente

Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		*Met*	**General Feedback:** Since the Remeasurement 1 intervention was adopted, the health plan should initiate at least one new intervention for the next remeasurement period. The same interventions should not be submitted for the PIP for next year's annual validation.
Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements*****
Met	5	3	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

Kaiser Permanente 2024-25 PIP Validation Tool
State of Colorado

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Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Results for Step 7 - 8			
Total Evaluation Elements	**8**	**4**	**Critical Elements**
Met	8	4	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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. 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.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	Met	
2. There was improvement over baseline performance across all performance indicators.		Met	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		Met	
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		Not Assessed	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
Results for Step 9			
Total Evaluation Elements**	**4**	**1**	**Critical Elements*****
Met	3	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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.

Appendix B: State of Colorado 2024-25 PIP Validation Tool
Well-Child Visits (WCV)
for Kaiser Permanente

Table B—1 2024-25 PIP Validation Tool Scores
for *Well-Child Visits* for Kaiser Permanente

Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method	5	0	0	0	5	2	0	0	0	2
5. Review the Selected Performance Indicator(s)	2	1	0	0	1	1	1	0	0	0
6. Review the Data Collection Procedures	4	3	0	0	1	2	1	0	0	1
7. Review Data Analysis and Interpretation of Results	3	3	0	0	0	1	1	0	0	0
8. Assess the Improvement Strategies	5	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	3	0	0	0	1	1	0	0	0
Totals for All Steps	**26**	**18**	**0**	**0**	**7**	**13**	**10**	**0**	**0**	**3**

Table B—2 2024-25 Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Step 1 through Step 8)
for *Well-Child Visits* for Kaiser Permanente

Percentage Score of Evaluation Elements *Met**	*100%*
Percentage Score of Critical Elements *Met***	*100%*
Confidence Level***	*High Confidence*

Table B—3 2024-25 Overall Confidence That the PIP Achieved Significant Improvement (Step 9)
for *Well-Child Visits* for Kaiser Permanente

Percentage Score of Evaluation Elements *Met**	*100%*
Percentage Score of Critical Elements *Met***	*100%*
Confidence Level***	*High Confidence*

The *Not Assessed* and *Not Applicable* scores have been removed from the scoring calculations.
* The percentage score of evaluation elements *Met* is calculated by dividing the total number *Met* by the sum of all evaluation elements *Met, Partially Met,* and *Not Met.*
** The percentage score of 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.*
*** Confidence Level: See confidence level definitions on next page.

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the MCO's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and data collection, and conducted accurate data analysis and interpretation of PIP results. HSAG's validation of the PIP determined the following:

High Confidence: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.

Moderate Confidence: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.

Low Confidence: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.

No Confidence: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

Confidence Level for Acceptable Methodology:	**High Confidence**

HSAG assessed the MCO's PIP based on CMS Protocol 1 and determined whether the MCO produced evidence of significant improvement. HSAG's validation of the PIP determined the following:

High Confidence: All performance indicators demonstrated *statistically significant* improvement over the baseline.

Moderate Confidence: To receive *Moderate Confidence* for significant improvement, one of the three scenarios below occurred:

1. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.

2. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

3. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.

Low Confidence: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

No Confidence: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Confidence Level for Significant Improvement:	**High Confidence**

Appendix B: **State of Colorado 2024-25 PIP Validation Tool**
Social Determinants of Health (SDOH)
for Kaiser Permanente

Demographic Information			
MCO Name:	Kaiser Permanente		
Project Leader Name:	Liz Chapman	**Title:**	Contract Manager
Telephone Number:	303-817-4379	**Email Address:**	Elizabeth.Chapman@kp.org
PIP Title:	*Social Determinants of Health (SDOH)*		
Submission Date:	October 30, 2024		
Resubmission Date:	January 21, 2025		

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Was selected following collection and analysis of data. *N/A* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 1			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

* "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.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Stated the area in need of improvement in clear, concise, and measurable terms. *N/A* is not applicable to this element for scoring	C*	*Met*	
Results for Step 2			
Total Evaluation Elements**	**1**	**1**	**Critical Elements*****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. *N/A* is not applicable to this element for scoring.	C*	*Met*	

Results for Step 3			
Total Evaluation Elements**	**1**	**1**	**Critical Elements***
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored *Not Applicable [N/A]*). 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 sampling frame size for each indicator.		*N/A*	
2. Included the sample size for each indicator.	C*	*N/A*	
3. Included the margin of error and confidence level for each indicator.		*N/A*	
4. Described the method used to select the sample.		*N/A*	
5. Allowed for the generalization of results to the population.	C*	*N/A*	
Results for Step 4			
Total Evaluation Elements**	**5**	**2**	**Critical Elements*****
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	5	2	*N/A (Not Applicable)*

*   "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.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	C*	Met	
2. Included the basis on which the indicator(s) was developed, if internally developed.		Met	

Results for Step 5			
Total Evaluation Elements**	**2**	**1**	**Critical Elements*****
Met	2	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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.

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Performance
Improvement
Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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 included:			
1. Clearly defined sources of data and data elements collected for the indicator(s). *N/A* is not applicable to this element for scoring.		*Met*	
2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). *N/A* is not applicable to this element for scoring.	C*	*Met*	
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	*N/A*	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		*N/A*	

Results for Step 6			
Total Evaluation Elements**	**4**	**2**	**Critical Elements*****
Met	2	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	2	1	*N/A (Not Applicable)*

* "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.

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Results for Step 1 - 6			
Total Evaluation Elements	**14**	**8**	**Critical Elements**
Met	7	5	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	7	3	N/A (Not Applicable)

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. Included accurate, clear, consistent, and easily understood information in the data table.	C*	Met	The health plan reported statistical testing results for Remeasurement 1 based on a A/B testing calculator. HSAG recommends the health plan re-calculate statistical testing results using a two-tailed Fisher's exact or Chi-square statistical test and update the statistical testing documentation in Step 7. HSAG calculated a p value of < 0.0001 and a Chi-square value of 120.19 using a two-tailed Chi-square test to compare Remeasurement 1 to baseline. **Resubmission January 2025:** The health plan revised the statistical testing results for Remeasurement 1 and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.
2. Included a narrative interpretation of results that addressed all requirements.		Met	The health plan should revise the Baseline to Remeasurement 1 Narrative after re-calculating the comparison of Remeasurement 1 to baseline results using a two-tailed statistical test (Fisher's exact or Chi-square test), as noted in the feedback for Evaluation Element 1, above. **Resubmission January 2025:** The health plan revised the statistical testing results for Remeasurement 1 and addressed the initial feedback. The validation score for this evaluation element has been changed to *Met*.
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		Met	
Results for Step 7			
Total Evaluation Elements**	**3**	**1**	**Critical Elements***
Met	3	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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:			
1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	C*	*Met*	
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	*Met*	
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		*Met*	
4. An evaluation of effectiveness for each individual intervention.	C*	*Met*	HSAG identified the following opportunities for improvement: •The health plan listed three separate interventions in the Barriers/Interventions Table in Step 8, Part B of the PIP Submission Form but only submitted one intervention worksheet. If three separate interventions were evaluated during the reporting period, the evaluation of each intervention should be documented in a separate intervention worksheet. Alternatively, if only one intervention was evaluated during the reporting period, only that one intervention should be listed in the Barriers/Interventions table. •In the submitted Intervention Worksheet, the health plan should align the Intervention Title and Barrier(s) Addressed descriptions with the documentation in the Barriers/Interventions Table in Step 8, Part B of the PIP Submission Form. •In the submitted Intervention Worksheet, the health plan should provide more detail in the Intervention Process Steps to clearly demonstrate the specific change(s) the health plan made for the intervention. For example, offering members an opportunity to complete the screening prior to a scheduled visit. •In the submitted Intervention Worksheet, the health plan should clarify the Intervention Effectiveness Measure numerator and denominator descriptions to demonstrate how the measure is specific to the intervention. Intervention Effectiveness Measure results should be specific to the intervention, rather than overall indicator results, to inform decisions on future improvement strategies. **Resubmission January 2025:** The health plan provided clarification in Step 7 that one intervention was tested for the Remeasurement 1 period and three additional interventions are being considered for Remeasurement 2. The validation score for this evaluation element has been changed to *Met*.
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		*Met*	**General Feedback:** Since the Remeasurement 1 intervention was adopted, the health plan should initiate at least one new intervention for the next remeasurement period. The same interventions should not be submitted for the PIP for next year's annual validation.

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Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements*****
Met	5	3	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

*   "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.

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Results for Step 7 - 8			
Total Evaluation Elements	**8**	**4**	**Critical Elements**
Met	8	4	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
N/A (Not Applicable)	0	0	N/A (Not Applicable)

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 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. 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.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	*Met*	
2. There was improvement over baseline performance across all performance indicators.		*Met*	
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		*Met*	
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		*Not Assessed*	Sustained improvement is not assessed until statistically significant improvement is demonstrated and remeasurement results are reported for a subsequent remeasurement period.
		Results for Step 9	
Total Evaluation Elements**	**4**	**1**	**Critical Elements***
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
N/A (Not Applicable)	0	0	*N/A (Not Applicable)*

*   "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.

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Table B—1 2024-25 PIP Validation Tool Scores for *Social Determinants of Health* for Kaiser Permanente

Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total *Met*	Total *Partially Met*	Total *Not Met*	Total *N/A*	Total Possible Critical Elements	Total Critical Elements *Met*	Total Critical Elements *Partially Met*	Total Critical Elements *Not Met*	Total Critical Elements *N/A*
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method	5	0	0	0	5	2	0	0	0	2
5. Review the Selected Performance Indicator(s)	2	2	0	0	0	1	1	0	0	0
6. Review the Data Collection Procedures	4	2	0	0	2	2	1	0	0	1
7. Review Data Analysis and Interpretation of Results	3	3	0	0	0	1	1	0	0	0
8. Assess the Improvement Strategies	5	5	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	3	0	0	0	1	1	0	0	0
Totals for All Steps	**26**	**18**	**0**	**0**	**7**	**13**	**10**	**0**	**0**	**3**

Table B—2 2024-25 Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Step 1 through Step 8) for *Social Determinants of Health* for Kaiser Permanente

Percentage Score of Evaluation Elements *Met* *	100%
Percentage Score of Critical Elements *Met* **	100%
Confidence Level***	*High Confidence*

Table B—3 2024-25 Overall Confidence That the PIP Achieved Significant Improvement (Step 9) for *Social Determinants of Health* for Kaiser Permanente

Percentage Score of Evaluation Elements *Met* *	100%
Percentage Score of Critical Elements *Met* **	100%
Confidence Level***	*High Confidence*

The *Not Assessed* and *Not Applicable* scores have been removed from the scoring calculations.
* The percentage score of evaluation elements *Met* is calculated by dividing the total number *Met* by the sum of all evaluation elements *Met, Partially Met,* and *Not Met*.
** The percentage score of 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*.
*** Confidence Level: See confidence level definitions on next page.

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EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the MCO's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and data collection, and conducted accurate data analysis and interpretation of PIP results. HSAG's validation of the PIP determined the following:

High Confidence:	High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
Moderate Confidence:	Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
Low Confidence:	Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
No Confidence:	No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

Confidence Level for Acceptable Methodology:	**High Confidence**

HSAG assessed the MCO's PIP based on CMS Protocol 1 and determined whether the MCO produced evidence of significant improvement. HSAG's validation of the PIP determined the following:

High Confidence:	All performance indicators demonstrated *statistically significant* improvement over the baseline.
Moderate Confidence:	To receive *Moderate Confidence* for significant improvement, one of the three scenarios below occurred:
	1. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
	2. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
	3. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
Low Confidence:	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
No Confidence:	The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Confidence Level for Significant Improvement:	**High Confidence**

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