

**State of Georgia  
Department of Community Health**

**2022 External Quality Review Annual  
Report**

*March 2022*



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**



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## Glossary of Acronyms

ABA	Applied Behavioral Analysis
ABD	Aged, Blind or Disabled
AHRQ	Agency for Healthcare Research and Quality
ASD	Autism Spectrum Disorder
BH	Behavioral Health
BR	Biased Rate
CAHPS	Consumer Assessment of Healthcare Providers and Systems <sup>1</sup>
CCSP	Community Care Services Program
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMCS	Center for Medicaid and CHIP Services
CMO	Care Management Organization
CMS	Centers for Medicare & Medicaid Services
COMP	Comprehensive Support Waiver Program
COVID-19	Coronavirus Disease 2019
CY	Contract Year
DCH	Department of Community Health
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FAR	Final Audit Report
FFS	Fee-for-Service
FFY	Federal Fiscal Year
FY	Fiscal Year
GA	Georgia
GF	Georgia Families
GF 360°	Georgia Families® 360°
HbA1c	Hemoglobin A1c
HEDIS® <sup>2</sup>	Healthcare Effectiveness Data and Information Set
HSAG	Health Services Advisory Group, Inc.
HCBS	Home and Community-Based Services
ICWP	Independent Care Waiver Program
IDSS	Interactive Data Submission System
IS	Information Systems
ISCAT	Information Systems Capabilities Assessment Tool
LBW	Low Birth Weight
LIM	Low-Income Medicaid
LO	NCQA Licensed Organization

<sup>1</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

MAP	Medical Assistance Plan
MCE	Managed Care Entity
MCO	Managed Care Organization
MLTSS	Managed Long-Term Services and Supports
MMIS	Medicaid Management Information System
MRRV	Medical Record Review Validation
MY	Measurement Year
N/A	Not Applicable
NCQA	National Committee for Quality Assurance
NEMT	Non-Emergency Medical Transportation
NOW	New Option Waiver
NR	Not Reported
PA	Prior Authorization
PAHP	Prepaid Ambulatory Health Plan
PASRR	Pre-Admission Screening Annual Residential Review
PCCM	Primary Care Case Management
PCMH	Patient-Centered Medical Home
PCMH CCE	Patient-Centered Medical Home Certified Content Expert
PCP	Primary Care Provider
PDL	Preferred Drug List
PDSA	Plan-Do-Study-Act
PHE	Public Health Emergency
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PMV	Performance Measure Validation
PSV	Primary Source Verification
QAPI	Quality Assessment Performance Improvement
QI	Quality Improvement
RSM	Right from the Start Medicaid
RY	Reporting Year
SDoH	Social Determinants of Health
SFY	State Fiscal Year
SMS	Short Message Service
SNF	Skilled Nursing Facility
SOURCE	Service Options Using Resources in a Community Environment
SPA	State Plan Amendment

## 1. Executive Summary

### Purpose and Overview of Report

The CFR at 42 CFR §438.364 requires that states use an EQRO to prepare an annual technical report that describes the manner in which data from activities conducted for Medicaid CMOs, in accordance with the CFR, were aggregated and analyzed. To meet this requirement, the State of Georgia, DCH, contracted with HSAG as its EQRO to perform the assessment and produce this annual report for EQR activities completed during the period of contract year July 1, 2020, through June 30, 2021 (CY 2021). In addition, this report draws conclusions about the quality of, timeliness of, and access to healthcare services that contracted CMOs provide.

The DCH administers the Medicaid program and the CHIP, referred to as PeachCare for Kids® in Georgia. Both programs include FFS and managed care components. During CY 2021, the DCH managed care program's CMOs included four privately owned CMOs that contracted with DCH to deliver physical health and behavioral health services to Medicaid and PeachCare for Kids® members. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the GF 360° managed care program. The GF program serves all other Medicaid and CHIP managed care members not enrolled in the GF 360° program. The CMOs that contracted with DCH during CY 2021 are displayed in Table 1-1.

**Table 1-1—Georgia Families CMOs in Georgia**

CMO Name	CMO Short Name
Amerigroup Community Care	Amerigroup
Amerigroup 360°	Amerigroup 360°
CareSource	CareSource
Peach Care Health Plan	Peach Care
WellCare of Georgia, Inc. <i>Note: WellCare of Georgia was purchased by Centene. WellCare ceased operations under its contract with DCH effective April 30, 2021.</i>	WellCare

### Scope of External Quality Review Activities

To conduct this assessment, HSAG used the results of mandatory and optional EQR activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by CMS.<sup>1-1</sup> The purpose of these activities, in general, is to improve states' ability to oversee and manage MCEs they contract with for services and help MCEs improve their performance with respect to quality of, timeliness of, and access to care. Effective implementation of the EQR-related activities will facilitate the State's efforts to purchase high-value care and to achieve higher-performing healthcare delivery systems for its Medicaid and CHIP members.

<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Oct 30, 2021.

## Methodology for Aggregating and Analyzing EQR Activity Results

For the 2022 EQR Annual Report, HSAG used findings from the PMV and compliance review EQR activities conducted from July 1, 2020, through June 30, 2021. PIP activities were conducted from July 1, 2020, through December 31, 2021. From these analyses, HSAG derived conclusions and makes recommendations about the quality of, timeliness of, and access to care and services provided by each Georgia CMO and the overall statewide GF program. For a detailed, comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each CMO, please refer to the results of each activity in sections 4 through 7 of this report. Detailed information about each activity's methodology is provided in Appendix B of this report. Table 1-2 identifies the EQR mandatory and optional activities included in this report.

**Table 1-2—EQR Activities**

Activity	Description	CMS EQR Protocol
Validation of PIPs	This activity verifies whether a PIP conducted by a CMO used sound methodology in its design, implementation, analysis, and reporting.	<b>Protocol 1.</b> Validation of Performance Improvement Projects
PMV	This activity assesses whether the PMs calculated by a CMO are accurate based on the measure specifications and State reporting requirements.	<b>Protocol 2.</b> Validation of Performance Measures
Compliance With Standards	This activity determines the extent to which a Medicaid and CHIP CMO is in compliance with federal standards and associated state-specific requirements, when applicable.	<b>Protocol 3.</b> Review of Compliance With Medicaid and CHIP Managed Care Regulations
CAHPS Analysis*	This activity assesses member experience with a CMO, and its providers and the quality of care members receive.	<b>Protocol 6.</b> Administration or Validation of Quality of Care Surveys

\* HSAG received the files for this activity from the CMOs. The files were prepared by the CMO's NCQA-certified vendor that conducted the survey.

## Georgia Managed Care Program Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from the preceding 12 months to comprehensively assess the CMOs' performance in providing quality, timely, and accessible healthcare services to DCH Medicaid and CHIP members as required in 42 CFR §438.364. For each CMO reviewed, HSAG provides a summary of its overall key findings related to quality, access, and timeliness based on the CMOs' performance, which can be found in sections 4 through 7 of this report. The overall findings and conclusions regarding quality, access, and timeliness for all CMOs were also compared and analyzed to develop overarching conclusions and recommendations for the Georgia managed care program. In Table 1-3, in accordance with 42 CFR §438.364(a)(1), HSAG provides a description of the manner in which the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to care furnished by the CMOs. Refer to Section 3 for details of each activity.



**Methodology:** HSAG follows a three-step process to aggregate and analyze data conducted from all EQR activities and draw conclusions about the quality, timeliness, and access to care furnished by each CMO, as well as the program overall.

**Step 1:** HSAG analyzes the quantitative results obtained from each EQR activity for each CMO to identify strengths and weaknesses in each domain of quality, timeliness, and access to services furnished by the CMO for the EQR activity.

**Step 2:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across EQR activities for each domain, and HSAG draws conclusions about overall quality, timeliness, and access to care and services furnished by the CMO.

**Step 3:** HSAG identifies any patterns and commonalities that exist across the program to draw conclusions about the quality, timeliness, and access to care for the program.

**Table 1-3—Overall Conclusions: Quality, Access and Timeliness**

EQRO Results	
Domain	Conclusion
Quality	<p><b>Strengths:</b> Overall, CMOs were providing quality care for chronic conditions such as asthma and heart failure. Providing quality care according to recommended guidelines and completing follow-up from ED use and inpatient visits reduces the need for rescue medications, ED visits, and readmissions.</p> <p><b>Weaknesses:</b> Although members with chronic conditions may have had access to care, performance measure rates for <i>Comprehensive Diabetes Care—HbA1c Control</i> (&lt;8.0%) and <i>HbA1c Poor Control</i> (&gt;9.0%), and <i>Controlling High Blood Pressure</i> indicated lower performance, as all CMO measure rates and the GF Average, fell below the 25th percentile. A factor that may have contributed to low performance in management of these chronic conditions was the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE.</p>
Access	<p><b>Strengths:</b> CMOs' members were able to access a PCP to receive routine and preventive care. Overall, CMOs showed strength in ensuring preventive health guidelines were followed for cervical cancer screening and chlamydia screening, improving opportunities for early detection and treatment. Access to care was also evident, as CMOs' interventions resulted in children and adolescents accessing well-care visits and oral health care, as well as receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p><b>Weaknesses:</b> Members were not consistently accessing providers for necessary prenatal and postpartum care. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. Members may have had concerns with accessing prenatal and postpartum care during the COVID-19 PHE, resulting in reduced visits.</p>
Timeliness	<p><b>Strengths:</b> Overall, CMO members were able to access PCPs timely, and receive appropriate treatment as necessary, to stay healthy and reduce unnecessary ED utilization.</p> <p><b>Weaknesses:</b> Members were not accessing providers for necessary prenatal and postpartum care in a timely manner. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. Members may also have had health concerns with accessing prenatal and postpartum during the COVID-19 PHE, resulting in delays or missed visits.</p>



Table 1-4 highlights actionable Georgia-specific recommendations for DCH to further promote its goals and objectives in the Georgia Quality Strategy.

**Table 1-4—Quality Strategy Recommendations For the Georgia Medicaid Managed Care Program**

Program Recommendations	
Recommendation	Associated Georgia 2021-2023 Quality Strategy Goal and Objective
<p>To improve program-wide performance in support of Goal 1.3 and improve members' receipt of recommended care and services for better management of chronic conditions, HSAG recommends the following:</p> <ul style="list-style-type: none"> <li>Require CMOs to identify chronic health-related PMs that fell below the NCQA Quality Compass national Medicaid HOM 50th percentile and focus QI efforts on identifying the cause and implementing interventions to improve access to care.</li> <li>Identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.</li> <li>Require the CMOs to identify healthcare disparities within the chronic health PM data to focus QI efforts on a disparate population.</li> </ul>	<p><b>GOAL 1.3:</b> Improve Outcomes for Chronic Diseases</p> <p><i>Pillar One: Quality</i></p> <p><b>Objective 1.3.a:</b> Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023.</p> <p><b>Objective 1.3.c:</b> Increase the number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023.</p>
<p>To improve program-wide performance in support of Goal 1.4 and improve maternal health outcomes through timeliness of prenatal care, HSAG recommends the following:</p> <ul style="list-style-type: none"> <li>Require the CMOs to conduct a root cause analysis to determine any additional causes regarding why some female members are not receiving timely prenatal and postpartum care. The CMOs should consider the nature and scope of the issue (e.g., were the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education).</li> <li>Require the CMOs to identify healthcare disparities within the prenatal and postpartum-related PM data to focus QI efforts on a disparate population.</li> </ul>	<p><b>Goal 1.4:</b> Improve Maternal and Newborn Care</p> <p><i>Pillar One: Quality</i></p> <p><b>Objective 1.4.b:</b> Decrease the number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023.</p>

## 2. Overview of Georgia's Managed Care Program

### Medicaid Managed Care in the State of Georgia

#### *The Georgia Department of Community Health*

The State of Georgia introduced the GF managed care program in 2006 and contracts with private CMOs to deliver services to enrolled members. The DCH is responsible for administering the Medicaid program and CHIP in the State of Georgia. The State refers to its CHIP as PeachCare for Kids®. Both programs include FFS and managed care components. The DCH is the single State agency for Medicaid.

The DCH employs a care management approach to organize its system of care, enhance access, achieve budget predictability, explore possible cost containment opportunities, and focus on systemwide performance improvements. The DCH uses managed care to continuously improve the quality of healthcare and services provided to eligible members and improve efficiency by using both human and material resources more efficiently and effectively.

The CMOs that contracted with DCH during SFY 2020–2021 are displayed in Table 2-1.

**Table 2-1—CMOs in Georgia**

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description	CMO NCQA Accreditation Status
Amerigroup	2006	Amerigroup Community Care is a subsidiary of Amerigroup Corporation. Amerigroup is a wholly owned subsidiary of Anthem, Inc., founded in 2004 with the merger of Anthem and WellPoint Health Networks. Product lines include Medicaid, Medicare commercial, federal employees, and specialty services.	Commendable* Accredited through 10/22/2022
Amerigroup 360°***	2014	Amerigroup 360° is a subsidiary of Amerigroup Corporation. Amerigroup is a wholly owned subsidiary of Anthem, Inc., founded in 2004 with the merger of Anthem and WellPoint Health Networks. Product lines include Medicaid, Medicare commercial, federal employees, and specialty services.	Commendable* Accredited through 10/22/2022
CareSource	2017	CareSource was founded in 1989 and is a nonprofit model of managed care. CareSource product lines include Medicaid, Marketplace, and Medicare Advantage programs.	Accredited** Accredited through 3/1/2022
Peach State	2006	Peach State Health Plan is a subsidiary of the Centene Corporation. Centene was founded in 1984. Product lines include Medicaid, Medicare, and the Exchange plans in some states.	Commendable* Accredited through 5/22/2023

CMO	Year Operations Began in Georgia as a Medicaid CMO	Profile Description	CMO NCQA Accreditation Status
WellCare	2006	WellCare of Georgia, Inc., is a subsidiary of WellCare Health Plans, Inc. WellCare was founded in 1985. Product lines include Medicaid, Medicare Advantage, Medicare Prescription Drug Plans, State Children's Health Insurance Programs, and others. On January 23, 2020, WellCare Health Plans, Inc. became a wholly owned subsidiary of Centene Corporation. The merger with Peach State Health Plan was completed on April 30, 2021.	Accredited** Accredited through 9/18/2023

\*Commendable: NCQA has awarded an accreditation status of Commendable for service and clinical quality that meet NCQA's rigorous requirements for consumer protection and QI.

\*\*Accredited: NCQA has awarded an accreditation status of Accredited for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and QI.

\*\*\*Amerigroup 360° is not separately accredited from Amerigroup.

Table 2-2 displays the DCH annual enrollment by program.

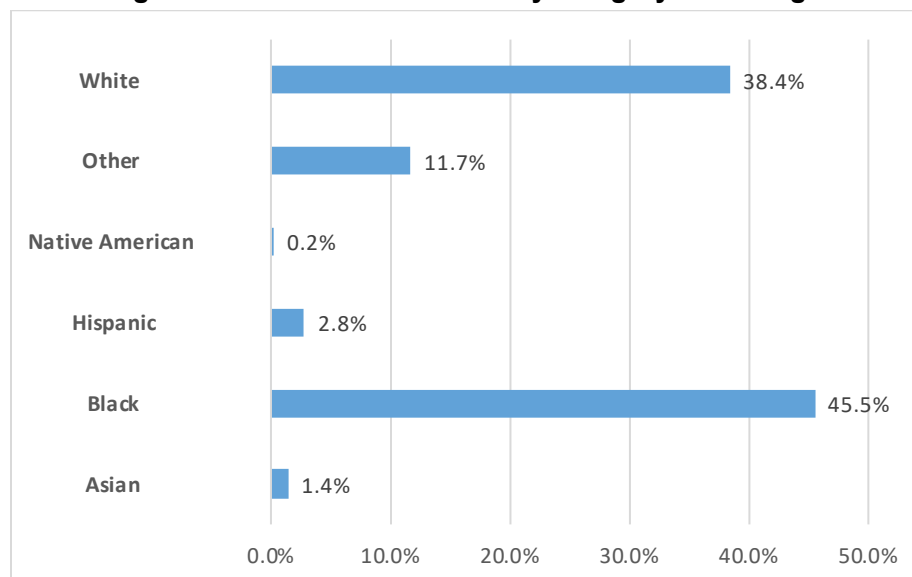
**Table 2-2—FY 2021 Annual Program Enrollment**

Program	Members Average
Medicaid*	2,766,423
PeachCare for Kids®	174,406

Source: IBM Watson Health, DP, based on eligibility for the month of June 2021.

Figure 2-1 displays the CMO overall ethnicity category percentages as of June 2021.

**Figure 2-1—CMO Overall Ethnicity Category Percentages**



## **Georgia Families CMO Model**

The DCH provides Georgians with access to affordable, quality healthcare through effective planning, purchasing, and oversight. The DCH is dedicated to a healthy Georgia. The goal of the GF care management program is to maintain a successful partnership with CMOs to provide care to members while focusing on continual QI. The Georgia-enrolled member population encompasses LIM, Transitional Medicaid, pregnant women and children in the RSM program, newborns of Medicaid-covered women, refugees, women with breast or cervical cancer, as well as the CHIP population.

## **COVID-19**

During CY 2021, Georgia continued to experience a significant impact from the COVID-19 pandemic. In response to COVID-19, CMO care coordinators increased their outreach to members, ensuring access to services using telehealth medicine and automatically extending service authorizations and use of out-of-network providers when necessary.

CMOs also developed processes to assist COVID-19 positive or exposed members with nonemergent transportation needs after discharge from the hospital and to ensure dialysis and chemotherapy appointments were not missed. In addition, CMOs initiated an outreach process also to support discharge planning and post-acute care for all members who were pending or confirmed COVID-19 positive. To assist members with their pharmaceutical needs during the pandemic, CMOs conducted outreach calls to high-risk members to ensure they received their medications on time.

## **Georgia Quality Strategy**

During CY 2021, in accordance with 42 CFR §438.340, DCH implemented its 2021–2023 written quality strategy to continually monitor, assess, and improve the timeliness and delivery of quality healthcare furnished by the CMOs to Georgia Medicaid and Georgia CHIP members under the Georgia Managed Care Program.

## **The DCH Pillars**

The DCH has identified four pillars under which it aligns the Quality Strategy's key goals.

### **Pillar One: Quality**

- Improve the health status of Georgians by promoting healthy lifestyles, preventive care, disease management, and disparity elimination.

### **Pillar Two: Stewardship**

- Move health plans administered by DCH toward being financially solvent to meet the needs of members.
- Ensure value in healthcare contracts.
- Increase effectiveness and efficiency in the delivery of healthcare.

## Pillar Three: Access

- Improve access to quality healthcare at an affordable price.

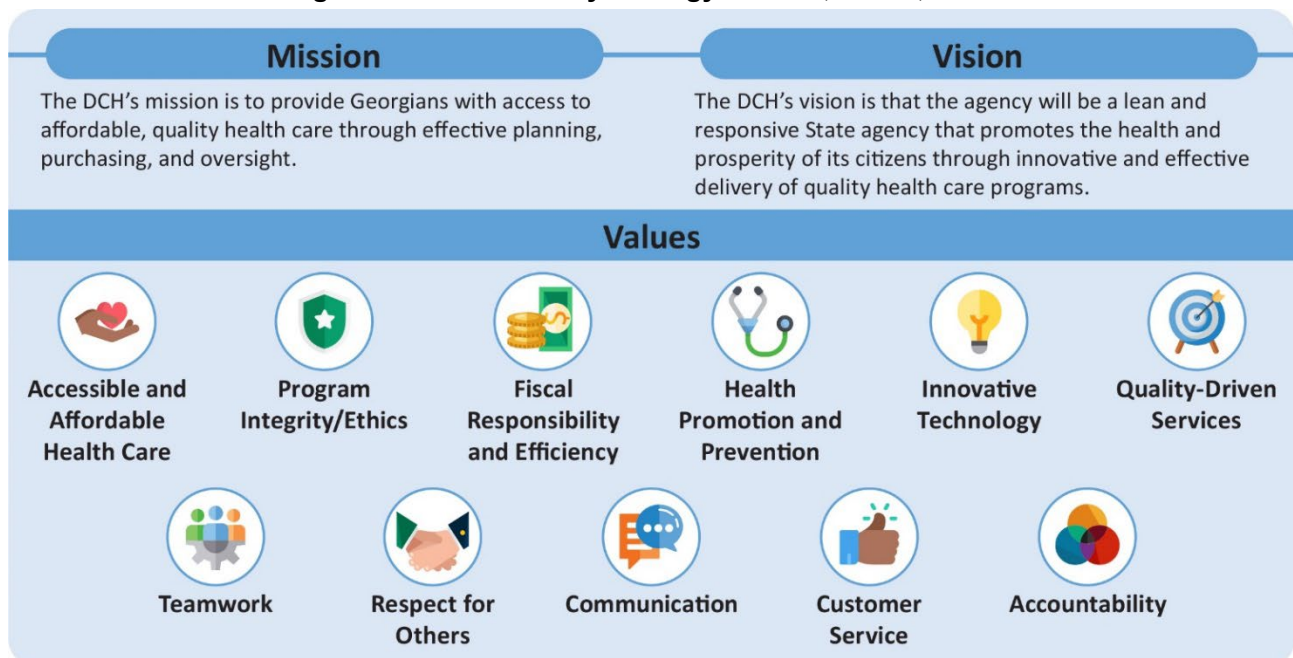
## Pillar Four: Service (Patient Experience)

- Ensure DCH has enough workers with the necessary skills and competencies to meet the current and future demand.

## Quality Strategy Mission, Vision, and Values

The DCH Quality Strategy Mission, Vision, and Values are described in Figure 2-2.




**Figure 2-2—DCH Quality Strategy Mission, Vision, and Values**



## Georgia 2021–2023 Quality Strategy Goals and Objectives

This Quality Strategy aims to guide Georgia's Medicaid program by establishing clear aims and goals, aligned with the four DCH pillars, to drive improvements in care delivery and outcomes, and the metrics by which progress will be measured. The Quality Strategy sets a clear direction for priority interventions and details the standards and mechanisms for holding the CMOs accountable for desired outcomes. The DCH's Quality Strategy aims and goals are found in Table 2-3.

Table 2-3—Georgia 2021–2023 Quality Strategy Aims and Goals

Aims	Goals	Pillar
 <b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.1:</b> Improve Access to Care	<b>Access</b>
	<b>Goal 1.2:</b> Increase Wellness and Preventive Care	<b>Quality</b>
	<b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases	<b>Quality</b>
	<b>Goal 1.4:</b> Improve Maternal and Newborn Care	<b>Quality</b>
	<b>Goal 1.5:</b> Improve Behavioral Health Care Outcomes	<b>Quality Access</b>
	<b>Goal 1.6:</b> Enhance Member Experience	<b>Service</b>
 <b>Aim 2:</b> Smarter Spending	<b>Goal 2.1:</b> Increase Appropriate Utilization of Levels of Care	<b>Stewardship</b>
	<b>Goal 2.2:</b> Effective Medical Management of Care	<b>Stewardship</b>
 <b>Aim 3:</b> HCBS-LTSS: Improve Health and Services	<b>Goal 3.1:</b> Improve Health and Well-Being of Persons Receiving Community-Based Services	<b>Quality</b>

## Quality Initiatives

### *DCH Quality Initiatives Driving Improvement*

The DCH considers its Quality Strategy to be its roadmap for the future. The Quality Strategy promotes the identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Georgia Medicaid and CHIP members. The DCH Quality Strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value and quality-based, data-driven, and equitable. The DCH conducts oversight of the CMOs to promote accountability and transparency for improving health outcomes.

Table 2-4 displays a sample of the initiatives DCH continued during CY 2021 that support DCH's efforts toward achieving the Georgia 2021–2023 Quality Strategy goals and objectives.

Table 2-4—DCH Quality Initiatives Driving Improvement

Georgia Quality Strategy Aim, Goal and Pillar	DCH Quality Initiatives
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal:</b> Improve Access to Care</p> <p><b>Pillar 3:</b> Access</p>	<p><b>COVID-19 Response</b></p> <p>To best serve Georgia's Medicaid and PeachCare for Kids® populations, the MAP team worked with CMS to create/receive approval for temporary federal waivers to authorize:</p> <p><i>Section 1135 Disaster Response Waivers</i></p> <ul style="list-style-type: none"> <li>• Suspension of PA requirements</li> <li>• Extension of existing PAs that were in place at the beginning of the PHE</li> <li>• Suspension of PASRR Assessments</li> <li>• Extension of fair hearing requests and appeal timelines</li> <li>• Streamline provider enrollment processes</li> <li>• Provision of services in nontraditional alternate care sites</li> <li>• Reimbursement for personal care services rendered by alternate individuals (family caregivers)</li> </ul> <p><i>Disaster Relief SPAs</i></p> <ul style="list-style-type: none"> <li>• Suspension of copayments during the PHE</li> <li>• Expand telehealth services</li> <li>• Authorize brand name pharmaceutical products if generic products were unavailable and were on the PDL</li> <li>• Authorize interim payments to SNFs</li> </ul> <p><i>915(c) HCBS Waiver Appendix K Emergency Response Amendments</i></p> <ul style="list-style-type: none"> <li>• Temporary authorization of retainer payments for providers of services in the CCSP and the SOURCE Waiver, ICWP, NOW, COMP and the HCBS Waiver programs for up to the 90-day federal maximum period.</li> </ul>

The CMOs' ongoing QAPI programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

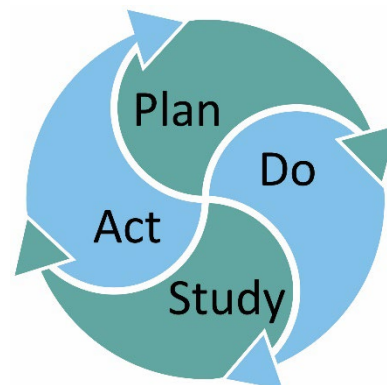
Appendix D provides examples of the quality initiatives the CMOs highlighted in their efforts toward achieving the DCH Quality Strategy's goals and objectives.

## CMO Best and Emerging Practices

The DCH Quality Strategy promotes the identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Georgia Medicaid and CHIP members.



Emerging practices can be achieved by incorporating evidence-based guidelines into operational structures, policies, and procedures. Emerging practices are born out of continuous QI efforts to improve a service, health outcome, systems process, or operational procedure. The goal of these efforts is to improve the quality of and access to services and to improve health outcomes. Only through continual measurement and analyses to determine the efficacy of an intervention can an emerging practice be identified. Therefore, DCH encourages the CMOs to continually track and monitor the effectiveness of QI initiatives and interventions, using a PDSA cycle, to determine if the benefit of the intervention outweighs the effort and cost. The DCH also actively promotes the use of nationally recognized protocols, standards of care, and benchmarks by which CMO performance is measured. Appendix C identifies the CMOs' self-reported best and emerging practices.



## 3. CMO Comparative Information




### Comparative Analysis of the CMOs by Activity

In addition to performing a comprehensive assessment of the performance of each CMO, HSAG compared the performance findings and results across CMOs to assess the quality and timeliness of, and accessibility of the GF and GF 360° programs.

#### Definitions

CMS has identified the domains of quality, access, and timeliness as keys to evaluating CMO performance. HSAG used the definitions in Figure 3-1 to evaluate and draw conclusions about the performance of the CMOs in each of these domains.

Figure 3-1—CMS Domains

		
<h3>Quality</h3> <p>as it pertains to the EQR, means the degree to which an MCO, PIHP, PAHP, or PCCM entity (described in §438.310(c)(2)) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics, the provision of services that are consistent with current professional, evidence-based knowledge, and interventions for performance improvement.<sup>1</sup></p>	<h3>Access</h3> <p>as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services). Under §438.206, availability of services means that each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner.<sup>2</sup></p>	<h3>Timeliness</h3> <p>as it pertains to EQR, is described by NCQA to meet the following criteria: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.”<sup>3</sup> It further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).</p>

<sup>1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.

<sup>2</sup> Ibid.

<sup>3</sup> National Committee for Quality Assurance. 2013 *Standards and Guidelines for MBHOs and MCOs*.

## How Conclusions Were Drawn From EQRO Activities

To draw conclusions about the quality of, timeliness of, and access to care provided by the CMO, HSAG assigned each of the EQR activities to one or more of three domains. Assignment to these domains is depicted in Table 3-1.

**Table 3-1—EQR and DCH Activities and Domains**

Activity	Quality	Access	Timeliness
Validation of PIPs	✓	✓	✓
Validation of PMs	✓	✓	✓
NCQA HEDIS® Compliance Audit™ <sup>3-1</sup>	✓	✓	
Review of Compliance with Medicaid and CHIP Managed Care Regulations	✓	✓	✓

## CMO Comparative and Statewide Aggregate PIP Results

The purpose of each PIP was to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. In SFY 2021, each CMO initiated two DCH-mandated PIP topics and reported baseline performance indicator outcomes. Two of the three CMOs initiated the same PIP topics, one specific to timely prenatal care and the second specific to case management for high-risk and complex pregnancies. Although the CMOs had the same overarching topics and followed DCH-developed specifications, DCH allowed each CMO to define its complex-case members and which members met the criteria for the eligible populations. Because of this flexibility, the comparison below should be interpreted with caution. Amerigroup 360° served different populations and initiated different PIP topics; therefore, a comparison could not be made.

Table 3-2 displays the baseline results for each CMO. The topics addressed CMS requirements related to quality outcomes, specifically the quality of, timeliness of, and access to care and services.

**Table 3-2—SFY 2021 PIP Topics by CMO**

PIP Topic	Amerigroup	Amerigroup 360°	CareSource	Peach State
<i>Timely Prenatal Care</i>	93.9%		80.0%	56.3%
<i>High Risk or Complex Case Management Enrollment</i>	25.3%		22.5%	22.4%
<i>30-Day Behavioral Health Readmission</i>		14.7%		
<i>Increasing Transition Age Youth Membership</i>		66.9%		

<sup>3-1</sup> NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** The CMOs developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMOs followed and accurately documented the DCH-developed specifications.

### Weaknesses

**Weakness:** There were no weaknesses identified.

## CMO Comparative and Georgia Families Aggregate PM Results

As part of performance measurement, the Georgia CMOs were required to submit HEDIS data to NCQA. To ensure that HEDIS rates were accurate and reliable, NCQA required each CMO to undergo an NCQA HEDIS Compliance Audit conducted by an independent Certified HEDIS Compliance Auditor.

Each CMO contracted with an NCQA LO to conduct the HEDIS Compliance Audit. HSAG reviewed the CMO's FARs, which included the Certified HEDIS Compliance Auditor's assessment of compliance with each IS standard, and the IDSS files approved by each CMO's LO. HSAG found that all five of the CMOs' systems and processes were compliant with all NCQA IS standards. All CMOs were compliant with the HEDIS reporting requirements for the key GF Medicaid measures for HEDIS MY 2020.

Table 3-3 displays the CMO rates and GF averages for HEDIS MY 2020, along with the performance rating for NCQA's HEDIS measure rate results compared to NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2020 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Additionally, measure cells shaded gray indicate non-HEDIS rates that were compared to CMCS' national 50th percentile for the FFY 2020 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded yellow indicating performance that met or exceeded the 50th percentile. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (\*). For non-HEDIS measures, rates that fall at or below the 50th percentile are shaded yellow. Benchmarks were not available for comparisons to the *Live Births Weighing Less Than 2,500 Grams*, *Screening for Depression and Follow-Up Plan*, and *Inpatient Utilization—General Hospital/Acute Care* measures.

**Table 3-3—MY 2020 Results for GF CMOs**

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
<b>Quality of Care</b>					
<b>Asthma Medication Ratio</b>					
5–11 Years	82.64% ★★★★★	83.14% ★★★★★	84.10% ★★★★★	80.46% ★★★★	82.33% ★★★★
12–18 Years	74.30% ★★★★★	75.30% ★★★★★	77.00% ★★★★★	70.82% ★★★★	74.03% ★★★★★
19–50 Years	60.70% ★★★★★	54.32% ★★★	55.12% ★★★	46.81% ★	53.40% ★★

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
51–64 Years	66.67% ★★★★★	NA	54.05% ★★	44.07% ★	53.46% ★★
<b>Comprehensive Diabetes Care</b>					
HbA1c Control (<8.0%)	34.79% ★	25.55% ★	33.09% ★	36.50% ★	33.34% ★
HbA1c Poor Control (>9.0%)*	56.93% ★	66.91% ★	60.83% ★	55.47% ★	59.14% ★
<b>Controlling High Blood Pressure</b>					
Controlling High Blood Pressure	47.45% ★	39.42% ★	45.01% ★	48.66% ★	45.83% ★
<b>Diabetes Short-Term Complications Admission Rate*<sup>1</sup></b>					
Diabetes Short-Term Complications Admission Rate—Total	11.52	16.61	13.64	18.11	14.96
<b>Heart Failure Admission Rate*<sup>1</sup></b>					
Heart Failure Admission Rate—Total	6.08	8.92	4.68	9.10	7.13
<b>Live Births Weighing Less Than 2,500 Grams*</b>					
Live Births Weighing Less Than 2,500 Grams—Total	5.19% NC	9.80% NC	10.12% NC	2.61% NC	9.79% NC
<b>Screening for Depression and Follow-Up Plan</b>					
12–17 Years	2.28% NC	1.92% NC	1.76% NC	2.44% NC	2.15% NC
18 Years and Older	3.09% NC	2.94% NC	3.07% NC	3.86% NC	3.29% NC
<b>Stewardship</b>					
<b>Ambulatory Care—Total</b>					
ED Visits—Total*	33.25 ★★★★★	38.88 ★★★★★	32.09 ★★★★★	36.56 ★★★★★	34.91 ★★★★★
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>					
Total Inpatient—Discharges per 1,000 Member Months—Total	4.19 NC	4.93 NC	4.66 NC	4.06 NC	4.40 NC
Total Inpatient—Average Length of Stay—Total	3.50 NC	3.50 NC	3.50 NC	3.43 NC	3.48 NC
<b>Plan All-Cause Readmissions*</b>					
Index Total Stays—Observed Readmissions—Total	7.31% ★★★★★	9.64% ★★★★★	7.78% ★★★★★	7.63% ★★★★★	7.96% ★★★★★
Index Total Stays—O/E Ratio—Total	0.89 ★★★★★	1.16 ★	0.98 ★★★★★	0.96 ★★★★★	0.99 ★★★★★

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
<b>Access to Care</b>					
<b>Breast Cancer Screening</b>					
Breast Cancer Screening	54.78% ★★★	41.03% ★	53.40% ★★	56.68% ★★★★	53.26% ★★
<b>Cervical Cancer Screening</b>					
Cervical Cancer Screening	67.46% ★★★★	56.45% ★★	65.25% ★★★★	63.11% ★★★★	63.66% ★★★★
<b>Child and Adolescent Well-Care Visits</b>					
3–11 Years	54.57% ★★★★	48.17% ★★	55.44% ★★★★	58.78% ★★★★	54.57% ★★★★
12–17 Years	48.71% ★★★★	42.41% ★★	49.51% ★★★★	53.83% ★★★★	49.63% ★★★★
18–21 Years	27.29% ★★★★	23.06% ★★	28.22% ★★★★	30.71% ★★★★	27.97% ★★★★
Total	50.20% ★★★★	43.73% ★★	51.18% ★★★★	54.65% ★★★★	50.96% ★★★★
<b>Childhood Immunization Status</b>					
Combination 7	67.40% ★★★★	48.18% ★	63.50% ★★★★	63.02% ★★★★	62.04% ★★★★
<b>Chlamydia Screening in Women</b>					
16–20 Years	61.59% ★★★★	58.54% ★★★★	62.88% ★★★★	61.08% ★★★★	61.24% ★★★★
21–24 Years	65.40% ★★★★	66.76% ★★★★	66.03% ★★★★	68.66% ★★★★	66.70% ★★★★
<b>Developmental Screening in the First Three Years of Life<sup>1</sup></b>					
Total	53.53%	59.85%	50.85%	58.88%	54.70%
<b>Immunizations for Adolescents</b>					
Combination 1 (Meningococcal, Tdap)	87.10% ★★★★	77.13% ★★	86.86% ★★★★	87.59% ★★★★	85.73% ★★★★
Combination 2 (Meningococcal, Tdap, HPV)	38.44% ★★★★	27.98% ★	35.04% ★★	35.77% ★★	35.09% ★★
<b>Percentage of Eligibles Who Received Preventive Dental Services<sup>1</sup></b>					
Percentage of Eligibles Who Received Preventive Dental Services	43.94%	28.99%	42.01%	47.20%	42.10%
<b>Prenatal and Postpartum Care</b>					
Timeliness of Prenatal Care	83.45% ★★	76.40% ★	81.51% ★★	79.81% ★★	80.71% ★★
Postpartum Care	76.64% ★★★★	63.02% ★	71.05% ★	68.86% ★	70.62% ★

Measure	Amerigroup	CareSource	Peach State	WellCare	GF Average
<b>Well-Child Visits in the First 30 Months of Life</b>					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	56.11% ★★★	53.01% ★★	53.63% ★★	62.28% ★★★★★	56.83% ★★★★
Well-Child Visits for Age 15 Months—30 Months—Two or More Well-Child Visits	73.34% ★★★★	68.05% ★★	72.72% ★★★★	75.60% ★★★★	73.26% ★★★★

\* A lower rate indicates better performance for this measure.

<sup>1</sup> The rates for this measure were compared to CMCS' national 50th percentile for the FFY 2020 Child and Adult Core Set.

NC indicates comparisons to benchmarks for the MY 2020 rate were not available or NCQA recommended a break in trending.

NA indicates the denominator for the measure is too small to report (<30); therefore, comparisons to benchmarks were not appropriate.

Gray shading indicates that the measure was compared to CMCS' national 50th percentile.

Yellow shading indicates that the PM rate for MY 2020 met or exceeded CMCS' national 50th percentile.

MY 2020 performance ratings for the HEDIS measures represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, the CMOs' performance for *Asthma Medication Ratio—5–11 Years* and *12–18 Years* demonstrated strength, as all four CMOs and the GF Average met or exceeded the 50th percentile. The performance indicates that the CMOs' contracted providers were reducing the need for rescue medications and ED use. The CMOs' PM rates and the GF Average met or exceeded the CMCS national 50th percentile for *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admission Rate*, indicating that the CMOs' members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.

**Strength:** Within the Stewardship domain, the *Ambulatory Care—ED Visits—Total* rate for all the CMOs and the GF Average met or exceeded the 50th percentile, indicating that members were able to access a PCP and receive appropriate treatment as necessary to stay healthy and reduce unnecessary ED utilization. Additionally, three of four CMOs and the GF Average met or exceeded the 50th percentile for *Plan All-Cause Readmissions—Index Total Stays—O/E Ratio—Total*, and all four CMOs and the GF Average met or exceeded the 50th percentile for *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—Total*, indicating the CMOs had lower rates of observed 30-day readmissions and fewer 30-day readmissions than expected during the measurement year.

**Strength:** In the Access to Care domain, the CMOs' performance on health and preventive screening measures was a strength, as three of four CMOs and the GF Average met or exceeded the 50th percentile for *Cervical Cancer Screening* and all CMOs and the GF Average met or exceeded the 50th percentile for both *Chlamydia Screening in Women* age stratifications. Additionally, three of four CMOs and the GF Average met or exceeded the 50th percentile for the *Child and Adolescent Well-Care*



Visits indicators, *Childhood Immunization Status—Combination 7*, and *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* and the CMCS national 50th percentile for *Percentage of Eligibles Who Received Preventive Dental Services*. All four CMOs met or exceeded the CMCS 50th percentile for *Developmental Screening in the First Three Years of Life*, indicating children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.

## Weaknesses

**Weakness:** In the Quality of Care domain, the PM rates for *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)*, and *Controlling High Blood Pressure* indicated lower performance, as all CMO measure rates and the GF Average fell below the 25th percentile.

**Recommendation:** HSAG recommends that the CMOs conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health condition at optimal levels or why some adult members may be experiencing issues with access to care. Upon identification of a root cause, the CMOs should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMOs conducting focus groups to identify barriers that their members were experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMOs identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

**Weakness:** In the Access to Care domain, the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rates for all CMOs and the GF Average fell below the 50th percentile, and three of four CMOs and the GF Average measure rates for *Prenatal and Postpartum Care—Postpartum Care* fell below the 25th percentile, indicating an opportunity to increase access to timely prenatal and postpartum care.

**Recommendation:** HSAG recommends that the CMOs conduct a root cause analysis to determine why female members were not receiving timely prenatal and postpartum care. The CMOs should consider the nature and scope of the issue (e.g., were the issues related to barriers to accessing care, a lack of family planning service providers, or the need for improved community outreach and education). The CMOs should also identify factors related to the COVID-19 PHE and how access to care was impacted.

**Weakness:** In the Access to Care domain, the *Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)* rates for three of the four CMOs and the GF Average fell below the 50th percentile, indicating an opportunity to increase well-care visit utilization. Although the *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* rates represent a strength for the CMOs, indicating that adolescents have access to well-care visits, CMOs need to understand what the cause of the smaller percentage of adolescents may be who received the meningococcal vaccine, Tdap vaccine, and completed the HPV vaccine series. The lack of member participation in well-care visits and completion of immunizations may be a result of a disparity-driven barrier.

**Recommendation:** HSAG recommends that the CMOs conduct a root cause analysis to determine why some adolescents have not received immunizations according to the well-visit schedule. HSAG recommends that the CMOs analyze their data and consider if there are disparities within the CMOs' populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that the CMOs implement appropriate interventions to increase the

number of children who receive immunizations using interventions that address the root cause of the issue.

## Amerigroup 360° Aggregate PM Results

Amerigroup 360° contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed Amerigroup 360°'s FARs, IS compliance tools, and IDSS files approved by Amerigroup 360°'s LO. HSAG found that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. Amerigroup 360° was compliant with the HEDIS reporting requirements for the key GF 360° Medicaid measures for HEDIS MY 2020.

Table 3-4 displays the Amerigroup 360° rates for HEDIS MY 2020, along with the performance rating for NCQA's HEDIS measure rate results compared to NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2020 (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*), where available. Additionally, measure cells shaded gray indicate non-HEDIS rates that were compared to CMCS' national 50th percentile for the FFY 2020 Child and Adult Core Set measures as an indicator of performance, with measure rates shaded yellow indicating performance that met or exceeded the 50th percentile. Of note, measures for which lower rates suggest better performance are indicated by an asterisk (\*). Benchmarks were not available for comparisons to the *Screening for Depression and Follow-Up Plan*, *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*, and *Inpatient Utilization—General Hospital/Acute Care* measures.

**Table 3-4—MY 2020 Results for Amerigroup 360°**

Measure	Amerigroup 360°
<b>Quality of Care</b>	
<b><i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i></b>	
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	58.73% ★★
<b><i>Antidepressant Medication Management</i></b>	
<i>Effective Acute Phase Treatment</i>	46.56% ★
<i>Effective Continuation Phase Treatment</i>	25.19% ★
<b><i>Asthma Medication Ratio</i></b>	
5–11 Years	91.53% ★★★★★
12–18 Years	78.54% ★★★★★
<b><i>Follow-Up After Hospitalization for Mental Illness</i></b>	
<i>7-Day Follow-Up—Total</i>	54.01% ★★★★★
<i>30-Day Follow-Up—Total</i>	74.69% ★★★★★
<b><i>Follow-Up Care for Children Prescribed ADHD Medication</i></b>	
<i>Initiation Phase</i>	55.51% ★★★★★

Measure	Amerigroup 360°
<i>Continuation and Maintenance Phase</i>	67.47% ★★★★★
<b>Mental Health Utilization—Total</b>	
<i>Any Service—Total</i>	47.14% ★★★★★
<i>Inpatient—Total</i>	4.16% ★★★★★
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	0.51% ★★★★★
<i>Outpatient—Total</i>	42.56% ★★★★★
<i>Emergency Department (ED)—Total</i>	0.08% ★★
<i>Telehealth—Total</i>	31.66% ★★★★★
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>	
<i>Blood Glucose—1–11 Years</i>	42.36% ★★★
<i>Blood Glucose—12–17 Years</i>	65.80% ★★★★★
<i>Blood Glucose—Total</i>	57.74% ★★★★★
<i>Cholesterol—1–11 Years</i>	32.32% ★★★
<i>Cholesterol—12–17 Years</i>	56.38% ★★★★★
<i>Cholesterol—Total</i>	48.11% ★★★★★
<i>Blood Glucose and Cholesterol—1–11 Years</i>	27.39% ★★★
<i>Blood Glucose and Cholesterol—12–17 Years</i>	53.46% ★★★★★
<i>Blood Glucose and Cholesterol—Total</i>	44.50% ★★★★★
<b>Screening for Depression and Follow-Up Plan</b>	
<i>12–17 Years</i>	3.59% NC
<i>18 Years and Older</i>	3.03% NC
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b>	
<i>1–11 Years</i>	81.42% ★★★★★
<i>12–17 Years</i>	82.52% ★★★★★
<i>Total</i>	82.03% ★★★★★

Measure	Amerigroup 360°
<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</b>	
1–5 Years	NA NC
6–11 Years	1.37% NC
12–17 Years	3.77% NC
Total	2.90% NC
<b>Stewardship</b>	
<b>Ambulatory Care—Total</b>	
ED Visits—Total*	27.90 ★★★★★
<b>Inpatient Utilization—General Hospital/Acute Care—Total</b>	
Total Inpatient—Discharges per 1,000 Member Months—Total	1.89 NC
Total Inpatient—Average Length of Stay—Total	4.49 NC
<b>Access to Care</b>	
<b>Child and Adolescent Well-Care Visits</b>	
Total	60.99% ★★★★★
<b>Childhood Immunization Status</b>	
Combination 7	67.88% ★★★★★
<b>Chlamydia Screening in Women</b>	
16–20 Years	66.00% ★★★★★
21–24 Years	63.27% ★★★
<b>Developmental Screening in the First Three Years of Life<sup>1</sup></b>	
Developmental Screening in the First Three Years of Life—Total	76.64%
<b>Immunizations for Adolescents</b>	
Combination 1 (Meningococcal, Tdap)	85.40% ★★★
Combination 2 (Meningococcal, Tdap, HPV)	41.12% ★★★
<b>Percentage of Eligibles Who Received Preventive Dental Services<sup>1</sup></b>	
Percentage of Eligibles Who Received Preventive Dental Services	58.55%
<b>Well-Child Visits in the First 30 Months of Life</b>	
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	56.23% ★★★
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits	90.97% ★★★★★

\* A lower rate indicates better performance for this measure.

<sup>1</sup> The rates for this measure were compared to CMCS' national 50th percentile for the FFY 2020 Child and Adult Core Set.  
 NC indicates comparisons to benchmarks for the MY 2020 rate were not available or NCQA recommended a break in trending.  
 NA indicates the denominator for the measure is too small to report (<30); therefore, comparisons to benchmarks were not appropriate.  
 Gray shading indicates that the measure was compared to CMCS' national 50th percentile.  
 Yellow shading indicates that the PM rate for MY 2020 met or exceeded CMCS' national 50th percentile.  
 MY 2020 performance ratings for the HEDIS measures represent the following percentile comparisons:  
 ★★★★★ = 90th percentile and above  
 ★★★★★ = 75th to 89th percentile  
 ★★★ = 50th to 74th percentile  
 ★★ = 25th to 49th percentile  
 ★ = Below 25th percentile

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, Amerigroup 360° demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for 23 of 28 (82.1 percent) measure rates related to quality of care that were comparable to benchmarks. Of note, 20 of these 23 (87.0 percent) measure rates were at or above the NCQA Quality Compass national Medicaid HMO 75th percentile, with 14 of these rates (70.0 percent) exceeding the 90th percentile.

**Strength:** In the Access to Care domain, Amerigroup 360° demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for eight of nine (88.9 percent) measure rates related to access to care. Of these eight measures, four measure rates (50.0 percent) met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile. The *Developmental Screening in the First Three Years of Life—Total* and *Percentage of Eligibles Who Received Preventive Dental Services* measure rates met or exceeded the CMCS national 50th percentile, further demonstrating strength.

### Weaknesses

**Weakness:** Five of Amerigroup 360°'s measure indicator rates in the Quality of Care domain fell below the NCQA Quality Compass national Medicaid HMO 50th percentile: *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Mental Health Utilization—ED—Total*. These results demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions.

**Recommendation:** HSAG recommends that Amerigroup 360° conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health conditions at optimal levels. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMOs conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

## Compliance With Standards

Table 3-5 displays the scores for the current three-year period of compliance reviews conducted in SFY 2019.

**Table 3-5—Standards and Scores in the Compliance Reviews for the Three-Year Period:  
SFY 2019–SFY 2021**

	CFR	Compliance Reviews	Amerigroup			CareSource			Peach State			WellCare			Amerigroup 360°			Aggregate Score		
		Standard Name	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
I.	438.206	Availability of Services	100%			86.7%			93.3%			100%			100%			96.0%		
II.	438.207	Assurance of Adequate Capacity and Services	100%			100%			100%			100%			100%			100%		
III.	438.208	Coordination and Continuity of Care	100%			100%			100%			100%			100%			100%		
IV.	438.210	Coverage and Authorization of Services	100%			91.7%			100%			91.7%			91.7%			95.0%		
V.	438.214	Provider Selection	100%			90.0%			100%			70.0%			100%			92.0%		
VI.	438.224	Confidentiality	100%			100%			100%			75.0%			100%			95.0%		
VII.	438.228	Grievance and Appeal Systems	88.1%			78.6%			88.1%			85.7%			92.9%			86.7%		
VIII.	438.230	Subcontractual Relationships and Delegation	75.0%			75.0%			100%			75.0%			75.0%			80.0%		
IX.	438.236	Practice Guidelines	100%			66.7%			100%			100%			100%			93.3%		
X.	438.242	Health Information Systems	75.0%			100%			100%			100%			75.0%			90.0%		
XI.	438.330	QAPI Program	91.7%			91.7%			91.7%			100%			91.7%			93.3%		
XII.	438.56	Disenrollment: Requirements and Limitations*	100%			100%			91.7%			100%			100%			98.3%		
XIII.	438.100	Enrollee Rights*	85.7%			100%			100%			100%			100%			97.1%		
XIV.	438.114	Emergency and Poststabilization Services*	100%			100%			100%			100%			100%			100%		
<b>TOTAL SCORE</b>			<b>93.8%</b>			<b>89.6%</b>			<b>95.3%</b>			<b>92.7%</b>			<b>94.8%</b>			<b>93.2%</b>		

\* Added in the November 2020 Medicaid Managed Care Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## CMO Comparative and Statewide Aggregate CAHPS Results

### Member Experience of Care Surveys—CAHPS

The CAHPS surveys ask members to report on and evaluate their experiences with healthcare. These surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. Amerigroup, CareSource, Peach State, WellCare, and Amerigroup 360° were responsible for obtaining an NCQA-certified CAHPS vendor to administer the CAHPS surveys on the CMO's behalf. The primary objective of the CAHPS surveys was to obtain information effectively and efficiently on members' experiences with their healthcare. The following section includes summary information for each of the State's Medicaid populations (adult and child) and Amerigroup 360°, along with conclusions for each population.

### Adult CMO Comparisons

Table 3-6 shows the results of the CMO comparisons analysis of the 2021 adult Medicaid CAHPS top-box scores.

**Table 3-6—Adult Medicaid Plan Comparisons**

	State Average	Amerigroup	CareSource	Peach State	WellCare
<b>Composite Measures</b>					
<i>Getting Needed Care</i>	80.85%	84.65%+ ↔	77.93%+ ↔	77.94%+ ↔	86.13%+ ↔
<i>Getting Care Quickly</i>	78.29%	77.50%+ ↔	72.67%+ ↔	80.24%+ ↔	85.32%+ ↔
<i>How Well Doctors Communicate</i>	92.39%	91.00%+ ↔	91.23%+ ↔	95.03%+ ↔	90.84%+ ↔
<i>Customer Service</i>	86.26%	85.00%+ ↔	85.46%+ ↔	84.96%+ ↔	91.77%+ ↔
<b>Global Ratings</b>					
<i>Rating of All Health Care</i>	72.06%	78.46%+ ↔	69.07%+ ↔	70.94% ↔	72.13%+ ↔
<i>Rating of Personal Doctor</i>	85.22%	86.08%+ ↔	83.00% ↔	88.89% ↔	80.60%+ ↔
<i>Rating of Specialist Seen Most Often</i>	82.74%	87.80%+ ↔	82.14%+ ↔	79.03%+ ↔	84.21%+ ↔
<i>Rating of Health Plan</i>	75.27%	73.33% ↔	78.47% ↔	74.32% ↔	74.75%+ ↔



	State Average	Amerigroup	CareSource	Peach State	WellCare
<b>Effectiveness of Care*</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	67.76%	66.67%+ ↔	64.47%+ ↔	66.67%+ ↔	76.19%+ ↔
<i>Discussing Cessation Medications</i>	38.39%	33.33%+ ↔	33.78%+ ↔	44.07%+ ↔	42.86%+ ↔
<i>Discussing Cessation Strategies</i>	35.10%	37.14%+ ↔	30.14%+ ↔	34.48%+ ↔	42.86%+ ↔

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

↔ Indicates the CMO's score is not statistically significantly different than the State average.

## Summary of Adult Medicaid Plan Comparison Results

The adult Medicaid plan comparisons revealed the following statistically significant results.

### Strengths, Weaknesses, and Recommendations

#### Strengths

**Strength:** There were no identified strengths.

#### Weaknesses

**Weakness:** There were no identified weaknesses.

## Child CMO Comparisons

Table 3-7 shows the results of the CMO comparison analysis of the 2021 child Medicaid CAHPS top-box scores.

**Table 3-7—Child Medicaid Plan Comparisons**

	State Average	Amerigroup	CareSource	Peach State	WellCare
<b>Composite Measures</b>					
<i>Getting Needed Care</i>	86.06%	86.73% ↔	85.78% ↔	85.35% ↔	86.43%+ ↔
<i>Getting Care Quickly</i>	88.14%	89.34% ↔	87.62% ↔	85.99% ↔	90.85%+ ↔
<i>How Well Doctors Communicate</i>	95.47%	94.14% ↔	95.59% ↔	96.09% ↔	96.97%+ ↔
<i>Customer Service</i>	87.61%	90.28% ↔	87.21%+ ↔	86.67% ↔	83.90%+ ↔

	State Average	Amerigroup	CareSource	Peach State	WellCare
<b>Global Ratings</b>					
<i>Rating of All Health Care</i>	88.55%	87.83% ↔	88.27% ↔	89.50% ↔	88.66%+ ↔
<i>Rating of Personal Doctor</i>	89.59%	89.14% ↔	90.44% ↔	87.78% ↔	93.71% ↔
<i>Rating of Specialist Seen Most Often</i>	91.27%	92.31%+ ↔	86.54%+ ↔	90.91%+ ↔	96.88%+ ↔
<i>Rating of Health Plan</i>	86.79%	85.71% ↔	84.42% ↔	88.94% ↔	88.51% ↔

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

↔ Indicates the CMO's score is not statistically significantly different than the State average.

## Strengths, Weaknesses, and Recommendations

### Summary of Child Medicaid Plan Comparisons Results

The child Medicaid plan comparisons revealed the following statistically significant results.

<b>Strengths</b>	<b>Strength:</b> There were no identified strengths.
<b>Weaknesses</b>	<b>Weakness:</b> There were no identified weaknesses.

## Statewide Performance and Findings

### Statewide Adult Medicaid Findings

Table 3-8 shows the 2020 and 2021 statewide adult Medicaid CAHPS top-box scores.

**Table 3-8—Statewide Adult Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	80.67%	80.85%
<i>Getting Care Quickly</i>	81.06%	78.29%
<i>How Well Doctors Communicate</i>	95.30%	92.39%
<i>Customer Service</i>	86.70%	86.26%

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	78.28%	72.06%
<i>Rating of Personal Doctor</i>	84.46%	85.22%
<i>Rating of Specialist Seen Most Often</i>	86.71%	82.74%
<i>Rating of Health Plan</i>	74.95%	75.27%
<b>Effectiveness of Care*</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	68.88%	67.76%
<i>Discussing Cessation Medications</i>	35.86%	38.39%
<i>Discussing Cessation Strategies</i>	37.13%	35.10%

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

Indicates the 2021 score is statistically significantly lower than the 2020 national average.

## Statewide Child Medicaid Findings

Table 3-9 shows the 2020 and 2021 statewide child Medicaid CAHPS top-box scores.

**Table 3-9—Statewide Child Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	87.15%	86.06%
<i>Getting Care Quickly</i>	91.00%	88.14%
<i>How Well Doctors Communicate</i>	95.35%	95.47%
<i>Customer Service</i>	90.43%	87.61%
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	88.27%	88.55%
<i>Rating of Personal Doctor</i>	91.88%	89.59%
<i>Rating of Specialist Seen Most Often</i>	87.71%	91.27%
<i>Rating of Health Plan</i>	87.84%	86.79%

Indicates the 2021 score is statistically significantly higher than the 2020 national average.

Indicates the 2021 score is statistically significantly lower than the 2020 national average.

## Statewide Georgia Families 360° Findings

Table 3-10 shows the 2020 and 2021 Amerigroup 360° program CAHPS top-box scores.

Table 3-10—Statewide Amerigroup 360° CAHPS Results

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	86.88%	90.42%
<i>Getting Care Quickly</i>	98.16%	93.15%
<i>How Well Doctors Communicate</i>	97.97%	97.09%
<i>Customer Service</i>	92.05% +	89.61% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	90.99%	93.31%
<i>Rating of Personal Doctor</i>	93.95%	91.74%
<i>Rating of Specialist Seen Most Often</i>	88.31% +	84.85% +
<i>Rating of Health Plan</i>	84.35%	82.77%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

 Indicates the 2021 score is statistically significantly higher than the 2020 national average.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** A comparison of the 2021 Georgia CMO program average scores for the child Medicaid population to the 2020 NCQA child Medicaid national averages revealed that the Georgia CMO program's 2021 score was statistically significantly higher than the 2020 NCQA child Medicaid national average for one measure, *Rating of Specialist Seen Most Often*.

**Strength:** A comparison of the 2021 Amerigroup 360° program average scores to the 2020 NCQA child Medicaid national averages revealed that the Amerigroup 360° program's 2021 scores were statistically significantly higher than the 2020 NCQA child Medicaid national averages for three measures: *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of All Health Care*.

### Weaknesses

**Weakness:** A comparison of the 2021 Georgia CMO program average scores for the adult Medicaid population to the 2020 NCQA adult Medicaid national averages revealed that the Georgia CMO program's 2021 scores were statistically significantly lower than the 2020 NCQA adult Medicaid national averages for three measures: *Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*.

**Weakness:** A comparison of the 2021 Georgia CMO program average scores for the child Medicaid population to the 2020 NCQA child Medicaid national averages revealed that the Georgia CMO program's 2021 score was statistically significantly lower than the 2020 NCQA child Medicaid national average for one measure, *Getting Care Quickly*.

## Network Adequacy Validation

With the May 2016 release of revised federal regulations for managed care, CMS required states to set standards to ensure ongoing state assessment and certification of MCO, PIHP, and PAHP networks; set threshold standards to establish network adequacy measures for a specified set of providers; establish criteria to develop network adequacy standards for MLTSS programs; and ensure the transparency of network adequacy standards. The requirement stipulated that states must establish time and distance standards for the following network provider types: primary care (adult and pediatric), obstetricians/gynecologists, behavioral health specialists (adult and pediatric), hospital, pharmacy, pediatric dental, and additional provider types when they promote the objectives of the Medicaid program for the provider type to be subject to such time and distance standards. The DCH established time and distance standards and additional network capacity requirements in its contracts with the CMOs. The DCH receives regular CMO network files and conducts internal analyses to determine network adequacy and compliance with contractual network requirements.

On November 13, 2020, CMS updated the Managed Care Rule to address state concerns and ensure that states have the most effective and accurate standards for their programs. CMS revised the provider-specific network adequacy standards by replacing time and distance standards with a more flexible requirement of a quantitative minimum access standard for specified healthcare providers and LTSS providers. The new requirements include, but are not limited to:

- Minimum provider-to-enrollee ratios.
- Maximum travel time or distance to providers.
- Minimum percentage of contracted providers that are accepting new patients.
- Maximum wait times for an appointment.
- Hours of operation requirements (for example, extended evening or weekend hours).
- Or a combination of these quantitative measures.

In addition, the November 13, 2020, Managed Care Rule changes confirmed that states have the authority to define “specialist” in whatever way they deem most appropriate for their programs. Finally, CMS removed the requirement for states to establish standards for additional provider types.

The final protocol for network adequacy validation was not released during 2021. The DCH will implement this activity upon CMS’ publishing of the final protocol.

## 4. Validation of Performance Improvement Projects

This section presents HSAG's findings and conclusions from the EQR validation of PIPs conducted for the CMOs. It provides a discussion of the CMOs' overall strengths and recommendations for improvement related to the quality of, timeliness of, and access to care and services.

### Objectives

For the SFY 2021 validation, the CMOs initiated their DCH-mandated PIP topics and reported baseline performance indicator outcomes. The purpose of each PIP was to achieve, through ongoing measurements and interventions, significant improvement, sustained over time, in clinical and nonclinical areas. HSAG's PIP validation ensured that DCH and key stakeholders could have confidence that any reported improvement was related to, and could be reasonably linked to, the QI strategies and activities conducted by the CMOs during the project. The topics addressed CMS' requirements related to quality outcomes—specifically, the quality of, timeliness of, and access to care and services.

The PIP process included three stages—Design, Implementation, and Outcomes. During SFY 2021, the CMOs' interventions were not assessed for either PIP topic. The CMOs completed the Design stage and reported baseline results but had not progressed to the Implementation and Outcomes stages. Therefore, the CMOs had not developed or implemented improvement strategies and interventions.

The baseline data reported for each CMO is reflective of quarter two of CY 2021, April 1, 2021–June 30, 2021.

### Approach to PIP Validation

HSAG obtained the data needed to conduct the PIP validation from the CMOs' PIP submission forms. These forms provided detailed information about each CMO's PIP related to the steps completed and evaluated by HSAG for the 2021 validation cycle.

For the PIPs initiated in SFY 2021, each CMO submitted its PIP design and baseline data, reflective of the second quarter of CY 2021 (April 1, 2021–June 30, 2021). At the time of this report, the CMOs had not progressed to reporting QI activities. The goal of HSAG's PIP validation was to ensure that DCH and key stakeholders could have confidence that any reported improvement was related to, and could be reasonably linked to, the QI strategies and activities the CMO conducted during the PIP.

HSAG used the following methodology to evaluate the PIPs conducted by the CMOs to determine whether a PIP was methodologically sound and valid, and to determine the percentage of compliance with CMS' protocol for conducting PIPs.

Each required step was evaluated on one or more elements that formed a valid PIP. The HSAG PIP Team scored each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designated 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*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. The CMOs were assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided general feedback with a *Met*

validation score when enhanced documentation would have demonstrated a stronger understanding and application of the PIP steps and evaluation elements.

In addition to the validation status (e.g., *Met*) HSAG assigned the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the PIP's findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical evaluation elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Partially Met*.
- *Not Met*: All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Not Met*.

The CMOs had an opportunity to resubmit a revised PIP Submission Form and additional information in response to HSAG's initial validation scores of *Partially Met* or *Not Met* and to address any General Feedback, regardless of whether the evaluation element was critical or noncritical. HSAG conducted a final validation of resubmitted PIPs. HSAG offered technical assistance to CMOs that requested an opportunity to review the initial validation scoring prior to resubmitting the PIP.

Upon completion of the final validation, HSAG prepared a report of its findings and recommendations for each CMO. These reports, which complied with 42 CFR §438.364, were provided to DCH and the CMOs.

## Training and Implementation

HSAG trained the CMOs on the PIP Submission Form and validation requirements prior to the submission due date. HSAG provided technical assistance throughout the process. At the onset, HSAG provided feedback to ensure the PIPs were well-designed. The CMOs had the opportunity to resubmit PIPs for final validation following receipt of HSAG initial validation feedback and scores. In addition to the PIP training webinars that HSAG provided, the CMOs also were able to seek technical assistance.

## PIP Validation Status

The CMOs reported each PIP's Design and baseline quarter data only for the SFY 2021 annual validation. The submission contained each project's methodology and data collection methods. HSAG validated each PIP's Design and baseline data to ensure each CMO followed the DCH-defined specifications and reported all appropriate information within the Design stage. The PIP validation findings for each CMO are provided below.

## Recommendations

The CMOs should follow the approved PIP methodology to calculate and report the remeasurement data accurately and consistently in next year's annual submission. The CMOs should complete a causal/barrier



analysis to identify barriers to desired outcomes and implement interventions to address those barriers in a timely manner. The CMOs should also have evaluation processes to determine the effectiveness of each intervention.

## Validation Findings

### Amerigroup

Table 4-1 displays the overall validation status, baseline quarter results, and the designated goals for each PIP topic.

**Table 4-1—Overall Validation Rating for Amerigroup**

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results			
			Baseline	R1	R2	Goal
<i>Administrative Timeliness of Prenatal Care</i>	<i>Met</i>	Timeliness of prenatal care.	93.99%			96.99%
<i>Clinical Obstetric Case Management</i>	<i>Met</i>	OB case management enrollment for high-risk or complex case members.	25.3%			30.26%

R1 = Remeasurement 1

R2 = Remeasurement 2

**Table 4-2—Interventions for Amerigroup**

Intervention Descriptions	
<i>Administrative Timeliness of Prenatal Care</i>	<i>Clinical Obstetric Case Management</i>
The CMO had not progressed to implementing interventions for these PIP topics. Interventions will be reported in the next annual EQR report.	

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Amerigroup developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications.

### Weaknesses

**Weakness:** There were no identified weaknesses.

**Recommendation:** Although there were no identified weaknesses, as Amerigroup progresses into its first remeasurement, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Amerigroup should have evaluation processes and outcomes data to determine the effectiveness of each intervention.

## CareSource

Table 4-3 displays the overall validation status and baseline quarter results for each PIP topic. CareSource did not establish designated goals for the PIP.

**Table 4-3—Overall Validation Rating for CareSource**

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results		
			Baseline	R1	R2
<i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i>	Met	Occurrence of prenatal care visit within 42 days of pregnancy identification	80.0%		
<i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>	Met	Enrollment of high-risk or complex members in complex case management	22.5%		

R1 = Remeasurement 1  
R2 = Remeasurement 2

**Table 4-4—Interventions for CareSource**

Intervention Descriptions	
<i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i>	<i>Increase the Percentage of Pregnant Members Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>
The CMO had not progressed to implementing interventions for these PIP topics. Interventions will be reported in the next annual EQR report.	

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** CareSource accurately defined its PIP population and performance indicators in alignment with the DCH-developed specifications.

### Weaknesses

**Weakness:** CareSource had opportunities to improve its documentation related to data completeness for the *Increase the Percentage of Pregnant Women Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)* PIP. The CMO did not describe its process for determining its administrative data completeness.

**Recommendation:** HSAG recommends that CareSource completely describe its process for determining data completeness to ensure the reported results are accurate and complete at the time the data are generated.

## Peach State

Table 4-5 displays the overall validation status, baseline quarter results, and the designated goals for each PIP topic.

**Table 4-5—Overall Validation Rating for Peach State**

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results			
			Baseline	R1	R2	Goal
<i>Improving Timely Prenatal Visits</i>	<i>Met</i>	Prenatal visits that occurred within 42 days of notice of pregnancy	56.3%			59.6%
<i>Increasing Enrollment Into the High-Risk Obstetric (HROB) Program</i>	<i>Met</i>	Enrollment into HROB	22.4%			24.18%

R1 = Remeasurement 1  
R2 = Remeasurement 2

**Table 4-6—Interventions for Peach State**

Intervention Descriptions	
<i>Improving Timely Prenatal Visits</i>	<i>Increasing Enrollment Into the High-Risk Obstetric (HROB) Program</i>
The CMO had not progressed to implementing interventions for these PIP topics. Interventions will be reported in the next annual EQR report.	

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Peach State developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications.

### Weaknesses

**Weakness:** There were no identified weaknesses.

**Recommendation:** Although there were no identified weaknesses, as Peach State progresses into its first remeasurement, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Peach State should have evaluation processes and outcomes data to determine the effectiveness of each intervention.

## Amerigroup 360°

Table 4-7 displays the overall validation status and baseline quarter results for each PIP topic. Amerigroup 360° did not establish designated goals for the PIP.

**Table 4-7—Overall Validation Rating for Amerigroup 360°**

PIP Topic	Validation Status	Performance Indicator	Performance Indicator Results		
			Baseline	R1	
<i>Behavioral Health Readmissions</i>	<i>Met</i>	Decrease percent of readmissions to a psychiatric or acute care hospital with a behavioral health primary diagnosis within 30 days of initial discharge.	14.7%		
<i>Increasing Transition Age Youth (TAY) Membership</i>	<i>Met</i>	Increase percent of GF 360° members ≥18 years of age enrolled in Former Foster Care or Chafee (TAY).	66.9%		

R1 = Remeasurement 1  
R2 = Remeasurement 2

**Table 4-8—Interventions for Amerigroup 360°**

Intervention Descriptions	
<i>Behavioral Health Readmissions</i>	<i>Increasing Transition Age Youth (TAY) Membership</i>
The CMO had not progressed to implementing interventions for these PIP topics. Interventions will be reported in the next annual EQR report.	

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Amerigroup 360° developed appropriate Aim statements and documented clearly defined and complete data collection methods. The CMO followed and accurately documented the DCH-developed specifications.

### Weaknesses

**Weakness:** There were no identified weaknesses.

**Recommendation:** Although there were no identified weaknesses, as Amerigroup 360° progresses into its first remeasurement, HSAG recommends that the CMO complete its causal/barrier analysis to identify barriers to desired outcomes and implement timely interventions to address those barriers. In the next annual submission, Amerigroup 360° should have evaluation processes and outcomes data to determine the effectiveness of each intervention.

## 5. Validation of Performance Measures

### Overview

This section presents HSAG's findings and conclusions from the PMV EQR activities conducted for the CMOs based on CMS' *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019.<sup>5-1</sup> It includes an overall summary of each CMO's strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. PM rates for each CMO and aggregate rates are found in Section 3.

### Objectives

The objectives of the PMV activities conducted by HSAG and the CMOs' NCQA-LOs were to assess the accuracy of PM rates reported by the CMOs and to determine the extent to which PMs calculated by the CMOs followed the State's required measure specifications and reporting requirements. The audits included a detailed assessment of the CMOs' IS capabilities for collecting, analyzing, and reporting PM data. Additionally, the auditors reviewed the specific reporting methods used for PMs, including databases and files used to store PM data, medical record abstraction tools and procedures, certified measure status for HEDIS measures, and manual processes employed in PM data production and reporting. The audits included any data collection and reporting processes supplied by the vendors, contractors, or third parties, as well as the CMOs' oversight of these outsourced functions. Additionally, the auditors evaluated the strengths and weaknesses of the CMOs in achieving compliance with PMs.

### CMO-Specific PM Results

#### Amerigroup

Amerigroup contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF measures required by the State. HSAG reviewed Amerigroup's FAR and IDSS file approved by the CMO's LO. HSAG found the CMO was compliant with all NCQA HEDIS IS standards, and all HEDIS rates were determined to be reportable.

Based on HSAG's validation of PMs, HSAG identified no concerns with Amerigroup's systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that Amerigroup followed the measure specifications required by the State, and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

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<sup>5-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 24, 2021.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, Amerigroup met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for all the *Asthma Medication Ratio* measure indicators, indicating that the CMO's contracted providers were reducing the need for rescue medications and ED use. Amerigroup also exceeded the CMCS 50th percentile for the *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admissions Rate* measure rates, indicating that the CMO's members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.

**Strength:** In the Stewardship domain, Amerigroup met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for the *Ambulatory Care—ED Visits—Total* and *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—Total* and *Index Total Stays—O/E Ratio—Total* measure indicator rates, indicating members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization and readmissions.

**Strength:** In the Access to Care domain, the CMO's performance on preventive screening measures and immunizations was a strength, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 75th percentile for *Cervical Cancer Screening*, *Childhood Immunization Status—Combination 7*, *Chlamydia Screening in Women—16–20 Years*, and *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)* and the CMCS 50th percentile for *Developmental Screening in the First Three Years of Life* and *Percentage of Eligibles Who Received Preventive Dental Services*, indicating that children and adolescents were accessing well-care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.

### Weaknesses

**Weakness:** In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)* measure indicator rates and *Controlling High Blood Pressure* measure indicated lower performance, as Amerigroup's measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile.

**Recommendation:** HSAG recommends that the CMO conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, the CMO should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMO conducting focus groups to identify barriers that members were experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

## CareSource

CareSource contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF measures required by the State. HSAG reviewed CareSource's FAR and IDSS file approved by the CMO's LO. HSAG found the CMO was compliant with all NCQA HEDIS IS standards, and all HEDIS rates were determined to be reportable.



Based on HSAG's validation of PMs, HSAG identified no concerns with CareSource's systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that CareSource followed the measure specifications required by the State, and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, CareSource met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for two of four *Asthma Medication Ratio* measure indicators (5–11 Years and 12–18 Years), indicating that the CMO's contracted providers were reducing the need for rescue medications and ED use for children under the age of 19. CareSource also exceeded the CMCS 50th percentile for the *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admissions Rate* measure rates. The performance indicates that the CMO's members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.

**Strength:** In the Access to Care domain, the CMO's performance on preventive screening measures was a strength, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 75th percentile for *Chlamydia Screening in Women—21–24 Years* and the CMCS 50th percentile for *Developmental Screening in the First Three Years of Life*, indicating children and adolescents were accessing screenings according to the EPSDT or Bright Futures schedules.

### Weaknesses

**Weakness:** In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)* measure indicator rates and the *Controlling High Blood Pressure* measure indicated lower performance, as CareSource's measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile.

**Recommendation:** HSAG recommends that the CMO conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, the CMO should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMO conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

**Weakness:** In the Access to Care domain, CareSource exhibited opportunities for improvement, as five of 17 (29.4 percent) measure rates related to health and preventive screenings, child and adolescent immunizations, and timely prenatal and postpartum care fell below the NCQA Quality Compass national Medicaid HMO 25th percentile.

**Recommendation:** HSAG recommends that the CMO conduct a root cause analysis to determine why some adolescents have not received immunizations according to the well-visit schedule and why adult members were not being screened for breast cancer. HSAG recommends that the CMO analyze its data and consider if there are disparities within the CMO's populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that the CMO implement appropriate interventions to increase the number of children who receive immunizations and the adults who are screened using interventions that address the root cause of the issue.



## Peach State

Peach State contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF measures required by the State. HSAG reviewed Peach State's FAR and IDSS file approved by the CMO's LO. HSAG found the CMO was compliant with all NCQA HEDIS IS standards, and all HEDIS rates were determined to be reportable.

Based on HSAG's validation of PMs, HSAG identified no concerns with Peach State's systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that Peach State followed the measure specifications required by the State, and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, Peach State met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for two of four *Asthma Medication Ratio* measure indicators (*5–11 Years* and *12–18 Years*), indicating that the CMO's contracted providers were reducing the need for rescue medications and ED use for children under the age of 19. Peach State also exceeded the CMCS 50th percentile for the *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admissions Rate* measure rates. The performance indicates that the CMO's members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.

**Strength:** In the Access to Care domain, Peach State met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for the *Cervical Cancer Screening* and *Chlamydia Screening in Women* measure rates, indicating a strength in conducting health and preventive screenings. Rates for the *Developmental Screening in the First Three Years of Life* and *Percentage of Eligibles Who Received Preventive Dental Services* measures exceeded the NCQA Quality Compass national Medicaid HMO 50th percentile, indicating children and adolescents were accessing screenings according to the EPSDT or Bright Futures schedules.

### Weaknesses

**Weakness:** In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)* measure indicator rates and the *Controlling High Blood Pressure* measure indicated lower performance, as Peach State's measure rates fell below the 25th percentile.

**Recommendation:** HSAG recommends that the CMO conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, the CMO should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMO conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

## WellCare

WellCare contracted with an NCQA-LO to conduct the HEDIS Compliance Audit for the HEDIS GF measures required by the State. HSAG reviewed WellCare's FAR and IDSS file approved by the CMO's LO. HSAG found the CMO was compliant with all NCQA HEDIS IS standards, and all HEDIS rates were determined to be reportable.

Based on HSAG's validation of PMs, HSAG identified no concerns with WellCare's systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that WellCare followed the measure specifications required by the State, and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, WellCare exceeded the CMCS 50th percentile for the *Diabetes Short-Term Complications Admission Rate* and *Heart Failure Admissions Rate* measure rates, indicating that the CMO's members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.

**Strength:** In the Access to Care domain, WellCare met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for the *Child and Adolescent Well-Care Visits—Total*, both *Chlamydia Screening in Women* measure indicators, *Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*, and *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and the CMCS 50th percentile for the *Developmental Screening in the First Three Years of Life* and *Percentage of Eligibles Who Received Preventive Dental Services* measures, indicating that children and adolescents were accessing well-child/care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.

### Weaknesses

**Weakness:** In the Quality of Care domain, the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *HbA1c Poor Control (>9.0%)* measure indicator rates and the *Controlling High Blood Pressure* measure indicated lower performance, as WellCare's measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile.

**Recommendation:** The CMO ceased operations during 2021; therefore, recommendations are not provided for the CMO.

## Amerigroup 360° Aggregate PM Results

Amerigroup 360° contracted with an NCQA-LO to conduct the HEDIS Compliance Audit. HSAG reviewed Amerigroup 360°'s FARs, IS compliance tools, and IDSS files approved by Amerigroup 360°'s LO. HSAG found that the CMO's IS compliance tools and processes were compliant with the applicable IS standards. Amerigroup 360° was compliant with the HEDIS reporting requirements for the key GF 360° Medicaid measures for HEDIS MY 2020.

Based on HSAG's validation of PMs, HSAG identified no concerns with Amerigroup 360°'s systems and processes in place for the various types of data that contribute to PM reporting. HSAG determined that Amerigroup 360° followed the measure specifications required by the State, and all GF and PeachCare for Kids® measures under the scope of the PMV were reportable.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** In the Quality of Care domain, Amerigroup 360° demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for 23 of 28 (82.1 percent) measure rates related to quality of care that were comparable to benchmarks. Of note, 20 of these 23 (87.0 percent) measure rates were at or above the NCQA Quality Compass national Medicaid HMO 75th percentile, with 14 of these rates (70.0 percent) exceeding the 90th percentile.

**Strength:** In the Access to Care domain, Amerigroup 360° demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for eight of nine (88.9 percent) measure rates related to access to care. Of these eight measures, four measure rates (50.0 percent) met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile. The *Developmental Screening in the First Three Years of Life—Total* and *Percentage of Eligibles Who Received Preventive Dental Services* measure rates met or exceeded the CMCS national 50th percentile, further demonstrating strength.

### Weaknesses

**Weakness:** Five of Amerigroup 360°'s measure indicator rates in the Quality of Care domain fell below the NCQA Quality Compass national Medicaid HMO 50th percentile: *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Mental Health Utilization—ED—Total*. One of Amerigroup 360°'s measure indicator rates in the Access to Care domain, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, fell below the NCQA Quality Compass national Medicaid HMO 50th percentile. These results demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions and ensuring timely access to prenatal care.

**Recommendation:** HSAG recommends that Amerigroup 360° conduct a root cause analysis or focused study to determine why members were not maintaining their chronic health conditions at optimal levels. Upon identification of a root cause, Amerigroup 360° should implement appropriate interventions to improve the performance related to these chronic conditions. This could include the CMOs conducting focus groups to identify barriers that their members may be experiencing in accessing care and services in order to implement appropriate interventions. HSAG also recommends that the CMO identify opportunities to better connect with members to leverage evidence-based practices and to implement a holistic approach to wellness.

## 6. Review of Compliance With Medicaid and CHIP Managed Care Regulations



### Overview

This section presents HSAG's CMO-specific results and conclusions of the review of compliance with Medicaid and CHIP managed care regulations conducted for the CMOs. It provides a discussion of the CMOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the CMOs addressed the recommendations for QI made by HSAG during the previous year.

### Objectives

The compliance review evaluates CMO compliance with federal and State requirements. The compliance reviews include all required CMS standards and related Georgia-specific CMO contract requirements. Table 6-1 through Table 6-5 display the scores for the current three-year period of compliance reviews for each CMO.

### Amerigroup

Table 6-1 presents a summary of Amerigroup's compliance with standards review results.

**Table 6-1—Compliance Review Standards and Scores for the Three-Year Period: SFY 2019–SFY 2021**

	CFR	Compliance Reviews	Amerigroup		
		Standard Name	2019	2020	2021
I.	438.206	Availability of Services	100%		
II.	438.207	Assurance of Adequate Capacity and Services	100%		
III.	438.208	Coordination and Continuity of Care	100%		
XIV.	438.114	Emergency and Poststabilization Services*			
IV.	438.210	Coverage and Authorization of Services	100%		
V.	438.214	Provider Selection	100%		
VI.	438.224	Confidentiality	100%		
VII.	438.228	Grievance and Appeal Systems	88.1%		
VIII.	438.230	Subcontractual Relationships and Delegation	75.0%		
IX.	438.236	Practice Guidelines	100%		
X.	438.242	Health Information Systems	75.0%		
XI.	438.330	QAPI Program	91.7%		
XII.	438.56	Disenrollment: Requirements and Limitations*	100%		
XIII.	438.100	Enrollee Rights*	85.7%		
<b>TOTAL SCORE</b>			<b>93.8%</b>		

\* Added in the November 2020 Final Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## CareSource

Table 6-2 presents a summary of CareSource's compliance with standards review results.

**Table 6-2—Compliance Review Standards and Scores for the Three-Year Period: SFY 2019–SFY 2021**

	CFR	Compliance Reviews	CareSource		
		Standard Name	2019	2020	2021
I.	438.206	Availability of Services	86.7%		

	CFR	Compliance Reviews	CareSource		
		Standard Name	2019	2020	2021
II.	438.207	Assurance of Adequate Capacity and Services	100%		
III.	438.208	Coordination and Continuity of Care	100%		
XIV	438.114	Emergency and Poststabilization Services*			
IV.	438.210	Coverage and Authorization of Services	91.7%		
V.	438.214	Provider Selection	90.0%		
VI.	438.224	Confidentiality	100%		
VII.	438.228	Grievance and Appeal Systems	78.6%		
VIII.	438.230	Subcontractual Relationships and Delegation	75.0%		
IX.	438.236	Practice Guidelines	66.7%		
X.	438.242	Health Information Systems	100%		
XI.	438.330	QAPI Program	91.7%		
XII.	438.56	Disenrollment: Requirements and Limitations*	100%		
XIII.	438.100	Enrollee Rights*	100%		
<b>TOTAL SCORE</b>			<b>89.6%</b>		

\* Added in the November 2020 Final Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## Peach State

Table 6-3 presents a summary of Peach State's compliance with standards review results.

**Table 6-3—Compliance Review Standards and Scores for the Three-Year Period: SFY 2019–SFY 2021**

	CFR	Compliance Reviews	Peach State		
		Standard Name	2019	2020	2021
I.	438.206	Availability of Services	93.3%		
II.	438.207	Assurance of Adequate Capacity and Services	100%		
III.	438.208	Coordination and Continuity of Care	100%		



	CFR	Compliance Reviews	Peach State		
		Standard Name	2019	2020	2021
XIV.	438.114	Emergency and Poststabilization Services*			
IV.	438.210	Coverage and Authorization of Services	100%		
V.	438.214	Provider Selection	100%		
VI.	438.224	Confidentiality	100%		
VII.	438.228	Grievance and Appeal Systems	88.1%		
VIII.	438.230	Subcontractual Relationships and Delegation	100%		
IX.	438.236	Practice Guidelines	100%		
X.	438.242	Health Information Systems	100%		
XI.	438.330	QAPI Program	91.7%		
XII.	438.56	Disenrollment: Requirements and Limitations*	91.7%		
XIII.	438.100	Enrollee Rights*	100%		
<b>TOTAL SCORE</b>			<b>95.3%</b>		

\* Added in the November 2020 Final Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## WellCare

Table 6-4 presents a summary of WellCare's compliance with standards review results.

**Table 6-4—Compliance Review Standards and Scores for the Three-Year Period: SFY 2019–SFY 2021**

	CFR	Compliance Reviews	WellCare		
		Standard Name	2019	2020	2021
I.	438.206	Availability of Services	100%		
II.	438.207	Assurance of Adequate Capacity and Services	100%		
III.	438.208	Coordination and Continuity of Care	100%		
XIV.	438.114	Emergency and Poststabilization Services*			
IV.	438.210	Coverage and Authorization of Services	91.7%		



	CFR	Compliance Reviews	WellCare		
		Standard Name	2019	2020	2021
V.	438.214	Provider Selection	70.0%		
VI.	438.224	Confidentiality	75.0%		
VII.	438.228	Grievance and Appeal Systems	85.7%		
VIII.	438.230	Subcontractual Relationships and Delegation	75.0%		
IX.	438.236	Practice Guidelines	100%		
X.	438.242	Health Information Systems	100%		
XI.	438.330	QAPI Program	100%		
XII.	438.56	Disenrollment: Requirements and Limitations*	100%		
XIII.	438.100	Enrollee Rights*	100%		
<b>TOTAL SCORE</b>			<b>92.7%</b>		

\* Added in the November 2020 Final Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## Amerigroup 360°

Table 6-5 presents a summary of Amerigroup 360°'s compliance with standards review results.

**Table 6-5—Compliance Review Standards and Scores for the Three-Year Period: SFY 2019–SFY 2021**

	CFR	Compliance Reviews	Amerigroup 360°		
		Standard Name	2019	2020	2021
I.	438.206	Availability of Services	100%		
II.	438.207	Assurance of Adequate Capacity and Services	100%		
III.	438.208	Coordination and Continuity of Care	100%		
XIV.	438.114	Emergency and Poststabilization Services*			
IV.	438.210	Coverage and Authorization of Services	91.7%		
V.	438.214	Provider Selection	100%		
VI.	438.224	Confidentiality	100%		

	CFR	Compliance Reviews	Amerigroup 360°		
		Standard Name	2019	2020	2021
VII.	438.228	Grievance and Appeal Systems	92.9%		
VIII.	438.230	Subcontractual Relationships and Delegation	75.0%		
IX.	438.236	Practice Guidelines	100%		
X.	438.242	Health Information Systems	75.0%		
XI.	438.330	QAPI Program	91.7%		
XII.	438.56	Disenrollment: Requirements and Limitations*	100%		
XIII.	438.100	Enrollee Rights*	100%		
<b>TOTAL SCORE</b>			<b>94.8%</b>		

\* Added in the November 2020 Final Rule effective December 14, 2020.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Strengths were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

### Weaknesses

**Weakness:** Weaknesses were discussed in the Georgia 2020 EQR Annual Report dated April 2020.

## 2022 Compliance With Standards Review

The DCH scheduled the next comprehensive three-year CMO compliance reviews during 2022. The timeline for the 2022 compliance with standards reviews is depicted in Table 6-6.

**Table 6-6—Compliance Review Timeline**

Activity	Date
Desk reviews conducted	March 2022–April 2022
Conduct and complete CMO compliance reviews	April 2022–May 2022
Finalize compliance review findings and documentation	June 2022
Submit the Annual Technical Report, which includes a summary of the compliance reviews, to CMS	April 2023

## 7. Member Experience of Care Survey

### Overview

This section presents HSAG's CMO-specific results and conclusions of the member experience of care surveys conducted for the CMOs. It provides a discussion of the CMOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the CMOs have addressed the recommendations for QI made by HSAG during the previous year.

### Objectives

The CAHPS surveys ask members and patients to report on and evaluate their experiences with healthcare. The surveys cover topics that are important to members, such as the communication skills of providers and the accessibility of services. The CAHPS surveys are recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

### CMO-Specific Results

#### Amerigroup

##### Adult Findings

Table 7-1 displays Amerigroup's 2020 and 2021 adult Medicaid CAHPS top-box scores. In 2021, a total of 1,755 adult members were administered a survey, of which 123 completed a survey. After ineligible members were excluded (1,632), the response rate was 7.1 percent. In 2020, the average NCQA response rate for the adult Medicaid population was 16.3 percent, which was greater than Amerigroup's response rate.

**Table 7-1—Amerigroup Adult Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	80.89% +	84.65% +
<i>Getting Care Quickly</i>	89.84% +	77.50% +
<i>How Well Doctors Communicate</i>	99.31% +	91.00% + ▼
<i>Customer Service</i>	87.87% +	85.00% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	71.11% +	78.46% +
<i>Rating of Personal Doctor</i>	87.23% +	86.08% +

	2020 Top-Box Scores	2021 Top-Box Scores
<i>Rating of Specialist Seen Most Often</i>	86.96% +	87.80% +
<i>Rating of Health Plan</i>	66.13% +	73.33%
<b>Effectiveness of Care*</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	64.62% +	66.67% +
<i>Discussing Cessation Medications</i>	26.15% +	33.33% +
<i>Discussing Cessation Strategies</i>	38.46% +	37.14% +

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

Indicates the 2021 score is statistically significantly lower than the 2020 national average.

Indicates the 2021 score is statistically significantly lower than the 2020 score.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for Amerigroup.

### Weaknesses

**Weakness:** Fewer adult members enrolled in Amerigroup reported positive experiences related to communication with their doctor, since the score for the *How Well Doctors Communicate* measure was statistically significantly lower in 2021 compared to 2020. In addition, one of the three Effectiveness of Care measure scores, *Discussing Cessation Medications*, was statistically significantly lower than the 2020 NCQA adult Medicaid national average.

**Recommendation:** HSAG recommends that Amerigroup conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies. HSAG recommends that Amerigroup work with providers to adopt strategies to improve member awareness of smoking cessation. In addition, HSAG recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.

## Child Findings

Table 7-2 displays Amerigroup's 2020 and 2021 child Medicaid CAHPS top-box scores. In 2021, a total of 2,145 child members were administered a survey, of which 413 parents/caretakers completed a survey. After ineligible members were excluded (1,732), the response rate was 19.9 percent. In comparison, the 2020 average NCQA response rate for the child Medicaid population was 13.6 percent, which was less than Amerigroup's response rate.

**Table 7-2—Amerigroup Child Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	87.89% +	86.73%

	2020 Top-Box Scores	2021 Top-Box Scores
<i>Getting Care Quickly</i>	95.76% +	89.34% ▼
<i>How Well Doctors Communicate</i>	94.76%	94.14%
<i>Customer Service</i>	94.44% +	90.28%
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	85.04%	87.83%
<i>Rating of Personal Doctor</i>	87.67%	89.14%
<i>Rating of Specialist Seen Most Often</i>	78.38% +	92.31% +
<i>Rating of Health Plan</i>	84.97%	85.71%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

▼ Indicates the 2021 score is statistically significantly lower than the 2020 score.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for Amerigroup.

### Weaknesses

**Weakness:** Fewer parents/caretakers of child members enrolled in Amerigroup reported positive overall experiences with timeliness of getting care for their child since the score for the *Getting Care Quickly* measure was statistically significantly lower in 2021 compared to 2020.

**Recommendation:** HSAG recommends that Amerigroup conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG also recommends that Amerigroup continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.

## CareSource

Table 7-3 displays CareSource's 2020 and 2021 adult Medicaid CAHPS top-boxes scores. In 2021, a total of 2,025 adult members were administered a survey, of which 151 completed a survey. After ineligible members were excluded (1,874) the response rate was 7.5 percent. In 2020, the average NCQA response rate for the adult Medicaid population was 16.3 percent, which was greater than CareSource's response rate.

**Table 7-3—CareSource Adult Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	77.90% +	77.93% +
<i>Getting Care Quickly</i>	79.16% +	72.67% +

	2020 Top-Box Scores	2021 Top-Box Scores
<i>How Well Doctors Communicate</i>	93.58% +	91.23% +
<i>Customer Service</i>	84.67% +	85.46% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	78.40%	69.07% +
<i>Rating of Personal Doctor</i>	85.45%	83.00%
<i>Rating of Specialist Seen Most Often</i>	89.09% +	82.14% +
<i>Rating of Health Plan</i>	79.88%	78.47%
<b>Effectiveness of Care*</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	69.79% +	64.47% +
<i>Discussing Cessation Medications</i>	35.11% +	33.78% +
<i>Discussing Cessation Strategies</i>	36.56% +	30.14% +

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

  Indicates the 2021 score is statistically significantly lower than the 2020 national average.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for CareSource.

### Weaknesses

**Weakness:** Fewer adult members enrolled in CareSource reported positive experiences with timeliness of getting care since the score for the *Getting Care Quickly* measure was statistically significantly lower than the 2020 NCQA adult Medicaid national average. In addition, all of the Effectiveness of Care scores for CareSource were statistically significantly lower than the 2020 NCQA adult Medicaid national averages.

**Recommendation:** HSAG recommends that CareSource conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies. HSAG recommends that CareSource work with providers to adopt strategies to improve member awareness of smoking cessation. In addition, HSAG recommends that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.

## Child Findings

Table 7-4 shows CareSource's 2020 and 2021 child Medicaid CAHPS top-box scores. In 2021, a total of 3,300 child members were administered a survey, of which 322 completed a survey. After ineligible members were excluded (2,978), the response rate was 9.9 percent. In 2020, the average NCQA response rate for the child Medicaid population was 13.6 percent, which was greater than CareSource's response rate.

Table 7-4—CareSource Child Medicaid CAHPS Results

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	87.42%	85.78%
<i>Getting Care Quickly</i>	89.18%	87.62%
<i>How Well Doctors Communicate</i>	93.21%	95.59%
<i>Customer Service</i>	88.40%	87.21% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	88.49%	88.27%
<i>Rating of Personal Doctor</i>	92.01%	90.44%
<i>Rating of Specialist Seen Most Often</i>	88.52% +	86.54% +
<i>Rating of Health Plan</i>	84.90%	84.42%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for CareSource.

### Weaknesses

**Weakness:** HSAG did not identify any weaknesses for CareSource for the CAHPS survey.

**Recommendation:** HSAG recommends that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.

## Peach State

Table 7-5 shows Peach State's 2020 and 2021 adult Medicaid CAHPS top-box scores. In 2021, a total of 2,727 adult members were administered a survey, of which 191 completed a survey. After ineligible members were excluded (2,536), the response rate was 7.1 percent. In 2020, the average NCQA response rate for the adult Medicaid population was 16.3 percent, which was greater than Peach State's response rate.

Table 7-5—Peach State Adult Medicaid CAHPS Results

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	81.13%	77.94% +
<i>Getting Care Quickly</i>	79.03%	80.24% +
<i>How Well Doctors Communicate</i>	94.09%	95.03% +



	2020 Top-Box Scores	2021 Top-Box Scores
<i>Customer Service</i>	87.97% +	84.96% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	78.17%	70.94%
<i>Rating of Personal Doctor</i>	81.16%	88.89%
<i>Rating of Specialist Seen Most Often</i>	83.82% +	79.03% +
<i>Rating of Health Plan</i>	72.22%	74.32%
<b>Effectiveness of Care*</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	68.18% +	66.67% +
<i>Discussing Cessation Medications</i>	32.31% +	44.07% +
<i>Discussing Cessation Strategies</i>	32.31% +	34.48% +

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

  Indicates the 2021 score is statistically significantly lower than the 2020 national average.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for Peach State.

### Weaknesses

**Weakness:** One of the three Effectiveness of Care measure scores, *Discussing Cessation Strategies*, was statistically significantly lower than the 2020 NCQA adult Medicaid national average.

**Recommendation:** HSAG recommends that Peach State conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies. HSAG recommends that Peach State work with providers to adopt strategies to improve member awareness of smoking cessation. In addition, HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.

## Child Findings

Table 7-6 shows Peach State's 2020 and 2021 child Medicaid CAHPS top-box scores. In 2021, a total of 3,597 child members were administered a survey, of which 421 completed a survey. After ineligible members were excluded (3,176), the response rate was 11.8 percent. In 2020, the average NCQA response rate for the child Medicaid population was 13.6 percent, which was greater than Peach State's response rate.

Table 7-6—Peach State Child Medicaid CAHPS Results

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	85.11%	85.35%
<i>Getting Care Quickly</i>	89.77%	85.99%
<i>How Well Doctors Communicate</i>	96.24%	96.09%
<i>Customer Service</i>	90.31%	86.67%
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	87.78%	89.50%
<i>Rating of Personal Doctor</i>	92.54%	87.78% ▼
<i>Rating of Specialist Seen Most Often</i>	88.04% +	90.91% +
<i>Rating of Health Plan</i>	89.36%	88.94%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

Indicates the 2021 score is statistically significantly lower than the 2020 national average.

▼ Indicates the 2021 score is statistically significantly lower than the 2020 score.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for Peach State.

### Weaknesses

**Weakness:** Fewer parents/caretakers of child members enrolled in Peach State reported positive experiences with timeliness of getting care for their child since the score for the *Getting Care Quickly* measure was statistically significantly lower than the 2020 NCQA child Medicaid national average. In addition, fewer parents/caretakers of child members reported positive overall experiences with their child's personal doctor since the score for the *Rating of Personal Doctor* measure was statistically significantly lower in 2021 compared to 2020.

**Recommendation:** HSAG recommends that Peach State conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. In addition, HSAG recommends that Peach State continue to monitor the measures to ensure significant decreases in scores over time do not continue to occur.

## WellCare

### Adult Findings

Table 7-7 displays WellCare's 2020 and 2021 adult Medicaid CAHPS top-box scores. In 2021, a total of 1,350 adult members were administered a survey, of which 105 completed a survey. After ineligible members were

excluded (1,245), the response rate was 7.9 percent. In 2020, the average NCQA response rate for the adult Medicaid population was 16.3 percent, which was greater than WellCare's response rate.

**Table 7-7—WellCare Adult Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	84.91% +	86.13% +
<i>Getting Care Quickly</i>	82.92% +	85.32% +
<i>How Well Doctors Communicate</i>	98.11% +	90.84% + ▼
<i>Customer Service</i>	88.10% +	91.77% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	83.61% +	72.13% +
<i>Rating of Personal Doctor</i>	88.14% +	80.60% +
<i>Rating of Specialist Seen Most Often</i>	88.89% +	84.21% +
<i>Rating of Health Plan</i>	78.16% +	74.75% +
<b>Effectiveness of Care*</b>		
<i>Advising Smokers and Tobacco Users to Quit</i>	70.83%	76.19% +
<i>Discussing Cessation Medications</i>	43.70%	42.86% +
<i>Discussing Cessation Strategies</i>	39.50%	42.86% +

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

\* These rates follow NCQA's methodology of calculating a rolling two-year average.

▼ Indicates the 2021 score is statistically significantly lower than the 2020 score.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** HSAG did not identify any CAHPS survey strengths for WellCare.

### Weaknesses

**Weakness:** Fewer adult members enrolled in WellCare reported positive experiences related to communication with their doctor since the score for the *How Well Doctors Communicate* measure was statistically significantly lower in 2021 compared to 2020.

**Recommendation:** The CMO ceased operations during 2021; therefore, recommendations are not provided for the CMO.

## Child Findings

Table 7-8 shows WellCare's 2020 and 2021 child Medicaid CAHPS top-box scores. In 2021, a total of 1,650 child members were administered a survey, of which 179 completed a survey. After ineligible members were excluded

(1,471), the response rate was 11.1 percent. In 2020, the average NCQA response rate for the child Medicaid population was 13.6 percent, which was greater than WellCare's response rate.

**Table 7-8—WellCare Child Medicaid CAHPS Results**

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	90.35%	86.43% +
<i>Getting Care Quickly</i>	92.30%	90.85% +
<i>How Well Doctors Communicate</i>	97.60%	96.97% +
<i>Customer Service</i>	92.27% +	83.90% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	91.56%	88.66% +
<i>Rating of Personal Doctor</i>	93.65%	93.71%
<i>Rating of Specialist Seen Most Often</i>	93.48% +	96.88% +
<i>Rating of Health Plan</i>	92.09%	88.51%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

 Indicates the 2021 score is statistically significantly higher than the 2020 national average.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Parents/caretakers of child members enrolled in WellCare had more positive experiences with the specialist their child saw most often since the score for the *Rating of Specialist Seen Most Often* measure was statistically significantly higher than the 2020 NCQA child Medicaid national average.

### Weaknesses

**Weakness:** HSAG did not identify any weaknesses for WellCare for the CAHPS survey.

**Recommendation:** The CMO ceased operations during 2021; therefore, recommendations are not provided for the CMO.


## Amerigroup 360°

Table 7-9 shows Amerigroup 360°'s 2020 and 2021 Medicaid CAHPS top-box scores. In 2021, a total of 2,145 child members were administered a survey, of which 392 parents/caretakers completed a survey. After ineligible members were excluded (1,753), the response rate was 18.4 percent. In 2020, the average NCQA response rate for the child Medicaid population was 13.6 percent, which was less than Amerigroup 360°'s response rate.

Table 7-9—Amerigroup 360° CAHPS Results

	2020 Top-Box Scores	2021 Top-Box Scores
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	86.88%	90.42%
<i>Getting Care Quickly</i>	98.16%	93.15%
<i>How Well Doctors Communicate</i>	97.97%	97.09%
<i>Customer Service</i>	92.05% +	89.61% +
<b>Global Ratings</b>		
<i>Rating of All Health Care</i>	90.99%	93.31%
<i>Rating of Personal Doctor</i>	93.95%	91.74%
<i>Rating of Specialist Seen Most Often</i>	88.31% +	84.85% +
<i>Rating of Health Plan</i>	84.35%	82.77%

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Due to the low response rate, caution should be exercised when interpreting results for those measures.

 Indicates the 2021 score is statistically significantly higher than the 2020 national average.

## Strengths, Weaknesses, and Recommendations

### Strengths

**Strength:** Parents/caretakers of child members enrolled in Amerigroup 360° had more positive experiences with timeliness of getting care for their child, communication with their child's doctor, and their child's healthcare since the scores for the *Getting Needed Care*, *How Well Doctors Communicate*, and *Rating of All Health Care* measures were statistically significantly higher than the 2020 NCQA child Medicaid national averages.

### Weaknesses

**Weakness:** HSAG did not identify any weaknesses for Amerigroup 360° for the CAHPS survey.

**Recommendation:** HSAG recommends that Amerigroup 360° continue to monitor the measures to ensure there are no significant decreases in scores over time.

## 8. CMO-Specific Strengths and Weaknesses Summary

HSAG used its analyses and evaluations of EQR activity findings from the preceding 12 months to comprehensively assess each CMO's performance in providing quality, timely, and accessible healthcare services to DCH Medicaid and CHIP members as required in 42 CFR §438.364. For each CMO reviewed, HSAG provides a summary of its overall key findings related to quality, access, and timeliness based on the CMO's performance. In accordance with 42 CFR §438.364(a)(1), HSAG provides a description of the manner in which the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to care furnished by the CMOs. CMO-specific mandatory and optional activity performance results, strengths, weaknesses, and recommendations to improve performance can be found in sections 4 through 7 of this report.

**Methodology:** HSAG follows a three-step process to aggregate and analyze data conducted from all EQR activities and draw conclusions about the quality, timeliness, and access to care furnished by CMO.

**Step 1:** HSAG analyzes the quantitative results obtained from each EQR activity for each CMO to identify strengths and weaknesses in each domain of quality, timeliness, and access to services furnished by the CMO for the EQR activity.

**Step 2:** From the information collected, HSAG identifies common themes and the salient patterns that emerge across EQR activities for each domain and HSAG draws conclusions about overall quality, timeliness, and access to care and services furnished by the CMO.

**Step 3:** HSAG identifies any patterns and commonalities that exist across the program to draw conclusions about the quality, access, and timeliness of care for the program.

### Amerigroup

**Table 8-1—Overall Conclusions for Amerigroup: Quality, Access, and Timeliness**

EQRO Results for Amerigroup	
Domain	Conclusion
Quality	<p><b>Strengths:</b> Amerigroup's PM results identified that the CMO's members were able to access a PCP to receive routine and preventive care. In the Quality of Care domain, Amerigroup met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for all the <i>Asthma Medication Ratio</i> measure indicators, indicating that the CMO's contracted providers were reducing the need for rescue medications and ED use.</p> <p>In the Access to Care domain, the CMO's performance on preventive screening measures and immunizations was a strength, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 75th percentile for <i>Cervical Cancer Screening</i>, <i>Childhood Immunization Status—Combination 7</i>, <i>Chlamydia Screening in Women—16–20 Years</i>, and <i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)</i> and the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i>. Amerigroup showed strength in ensuring preventive health guidelines were followed, improving opportunities for early detection and treatment. Access to care was also evident as Amerigroup's interventions resulted in children and adolescents accessing well-care</p>

EQRO Results for Amerigroup	
Domain	Conclusion
	<p>visits, oral health care, and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p><b>Weaknesses:</b> In the Quality of Care domain, the <i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i> and <i>HbA1c Poor Control (&gt;9.0%)</i> measure indicator rates and the <i>Controlling High Blood Pressure</i> measure indicated lower performance, as Amerigroup's measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile. A factor that may have contributed to low performance in management of these chronic conditions is the temporary suspension of nonurgent services and in-person primary care appointments due to the COVID-19 PHE. These findings aligned with the member experience survey results, which showed that fewer adult members enrolled in Amerigroup reported positive experiences related to communication with their doctor, since the score for the <i>How Well Doctors Communicate</i> measure was statistically significantly lower in 2021 compared to 2020.</p>
Access	<p><b>Strengths:</b> Amerigroup's members were able to access a PCP and receive appropriate treatment needed to stay healthy and reduce unnecessary ED utilization and readmissions. PM rates for Amerigroup met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for the <i>Ambulatory Care—ED Visits—Total, Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—Total, and Index Total Stays—O/E Ratio—Total</i> measure indicator rates, indicating that the CMO was providing quality care according to recommended guidelines, completing follow-up after ED visits, and reducing readmissions.</p> <p><b>Weaknesses:</b> Overall, weaknesses were not identified related to access to care for the CMO. However, PM results related to quality of care may be an opportunity to also improve access to care.</p>
Timeliness	<p><b>Strengths:</b> Overall, Amerigroup members were able to access PCPs in a timely manner, and receive appropriate treatment as necessary, to stay healthy and reduce unnecessary ED utilization.</p> <p><b>Weaknesses:</b> According to a member experience survey, fewer parents/caretakers of child members enrolled in Amerigroup reported positive overall experiences with timeliness of getting care for their child since the score for the <i>Getting Care Quickly</i> measure was statistically significantly lower in 2021 compared to 2020.</p>

## CareSource

Table 8-2—Overall Conclusions for CareSource: Quality, Access, and Timeliness

EQRO Results for CareSource	
Domain	Conclusion
Quality	<p><b>Strengths:</b> CareSource achieved PM scores that indicated quality care for chronic conditions, such as asthma and heart failure. Within the Care for Chronic Conditions domain, CareSource displayed strong performance within the <i>Asthma Medication Ratio—Total</i> measure, exceeding NCQA's NCQA Quality Compass national Medicaid HMO 75th percentile. The results indicate that CareSource had established successful processes related to asthma medication for members with asthma. PM results indicate that PCPs were following evidence-based clinical guidelines and that members were being encouraged to complete recommended care and services, thereby reducing</p>



EQRO Results for CareSource	
Domain	Conclusion
	<p>adverse outcomes and unnecessary ED utilization. The CMO's contracted providers reduced the need for rescue medications and ED use for children under the age of 19.</p> <p><b>Weaknesses:</b> CareSource's PM results in the Quality of Care domain showed lower performance in the <i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i> and <i>HbA1c Poor Control (&gt;9.0%)</i> measure indicator rates and the <i>Controlling High Blood Pressure</i> measure, as CareSource's rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile. A factor that may have contributed to low performance in management of these chronic conditions was the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Pandemic-related provider office closures and limited staff availability may also have led to the noted performance measure rate declines.</p>
Access	<p><b>Strengths:</b> CareSource's performance in the Access to Care domain showed that preventive screening measures were a strength, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 75th percentile for <i>Chlamydia Screening in Women—21–24 Years</i> and the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i>. CareSource showed strength in ensuring preventive health guidelines were followed for cervical cancer screening and chlamydia screening, improving opportunities for early detection and treatment. Additionally, CareSource's intervention and outreach efforts resulted in more children receiving developmental screenings according to the EPSDT or Bright Futures schedules. The PM results for diabetes admissions and heart failure admissions measure rates also indicated that CareSource members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.</p> <p><b>Weaknesses:</b> CareSource's results in the Access to Care domain showed opportunities for improvement, as five of 17 (29.4 percent) measure rates related to health and preventive screenings, child and adolescent immunizations, and timely prenatal and postpartum care fell below the NCQA Quality Compass national Medicaid HMO 25th percentile. Members were not consistently accessing providers for necessary health and preventive screenings, child and adolescent immunizations, and timely prenatal and postpartum care. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. Members may have had concerns with accessing preventive, prenatal, and postpartum care during the COVID-19 PHE, resulting in reduced visits.</p>
Timeliness	<p><b>Strengths:</b> CareSource's PM results indicate that in addition to access to care, members were able to receive timely care, according to evidence-based guidelines.</p> <p><b>Weaknesses:</b> According to a member experience survey, fewer adult members enrolled in CareSource reported positive experiences with timeliness of getting care, and scores for <i>Getting Care Quickly</i> were statistically significantly lower than the 2020 NCQA adult Medicaid national averages. These members may have had difficulties accessing care, or this weakness may be a result of disparities in the population served. Members may also have had concerns with accessing care during the COVID-19 PHE, resulting in delays or missed visits.</p>

## Peach State

**Table 8-3—Overall Conclusions for Peach State: Quality, Access, and Timeliness**

EQRO Results for Peach State	
Domain	Conclusion
<b>Quality</b>	<p><b>Strengths:</b> Peach State’s PM rates, in the Quality of Care domain, showed that Peach State met or exceeded the HEDIS 75th percentile for two of four <i>Asthma Medication Ratio</i> measure indicators (5–11 Years and 12–18 Years). Peach State also exceeded the NCQA Quality Compass national Medicaid HMO 50th percentile for the <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admissions Rate</i> measure rates. Overall, Peach State provided quality care for chronic conditions such as asthma and diabetes, indicating that the CMO’s contracted providers were reducing the need for rescue medications for asthma, as well as inpatient and ED use.</p> <p><b>Weaknesses:</b> Peach State showed lower performance in the Quality of Care domain, where the <i>Comprehensive Diabetes Care—HbA1c Control</i> (&lt;8.0%) and <i>HbA1c Poor Control</i> (&gt;9.0%) measure indicator rates and the <i>Controlling High Blood Pressure</i> measure indicated lower performance, as Peach State’s measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. A factor that may have contributed to low performance in management of these chronic conditions is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE.</p>
<b>Access</b>	<p><b>Strengths:</b> Peach State’s PM results in the Access to Care domain met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for the <i>Cervical Cancer Screening</i> and <i>Chlamydia Screening in Women</i> measure rates, indicating a strength in conducting health and preventive screenings. Rates for the <i>Developmental Screening in the First Three Years of Life</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i> measures exceeded the NCQA Quality Compass national Medicaid HMO 50th percentile. Peach State showed strength in conducting health and preventive screenings for cervical cancer and chlamydia, improving opportunities for early detection and treatment. Access to care was also evident as Peach State’s interventions resulted in children and adolescents accessing well-care visits and oral health care, and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p><b>Weaknesses:</b> Although specific weaknesses related to access to care were not noted, Peach State’s PM results falling below the NCQA Quality Compass national Medicaid HMO 50th percentile should be reviewed for potential issues with access to care.</p>
<b>Timeliness</b>	<p><b>Strengths:</b> Specific strengths were not noted in the timeliness of care domain for Peach State. Findings related to access to care also provide some evidence that care and service delivery is being completed in a timely manner.</p> <p><b>Weaknesses:</b> The member experience survey found that fewer parents or caretakers of child members enrolled in Peach State reported positive experiences with timeliness of getting care for their child (<i>Getting Care Quickly</i> measure)..</p>

## WellCare

**Table 8-4—Overall Conclusions: Quality, Access, and Timeliness**

EQRO Results	
Domain	Conclusion
Quality	<p><b>Strengths:</b> WellCare's PM indicator rates in the Access to Care domain met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for <i>Child and Adolescent Well-Care Visits—Total</i>, both <i>Chlamydia Screening in Women</i> measure indicators, <i>Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)</i>, and <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits</i> and the CMCS 50th percentile for <i>Developmental Screening in the First Three Years of Life</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i>, indicating children and adolescents were accessing well-child/care visits and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p><b>Weaknesses:</b> In the Quality of Care domain, WellCare's <i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i> and <i>HbA1c Poor Control (&gt;9.0%)</i> measure indicator rates and the <i>Controlling High Blood Pressure</i> measure indicated lower performance, as WellCare's measure rates fell below the NCQA Quality Compass national Medicaid HMO 25th percentile. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. A factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE.</p>
Access	<p><b>Strengths:</b> In the Quality of Care domain, WellCare exceeded the CMCS 50th percentile for the <i>Diabetes Short-Term Complications Admission Rate</i> and <i>Heart Failure Admissions Rate</i> measure rates, indicating that the CMO's members were able to access a PCP to help them manage their chronic conditions, thereby reducing unnecessary inpatient utilization.</p> <p><b>Weaknesses:</b> Similar to weaknesses identified in the Quality domain, WellCare's results related to care provision for members diagnosed with diabetes or asthma showed lower related PM rates. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. A factor that may also have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE.</p>
Timeliness	<p><b>Strengths:</b> Similar to the Quality domain, WellCare's results in the Access to Care domain show that the CMO met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile for several preventive health, well-visit, and early detection measures. These results indicate that WellCare members were able to access care and services in a timely manner and according to recommended guidelines.</p> <p><b>Weaknesses:</b> WellCare's results related to care provision for members diagnosed with diabetes or asthma indicate that these members may have experienced pandemic-related provider office closures and limited staff availability. Another factor that may have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Pandemic-related provider office closures and limited staff availability may have also led to the noted performance measure rate declines.</p>

## Amerigroup 360°

**Table 8-5—Overall Conclusions for Amerigroup 360°: Quality, Access, and Timeliness**

EQRO Results	
Domain	Conclusion
Quality	<p><b>Strengths:</b> Amerigroup 360°'s PM rates in the Quality of Care domain demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for 23 of 28 (82.1 percent) measure rates related to quality of care that were comparable to benchmarks. Of note, 20 of these 23 (87.0 percent) measure rates were at or above the NCQA Quality Compass national Medicaid HMO 75th percentile, with 14 of these rates (70.0 percent) exceeding the NCQA Quality Compass national Medicaid HMO 90th percentile. Overall, results indicated that Amerigroup 360° was providing quality care according to recommended guidelines and completing follow-up from ED use and inpatient visits, which was reducing the need for ED visits and readmissions.</p> <p><b>Weaknesses:</b> Five of Amerigroup 360°'s PM indicator rates in the Quality of Care domain fell below the NCQA Quality Compass national Medicaid HMO 50th percentile: <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>, <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i>, <i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i>, and <i>Mental Health Utilization—ED—Total</i>. Amerigroup 360°'s results demonstrate opportunities to improve members' quality of care related to managing medications and chronic conditions, and ensuring timely access to healthcare. A factor that may have contributed to low performance in management of these chronic conditions is the temporary suspension of nonurgent services and in-person appointments due to the COVID-19 PHE. Pandemic-related provider office closures and limited staff availability also may have led to the noted performance measure rate declines.</p>
Access	<p><b>Strengths:</b> Amerigroup 360°'s PM indicator rates in the Access to Care domain demonstrated strength for HEDIS MY 2020, meeting or exceeding the NCQA Quality Compass national Medicaid HMO 50th percentile for eight of nine (88.9 percent) measure rates related to access to care. Of these eight measures, four measure rates (50.0 percent) met or exceeded the NCQA Quality Compass national Medicaid HMO 75th percentile. The <i>Developmental Screening in the First Three Years of Life—Total</i> and <i>Percentage of Eligibles Who Received Preventive Dental Services</i> measure rates met or exceeded the CMCS national 50th percentile. Amerigroup 360° members were able to access a PCP to receive routine screenings and preventive care. Overall, Amerigroup 360° showed strength in ensuring preventive health guidelines were followed for cervical cancer screening and chlamydia screening, improving opportunities for early detection and treatment. Access to care was also evident as Amerigroup 360°'s interventions resulted in children and adolescents accessing well-care visits and oral healthcare, and receiving immunizations and screenings according to the EPSDT or Bright Futures schedules.</p> <p><b>Weaknesses:</b> One of Amerigroup 360°'s measure indicator rates in the Access to Care domain, <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>, fell below the NCQA Quality Compass national Medicaid HMO 50th percentile, indicating that members were not consistently accessing providers for necessary prenatal and postpartum care. Pandemic-related provider office closures and limited staff availability may have led to the noted performance measure rate declines. Another factor that may</p>

EQRO Results	
Domain	Conclusion
	have contributed to low performance is the temporary suspension of nonurgent services and in-person PCP appointments due to the COVID-19 PHE. Members may also have had concerns with accessing prenatal and postpartum care during the COVID-19 PHE, resulting in reduced visits.
Timeliness	<p><b>Strengths:</b> The CMO's member experience survey results showed that parents/caretakers of child members enrolled in Amerigroup 360° had more positive experiences with timeliness of getting care for their child, communication with their child's doctor, and their child's healthcare since the scores for the <i>Getting Needed Care</i>, <i>How Well Doctors Communicate</i>, and <i>Rating of All Health Care</i> measures were statistically significantly higher than the 2020 NCQA child Medicaid national averages.</p> <p><b>Weaknesses:</b> Although no specific weaknesses related to timeliness of care were noted, Amerigroup 360°'s PM results falling below the NCQA HEDIS 50th percentile should be reviewed for potential issues with timeliness of care.</p>

## Appendix A. Technical Report and Regulatory Crosswalk

Table A-1 lists the required and recommended elements for EQR annual technical reports, per 42 CFR §438.364 and recent CMS technical report feedback received by states. The table identifies the page number where the corresponding information that addresses each element is located in the Georgia EQR Annual Report.

**Table A-1—Technical Report Elements**

	Required Elements	Page Number
1	The state submitted its EQR technical report by April 30th.	Cover page
2	All eligible Medicaid and CHIP plans are included in the report.	1-1
3a	Required elements are included in the report: Describe the manner in which the data from all activities conducted in accordance with 42 CFR §438.358 were <b>aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO, PIHP, PAHP, or PCCM entity.</b>	1-3
3b	Required elements are included in the report: An assessment of the <b>strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity</b> with respect to (a) quality, (b) timeliness, and (c) access to the health care services furnished by each MCO, PIHP, PAHP, or PCCM entity (described in 42 CFR §438.310[c][2]) furnished to Medicaid and/or CHIP beneficiaries. Contain specific recommendations for improvement of identified weaknesses.	Section 8
3c	Required elements are included in the report: Describe how the state can <b>target goals and objectives in the quality strategy</b> , under 42 CFR §438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP enrollees.	1-4
3d	Recommend improvements to the quality of health care services furnished by each MCP.	Sections 4, 5, 6, 7
3e	Provides state-level recommendations for performance improvement.	1-4
3f	Ensure methodologically appropriate, comparative information about all MCPs.	Section 3
3g	Assess the degree to which each MCP has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR.	Appendix E
4	Validation of PIPs: A description of <b>PIP interventions</b> associated with each state-required PIP topic for the current EQR review cycle, and the following for the validation of PIPs: <b>objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.</b>	
4a	Validation of PIPs: • <b>Interventions</b>	Section 4
4b	Validation of PIPs: • <b>Objectives;</b>	4-1
4c	Validation of PIPs:	Appendix B



	Required Elements	Page Number
	<ul style="list-style-type: none"> <li><b>Technical methods of data collection and analysis;</b></li> </ul>	
4d	Validation of PIPs: <ul style="list-style-type: none"> <li><b>Description of data obtained; and</b></li> </ul>	4-1 – 4-3 Appendix B
4e	Validation of PIPs: <ul style="list-style-type: none"> <li><b>Conclusions drawn from the data.</b></li> </ul>	4-3 – 4-6
5	Validation of performance measures: A description of <b>objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.</b>	
5a	PMV: <ul style="list-style-type: none"> <li><b>Objectives;</b></li> </ul>	5-1
5b	PMV: <ul style="list-style-type: none"> <li><b>Technical methods of data collection and analysis;</b></li> </ul>	5-1 Appendix B
5c	PMV: <ul style="list-style-type: none"> <li><b>Description of data obtained; and</b></li> </ul>	3-3; 5-1
5d	PMV: <ul style="list-style-type: none"> <li><b>Conclusions drawn from the data.</b></li> </ul>	Section 5
6	Review for compliance: 42 CFR §438.358(b)(1)(iii) (cross-referenced in CHIP regulations at 42 CFR §457.1250[a]) requires the technical report including information <b>on a review, conducted within the previous three-year period</b> , to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in 42 CFR §438.330. Additional information that needs to be included for compliance is listed below:	
6a	Review for compliance: <ul style="list-style-type: none"> <li><b>Objectives;</b></li> </ul>	6-1
6b	Review for compliance: <ul style="list-style-type: none"> <li><b>Technical methods of data collection and analysis;</b></li> </ul>	Appendix B
6c	Review for compliance: <ul style="list-style-type: none"> <li><b>Description of data obtained; and</b></li> </ul>	Section 6; Appendix B
6d	Review for compliance: <ul style="list-style-type: none"> <li><b>Conclusions drawn from the data.</b></li> </ul>	Section 6
7	<b>Each remaining activity</b> included in the technical report must include a <b>description of the activity</b> and the following information:	NA HSAG does not conduct optional EQR activities for the State of Georgia, DCH.
7a	Optional activities:	NA



	Required Elements	Page Number
	<ul style="list-style-type: none"> <li><b>Objectives;</b></li> </ul>	
7b	Optional activities: <ul style="list-style-type: none"> <li><b>Technical methods of data collection and analysis;</b></li> </ul>	NA
7c	Optional activities: <ul style="list-style-type: none"> <li><b>Description of data obtained; and</b></li> </ul>	NA
7d	Optional activities: <ul style="list-style-type: none"> <li><b>Conclusions drawn from the data.</b></li> </ul>	NA

## Appendix B. Technical Methods of Data Collection and Analysis

### PIP Validation Methodology

DCH mandated the PIP topics initiated in SFY 2021. Table B-1 summarizes the PIP topics for each CMO.

**Table B-1—CY 2020–2021 PIP Topics**

CMO	PIP Topics
Amerigroup	<i>Administrative Timeliness of Prenatal Care</i>
	<i>Clinical Obstetric Case Management</i>
Amerigroup 360°	<i>Behavioral Health Readmissions</i>
	<i>Increasing Transition Age Youth (TAY) Membership</i>
CareSource	<i>Increase the Percentage of Pregnant Members Who Receive a Prenatal Care Visit Within 42 Days of Confirmation of Pregnancy or Right From the Start Medicaid (RSM) Enrollment</i>
	<i>Increase the Percentage of Pregnant Women Identified as High Risk or Complex Who Enroll in Complex Case Management (CCM)</i>
Peach State	<i>Improving Timely Prenatal Visits</i>
	<i>Increasing Enrollment Into the High-Risk Obstetric (HROB) Program</i>

### PIP Components and Process

HSAG, in collaboration with DCH, developed the PIP Submission Form. Each CMO completed this form and submitted it to HSAG for review. The PIP Submission Form standardized the process for submitting information regarding the PIPs and ensured that all CMS PIP protocol requirements were addressed.

HSAG, with DCH's input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs per the CMS protocols. The CMS protocols identify nine steps that should be validated for each PIP.

The nine steps included in the PIP Validation Tool are listed below:

- Step 1.** Appropriate PIP Topic
- Step 2.** Clearly Defined, Answerable Aim Statement(s)
- Step 3.** Correctly Identified Population
- Step 4.** Valid Sampling Methods (if sampling was used)
- Step 5.** Clearly Defined Performance Indicator(s)
- Step 6.** Valid/Reliable Data Collection
- Step 7.** Sufficient Data Analysis and Interpretation

- Step 8. Appropriate Improvement Strategies
- Step 9. Real and Sustained Improvement Achieved

## Approach to PIP Validation

HSAG obtained the data needed to conduct the PIP validation from the CMO's PIP submission forms. These forms provided detailed information about each CMO's PIP related to the steps completed and evaluated by HSAG for the 2021 validation cycle.

For the PIPs initiated in SFY 2021, each CMO submitted its PIP Design and baseline data, reflective of the second quarter of CY 2021 (4/1/2021–6/30/2021). At the time of this report, the CMOs have not progressed to reporting QI activities.

The goal of HSAG's PIP validation is to ensure that DCH and key stakeholders can have confidence that any reported improvement is related to and can be reasonably linked to, the QI strategies and activities the CMO conducted during the PIP.

## PIP Validation Scoring

HSAG used the following methodology to evaluate the PIPs conducted by the CMOs to determine whether a PIP was methodologically sound, valid, and the percentage of compliance with CMS' protocol for conducting PIPs.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP 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*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. The CMOs are assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements are *Met* or one or more critical elements are *Partially Met*. HSAG provides General Feedback with a *Met* validation score when enhanced documentation would have demonstrated a stronger understanding and application of the PIP steps and evaluation elements.

In addition to the validation status (e.g., *Met*) HSAG assigns the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

HSAG assessed the implications of the improvement project's findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical evaluation elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Partially Met*.
- *Not Met*: All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Not Met*.

The CMOs had an opportunity to resubmit a revised PIP Submission Form and additional information in response to HSAG's initial validation scores of *Partially Met* or *Not Met* and to address any General Feedback, regardless of whether the evaluation element was critical or noncritical. HSAG conducted a final validation for any resubmitted PIPs. HSAG offered technical assistance to any CMO that requested an opportunity to review the initial validation scoring prior to resubmitting the PIP.

Upon completion of the final validation, HSAG prepared a report of its findings and recommendations for each CMO. These reports, which complied with 42 CFR §438.364, were provided to DCH and the CMOs.

## PMV Methodology

42 CFR §438.350(a) requires states that contract with MCOs, PIHPs, PAHPs, or a PCCM entity to have a qualified EQRO perform an annual EQR that includes validation of contracted entity PMs (42 CFR §438.358[b][1][ii]). HSAG conducted PMV for the State of Georgia, Department of Community Health, validating the data collection and reporting processes used to calculate the PM rates by the MCOs (referred by the State as CMOs) in accordance with the CMS publication, *CMS EQR Protocols, October 2019*. Link: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. The purpose of the PMV is to assess the accuracy of PMs reported by MCOs and to determine the extent to which PMs reported by the MCOs follow State specifications and reporting requirements.

HSAG validated PMs selected by DCH that were calculated and reported by the CMOs for their Medicaid GF population. In addition, DCH required the CMOs to report a separate set of rates for its CHIP population, which DCH refers to as PeachCare for Kids®. HSAG conducted the validation in accordance with CMS' PMV protocol mentioned above and cited in Section 1.

The DCH requires the CMOs to submit performance measurement data as part of their QAPI programs for the GF and GF 360° populations. Validating the CMOs' PMs is one of the federally required EQR activities described in 42 CFRs §438.330(c) and §438.358(b)(2).

To comply with this requirement, DCH contracted with HSAG to conduct PMV activities for a set of selected non-HEDIS PMs, and DCH required that the CMOs contract with an NCQA-LO and undergo an NCQA HEDIS Compliance Audit for an additional set of HEDIS measures selected by DCH. These audits focused on the CMOs' ability to process claims and encounter data, pharmacy data, laboratory data, enrollment (or membership) data, and provider data accurately. As part of the audits, HSAG also explored the completeness of claims and encounter data to improve rates for the PMs.

The following sections provide summary information from HSAG's PMV activities and the NCQA HEDIS Compliance Audits that were conducted for Amerigroup, CareSource, Peach State, WellCare, and Amerigroup 360°.

## Objectives

The objectives of the validation of PMs activities conducted by HSAG and the CMOs' NCQA-LOs were to assess the accuracy of PM rates reported by the CMOs and to determine the extent to which PMs calculated by the CMO followed the technical specifications and reporting requirements. The audits included a detailed assessment of the CMOs' information systems capabilities for collecting, analyzing, and reporting PM information. Additionally, the auditors reviewed the specific reporting methods used for PMs, including databases and files used to store measure information, medical record abstraction tools and abstraction procedures used, certified measure status when applicable, and any manual processes employed in PM data production and reporting. The audits included

any data collection and reporting processes supplied by vendors, contractors, or third parties, as well as the CMOs' oversight of these outsourced functions. The auditors also evaluated the strengths and weaknesses of the CMOs in achieving compliance with PMs.

## Audited Populations

**Georgia Families (GF)**—the GF population consisted of Medicaid and PeachCare for Kids<sup>®</sup> members excluded from the GF 360° program and enrolled in one of the four contracted GF CMOs during the measurement year:<sup>B-1</sup> Amerigroup, CareSource, Peach State, and WellCare. To be included in the GF rates, a member had to be continuously enrolled in GF but could have switched CMOs during the measurement period. The GF rates excluded members who were simultaneously enrolled in Medicare and Medicaid (referred to as dual-eligible members).

**Georgia Families 360° program (GF 360° program)**—On March 3, 2014, DCH launched the Georgia Families 360° program. This program's population consisted of children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system. The DCH contracted with Amerigroup to provide services to improve care coordination and continuity of care, and to provide better health outcomes for these members. To be included in the GF 360° program rates, a member had to be enrolled in the GF 360° program at some point during MY 2020.

**PeachCare for Kids<sup>®</sup>**—the PeachCare for Kids<sup>®</sup> population consisted of children ages 18 and under. The State refers to its standalone CHIP program as PeachCare for Kids<sup>®</sup>.

## Description of Validation Activities

### Pre-Audit Review Strategy

HSAG conducted the validation activities as outlined in CMS' *Protocol 2. Validation of Performance Measures*. To complete the validation activities, HSAG obtained a list of the PMs that were selected by DCH for validation.

HSAG then prepared and submitted an *Audit Introductory Packet* to the CMOs to initiate the PMV activities. The packet included a letter that outlined the various steps in the PMV process, a timeline for completion of the activities, an ISCAT, medical record review attachments, and instructions for submission. The letter included a request for the following documentation:

- Source code/programming language used to generate each performance measure.
- A completed ISCAT.
- Any additional supporting documentation necessary to complete the audit.
- Completed medical record attachments needed to complete the MRRV process.

HSAG reached out to each CMO to schedule a date for a virtual audit review and responded to any audit-related questions received directly from the CMOs during the pre-audit review phase.

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<sup>B-1</sup> The DCH required its CMOs to contract with an NCQA-LO to undergo an NCQA HEDIS Compliance Audit. To validate the rates calculated for the non-HEDIS measures, DCH contracted HSAG to perform an independent PMV for each CMO. Results for these validations are presented in each CMO-specific PMV report.

Approximately one month prior to the virtual review, HSAG provided the CMOs with an agenda describing all virtual audit review activities and indicating the type of staff needed for each session. HSAG also conducted a pre-audit review conference call with each CMO to discuss virtual audit review logistics and expectations, important deadlines, outstanding documentation, and any outstanding questions from CMOs.

## Technical Methods of Data Collection and Analysis

The CMS PMV 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:

- **MY 2020 ISCAT:** The CMOs completed and submitted the required and relevant portions of its ISCAT for HSAG's review. HSAG used responses from the ISCAT to complete the pre-audit review assessment of information systems.
- **Medical record documentation:** The CMOs completed the medical record section within the ISCAT. In addition, the CMOs submitted the following documentation for review: medical record hybrid tools and instructions and policies and procedures outlining the processes for monitoring the accuracy of the reviews performed by the review staff members.
- **Source code (programming language) for performance measures:** CMOs were required to submit source code used to calculate the PMs under review by HSAG. HSAG reviewed the source code and PM generation process to ensure compliance with the measure specifications required by DCH.
- **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.
- **Rate review:** Upon receiving the calculated rates from the CMOs, HSAG conducted a review on the reasonableness and integrity of the rates. The review included trending with prior year's rates and comparison of rates across all CMOs.

## Virtual Audit Review Activities

HSAG conducted a virtual audit review with each CMO. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, PSV, observation of data processing, and review of data reports. The virtual audit review activities are described as follows:

- **Opening meeting:** The opening meeting included an introduction of the validation team and key CMO staff members involved in the PMV 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 PM 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 ISCAT and supporting documentation:** The review included processes for collecting, storing, validating, and reporting PM rates. This session was designed to be interactive with key CMO staff so that HSAG could obtain a complete picture of all steps taken to generate the PM rates. The goal of the session was to obtain a confidence level as to the degree of compliance with written documentation compared to actual processes. HSAG conducted interviews to confirm findings from the documentation review, expanded 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 PM rates. HSAG performed PSV to further validate the output files, reviewed backup documentation on data integration, and addressed data control and security procedures. HSAG also reviewed preliminary rates during this session, if available.
- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the ISCAT and the virtual audit review, and revisited the documentation requirements for any post-audit review activities.

## Post-Virtual Audit Review Activities

After the virtual audit review, HSAG reviewed any final PM data submitted by the CMOs and followed up with each CMO on any outstanding issues identified during the documentation review and/or during the virtual audit review. Any issues identified from the rate review were communicated to the CMOs as a corrective action as soon as possible so that the data could be revised before the PMV report was issued. HSAG worked closely with DCH and the CMOs if corrected measure data were required.

HSAG prepared a PMV report for each CMO, documenting the validation findings. Based on all validation activities, HSAG determined the audit result for each PM. The CMS PMV Protocol identifies possible validation results for PMs, which are defined in the table below.

**Table B-2—Audit Results and Definitions for PMs**

<b>Reportable (R)</b>	Measure data were compliant with the specifications required by the state.
<b>Do Not Report (DNR)</b>	Measure data were materially biased and should not be reported.

According to the CMS protocol, the audit result for each PM is determined by the magnitude of errors detected for the audit elements, not by the number of audit elements determined to be noncompliant based on the review findings. Consequently, an error for a single audit element may result in a designation of “DNR” because the impact of the error associated with that element biased the reported PM rate by 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.”

Any suggested corrective action that is closely related to accurate rate reporting that could not be implemented in time to produce validated results may render a particular measure as “DNR.”

## CAHPS Survey Methodology

The surveys administered by each CMO’s vendor included a set of standardized items (40 items for the CAHPS 5.1H Adult Medicaid Health Plan Survey and 41 items for the CAHPS 5.1H Child Medicaid Health Plan Survey without the Children with Chronic Conditions [CCC] measurement set) that assess members’ perspectives on care. To support the reliability and validity of the findings, the CMOs’ vendors followed standardized sampling and data collection procedures to select members and distribute surveys. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data. Data from survey respondents were aggregated into a database for analysis by each CMO’s vendor. The CAHPS Survey results, produced by each CMO’s survey vendor, were provided to HSAG to include in this report.



The following measures were evaluated through the CAHPS 5.1 Surveys: four composite measures (*Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*); four global rating measures (*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*); and three Effectiveness of Care measures (*Advising Smokers and Tobacco Users to Quit*, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*—adult populations only).

For each CMO, the 2021 adult and child CAHPS scores were compared to 2020 NCQA national adult and child Medicaid averages, respectively. In addition to the CMO-specific results, HSAG provided an overall statewide average score for the adult and child Medicaid populations and compared the scores to 2020 NCQA national Medicaid averages.<sup>B-2</sup> Also, HSAG performed a trend analysis for each CMO. The 2021 scores were compared to their corresponding 2020 scores to determine whether there were statistically significant differences. These comparisons were performed on the four composite measures, four global ratings, and three Effectiveness of Care measures.

## Technical Methods of Data Collection and Analysis

Two populations were surveyed for Amerigroup, CareSource, Peach State, and WellCare: adult Medicaid and child Medicaid. One population was surveyed for Amerigroup 360°: GF 360° child Medicaid. Center for the Study of Services administered the 2021 CAHPS surveys for Amerigroup and Amerigroup 360°. SPH Analytics administered the 2021 CAHPS surveys for CareSource, Peach State, and WellCare. Both vendors were NCQA-certified vendors at the time of survey administration.

The technical method of data collection was through administration of the CAHPS 5.1H Adult Medicaid Health Plan Survey to the adult population, and the CAHPS 5.1H Child Medicaid Health Plan Survey (without the CCC measurement set) to the child Medicaid population. Amerigroup, Amerigroup 360°, and WellCare used a mixed-mode methodology for data collection (i.e., mailed surveys followed by telephone interviews of non-respondents). CareSource and Peach State used a mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents) for data collection. Respondents were given the option of completing the survey in Spanish for all CMOs. Based on NCQA protocol, adult members included as eligible for the survey were 18 years of age or older as of December 31, 2020; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2020.

The survey questions were categorized into various measures of experience. These measures included four global ratings, four composite measures, and three Effectiveness of Care measures.<sup>B-3</sup> The global ratings reflected respondents' overall experience with their/their child's personal doctor, specialist, health plan, and all healthcare. The composite scores were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*). The Effectiveness of Care measures assessed the various aspects of providing assistance with smoking and tobacco use cessation in the adult population.

For each of the four global ratings, a top-box response was a response of 8, 9, or 10 on a scale of 0 to 10. CAHPS composite question response choices were Never, Sometimes, Usually, or Always. A positive or top-box response for the composites was defined as a response of Usually or Always. The scoring of the global ratings and composite measures involved assigning top-box responses a score of 1, with all other responses receiving a score of 0. After applying this scoring methodology, the percentage of top-box responses was calculated to determine the top-box scores. For the Effectiveness of Care measures, responses of Always/Usually/Sometimes were used to determine if the respondent qualified for inclusion in the numerator. The scores presented follow

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<sup>B-2</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

<sup>B-3</sup> Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

NCQA's methodology of calculating a rolling average using the current and prior year's results. For additional detail, please refer to NCQA's *HEDIS Measurement Year 2020 Volume 3: Specifications for Survey Measures*.<sup>B-4</sup>

For this report, CAHPS scores are reported for measures even when NCQA's minimum reporting threshold of 100 respondents was not met; therefore, caution should be exercised when interpreting these results. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

## Trend Analysis

For each CMO, the 2021 adult and child CAHPS scores were compared to their corresponding 2020 CAHPS scores.<sup>B-5</sup> A *t* test was performed to determine whether results in 2021 were statistically significantly different from results in 2020. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Scores that were statistically significantly higher in 2021 than in 2020 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2021 than in 2020 are noted with downward (▼) triangles. Scores in 2021 that were not statistically significantly different from scores in 2020 are not noted with triangles.

## National Comparisons

Additionally, each CMO's 2021 adult and child CAHPS scores were compared to the 2020 NCQA adult and child Medicaid national averages, respectively.<sup>B-6</sup> Statistically significant differences are noted with colors. A cell was highlighted in green if the score was statistically significantly higher than the national average. However, if the score was statistically significantly lower than the national average, then a cell was highlighted in red.

## CMO Comparisons

To identify performance differences in member experience between the four CMOs, the results for Amerigroup, CareSource, Peach State, and WellCare were compared to the Georgia CMO program average using standard tests for statistical significance.<sup>B-7</sup> For this comparison, results were case-mix adjusted. Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among CMOs. Results for the CMOs were case-mix adjusted for the member's general health status, respondent educational level, and respondent age.<sup>B-8</sup> Given that differences in case-mix can result in differences in ratings between CMOs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment).

Statistically significant differences are noted in the tables by arrows. A measure score statistically significantly higher than the Georgia CMO program average is denoted with an upward (↑) arrow. Conversely, a measure score statistically significantly lower than the Georgia CMO program average is denoted with a downward (↓) arrow. A measure score that is not statistically significantly different than the Georgia CMO program average is denoted with a horizontal (↔) arrow.

<sup>B-4</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2020.

<sup>B-5</sup> Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measures, as the 2021 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2020 and 2021.

<sup>B-6</sup> Caution should be exercised when evaluating national comparisons, given that population and plan differences may impact CAHPS results.

<sup>B-7</sup> Caution should be exercised when evaluating CMO comparisons, given that population and CMO differences may impact CAHPS results.  
<sup>B-8</sup> Agency for Healthcare Research and Quality. CAHPS Health Plan Survey and Reporting Kit 2008. Rockville, MD: US Department of Health and Human Services, July 2008.

## Appendix C. CMO Best and Emerging Practices

Table C-1 identifies the CMOs' self-reported best and emerging practices. The narrative within the table was provided by the CMOs and has not been altered by HSAG except for minor formatting.

**Table C-1—CMO Best and Emerging Practices\*\***

CMO	Best and Emerging Practices
Amerigroup	<p>As the COVID-19 pandemic continued to cause disruptions and uncertainty, Amerigroup navigated this unprecedented time by honoring its commitment to remove barriers and support communities by providing increased access to care and resources, while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system. Amerigroup learned how its members and providers, as well as the communities served, were affected by the pandemic and provided access and resources, as needed. As Amerigroup evaluated how its current strategies and interventions were affected due to the disruption, Amerigroup identified the following as some of its best and/or emerging practices:</p> <ul style="list-style-type: none"> <li>• Shifting to a population health model that addressed individual needs across the continuum of care while deploying targeted resources effectively to improve the patient experience, achieve positive health outcomes, appropriate utilization, empower engagement, and mitigate program trends.</li> <li>• Increased focus on social drivers of health (SDoH) and health equity to understand member's needs, improve health outcomes and reduce disparities. To address the social needs of Amerigroup's diverse membership, Amerigroup ensured a multi-pronged approach including associates, providers, members, community partners, etc. Several SDoH initiatives included: <ul style="list-style-type: none"> <li>– Maintaining <i>Multi-Cultural Healthcare Distinction</i> certification</li> <li>– Requiring health equity training for all GA associates</li> <li>– Facilitating SDoH provider trainings and incentives</li> <li>– Offering member education and/or assistance to address social needs such as transportation to appointments, food delivery, locating job opportunities, help with utility bills, childcare, etc.</li> <li>– Implementing a utility assistance program to support members in need of paying for utilities or rent with the purpose to avoid eviction or homelessness</li> <li>– Partnering with organizations to increase awareness and concentrate on: <ul style="list-style-type: none"> <li>○ Providing foster care youth with the opportunity to access to higher education</li> <li>○ Human trafficking awareness and education to providers and communities</li> <li>○ Supporting victims of human trafficking and exploitation</li> <li>○ Understanding the challenges that lesbian, gay, bisexual, transgender, queer (LGBTQ) youth face by offering training to associates</li> <li>○ Supporting a student-run health clinic that provided no-cost services to members of the community</li> <li>○ Building tiny homes to address housing insecurity</li> <li>○ Offering a <i>Mental Wellness Basics</i> course in schools to equip students with the critical skills necessary to build and maintain their mental well-being</li> </ul> </li> </ul> </li> <li>• Offering NCQA Accredited Disease Management (DM) programs that incorporated outreach, education, care coordination and follow-up to improve treatment compliance and enhance self-care for members with chronic conditions.</li> </ul>

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> <li>• Dedicated efforts towards improving maternal/fetal outcomes by focusing on pilots and/or programs that provided personal, interactive and support for pregnant women and their families during pregnancy and the postpartum period, such as: <ul style="list-style-type: none"> <li>– Doula pilot program to provide ongoing support to moms during pregnancy and the postpartum period</li> </ul> </li> <li>• Quality incentive programs (QIP) that rewarded providers for improving care and meeting targets for identified quality measures and medical costs in areas such as preventive care and screenings, pregnancy, and behavioral health. Several QIPs were: <ul style="list-style-type: none"> <li>– Primary Care Provider QI Program (PQIP)</li> <li>– Obstetrical QI Program (OBQIP)</li> <li>– Behavioral Health QI Program (BHQIP)</li> </ul> </li> <li>• Pharmacy commitment to improve medication adherence and health outcomes by: <ul style="list-style-type: none"> <li>– Performing ongoing claims reviews with a focus on improving the prescribing, administration and use of medications</li> <li>– Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes</li> <li>– Implementing mail order Rx Program for eligible maintenance medications</li> <li>– Providing coverage for select feminine hygiene products to eligible female members as a pharmacy benefit with no prescription required</li> </ul> </li> <li>• Increased quality, awareness and access to behavioral health services to reduce gaps in care through initiatives such as: <ul style="list-style-type: none"> <li>– Federally Qualified Health Centers and behavioral health provider partnerships</li> <li>– Offering CBT facilitated training for therapists in dialectical behavioral therapy/cognitive behavioral therapy</li> <li>– Performing behavioral health audits to ensure quality treatment, care coordination and transition of care</li> </ul> </li> <li>• Committed focus on improving member satisfaction and enhancing the member experience by raising awareness on the importance of CAHPS and: <ul style="list-style-type: none"> <li>– Building relationships between members and the plan</li> <li>– Offered resources to providers</li> <li>– Required associates to complete annual training</li> <li>– Addressed different needs of members of all ages by offering innovative value-added benefits and offering a member incentive program with a user-friendly platform that enabled members to view care gaps and reward amounts</li> </ul> </li> <li>• Embraced the importance that technology played in the heightened coordination of health services to improve health outcomes by: <ul style="list-style-type: none"> <li>– Utilization of SMS text message technology to increase communication and member engagement</li> <li>– Explored digital solutions to provide more real-time support and assessment for members</li> <li>– Identified opportunities to increase member access by contracting with telehealth providers and/or supporting remote patient monitoring technology</li> </ul> </li> <li>• Provider education on the benefits of information-sharing to improve operational processes, effectiveness of care, member satisfaction, patient safety, prevention and wellness, chronic disease management and physician engagement. Utilizing data sharing</li> </ul>

CMO	Best and Emerging Practices
	improves coordination of member care, drives better outcomes and helps to manage costs.
CareSource	<ul style="list-style-type: none"> <li>Maintained a team of program evaluators and an epidemiologist. These individuals allowed the CMO to identify predictors that were significantly associated with non-compliance measure to help identify targeted subgroups based on statistical significance when developing the dissemination plan of interventions. Program evaluators had training in the areas to correctly execute PIPs, track interventions for intervention effectiveness and conduct qualitative analysis among members through focus groups or interviews.</li> <li>The CareSource QI team also revised the roles of the QI clinical staff to be provider-facing to ensure they're meeting with providers to review best practices to improve quality measures, review quality reports, and provide PCMH transformation support or PCMH support to maintain the recognition.</li> <li>Developed videos using CareSource staff (both in English and Spanish) for members disseminated via text message with the intent to increase well-child visits, immunizations and postpartum visits.</li> </ul>
Peach State	<ul style="list-style-type: none"> <li>Health Coaching Program Pilot The Health Coach program was developed to actively engage and continuously maintain relationships with members who have specific chronic conditions members. The Health Coach worked to facilitate a health behavior change and maximize positive health outcomes. *Piloted with Medicare line of business 08/2021. Outcomes were positive and will begin Medicaid pilot 11/2021</li> <li>Mutual Approach to Parenting and Partnership (MAPP) Events The MAPP events were hosted by the Community Health Service Department. The staff used the MAPP events to enhance its face-to-face outreach by facilitating the early identification of a member resource to help reduce the risk of health complications resulting from social determinants of health. Eligible pregnant members were identified and invited to participate in care management services and educated on plan benefits and community resources.</li> <li>Discharge Planning Program The purpose of the discharge planning program was to reduce hospital readmission rates and improve quality of care, coordination of care and patient health outcomes. The Peach State discharge planning program was designed to assist the member by implementing timely, appropriate, safe, and cost-effective discharge plans. Peach State understands the importance of discharge planning to ensure members followed up with a primary care provider after discharge, which was critical in decreasing readmission rates.</li> </ul>
Amerigroup 360°	<p>As the COVID-19 pandemic continued to cause disruptions and uncertainty, Amerigroup navigated this unprecedented time by honoring its commitment to remove barriers and support communities by providing increased access to care and resources, while eliminating costs to help alleviate the added stress on individuals, families and the nation's healthcare system. Amerigroup learned how its members and providers, as well as the communities served, were affected by the pandemic and provided access and resources, as needed. As Amerigroup evaluated how its current strategies and interventions were affected due to the disruption, Amerigroup identified the following as some of its best and/or emerging practices:</p> <ul style="list-style-type: none"> <li>Shifting to a population health model that addressed individual needs across the continuum of care while deploying targeted resources effectively to improve the patient experience, achieve positive health outcomes, appropriate utilization, empower engagement, and mitigate program trends.</li> </ul>



CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> <li>Increased focus on social drivers of health (<i>SDoH</i>) and health equity to understand member's needs, improve health outcomes and reduce disparities. To address the social needs of Amerigroup's diverse membership, Amerigroup ensured a multi-pronged approach including associates, providers, members, community partners, etc. Several <i>SDoH</i> initiatives included: <ul style="list-style-type: none"> <li>Maintaining <i>Multi-Cultural Healthcare Distinction</i> certification</li> <li>Requiring health equity training for all GA associates</li> <li>Facilitating <i>SDoH</i> provider trainings and incentives</li> <li>Offering member education and/or assistance to address social needs such as transportation to appointments, food delivery, locating job opportunities, help with utility bills, childcare, etc.</li> <li>Implementing a utility assistance program to support members in need of paying for utilities or rent with the purpose to avoid eviction or homelessness</li> <li>Partnering with organizations to increase awareness and concentrate on: <ul style="list-style-type: none"> <li>Providing foster care youth with the opportunity to access to higher education</li> <li>Human trafficking awareness and education to providers and communities</li> <li>Supporting victims of human trafficking and exploitation</li> <li>Understanding the challenges that lesbian, gay, bisexual, transgender, queer (LGBTQ) youth face by offering training to associates</li> <li>Supporting a student-run health clinic that provided no-cost services to members of the community</li> <li>Building tiny homes to address housing insecurity</li> <li>Offering a <i>Mental Wellness Basics</i> course in schools to equip students with the critical skills necessary to build and maintain their mental well-being</li> </ul> </li> </ul> </li> <li>Offering NCQA Accredited Disease Management (DM) programs that incorporated outreach, education, care coordination and follow-up to improve treatment compliance and enhance self-care for members with chronic conditions.</li> <li>Dedicated efforts towards improving maternal/fetal outcomes by focusing on pilots and/or programs that provided personal, interactive and support for pregnant women and their families during pregnancy and the postpartum period, such as: <ul style="list-style-type: none"> <li>Doula pilot program to provide ongoing support to moms during pregnancy and the postpartum period</li> </ul> </li> <li>Quality incentive programs (QIP) that rewarded providers for improving care and meeting targets for identified quality measures and medical costs in areas such as preventive care and screenings, pregnancy, and behavioral health. Several QIPs were: <ul style="list-style-type: none"> <li>Primary Care Provider QI Program (PQIP)</li> <li>Obstetrical QI Program (OBQIP)</li> <li>Behavioral Health QI Program (BHQIP)</li> </ul> </li> <li>Pharmacy commitment to improve medication adherence and health outcomes by: <ul style="list-style-type: none"> <li>Performing ongoing claims reviews with a focus on improving the prescribing, administration and use of medications</li> <li>Offering 60-day prescription fills at the retail pharmacy for medications to treat asthma, depression, and diabetes</li> <li>Implementing mail order Rx Program for eligible maintenance medications</li> </ul> </li> </ul>

CMO	Best and Emerging Practices
	<ul style="list-style-type: none"> <li>– Providing coverage for select feminine hygiene products to eligible female members as a pharmacy benefit with no prescription required</li> <li>• Increased quality, awareness and access to behavioral health services to reduce gaps in care through initiatives such as:               <ul style="list-style-type: none"> <li>– Federally Qualified Health Centers and behavioral health provider partnerships</li> <li>– Offering CBT facilitated training for therapists in dialectical behavioral therapy/cognitive behavioral therapy</li> <li>– Performing behavioral health audits to ensure quality treatment, care coordination and transition of care</li> </ul> </li> <li>• Committed focus on improving member satisfaction and enhancing the member experience by raising awareness on the importance of CAHPS and:               <ul style="list-style-type: none"> <li>– Building relationships between members and the plan</li> <li>– Offered resources to providers</li> <li>– Required associates to complete annual training</li> <li>– Addressed different needs of members of all ages by offering innovative value-added benefits and offering a member incentive program with a user-friendly platform that enabled members to view care gaps and reward amounts</li> </ul> </li> <li>• Embraced the importance that technology played in the heightened coordination of health services to improve health outcomes by:               <ul style="list-style-type: none"> <li>– Utilization of SMS text message technology to increase communication and member engagement</li> <li>– Explored digital solutions to provide more real-time support and assessment for members</li> <li>– Identified opportunities to increase member access by contracting with telehealth providers and/or supporting remote patient monitoring technology</li> </ul> </li> <li>• Provider education on the benefits of information-sharing to improve operational processes, effectiveness of care, member satisfaction, patient safety, prevention and wellness, chronic disease management and physician engagement. Utilizing data sharing improves coordination of member care, drives better outcomes and helps to manage costs.</li> </ul>

*\*\*Note—The narrative within the CMO's Best and Emerging Practices section was provided by the CMOs and has not been altered by HSAG except for minor formatting.*



## Appendix D. CMO Quality Strategy Quality Initiatives

### CMO-Specific Quality Initiatives

Appendix D provides examples of the quality initiatives the CMOs highlighted as their efforts toward achieving the Georgia Quality Strategy's goals and objectives. The quality initiatives included in Table D-1 through Table D-4 were provided by the CMOs. The narrative has not been substantially altered by HSAG.

#### Amerigroup

Table D-1—Amerigroup's Quality Strategy Quality Initiatives

DCH Quality Strategy Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiatives	Performance Metric
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience <b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.c:</b> Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p> <p><b>Aim 1:</b> Improve Health, Services &amp; Experience <b>Goal 1.1:</b> Improve Access to Care <b>Objective 1.1.b:</b> Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Interdepartmental collaboration to drive process improvements, including workgroup that focused on specific domains of care such as maternal/child health. These workgroups included a diverse group of individuals representing multiple departments and different roles of the care team to address healthcare challenges that impacted members receiving care or providers that offered care, etc.</li> <li>Obstetrical practice consultant RN promoted the obstetrical quality incentive program (OBQIP), established relationships and provided ongoing collaboration with obstetrical provider groups to share key PM data, best practices and identified strategies for improved outcomes, record documentation criteria and member follow-up.</li> <li>Offered an obstetrical case management program committed to keeping expectant mothers and their newborns healthy by providing: <ul style="list-style-type: none"> <li>Individualized, one-on-one case management support for women at the highest risk</li> <li>Care coordination for moms who needed extra support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Well-child Visits in the first 30 months of Life (W30)</li> <li>Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care and Postpartum Care</li> </ul>

DCH Quality Strategy Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiatives	Performance Metric
	<ul style="list-style-type: none"> <li>Educational materials and information about community resources</li> <li>Incentives to keep up with prenatal and postpartum checkups and well-child visits after the baby was born</li> </ul>	
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases</p> <p><b>Objective 1.3.a:</b> Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p><b>Objective 1.3.c:</b> Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<ul style="list-style-type: none"> <li>NCQA Accredited Disease Management programs that provided members with health education, ongoing care management, support and outreach, coordination of care, facilitation of referrals and self-management tools. Disease management case managers used a holistic, member-centric care management approach to focus on multiple needs of members by: <ul style="list-style-type: none"> <li>Helping create health goals and track progress</li> <li>Providing coaching and support</li> <li>Offering educational materials and tools to learn about condition and overall health and wellness</li> <li>Coordinating care with providers</li> </ul> </li> <li>Pharmacy commitment to improve medication adherence and health outcomes by offering 60-day prescription fills at the retail pharmacy for diabetes medications</li> <li>Provider education on the benefits of information-sharing to improve operational processes, effectiveness of care, member satisfaction, patient safety, prevention and wellness, chronic disease management and physician engagement. Utilizing data sharing heightens the coordination of member care, drives better outcomes and helps to manage costs.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</li> <li>Controlling High Blood Pressure (CBP; CBP-AD)</li> </ul>

DCH Quality Strategy Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiatives	Performance Metric
	<ul style="list-style-type: none"> <li>Providing 24/7 real-time support to diabetics and provide outreach and monitoring for members to manage and control blood glucose levels</li> </ul>	
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.4:</b> Improve Maternal and Newborn Care</p> <p><b>Objective 1.4.a:</b> Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<p>Dedicated efforts towards improving maternal mortality and morbidity rates such as:</p> <ul style="list-style-type: none"> <li>Obstetrical practice consultant RN devoted to establishing relationships and ongoing collaboration with obstetrical provider groups to share key PM data, best practices and identified strategies to improve outcomes</li> <li>Doula pilot program provided an opportunity to support moms and families during pregnancy and postpartum period especially with Georgia's recent extension of Medicaid (up to 6 months). Doula program was an avenue for members to receive needed education along with breastfeeding support; babies who were not breastfed visited the physician more often, spent more days in the hospital, and required more prescriptions than breastfed infants. This also helped to decrease infant and women mortality and morbidity rates in Georgia.</li> <li>Moms Meals program supported blood sugar and blood pressure control for pregnant members with diabetes or gestational diabetes. By introducing meals that supported blood sugar and blood pressure control, Amerigroup was looking to improve overall pre- and post-natal outcomes among high-risk maternal health members.</li> <li>New Mom virtual orientation provided personal, interactive, and culturally competent education for pregnant moms.</li> <li>Breastfeeding program increased education and awareness and:</li> </ul>	<ul style="list-style-type: none"> <li>DPH Reported Maternal Mortality Rate</li> </ul>

DCH Quality Strategy Aim, Goal, Objective and Pillar	Amerigroup's Quality Initiatives	Performance Metric
	<ul style="list-style-type: none"> <li>Decreased sick newborns and promoted well baby visits, therefore decreasing emergency room utilization, hospitalization and connected members into a medical home</li> <li>Decreased newborn neonatal intensive care days</li> <li>Breastfeeding classes incorporated antepartum, postpartum and family education around pregnancy and newborn complications and warning signs. The education played a huge role in the decrease of maternal and infant mortality and morbidity rates.</li> </ul>	

## CareSource

**Table D-2—CareSource's Quality Strategy Quality Initiatives**

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.c:</b> Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><b>Objective 1.1.d:</b> Increase number of adults receiving well- and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Network Operations conducted education to provider offices that did not meet the access standards for after hours and routine care</li> <li>Network Operations produced an educational article on CareSource accessibility standards.</li> <li>Continued distribution of educational articles that informed members about the appropriate times and situations to make after hours calls to practitioner office.</li> </ul>	<ul style="list-style-type: none"> <li>Well Child Visits in the First 15 Months of Life (W15-CH)</li> <li>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)</li> <li>Adolescent Well-Care Visits (AWC)</li> <li>Well-Child Visits in the First 30 Months of Life (W30)</li> <li>Child and Adolescent Well-Care Visits (WCV)</li> <li>Adults' Access to Preventive/Ambulatory Health Services (AAP)</li> </ul>

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.c:</b> Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Implemented new provider engagement strategy in collaboration with Quality, Value Based Reimbursement, and Network Development teams focusing on identified high volume providers</li> <li>Introduced new Quality Enhancer Incentive program opening up to all providers in the network to help lift screening and vaccination PMs</li> <li>New member orientation call in place to educate new members about EPSDT services which may attribute to the increase in the number of eligible members.</li> <li>Educated current members about EPSDT services and screenings during virtual baby shower events and outbound calls.</li> <li>Conducted telephonic and mailing outreach to members to notify them about the EPSDT services.</li> <li>Modified member incentive program into three separate programs: Babies First, Kids First, and My Health Rewards(Adults) to make it easier for members to utilize rewards</li> <li>Educated providers about the member incentive program to further entice members to schedule and complete screenings and services</li> <li>Incorporated member feedback of multiple texts messaging going to same family to create texts linked by families in order to decrease the number of messages received by members</li> </ul>	<ul style="list-style-type: none"> <li>Well Child Visits in the First 15 Months of Life (W15-CH)</li> <li>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)</li> <li>Adolescent Well-Care Visits (AWC)</li> <li>Well-Child Visits in the First 30 Months of Life (W30)</li> <li>Child and Adolescent Well-Care Visits (WCV)</li> </ul>
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p>	<ul style="list-style-type: none"> <li>Collaborated internally and externally to improve network access for ABA</li> </ul>	<p>Metric not specified in Quality Strategy</p> <ul style="list-style-type: none"> <li>ABA Therapy</li> </ul>

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
<p><b>Objective 1.1.c:</b> Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Educated providers on the importance of ABA and strengthening partnerships.</li> <li>Implemented a benefit that covered ASD</li> </ul>	
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.b:</b> Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Implemented an emergency department diversion program with the goal to decrease emergency department utilization. Members who had a recent emergency department visit were contacted by phone to help link members to physicians providing them with good quality healthcare to prevent frequent hospitalizations.</li> <li>Educated practitioners/providers on proper discharge and follow-up</li> <li>CareSource transition team ensured discharge follow-up was completed, and scheduled appointment before discharge.</li> <li>Continued implementation of the PCMH Transformation Program to actively support practitioners transformed into a medical home. CareSource implemented a PCMH transformation training program for QI and Health Partner staff to work with practices (rural and urban) in the field to transform to NCQA PCMH recognized and for the CareSource PCMH staff coaches to earn PCMH CCE by NCQA. This innovative approach allowed staff to not only pass the PCMH exam but have practical experience first with working with provider groups while earning PCMH CCE.</li> <li>CareSource was guiding previously transformed practices in their NCQA PCMH recertification</li> </ul>	<ul style="list-style-type: none"> <li>Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-</li> <li>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</li> </ul> <p>Not a Quality Strategy metric</p> <ul style="list-style-type: none"> <li>Plan All-Cause Readmissions</li> </ul>

DCH Quality Strategy Goal and Objective	CareSource's Quality Initiative	Performance Metric
	<ul style="list-style-type: none"> <li>Education of providers for CareSource Life Services program that provided its members with access to a Life Coach to help teach them skills for stress management, job interviewing, budgeting and more.</li> </ul>	

## Peach State

**Table D-3—Peach State's Quality Strategy Quality Initiatives**

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><i>Pillar Three: Access</i></p> <p><b>Goal 1.4:</b> Improve Maternal and Newborn Care</p> <p><b>Objective 1.4.a:</b> Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p><b>Objective 1.4.b:</b> Decrease number of live babies with low birth weight to perform at or above the CMCS 75th percentile by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<ul style="list-style-type: none"> <li>The Care Management department's conducted outbound live and automated phone calls for prenatal and postpartum visits.</li> <li>Start Smart Program</li> <li>17-P Program</li> <li>Incentive for members and providers who submitted a notice of pregnancy) form to assist with early identification of pregnancy and risk.</li> <li>Member incentives for timely prenatal visits</li> <li>Performance improvement projects: <ul style="list-style-type: none"> <li>Improve enrollment into High Risk Obstetric Management Program</li> <li>Improving early prenatal care (within 42 days of enrollment or pregnancy confirmation)</li> </ul> </li> <li>Rapid cycle PIP in collaboration with Affinity Group, DCH and other CMOs. The DCH required RCP topic was improving the percent of postpartum visits for African Americans/Blacks in a rural area. Peach State was working with Magnolia Women's Center in Decatur County</li> </ul>	<ul style="list-style-type: none"> <li>Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-CH)DPH Reported Maternal Mortality Rate</li> <li>Live Births Weighing Less than 2,500 Grams (LBW-CH)</li> </ul>



DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
<b>Aim 1:</b> Improve Health, Services & Experience  <b>Goal 1.1:</b> Improve Access to Care  <i>Pillar Three: Access</i>	<ul style="list-style-type: none"> <li>Live calls by the Helping All Lives through Outreach (HALO) team for well visits</li> <li>Text message reminders for well visits</li> <li>Care alerts/care gaps in (provider tool) and on the member portal</li> <li>Member incentives</li> </ul>	<ul style="list-style-type: none"> <li>Well-Child Visits in the First 30 Months of Life (W30)</li> <li>Child and Adolescent Well-Care Visits (WCV)</li> </ul> <p>Not a Quality Strategy Metric:</p> <ul style="list-style-type: none"> <li>CMS 416 - total screening rate</li> </ul>
<b>Aim 1:</b> Improve Health, Services & Experience  <b>Goal 1.1:</b> Improve Access to Care  <b>Objective 1.1.d:</b> Increase number of adults receiving well- and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023  <i>Pillar Three: Access</i>	<ul style="list-style-type: none"> <li>Live calls by the Helping All Lives through Outreach (HALO) team for well visits</li> <li>Text message reminders for well visits</li> <li>Care alerts/care gaps in (Provider tool) and on the member portal</li> </ul>	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services (AAP)</li> </ul>
<b>Aim 1:</b> Improve Health, Services & Experience  <b>Goal 1.2:</b> Increase Wellness and Preventive Care  <b>Objective 1.2.b:</b> Increase overall rate of immunizations and vaccinations across all ages and populations to perform at or above the HEDIS 90th percentile by the end of CY 2023  <i>Pillar Three: Quality</i>	<ul style="list-style-type: none"> <li>Live calls by the Helping All Lives through Outreach (HALO) team for well visits</li> <li>Text message reminders for well visits</li> <li>Care alerts/care gaps in (Provider tool) and on the member portal</li> </ul>	<ul style="list-style-type: none"> <li>Childhood Immunization Status (CIS; CIS-CH)</li> <li>Immunizations for Adolescents (IMA; IMA-CH)</li> </ul>
<b>Aim 1:</b> Improve Health, Services & Experience  <b>Goal 1.2:</b> Increase Wellness and Preventive Care  <i>Pillar One: Quality</i>	<ul style="list-style-type: none"> <li>Fluvention program</li> </ul>	<ul style="list-style-type: none"> <li>Flu Vaccinations for Adults 18-65 (FVA; FVA-AD)</li> <li>Flu Vaccinations for Adults Ages 65 and Older (FVO)</li> </ul>
<b>Goal 1.6:</b> Enhance Member Experience	<ul style="list-style-type: none"> <li>Concierge service-new members and members with escalated issues receive personal services for 60 days.</li> </ul>	<ul style="list-style-type: none"> <li>CAHPS Overall Rating of Health Plan (CPA-AD)</li> </ul>

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
<b>Objective 1.6.a:</b> Increase annual CAHPS Overall <i>Rating of Health Plan</i> by 5% by the end of 2023  <i>Pillar Four: Service</i>	<ul style="list-style-type: none"> <li>Enhanced appointment scheduling.</li> <li>Checklists included in new member packets to use for discussion with their providers.</li> </ul>	
<b>Aim 1:</b> Improve Health, Services & Experience  <b>Goal 1.2:</b> Increase Wellness and Preventive Care  <i>Pillar One: Quality</i>	<ul style="list-style-type: none"> <li>Live outreach for education and assistance scheduling.</li> <li>Member incentive for completion</li> </ul>	<ul style="list-style-type: none"> <li>Breast Cancer Screening (BCS)</li> </ul>
<b>Aim 1:</b> Improve Health, Services & Experience <b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases  <b>Objective 1.3.a:</b> Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023  <b>Objective 1.3.b:</b> Decrease annual hospital admission rate for members with heart failure to perform at or above the CMCS 75th percentile by the end of CY 2023  <b>Objective 1.3.c:</b> Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023  <i>Pillar One: Quality</i>	<ul style="list-style-type: none"> <li>Ongoing provider education regarding all clinical practice guidelines to include the three selected for medical record audits (MRAs)</li> <li>Education on the new clinical practice guidelines (MRA April 2020) via the provider portal, quality practice advocates and provider representatives</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</li> <li>PQI 08: Heart Failure Admission Rate (PQ108-AD)</li> <li>Controlling High Blood Pressure (CBP; CBP-AD)</li> </ul> <p>Not a Quality Strategy Metric:</p> <ul style="list-style-type: none"> <li>Improve the overall Diabetes CPG Medical Record Audit score</li> </ul>
	<ul style="list-style-type: none"> <li>Live calls by the Helping All Lives through Outreach (HALO) team.</li> <li>Text messages campaigns through (vendor) Mpulse</li> <li>Care alerts/care gaps in Interpreta (provider tool) and on the member portal</li> <li>Diabetic follow-up program designed to provide members with the tools and techniques necessary to manage and control their condition.</li> <li>Collaborated with providers to use a RetinaVue machine at their location. RetinaVue machines allow non-eye care specialists to</li> </ul>	<ul style="list-style-type: none"> <li>PQI 08: Heart Failure Admission Rate (PQ108-AD)</li> <li>Controlling High Blood Pressure (CBP; CBP-AD)</li> </ul> <p>Not a Quality Strategy Metric:</p> <ul style="list-style-type: none"> <li>Comprehensive Diabetes Care- Eye Exam (CDC-Eye)</li> </ul>

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
	<p>perform a comprehensive diabetic eye exam. This improved convenience for the member as it allows them to have their eyes checked at a routine (PCP) appointment; omitting the need for multiple appointments.</p> <ul style="list-style-type: none"> <li>Health coaching pilot program</li> </ul>	
	<ul style="list-style-type: none"> <li>Care alerts/care gaps in (provider tool) and on the member portal</li> </ul>	<p>Not a Quality Strategy Metric:</p> <ul style="list-style-type: none"> <li>Diabetic Monitoring for People schizophrenia or bipolar disorder who are using Antipsychotic Medications (SSD)</li> </ul>
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.5:</b> Improve Behavioral Health Care Outcomes</p> <p><b>Objective 1.5.a:</b> Decrease the annual behavioral health 30-day readmission rate to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Case management continued to outreach to members upon discharge in effort to promote follow up care.</li> <li>Care alerts/care gaps in (provider tool) and on the member portal</li> <li>Behavioral health case managers collaboratively worked with utilization management nurses on high risk members identifying ways to assist members and families to reduce readmissions <ul style="list-style-type: none"> <li>Member incentives</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness – 7-Day (FUH)</li> </ul>
<p><b>Aim 2:</b> Smarter Spending</p> <p><b>Goal 2.1:</b> Increase Appropriate Utilization of Levels of Care</p> <p><i>Pillar Two: Stewardship</i></p>	<ul style="list-style-type: none"> <li>Appointed a designee to outreach to the facilities to obtain discharge dates. The appointed designee made daily outreach to the facility to obtain discharge dates while the concurrent review nurse focused on obtaining clinical information. Identified and partnered with top facilities for readmissions to decrease readmissions.</li> <li>Provided post-discharge telephone follow-up and educated them on using the Wellframe App to include education, monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Acute Hospital Utilization (AHU)</li> <li>Emergency Department Utilization (EDU)</li> <li>Hospitalization for Potentially Preventable Complications (HPC)</li> <li>Plan All-Cause Readmissions (PCR; PCR-AD)</li> </ul>

DCH Quality Strategy Goal and Objective	Peach State's Quality Initiative	Performance Metric
	<p>of symptoms and progress, and schedule follow up appointments.</p> <ul style="list-style-type: none"> <li>– In-person and/or telephonic follow-up offered education on their disease, emergency department usage, appropriate use of prescribed medications to improve the member's health and quality of life, encouraged appropriate treatment and medication compliance.</li> </ul>	
<p><b>Aim 2:</b> Smarter Spending</p> <p><b>Goal 2.1:</b> Increase Appropriate Utilization of Levels of Care</p> <p><i>Pillar Two: Stewardship</i></p>	<ul style="list-style-type: none"> <li>• Emergency department case management program - Peach State targeted all members who had three emergency department visits within three months</li> <li>• Top 200 emergency department utilizers: Monthly data analysis of frequent top emergency department utilizers and review by a multi-disciplinary and multi-departmental team who identified outreach, intervention, education and referral opportunities to redirect members to better and more appropriate care settings.</li> <li>• Emergency department notification system: Automated notification helped Peach State to identify high risk emergency department utilizers.</li> <li>• The primary care provider medical home steerage intervention provided outreach and care coordination for chronic/high risk members who were identified as using multiple primary care providers and emergency department visits with no primary care provider utilization.</li> </ul>	<ul style="list-style-type: none"> <li>• Acute Hospital Utilization (AHU)</li> <li>• Emergency Department Utilization (EDU)</li> <li>• Hospitalization for Potentially Preventable Complications (HPC)</li> <li>• Plan All-Cause Readmissions (PCR; PCR-AD) <i>Not a Quality Strategy Metric:</i></li> <li>• Ambulatory ED Visit rate (HEDIS®) *per 1,000/member months (lower is better)</li> </ul>

## Amerigroup 360°

**Table D-4—Amerigroup 360's Quality Strategy Quality Initiatives**

DCH Quality Strategy Goal and Objective	Amerigroup 360's Quality Initiative	Performance Metric
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.c:</b> Increase number of children receiving well-child and preventive visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>Interdepartmental collaboration to drive process improvements, including workgroup that focused on specific domains of care such as maternal/child health. These workgroups included a diverse group of individuals representing multiple departments and different roles of the care team to address healthcare challenges that impacted members receiving care or providers that offered care, etc.</li> <li>Obstetrical practice consultant RN promoted the obstetrical quality incentive program (OBQIP), established relationships and provided ongoing collaboration with obstetrical provider groups to share key PM data, best practices and identified strategies for improved outcomes, record documentation criteria and member follow-up.</li> <li>Offered an obstetrical case management program committed to keeping expectant mothers and their newborns healthy by providing: <ul style="list-style-type: none"> <li>Individualized, one-on-one case management support for women at the highest risk</li> <li>Care coordination for moms who needed extra support</li> <li>Educational materials and information about community resources</li> </ul> </li> <li>Incentives to keep up with prenatal and postpartum checkups and well-child visits after the baby was born</li> </ul>	<ul style="list-style-type: none"> <li>Well-child Visits in the first 30 months of Life (W30)</li> <li>Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care and Postpartum Care</li> </ul>
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.1:</b> Improve Access to Care</p> <p><b>Objective 1.1.b:</b> Increase annual number of postpartum care visits to perform at or above the HEDIS 50th percentile by the end of CY 2023</p> <p><i>Pillar Three: Access</i></p>	<ul style="list-style-type: none"> <li>NCQA Accredited Disease Management programs that provided members with health education, ongoing care management, support and outreach, coordination of care, facilitation of referrals and self-</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD</li> </ul>

DCH Quality Strategy Goal and Objective	Amerigroup 360°'s Quality Initiative	Performance Metric
<p><b>Objective 1.3.a:</b> Increase the number of members with controlled HbA1c to perform at or above the HEDIS national 50th percentile by the end of 2023</p> <p><b>Objective 1.3.c:</b> Increase number of members with controlled high blood pressure to perform at or above the HEDIS national 50th percentile by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<p>management tools. Disease management case managers used a holistic, member-centric care management approach to focus on multiple needs of members by:</p> <ul style="list-style-type: none"> <li>– Helping create health goals and track progress</li> <li>– Providing coaching and support</li> <li>– Offering educational materials and tools to learn about condition and overall health and wellness</li> <li>– Coordinating care with providers</li> </ul> <ul style="list-style-type: none"> <li>• Pharmacy commitment to improve medication adherence and health outcomes by offering 60-day prescription fills at the retail pharmacy for diabetes medications</li> <li>• Provider education on the benefits of information-sharing to improve operational processes, effectiveness of care, member satisfaction, patient safety, prevention and wellness, chronic disease management and physician engagement. Utilizing data sharing heightens the coordination of member care, drives better outcomes and helps to manage costs.</li> <li>• Providing 24/7 real-time support to diabetics and provide outreach and monitoring for members to manage and control blood glucose levels</li> </ul>	<ul style="list-style-type: none"> <li>• Controlling High Blood Pressure (CBP; CBP-AD)</li> </ul>
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p> <p><b>Goal 1.4:</b> Improve Maternal and Newborn Care</p> <p><b>Objective 1.4.a:</b> Decrease annual maternal mortality rate by 3% by the end of CY 2023</p> <p><i>Pillar One: Quality</i></p>	<p>Dedicated efforts towards improving maternal mortality and morbidity rates such as:</p> <ul style="list-style-type: none"> <li>• Obstetrical practice consultant RN devoted to establishing relationships and ongoing collaboration with obstetrical provider groups to share key PM data, best practices and identified strategies to improve outcomes</li> <li>• Doula pilot program provided an opportunity to support moms and</li> </ul>	<ul style="list-style-type: none"> <li>• DPH Reported Maternal Mortality Rate</li> </ul>

DCH Quality Strategy Goal and Objective	Amerigroup 360°'s Quality Initiative	Performance Metric
	<p>families during pregnancy and postpartum period especially with Georgia's recent extension of Medicaid (up to 6 months). Doula program was an avenue for members to receive needed education along with breastfeeding support; babies who were not breastfed visited the physician more often, spent more days in the hospital, and required more prescriptions than breastfed infants. This also helped to decrease infant and women mortality and morbidity rates in Georgia.</p> <ul style="list-style-type: none"> <li>• Moms Meals program supported blood sugar and blood pressure control for pregnant members with diabetes or gestational diabetes. By introducing meals that supported blood sugar and blood pressure control, Amerigroup was looking to improve overall pre- and post-natal outcomes among high-risk maternal health members.</li> <li>• New Mom virtual orientation provided personal, interactive, and culturally competent education for pregnant moms.</li> <li>• Breastfeeding program increased education and awareness and: <ul style="list-style-type: none"> <li>– Decreased sick newborns and promoted well baby visits, therefore decreasing emergency room utilization, hospitalization and connected members into a medical home</li> <li>– Decreased newborn neonatal intensive care days</li> </ul> </li> <li>• Breastfeeding classes incorporated antepartum, postpartum and family education around pregnancy and newborn complications and warning signs. The education played a huge role in the decrease of maternal and infant mortality and morbidity rates.</li> </ul>	



## Appendix E. CMO Follow-Up on Prior EQRO Recommendations

From the findings of each CMO's performance for the CY 2020 EQR activities, HSAG made recommendations for improving the quality of healthcare services furnished to members enrolled in the GF and the GF 360° programs. Table E-1 through Table E-4 include the recommendations provided to each CMO for the EQR activities in the *2021 External Quality Review Technical Report*. Table E-1 through Table E-4 also include a summary of the interventions implemented by the CMOs and any barriers, as applicable, identified during implementation of the interventions. HSAG also included in the tables HSAG or CMO-identified improvement resulting from the implementation of interventions to address HSAG's prior year's recommendations.

### Amerigroup

**Table E-1—Prior Year Recommendations and Responses—Amerigroup**

Recommendation—Performance Improvement Projects		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases <b>Goal 1.6:</b> Enhance Member Experience	<b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD) <b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)
<ul style="list-style-type: none"> <li>HSAG recommended that Amerigroup request technical assistance throughout the PIP process to ensure all requirements are met and validation processes result in a <i>High Confidence</i> rating.</li> <li>HSAG recommended that Amerigroup apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPS and other QI activities.</li> <li>HSAG also recommended that Amerigroup consider other barriers/failures that identify opportunities for improvement and develop additional interventions to achieve the desired improvement in diabetic eye exams and customer satisfaction rates.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Amerigroup has requested several technical assistance calls to ensure all requirements were met. In Module 4, the rolling 12 measurements, and numerator and denominator were provided, as well as the data from the testing phase period (July-October 2019) which was submitted in Module 5. The CMO applied learned lessons to address the barriers associated with the Diabetic Eye Exam PIP. Amerigroup collaborated with providers on ways to share member's contact information for the unable to reach population. Amerigroup also verified with the provider that all eye exam equipment was working properly prior to initiating clinic day or diabetic event interventions. And lastly, outside of tracking logs to obtain real-time data, Amerigroup engaged its vision vendor Avesis and identified an efficient method to ensure eye exam results were submitted directly to the CMO.</p> <p>Amerigroup applied the lessons learned and realized that in order to address the barriers associated with not being able to utilize the rolling 12 methodology, the CMO should have selected another group of low performing associates with hire dates prior to December 2019. Amerigroup also plans to do a deeper dive to further investigate what member questions were still unanswered to ensure their needs were addressed. The CMO also intends to create a more robust scripting/training document to adequately train new hires.</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p>		

### Recommendation—Performance Improvement Projects

The CMO did not note performance improvement as a result of initiatives implemented.

PMV and CAHPS results showed the following:

**Metric:** Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)

2019: NR

2020: 56.93%

**Metric:** CAHPS Overall *Rating of Health Plan* (CPA-AD)

2019: 66.13%

2020: 73.33%

Identify any barriers to implementing initiatives:

The CMO did not identify any barriers to implementing initiatives.

**HSAG Response:** HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.

### Recommendation—PM Validation

**Aim 1:** Improve Health, Services & Experience

**Goal 1.3:** Improve Outcomes for Chronic Diseases

**Metric:** Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)

Quality of Care Domain:

- HSAG recommended that Amerigroup conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels.
- Upon identification of a root cause, HSAG recommended that Amerigroup implement appropriate interventions to improve the performance related to these chronic conditions.

**CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)**

Describe initiatives implemented based on recommendations:

To address barriers and improve performance, Amerigroup implemented or enhanced multiple initiatives, including but not limited to:

- Discussions with provider offices to discuss benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c and blood pressure readings
- Inclusion of key measures for improvement in the 2021 PQIP Program (i.e., CDC A1c <8)
- Utilization of an emerging risk model to proactively identify members with prospective risk to address and resolve member needs/issues promptly, improve member engagement, coordinate member's Medical Neighborhood, and optimize member's benefits and available resources.
- Amerigroup's care coordination, case and disease management programs address a variety of needs from chronic conditions, including diabetes and hypertension, to more complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that go beyond health and prevent a positive outcome. Amerigroup case managers also continued to:
  - Provided ongoing care management and support
  - Promoted effective prevention and treatment of chronic diseases
  - Promoted effective communication and coordination of care; (provider/member)
  - Encouraged family engagement as partners in members' care
  - Worked with communities to promote best practices of healthy living (member experience and advocacy)

Amerigroup will continue to utilize the DCH Quality Strategy as the framework to guide and identify future enhancements and initiatives such as:

Recommendation—PM Validation		
<ul style="list-style-type: none"> <li>Enhancing internal processes and reports for members with poor control (<i>– i.e., member’s last HbA1c and/or blood pressure result</i>) for member discussions and importance of provider follow-up, medication adherence and self-management of chronic condition</li> <li>Improving referral process to care coordination, case and disease management</li> <li>Continuing to monitor program outcomes and goals to measure success</li> <li>Increasing focus on social determinants of health to understand member’s needs, improve health outcomes and reduce disparities</li> </ul>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable): The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>PMV and CAHPS results showed the following: <b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD) 2019: NR 2020: 56.93%</p>		
<p>Identify any barriers to implementing initiatives: Due to COVID-19 and several other barriers, the CMO’s ability to truly demonstrate improvement in chronic conditions was limited. Several identified key drivers of the low performance rate for the Comprehensive Diabetes Care HbA1c and blood pressure measures include, but are not limited to:</p> <ul style="list-style-type: none"> <li>The COVID-19 pandemic, which resulted in: <ul style="list-style-type: none"> <li>Office closures or limited hours, lack of staff, disruptions and/or limited services to members and delays in collecting charts</li> <li>Member fears with face-to-face visits/services to receive necessary services to monitor and/or manage their conditions</li> <li>NCQA guidance allowing the opportunity to rotate prior year audited rates for calendar year 2019 rates. Therefore, the rates reported for the calendar year 2019 hybrid measures are not a true reflection of services completed in 2019, but rather the rotated rate from calendar year 2018.</li> <li>Utilization of telehealth for follow-up visits and lack of documentation in charts for information such as blood pressure readings for telehealth visits.</li> </ul> </li> <li>Lack of provider billing Current Procedural Terms Category II Codes for HbA1c and blood pressure results, thus the performance rate not truly reflecting member self-management</li> <li>Member unaware of the need for ongoing screenings and importance of provider follow-up for management poor control</li> <li>Social determinants of health impacting member health and outcomes</li> </ul>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year’s annual technical report.</p>		
Recommendation—CAHPS - Adult		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.1:</b> Improve Access to Care <b>Goal 1.6:</b> Enhance Member Experience	<b>Metric:</b> CAHPS Overall Rating of Health Plan <b>Metric:</b> CAHPS Getting Needed Care
<ul style="list-style-type: none"> <li>HSAG recommended that Amerigroup conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies.</li> <li>HSAG also recommends that Amerigroup continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		

Recommendation—CAHPS - Adult		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Amerigroup conducted annual and ongoing root cause analysis of study indicators that were identified as areas of low performance.</p> <p>Amerigroup engaged in various efforts focused on selected CAHPS measures, in an effort to gather real-time feedback and to address barriers to improving the member experience timely. These efforts included:</p> <ul style="list-style-type: none"> <li>• Inclusion of CAHPS education and a live survey of low-performing questions during member Health Education Advisory Committee (HEAC) meetings</li> <li>• Performing an annual abbreviated CAHPS proxy survey through Amerigroup's certified CAHPS vendor</li> <li>• Provider CAHPS education and guidance on how to address key drivers of the member/patient experience</li> <li>• Biannual (at a minimum) associate wide CAHPS education and monthly CAHPS workgroup meetings held to identify barriers and to track/monitor interventions.</li> <li>• Offered provider/member incentives for NCQA compliance</li> </ul>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall Rating of Health Plan 2019: 66.13% 2020: 73.33%</p> <p><b>Metric:</b> CAHPS Getting Needed Care 2019: 80.89% 2020: 84.65%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.		
Recommendation—CAHPS - Child		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.1:</b> Improve Access to Care <b>Goal 1.6:</b> Enhance Member Experience	<b>Metric:</b> CAHPS Overall Rating of Health Plan <b>Metric:</b> CAHPS Getting Needed Care
<ul style="list-style-type: none"> <li>• HSAG recommended that Amerigroup conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies.</li> <li>• HSAG recommended that Amerigroup continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
Describe initiatives implemented based on recommendations:		

Recommendation—CAHPS - Child		
<p>Amerigroup conducted annual and ongoing root cause analysis of study indicators that were identified as areas of low performance.</p> <p>Amerigroup engaged in various efforts focused on selected CAHPS measures, in an effort to gather real-time feedback and to address barriers to improving the member experience timely. These efforts included:</p> <ul style="list-style-type: none"> <li>• Inclusion of CAHPS education and a live survey of low-performing questions during member Health Education Advisory Committee (HEAC) meetings</li> <li>• Performing an annual abbreviated CAHPS proxy survey through Amerigroup's certified CAHPS vendor</li> <li>• Provider CAHPS education and guidance on how to address key drivers of the member/patient experience</li> </ul> <p>Biannual (at a minimum) associate wide CAHPS education and monthly CAHPS workgroup meetings held to identify barriers and to track/monitor interventions.</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall Rating of Health Plan 2019: 66.13% 2020: 73.33%</p> <p><b>Metric:</b> CAHPS Getting Needed Care 2019: 80.89% 2020: 84.65%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		

## CareSource

Table E-2—Prior Year Recommendations and Responses—Amerigroup

Recommendation—Performance Improvement Projects		
<b>Aim 1:</b> Improve Health, Services & Experience	<p><b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases</p> <p><b>Goal 1.6:</b> Enhance Member Experience</p>	<p><b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</p> <p><b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)</p>
<ul style="list-style-type: none"> <li>• HSAG recommended that CareSource consider other barriers/failures that need to be addressed and develop additional interventions to achieve the desired improvement in the measure rate.</li> <li>• For future interventions involving training or education, HSAG recommended that CareSource explore other methods of evaluating knowledge gained by recipients, allowing for more complete evaluation effectiveness data.</li> </ul>		

Recommendation—Performance Improvement Projects		
<ul style="list-style-type: none"> <li>HSAG also recommended that CareSource consider getting buy-in from provider partners on pre-test/post-test data collection methods at the initiation of the intervention.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Concentrated on removing barriers to care and providing education on the importance of prenatal visits through CCM can help to improve maternal and child outcomes</p> <p>Enrolled members into the highest level of case management being the first step towards improved health outcomes for not only the mother but also the child by implementing an intervention of telephonic outreach within 14 days of identification to pregnant members to educate about benefits of case management</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>PMV and CAHPS results showed the following:</p> <p><b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</p> <p>2019: NR</p> <p>2020: 66.91%</p> <p><b>Metric:</b> CAHPS Overall Rating of Health Plan (CPA-AD)</p> <p>2019: 79.88%</p> <p>2020: 78.47%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.		
Recommendation—PM Validation		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.3:</b> Improve Outcomes for Chronic Diseases	<b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)
<p>Quality of Care Domain:</p> <ul style="list-style-type: none"> <li>HSAG recommended that CareSource conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels.</li> <li>Upon identification of a root cause, HSAG recommended that CareSource implement appropriate interventions to improve the performance related to these chronic conditions.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Assisted members with adherence to diabetic medication and reduction of HbA1c lab value with the elimination of social determinate barriers such as transportation that prevented medication adherence and preventative visits that helped maintain a healthier lifestyle.</p> <ul style="list-style-type: none"> <li>Increased enrollment into case management programs for members that had chronic health conditions</li> <li>Increased glucometer adoption</li> <li>Increased member activity with primary care provider and/or endocrinologist</li> </ul>		



Recommendation—PM Validation		
<ul style="list-style-type: none"> <li>Assisted with diabetes medication barriers by educating members on programs that were in place— life services and transportation</li> <li>Distributed HbA1c mailer kits that were being sent to members that had not had an HbA1c test during the year</li> <li>Educated members on incentives that were available for them to establish healthier habits</li> </ul>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>PMV results showed the following:  <b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)            2019: NR            2020: 66.91%</p>		
<p>Identify any barriers to implementing initiatives:</p> <ul style="list-style-type: none"> <li>The CMO did not identify barriers to implementing initiatives.</li> </ul>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		
Recommendation—PM Validation		
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p>	<p><b>Goal 1.1:</b> Improve Access to Care</p>	<p><b>Metric:</b> Well Child Visits in the First 15 Months of Life (W15-CH)</p>
	<p><b>GOAL 1.2:</b> Increase Wellness and Preventive Care</p>	<p><b>Metric:</b> Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)</p> <p><b>Metric:</b> Adolescent Well-Care Visits (AWC)</p> <p><b>Metric:</b> Well-Child Visits in the First 30 Months of Life (W30)</p> <p><b>Metric:</b> Child and Adolescent Well-Care Visits (WCV)</p> <p><b>Metric:</b> Adults' Access to Preventive/Ambulatory Health Services (AAP)</p> <p><b>Metric:</b> Annual Dental Visit—Total (ADV)</p> <p><b>Metric:</b> Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</p> <p><b>Metric:</b> Breast Cancer Screening (BCS)</p> <p><b>Metric:</b> Cervical Cancer Screening (CCS; CCS-AD)</p>
<p>Access to Care Domain:</p> <ul style="list-style-type: none"> <li>HSAG recommended that the CMO conduct a root cause analysis to determine why some women and children have not received screening, preventive, and well-child visits.</li> </ul>		



### Recommendation—PM Validation

- HSAG recommended that the CMO consider if there are disparities within the CMO's populations that contribute to lower performance in a particular race or ethnicity, age group, ZIP Code, etc.
- Upon identification of a root cause, HSAG recommended that the CMO implement appropriate interventions to improve access to care and services.

**CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)**

Describe initiatives implemented based on recommendations:

- Monitored screenings around the state AND engaged with providers in these areas and helped educate them in different programs and services that CareSource offered
- Educated members on importance of these screening services that were available to them and to understand what incentive programs were available to them that aligned to these screenings
- Created incentive program to increase adoption by providers so that they would increase the number of screenings/well visits

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

The CMO noted performance improvement as a result of initiatives implemented.

PMV results showed the following:

**Metric:** Well Child Visits in the First 15 Months of Life (W15-CH)

2019: 61.31%

2020: 53.01%

**Metric:** Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)

2019: 63.26%

2020: NR

**Metric:** Adolescent Well-Care Visits (AWC)

2019: 48.91%

2020: NR

**Metric:** Well-Child Visits in the First 30 Months of Life (W30)

2019: NR

2020: 68.05%

**Metric:** Child and Adolescent Well-Care Visits (WCV)

2019: NR

2020: 43.73%

**Metric:** Adults' Access to Preventive/Ambulatory Health Services (AAP)

2019: NR

2020: NR

**Metric:** Annual Dental Visit—Total (ADV)

2019: NR

2020: NR

**Metric:** Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)

2019: 33.61%

2020: 28.99%

**Metric:** Breast Cancer Screening (BCS)

Recommendation—PM Validation		
<p>2019: 41.28%</p> <p>2020: 28.99%</p> <p><b>Metric:</b> Cervical Cancer Screening (CCS; CCS-AD)</p> <p>2019: 58.64%</p> <p>2020: 56.45%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		
Recommendation—CAHPS - Adult		
<p><b>Aim 1:</b> Improve Health, Services &amp; Experience</p>	<p><b>GOAL 1.2:</b> Increase Wellness and Preventive Care</p>	<p><b>Metric:</b> Flu Vaccinations for Adults 18-65 (FVA; FVA-AD)</p> <p><b>Metric:</b> Flu Vaccinations for Adults Ages 65 and Older (FVO)</p>
<ul style="list-style-type: none"> <li>HSAG recommended that CareSource conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is used to investigate process deficiencies and unexplained outcomes to identify causes and potential improvement strategies.</li> <li>HSAG recommended that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		
<p><b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b></p>		
<p>Describe initiatives implemented based on recommendations:</p> <p>The CMO will be monitoring the CAHPS scores in 2022 to see how those measures reflect the changes in the CMO's interventions</p> <p>Flu campaign was created for members. Flyers that were used to educate members about the flu vaccination and that the season was coming up. Another was sent to non-compliant members letting them know that they had not taken the vaccine and the benefits of doing so. First round of materials went out in July, and the materials for non-compliant members went out in early October.</p> <p>For smoking cessation CareSource created a new website that aids the member in quitting smoking. Letting members know the benefits of stopping smoking and how it affects their health.</p> <p>CareSource also incorporated provider feedback on how they would need to be aware of new materials that were being created using the CMO's Provider Advisory Council meetings and individual provider meetings.</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives.</p> <p><b>Metric:</b> Flu Vaccinations for Adults 18-65 (FVA; FVA-AD)</p> <p>PMV results showed the following:</p> <p>2019: NR</p>		

Recommendation—CAHPS - Adult		
<p>2020: NR</p> <p><b>Metric:</b> Flu Vaccinations for Adults Ages 65 and Older (FVO)</p> <p>2019: NR</p> <p>2020: NR</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> : HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report</p>		
Recommendation—CAHPS - Child		
<b>Aim 1:</b> Enhanced Member Care Experience	<b>Goal 1.2:</b> Improve Member Satisfaction	<b>Metric 1.2.3:</b> CAHPS Composite Measure – <i>Rating of all Health Care</i>
<ul style="list-style-type: none"> <li>HSAG recommended that CareSource continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		
<p><b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b></p>		
<p>Describe initiatives implemented based on recommendations:</p> <p>The CMO pulled data from its member services department to see where its high volume of inquiry calls were. This helped the CMO address issues such as portal login, password resetting and issues locating providers. CareSource promoted the MyIdeal Doctor and telehealth services to its members to ensure they had several options with connecting with their providers via mail, social media, and text messaging. With improving the CMO's coordination of care goal. The CMO created a new quality patient experience guide for distribution to providers that helped to create an increase the overall patient experience in the provider setting</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric 1.2.3:</b> CAHPS Composite Measure – <i>Rating of all Health Care</i></p> <p>2019: 78.40%</p> <p>2020: 69.07%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		

## Peach State

**Table E-3—Prior Year Recommendations and Responses—Peach State**

Recommendation—Performance Improvement Projects		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.1:</b> Improve Access to Care <b>Goal: 1.4:</b> Improve Maternal and Newborn Care	<b>Metric:</b> Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-CH) <b>Metric:</b> DPH Reported Maternal Mortality Rate <b>Metric:</b> Live Births Weighing Less Than 2,500 Grams (LBW-CH)
<ul style="list-style-type: none"> <li>HSAG recommended that Peach State apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPs and other QI activities.</li> <li>HSAG recommended that Peach State use lessons learned along with additional causal barrier analysis to explore other interventions to further improve the seven-day follow-up rate.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Peach State worked with the Department of Community Health on two performance improvement projects (PIPs):</p> <ul style="list-style-type: none"> <li>Improving the Percentage of Timely Prenatal Visits.</li> <li>Increasing the percentage of high risk pregnant women who enroll into the High Risk Obstetric (HROB) Case Management Program</li> </ul> <p>Both PIPs, through step seven were submitted for validation October 4, 2021.</p> <p>Peach State reviewed lessons learned from the Improving FUH 7-day Follow Up Visits after a Mental Health Hospitalization PIP submitted in January 2020. The PIPs identified consistency with the provider liaison (assists with the PIP from the provider office) impacted the overall PIP outcomes. To address this issue, ensuring written information was available to explain who owns what in the PIP intervention process. Additionally, at least two office staff members were trained on the PIP process.</p> <p>Peach State's medical and behavioral health care managers, QI and Population Health &amp; Clinical Outcomes Unit (PHCO, formerly Medical Management) met to perform a root cause analysis of non-compliance for the 7-day follow up (after mental health hospitalization) and determine any new initiatives to plan or implement. The incentive for completion of the 7day follow up visits continued with the behavioral health case management teams sharing the information with members as part of their routine case management invitation/calls</p> <p>Further, the CMO submitted the 2021 intervention plan for the postpartum visit rapid cycle PIP to DCH 10/08/2021 and received approval.</p> <p>Peach State's QI, Provider Relations and Population Health &amp; Clinical Outcomes Unit (PHCO, formerly Medical Management) met to perform a root cause analysis of provider dissatisfaction with the CMO. This meeting identified payment as the barriers to compliance (satisfaction). Payments included claims and pay-for-performance dollars. The CMO believed that providers would be more 'satisfied' if members scheduled/kept appointments as this was a method to improve payouts, in regular fees (member attended well visit) and the P4P Program</p> <p>The CMO's assumption was unfounded as issues such as changes in the PDL vendors and the requirement to submit to multiple audits to include daily year-round-record review, quarterly, EPSDT, quarterly clinical practice guideline, annual HEDIS hybrid, year round medical record reviews. In development of the rapid cycle :PIP for</p>		

Recommendation—Performance Improvement Projects		
postpartum care, the CMO met internally and with the participating provider(s) to discuss any issues with the provider to mitigate prior to starting the initiative.		
Identify any noted performance improvement as a result of initiatives implemented (if applicable):		
<p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>PMV results showed the following:</p> <p><b>Metric:</b> Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC; PPC-CH)</p> <p>2019: 73.97%</p> <p>2020: 81.51%</p> <p><b>Metric:</b> DPH Reported Maternal Mortality Rate</p> <p>2019: NR</p> <p>2020: NR</p> <p><b>Metric:</b> Live Births Weighing Less Than 2,500 Grams (LBW-CH)</p> <p>2019: NR</p> <p>2020: 10.12%</p>		
Identify any barriers to implementing initiatives:		
The CMO did not identify any barriers to implementing initiatives.		
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.		
Recommendation—PM Validation		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.3:</b> Improve Outcomes for Chronic Disease	<p><b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.5) (CDC, CDC-AD)</p> <p><b>Metric:</b> PQI 08: Heart Failure Admission Rate (PQ108-AD)</p> <p><b>Metric:</b> Controlling High Blood Pressure (CBP; CBP-AD)</p>
<p>Quality of Care Domain:</p> <ul style="list-style-type: none"> <li>HSAG recommended that Peach State conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels.</li> <li>Upon identification of a root cause, HSAG recommended that the CMO implement appropriate interventions to improve the performance related to these chronic conditions.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Peach State's cross functional team met to conduct an updated root cause analysis. In addition, Peach State conducted a literature search to identify potential barriers unidentified internally. Further barriers were identified in conversations with providers and members. The following were identified as current barriers:</p> <p>Patient-based barriers</p> <p><b>Socio-economical Influences</b></p> <ul style="list-style-type: none"> <li>Income - unable to miss work</li> </ul>		

### Recommendation—PM Validation

- Single parent - too much going on in life for self-care
- Living in food desert
- Not wanting to attend doctor appointments during 2020 and 2021 due to potential exposure to COVID-19
- Lack of transportation

#### **Lack of knowledge about how to care for chronic conditions**

- Poor food choices/understanding of what to eat
- Members not picking up or using medication as prescribed.
- Member not following the doctor's directions
- Member does not go to the lab for blood work or not to specialists

#### **Office visit time was limited**

- Provider was not certified to draw lab in the office
- Providers were not taking advantage of other visits (such as for a cold/flu) to discuss or review chronic condition plan with the member
- Physician Attitude Toward Treating Chronic Patients – Not enough administrative support for increased time and effort required to treat chronic members

To address the findings, Peach State piloted a health coaching program which focused on members with chronic conditions who had been identified as being disconnected from their primary care provider, along with non-compliant with chronic condition quality measures. The health coaches were working with members to address social determinant of health concerns the member may have as well as linking the member to health care services needed to manage the member's disease state.

Peach State worked extensively with providers to provide telehealth services in rural communities. In addition, the CMO has utilized alternative treatment services such as mail based lab services and in home doctor visits to address both COVID related concerns as well as perceived access to services.

Peach State teamed up with its pharmacies to ensure outreach to providers where statins were not prescribed and to members to ensure prescriptions were routinely picked up and taken as prescribed.

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

The CMO did not note performance improvement as a result of initiatives implemented.

PMV results showed the following:

**Metric:** Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)

2019: NR

2020: 60.83%

**Metric:** PQI 08: Heart Failure Admission Rate (PQ108-AD)

2019: 5.74

2020: 4.68

**Metric:** Controlling High Blood Pressure (CBP; CBP-AD)

2019: 43.07%

2020: 45.01%

Identify any barriers to implementing initiatives:

The CMO did not identify any barriers to implementing initiatives.

### Recommendation—PM Validation

**HSAG Response:** HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.

### Recommendation—CAHPS - Adult

**Aim 1:** Improve Health, Services & Experience

**Goal 1.6:** Enhance Member Experience

**Metric:** CAHPS Overall *Rating of Health Plan* (CPA-AD)

- HSAG recommended that Peach State conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies.
- HSAG recommended that Peach State continue to monitor the measures to ensure that there are no significant decreases in scores over time.

**CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)**

Describe initiatives implemented based on recommendations:

Peach State continued with its member experience workgroup that reported into the Performance Oversight Steering Committee. This workgroup reviewed all CAHPS survey metrics for opportunities to improve. This workgroup performed a deep-dive into results, barriers, root causes and potential initiatives to address findings. Root Cause analyses were conducted at least annually specific to metrics that showed a statistically significant decrease, and/or trending downward for two consecutive years.

Of note, after review of CAHPS 2020 rates, the workgroup identified root causes (October) and initiatives to improve responses for smoking cessation in 2020 (not all inclusive).

- Provider awareness campaign to share the smoking cessation medications the CMO covered
- Provider education about the need to ask, educate and assist with smoking cessation

The customer service metrics decreased from 2020 to 2021. After a root causes/effect and initiative meeting, the workgroup identified the following:

Root Cause:

1. Limited human resources
2. Members already upset when they call
3. Associate turnover

Effect:

- Customer service representative not knowledgeable to assist member
- Members not satisfied with customer service representative response
- Long training
- Many staff did not like the early/late shift; office hours are 7am-7pm

Initiatives:

- Continued to assess and adhere to measurable customer service representative performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.).
- Continue customer service representative call audits
- Enhanced acknowledgement and rewards service performance/behaviors reflective of service excellence
- Provide on-going/periodic customer service representative service training, open discussions and routine refresher programs. Included thorough annual updates, tools and resources and subsequent feedback.



Recommendation—CAHPS - Adult		
<p>Training examples included: consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up.</p> <ul style="list-style-type: none"> <li>Re-launch personal advocate care program to focus escalated members.</li> </ul>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)</p> <p>2019: 72.22%</p> <p>2020: 74.32%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		
Recommendation—CAHPS - Child		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.6:</b> Enhance Member Experience	<b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)
<ul style="list-style-type: none"> <li>HSAG recommended that Peach State continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		
<p><b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b></p>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Peach State continued with the member experience workgroup that reported into the Performance Oversight Steering Committee. This workgroup reviewed all CAHPS survey metrics for opportunities to improve. This workgroup performed a deep-dive into results, barriers and root causes and potential initiatives to address findings.</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note any performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)</p> <p>2019: 72.22%</p> <p>2020: 74.32%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<p><b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.</p>		

## Amerigroup 360°

**Table E-4—Prior Year Recommendations and Responses—Amerigroup 360°**

Recommendation—Performance Improvement Projects		
Aim 1: Improve Health, Services & Experience	Goal 1.6: Enhance Member Experience	Metric: CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)
<ul style="list-style-type: none"> <li>HSAG recommended that Amerigroup 360° key staff complete training related to rapid-cycle improvement efforts and/or QI science methods to ensure understanding of the PIP process.</li> <li>HSAG also recommended that Amerigroup 360° develop cross-functional PIP teams and select champions and subject matter experts appropriate for each PIP topic.</li> <li>HSAG recommended that Amerigroup 360° continue to look for methods and/or processes to obtain updated, correct member contact information as this continues to be an ongoing, documented challenge.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Amerigroup 360 partnered with Georgia Families to participate in PIP steering committee, a collaborative interagency team to discuss PIP topics, strategies, and barriers. The steering community was cross functional and inclusive of marketing, training, case management and provider relations.</p> <p>The PIP cycle had been changed to outcome focused and Amerigroup 360 team members participated in outcome focused/ rapid cycle webinars to gain knowledge and insight into how submissions should occur. Amerigroup 360 trained relevant participating team members on data collection and PIP processes.</p> <p>Both the clinical and administrative PIP teams were inclusive of a data analyst, managers and care coordinators that directly worked with the impacted population of the PIP. The QI director holds a greenbelt and has extensive training in process improvement along with the executive sponsor. PIP leads facilitated efforts and collaboration with other entities including community partners and DCH, as needed, for additional guidance and support.</p> <p>Amerigroup 360 continued to work on improving documentation of member contact information upon calls for care coordination services. Leadership had ongoing talks with DCH regarding opportunities to enhance efforts to obtain accurate and updated member contact information.</p>		
<p>Identify any noted performance improvement as a result of initiatives implemented (if applicable):</p> <p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall <i>Rating of Health Plan</i> (CPA-AD)</p> <p>2019: 84.35%</p> <p>2020: 82.77%</p>		
<p>Identify any barriers to implementing initiatives:</p> <p>The CMO did not identify any barriers to implementing initiatives.</p>		
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.		

Recommendation—PM Validation		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>GOAL 1.3:</b> Improve Outcomes for Chronic Diseases	<b>Metric:</b> Comprehensive Diabetes Care—HbA1c Poor Control (>9.5) (CDC, CDC-AD)
<p>Quality of Care Domain:</p> <ul style="list-style-type: none"> <li>HSAG recommended that Amerigroup 360° conduct a root cause analysis or focused study to determine why its members are not maintaining their chronic health condition at optimal levels.</li> <li>Upon identification of a root cause, HSAG recommended that Amerigroup 360° implement appropriate interventions to improve the performance related to these chronic conditions.</li> </ul>		
<p><b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b></p>		
<p>Describe initiatives implemented based on recommendations:</p> <p>Amerigroup implemented or enhanced multiple initiatives, including but not limited to:</p> <ul style="list-style-type: none"> <li>Discussions with provider offices to discuss benefits of providing supplemental data and/or remote electronic medical record access to obtain/capture data not submitted on claims such as HbA1c readings</li> <li>Inclusion of key measures for improvement in the 2021 PQIP Program (i.e., CDC HbA1c &lt;8)</li> <li>Utilization of an emerging risk model to proactively identify members with prospective risk to address and resolve member needs/issues promptly, improve member engagement, coordinate member's Medical Neighborhood, and optimize member's benefits and available resources.</li> <li>Amerigroup's care coordination, case and disease management programs addressed a variety of needs from chronic conditions, including diabetes and hypertension, to more complex health challenges, preventive counseling, as well as social, environmental, financial and other issues that went beyond health and prevented a positive outcome. Amerigroup 360 case managers also continued to: <ul style="list-style-type: none"> <li>Provide ongoing care management and support</li> <li>Promote effective prevention and treatment of chronic diseases</li> <li>Promote effective communication and coordination of care; (provider/member)</li> <li>Encourage family engagement as partners in members' care</li> <li>Work with communities to promote best practices of healthy living (member experience and advocacy)</li> </ul> </li> </ul> <p>Amerigroup will continue to utilize the DCH Quality Strategy as the framework to guide and identify future enhancements and initiatives such as:</p> <ul style="list-style-type: none"> <li>Enhancing internal processes and reports for members with poor control (– i.e., member's last HbA1c) for member discussions and importance of provider follow-up, medication adherence and self-management of chronic condition</li> <li>Improving referral process to care coordination, case and disease management</li> <li>Continuing to monitor program outcomes and goals to measure success</li> </ul> <p>Increasing focus on social determinants of health to understand member's needs, improve health outcomes and reduce disparities.</p> <p>Members 18 and older - transition age youth were a subset of the 360 population. A myriad of factors contributed to challenges in reaching and maintaining contact with transition age youth. Amerigroup 360 implemented targeted interventions aimed at educating and coordinating services for members 18 and up. The</p>		

Recommendation—PM Validation		
current outcome focused PIP for 2021-2023 will focus on efforts to increase enrollment in this age group to contribute to the overall goal of improving member outcomes.		
Identify any noted performance improvement as a result of initiatives implemented (if applicable):		
<p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>PMV results showed the following:</p> <p><b>Metric:</b> Comprehensive Diabetes Care—HbA1c Control (CDC, CDC-AD)</p> <p>2019: 27.78%</p> <p>2020: 30.67%</p>		
Identify any barriers to implementing initiatives:		
<p>Due to COVID-19 and several other barriers, the CMO's ability to truly demonstrate improvement in chronic conditions was limited. Several identified key drivers of the low performance rate for the comprehensive diabetes care HbA1c measures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• The COVID-19 pandemic, which resulted in: <ul style="list-style-type: none"> <li>– Office closures or limited hours, lack of staff, disruptions and/or limited services to members and delays in collecting charts</li> <li>– Member fears with face-to-face visits/services to receive necessary services to monitor and/or manage their conditions</li> <li>– NCQA guidance allowing the opportunity to rotate prior year audited rates for calendar year 2019 rates. Therefore, the rates reported for the calendar year 2019 hybrid measures were not a true reflection of services completed in 2019, but rather the rotated rate from calendar year 2018.</li> </ul> </li> <li>• Lack of provider billing Current Procedural Terminology Category II Codes for HbA1c results, thus the performance rate not truly reflecting member self-management</li> <li>• Member unaware of the need for ongoing screenings and importance of provider follow-up for management poor control</li> <li>• Social determinants of health impacting member health and outcomes</li> </ul>		
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.		
Recommendation—CAHPS - Child		
<b>Aim 1:</b> Improve Health, Services & Experience	<b>Goal 1.1:</b> Improve Access to Care <b>Goal 1.6:</b> Enhance Member Experience	<b>Metric:</b> CAHPS Overall Rating of Health Plan <b>Metric:</b> CAHPS Getting Needed Care
<ul style="list-style-type: none"> <li>• HSAG recommended that Amerigroup 360° continue to monitor the measures to ensure there are no significant decreases in scores over time.</li> </ul>		
<b>CMO's Response (Note—The narrative within the CMO's response section was provided by the CMO and has not been altered by HSAG except for minor formatting)</b>		
Describe initiatives implemented based on recommendations:		
<p>Amerigroup 360° continued to assess performance on CAHPS, and ensured measures associated with customer satisfaction were one of the primary focuses of its care coordination team. Leadership received education and analysis of CAHPS results to ensure proper messaging and supports flow to staff. In addition,</p>		

Recommendation—CAHPS - Child
the CMO collaborated with provider solutions to discuss possible interventions related to primary care provider/provider satisfaction and accessibility.
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
<p>The CMO did not note performance improvement as a result of initiatives implemented.</p> <p>CAHPS results showed the following:</p> <p><b>Metric:</b> CAHPS Overall Rating of Health Plan  2019: 84.35%  2020: 82.77%</p> <p><b>Metric:</b> CAHPS Getting Needed Care  2019: 86.88%  2020: 90.42%</p>
Identify any barriers to implementing initiatives:
The CMO did not identify any barriers to implementing initiatives.
<b>HSAG Response:</b> HSAG determined that the CMO addressed the recommendations in the prior year's annual technical report.