

State of Georgia



Department of Community Health

2015 Validation of Performance Measures
for
Peach State Health Plan

Measurement Period: Calendar Year 2014

Validation Period: January–June 2015

Publish Date: August 2015



3133 East Camelback Road, Suite 100 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

Validation of Performance Measures	1
Validation Overview	1
Care Management Organization (CMO) Information	1
Performance Measures Validated	2
Description of Validation Activities	4
Pre-Audit Strategy	4
Validation Team.....	4
Technical Methods of Data Collection and Analysis.....	5
On-Site Activities	6
Data Integration, Data Control, and Performance Measure Documentation	8
Data Integration	8
Data Control	8
Performance Measure Documentation	8
Validation Results	9
Medical Service Data (Claims/Encounters).....	9
Enrollment Data.....	9
Provider Data	9
Medical Record Review Process	10
Supplemental Data	12
Data Integration.....	12
Performance Measure Specific Findings	13
Appendix A. Data Integration and Control Findings	A-1
Documentation Worksheet.....	A-1
Appendix B. Denominator and Numerator Validation Findings	B-1
Reviewer Worksheets	B-1
Appendix C. Performance Measure Rate Submission File	C-1
Appendix D. HEDIS Interactive Data Submission System Data	D-1

Validation of Performance Measures for Peach State Health Plan

Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies to perform. Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for the Georgia Department of Community Health (DCH), conducted the validation activities. The DCH contracts with three privately owned managed care organizations (MCOs), referred to by the State as care management organizations (CMOs), to provide services to members who are enrolled in the State’s Medicaid managed care program and the Children’s Health Insurance Program (CHIP). The State refers to its Medicaid managed care program as Georgia Families and to CHIP as PeachCare for Kids[®]. For the purposes of this report, Georgia Families refers to all Medicaid and CHIP members enrolled in managed care. HSAG validated a set of performance measures identified by DCH that were calculated and reported by the CMOs for their Georgia Families population. The DCH identified the measurement period as calendar year (CY) 2014. HSAG conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹

Care Management Organization (CMO) Information

Basic information about Peach State Health Plan (Peach State) appears in Table 1, including the office location(s) involved in the 2015 validation of performance measures audit that covered the CY 2014 measurement period.

Table 1—Peach State Health Plan Information	
CMO Name:	Peach State Health Plan
CMO Location:	1100 Circle 75 Parkway, Suite 1100 Atlanta, GA 30339
On-site Location:	Same as above.
Audit Contact:	Robyn A. Lorys, PharmD Vice President, Quality Improvement
Contact Telephone Number:	678.556.2444
Contact Email Address:	Rlorys@centene.com
Site Visit Date:	4/21/2015

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: February 19, 2013.

Performance Measures Validated

HSAG validated rates for the following set of performance measures selected by DCH for validation. All performance measures were selected from CMS’ Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set),² Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set),³ or the Agency for Healthcare Research and Quality’s (AHRQ’s) Quality Indicator measures. The measurement period was identified by DCH as CY 2014 for all measures except the two child core set dental measures. The dental measures were reported for federal fiscal year (FFY) 2014, which covered the time frame of October 1, 2013, through September 30, 2014, according to CMS requirements. Table 2 lists the performance measures that HSAG validated, the method required by DCH for data collection, and the specifications the CMOs were required to use for each of the measures.

Table 2—List of CY 2014 Performance Measures for Peach State Health Plan

	Performance Measure	Method	Specifications
1.	Antenatal Steroids	Hybrid	Adult Core Set
2.	Asthma in Younger Adults Admission Rate	Admin	Adult Core Set
3.	Care Transition—Timely Transmission of Transition Record	Hybrid	Adult Core Set
4.	Cesarean Delivery Rate	Admin	AHRQ
5.	Cesarean Section for Nulliparous Singleton Vertex	Hybrid	Child Core Set
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Admin	Adult Core Set
7.	Developmental Screening in the First Three Years of Life	Hybrid	Child Core Set
8.	Diabetes Short-Term Complications Admission Rate	Admin	Adult Core Set
9.	Elective Delivery	Hybrid	Adult Core Set
10.	Heart Failure Admission Rate	Admin	Adult Core Set
11.	Live Births Weighing Less Than 2,500 Grams	Admin	AHRQ
12.	Maternity Care—Behavioral Health Risk Assessment	Hybrid	Child Core Set

² The Centers for Medicare & Medicaid Services. Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP, May 2013.

³ The Centers for Medicare & Medicaid Services. Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid, February 2013.

Table 2—List of CY 2014 Performance Measures for Peach State Health Plan

	Performance Measure	Method	Specifications
13.	Percentage of Eligibles that Received Dental Treatment Services	Admin	Child Core Set
14.	Percentage of Eligibles that Received Preventive Dental Services	Admin	Child Core Set
15.	Screening for Clinical Depression and Follow-up Plan	Hybrid	Adult Core Set

In addition to the AHRQ and the CMS adult and child core set measures audited by HSAG, DCH required Peach State to report a selected set of Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to DCH. Peach State was required to contract with a National Committee for Quality Assurance (NCQA)-licensed audit organization and undergo an NCQA HEDIS Compliance Audit[™]. Final audited HEDIS measure results from NCQA’s Interactive Data Submission System (IDSS) were submitted to HSAG and provided to DCH. Appendix D displays the final audited HEDIS 2015 results for all required measures, covering the CY 2014 measurement period. HSAG will use these results in addition to the measures HSAG validated as data sources for the annual EQR technical report.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).
HEDIS Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA).

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS performance measure validation protocol. To complete the validation activities for Peach State, HSAG obtained a list of the performance measures that were selected by DCH for validation.

HSAG then prepared a document request letter that was submitted to Peach State outlining the steps in the performance measure validation process. The document request letter included a request for source code for each performance measure; a completed HEDIS 2015 Record of Administration, Data Management, and Processes (Roadmap); any additional supporting documentation necessary to complete the audit; an introduction to the medical record review validation (MRRV) process; a timetable for completion; and instructions for submission. HSAG responded to Roadmap-related questions received directly from Peach State during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided Peach State with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with Peach State to discuss on-site logistics and expectations, important deadlines, outstanding Roadmap documentation, and any questions from Peach State regarding the process.

Validation Team

The HSAG Performance Measure Validation Team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation and requirements of Peach State. Some team members, including the lead auditor, participated in the on-site meetings at Peach State; others conducted their work at HSAG’s offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

Name and Role	Skills and Expertise
David Mabb, MS, CHCA <i>Director, Audits/State & Corporate Services</i>	Management of audit department, Certified HEDIS Compliance Auditor (CHCA), source code/programming knowledge, and statistics and analysis.
Allen Iovannisci, MS, CHCA <i>Lead Auditor</i>	CHCA, performance measure knowledge, data integration, systems review, and analysis.
Mariyah Badani, JD, MBA, CHCA <i>Co-auditor; Associate Director, Audits</i>	Management of audit department, multiple years of auditing experience, CHCA, data integration, systems review, and analysis.
Judy Yip-Reyes, PhD, CHCA <i>Source Code Review Manager; Associate Director, Audits</i>	Auditing experience, performance measure knowledge, source code/programming knowledge, CHCA, and statistics and analysis.

Table 3—Validation Team	
Name and Role	Skills and Expertise
Tammy Gianfrancesco <i>Project Leader, Audits</i>	Coordinator for the audit department, liaison between the audit team and clients, manages deliverables and timelines, and coordinates source code review activities.
Nancy DeRosa, MS, RN-C <i>Project Manager, MRRV</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting, and abstraction of medical record data.
Maricris Kueny <i>Project Coordinator, MRRV</i>	Coordinator for the HEDIS medical record review (MRR) process, liaison between the audit team and clients, maintains record tracking database, and manages deliverables and timelines.
Lora Wagner, MED <i>Project Manager, MRRV</i>	Manager of the MRRV team and knowledge of HEDIS and CMS measures.
Marilea Rose, RN, BA <i>Associate Director, MRRV</i>	Knowledge of HEDIS and CMS measure specifications, clinical consulting and expertise, abstraction of medical record data, and oversight of the medical record over-read process.

Technical Methods of Data Collection and Analysis

The CMS performance measure validation protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the type of data collected and how HSAG conducted an analysis of these data:

- ◆ **NCQA’s HEDIS 2015 Roadmap:** Peach State completed and submitted the required and relevant portions of its Roadmap for HSAG’s review. HSAG used responses from the Roadmap to complete the pre-on-site assessment of information systems.
- ◆ **Medical record documentation:** Peach State completed the MRR section within the Roadmap. In addition, Peach State submitted the following documentation for review: medical record hybrid tools and instructions, training materials for MRR staff members, and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members. To ensure the accuracy of the hybrid data being abstracted by the CMOs, HSAG requested Peach State to participate in the review of a convenience sample for selected hybrid measures. HSAG followed NCQA’s guidelines to validate the integrity of the MRR processes used by Peach State and then used the MRRV results to determine if the findings impacted the audit results for each performance measure rate.
- ◆ **Source code (programming language) for performance measures:** Peach State contracted with a software vendor, Inovalon, to generate and calculate rates for the performance measures under review by HSAG. The source code review was conducted via a Web-assisted session where Inovalon displayed the source code for each measure and explained its rate generation and data integration processes to HSAG’s source code review team.
- ◆ **Supporting documentation:** HSAG requested documentation that would provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.

On-Site Activities

HSAG conducted an on-site visit with Peach State on April 21, 2015. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- ◆ **Opening meeting:** The opening meeting included an introduction of the validation team and key Peach State staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- ◆ **Evaluation of system compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- ◆ **Review of Roadmap and supporting documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. This session was designed to be interactive with key Peach State staff members so that HSAG could obtain a complete picture of all the steps taken to generate the performance measure rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to the actual process. HSAG conducted interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- ◆ **Overview of data integration and control procedures:** The overview included discussion and observation of source code logic, a review of how all data sources were combined, and a review of how the analytic file was produced for the reporting of selected performance measure rates. HSAG performed primary source verification to further validate the output files and reviewed backup documentation on data integration. HSAG also addressed data control and security procedures during this session.
- ◆ **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the Roadmap and the on-site visit, and revisited the documentation requirements for any post-visit activities.

HSAG conducted several interviews with key Peach State staff members who were involved with performance measure reporting. Table 4 lists key Peach State interviewees:

Table 4—List of Peach State Health Plan Interviewees	
Name	Title
Dean Greeson	Chief Medical Officer
Robyn Lorys	Vice President, Quality Improvement
Ron Purisima	Director, Quality Improvement
Valerie Liserio-Eike	Quality Improvement Specialist
Tracy D. Smith	Director, Provider Relations

Table 4—List of Peach State Health Plan Interviewees	
Name	Title
Loni Eaton	Manager, Claims and Contract Support Services
Chevron Cardenas	Senior Director, Customer Service/Community Relations
Yolanda Spivey	Senior Director, Provider Data Analytics
Leslie Naamon	Chief Operating Officer
Mark Reed	Director of Customer Service
Claudette Bazile	Vice President, Compliance
Alfred Miller	Data Analyst IV
Tammy Sanchez	Manager, Vendor Oversight
Ryan Maier*	Project Manager, Corporate Quality Improvement
David Park*	Quality Improvement Analyst
Robin Meseey*	Supervisor, Claims (Corporate)
Trisha Ziegelmeyer*	Manager, Claims
Tia McCann*	Enrollment Processor II
Heather Dowdy*	Quality Improvement Analyst
Major Cole*	Quality Improvement Specialist
Katie Wilson*	Manager, Encounters
Shaywen Hawkins*	Manager, Quality Improvement
Larry Santiago*	Senior Director, Contracting & Network Development
LaShon Hodge	Director of Contracting
Keith Caldwell	Senior Director, Business Analytics
Rayshawn Clay	Director, Operations
Lakeisha Moore	Manager, Customer Service
LeDona Tookes	Supervisor, Customer Service
Jason Rosen*	Data Analyst IV

*Interviews were conducted via WebEx.

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure rates. These include data integration, data control, and documentation of performance measure calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential for calculating valid performance measure rates. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by Peach State, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at Peach State were:

- Acceptable
- Not acceptable

Data Control

Peach State's organizational infrastructure must support all necessary information systems; and its quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data, and to provide data protection in the event of a disaster. HSAG validated the data control processes Peach State used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at Peach State were:

- Acceptable
- Not acceptable

Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by Peach State. HSAG reviewed all related documentation, which included the completed Roadmap, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure calculations by Peach State was:

- Acceptable
- Not acceptable

Validation Results

HSAG evaluated Peach State's data systems for processing of each data type used for reporting DCH performance measure rates. General findings are indicated below.

Medical Service Data (Claims/Encounters)

Peach State continued to use AMISYS for claims and encounter data processing, and no changes were made to the processes from the prior year's audit. The CMO received 93 percent of all claims and encounter data electronically and 7 percent via paper forms. This was a significant improvement from the previous year, up from 88 percent electronic submissions received. Although Peach State still received paper claims, its vendor scanned and submitted these claims in the standard 837 format. Very little manual manipulation was required for claims and encounter processing. Generally, manual intervention was needed for high-dollar claims that required manual intervention for payment.

Peach State used only standard coding schemes and captured all coding specificity in AMISYS. The majority of Peach State providers (99 percent) were reimbursed on a fee-for-service (FFS) basis, which ensured that claims were submitted in a timely manner. HSAG reviewed the outstanding incurred but not reported (IBNR) report and found that the majority (greater than 95 percent) of all claims were, in fact, received within 30 days for the measurement year.

HSAG had no concerns with Peach State's claims and encounter data processes.

Enrollment Data

Peach State's enrollment data were housed in the AMISYS system, and no changes were made since the previous year's audit. Enrollment data were still received daily and monthly from the State. New members were processed and entered into AMISYS systematically, and were occasionally added manually upon request by the State. Peach State's load program contained logic for cross-checking manually entered members to avoid duplicate records.

Peach State performed monthly reconciliation of enrollment data to ensure all member information was complete and accurate. Additionally, Peach State submitted enrollment files to its external vendors for processing.

HSAG verified that the product and rate types that distinguish the Planning for Healthy Babies[®] (P4HB[®]) population in AMISYS were properly excluded by the CMO before the final rates were calculated.

HSAG had no concerns with Peach State's enrollment data processes.

Provider Data

Peach State's provider data continued to be housed in the AMISYS system, while its credentialing information remained housed in Portico. These two systems linked provider information using a

unique provider identifier to ensure reporting accuracy across systems. No significant changes to the process were made from the previous year’s audit. Credentialed provider data were entered into Portico. Daily updates were made to AMISYS directly from Portico. AMISYS captured all relevant information for reporting, and specialties were well documented for each entity.

HSAG had no concerns with Peach State’s provider data processes.

Medical Record Review Process

Peach State was fully compliant with the MRR reporting requirements. Peach State contracted with Altegra Health, a medical record vendor, to procure and abstract MRR data into Altegra Health’s custom measure tools. HSAG reviewed Altegra Health’s tools and corresponding instructions. The vendor’s reviewer qualifications, training, and oversight were appropriate. Peach State conducted adequate oversight of its vendor. Due to the challenging performance measures, a convenience sample was required and subsequently passed the validation process.

For each performance measure, HSAG reviewed numerator positive cases as identified by Peach State. MRR was also conducted for the *Antenatal Steroid* exclusions to ensure members were not inappropriately excluded from the measure. Additionally, HSAG reviewed numerator negative cases and exclusions for the *Cesarean Section for Nulliparous Singleton Vertex* and *Elective Delivery* measures. HSAG expanded the review for these two inverse measures due to the complexity of abstracting the measures.

The MRR findings and final results are presented below in Table 5. All performance measures for Peach State were approved for reporting.

Table 5—MRR Findings for Peach State Health Plan				
Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Developmental Screening in the First Three Years of Life	16	One error was identified; a second sample was required for the 10 remaining numerator positive cases.	The remaining 10 cases were selected. One error was identified. There were no additional cases to review. The two total errors from the first and second samples were removed from the numerator for reporting.	Approved
Care Transition—Timely Transmission of Transition Record	NA*	NA	NA	NA
Maternity Care—Behavioral Health Risk Assessment	NA*	NA	NA	NA
Antenatal Steroids				
Numerator	NA*	NA	NA	NA

Table 5—MRR Findings for Peach State Health Plan				
Performance Measure	Initial Sample Size	Findings	Follow-Up	Final Results
Exclusions	16	No errors were identified.	NA	Approved
Screening for Clinical Depression and Follow-up Plan				
Numerator	10	No errors were identified.	NA	Approved
Exclusions	12	Two errors were identified. There were no additional cases to review.	The two cases were removed from the exclusions and added back into the denominator.	Approved
Cesarean Section for Nulliparous Singleton Vertex				
Numerator Negative	16	Five errors were identified that should have been exclusions. Re-abstraction was conducted and a second sample was required.	A second sample of 16 cases was selected. No errors were identified.	Approved
Numerator Positive	NA*	NA	NA	NA
Exclusions	NA*	NA	NA	NA
Elective Delivery				
Numerator Negative	16	Peach State had significant issues with abstracting this measure. Seven of the 16 selected cases should have been excluded from the measure, and four members did not have delivery records.	HSAG required Peach State to re-abstract the remaining records. Only one case was determined to have an error. This case was moved to the exclusions and removed from the measure, along with the seven exclusions from the initial sample.	Approved
Numerator Positive	NA*	NA	NA	NA
Exclusions	16	No errors were identified. However, the auditor requested an additional validation of 16 cases due to challenges in this measure with identifying numerator negative cases.	No errors were identified with the second sample of 16 cases.	Approved

*The CMO did not have any numerator positive cases identified through MRR.

Supplemental Data

Peach State did not use any supplemental data for the production of the performance measures under review.

Data Integration

Peach State continued to use Inovalon software for performance measure production. HSAG reviewed and approved Inovalon's source code used to generate the performance measures under the scope of the audit. HSAG determined the source code was compliant with the performance measure specifications and no concerns were noted upon final review.

Peach State's corporate team, Centene, runs monthly reports out of Inovalon to review data on a regular basis. Corporate staff members were well versed in the Inovalon software functionality and had no issues with producing the required performance measures or with loading the data to Inovalon's software. Centene frequently produced month-over-month comparison reports to ensure data were complete and accurate. Data load logs were also reviewed to identify any potential errors or issues.

During the on-site audit, HSAG conducted primary source verification for the administrative portion of the performance measures and did not identify any issues; however, some performance measures did not contain any numerator compliant members since evidence of compliance required medical record abstraction.

HSAG reviewed and approved the CMO's administrative rates in May 2015. Final rates were reviewed, including comparisons between the current year's rates and those from the prior year, as well as to the other two CMOs' rates, to ensure reasonableness. HSAG approved final rates in June 2015, following several iterations of MRRV.

HSAG did not identify any issues with Inovalon's system integrity and there were no concerns with Peach State's data integration processes.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined validation results for each performance measure rate. HSAG provided an audit result for each performance measure consistent with the NCQA categories defined in Table 6. For detailed information, see Table 7 of this report.

Table 6—Audit Results and Definitions for Performance Measures	
Reportable (R)	The CMO followed the State’s specifications and produced a reportable rate or result for the measure.
Not Reportable (NR)	The calculated rate was materially biased, the CMO chose not to report the measure, or the CMO was not required to report the measure.
Not Applicable (NA)	The CMO followed the State’s specifications, but the denominator was too small (<30) to report a valid rate.

According to the CMS protocol, the audit result for each performance measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be “Not Reportable.” It is possible for a single audit element to receive an audit result of “NR” when the impact of the error associated with that element biased the reported performance measure rate more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of “R.”

Table 7 shows the key review findings and final audit results for Peach State for each performance measure rate. For additional information regarding performance measure rates, see Appendix C of this report.

Table 7—Key Review Findings and Audit Results for Peach State Health Plan			
	Performance Measures	Key Review Findings	Audit Results
1.	Antenatal Steroids	No concerns were identified.	NR
2.	Asthma in Younger Adults Admission Rate	No concerns were identified.	R
3.	Care Transition—Timely Transmission of Transition Record	No concerns were identified.	R
4.	Cesarean Delivery Rate	No concerns were identified.	R
5.	Cesarean Section for Nulliparous Singleton Vertex	Peach State initially had issues with identifying exclusions. The issues were resolved prior to the final rate reporting.	NR
6.	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	No concerns were identified.	R

Table 7—Key Review Findings and Audit Results for Peach State Health Plan

Table 7—Key Review Findings and Audit Results for Peach State Health Plan			
	Performance Measures	Key Review Findings	Audit Results
7.	Developmental Screening in the First Three Years of Life	Peach State had several issues during MRR with abstracting this measure. The issues were resolved prior to the final rate reporting.	R
8.	Diabetes Short-Term Complications Admission Rate	No concerns were identified.	R
9.	Elective Delivery	Peach State had significant issues during MRR with abstracting this measure. The issues were resolved prior to the final rate reporting.	NR
10.	Heart Failure Admission Rate	No concerns were identified.	R
11.	Live Births Weighing Less Than 2,500 Grams	No concerns were identified.	R
12.	Maternity Care—Behavioral Health Risk Assessment	No concerns were identified.	R
13.	Percentage of Eligibles that Received Dental Treatment Services	No concerns were identified.	R
14.	Percentage of Eligibles that Received Preventive Dental Services	No concerns were identified.	R
15.	Screening for Clinical Depression and Follow-up Plan	No concerns were identified.	R

Three measures received the NR designation for the audit results: *Antenatal Steroids*, *Cesarean Section for Nulliparous Singleton Vertex*, and *Elective Delivery*. The CMO calculated these measures properly, and according to the CMS specifications. However, due to limitations with the CMS specifications, the eligible population could not be appropriately ascertained. The resulting rate, therefore, was considered biased and not representative of the population.

Appendix A. Data Integration and Control Findings for Peach State Health Plan

Documentation Worksheet

CMO Name:	Peach State Health Plan
On-Site Visit Date:	April 21, 2015
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table A-1—Data Integration and Control Findings for Peach State Health Plan

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository.				
The CMO accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations.				
The CMO's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peach State used a vendor for performance measure generation and rate calculation. No issues were identified with the source code or primary source verification.
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table A-1—Data Integration and Control Findings for Peach State Health Plan				
Data Integration and Control Element	Met	Not Met	N/A	Comments
If the CMO uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates.				
The performance measure data repository’s design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including CMO production activity logs and the CMO staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peach State used a software vendor to produce the measures under review. HSAG conducted source code review and primary source verification. No concerns were identified.
The CMO’s processes and documentation comply with the CMO standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings for Peach State Health Plan

Reviewer Worksheets

CMO Name:	Peach State Health Plan
On-Site Visit Date:	April 21, 2015
Reviewers:	Allen Iovannisci, MS, CHCA; Mariyah Badani, JD, MBA, CHCA

Table B-1—Denominator Validation Findings for Peach State Health Plan

Audit Element	Met	Not Met	N/A	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source code review with Inovalon was conducted via multiple webinar sessions. Primary source verification confirmed that all eligible populations were included based on the performance measure specifications.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the CMO to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not necessary for the performance measures under the scope of the audit.

Table B-2—Numerator Validation Findings for Peach State Health Plan				
Audit Element	Met	Not Met	N/A	Comments
The CMO uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The CMO avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonstandard codes were not used or reported.
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. Performance Measure Rate Submission File for Peach State Health Plan

Appendix C contains Peach State Health Plan's final audited performance measure rate submission file.

Appendix D. HEDIS Interactive Data Submission System Data for Peach State Health Plan

Appendix D contains Peach State Health Plan's reported IDSS data from its NCQA HEDIS Compliance Audit.