

A LEADER IN HEALTH CARE IMPROVEMENT

For over 25 years HSAG has provided innovative leadership on health care quality improvement projects for federal, state and private sector clients. Founded by a group of medical professionals in 1979, HSAG is one of the most experienced quality improvement organizations (QIOs) in the nation. HSAG is recognized as an agent of change in the health care industry because of the company's successful collaboration with providers across the continuum of care.

Federal Division

Since 1982, HSAG has served as the Arizona QIO for the Centers for Medicare & Medicaid Services (CMS). The goal of the QIO program is to improve the processes and outcomes of care for Medicare beneficiaries—a goal achieved through close collaboration with community partners, including hospitals, managed care organizations, skilled nursing facilities, health and governmental agencies, community organizations, and Medicare beneficiaries. Under the current CMS contract (7th Scope of Work), HSAG promotes quality health care services for 746,026 Medicare beneficiaries and determines whether services rendered are medically necessary, appropriate, and meet professionally recognized standards of care. HSAG has extensive utilization management experience, having reviewed over 300,000 medical and surgical cases.

As a leader in the health care community in both the Medicare and Medicaid arenas, HSAG frequently convenes and facilitates committees, task forces, and work groups, such as the Arizona Managed Care Quality Enhancement Program (AMCQEP). We provide a forum for Arizona's Medicare+Choice managed care organizations (M+COs) to discuss common concerns and to develop joint strategies for addressing these concerns.

State & Corporate Services Division

HSAG is a nationally recognized External Quality Review Organization (EQRO). For numerous Medicaid state agencies across the country, HSAG conducts health-plan specific, external quality review (EQR) of the quality of care and access to the services provided to beneficiaries enrolled in managed care organizations, behavioral health organizations, and prepaid inpatient health plans. With over a decade of EQR-related experience, the HSAG team is knowledgeable and highly experienced with Medicaid programs, populations, policies, data systems, and processes; managed care delivery systems, organizations and financing; quality assessment and improvement methods; and research design and methodology, including statistical analysis.

Surveys, Research & Analysis Division

Surveys, Research & Analysis offers outcomes measurement and quality improvement interventions for a variety of government and private clients, utilizing survey techniques and technologies that yield high response rates and reliable, valid results. HSAG has been certified as a CAHPS® vendor since 1998. HSAG's expertise includes the use of patient reported health status surveys in large, population-based studies and multiple site projects. The Surveys, Research & Analysis team is experienced in survey management and instrument design, as well as data management, analysis, and reporting. Surveys, Research & Analysis is also responsible for the analysis and report dissemination of the Medicare Health Outcomes Survey, CMS's first outcomes measure for managed care.

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